

Millcroft Medical Centre

Inspection report

Eagle Bridge Health And Well Being Centre
Dunwoody Way
Crewe
Cheshire
CW1 3AW
Tel: 01270 275200
www.millcroftmedicalcentre.nhs.uk

Date of inspection visit: 27 March to 27 arch 2019
Date of publication: 22/05/2019

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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

We carried out an announced comprehensive inspection at Millcroft Medical Centre on 27 March 2019 as part of our inspection programme.

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 good overall and good for all population groups.

We found that:

- 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.

We rated the practice as **requires improvement** for providing safe services because:

- Patient Group Directions (PGD) had not been appropriately dated, signed and authorised. We noted that staff members names had been added after the date they had been authorised by a GP.
- There was no effective system in place to monitor uncollected prescriptions to ensure vulnerable patients not collecting their medication regularly were referred to the GPs for review.
- The recruitment process was not robust. For example, there was no formal system in place to check at regular

intervals the professional registration of clinicians, employment history was not recorded, proof of identity had not been recorded and references had not been sought. The practice did not hold a complete record of staff vaccination histories.

The areas where the provider **must** make improvements are:

- Ensure that care and treatment is provided in a safe way.
- Ensure the recruitment procedure operates effectively and safeguards patients from unsafe care and treatment.

The areas where the provider **should** make improvements are:

- Review the system for placing alerts on patient records to ensure victims of domestic violence are safeguarded.
- Review the system in place for the monitoring of consent to offer assurance that that consent had been sought from an appropriate adult for a child patient.
- Review how learning, and actions are monitored to mitigate the risk of similar incidents reoccurring.
- Review the criteria used to identify significant events.
- Review the complaints systems to ensure patients were provided with appropriate information with regard to the Parliamentary Health Service Ombudsman (PHSO) and that agreed actions are carried out.
- Continue to review the practice capacity with regard to patient access.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

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

Population group ratings

Older people	Good 
People with long-term conditions	Good 
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)	Good 

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a second CQC inspector and an Inspection Manager.

Background to Millcroft Medical Centre

Millcroft Medical Centre is located in Crewe Cheshire.

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

Millcroft Medical Centre is situated within South Cheshire Clinical Commissioning Group (CCG) and provides services to approximately 28828 patients under the terms of a General Medical Services (GMS) contract. This is a contract between general practices and NHS England for delivering services to the local community.

The provider is a partnership of 10 GP partners. The provider employs three salaried GPs, seven practice nurses, two advanced nurse practitioners and a triage specialist nurse, two pharmacists, a health care assistants, a reception and administrative team and management team.

Information published by Public Health England, rates the level of deprivation within the practice population group as four, on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male and female life expectancy for the patient population is lower than national averages. There are higher than average number of patients under the age of 18 years.

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
Family planning services
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

How the regulation was not being met:

Systems for the administering and monitoring of medicines were not effective:

In particular we found:

- Patient Group Directions (PGD) had not been appropriately dated, signed and authorised. We noted that staff members names had been added after the date it had been authorised by a GP.
- There was no effective system in place to monitor uncollected prescriptions to ensure vulnerable patients not collecting their medication regularly were referred to the GPs for review.

Regulated activity

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

Regulation

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

How the regulation was not being met:

The recruitment systems and processes do not safeguard patients from abuse.

In particular we found:

- There was no formal system in place check and to monitor the professional registration of clinical staff.
- Recruitment information for locum GPs was incomplete. For example, employment history was not recorded, proof of identity had not been recorded and references had not been sought.
- The practice did not hold a complete record of staff vaccination histories.