

# Millrise Medical Practice

## Inspection report

Millrise Road  
Milton  
Stoke On Trent  
ST2 7BW  
Tel: 01782536600  
[www.millrisemedicalpractice.co.uk](http://www.millrisemedicalpractice.co.uk)

Date of inspection visit: 7 June 2023  
Date of publication: 05/07/2023

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?

Requires Improvement 

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 Millrise Medical Practice on 7 June 2023. Overall, the practice is rated as **good**.

Safe - requires improvement.

Effective - good

Caring - good

Responsive - good

Well-led – good

Our previous inspection took place on 22 May 2017 when 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 Millrise Medical Practice on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

## Why we carried out this inspection.

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

## Our focus included:

- Safe, effective, caring responsive and well led domains.
- Areas followed up including information provided on improvements entitled 'shoulds' identified in previous inspection.
- Following a significant event in 2022 we followed up on the systems in place at the practice to ensure they had put measures in place in relation to individual care record documentation.

## How we carried out the inspection/review

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.
- Staff questionnaires
- External stakeholder feedback such as care homes.

## Our findings

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

# Overall summary

- 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.
- Patients received effective care and treatment that met their needs.
- The practice needed to improve staff training oversight to ensure safe systems were in place to provide care in a way that kept patients safe and protected them from avoidable harm.
- Patients could access care and treatment in a timely way.
- There were gaps in the practice's recruitment processes and recruitment checks were not always carried out in accordance with regulations.
- Evidence that staff vaccination and immunity for potential health care acquired infections was not recorded or risk assessed for all staff.
- Cleaning schedules were not seen for each room and clinical rooms held no signed or dated information on when cleaning had last taken place.
- Fire marshal staff training had yet to take place but had been booked.
- Improvement was needed in the uptake of cervical screening.
- The newly developed practice strategy and succession plan needed to be ratified, implemented and embedded.

We found breaches of regulations. The provider **must:**

- Ensure care and treatment is provided in a safe way to patients.
- Ensure recruitment procedures are established and operated effectively to ensure only fit and proper persons are employed.

The provider **should:**

- Take steps to improve cervical screening uptake.
- Consider changes to practice website to ensure it is clear when registering at the practice if homeless that a form of ID would not be required.

**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 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 Millrise Medical Practice

Millrise Medical Practice is located in Milton, Stoke on Trent, Staffordshire at:

Millrise Road

Milton

Stoke On Trent

ST2 7BW

The provider is registered with CQC to deliver the Regulated Activities, diagnostic and screening procedures, maternity and midwifery services and treatment of disease, disorder or injury.

The practice is situated within the Staffordshire Integrated Care System (ICS) and delivers General Medical Services (GMS) to a patient population of about 8,120. This is part of a contract held with NHS England.

The practice is part of a wider network of GP practices, Whitfield Primary Care Network, which consists of a total of 5 practices.

Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the second lowest decile (5 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 96.4% white, 1.5% Asian, 0.6% black, and mixed 1.2%.

The age distribution of the practice population closely mirrors the local and national averages.

There is a team of five GPs including the GP partners. The clinical team includes a clinical pharmacist, nurse practitioner, practice nurse and nurse associate. The practice team are supported by a team of reception/administration/coding/medical secretary staff. The practice manager, business/finance manager and operations manager provide managerial oversight. A new practice manager was due to commence their role within a month, and the current practice manager will move to undertake a project manager position.

The practice is open between 8am to 6pm Monday to Friday. On Tuesdays, practice staff training took place between 12pm to 2pm. On Thursdays between 1pm to 6pm the out of hours service took the calls to the practice. The practice is open between 2pm to 5.20pm on Thursdays for their pre booked appointment service. The practice offers a range of appointment types including on the day, telephone consultations and advance appointments.

Enhanced access is provided locally where late evening and weekend appointments are available. Out of hours services are provided Vocare together with the NHS 111 service.

## 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 Family planning services Maternity and midwifery services Transport services, triage and medical advice provided remotely	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered persons had not done all that was reasonably practicable to mitigate risks to the health and safety of service users receiving care and treatment. In particular:</p> <ul style="list-style-type: none"><li>• Not all staff had completed safeguarding training or to the required level in accordance with their role.</li><li>• There was a lack of a systematic approach to maintain clear oversight over all staff training in its various formats (internal and external).</li><li>• Evidence that staff vaccination and immunity for potential health care acquired infections had not been recorded or risk assessed for all staff.</li><li>• Not all Infection Prevention and Control (IPC) measures were in place; in particular, there was no cleaning schedule seen for each room and clinical rooms held no signed or dated information on when cleaning had last taken place and no records seen of the cleaners IPC training.</li><li>• Fire marshall staff training had yet to take place but was booked for August 2023.</li><li>• Not all patients with long term conditions, for example hypothyroidism, had received the required monitoring.</li><li>• 17 out of 41 patients on medicines used in the management of neuropathic pain were potentially outstanding a review.</li><li>• Blank prescriptions held in printers were not always secure.</li><li>• The newly developed practice strategy and formalised succession plan needed to be ratified, implemented and embedded.</li></ul> <p><b>This was in breach of Regulation 12 HSCA (Regulated Activities) Regulations 2014 Safe care and Treatment.</b></p>
Regulated activity	Regulation

This section is primarily information for the provider

## Requirement notices

Diagnostic and screening procedures

Family planning services

Maternity and midwifery services

Transport services, triage and medical advice provided remotely

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

The registered person had not ensured that all the information specified in Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was available for each person employed. In particular:

- Health assessments relevant to a person's ability to carry out their role, or a risk assessment.
- Evidence of conduct in previous employment

Not all of the people providing care and treatment had the qualifications, competence, skills and experience to do so safely. In particular:

- Not all staff had completed all essential training.