Defence Medical Services

HMS Sultan Medical Centre

Quality Report

Military Road
Gosport
PO12 3BY

Date of inspection visit: 12/6/2017
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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, and information given to us from the provider and patients.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at HMS Sultan Medical Centre on 12 June 2017. Overall, the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw several examples of collaborative working and sharing of best practice to promote better health outcomes for patients. Specifically, ongoing health education programmes relating to screening with demonstrable impact of positive outcomes being achieved for patients.
- Clinical audits and regular reviews of the service were undertaken to drive improvements to patient outcomes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the Defence Medical services (DMS) patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

We identified the following notable practice, which had a positive impact on patient experience:

- The practice proactively worked to identify patients who were also carers. They had a large display board in the waiting room with lots of information available asking patients to identify themselves if they were a carer. If a patient did so they had a code added to their records and this meant they were identifiable and could access extra support or healthcare if required.
- Each week a 'virtual clinic' was held for all staff to get together to share information, promote education and improve patient care. Patients were included for discussion by a multi-disciplinary team. The meeting enabled information sharing to drive best management options.
- The practice had implemented a New Joiners Routine (NJR) to be pro-active with the identification of healthcare issues enabling action to be taken to improve outcomes and people's health. All new patients were required to undergo a routine health screen. Basic measurement including height, weight, BP and urinalysis were carried out. Other items covered included smoking status, alcohol consumption, vaccination status, hearing conservation review and medical employment standard. The NJR facilitated the identification of patients' unmet needs and facilitated appropriate action and signposting to address these. An audit of was undertaken of 333 patients who had been part of the NJR, retrospective data was collected from the patients clinical notes to identify any unmet health needs. It was found there was sustained improvement in all vaccinations and audiometric delivery over a six month period.

The Chief Inspector recommends:

- Ensure that the supply of medicines to patients by Patient Group Direction is aligned to legislation.
- Ensure that there is a procedure to audit the security of blank prescription stationery.

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.

Good

Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data shared with us before inspection showed patient health care was good but could be improved, for example, in relation to diabetes and the management of hypertension.
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was used to do so.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development

plans for all staff.

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the DMS patient experience survey showed patients gave positive feedback for all aspects of care.
- Information for patients about the service available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We received 51 comment cards, all of which were positive about the standard of care received.

Are services responsive?

Good

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Patients commented they found it easy to make an appointment and there were urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had an effective system in place for handling complaints and concerns.

Are services well-led?

Good

The practice is rated as good for providing well-led services.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

• Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. • The practice was aware of the requirements of the duty of candour. • The practice encouraged a culture of openness and honesty. • The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken. • The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. • There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.	

HMS Sultan Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by a CQC inspector. The team included GP specialist adviser, a practice nurse specialist adviser, and a practice manager specialist adviser and a CQC medicines inspector.

Background to HMS Sultan Medical Centre

HMS Sultan is the Royal Navy training establishment for Air and Marine Engineering which accepts Phase 2 trainees (directly from basic training) and Phase 3 trainee (consolidation training after being at sea) engineers.

At the time of inspection, the patient list was approximately 1,750. Occupational health services are also provided to personnel and a number of reservists.

In addition to routine GP services, the practice offers minor surgical procedures, physiotherapy services and travel health services. All facilities are at ground floor level. The practice is fully accessible; should patients require assistance with the doors at the front of the practice they can ask staff for help.

At the time of our inspection, the practice had three full time GPs, two practice nurses, a pharmacy technician who worked in the practice dispensary, and six practice medics (the work of a military medic has greater scope than that of a health care assistant found in NHS GP practices). The practice was led by a practice manager, supported by a deputy and a number of administrative staff. The centre also had two physiotherapists and an exercise rehabilitation instructor providing primary care rehabilitation services via physiotherapy and exercise training.

The centre was open from Monday to Thursday, between 7.45 and 4.30pm and on Friday 7.45 to 12 midday. After these times a GP was available for emergency referrals until 6.30pm. The nearest hospital is Portsmouth General Hospital, Dependants are not cared for by HMS Sultan medical centre, but can access services provided by NHS GP practices. Outside of practice hours, a 24 hour NHS advice line is available by dialling 111.

The practice has a dispensary which is open during practice hours.

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC

has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice.

We carried out can announced inspection on 12 June 2017. During the inspection, we:

- Spoke with a range of staff, including three GPs, the practice manager, deputy practice manager, the dispenser, two practice nurses, a medic, a physiotherapist and three administrative staff. We were able to speak with one patient who used the service.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans and reviewed patient records.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Good

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff told us there was a clear process for reporting and recording incidents. We saw that 46 significant events had been recorded in the past 12 months. Staff said there was an open, no blame culture and added that they were supported through this reporting process. The practice had carried out a thorough analysis of the significant events. We saw evidence that lessons had been shared and action was taken to improve safety in the practice, including sharing learning at a local sub regional headquarters meeting. An example we saw was a sensitive incident reported involving a younger recruit. We saw that thorough processes were carefully worked through, including a clear understanding of the various issues such as absolute patient confidentiality, mental capacity (Mental Capacity Act 2005) and safeguarding arrangements within the practice. We saw actions were taken as learning points following the conclusion of the investigation. These included higher level safeguarding training being provided for all staff. All clinical staff were trained to the appropriate level.

The second event discussed related to a patient who had an ECG undertaken as part of a series requested by a clinician. The ECG was recorded and the trace was placed in a doctor's in-tray. The ECG demonstrated a significant abnormal rhythm that was auto-reported by the ECG machine's software. Another member of clinical staff who noticed the ECG trace being placed in an in-tray for routine review, retrieved it and presented it to a GP. This was a near-miss event with no subsequent harm to the patient. As a consequence further training was given to medical staff, during their regular Wednesday training sessions and underpinned the ethos of openness and honesty in the reporting/investigation of mistakes.

Significant events were discussed within the practice and highlighted to all members of staff. They were a regular agenda item for the practice meetings held on 2nd, 3rd and 4th Thursday of each month. Only clinicians, nurses and management staff attended these meetings but all staff attended a monthly meeting when significant events and any actions arising were discussed. Significant events were also discussed weekly at the team meeting.

We looked at evidence to show how the practice used information utilised by the practice to monitor safety. Examples provided were discreet badges worn by all patients aged under 18, enabling staff to readily identify this more vulnerable group from the time of initial presentation at reception, onwards, New patient reviews, mandatory for all 'New Joiners' was also used as a tool to identify possible safeguarding/safety issues when patients presented for their mandatory initial assessment/notes assessment.

Overview of safety systems and processes

The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding in vulnerable adults relevant to their role. All clinicians had received training to level three. We saw evidence of an incident that had taken place affecting one person who was under 18 years of age who had fainted whilst working and presented to the medical centre with an injury. Clinicians dealing with the incident discovered that it had taken place after a weekend, during which the patient had been drinking heavily. This led to the practice raising awareness of alcohol consumption by this at-risk age group with the Executive to highlight the issues of supervisory care responsibilities etc. Personnel under the age of 18 were subject to curfew. Medical staff also demonstrated good awareness of risk factors for alcohol consumption relevant to younger trainees.
- The Principal Medical Officer attended carers meetings on a twice monthly basis. This was also attended by padres and welfare staff etc. They also held individual case conferences which allowed them to adopt a holistic approach to collaborative working with other professionals.
- A notice in the waiting room advised patients that chaperones were available if required. All the staff who acted as chaperones were trained for the role. They had all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- We looked at the handling of pathology links, lab' reports and outpatient report letters from hospitals. The practice staff scanned all hospital letters on receipt and sent a task to alert the relevant GP of their arrival. All GPs we spoke with, including a locum GP, confirmed that they regularly reviewed the content of their tasks to monitor this. We saw the current content of the task in-box for both GPs and there was no evidence of outstanding un-actioned tasks in respect of hospital letters.
- Lab results were received via the path-links system on DMICP (the electronic patient record system used by Defence Medical Services practices). We viewed the inbox relating to a GP and there were no results that had not been viewed, all were acted upon and the information shared with the patient to whom they referred. We also able to view the global view for 'all requesters' on path-links, no data had been allowed to build up, and had been correctly archived and actioned in a timely fashion. There was a safety net system in place whereby outstanding actions relating to specific results, e.g. informing patient/arranging follow-up appointments were task-linked to the result, thus preventing archiving of the information until task completion.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.

The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw

evidence that action was taken to address any improvements identified as a result. We saw that an in house audit was undertaken in October 2016 which showed significant failings in infection control processes. Overall compliance was rated very poor at 66% with highest risk being lack of 'clinical cleaning'. Hand hygiene was also identified as needing improvement. The infection control audit was repeated in February 2017 and following the instigation of improvements the score achieved was 81% compliance, with summary of findings identifying clear evidence that overall standards had improved. Cycle three was undertaken in May 2017 and the score achieved was 82%. The practice was actively engaged with the cleaning contractor to seek improvements through amendments to the cleaning contract although this was yet to be agreed or implemented, this work was ongoing.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertook continuing learning and development.
- Dispensary staff showed us standard operating procedures that covered all aspects of the dispensing and medicines management processes (these are written instructions about how to safely dispense and manage medicines).
- Systems were in place to ensure doctors signed repeat prescriptions before the medicines were dispensed and handed out to patients. Dispensary staff identified when medicine reviews and blood tests were due and alerted the GP to any issues before a medicine was supplied.
- The pharmacy technician worked alone and most prescriptions were dispensed without a second check; however, staff described a process for ensuring second checks when dispensing certain medicines, for example controlled drugs.
- Blank prescription forms and pads were securely stored and there were systems in place to record their use. The standard operating procedure did not direct the staff to audit the accounting of blank prescription stationery, therefore the procedure did not identify if stock went missing.
- There was a process for recording near misses in the dispensary. Staff described an open and transparent approach to reporting medicine incidents. The practice investigated significant events and made changes to minimise the risk of repeating errors.
- The practice had a system to deal with medicine, medical device and patient safety alerts. The records were comprehensive and detailed actions taken in response to the alerts.
- Records showed that staff recorded fridge and room temperatures; this made sure medicines were stored at the appropriate temperature. Staff were aware of the procedure to follow in the event of a fridge failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.
- Patient Group Directions (PGDs) had been adopted by the practice. However, the PGD medicines were dispensed by the pharmacy technician. PGD legislation states that the healthcare professional (e.g. registered nurse) working to PGDs must supply medicines directly to the patient.

The dispensary provided a responsive service to patients. We saw patients waiting less than five minutes for their medicines. When the dispensary was closed, patients could take their prescription to a local community pharmacy.

The practice conducted regular medicine audits, for example, antibiotic prescribing audit, repeat prescribing audit and medicines management risk assessment audit. We saw evidence of

implementation of the audit recommendations, for example a change to the repeat prescribing process. An audit had identified that some patients did not have the required shared care agreements in place. The practice was being proactive about asking secondary care providers for shared care agreements. This made sure that patients on high risk medicines were receiving safe care. We ran a search on DMICP to identify current patients receiving disease-modifying anti-rheumatic drugs (DMARDs) and a population of five was produced. We saw evidence that appropriate alerts were raised in the DMICP record and the condition was correctly coded within the active problems section. Consultation entries confirmed regular review in primary care and correct scheduling and review of appropriate blood tests. A shared care agreement had been completed and appropriate instructions were available to guide the patient's management. We saw evidence that showed that prescriptions were only issued if this was the case, with supply limited to one month on each prescription.

The Navy medics worked to Medic Issuing Protocols, (MIPS). The Principal Medical Officer assessed the medic's competence annually and completed the appropriate authorisation to allow medics to work autonomously to the protocols.

The staff had access to emergency medicines and equipment in the medical centre. The emergency trolley was checked regularly and suitable for use.

Recruitment checks had been undertaken on civilian staff prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- The practice had a proactive approach to anticipating and managing risks using a risk register, alongside a monthly meeting where all staff were encouraged to raise any potential risk that may have arisen from an SEA. There was also a quarterly management meeting to brainstorm risks and issues.
- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements to respond to emergencies and major incidents.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage.

Are services effective?
(for example, treatment is effective)

Good

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence which showed there were processes in place to review updates, discuss these with clinical colleagues to ensure evidence-based best practice was updated in line with amendments. Clinicians met twice per month to explore current practice, during which the PMO would introduce NICE updates. There were no formal meetings for specific exploration of NICE updates but ad hoc discussions took place. NICE guidance review was incorporated in clinical audit, evidenced by elements of the cycle seven re-audit of diabetic care provided, undertaken in March 2017. This audit referred to NICE guidance and specifically mentioned changes in QOF standards, for example relating to blood pressure control.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice. The system is used to measure some aspects of performance in NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provided a useful way of measuring this for DMS).

DMS opted to benchmarked against NHS targets for the year 2011/12; The practice QOF results from 2016 showed;

- There were six patients on the diabetic register.
- The percentage of patients with diabetes whose last measured total cholesterol (within the preceding 15 months) was 5mmol/l or less was approximately 57%, compared to the NHS target of 70% and the achievement of approximately 67% for DPHC nationally.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 150/90 or less was 86%, compared to the NHS target of 72%, and the achievement of 87% for DPHC nationally.
- The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the last 15 months) was 140/80 or less, was 57%, compared to the NHS target of 60%, and the achievement of 53% nationally for DPHC.
- There were 45 patients recorded as having high blood pressure. The percentage of patients

with hypertension in whom there is a record of their blood pressure in the past nine months was 84%, compared to the NHS target of 90% and the achievement of 80% for DPHC nationally. The practice were working hard to improve this by proactive recall.

Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Data from the Force Protection Dashboard showed that management of audiometric hearing assessment was below average for DMS practices regionally and nationally. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data from March 2017 showed :

- At HMS Sultan practice 95% of patients had a record of audiometric assessment, compared to 97% regionally within Defence Medical Services (DMS) and 99% for DPHC nationally.
- At HMS Sultan practice, 70% of patients' audiometric assessment was in date (within the last two years) compared to 78% regionally within DMS and 87% for DPHC nationally. This was mostly due to the practice caring for phase two recruits who required two audiometric checks within two years.

It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. The data below from December 2016 provides vaccination data for patients using HMS Sultan practice.

- 100% of patients at HMS Sultan practice had a record of vaccination against diphtheria, compared to 100% regionally within DMS and 100% for DPHC nationally.
- 100% of patients at HMS Sultan practice had a record of vaccination against polio, compared to 100% regionally within DMS and 100% for DPHC nationally.
- 99% of patients at HMS Sultan practice had a record of vaccination against Hepatitis B, compared to 99% regionally within DMS and 99% for DPHC nationally.
- 100% of patients at HMS Sultan practice were recorded as being up to date with vaccination against Hepatitis A, compared to 100% regionally and 100% nationally.
- 100% of patients at HMS Sultan practice had a record of vaccination against Tetanus, compared to 100% regionally within DMS and 100% for DPHC nationally.
- 99% of patients at HMS Sultan practice had a record of vaccination against Typhoid, compared to 93.5% regionally within DMS and 91% for DPHC nationally.

There was evidence of quality improvement including clinical audit:

- The practice provided a comprehensive list of audit activity undertaken, with 18 documented audits completed since June 2016. Areas covered included clinical and non-clinical issues. There was also evidence of re-audit as noted in the review of diabetic performance throughout this period, highlighting issues of concern in terms of performance against blood pressure control and setting eight objectives and priorities for the practice to aim for in terms of striving for improved care. These were to be achieved before they next audit cycle within the next 12 months.
- Staff had also undertaken an audit to examine the quality and consistency of medical records raised by physiotherapy and exercise rehabilitation instructors looking specifically at new patient and discharge reviews. Review of audit results led to specific action plans to address areas of under-performance in terms of populating required templates and recording necessary

information. Re-audit was able to demonstrate significant improved performance by staff as a consequence.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurses and GPs on consent and Gillick competence.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurses meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- We evidenced a very strong training and staff development ethos within the medical centre driven by the PMO and practice manager. Wednesday afternoons were set aside for training and development for MA's, nurses and pharmacy staff. The practice had also developed both a clinical, and command, development and leadership training program to develop MAs leadership and management skills. GP's undertook continual professional development (CPD) and training at Thursday clinical meetings. Administration staff were managed by an outside contractor and they were responsible for their development. That said they are given time to complete mandated training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information was shared between services, with patients' consent, using a shared care record.
- From the sample of anonymised patient notes we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services, or when discharging junior soldiers from the armed forces due to medical reasons.

- Patients seen by the out of hours service (OOH) were required to present to the practice, if practicable, the next day for review. New cases were initially seen by a medic but more complicated and follow up cases were dealt with by a GP. The GP undertaking clinic on that day maintained clinical oversight of consultations delivered by the medic, in parallel with the medic on duty to provide support and to ensure the appropriate care was given.
- Reports were usually received from the OOH service within 48hrs of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. The reviewing doctor coded problems/conditions as necessary on DMCIP.
- Each week a 'virtual clinic was held for all staff to get together to share information, promote education and improve patient care Patients were included for discussion by a multi-disciplinary team comprising of medical, nursing and Primary Care Receiving Facility (PCRF) staff. The meeting enabled information sharing to drive best management options.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- Within the practice smoking cessation is a team effort in that, training had been undertaken by the nurses, two medics and the exercise rehabilitation instructor. The latter enabled the patient undergoing physio to participate in smoking cessation sessions without having to report to the practice. Health briefs were delivered to Phase 2 Trainees and there was a dedicated poster and information display within the practice. Data showed 140 patients were recorded as smokers and 52% of these were being given support to quit.
- The practice had implemented a New Joiners Routine (NJR) to be pro-active with the identification of healthcare issues enabling action to be taken to improve outcomes and people's health. All new patients were required to undergo a routine health screen. Basic measurement including height, weight, BP and urinalysis were carried out. Other items covered included smoking status, alcohol consumption, vaccination status, hearing conservation review and medical employment standard. The NJR facilitated the identification of patients' unmet needs and facilitated appropriate action and signposting to address these. An audit of was undertaken of 333 patients who had been part of the NJR, retrospective data was collected from the patients clinical notes to identify any unmet health needs. It was found there was sustained improvement in all vaccinations and audiometric delivery over a six month period.

- The practice were involved in unit health fairs as a way of targeting health promotion with the aim of helping patients lead healthier lives.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50-64 years who would be entitled to breast screening, two were identified and a letter sent to them. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs. To date one patient was eligible for bowel screening and none were identified for AAA screening.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

Care planning and involvement in decisions about care and treatment

All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one patient. They told us they were satisfied with the care provided by the practice and said the practice provided them with everything they needed. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

Data received form the Defence Medical Services patient experience survey (October 2016) showed results from 60 returned surveys-

- 100% of patients that this applied to strongly agreed or agreed that the GP was good at listening to them.
- 100% of patients that this applied to said they were treated with dignity and respect.
- 100% of patients that this applied to strongly agreed or agreed that they had confidence and trust in the clinician they saw.

This data was in relation to HMS Sultan and we were not provided with any comparative data for us to use as a benchmark.

Patients commented in feedback provided on CQC comment cards that they felt involved in decision making about the care and treatment they received. They commented that they felt

listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

Results from the DMS Patient Survey Experience showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 100% of patients that this applied to strongly agreed or agreed that the explanation of their care given by them by the healthcare practitioner was good or very good.
- When asked, 100% of patients said the health care practitioner answered their questions to their satisfaction.

The practice provided facilities to help patients be involved in decisions about their care:

- The practice dealt with patients from different countries and many of these patients did not have English as a first language.
- Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in reception.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital). This was undertaken with the patient so that they left the practice with their appointment time.

Patient and carer support to cope emotionally with treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice proactively tried to identify carers, there were two registered. The practice had a large display board in the waiting room with lots of information available and asking patients to identify themselves if they were a carer. If a patient did so they had a code added to their records, this meant they were identifiable and could access extra support or healthcare if required.

Are services responsive to people's needs?
(for example, to feedback)

Good

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- Patients were able to have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse.
- Same day appointments were available for those patients with medical problems that required it.
- The practice used a text reminder service to send a reminder to patients 24 hours before their appointment.
- Patients were able to receive travel vaccines when required. The practice was a yellow fever centre.
- Two physiotherapists were employed within the medical centre. In addition there was an exercise rehabilitation instructor. All referrals to this service were made by the GPs and the average waiting time for an appointment was less than one week.
- There were accessible facilities, which included interpreter services when required.
- Transport for patients to hospital appointments was available if needed.
- Eye care and spectacles vouchers were available to service personnel from the medical centre.
- The practice were proactive in protecting the patients whenever possible. We saw several examples of this. The practice initiated a new initiative which they called 'Grab and Jab'. Records were looked at prior to the patient attending the practice to ascertain what vaccinations were outstanding. Alerts were also added to all personnel with out of date vaccination status and they were offered next day appointments. The results showed that within the first week the nurse administered 47 vaccines. This kept individuals in date and reduced the necessity for multiple vaccinations and further appointments prior to deploying out on operations.
- Another initiative was an advertisement for welders and hot metal workers to attend the practice for pneumococcal vaccinations; this was done by using new electronic notice boards around the establishment. This resulted in seven engineers presenting for the vaccination. This campaign was to be repeated every year.
- We also saw how an off-site vaccination clinic was held after it was recognised that a local Field Hospital was deploying imminently. Due to the vast amount of training, their heavy schedule and preparation the deploying unit would be undertaking it was decided to hold two vaccination clinics at the end of the working day at the base of the unit preparing for deployment. Over 100 vaccinations were administered.

Access to the service

The practice was open from Monday to Thursday, between the hours of 7.45am and 4.30pm and 7.45-12 midday on a Friday. A walk in 'fresh case' clinic was available between 7.45am and 9am every weekday.

No extended hours were offered. However, a GP was available to see patents between the hours of 4.30pm and 6.30pm after the practice had closed and before the NHS 111 service could be used. Details of how patients could access the GP when the practice was closed were displayed on a sign outside of the practice and through the base helpline. Details of the 111 out of hours service was also displayed on the outer doors of the medical centre and in the practice leaflet. Results from the DMS Patient Survey Experience showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

We spoke with one patient. They told us they were satisfied with the care provided by the practice and said they were able to get an appointment when needed.

- 100% of patients that this applied to said they found the medical centre was very or fairly accessible.
- 87% of patients that this applied to said that their appointment was on time.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Defence Primary Health Care had an established policy and the practice adhered to this.
- The practice manager was the designated responsible person who handled all complaints in the practice. The complaints log showed seven complaints had been received by the practice since August 2016. We saw each one had been dealt with thoroughly and investigations had been undertaken. For example a patient was offered sensitive results over the telephone by a member of staff without correct scrutiny of their identity. Also the results advice given was incorrect. As a result of an investigation a serious incident was raised and staff were given further training and guidance to ensure there was no reoccurrence.

We saw that information was available to help patients understand the complaints system.

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Good 

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients;

- To ensure safe and effective clinical delivery (occupationally focused primary care and high quality force protection).
- Training and development of all personnel.
- Underpin everything with high quality healthcare governance.

The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

The senior staff in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The PMO was visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw evidence of minutes and agendas for these, which included clinical meetings, half day training meetings, monthly carers meetings with other health professionals and all staff meetings. Staff meetings were held monthly and every member of staff was invited. Staff could add items to the agenda prior to the meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- The PMO wrote a weekly update for all staff which included a diary snap shot for the week ahead, it included information about upcoming social events, updates on medical and unit updates and any news pertinent to the medical centre.
- The practice held monthly social events which they told us most staff went to and everyone enjoyed.
- Staff said they felt respected, valued and supported, by the more senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the more senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the patient experience survey.
- Through complaints and compliments received.
- There was no formal staff survey undertaken although feedback from staff was gained generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking in trying to improve outcomes for patients. For example the practice campaigns such as the new joiner's scheme, the vaccination scheme and the positive identification of carers.