

# Millrise Medical Practice

## Quality Report

### Millrise Road

Milton

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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 service

Good



Are services safe?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We previously carried out an announced comprehensive inspection at Millrise Medical Practice on 27 July 2016. The overall rating for the practice was good with requires improvement in providing safe services. The full comprehensive report from the inspection on the 27 July 2016 can be found by selecting the 'all reports' link for Millrise Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection was an announced focused inspection carried out on 22 May 2017 to confirm that the practice had carried out their plan to meet the legal requirements in relation to the breaches in regulations that we identified in our previous inspection on 27 July 2016. This report covers our findings in relation to those requirements and also additional improvements made since our last inspection.

Overall the practice is now rated as good.

Our key findings were as follows:

- The provider had developed a recorded system to receive and act on alerts about medicines that may affect patients' safety.

- The provider had implemented a consistent system for checking that monitoring for patients who took long term medicines on a shared care basis had been provided before issuing prescriptions.
- An updated fire risk assessment was in place and weekly testing of the fire alarm was undertaken in line with best practice guidance.
- The provider had improved the identification of patients who were also carers resulting in an increase to 2.4% of the practice population. There was a good range of information available to carers and they were also offered annual health checks.
- The provider had revised their protocol for requesting home visits. The new procedure ensured that decisions about the urgency of a home visit were made by the on-call GP.
- Complainants were made aware of the avenues of escalating their complaint within the practice's response letters should they not be satisfied with the outcome of their complaint. However, not all patients spoken with were aware of how to make a complaint and the complaint leaflets were not readily accessible.

# Summary of findings

- Patients commented that they were happy with the service provided. They told us that there were a range of appointments available to them and they could get an appointment when they needed one.
- Patients felt that staff were helpful and friendly and treated them with dignity, compassion and respect.
- The practice was actively recruiting clinical staff to fill the vacant GP positions and was open to exploring new ways of working.

However, there was still one area of practice where the provider could make improvements.

The provider should:

Make sure patients are aware of the complaint procedure and ensure complaints forms are readily available to patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

- The provider's system to receive and act on alerts about medicines that may affect patients' safety was effective.
- The provider had implemented a consistent system for checking that monitoring for patients who took long term medicines on a shared care basis had been provided before issuing prescriptions.
- The practice had updated their fire risk assessment to minimise the risks to patients in the event of a fire. Fire tests were being completed at the recommended frequency.

Good



# Millrise Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a second CQC inspector.

## Background to Millrise Medical Practice

Millrise Medical Practice is registered with the Care Quality Commission as a partnership provider operating from Milton, Stoke on Trent. The practice holds a General Medical Services contract with NHS England and has expanded their contractual requirements to provide additional services for patients including:

- Minor Surgery
- 24 hour ambulatory electrocardiograph (heart rhythm) and blood pressure monitoring.
- Spirometry
- Extended hours access

The existing premises have been used for many years and have been extended in more recent times to provide additional treatment rooms. All patient assessment areas are situated on the ground floor accessed by automated doors. There is limited car parking at the practice, although patients are permitted to use an adjacent supermarket car park free of charge. A half-hourly bus service operates in the area stopping in the road outside the practice.

The locality is one of slightly increased deprivation when compared with the national average, although lower deprivation when compared with the clinical commissioning group (CCG) area.

At the time of our inspection the practice had 8,033 patients registered to receive care and treatment. Although patients of all ages are registered, the practice has more patients aged 65 and over and less patients of 18 years and younger than the CCG and national average.

The practice is a training practice and will take on its next student in February 2018.

The practice telephone system and reception desk is open to patients:

- Monday, Wednesday and Friday from 8am to 6pm.
- Tuesday from 8am to 12pm and 2pm to 6pm (between 12pm and 2pm a telephone number is accessible for emergencies although the reception is closed to allow for staff training and meetings).
- Thursday from 8am to 1pm. The practice is closed on a Thursday afternoon under a local agreement and emergency cover is provided by the local GP out-of-hours provider.
- Saturday 8.30am to 12.30pm

Consultations with GPs are from 8.30am to 11.30am Monday, Tuesday, Wednesday and Friday and from 8.30am to 11:00am on Thursday and 8.30am to 11.20am on Saturday. Afternoon consultations are from 15:00 to 17:20 each day except for Thursday and Saturday.

When the practice is closed patients can access help by telephoning the practice, after which their call is transferred to the NHS 111 service for assistance.

Staffing at the practice includes:

# Detailed findings

- Three male GP partners
- An all-female nursing team including a nurse practitioner and a practice nurse.
- Health care support worker
- Practice manager, Quality and Performance Manager, Office Manager and Support Manager.
- A team of reception staff

## Why we carried out this inspection

We previously undertook a comprehensive inspection of Millrise Medical Practice on 27 July 2016 under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The practice was rated as good with requires improvement in providing safe services. The full comprehensive report following the inspection on 27 July 2016 can be found by selecting the 'all reports' link for Millrise Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

We undertook an announced follow up focused inspection of Millrise Medical Practice on 22 May 2017. This inspection was carried out to review in detail the actions taken by the practice to improve the quality of care and to confirm that the practice was now meeting legal requirements.

## How we carried out this inspection

We carried out an announced focused inspection of Millrise Medical Practice on 22 May 2017.

During our visit we:

- Spoke with a range of staff including one GP, Practice Manager, Quality and Performance Manager and two reception staff.
- Spoke with four patients who used the service.
- Observed how patients were being cared for in the reception area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed protocols and looked at information the practice used to deliver care and treatment.
- Checked the practice's fire risk assessments records and associated records
- Checked the practice's complaint procedures and correspondence

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

At our previous inspection on 27 July 2016, we rated the practice as requires improvement for providing safe services and issued a requirement notice. This was because we found:

- The provider did not have a recorded system to receive and act on alerts about medicines that may affect patients' safety.

We also issued best practice recommendations in this area because:

- The provider did not have a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, had been provided before the prescriptions were issued.
- We found the provider needed to review the fire alarm testing frequency and the fire risk assessment in place to ensure all risks were mitigated.

These arrangements had significantly improved when we undertook a follow up inspection on 22 May 2017. The practice is now rated as good for providing safe services.

### Safe track record and learning

At our last inspection, we found that the process for acting on medicines alerts that may affect patients' safety was not fully effective. We looked at what action the practice had taken in relation to recent medicines alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) and found they had not received any of the recent alerts that we looked at.

During this inspection we found that alerts provided by the Medicines and Healthcare products Regulatory Agency (MHRA) had been obtained. We found that all GPs and managers were registered to receive email alerts and a procedure and protocol had been developed and set up in the practice. We saw evidence that the practice had run the relevant searches to identify any affected patients and contacted patients where necessary.

### Overview of safety systems and process

At our last inspection, we looked at the system for overseeing of the prescribing of long term medications that was on a shared care agreement. We saw that patients had received both the medicines and blood monitoring tests in line with hospital dosage instructions and nationally recognised guidance. However, repeat prescription cycles were set at intervals that were greater than the maximum recommended interval for blood monitoring. This could lead to a patient receiving the medicine when they had not had the necessary blood monitoring.

During this inspection we found the practice had a protocol for high risk medicines and ran regular background searches to check that patients had attended appointments for blood monitoring. Where it was found that the patient had not attended, the GPs would be alerted. We found that the repeat prescription for high risk medicines was now limited to two monthly, which promoted patient safety.

### Monitoring risks to patients

At our last inspection we found that the practice had firefighting equipment available and a maintained fire alarm system. However, fire alarm testing had been carried out on a monthly basis as opposed to the weekly recommended interval in British Standard guidance. The fire risk assessment (FRA) in place needed strengthening and dated.

During this inspection we found that the practice had produced a new fire risk assessment dated 31 October 2016. We found that the practice had developed an action plan in line with the findings of the document. We discussed the action plan with staff and found that the actions identified had been actioned or were about to be actioned. We saw evidence that the practice was now undertaking weekly testing of the fire alarm in line with best practice guidance. The practice had also contacted the local fire and rescue service, inviting them to carry out an assessment of the premises and their fire risk assessment.