

Milnrow Village Practice

Inspection report

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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

Outstanding 

Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Outstanding 
Are services responsive?	Outstanding 
Are services well-led?	Good 

Overall summary

We carried out an announced comprehensive inspection at Milnrow Village Practice on 24 January 2019 as part of our inspection programme.

The practice was previously inspected on 3 February 2016. The inspection was a comprehensive inspection under the Health and Social Care Act 2008. At that inspection the practice was rated good overall.

At this inspection in January 2019 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 have rated this practice as outstanding overall with caring and responsive rated as outstanding and rated outstanding for all population groups.

We rated this practice as **outstanding** for providing caring and responsive services because:

- Feedback from patients was consistently positive and was higher than local and national averages.
- There were innovative approaches to providing education to patients and the wider community.
- People were truly respected and valued as individuals and empowered as partners in their care

We rated this practice for **good** for providing safe, effective and well led services because:

- The practice had recently undertaken training and all staff were Dementia Friends.
- The practice provided care in a way that kept patients safe and protected them from avoidable harm.
- Patients received effective care and treatment that met their needs.
- Staff dealt with patients with kindness and respect and involved them in decisions about their care.
- The practice organised and delivered services to meet patients' needs. Patients could access care and treatment in a timely way.
- The way the practice was led and managed promoted the delivery of high-quality, person-centre care.
- The practice strongly supported staff in their career development.

- The practice, with other practices in the Clinical Commissioning Group and the wider NHS, had receptionists who were trained as care navigators who signposted patients to the right person at the right time across a variety of health services.

We saw areas of outstanding practice including:

- The practice held regular patient education events. Recent events held were bowel screening, breast and cervical screening for patients with a learning disability, mens health, veterans together and basic life support. We saw evidence where these events had led to, a definite and possible cancers detected, improved screening rates and improvements in the quality of lives of some patients.
- All patients over the age of 16 were contacted and asked if they had served in the military. As a result, 170 patients were now on the practice military veterans register. The practice then organised a Veterans in the Community event. Information including a website and a newsletter was prepared and offered to all the veterans. Training, support and counselling was also offered. Some patients had carried on meeting with some of the other veterans reducing the isolation that some of them felt.
- The practice had provided extensive Cardiopulmonary resuscitation (CPR) training for patients and in the local area. Working with the North West Ambulance Service (NWAS), training started in 2015 and since then approximately 800 people have been trained, the youngest being 12 years old. Heartbeat donated 15 "Annie" dummies to carry out the training. One of the PPG members was funded and trained to deliver CPR training which the practice has opened up to the Milnrow community and businesses. This training led to one patient saving a life as they had the confidence to use the defibrillator. Both patients had since spoken about their experience at CPR sessions and talked about the benefits of the sessions. The practice now has the ability to run the sessions without relying on the availability of NWAS.

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

- Carry out a formal fire drill

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

Overall summary

Dr Rosie Benneyworth BS BM BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Population group ratings

Older people	Outstanding	☆
People with long-term conditions	Outstanding	☆
Families, children and young people	Outstanding	☆
Working age people (including those recently retired and students)	Outstanding	☆
People whose circumstances may make them vulnerable	Outstanding	☆
People experiencing poor mental health (including people with dementia)	Outstanding	☆

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Milnrow Village Practice

Milnrow Village Practice provides commissioned services under the General Medical Services (GMS) contract within the Heywood, Middleton and Rochdale Commissioning Group (CCG) area.

The practice website is milnrowvillagepractice.co.uk

The practice is responsible for providing treatment to approximately 6490 registered patients and offers services that include meningitis provision, the childhood vaccination and immunisation programme, facilitating timely diagnosis and support for people with dementia, influenza and pneumococcal immunisations, patient participation, rotavirus and shingles immunisation, unplanned admissions, minor surgery and contraceptives.

Regulated activities include surgical procedures, family planning, treatment of disease, disorder or injury, maternity and midwifery services and diagnostic and screening.

Data shows that the age profile of the practice population is broadly in line with the CCG and national averages and that 94% of patients are from a white ethnic group and 6% from other ethnic groups.

Information taken from Public Health England placed the area in which the practice is located as five on the deprivation scale of one to ten. (The lower the number the higher the deprivation). In general, people living in more deprived areas tend to have greater need for health services.

At the time of the inspection the practice consisted of three GP partners (two male and one female), one non clinical partner, one nurse practitioner, one practice nurse and one health care assistant. The clinical team is supported by the non clinical partner and a team of administration and reception staff.