

Coleridge Medical Centre

Inspection report

Canaan Way
Ottery St Mary
EX11 1EQ
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Coleridge Medical Centre on 24 April 2023. Overall, the practice is rated as good.

Safe - good,
Effective - good,
Caring - good,
Responsive - good,
Well-led - good,

Following our previous inspection on 12 June 2018, the practice was rated good overall and for all key questions.

The full reports for previous inspections can be found by selecting the 'all reports' link for Coleridge Medical Practice on our website at www.cqc.org.uk

Why we carried out this inspection

We carried out this inspection in line with our inspection priorities.

How we carried out the inspection

This inspection was carried out in a way which enabled us to spend a minimum amount of time on site.

This included:

- Conducting staff interviews using video conferencing.
- Completing clinical searches on the practice's patient records system (this was with consent from the provider and in line with all data protection and information governance requirements).
- Reviewing patient records to identify issues and clarify actions taken by the provider.
- Requesting evidence from the provider.
- A short site visit.

Our findings

We based our judgement of the quality of care at this service on a combination of:

- what we found when we inspected
- information from our ongoing monitoring of data about services and
- information from the provider, patients, the public and other organisations.

We found that:

- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice had good links with community groups and worked in collaboration to promote local health promotion groups and signpost patients to appropriate services.
- Patients could access care and treatment in a timely way by a variety of methods.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.

Overall summary

However:

- The practice should consider replacing carpet tiles with solid flooring in clinical areas.
- Not all patients with learning disabilities had received an annual health check.
- Patients having had more than one course of emergency steroids for asthma did not always have appropriate follow up reviews.
- The practice did not ensure a consistent quality of medication reviews.
- MHRA alerts were not always actioned in a timely manner.
- Patient record summarising was not always completed in an appropriate timescale.
- Strive to bring the percentage of persons eligible to have had cervical cancer screening to meet the national target of 80%
- Staff should be reminded that computers with clinical software need to be locked when not in use.

We found 1 breach of regulations. The provider **must**:

- Strive to bring the percentage of persons eligible to have had learning disability annual health checks higher.
- Ensure patients who had more than one course of emergency steroids for asthma had appropriate follow up reviews.
- Ensure patient record summarising is completed within a reasonable timescale.
- Ensure all patient facing staff were trained to an appropriate safeguarding level.

Whilst we found no breaches of regulations, the provider **should**:

- Replace carpet tiles with solid flooring in clinical areas
- Ensure all patient facing staff were trained to the appropriate safeguarding level.
- Ensure MHRA Alerts were actioned in a timely manner.
- Strive to bring the percentage of persons eligible to have had cervical cancer screening to meet the national target of 80%

Details of our findings and the evidence supporting our ratings are set out in the evidence tables.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Health Care

Our inspection team

Our inspection team was led by a CQC lead inspector who spoke with staff using video conferencing facilities and a further inspector who undertook a site visit. The team included a GP specialist advisor who spoke with staff using video conferencing facilities and completed clinical searches and records reviews without visiting the location.

Background to Coleridge Medical Centre

Coleridge Medical Centre is located in Ottery St Mary at:

Coleridge Medical Centre

Canaan way

Ottery St Mary

Devon

EX11 1EQ

The practice has a branch surgery at Whimble:

Sandfords Surgery

Station road

Whimble

EX5 2TS

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

The provider is registered with CQC to deliver the Regulated Activities; diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder or injury. These are delivered from both sites.

The practice is situated within the NHS Devon Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 16,200. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices forming a primary care network (PCN) with Honiton Surgery and Sid Valley Practice with a total of 50,000 patients.

Information published by the Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the highest decile (10 of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 0.6% Asian, 98.6% White, 0.1% Black, 0.7% Mixed, and 0% Other.

The age distribution of the practice population is higher than the local and national averages. There are a similar number of male and female patients registered at the practice.

There is a team of 16 GPs who provide cover at both practices. The practice has a team of 3 advanced nurse practitioners and 7 practice nurses alongside 2 healthcare assistants, and a nursing associate who provide nurse led clinics for long-term condition at both the main and the branch locations. The GPs are supported at the practice by a team of reception/administration staff. The practice manager and assistant practice manager are based at the main location to provide managerial oversight.

The practice is open between 08.00 and 18.30 Monday to Friday. The practice offers a range of appointment types including book on the day, telephone consultations and advance appointments.

Extended access is provided locally by the East Devon Federation, where late evening and weekend appointments are available. Out of hours patients are directed to contact the service by using the NHS 111 number.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury Surgical procedures Family planning services Maternity and midwifery services	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met:</p> <ul style="list-style-type: none">• Patients with learning disabilities had not all received an annual health check.• Patients who had more than one course of emergency steroids for asthma did not always have appropriate follow up reviews.• The practice's patient record summarising was not always completed within a reasonable timescale.• Patient facing staff were not all trained to an appropriate safeguarding level. <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>