

Defence Medical Services

Station Medical Centre Chicksands

Quality Report

Shefford
Bedfordshire
SG17 5PR

Date of inspection visit: 5/10/2017
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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?	Requires improvement 
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 Station Medical Centre Chicksands (referred to in this report as 'the practice') on 5 October 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 embedded and reviewed regularly.
- The practice recognised they needed to implement a programme of clinical audit to measure performance and drive improvements in 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.
- Other than for cytology, the practice did not have a failsafe system for the recording and tracking of samples sent for analysis that all GPs could refer to. Similarly, there was no internal follow-up system for referrals made by the practice.
- Some staff had not had access to recommended training, for example, in respect of adult safeguarding and the Mental Capacity Act 2005.
- The practice had supported staff in familiarisation with the electronic patient record system and additional programmes such as Population Manager. However, further work was needed to maximise the potential of the system in the management of patients.
- 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.
- Systems in place meant patients had access by phone to a duty GP between 17:00 and 18:30, Monday to Thursday, and on Friday from 15:30 to 18:30.

- 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 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.

The Chief Inspector recommends:

- A programme of clinical audit be introduced to measure patient outcomes and identify where improvements can be made.
- The introduction of failsafe systems that all GPs can access, to follow up on referrals made and bloods and samples (other than cytology) sent for analysis.
- Training for all clinicians on the Mental Capacity Act 2005.
- Training for all staff in adult safeguarding, relevant to their role.
- A review of staff training in use of the electronic patient record system to assure it is effective. For example, in order that staff can run clinical searches, create specific patient registers, for example, a carers register, provide assurance around patient recall systems, easily identify vulnerable patients and produce accurate performance data.
- Development of a plan to facilitate active response to patient feedback and ensure that comments and complaints are recorded.

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.

- We found there was an effective system for reporting and recording significant events. From documented examples we reviewed, we saw lessons were shared to make sure action was taken to improve safety in the practice. The number of incidents reported (five) in the last 12 months was low, but reflective of the relatively low number of patients on the practice register.
- When things went wrong patients were informed as soon as practicable, received reasonable support, 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 systems, processes and practices in place to minimise risks to patient safety.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Staff demonstrated that they understood their responsibilities in relation to safeguarding children and vulnerable adults. However, not all staff had access to training on safeguarding of vulnerable adults, relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

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

Requires improvement



- Staff had the skills and knowledge to deliver effective care and treatment. However, access to formal training on the provisions of the Mental Capacity Act 2005 was required.
- There was evidence of appraisals and personal development plans for all staff.

- Staff worked with other health care professionals to meet the range and complexity of patients' needs, for example, with mental health colleagues, physiotherapy staff and exercise rehabilitation instructors.
- Following a period of staff changes, the practice had focussed on governance systems for improvement within the practice. This had been at the expense of a programme of ongoing clinical audit.
- The practice did not have a failsafe system for the recording and tracking of samples sent for analysis that all GPs could refer to. There was no internal follow-up system for referrals to secondary care made by the practice that all GPs had access to.
- Staff were using the electronic patient record system, DMICP, appropriately but required further familiarisation with other areas of functionality. For example, effective read coding and use of standard templates at various patient interventions, to enable accurate data capture and effective tracking and recall of patients requiring follow-up care.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Comment cards, completed by patients before our inspection, indicated that they felt practice staff treated them with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we were able to speak with were highly complimentary about the staff and clinicians at the practice.

Are services responsive?

Good 

The practice is rated as good for providing responsive services.

- From a survey completed by the practice, 68% of patients who responded said the practice listened to their comments, compliments or complaints.
- The practice had set up a virtual patient reference group to try and encourage patients to share their views on the service.
- The practice held unit health fayres at least annually, where patients could seek advice on healthier living.
- The practice did not provide services to families and

dependants, but recognised that patients had families and dependants which may involve some caring responsibilities. Alerts were set on the records of these patients. However, an appropriate code was not attached to enable the practice to run an accurate carers register.

- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

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

- The practice had a clear vision 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. We saw that following a period of staff changes, the practice had focussed on governance systems to promote safety of patients and improve working practices.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Leaders 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 provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.

Good 

Station Medical Centre Chicksands

Detailed findings

Our inspection team

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

Background to Station Medical Centre Chicksands

Station Medical Centre Chicksands, referred to in this report as 'the practice' is located in Shefford, Bedfordshire. The practice offers care to military personnel and other entitled Defence Medical Service (DMS) personnel, including reservist, and foreign service personnel.

At the time of inspection, the patient list was approximately 1,200 patients. Occupational health services are also provided to personnel and a number of reservists. As the practice is located on a military site that is a phase two and three training establishment, the practice can see a lot of visiting patients, whilst they are training at the base.

In addition to routine GP services, the treatment facility offers minor surgical procedures, travel advice and referral to physiotherapy services. Family planning advice is available, with referral onwards to NHS community services if required. Maternity and midwifery services are provided by NHS practices and community teams. Patients requiring these services can register as a temporary patient with one of the local community based GP practices.

At the time of our inspection, the facility had one full time civilian Senior Medical Officer (GP), and one part time civilian medical practitioner (CMP) (GP) who worked three days each week. The team was further complemented by a long term locum GP who also worked three days each week. This gave the practice 2.1 whole time equivalent GPs. The clinical team also included one full time lead practice nurse, a further full time practice nurse and one part time practice nurse. This gave the practice 2.5 whole time equivalent practice nurses. The lead nurse had recently joined the practice but was away on maternity leave at the time of our inspection. There was no cover available for this post.

The practice had its own dispensary, which was manned by a pharmacy technician who worked in the practice dispensary. The practice was carrying a vacancy for a medical technician and this post had been vacant for approximately three months at the time of our inspection (the work of a military medic has greater scope than that of a health care assistant found in NHS GP practices). The facility was led by a practice manager, who had been in post for approximately 12 months at the time of our inspection. The practice administrative team was complemented by two administrative staff. The facility also had two physiotherapist staff and an exercise rehabilitation instructor; however, services provided by physiotherapy teams do not form part of our inspections.

The practice was open Monday, Tuesday and Thursday each week, between 07:30 and 17:00. Opening times on Wednesday were 07:30 to 12.30, with the practice closing on Wednesday

afternoon for staff training and meetings. The practice was open on Friday from 07:30 to 12:30, then from 13:30 to 15:30. After these hours, patients were asked to contact the duty doctor on a mobile number, who was available until 18:30 each day and during lunch hours if required. After 18:30 and at weekends, patients were advised to use the NHS 111 service.

Why we carried out this inspection

The Defence Medical Services (DMS) are not registered with the CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability.

How we carried out this inspection

Before visiting, we reviewed a limited amount of information provided to us about the facility.

We carried out an announced visit on 5 October 2017. During our visit we:

- Spoke with a range of staff, including the SMO and the part time civilian medical practitioner, the practice manager, a practice nurse, and one member of administrative staff. We were able to speak with one patient who used the service.
- Reviewed comment cards completed by patients who shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.
- Conducted a visual inspection of the practice building and treatment rooms and facilities.
- Carried out a review of the dispensary and related 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?



Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. The event would be discussed at a practice meeting, which took place monthly, and information and any learning from the event would be made available to staff.
- There were a limited number of significant events recorded – five in total within the past 12 months.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

When there were unintended or unexpected safety incidents, patients received reasonable support, information, and a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice took necessary action after blood samples for analysis were sent to the local hospital laboratory, but the incorrect screening was performed. The practice ensured that the matter was raised appropriately with the laboratory and that the incident was correctly recorded and reported.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- 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. Effective deputising arrangements were in place.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding. However, staff did not have access to vulnerable adult safeguarding training.
- GPs were trained to child safeguarding level three. Nurses were trained to child safeguarding

level two, and administrative staff to child safeguarding level one.

- The practice used alerts on patient records within DMICP (Defence Medical Information Capability Programme) to ensure that risks showed clearly when the medical record was opened, for example, to highlight any patient deemed to be 'at risk'. However appropriate coding of these patients was not in place to enable the practice to maintain a register of these patients.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role, and 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control policy and lead who had attended infection control training. Infection control audits were carried out at least annually.
- We noted from the practice internal governance tool, the Common Assurance Framework (CAF) that infection control had previously been an area highlighted as requiring improvement. Prior to inspection we were provided with two infection control audits. One from June 2017 which showed a rate of 72% compliance with required infection control standards, and a list of areas for improvement. A re-audit in September 2017 showed improvements had been implemented and gave a pass score of 93%. On the day of our inspection, there were no concerns regarding infection prevention and control standards at the practice.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines.
- Prescription pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient Specific Directions were used appropriately.
- We reviewed records held by the practice and were assured that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available and a poster was displayed in the practice office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The fire equipment was checked by an external contractor on an annual basis and on a monthly basis by the practice manager. Fire alarms were tested weekly and all electrical equipment was checked on a regular basis to ensure the equipment was safe to use. Clinical equipment was checked in line with Defence Medical

Services policy to ensure it was working properly.

- The practice had a variety of other risk assessments in place 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure that enough staff were on duty. Staff had a flexible approach towards managing the day to day running of the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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. All staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the practice computer system and additional copies were kept off the premises.

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).
- The practice had systems to keep all clinical staff up to date. Staff had access to up to date guidelines and used this information to deliver care and treatment that met patients' needs. Regular clinical meetings were held and we viewed minutes from meetings held which confirmed that guidance across several clinical domains had been discussed.
- Peer review between GPs further ensured that guidelines were followed.
- The Defence Primary Health Care (DPHC) Team produced a newsletter that was circulated to clinicians providing further information and a summary of relevant safety updates. GPs we spoke with could refer to this and gave examples of updates they had acted on and discussed within the practice.

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. It is used across many 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 provides a useful way of measuring this for DMS). Because the numbers of patients with long term conditions are often significantly lower at DMS practices, we are not using NHS data as a comparator.

The practice provided the following patient outcomes data to us from their computer system on the day of the inspection:

- There were three patients on the diabetic register. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. For all three of these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. For all three of the diabetic patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.
- There were 31 patients recorded as having high blood pressure. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. Of these patients with hypertension, 20 had a blood pressure reading of 150/90 or less. Of the remaining 11 patients, six patients were being actively managed and five were being recalled for review.

- The number of patients with long term physical or mental conditions, who smoke was four. Of those, three patient's notes contained a record that smoking cessation advice, or referral to a specialist service had been offered within the previous 15 months.
- There were 18 patients with a diagnosis of asthma. We reviewed the treatment and care offered to these patients and found that 13 had received an asthma review in the preceding 12 months which included an assessment of asthma control using the three Royal College of Physicians (RCP) questions.
- There were 14 patients with a new diagnosis of depression in last 12 months. Of these patients, 11 had been reviewed within 10-35 days of the date of diagnosis. The remaining three patients had left the facility.
- 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 instance of audiometric hearing assessment was in line with 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 :
 - 100% of patients had a record of audiometric assessment, compared to 100% regionally and 99% for DPHC nationally.
 - 91% of patients' audiometric assessments were in date (within the last two years) compared to 78% regionally and 87% for DPHC nationally.

The practice had made a decision, following a period of staff change, to prioritise governance as an area for improvement within the practice. As a result of this, there were not as many clinical audits carried out in the past 12 months.

There was evidence of quality improvement including some audit. There was scope to extend this.

- Improvements had been made to infection control following an audit in June 2017 which showed the practice level of compliance was 72%. A re-audit in September 2017 confirmed that action taken to address areas of concern identified in June 2017 had been effective, with the practice level of compliance increasing to 93%.
- An audit had been carried out on the speed of processing of clinical correspondence within the practice. This consisted of the initial data gathering, setting of parameters and how achievement would be measured and analysis of results. Results showed 64% of clinical correspondence was dealt with within three days. This fell short of the target set of 75% of correspondence to be dealt with within three days. The results were discussed at a healthcare governance meeting and ideas discussed on how this achievement could be improved upon. The audit was due to be repeated at the end of October 2017.
- An audit had been carried out on the number of patients seen within 30 minutes of their appointment time. This subject for audit was chosen as it related to one of the key performance indicators that the practice is measured on annually. Results of the first cycle of audit showed that 92% of patients were seen within 30 minutes of their appointment time. This fell short of the target of 95% of patients being seen within 30 minutes of their appointment time. The audit was repeated with data collected from the next six month period (August 2016 – February 2017). This showed a slight improvement in performance, with 93% of patients being seen within 30 minutes of their appointment time. Analysis showed that it was possible that the cause for over-running on some appointments may be due to those patients seeing GPs in relation to mental health. The practice responded to this ensuring patients knew they could book either a double

or triple appointment on first or second visits. It was accepted that without knowing if a patient was going to present with a mental health issue, these initial appointments may over run. If this was the case, GPs sent a message to reception staff so they could let patients know that GPs were running 15 minutes behind schedule.

- There had been two clinical audits performed in the last two years. The first audit on asthma consisted of the full data collection required, setting of parameters and standards. The audit was chosen as it was not one of the conditions assessed as part of the DPHC dashboard monitoring. The initial data collections showed that 30 patients had a diagnosis of asthma, with only 43% receiving a full annual review, against a target set of 70% by the practice. It was identified that patients could be seen by nurses who would provide inhaler technique guidance as required. Changes implemented included the introduction of the DMICP template to prompt answers to all questions required in the review of asthma patients, including use of the three Royal College of Physicians questions. The audit is due to be repeated in November 2017.
- The second clinical audit was on paperwork required for permanently downgrading personnel due to medical reasons. Results of this audit showed an improvement in completion of paperwork required for downgrading of personnel due to medical reasons. In the first cycle of audit, 58% of patients had all correct paperwork in place and on DMICP. In the third audit cycle this had improved, showing 93% of patients with all correct paperwork in place and on DMICP.
- Monitoring exercises were in place to check that standard operating procedures continued to meet the needs of the practice and its patients.
- An internal quality assurance tool, the Defence Medical Services (DMS) Common Assurance Framework (CAF) was used to monitor safety and performance. The DMS CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS. When we reviewed the CAF we saw that any areas requiring further action or updating were being managed effectively by the practice manager.

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 included topics such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and Caldicott accountability. Staff had access to and made use of e-learning training modules and in-house training.
- Staff had all received mandatory training in subjects such as fire, basic life support and infection control. In addition some staff had received role-specific training. For example, the infection control lead had attended a relevant course.
- Although staff at the practice did not deal with patients under 16 years of age, staff could demonstrate their understanding on the application of Gillick competence (Gillick is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). Staff who acted as chaperones had received training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training including an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.

- The nurses maintained their own continual professional development. The practice manager organised mandatory training and the practice nurses managed their own nursing update training. We were told there was no issue with being released for courses and or updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff within the practice, 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.
- When we were speaking to GPs at the practice, we found that each had their own way of tracking any samples sent for analysis, including minor surgery samples. These systems were not shared systems, so in the absence of one of the GPs, it may have been difficult to chase up results. There was no effective failsafe system in place for samples sent for analysis.
- There was no system in place to follow up on patients who had failed to attend a hospital appointment. It appeared that GPs were not notified of secondary healthcare appointments which patients had failed to attend.
- 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.
- Patient records were current and there was no backlog in summarising notes.
- Reports were usually received from the OOH service within 48 hours of a patient having accessed treatment. These reports were scanned on to DMICP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. Patients seen by the out of hours service (OOH) were required to present to the practice, if practicable, the next day for review.

Consent to care and treatment

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

- Staff said they understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. However, we noted that clinicians had not received formal training in this.
- The process for seeking consent was monitored through periodic patient record audits. Recent checks confirmed 100% standard achieved in respect of all minor surgical procedures including contraception and occupational medicine.

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.
- All new patients were asked to complete a proforma on arrival. The practice nurse followed up any areas of concern, such as raised blood pressure.
- The practice offered basic sexual health advice including the issue of free condoms and referred on to local clinics in the community for more comprehensive services including family planning.
- Patients had access to appropriate health assessments and checks. Figures we reviewed showed there were 53 patients at the practice aged over 50 years. Patients over 50 who had not had cholesterol check in the past five years were captured opportunistically. At the time of inspection, 38 patients, (72%) had received a cholesterol check.
- Clinicians were aware of those who were entitled to breast screening. From figures available on the day of inspection, we could see that the take up rate for breast screening was 80%. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred to these screening programs.
- The number of women aged 25-49 and 50-64 whose notes recorded that a cervical smear had been performed in the last 3-5 years was 152 out of 183 eligible women. This represented an achievement of 83%. The NHS target was 80%.
- There were seven patients at the practice over the age of 55 years. These patients were eligible for bowel screening. Records at the practice showed one person had taken up the offer of bowel screening. Two people had declined screening, three people had not responded to invites for screening. One person required an invitation to be sent out. In response to the lower than expected take-up rate, the practice had confirmed that the decline of screening was discussed with patients not wishing to be screened and that this was recorded in their patient record. Of those who had not responded to invites, the practice was able to demonstrate that these were under the care of DPHC and out of area. It was not appropriate to follow-up with these patients at that time. The patient who required an invite to be sent out was no longer registered with Chicksands Medical Centre.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using public health information posters and they ensured a female sample taker was always available. In the case of other national screening campaigns such as bowel screening, any failure to attend these appointments was followed up by the practice. Where patients declined this offer of screening, it was recorded in patient records.

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 July 2017 provides vaccination data for patients using this practice:

- 95% of patients were recorded as being up to date with vaccination against diphtheria compared to 97% regionally and 95% for DPHC nationally.
- 93% of patients were recorded as being up to date with vaccination against polio compared to

97% regionally and 95% for DPHC nationally.

- 85% of patients were recorded as being up to date with vaccination against Hepatitis B compared to 88% regionally and 83% for DPHC nationally.
- 88% of patients were recorded as being up to date with vaccination against Hepatitis A, compared to 98% regionally and 94% nationally.
- 95% of patients were recorded as being up to date with vaccination against Tetanus, compared to 97% regionally and 95% for DPHC nationally.
- 27% of patients were recorded as being up to date with vaccination against Typhoid, compared to 42% regionally and 53% for DPHC nationally.

The Typhoid vaccine has a lower uptake than other vaccinations. Current guidance state DMS practices should offer the Typhoid vaccination to personnel before deployment and not to routinely vaccinate the whole population.

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During our inspection we observed that members of staff were courteous and 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.
- The practice offered patients the services of either a female or a male GP. For any intimate examinations that were to be performed by a GP, a chaperone was usually available. Arrangements were in place for women to access a family planning clinic in the community, if required.
- There was an accessible toilet in the waiting area. A room was available for baby changing and/or breastfeeding.
- We were able to speak 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. The patient particularly commented on the benefit of continuity of on-going care with the same clinician, which they felt had aided their recovery.
- Patients commented in feedback provided on CQC comment cards. We received 37 completed cards, 32 of which were highly positive. Within the positive comments, patients said 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.
- We received feedback on the dental centre, which was not included as part of this inspection.
- Four cards included more mixed feedback. This included comments on the turnaround time of prescriptions, comments on breakdown in communication between primary and secondary care and comments on the need for additional exercise rehabilitation instructors.

Results from the latest Defence Medical Services Patient Experience Survey showed patients felt they were treated with compassion, dignity and respect. For the survey, 50 questionnaires were handed out and 50 were returned. The survey gathered responses from patients between August and September 2017. Results showed:

- 68% of patients said the practice was good at listening to any compliments, comments or complaints.
- 85% of patients said they felt involved in decisions regarding their care and treatment.
- 90% of patients said if family, friends and colleagues could use the practice, they would recommend it to them.

We did not receive any comparator data from Defence Medical Services to set out alongside the above data. However the views of patients expressed on CQC comment cards and those from patients we spoke with, aligned with the views above. The practice did not have a firm plan in place to improve scores in relation to patient feedback on how good the practice was at listening to any concerns or complaints. However it was hoped that an on-line presence for the practice would increase opportunities for patients to provide feedback and for the practice to respond.

- GP's had access to twelve week language courses, to provide them with some basic conversational phrases, to assist patients who did not have English as a first language. GPs told us that the majority of patients who trained at the base did have a good command of the English language.
- The practice had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit including healthcare facilities. The information also signposted learning centres, for patients who may want to increase their fluency in English.

Care planning and involvement in decisions about care and treatment

- The practice served the population of the phase three training establishment at the military base. The practice did not have any patients under the age of 18 years, but did have some patients aged 18-21 years. The clinicians and staff at the practice, under the leadership of the Senior Medical Officer, demonstrated that they recognised at all times that younger patients they provided care and treatment for, could be making decisions about treatment themselves for the first time. Staff demonstrated how they gauged the level of understanding of patients, avoided overly technical explanations of diagnoses and treatment and encouraged and empowered young patients to make decisions based on sound guidance and clinical facts. Feedback from patients indicated to us the GPs took the time for example, to explain why an injury may be slow to heal and what they could do to improve the healing process. We saw this type of engagement and involvement from nurses and GPs at the practice.
- The practice provided a service to patients from different countries and some 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 and a computer was also available to access health information.

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 organisations. We saw that information was relevant to the patient demographic and was prominently displayed and accessible. For example, we saw posters which explained how to use a condom safely, on symptoms that may suggest a sexual health screening appointment would be useful, on access to contraception and on the

importance of completing any prescribed course of treatment.

- The practice acted in a compassionate way toward any patient that had to be discharged from the military on health grounds. We saw that the practice reassured these patients and signposted to personnel within the military who could guide them through the exit process and transition to NHS care and other support functions.
- The practice identified patients who were also carers. Where patients identified themselves as carers, an alert was added to their records in order to make them identifiable and so that extra support or healthcare could be offered as required. However, these patients did not have an appropriate read code attached in relation to their status as a carer. This meant that a register of carers that was up to date could not be created. When we asked administrative staff about a carers register, they were not aware that the practice kept one.
- Patient information leaflets and notices were available in the patient waiting area which informed patients how to access a number of support groups and organisations.

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:

- A wide range of clinics were available to service personnel, for example, minor surgery services, physiotherapy referral, health checks, travel advice, well man and well woman clinics and family planning advice, with onward referral to community based family planning clinics if required.
- Maternity and post-natal services were held at local practices every week. Any patient requiring these services was referred to one of these practices where they could register as a temporary patient to receive these services.
- Patients were able to receive travel vaccines when required.
- Patients could have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse. Patients requiring them could book a double GP appointment of 30 minutes.
- Same day appointments were available for those patients who needed to be seen quickly.
- Physiotherapists were based at the site in a neighbouring building. 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.

Access to the service

- The practice was open Monday, Tuesday and Thursday each week, between 07:30 and 17:00. Opening times on Wednesday were 07:30 to 12.30, and on Friday from 7:30 to 12.30, then from 13:30 to 15:30.
- 'Sick parade' (an opportunity for patients to attend the practice for advice in person) took place at 07:30 each morning before clinics started at 08:30.
- Across lunchtime closing, afternoon closures for training and meetings and from 17:00 to 18:30 on weekdays, patients could contact the practice GP via mobile phone. This phone number is given on the answer machine message of the practice.

- After these hours and at weekends, patients were advised to use the NHS 111 service.
- The practice leaflet gave clear information on local accident and emergency units as well as phone numbers. The nearest accident and emergency departments were located at Bedford Hospital (South Wing) and The Lister Hospital, Stevenage.
- Results from the Defence Medical Services Patient Experience Survey showed that overall patient satisfaction levels with access to care and treatment was good. The survey questionnaire was distributed to 50 patients. All 50 patients responded; the views expressed represent those of 4% of the patient population.
 - 94% of patients said they were able to obtain a suitable appointment when they needed one.
 - 84% of patients said their appointment was at a convenient location.
- A patient told us on the day of the inspection that they were able to get appointments when they needed them. This aligned with views expressed in patient comment cards. We were told that some patients would be unhappy at having to travel off camp to access some services of physiotherapy and exercise rehabilitation instructors, which were not immediately available at the practice.

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.
- Feedback from patients, both on CQC comment cards and in practice surveys indicated that patients felt comfortable and knew how to complain should the need arise. We did not see evidence that military rank would be a barrier to patients raising issues with the practice.
- There had been no complaints raised in the 12 months prior to our inspection. We saw that there were processes in place to share learning from any complaints. Complaints were audited through the Common Assurance Framework (CAF). This was used to focus on improvements to the service and to ensure that designated standards were being met on the handling of complaints.

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. Consistent, safe and effective care was at the forefront of the strategy and vision for the practice and this was adopted by all members of staff. All staff we spoke with were content with their working environment. Staff also acknowledged that their opinions, observations and views were valued.
- Staff we spoke with throughout the day could identify with the mission statement, “Better healthcare, better deployability”, and staff knew and understood the values and behaviours required to support this. The practice had a clear strategy and supporting business plan which reflected the vision and values and these were regularly monitored.

The practice had prioritised areas for focus and development in the next twelve months. These included:

- A minimum of one monthly education session for all staff to attend, to consist of both clinical and health topics.
- Attendance at DPHC(E) HQ meetings, relevant to role, for example, by practice manager, practice nurse, pharmacy technician or alternatively, by relevancy to topic. All learning to be shared in practice meetings.
- A regular programme of clinical audit to be re-introduced.
- Patient participation projects to improve patient and unit involvement in the running of the practice.

Clinically, there were four areas of work for focus and improvement in the next 12 months. These were given as:

- Chronic disease management – to develop nurse led programmes in accordance with NHS working practice.
- Open access physiotherapy – to develop direct access process to primary care rehabilitation facilities;
- The development of the single practice administrator in respect of managing military occupational health administration; and
- Local rehabilitation pathways – to develop site/injury specific rehabilitation pathways, thereby ensuring equality of care between similar patients.

The Senior Medical Officer explained that following a period of staff turnover, the practice had focussed on maintenance and improvement of governance to support the incoming practice manager, who had entered the role having no previous experience in this field. As the new practice manager had started to become more established in their role, the practice had identified

areas for improvement around patient care and clinical outcomes.

Governance arrangements

The practice had an effective 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.
- Policies from the national framework were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. The practice manager used the Common Assurance Framework (CAF) as an effective governance tool. Practice meetings were held regularly and were used as an additional governance communication tool, for example to remind staff to complete all paperwork in respect of significant events. Learning needs were discussed at practice meetings and appropriate training was requested and delivered through this forum. The meetings were also used for forward planning, for example, to ensure that patient needs were met during busy clinic times and periods of staff sickness. This provided an opportunity for staff to learn about how the performance of the practice could be improved and how each staff member could contribute to those improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. This included plans that took account of manning levels at the practice. For example, the recently appointed full time practice nurse had started a period of extended leave. The practice had plans in place to cover this absence but recognised that assistance would be needed to cover skills lost when the previous practice nurse had retired.
- We saw evidence from minutes of meetings, a structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

- On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Everything we saw on the inspection day, and communications with the practice following the inspection, supported this.
- There was a clear leadership structure and staff felt supported by management. Staff told us the practice leaders were approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice. We particularly noted the 'learning atmosphere' in the practice, which was promoted by leaders. Staff told us the practice held regular 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 and supported in doing so. Minutes were taken at each meeting and were available for practice staff to view.
- The provider 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. The GPs and practice manager encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment, the practice gave

affected people reasonable support, information and a verbal and written apology.

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 Defence Medical Services surveys and from any individual patient feedback received.
- The practice had looked at the possibility of forming a Patient Participation Group (PPG) but were aware that limitations were inevitable due to the transient nature of the patient population and deployable status of operational staff at the practice. At the time of our inspection, the practice had not been able to establish a group and confirmed it was unlikely that they would be able to. A practice Facebook page had been set up and this was being monitored for feedback.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Completed CQC comment cards from patients supported our findings, that there was an open door policy when it came to patient input and feedback.

Continuous improvement

- There was a focus on continuous learning and improvement within the practice. The practice team was forward thinking and from minutes of meetings we reviewed we saw that the leaders of the practice were open to learning opportunities from all sources. For example, at the present time, GPs deliver the majority of chronic disease management. The future focus was to have nurses trained to do this, giving GPs more time to deal with acute illness and occupational health.
- The practice manager who had been in the role for approximately 12 months was attending regional practice manager forum meetings and building a network of support and ideas from other practice managers. This was done with a view to introducing working practices that would benefit patients.