

The Millwood Partnership

Inspection report

Mill Lane
Bradwell
Great Yarmouth
Norfolk
NR31 8HS
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Date of inspection visit: 02 Jul to 02 Jul 2019
Date of publication: 01/08/2019

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

Requires improvement



Are services safe?

Inadequate



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive?

Good



Are services well-led?

Requires improvement



Overall summary

We carried out an announced focussed inspection at the Millwood Partnership on 2 July 2019. We decided to undertake an inspection of this service following our annual review of the information available to us. This inspection looked at the following key questions; are services safe, are services effective and are services well-led.

Our judgement of the quality of care at this service is based 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 Requires Improvement overall.

We have rated the practice as **inadequate** for providing safe services because:

- We found four GPs did not have the appropriate level of safeguarding training. After the inspection, the practice provided a spreadsheet with details of completed training. We noted training had been completed on the day of or after the inspection.
- We found three members of clinical staff who did not have their immunisation status recorded.
- We found a defibrillator that had not been calibrated since November 2017. There was another defibrillator on site that had been calibrated.
- The practice were unable to provide a recent fire risk assessment for the Millwood site. We were provided with a fire risk assessment for the both sites after the inspection. A fire risk assessment had been completed for the Falklands branch site in 2017, however this was due for review in 2018 and it was not evident a review had been completed.
- The practice did not have an effective system for the management of safety alerts. We ran three alert searches from February and March 2019 and found these had not been actioned for all patients. Following the inspection, the practice sent us an action plan detailing how they would address this.

We have rated the effective domain as **requires improvement** overall. We rated the population groups of older people, families, children and young people, working

age people and people whose circumstances make them vulnerable population groups as **good**. We have rated the people with long term conditions population group as **requires improvement** because:

- Outcomes relating to people with long term conditions were below local and national averages.

We have rated people experiencing poor mental health (including people with dementia) population group as **inadequate** because:

- Outcomes relating to mental health were significantly below average and unverified data from 2018/19 was still significantly below average.

We rated the practice as **requires improvement** for providing well-led services because:

- We found the practice did not have appropriate oversight of some risks within the practice, including the immunisation status of staff, safeguarding training, patient safety alerts and fire risks.
- There was a plan in place to address lower than average QOF performance for 2019/20, however there had been limited oversight and low outcomes for 2017/18 and 2018/19, particularly for mental health indicators.
- The governance systems in place did not assure the practice that appropriate action had been taken when required.
- The Millwood site had not had a fire risk assessment since 2015, and the practice had not reviewed the previous risk assessment. There was no assurance system in place to alert staff when the risk assessment was due. We were provided with a fire risk assessment for the both sites after the inspection. A fire risk assessment had been completed for the Falklands branch site in 2017, however this was due for review in 2018 and it was not evident a review had been completed.

We did not inspect the practices caring and responsive services at this inspection and have used the previous ratings of **good** in making our judgement.

We found the provider **must**:

- Ensure care is provided in a safe way to patients.
- Ensure the care and treatment of patients is appropriate, meets their needs and reflects their preferences.

Overall summary

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.

We found the provider **should**:

- Review staff immunisation status to ensure staff are appropriately protected.

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

Dr Rosie Benneyworth BS BM BMedSci MRCPGPChief
Inspector of General Practice

Population group ratings

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

Our inspection team

Our inspection team was led by a CQC inspector and included a GP specialist advisor.

Background to The Millwood Partnership

- The name of the registered provider is The Millwood Partnership.
- The practice address is Mill Lane, Bradwell, Great Yarmouth, Norfolk, NR31 8HS.
- There is a branch site at: Falkland Surgery, Falkland Way, Bradwell, Great Yarmouth, NR31 8RW.
- There are approximately 18,869 patients registered at the practice.
- The practice is registered to provide diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.
- The practice has a General Medical Services (GMS) contract with the local Clinical Commissioning Group (CCG).
- The practice has 10 GP partners (six male, four female) who hold managerial and financial responsibility for the practice. There were two salaried GPs (one male, one female). There were three nurse practitioners, six practice nurses, two emergency care practitioners and four healthcare assistants.
- The practice website is
- The opening hours are:
 - Millwood: Monday 8am to 8pm and Tuesday to Friday 8am to 6.30pm.
 - Falklands: Monday to Friday 8am to 6.30pm.
- When the practice is closed, Integrated Care 24 provides the out of hours service; patients are asked to call the NHS 111 service to access this service, or to dial 999 in the event of a life-threatening emergency.
- The practice demography differs slightly to the national average, with slightly less 5-24 year olds and more 50-74. Male and female life expectancy in this area is in line with the England average at 79 years for men and 83 years for women.
- Income deprivation affecting children is 16%, which is below the England average of 20% the CCG average of 23%. Income deprivation affecting older people is 17% which is below the England average of 20% and the CCG average of 18%.

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 the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

How the regulation was not being met:

- The practice performance in relation to the Quality and Outcomes Framework for 2017/2018 was lower than the local clinical commission group (CCG) and the national averages. Unverified data for 2018/2019 showed there was limited improvement.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

How the regulation was not being met:

- We found four GPs who did not have evidence of the appropriate level of safeguarding training.

This section is primarily information for the provider

Enforcement actions

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these. We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <ul style="list-style-type: none">• The system for managing safety alerts was not effective and we found risks to patient safety due to this. We looked at three safety alerts and found these had not been actioned fully and patients had not been reviewed appropriately.• The management of fire risks in the main location and the branch site was ineffective. The most recent fire risk assessment carried out at the Millwood site was in 2015. This had not been reviewed. We were provided with a fire risk assessment for the both sites after the inspection. A fire risk assessment had been completed for the Falklands branch site in 2017, however this was due for review in 2018 and it was not evident a review had been completed.