

Defence Medical Services

RAF Scampton Medical Centre

Quality Report

Medical Centre
RAF Scampton
Lincoln
LN1 2ST

Date of inspection visit: 25/5/2017
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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

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

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at RAF Scampton Medical Centre on 25 May 2017. Overall, the practice is rated as inadequate. Our key findings across all the areas we inspected were as follows:

- There was a system in place for reporting and recording significant events. When we reviewed this we saw that staff were reporting incidents individually. Evidence showed these were not routinely shared and reviewed as a practice to capture learning points.
- There was no annual review of significant events to identify trends or themes.
- Some incidents which involved harm to patients had not been recorded.
- The practice had systems in place to minimise risks to patient safety. However, areas of governance and staff management required review to assure these systems. For example, consistent sharing and understanding of safety alerts, more timely note summarising, increased safeguarding awareness, some areas of staff training, follow up of some patients test results, security of prescription pads, infection control, and other areas of managerial oversight.
- Staff were aware of current evidence based guidance on the treatment and management of patients.
- Areas of staff training required updating to fully provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the most recent practice patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment. Comment cards completed by patients for our review gave more mixed feedback on levels of satisfaction.
- Information about services and how to complain was available. However, the practice manager said that no complaints had been received in the last four years.
- Patients who completed comment cards said they found it easy to make an appointment with a GP, with urgent appointments available the same day.
- The practice had the facilities to treat patients and meet their needs.
- Not all staff felt supported to undertake their role. The practice had no formal mechanism in place for staff to escalate issues to the leadership team.
- Some staff were not fully aware of the scope of their duties. For example, staff did not know who the lead for medicines management.
- Staff were aware of the requirements of the duty of candour.

The Chief Inspector recommends:

- Review the process for management of significant event analysis to ensure all responsibilities are delivered and learning is shared.
- Have systems in place to prioritise outstanding tasks that represent risk, for example, patient note summarising.
- Ensure all staff have sufficient training and skills to enable them to use governance tools effectively. For example, the practice electronic patient records system.
- Introduce systems to assure staff are not delivering treatment outside of their competency, for example in relation to medics delivering immunisations and vaccinations.
- Introduce management systems to provide oversight and an understanding of the practice nurse's training needs, ongoing continuing professional development and competence.
- Introduce management systems to assure that Medicines and Healthcare Products Regulatory Agency alerts and other patient safety updates are shared and action taken where appropriate.
- Introduce systems to assure all duties are adequately covered during any staff absence. For example, infection control duties and safe waste management and disposal.
- Implement measures to better support and encourage feedback from practice staff.
- Review governance documents to assure they are fit for purpose. For example, Terms of Reference (TOR's) should define each staff member's responsibilities clearly.

**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.

Inadequate



Are services safe?

The practice is rated as inadequate for providing safe services.

- There was a system in place for recording and reporting significant events. However, examples given to us on the day demonstrated that reporting of events was by each individual. Events were not routinely, discussed, analysed and findings shared within the practice and more widely when required.
- Some events involving harm to a patient had not been recorded as required.
- When things went wrong we were told patients were informed as soon as practicable, received reasonable support, truthful information, and an apology.
- Processes and practices to minimise risks to patient safety, were not effective. For example we saw a sharps bin in a treatment room which was over 12 months old, open, dirty and laying on its side with sharps in it. A deep clean of the practice had last been performed over 12 months prior to our inspection.
- A number of live patient records had not been summarised. We were also made aware that paper records of patients who had moved on from RAF Scampton Medical Centre were awaiting removal for archiving. These had not been summarised whilst the patients were at RAF Scampton Medical Centre.
- Staff demonstrated that they understood their responsibilities in relation to, and had received training on, safeguarding children and vulnerable adults.
- Some staff were unsure of some responsibilities specific to them in their role, for example as the medicines management lead, the lead on significant events and as the deputy practice manager.
- The practice had arrangements in place to respond to emergencies and major incidents. Governance around this required improvement. For example, immediate emergency care was a mandatory course for all medics working on an

RAF airfield. When we checked records we saw that one medic was out of date for training aligned to this responsibility.

Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the 2011/12 NHS national average.
- Clinical staff demonstrated they were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement. We saw that the practice nurse and medics also carried out audit to drive improvement in areas of their work, such as reducing waste from dispensed medicines.
- Staff did not have the skills and knowledge to deliver effective care and treatment. A number of staff required update training in several areas. We saw that time allocated for trade training had been cancelled on a number of occasions recently due to manning issues. In information provided post inspection, we saw that staff had received infection control training, however we found levels of cleanliness and infection control measures to be below those expected of a medical practice. We also saw from information provided following inspection that three separate training periods had been allocated to ensure staff were up to date with IT courses. However, evidence from inspection showed staff were not fully proficient in the use of the practice patient electronic record system. The practice could show evidence for training of some staff on this system, but were unable to show evidence of training for three staff that used this system.
- There was evidence of appraisals for staff. Although references to personal development were included in these, there were no specific development plans in place for some staff.
- The practice nurse had been absent from the practice. Arrangements to cover these duties and to minimize impact on patients were not effective, for example, with regard to checking for returned blood test results.
- Clinical staff worked with other health care professionals to understand and meet the range and complexity of patients' needs, for example the Senior Medical Officer worked closely with physiotherapy teams.

Requires improvement



Are services caring?

Good 

The practice is rated as good for providing caring services.

- Data from the latest practice patient survey showed patients were satisfied with access to GP services and could see a GP on the same day if required.
- The lack of continuity of nursing care was commented on by patients in CQC comment cards. Arrangements in place gave patients access to nursing services at another base locally.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect.
- Information for patients about services provided was available at the practice. We noted health promotion information and the practice booklet were out of date. The practice booklet did not give the opening times of the practice.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

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 plan services. However, the plans to cover the duties of the practice nurse required review.
- Answers to questions in the practice patient survey were collated and responses shared with patients in a display in the patient waiting area.
- Patients commented that they found it easy to make an appointment with a GP and there was continuity of care with that GP. Urgent appointments were available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available in the penultimate page of the practice booklet. We were told following inspection that information on how to complain was also available in the practice vestibule and at reception. We were told that no complaints had been received in the last four years.

Are services well-led?

Inadequate 

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

- The practice spoke of its commitment to deliver quality care and to promote good outcomes for patients. However we found that work was needed to ensure that all staff were working effectively towards the same goal.
- There was a leadership structure in place but this was ineffective. Staff did not feel well supported.
- The practice had policies and procedures to govern activity but there was a lack of managerial oversight to provide assurance that these policies were up to date, understood, embedded and adhered to by all.
- An overarching governance framework supported the delivery of some of the key functions of the practice. However at a local level some of this was not effective or regularly assessed by governance leads.
- Staff had received inductions, annual performance reviews and attended practice meetings. Some training was delivered but some key training was overdue for some staff. We saw evidence that trade training time was being used to catch up on duties within the practice. This affected the morale of staff.
- The provider was aware of the requirements of the duty of candour.
- The practice leadership team said they encouraged a culture of openness and honesty. However, there was no formal arrangement for staff to share their views, ideas for improvement or opinions on how small changes could impact positively on performance. Managers referred to an open door policy; evidence on the day indicated that staff found leaders unapproachable. This impacted on staff morale.
- The practice sought feedback from patients. Results of surveys and the practice response was displayed on a wall in the patient waiting area.
- The impact of the absence of a practice nurse over an extended period was not effectively assessed and addressed by the practice. This meant key duties were overlooked and patients had to travel on a regular basis to alternative sites for nursing treatment.

RAF Scampton Medical Centre

Detailed findings

Our inspection team

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

Background to RAF Scampton Medical Centre

The staff of the medical centre (referred to as the practice) at RAF Scampton are established to support operations at RAF Scampton, providing primary medical services and emergency care to a practice population of approximately 400 personnel, drawn from all three services in the UK Armed Forces. The practice register at RAF Scampton is fluid and changes on a regular basis to meet operational needs.

RAF Scampton is home to the Royal Air Force Aerobatic Team. The practice staff includes emergency standby staff to deal with medical emergencies. The base is also home to the Mobile Meteorological Unit, which is made up of permanent and reserve staff. The practice provides primary health care, occupational health care and medicine, aviation medicine, women's health and travel medicine. There is no dental facility at RAF Scampton. Patients receive dental services at nearby RAF Waddington Dental Centre.

The practice patients have access to HIVE, which is an information centre available to all members of the service community. It provides a range of information on relocation, local unit and civilian facilities including facilities related to healthcare. The practice does not provide services for families and dependants of service personnel. Those family members and dependents that wish to register for primary medical services are directed by HIVE to local NHS facilities. For female personnel requiring maternity services, these are provided at RAF Waddington by visiting NHS midwives. The nearest hospital is Lincoln County Hospital.

The practice is open from 8am to 5pm Monday to Thursday, and from 8am to 4pm on a Friday. When the practice is closed, calls are diverted to a medic and /or a Senior Medical Officer (GP) who can offer telephone advice, between the hours of 5pm and 6:30pm on Monday to Thursday and between 4pm to 6:30pm on a Friday. Outside of these hours, calls are diverted to the NHS 111 service. The practice building offers patient services at ground floor level. The upper level of the building is made up of meeting rooms, staff facilities and storage space. There is a patient waiting area, separate treatment and consulting rooms and a dispensary area. The practice has contracted Lloyds pharmacy to provide dispensing services locally. Prescriptions can be sent to the pharmacy and returned, fulfilled, ready for collection by patients from the practice. The practice is not open at weekends or on Bank Holidays although some emergency cover is maintained during the flying season.

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.

We carried out a comprehensive inspection of this service. RAF Scampton Medical Centre (referred to as the practice) was not subject to a CQC inspection as part of the previous inspection programme of DMS facilities.

How we carried out this inspection

Before visiting, we reviewed a range of information Defence Medical Services had shared with us about the practice.

We carried out an announced inspection on 25 May 2017. During the inspection, we:

- Spoke with a range of staff including the Senior Medical Officer (GP), the practice manager, three medics and a receptionist. There were no patients available for us to speak with during our inspection.
- Reviewed a sample of the personal care or treatment records of patients.
- 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.

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?

Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events. However, staff were reporting significant events individually and learning was not routinely shared at practice meetings. There was no annual review of significant events within the practice to check for trends or recurring themes. Staff were unclear about who the significant event lead was within the practice. Whilst reviewing significant events we found one event that had not been recorded. This was significant in that it related to harm to a patient. This is contrary to Defence Medical Services policy.

There were a number of ways in which staff kept themselves updated on Medicines and Healthcare Products Regulatory Agency (MHRA) alerts and other safety announcements. However, there was no overall assurance process in place to ensure all staff had understood and, where necessary, acted on these alerts. Staff did display a good awareness around safety and the reporting of safety related incidents. For example, one clinician described how when using a speculum this had malfunctioned. This event was repeated and prompted a report to the MHRA. When things went wrong we were told patients were informed as soon as practicable, received reasonable support, truthful information, and an apology.

Overview of safety systems and processes

The practice had systems, processes and practices in place to minimise risks to patient safety. However, there was scope to improve managerial oversight and so ensure that systems were delivering the required level of assurance.

- 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 and this was a GP who worked full time at the practice. Deputising arrangements were in place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and adults relevant to their role. Senior Medical Officers (GPs) were trained to child protection or child safeguarding level three. The practice did not treat families or dependants of service personnel.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones had 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 found 67 live patient records had not been summarised; this represented 17% of the patient

register. We were also made aware that paper records of patients who had moved on from RAF Scampton were awaiting removal for archiving. These had also not been summarised whilst the patients were at RAF Scampton.

The practice maintained standards of cleanliness and hygiene to that expected in an office environment. There had been no deep clean at the practice for over 12 months prior to the date of our inspection. Due to the lack of specific training the practice manager was unable to say whether the deep cleans performed met the requirements of the "Health and Social Care Act Code of Practice on the prevention and control of infections and related guidance".

There were a number of concerns around infection control.

- There were cleaning schedules and monitoring in place. However, this was ineffective as the pharmacy was found to require cleaning. Cleaning staff found it difficult to access the pharmacy to clean it as they worked during practice closing hours when the pharmacy was locked.
- The practice nurse was the infection prevention and control (IPC) clinical lead. We noted that during the absence of the nurse, their duties had not been delegated successfully. For example, the infection control policy was dated April 2009 and was presented on an outdated template. The cleaning schedule was written by a previous cleaning contractor. We saw no evidence of infection prevention and control updates having been promulgated. The practice had no contact with infection prevention and control leads within Lincolnshire NHS.
- Cleaning products were stored in one cupboard which was seen to be visibly dirty around the sink area and the floor. The disaster store was noted to be dirty and disorganised. We were unable to determine when treatment room two was last cleaned. Many cupboards and shelves in this room were dirty. Particularly we noted a half full, open, dirty sharps bin on its side, which started use over 12 months ago.
- Arrangements for the collection and disposal of clinical waste were in place. When we asked for records relating to this we found no clinical waste register was kept. The bags sent for disposal were not logged according to a seal on the bag, and no note on the number of bags sent for disposal was kept. When we enquired further we found that the staff member carrying out these duties had not received training on clinical waste management. The practice manager was the lead on waste management.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety. Some governance systems in respect of information on medicines and updates on their safe use, required attention.

- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received in the practice by one of the medics who shared them amongst junior staff. The practice manager was unaware of this. We found that the clinicians and the practice manager accessed alerts through the shared mailbox at the practice. When we asked the practice manager to open the register of alerts on the internal system (MOSS) the last entry was made in April 2016. On the inspection day we found there was no overall assurance system in place to confirm that all staff had received, read, understood and where required, acted on alerts. Following inspection, the practice confirmed that MHRA reports are checked on a regular basis by a junior officer. However, there was still no assurance in place that all relevant alerts had been shared and communicated with all staff, and that all staff knew where they could access the alerts to review, for example in the centrally held, live spreadsheet.
- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being given to patients.

- There was no full time, fully operational dispensary at RAF Scampton. Arrangements were in place to send all prescriptions to a local community pharmacy. These were fulfilled and returned to the practice for collection by patients on the same day. We were not made aware of any delays in patients receiving medication.
- The regional pharmacist carried out regular medicines checks and audits, which the practice contributed to. One particular audit completed by the Senior Medical Officer showed the practice prescribing was within 93% compliance with the Tri Service Formulary, which indicates safe and effective prescribing by the practice.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. When we asked, the Senior Medical Officer (GP) told us they did not review the nurse clinics or perform any nurse prescribing audits. We did establish that the last period of clinical supervision for the nurse was at another base in the area, on 30 March 2017.
- One of the medics had been trained to administer vaccines, immunisations and some over the counter medicines. However, they had not undergone a period of medical supervision in the delivery of vaccines and immunisations, following completion of their training to assure their competency in this duty. This medic was delivering vaccinations and immunisations.
- When we made other governance checks we found that all of the duties of the practice nurse were not adequately covered during their period of absence.
- We saw that 14 sets of blood tests were still waiting for review. These had not been picked up and reviewed or actioned by the Senior Medical Officer (GP) in the absence of the nurse.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures to manage them safely. There were also arrangements for the destruction of controlled drugs.

We reviewed personnel files and found appropriate recruitment checks had been undertaken. All staff were up to date with appraisals and midterm reviews.

Monitoring risks to patients

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

- 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. However, when we checked the log of fire alarm checks we saw this was up to date for May but no checks were available for previous months. These have since been provided by the practice.
- There was a fire evacuation plan which identified how staff should help evacuate any patients from the premises.
- There was no register in place for electrical equipment testing. On inspection it appeared that electrical equipment was tested in June and October of 2016. A gas safety certificate was held and we observed this to be in date.
- An equipment inspection was carried out in March 2016, on items such as scales, thermometers, blood pressure cuffs etc. All 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 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. We did note that medics were covering the treatment room, delivering new patient checks and some care and treatment. However there was no evidence of clinical oversight of these staff, for example, in review of their consultations and input onto the practice computer system. We have already stated that one medic was delivering immunisations and vaccinations without having their competency assessed following training.

Monitoring health & safety and responding to risks

Evidence gathered indicated that the practice did have arrangements in place to respond to emergencies and major incidents but action was required to ensure that staff training to assure this was facilitated immediately. When we looked at mandatory training in this area for all staff we found:

- One staff member was out of date for training in fire safety. Four staff were out of date for training in manual handling.
- Immediate Emergency Care is a mandatory course for all medics working on an RAF airfield. One medic on the training register was out of date for this training (due February 2017).
- There were alarms in all the consultation and treatment rooms which alerted staff to any emergency. There was no alarm in a room where preliminary appointments (new patient appointments) were conducted by medics.
- 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 and children's 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 business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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

Requires improvement



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 Senior Medical Officer was operating as a single handed GP at RAF Scampton Medical Centre but did have some support network in place for the discussion of updates in clinical practice. Defence Primary Care Newsletters were also used to summarise all recent clinical updates, and these newsletters were circulated on a regular basis. When we reviewed minutes of recent clinical governance meetings we saw that updated guidance on treatment and management of asthma had been discussed.

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).

We reviewed QOF performance of the practice. QOF results from 2016-2017, which were benchmarked against NHS targets for the year 2011/12 showed:

The NHS England target for cervical screening in 2011/12 was 80%. By December 2016, the practice had achieved 98%. When we broke this down into actual numbers, we found all eligible women had received a cervical smear test, with one person being sent a reminder letter for their appointment.

Data from QOF performance for six key indicators, up to December 2016 which has been benchmarked against the NHS targets set for 2011/12, shows:

- The number of patients with diabetes whose last measured total cholesterol (within the preceding 15 months) was 5mmol/l or less was 1. The number of patients eligible for this test was two. This equates to an achievement of 50% compared with the NHS target of 70%.
- The number of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 150/90 or less was two. The number of patients eligible for this test was two. This equates to 100% achievement, above the NHS target of 70%.
- The number of patients with diabetes, in whom the last blood pressure reading (measured in the last 15 months) was 140/80 or less, was two. The number of patients eligible for this test

was two. This equates to an achievement of 100%, which is above the NHS target of 60%.

- The number of patients with hypertension in whom there is a record of their blood pressure in the past nine months was 11. The number of patients eligible for this test was 12. This equates to an achievement of 92%, which is above the NHS target of 90%.
- The number of patients with hypertension in whom the last blood pressure (measured in the previous nine months) was 150/90 or less was six. The number of patients eligible for this test was nine. This equates to an achievement of 66%, compared to the NHS target of 70%.
- The number of patients with long term physical or mental health conditions, who smoke and whose notes contained a record that smoking cessation advice, or referral to a specialist service, (where available) had been offered within the previous 15 months, was five. The number of patients eligible for this intervention was five. This equates to an achievement of 100%, above the NHS target of 90%.

It should be noted that from data provided, some groups of patients were particularly small, such as those requiring blood pressure monitoring due to diabetes. We noted in the data we received that there appeared to be higher levels of exception reporting in relation to the indicator of smoking cessation advice; when we made checks on this, we saw that no qualifying patients had been excepted from this care indicator. This means that all patients requiring this care intervention had been contacted or seen by the practice.

There was evidence of quality improvement including clinical audit:

- There had been six clinical audits in the last 12 months. Three of these audits were of two cycles or more. Two audits we reviewed were on antibiotic prescribing and Terbinafine prescribing and monitoring. (Terbinafine is used to treat fungal infections, for example infection of toe nail(s)). These were completed audits where the improvements made were implemented and monitored.
- We reviewed an audit on prescribing against the Tri-Service Formulary. The aim of the Tri-Service formulary is to promote safe, effective and cost effective prescribing in primary care. The medicines included provide appropriate treatment for the vast majority of patients. All drugs listed have been approved for use and should be routinely stocked in Defence Medical Service dispensaries and out-sourced pharmacies, as in the case at RAF Scampton. Results of the audit showed that 93% of prescribing at RAF Scampton was in line with the Tri-Service Formulary. This was an increase from 2016, when the practice achieved 87% compliance. The expected standards for practices is 80% compliance.

Effective staffing

At the time of our inspection, we saw that staffing arrangements at the practice were not effective. Evidence reviewed showed that not all staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff.
- The practice accepted there were gaps in training for some staff. We were told this was due to manning issues. We noted role-specific training and updating for relevant staff was absent in some areas. For example, the practice nurse had not attended the annual prescribing update course. The competency assessment for one of the medics delivering immunisations and vaccines had not been completed, yet this staff member was delivering this treatment.
- We reviewed a table recording asthma patients. Some of these patients did not have the correct

marker on their records or the correct medical employment standard and there was no indication from the Senior Medical Officer of how this was being addressed by the practice. This was a further example of clinical tasks which may have been picked up by the nurse, being overlooked in her absence.

- We reviewed the appointment availability with the Senior Medical Officer (GP) of the practice. We saw that routine appointments were always available. We saw that in the month of May, eleven working days (part or full) were taken up by annual or other leave, meetings and training. In the remaining working days for the month of May, the Senior Medical Officer typically saw seven patients per day. When we reviewed occupational medical work done by the Senior Medical Officer in the month of May, we saw that 16 medicals had been delivered in this period. An occupational health medical appointment is 40 minutes in duration, split into two 20 minute parts, between medics (who carry out health checks known as as prelims) and the Senior Medical Officer. From information available to us on the day, and requested following the inspection, we saw no undue clinical pressures within the practice; we did note that medics were more stretched due to picking up additional tasks. This was not being managed effectively, and no exercise had taken place to assess where pressure points were in the day to day delivery of services at the practice.
- Staff taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- The learning needs of staff were identified through a system of appraisals. These learning needs were, in some cases, being overlooked. Immediate Emergency Care is a mandatory course for all medics working on an RAF airfield. One medic was out of date for this training (due February 2017). This staff member was booked on a training course for July 2017.
- Staff had access to some on-line training modules and received mid-year and annual appraisal. All staff had received an appraisal within the last 12 months.
- The Senior Medical Officer was in date with their appraisal which was next due in June 2017. Revalidation was due in 2018. Due to the absence of the nurse we were unable to confirm appraisal and date due for revalidation.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff through the practice's patient record system and their intranet system. However, we found patient records were not always summarised in a timely manner.

From a sample of records we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other NHS services. Staff worked together and with other health care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record.

Meetings took place with other health care professionals on a weekly basis when care plans were reviewed and updated for patients. We were able to confirm that there were effective communications between mental health teams and practice clinicians. Patients did not experience any significant delay when being referred to mental health teams and clinicians met regularly to discuss patient care.

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 assessed the patient's capacity and, recorded the outcome of the assessment before referral to Defence Care Mental Health (DCMH) teams. DCMH does not audit the signing or scanning to patient records of consent to treatment forms.
- The process for seeking consent was recorded in patient records.
- Formal consent forms were used for consent to minor surgical procedures and stored on the electronic patient record. Only one minor operation had been performed in the past 12 months.

Supporting patients to live healthier lives

The practice provided information on occupational health delivered to patients. 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 (MMR). The data on vaccinations of patients showed:

- The percentage of patients at RAF Scampton who had a vaccination against Diphtheria recorded was 100%. This is compared to 97% of patients in the Defence Primary Health Care (DPHC) East region, and 99% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against MMR recorded was 44%. This is compared with 57% of patients in the Defence Primary Health Care (DPHC) East region, and 58% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against Hepatitis A recorded was 99%. This is compared to 99% of patients in the Defence Primary Health Care (DPHC) East region, and 99% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against Hepatitis B recorded was 99.5%. This is compared to 99.5% of patients in the Defence Primary Health Care (DPHC) East region and 99% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against Polio recorded was 100%. This is compared to 100% of patients in the Defence Primary Health Care (DPHC) East region, and 100% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against Tetanus recorded was 100%. This is compared to 100% of patients in the Defence Primary Health Care (DPHC) East region, and 100% of DPHC patients nationally.
- The percentage of patients at RAF Scampton who had a vaccination against Yellow Fever recorded was 100%. This is compared to 100% of patients in the Defence Primary Health Care (DPHC) East region, and 98% of DPHC patients nationally.

The practice's uptake for the cervical screening programme was 98%, which was above the DPHC target and NHS target for 2011/12 of 80%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice also encouraged its eligible patients to attend national screening programmes for bowel and breast cancer.

There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. As the nurse had been absent for extended periods, we asked how any woman requiring the services of a female clinician would be accommodated. We were told that if required, female patients could travel to a neighbouring RAF base where there was access to nurses who performed cytology.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged over 40. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. For example, we saw how the Senior Medical Officer had identified patients whose risk score for heart disease was low, but hereditary factors indicated treatment to lower cholesterol with a statin would be appropriate.

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and treated patients 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 gender by liaising with the practice manager who could organise this at an alternative medical facility.

We received 13 patient Care Quality Commission comment cards. Nine were positive about the service experienced. Patients commented that they felt the practice offered good service and staff were helpful and caring. Four comment cards highlighted the lack of good access to nurses at the practice. Comment was also made on lower levels of satisfaction with services of the Senior Medical Officers (GPs).

We asked the practice for a copy of their most recent patient experience survey. The Defence Medical Services (DMS) Patient Experience Survey (March 2017) showed:

- 90% of patients said staff treated them with kindness and respect all of the time and 10% said most of the time.
- 92% of patients described their experience of the service as good or very good, 8% were unsure or said it did not apply.
- 85% of patients said they would recommend the practice to friends and family if they were able to, 15% said they were unsure, disagreed or said it didn't apply.
- 99% of patients said they had confidence in the clinical staff taking care of them during their appointment/treatment.

We were not provided with any comparator data with these results. The findings were gathered from responses in 71 returned surveys. We were not advised as to how many surveys were issued.

Care planning and involvement in decisions about care and treatment

Children and young people were not treated at the practice at RAF Scampton. The families and dependants of personnel working at RAF Scampton had access to NHS practices and services locally.

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

- 89% of patients agreed or strongly agreed that they had sufficient time to discuss thoughts and worries about their care, 11% were unsure, disagreed or said it did not apply.

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

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

- Information leaflets were available in easy read format on request.
- When we reviewed health promotion material available in reception and waiting areas we saw much of this was out of date, for example the booklet on the Winter flu vaccination for patients was from 2014/15, alcohol awareness information was from 2013. The practice information booklet, which we were given a copy of when we arrived, was due for review in February 2016, and didn't set out the opening hours of the practice.

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. It was unclear how recently these had been reviewed to ensure that all information was still up to date. The practice did not record or use markers on patient records to indicate, whether any patients were carers. For example, whether any patient had a child or dependant with significant needs.

The Defence Care Mental Health (DCMH) team had a social worker, who liaised with the Veterans Champion when any service person leaving the forces required ongoing care to combat stress or stress related conditions.

Information about other facilities and support groups was also available through HIVE. The HIVE is an information network available to all members of the Service community. It provides a range of information on local unit and civilian facilities including health care facilities.

DCMH teams also worked with the Veterans Welfare Agency to provide further information and support to patients requiring this. If necessary, when handing care over to NHS professionals on discharge of a patient from the services, a face to face meeting would be arranged with the new community psychiatric nurse/team, especially if on high risk medication.

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.

- The practice offered good access to a GP between Monday and Friday of each week. However, access to nursing care was more problematic due to the extended absence of the practice nurse. As a result, approximately three patients each week were attending the practice at RAF Waddington, which is a 30 minute drive away. DPHC policy states that travelling time of 40 minutes for patients is acceptable.
- There were longer appointments available for patients who required them.
- Home visits were available but the majority of patients could attend the practice.
- Same day appointments were available for those patients with medical problems that required same day consultation.
- Patients were able to receive vaccines required for occupational health at the practice.
- Physiotherapy services were available at the practice and we saw good examples of joint working between the clinicians at the practice and the part time physiotherapist.
- There were accessible facilities at ground floor level.
- The practice did not have any examples of when they had been required to produce literature in alternative languages or formats but demonstrated that this could be done using the practice computer system, if required.

Access to the service

The practice was open between 8am and 5pm Monday to Thursday, and 8am and 4pm on a Friday. Telephone advice was available from a practice medic between 5pm and 6:30pm Monday to Thursday and from 4pm to 6:30pm on a Friday. Outside of these times, patients were advised to access the NHS 111 service. Urgent appointments were available for those patients who needed to be seen on the same day.

Results from the DMS Patient Experience Survey showed patients responded positively to questions about levels of access. For example:

- 99% of patients said their appointment was at a time convenient to them.
- 94% of patients said they were seen on time when attending for an appointment, or waited less

than 15 minutes

- 6% of patients said they waited up to 30 minutes to be seen when attending for an appointment. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Medics would assess fresh cases and refer onwards to the Senior Medical Officer as appropriate. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were advised. For example, patients would be advised to dial 999. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Midwife led maternity services were delivered from RAF Waddington. For other midwifery care, patients were referred to Lincoln County Hospital.

We did see some examples of how the practice had been responsive to the wider needs of patients of Defence Medical Services, for example, by seeing patients from other units due to pressure of appointments in other localities.

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.
- We saw that information was available to help patients understand the complaints system. This was summarised in the patient information booklet. However, when we made checks we saw that practice had not received any complaints for four years. When we made further enquiries, we saw that verbal complaints were not recorded. We were aware from patient comment cards, completed by patients before our visit, that the lack of access to nursing care at the practice was an issue for patients. There were no information posters in the practice reception or waiting areas, providing patients with contact details for alternative female clinicians and where to access these if required. The lack of access to a female clinician at the practice had not been fully considered by the practice.

Are services well-led?

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

Inadequate



Our findings

Vision and strategy

The practice leadership team said they had the desire to deliver quality care and promote good outcomes for patients. They referred to the mission statement of “Better healthcare, better deployability.”

The practice had supporting business plans which supported the daily delivery of health care from the practice and these were monitored through a series of governance meetings.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of services from the practice. However, governance was not embedded at the practice.

- There was a clear staffing structure; staff were aware of their own roles and responsibilities. The Senior Medical Officer and nurse had lead roles in key areas. However when we asked about some lead roles there was confusion as to whose responsibilities these were, for example, who the medicines management lead was. Junior staff were unsure as to who the deputy office manager was or who deputised for the practice manager. When we asked to see Terms of Reference (TOR's) for some staff, some were missing. These were for the staff member responsible for dispensary and medical stores, and for the deputy practice manager.
- The Senior Medical Officer could not say whether visiting medical officers from RAF Waddington were able to view blood test results at the practice. There were no Terms of Reference (TORs) created for visiting clinicians, setting out their duties. When we investigated further, the Senior Medical Officer was unaware how any visiting doctors, for example those providing absence cover, would view blood test results.
- Policies were implemented and were available to all staff. These were updated and reviewed.
- An understanding of the performance of the practice was maintained. Practice meetings were held which provided an opportunity for staff to learn about the performance of the practice. However, staff we spoke to commented that they felt they raised issues about tasks that were being overlooked, but felt that no action was being taken to address this. This affected the morale of those staff.
- When we reviewed a sample of patient records and supporting documents, we noted that notifications to managers, regarding patients medical employment standard, had not been actioned. Every member of service personnel has a medical standard, which tells their manager how they can be employed. Some asthma patients did not have the correct marker on their records or the correct medical employment standard and there was no indication from the Senior Medical Officer of how this was being addressed by the practice.

- A programme of clinical and internal audit was used to monitor quality and to make some improvements.
- There were arrangements in place for identifying issues but we saw that no effective action was taken to address those issues. For example, to cover absence of key staff. This had not been raised as a significant issue; as a result, some nursing tasks had been delegated to staff who said they were already stretched. A limited amount of clinical work was delegated to the Senior Medical Officer.
- There was a lack of effective working between the nurse and the Senior Medical Officer.
- We saw evidence from minutes of meetings that a structure was in place that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection, leaders within the practice did not fully demonstrate that they had the experience, capacity and capability to run the practice and ensure high quality care. Although we were told they prioritised safe, high quality care, our findings throughout the day showed that some clinical care and management of patients fell short of this. Staff found practice leaders to be unapproachable as they did not take time to fully listen to concerns of staff. We were aware toward the end of our inspection day that some of this may have been due to reporting through the rank structure and the barriers staff felt this presented.

We asked the practice manager why training needs were not being met for some staff. We were told this was due to manning issues, and the absence of a full time nurse. We were told some of the nurse duties that could be performed by medics had been delegated. Medics were carrying out their normal duties plus additional work they could deliver which was normally delivered by the nurse. For matters that could not be delegated, patients would travel to RAF Waddington and see a nurse there. We were told that approximately three patients each week would need to travel to Waddington.

Staff said the absence of the practice nurse had increased pressure on clinicians in the practice. Analysis of clinical duties showed there was no undue clinical pressure on the Senior Medical Officer. The cover of nursing duties were not being managed effectively, and no exercise had taken place to assess where pressure points were in the day to day delivery of services at the practice.

The Senior Medical Officer was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for staff on communicating with patients about notifiable safety incidents. Leaders said they encouraged a culture of openness and honesty. From a review of significant events we found staff of all levels recorded and reported incidents. However, these were not all routinely shared and discussed. In cases where things had gone wrong with patient care:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with mental health teams to monitor any vulnerable patients. Where required Senior Medical Officers met with community professionals for the management of any safeguarding concerns.

- Staff told us the practice held regular meetings.
- Staff said they did not always feel valued and supported. There was no forum for staff to share ideas on how the practice could be improved, or how ways of working could be adopted that would benefit staff and patients of the practice.

Seeking and acting on feedback from patients, and staff

The practice did gather feedback. It proactively sought feedback from:

- Patients through the patient survey. We noted that no complaints had been received or recorded for four years. No information had been shared with patients on how long they would have to continue travelling to RAF Waddington for nursing services.
- Staff could provide feedback through general practice meetings but did not have the confidence that anything would change. Where staff had indicated the need for further training in some areas, this had not been actioned. The indications from staff were that they did not feel involved and engaged to improve how the practice was run.

Continuous improvement

Other than audits conducted by the Senior Medical Officer the practice did not demonstrate evidence of continuous improvement. We did not see evidence of leaders striving to secure improvements in what is clearly a difficult time for the practice. The impact of the absence of a practice nurse over an extended period was not effectively assessed and addressed. This meant key duties were overlooked and patients had to travel on a regular basis to alternative sites for nursing treatment.

Following inspection, the practice advised that some improvement measures had been introduced. These included hearing conservation programme management, cervical cytology acceptability rates, and validity of periodical medical exam recall dates. The practice have not submitted evidence of this. The practice have also stated that this year they have introduced arrivals medicals to ensure all patients arriving on station are appropriately registered and in date with all vaccinations and medical requirements. It has not been made clear when these were introduced.

The lack of action to bring resolution to local problems, such as agreed delegation of tasks usually undertaken by the nurse, the lack of protected time for specific training for medics which is mandatory or to introduce activities that would increase the feeling of team spirit and comradeship amongst all staff meant that firefighting took precedent over any improvements required. There were no plans in place or actions by leaders that gave assurance that this was a phase that would soon pass.