Brecon Medical Centre

Dering Lines, Brecon, Powys LD3 7RA

Defence Medical Services inspection

This report describes our judgement of the quality of care at Brecon Medical Centre. It is based on a combination of what we found through information provided about the service, patient feedback and through interviews with staff and others connected with the service.

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

Contents

Summary

About this inspection

We carried out this announced comprehensive inspection on 29 February 2024.
As a result of this inspection the medical centre is rated as good in accordance with the Care Quality Commission's (CQC) inspection framework.

The key questions are rated as:

Are services safe? – good
Are services effective? – good
Are services caring? – good
Are services responsive? – good
Are services well-led? – good

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the CQC's observations and recommendations.

This inspection is one of a programme of inspections that the CQC will complete at the invitation of the DMSR in their role as the military healthcare regulator for the DMS.

At this inspection we found:

- The leadership team had a clear understanding of key issues and had developed plans to resolve or mitigate identified risks.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal minimised risks to patient safety. However, improvement was needed in the checking and recording of controlled drugs (CDs) and using the appropriate coding for repeat medicines. There was an effective and holistic approach to the monitoring of patients on high-risk medicines.
- An effective system was in place for managing significant events and staff knew how to report and record using this system. Reporting events was supported by an open door and no blame culture.
- The practice had good lines of communication with the unit, the Primary Care Rehabilitation Facility (PCRF), the welfare team, the Padre and the Department of Community Mental Health to ensure the wellbeing of service personnel.
- The practice had a comprehensive chronic disease management plan in place. Patients were recalled appropriately and patients received effective, individually personalised care.

- The practice had a system to ensure that staff completed the required mandated training and held the appropriate professional registrations.
- Information systems and processes were in place to deliver safe treatment and care including referral tracking.
- The PCRF was a well-managed department that put evidence-based patient care at the forefront of their work.
- Staff understood and adhered to the duty of candour principles.
- The medical centre sought feedback from patients which it acted on. Feedback showed patients were treated with compassion, dignity and respect.

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

The medical centre introduced a temporary registration form translated for overseas patients. They found that there were increasing numbers of overseas patients who were arriving at urgent clinics (sick parade) with no medical history on DMICP (electronic patient record system). The introduction of the translated form provided some information to inform the clinician prior/during the consultation. All the clinicians felt it was effective and improved care, this was documented in a clinical governance meeting.

There was a folder in each nurse clinical area “clinic room bibles” which outlined each of the pathways required for each long-term condition. This included tests required and escalation plans as required. This has been devised and updated by a doctor.

The medical centre introduced the Problem Area in Diabetes (PAID) questionnaire to assess and understand how diabetes impacted on quality of life. Doctors found that this has flagged areas for discussion that the patients had not raised otherwise; for example, their level of understanding of food choices.

Through discussion with the team, we learnt how medical centre staff regularly went the extra mile to ensure that the mental health and holistic needs of patients were met in a timely, respectful and compassionate way. We saw several examples:

The Senior Medical Officer (SMO) was informed about a patient who was on compassionate leave at home via the welfare officer. The SMO phoned the patient, had a consultation with them over the phone and subsequently arranged a prescription for collection at a practice near to them. The SMO then made 2 follow up telephone calls to the patient in the following days and arranged further support.

One patient who had recently been discharged from hospital having been admitted with a chronic condition was contacted by the SMO to pro-actively assess their condition upon their discharge. The SMO noted that the patient was still not well. That day the SMO contacted the patient’s consultant of many years (based in another hospital) to try and organise an inpatient admission there. As a result the patient was admitted there shortly after and the patient had a smoother and faster route to getting care with their preferred, known care provider.

We were given a detailed example where a patient came in for some routine health checks and the nurse, through a thorough holistic assessment, found a potentially more serious condition. They supported and encouraged the patient to undergo further investigations and as a result the patient had significant improvement to their health.

The medical centre received a recent and serious hospital discharge summary concerning a patient that had left the practice and military service. The discharge summary was sent to Brecon in error (rather than to the new NHS GP). This was recognised by the administrative team so they promptly acquired the contact details of the veterans' mental health provider and in turn their community psychiatric nurse to confirm they were aware of this recent hospital admission and to ensure the patient received follow-up support.

The Chief Inspector recommends to Brecon Medical Practice

Ensure the management of controlled drugs (CDs) is robust with quarterly and monthly checks completed on time and ensure the CD register has a specimen signature entry for all staff in accordance with Defence Primary Healthcare policy.

Adopt a consistent approach to the review of clinical coding of patients prescribed repeat medicines to ensure the management of these patients through clinical searches is fully effective.

The medical centre should consider formal moulage training or emergency scenario training to all staff. This is particularly pertinent to the location of the medical centre and due to the arduous nature of the training undergone by soldiers there.

Ensure the system for managing patient safety alerts is robust and not dependent on one member of staff being available when alerts are received. Alerts must be actioned promptly on the Wales and West Midlands Sharepoint page.

Expedite the request for improvements relating to infection control to ensure compliance with The Health and Social Care Act 2008: ‘Code of Practice about the prevention and control of infections and related guidance’.

The Chief Inspector recommends to Defence Primary Healthcare (DPHC)

Clarify lines of accountability at a senior leadership level (DPHC/Single Service) such that medical plans are shared, risk ownership is understood to mitigate risks to the safe delivery of the service.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services

Our inspection team.

The inspection team was led by a CQC inspector. The team included specialist advisors including a primary care doctor, nurse, practice manager, a physiotherapist and a pharmacist. The physiotherapist specialist advisor undertook the inspection remotely.

Background to Brecon Medical Centre

Brecon Medical Centre provides a primary health care, occupational health and rehabilitation service to a military service population from all three services of 467 registered patients from the age of 18. The patient population is drawn from a range of units over a wide geographic area. The main unit is the Infantry Battle School (IBS) with approximately 3,500 students passing through the IBS each year including allied forces personnel. In addition, the medical centre supports over 300 reserves and service personnel who use the Sennybridge Training Area (SENTA). The practice does not provide primary health care for families or civilian Ministry of Defence employees.

A Primary Care Rehabilitation Facility (PCRF) is located within the medical centre and provides a physiotherapy and rehabilitation service. As there is no dispensary at the practice, medicines are dispensed from a local pharmacy. The practice is open from 08:00 to 16:30 Monday to Friday. A telephone triage service runs from 16.30 – 18:30 Monday to Friday. From 18:30 hours midweek and at weekends and public holidays, patients are directed to contact NHS 111.

The staff team.

Senior Medical Officer (SMO)	Post vacant
Acting Senior Medical Officer (SMO)	1 (part time 3 days per week)
Civilian medical practitioners	2 (1 part time, two days per week and 1 full time locum)
Practice manager	1
Nurses	1 (full time) 2 (part time, both three days per week)
Physiotherapists	2 1 (full time) 1 part time locum (two and a half days per week)
Administrators	2 (1 full time and 1 part time, four mornings per week).

Are services safe?

We rated the medical centre as good for providing safe services.

Safety systems and processes

The medical centre worked to the Defence Primary Care Healthcare (DPHC) Tri-Service safeguarding policies. The acting Senior Medical Officer (SMO) was the lead for safeguarding. Safeguarding training had been delivered by NHS Wales in November 2023 and good contacts were made should a referral be required. All staff within the medical centre and the Primary Care Rehabilitation Facility (PCRF) had received up-to-date safeguarding training at a level appropriate to their role. The medical centre's standard operating procedures (SOPs) for safeguarding had been reviewed and included contact details for local safeguarding teams in Wales.

Alerts were applied to clinical records to identify patients considered vulnerable. A monthly search of DMICP (electronic patient record system) was undertaken to ensure the register of vulnerable patients held on DMICP was current. Vulnerable patients were discussed at unit health committee meetings, regularly held for the various units and included the chain of command, the SMO, welfare and also linked in with any other pertinent staff. Additional meetings were also held including a vulnerable/complex patient meeting that was conducted every 4 weeks attended by all the relevant clinical staff and all vulnerable/safeguarding coded patients, patients on high risk medicines, carers, pregnant patients and any patient on the firearms register were discussed.

when the need arose. We discussed several examples where safeguarding concerns were identified. We saw caring and responsive actions were taken to safeguard patients including an individualised and complete plan of care.

Notices advising patients of the chaperone service were displayed in each room and in the reception area. There was a list of trained chaperones and chaperone training had last been held in November 2023, this was audited yearly.

All training was recorded so staff could review at any time. 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.

The full range of recruitment records for permanent staff was held centrally. However, the practice could demonstrate that relevant safety checks had taken place for the staff, at the point of recruitment, including a DBS check to ensure staff were suitable to work with vulnerable adults and young people.

There was a dedicated lead for infection prevention and control (IPC) and they had completed the IPC link training. Audits were undertaken regularly with the last being in December 2023. An action plan had been raised as non- compliance was noted with various sinks, chairs and clinical waste bins. This was raised in February 2024 at the practice meeting and it had been escalated to the area manager and quartermaster's

department. Requests had been refused regarding IPC compliance due to them not being picked up when the medical centre was refurbished in 2020.

Environmental cleaning was provided by an external contractor. The practice manager periodically walked around with the cleaning management and any concerns were documented by email to seek resolution. Required arrangements were in place for deep cleaning, the last had been carried in the medical centre in November 2023.

The management of healthcare waste was in line with policy. Clinical waste was tied and secured with a cable tie, annotated with the medical centre code, recorded in the waste log and placed in the waste skip. The waste skip was locked and secured to the building.

Consignment notes were held and the waste log cross referenced. An annual audit log had been completed in August 2023 and no issues had been identified.

One staff member in the PCRF was currently providing acupuncture to patients. There was an acupuncture SOP and risk assessment in place and this had been reviewed regularly and all staff were aware of it. Written consent was gained and scanned onto DMICP.

Gym equipment in the PCRF treatment area was maintained, serviced and monitored. Checks on equipment were completed daily.

There was a process in place for the management and action of Medicines and Healthcare products Regulatory Agency (MHRA) and National Patient Safety Alerts. Evidence was seen of an in-date electronic MHRA Alert register and that the medical centre had a system in place to ensure that they were receiving, disseminating and actioning all alerts and information relevant to the practice. However, we noted the last 3 had not been actioned (due to staff absence), we checked these and they were not contradictory to patient care and were low risk. Evidence was seen that there was a section in the practice meeting for alerts to be discussed.

Risks to patients

There was a good balance of well-trained civilian and military staff which afforded continuity of care. There was a good balance of well-trained civilian and military staff which afforded continuity of care. There were some permanent staff vacancies including a part-time nurse post which had been recruited for and the successful candidate was going through recruitment checks and a band 6 physiotherapist role that had been vacant since March 2023.The military SMO post had been vacant for over a year but one of the civilian doctors was covering the SMO role and a full-time locum doctor backfilled and covered the clinical workload.

Vacant posts had been filled with temporary healthcare workers whilst recruitment took place and staffing levels were going to be reviewed in March 2024. The establishment was appropriate for the regular patient population but could be stretched during surge periods when visiting personnel attended courses at Brecon. The nearby Sennybridge training area could train up to 10000 service personnel every year but on a week-by-week basis the SMO had no awareness of who was training there, despite the strong likelihood of Brecon Medical Centre being named in medical plans as the closest DPHC facility. The

SMO had no oversight of any such medical plans that the medical centre were included in and no awareness of numbers of soldiers on exercise in the locality at any one time, or what medical cover they had with them. This posed a risk to future planning and ensuring sufficient staffing.

DPHC had clear guidance on emergency provision requesting civilian emergency services must be called when required. However, on occasion, units used the training area but did not have appropriate medical cover. As a result, there had been some occasions when servicemen have been brought straight to Brecon medical centre (this has not occurred within the past 2 years). During working hours the medical centre sometimes received a telephone call from one of the medics from the training area asking for advice regarding an injury. The medical centre was also utilised for emergencies in or near the camp where medical staff had assisted civilians whilst waiting for an ambulance. An example of this was a civilian outside of camp who fell off their bicycle and sustained a head injury.

The medical centre team had raised concerns with the Field Army around the training, that Infantry Battle School medics received and the staffing gaps they sustain. Further work into these issues has been planned for March 2024.

All staff working in the medical centre had completed basic life support, anaphylaxis and defibrillator training. Information about sepsis was displayed in various areas of the medical centre and some staff had completed sepsis training. We spoke with 2 members of the reception staff, both had good awareness of sepsis and knew what to do if a patient presented as acutely unwell. An automated external defibrillator (AED) was kept in the medical centre and all staff knew where it was located.

The medical centre had not completed any formal moulage training or emergency scenario training. This would be particularly beneficial due to the arduous nature of the training undergone by soldiers in the location. Staff had completed heat illness training and we saw evidence to show this had been discussed at meetings.

All staff knew where the emergency medicines were located. We found all medicines on the emergency trolley were appropriate and in-date and a risk assessment was in place. Ambient temperature monitoring was being completed in accordance with the DPHC SOP for temperature monitoring.

Waiting patients could be observed at all times by staff working on the front desk and there was also CCTV in place.

Information to deliver safe care and treatment.

An SOP was in place for the management of the summarisation of patients' records. Summarisation was undertaken on permanent staff and long-term student's notes. A daily search was completed and any outstanding were summarised. The current search would only identify patients who had not had the clinical Read code added in the last 3 years and not necessarily new patients. Although there was no backlog, we noted the system used left untidy problem lists and summary pages meaning that key information could be easily overlooked by a doctor who did not know the patient. We discussed this with medical centre staff and they planned to address it.

Peer review was used to measure and ensure quality of care delivery across the staff team at the medical centre. A peer review programme of doctors' DMICP consultation records was in place. Peer review of nurse notes was completed by the by Senior Nursing Officer (SNO) using the DPHC template.

There was regular discussion around cases and informal peer review daily between the PCRF team. When a new physiotherapist started, the band 7 physiotherapist audited the new physiotherapist's notes within 4 weeks of them starting. They also undertook a separate yearly audit where they audited each other's notes. Patient Injury Management clinics took place every 2 weeks and included doctors and physiotherapists, these were discussion-based reviews with the outcomes and decisions recorded in a formal record.

One of the physiotherapists undertook reflective practice by checking patient notes (with their permission) 3-6 months after being returned to their unit as a learning exercise for them to check their own diagnostic accuracy.

Loss of IT was included in the Business Continuity Plan. The medical centre had a 'Battle Box' which included the printed clinics each day and paper copy forms. In the event of an outage, they would see urgent patients only and paper forms would be scanned onto DMICP when available. Recent power outages had not aligned with the planned outage times which had resulted in some loss of data on DMICP. A significant event had been raised by the physiotherapist in relation to notes not being saved during the power outage. No harm came to the patient as the physiotherapist phoned the patient to explain and called them back in for another assessment the next working day to ensure nothing was missed on their notes.

The referrals register was held on SharePoint in a limited area with the DMICP number as the only identifier. Internal and external referrals were recorded and monitored. Referrals remained active until the clinic letter was received. Referrals were being tasked to an individual on DMICP but this was changed to a group task box during the inspection, this would ensure referrals were not missed or delayed. It was also noted that 2 week wait (urgent) referrals were recorded but not all had an appointment recorded. During the inspection, all urgent referrals were recorded accordingly and it showed all had received an appointment.

An effective process was in place for the management of specimens and this was supported by an SOP. Samples taken were recorded and results were returned via the Lablinks (electronic link between the pathology laboratory and healthcare professionals) inbox. Nurses checked daily that results had been received back, they were then reviewed by the duty doctor and any actions taken.

Safe and appropriate use of medicines

The SMO had the overall lead for medicines management. One of the practice nurses was the deputy and was responsible for day-to-day management of medicines. The practice did not dispense patient's medicines and a nominated pharmacy in Brecon was used. Medicines held at the practice included emergency medicines, vaccines and stock medicines.

The medical emergency trolley and medicines were checked daily and monthly or if the trolley had been opened/used. Tags were in place with a list of expiry dates held. We checked all the emergency medicines and kit and these were in-date, including medical gases, which were at sufficient capacity. We highlighted to the practice staff during the inspection that the appropriate Hazchem signage was required for the treatment room and that although signs for compressed gas were present, there was no sign for oxidizing agents. The medical centre agreed to action this swiftly.

Arrangements were established for the safe management of controlled drugs (CDs), including destruction of unused CDs. We saw quarterly and monthly checks were completed but noted that 4 of these checks during 2023 had been missed. However, upon checking we saw the stock levels were correct and accounted for. Keys for the CD cabinet were kept securely and were signed in and out. There was a CD register in place. All staff making entries into the register must sign the specimen entry, we noted 1 member of staff had not done so.

Emergency medicines were easily accessible to staff in a secure area of the medical centre and all staff knew of their location. Stocks were in line with DPHC SOPs.

Medication requiring refrigeration was monitored twice a day to ensure it was stored within the correct temperature range. However, we noted that vaccines were being stored on trays in the refrigerators instead of on the shelving (this is required to ensure adequate air circulation and maintain the correct temperature for storage).

Even though a very low number of patients were prescribed a high-risk medicine (HRM), we saw searches were carried out frequently. We reviewed the records of patients prescribed an HRM and the consultations were thorough.

Searches were undertaken monthly on DMICP to identify any women of child -bearing age prescribed sodium valproate (a medicine used to treat epilepsy that can be harmful to the unborn child), there were no patients applicable.

Antibiotic prescribing was in line with local and national guidance. Audits were undertaken 6 monthly with the local health board prescribing guidelines used.

Prescription pads were stored securely. There was a system to track their issue and usage so all prescription numbers could be traced to the prescriber.

Practice nurses used Patient Group Directions (PGDs) for immunisations and primary care treatments. Nurses were authorised to use the PGDs using the correct policy and documentation. They were aware of the policy and of the importance of consulting the PGD when immunising or supplying medicines through the PGDs. All the nurses had completed training in PGD administration. A PGD mandatory audit was completed every 3 months by the Senior Nursing Officer (SNO).

There were clear processes in place for the requesting and issuing of repeat medication. On discussion with the nurse and review of DMICP records, it was evident that there was a clear audit trail for the request of repeat medication. We searched patient’s records and this showed 94 patients were eligible for repeat medication but only 38 had been reviewed. We looked at a random sample of 5 of these and found they had been reviewed but the wrong clinical code had been used.

Track record on safety

There was a designated health and safety lead and a board was displayed which was regularly externally audited. Measures to ensure the safety of facilities and equipment were in place. Electrical and gas safety checks were up-to-date. Water safety checks were regularly carried out. A legionella risk assessment had been completed in January 2023.

A fire risk assessment of the building was undertaken every 5 years and was in date. Firefighting equipment tests were current. Staff were up-to-date with fire safety training and were aware of the evacuation plan.

A system for monitoring and recording the servicing of all clinical/non-clinical equipment was established, this included equipment in the PCRF.

There were active and retired risk and issues registers. The 4T's had been applied to the risks and all had been given a review date. Risks were discussed at both practice and management meetings. There were both clinical and non-clinical risk assessments in place including lone working. All the known Control of Substance Hazardous to Health (COSHH) items in use at the medical centre had an appropriate risk assessment in place.

There was a business resilience plan (BRP) in place that had been reviewed in June 2023. The BRP provided a means of ensuring the continuation of the medical centre's functions in the event of a peacetime disaster affecting the infrastructure and/or its personnel. Examples of a disaster could be fire, flood, total IT failure or terrorist attack.

The medical centre and PCRF had a mixture of fixed and handheld alarms. There was an alarm system checklist on the healthcare governance workbook which documented monthly testing.

Lessons learned and improvements made

All staff at the medical centre had access to the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events and incidents and they discussed at practice meetings. There was an ASER log on the healthcare governance workbook which all staff could access and it included details about the issue and any lessons learned and changes that had been implemented. The healthcare governance meeting minutes were equally detailed so there was another source for staff to access information. The management team identified potential under reporting of ASERs in the middle of 2023 and so discussed ASERs with the team so that they understood what was appropriate to be recorded. Since then the medical centre had recorded 14 ASERs.

Are services effective?

We rated the medical centre as good for providing effective services.

Effective needs assessment, care, and treatment

Clinicians had opportunities to attend regional forums, such as regional governance meetings and nurse development forums. Clinical meetings were held monthly where possible. National Institute for Health and Care Excellence (NICE) and the Scottish Intercollegiate Guidelines Network (SIGN) guidance were discussed. Some examples of recent discussion were tuberculosis and lower respiratory tract infection. One of the physiotherapists had NICE alerts set up on their email to keep completely up-to-date and the Primary Care Rehabilitation Facility (PCRF) staff team met regularly to discuss clinical updates. Evidence based practice guidance/updates was a standing agenda point at the practice/governance and nurse meetings. Nursing staff also used clinical supervision sessions as an opportunity to up-date each other with recent published evidence. An example given was discussion about the updated NICE guidance for cardiovascular disease. The discussion included lifestyle modification and implication for practice.

Monitoring care and treatment

One of the doctors was the lead for the management of long-term conditions (LTC), this was managed day to day by a nurse. Each long-term condition had a designated nurse lead who coordinated the recall and annual review process. LTC lead names were displayed in each clinical area. Monthly searches were conducted and aligned with the LTC register which identified when the search was done and by whom. Any new LTC patients were discussed with the doctor. The nursing team took a proactive approach to recall, using text and telephone to ensure a high uptake.

Healthcare governance meetings were held every 4 -6 weeks and attended by all available staff. A clinical meeting was held monthly and included a review of complex patients. Staff said there were plenty of informal discussions and monthly sit-down discussion between the doctors and Senior Nursing Officer (SNO). They utilised the locally produced chronic disease handbook which incorporated local policy; for example, ‘all Wales asthma/chronic obstructive airways disease management guide” which included a move towards Chlorofluorocarbons (CFC) free inhalers. This was updated every 6 monthly by one of the doctors.

We conducted searches to identify patients with LTCs on the day of the inspection. Chronic disease reviews had been undertaken, they were of good quality and the appropriate templates had been used. There was a folder in each nurse clinical area “clinic room bibles” which outlined each of the pathways required for each long-term condition. This included tests required and escalation plans as required. This has been devised and updated by the doctor.

There were 5 patients on the diabetic register. For 5 patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. For 4 patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.

Pre-diabetic searches were run on DMICP monthly, patients were added to the diabetic register. They were recalled annually and opportunistic checks carried out. There were 10 patients that were pre-diabetic but they were closely monitoring 20 patients in 'pre-diabetic zone' that had previously been and had fluctuating blood sugar levels.

There were 23 patients recorded as having high blood pressure. All 23 patients had a record for their blood pressure taken in the past 12 months. Nineteen patients had a blood pressure reading of 150/90 or less.

There were 3 patients with a diagnosis of asthma and 2 had been reviewed in the preceding 12 months. The 1 remaining was a new patient and was undergoing further assessment.

Routine vaccination and audiometric recalls were managed by the medics. Audiology statistics showed 86 % of patients had received an audiometric assessment within the last 2 years.

Through a review of clinical records and discussions with the doctors, we were assured that the care of patients with a mental illness and/or depressive symptoms was being effectively and safely managed, often in conjunction with the Department of Community Mental Health (DCMH). The practice followed the Defence Primary Healthcare (DPHC) guidance and provided step 1 interventions and immediate referral for appropriate diagnoses.

The PCRF used Patient Reported Outcome Measures including the Musculoskeletal Health Questionnaire (MSK-HQ) (the standardised outcome measure for patients to report their symptoms and quality of life). The latest outcomes showed that 64% of patients were missing a final score in their assessment. However, this score was better than the Defence Primary Healthcare average of 78% of patients missing a final score. Often patients were on courses and were unable to complete the questionnaire as they had been returned to unit for follow up. The PCRF were proactive and e-mailed those patients to attempt to get their input, but this was often not responded to mostly due to work constraints and availability. The PCRF were currently trialling getting the final score for patients who were 'on hold' at their last appointment rather than at end of care, which may show improvement. The PCRF also measured the number of patients who returned to courses versus those who returned to their unit after presenting to the physiotherapists. They have found a 50% success rate in these patients completing the course. The department had this data for all different groups over many years and regularly presented this back to the unit, identifying trends. For example, an injury trend was noticed following a night exercise, and after presenting this information to the Chain of Command, the exercise was changed to not being timed, to allow soldiers more time to complete it. Following this there was seen to be a noticeable decrease in overuse injury trends.

Rehab Guru (software for rehabilitation exercise therapy) was in used to monitor individual patient progress, this was clinically coded via the DMICP template.

We saw that referrals to the Regional Rehabilitation Units and Multi-Disciplinary Injury Assessment Clinics (MIAC) were made promptly with manageable wait times for the patients.

An audit calendar was in place. We saw many had been completed with the most recent including infection prevention and control, chronic disease management, statins, antibiotics and high-risk medicines. Audits demonstrated an inquisitive process that was clearly seeking to improve quality of care, there was good linkage to guidelines and recent clinical updates documented within the narrative.

The PCRF had completed notes audits and surveys of trends, but more formal clinical audit measured against the best practice guidelines could supplement this. There were informal plans in place to complete a lower back audit later on in the year.

Effective staffing

The medical centre used the DPHC induction programme, with a separate induction for locum staff that had recently been introduced. There was no role specific induction available for nurses, this was because staff turnover was very low so it had not been required. However, with a new nurse currently being recruited, the medical centre planned to put a bespoke induction in place. Both the DPHC induction and workplace induction were recorded on the staff database. New PCRF staff received induction by the practice manager and were given PCRF specific induction by one of the physiotherapy team.

There was a range of standard operating procedures (SOP's) in place and they had all been reviewed. Staff could access continuing professional development funding by an application to the Regional Headquarters. Role-specific training was available for relevant staff. For example, the Infection Prevention and Control (IPC) lead had completed IPC Link Practitioner training, the practice manager has attended the Joint Practice Managers course and was currently completing an Institute of Occupational Safety qualification. The SNO was scheduled to attend sexual health training and one of the doctors had completed training in advanced life support in 2024.

Mandatory training was a part of the induction pack which listed the training requirements and the links on where to find the training. There was a training log on the healthcare governance (HcG) workbook which captured internal and external trainings. There was a staff database in use which held the records of staff training and compliance was good overall.

Staff administering vaccines had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they kept up-to-date with changes to the immunisation programmes, for example, by access to online resources and discussion at nurses' meetings. We saw that 4 nurses were trained in giving the yellow fever vaccine. A register of the staff's own vaccination status was held on DMICP.

Doctors and nurses were up-to-date with their CPD, revalidation and annual appraisal and all were recorded on the staff database. All staff had an annual appraisal. The south group facilities had access to group clinical supervision sessions which were hosted on Microsoft

Teams. The nursing team attended Powys protected nursing time, this was held 3 times a year and was a face-to-face CPD event, it included safeguarding training and discussion of local referral processes.

Coordinating care and treatment

The medical centre staff met with welfare teams and line managers to discuss vulnerable patients. The nurses had links with the local civilian NHS practice where patients could attend for cervical screening.

It was clear that the PCRF were an integral part of the medical centre. There were good streams of communication with staff in the PCRF, meetings were inclusive and governance structures integrated.

The doctors conducted regular handovers to other practices (including NHS) appropriately, this usually took the form of direct discussion with an appropriate clinician. For patients leaving the military, pre-release and final medicals were offered. During the pre-release phase, all patients received a summary of their healthcare record, including immunisations and medication and information on how to obtain a full copy of their records. An individual handover was given for any of patients of concern.

The medical centre had contacted the local health board (public health) with a view to enhance and protect the application of the armed forces covenant by looking at ways to open up rapid access routes for acoustic trauma, instigate links into the ‘all Wales’ pathology system and electronic referral systems.

Helping patients to live healthier lives

Health promotion was run from the National Health promotion calendar with information posters displayed. The health promotion displays were comprehensive, clear and positioned strategically to target the most relevant cohort of patients. A wide range of health promotion/lifestyle information leaflets was available in the waiting area for patients.

The sexual health lead had completed sexual and reproductive healthcare training in July 2022. Patients could also be signposted to sexual health service at Merthyr Tydfil.

All eligible female patients were on the national cervical screening database and were recalled by the nurse. The latest data confirmed an 85% uptake, the NHS target was 80%. Regular searches were undertaken to identify patients who required screening for bowel, breast, and abdominal aortic aneurysm in line with national programmes. Alerts were added to their DMICP record which allowed for opportunistic discussion with a health professional. DMICP searches had been created for all national screening.

Vaccination statistics were identified as follows:

99% of patients were in-date for vaccination against diphtheria.

99% of patients were in-date for vaccination against polio.

95% of patients were in-date for vaccination against hepatitis B.

98% of patients were in-date for vaccination against hepatitis A.

99% of patients were in-date for vaccination against tetanus.

96% of patients were in-date for vaccination against MMR.

100% of patients were in-date for vaccination against meningitis.

Patients over the age of 40 were opportunistically invited to a full health check including bloods and identifying risk factors. We searched the clinical system and found that 63 of 70 patients over 40 had been coded as having a health check. The nurses had taken part in 3 health fairs for various units within the population at risk. This promoted sexual health and healthy eating and offered education on long-term conditions.

Consent to care and treatment

Staff had a good understanding of the Mental Capacity Act (2005) and how it would apply to the patient population, all staff had received training in the Mental Capacity Act in November 2023.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. A review of patient notes evidenced that verbal consent was recorded and coded appropriately on DMICP. Clinicians advised us that implied consent was accepted for basic procedures such as the taking of blood pressure. Written consent was taken for more intimate examinations.

Are services caring?

We rated the medical centre as good providing caring services.

Kindness, respect, and compassion

In advance of the inspection, patient feedback cards were sent to the medical centre. A total of 80 patients responded and feedback was positive.

The last patient survey, undertaken by the medical centre in February 2024 showed 98% (of 53 patients who responded) said they would recommend the medical centre to their family and friends. We also saw that 100% of the patients who took the survey said they were treated with care and kindness. We spoke with 2 patients on the day and they were highly complementary of the care they had received.

Patients could access the welfare team and various support networks for assistance and guidance. Information regarding these services was available in the waiting areas and the clinical staff were fully aware of these services to signpost patients if required. We spoke with one member of the welfare service, who said staff at the medical centre were always available when needed and were kind and compassionate.

Through discussion with the team, we learnt how medical staff centre routinely went the extra mile to ensure that the mental health and holistic needs of patients were met in a timely, respectful and compassionate way. We saw several examples.

The Senior Medical Officer (SMO) was informed about a patient who was on compassionate leave at home via the welfare officer. The SMO phoned the patient and had a consultation with them over the phone, and subsequently arranged a prescription for collection at a practice near to them. The SMO then made 2 follow up telephone calls to the patient in the following days and arranged further support.

One patient who had recently been discharged from hospital having been admitted with a chronic condition was contacted by the SMO to pro-actively assess their condition upon their discharge. The SMO noted that the patient was still not well. That day the SMO contacted the patient’s consultant of many years (based in another hospital) to try and organise an inpatient admission there. As a result the patient was admitted there shortly after and the patient had a smoother and faster route to getting care with their known care provider, which was their preference.

We were given a detailed example where a patient came in for some routine health checks and the nurse through a thorough holistic assessment found a potentially more serious condition. They supported and encouraged the patient to undergo further investigations and as a result the patient had significant improvement to their health.

The medical centre received a recent and serious hospital discharge summary concerning a patient that had left the practice and military service. The discharge summary was sent to Brecon in error (rather than to the new NHS GP). This was recognised by the administrative team so they promptly acquired the contact details of the veterans' mental

health provider and in turn their community psychiatric nurse to confirm they were aware of this recent hospital admission and to ensure the patient received follow-up support.

Some patients were triggered by uniform so the staff made exceptional arrangements for them to be guided into the medical centre and ensured staff were in civilian clothing.

When a patient attended for blood grouping and the Unit post room was shut, staff paid for postage out of their own pocket and took the sample to local post office to ensure it was sent (ensuring the correct use of transportation box and business insurance).

Involvement in decisions about care and treatment

The clinicians and staff at the medical centre recognised that the personnel receiving care and treatment could be making health care decisions that could have a major impact on their military career. Staff demonstrated how they gauged the level of understanding of patients, gave clear explanations of diagnoses and treatment, and encouraged and empowered patients to make decisions based on evidence-based guidance and clinical facts.

The Senior Nursing Officer (SNO) was the carers champion for the medical centre. Patients identified with a caring responsibility were captured on a DMICP register. It included what had been discussed at the monthly practice/clinical meeting and any actions identified. Alerts were made on individual patient's notes to ensure that longer appointments were given if needed. There were 22 carers registered. Searches were conducted to ensure that the flu vaccine was offered appropriately. There was information for carers in the practice leaflet and there was a carers poster on display in the waiting area. There was a carers policy in place that had been reviewed in December 2022.

Staff said they could access a translation service if they needed it. Information leaflets had been converted into different languages, for example, the temporary overseas patient registration form had been translated into another language.

Privacy and dignity

Patient feedback showed that they were confident that the medical centre would keep information about them confidential. All stated that they felt that their dignity and privacy were upheld by medical centre staff. Consultations took place in clinic rooms with the door closed. Patients were offered a private room if they wanted to discuss something in private or appeared distressed.

The physiotherapist assessment and treatment area within the Primary Care Rehabilitation Facility (PCRF) was in one room with 2 clinicians working within it. All patients were asked if they were comfortable with this, or if they would like to be seen in a single room. There was a radio playing to muffle noise. A recent patient satisfaction study showed that 100% of patients were happy with the privacy arrangements and there had been no complaints.

All staff had completed the Defence Information Management Passport training which incorporated the Caldicott principles.

Are services responsive to people's needs?

We rated the medical centre as good for providing responsive services.

Responding to and meeting people's needs

The practice manager was the lead for diversity and inclusion. There was good communication with the station leads and nominated leads within the medical centre. An Equality Access Audit as defined in the Equality Act 2010 was completed in July 2023, no issues were identified.

A Defence Primary Healthcare policy was in place to guide staff in exploring the care pathway for patients transitioning gender. The medical centre had arranged for a transgender patient to come and speak directly to the team about the challenges presented to transgender patients and how they would expected to be treated.

The Primary Care Rehabilitation Facility (PCRF) tried to meet patient's needs whenever they could. An example of this was when a patient requested access to specialist women's health physiotherapist which wasn't available at that time. Discussions and arrangements with local NHS were made the patient was given the opportunity to be seen locally, although it meant a 6 week wait. An alternative was also given of a video consultation with a specialist at RAF Cosford.

Timely access to care and treatment

The main requirement for the medical centre was to provide good access to urgent appointments throughout the day to support training delivery. The medical centre also offered good access to Reserve Service Personnel. They also had access to GPRS (GP Remote service) across the South Wales group if they did not have sufficient doctor cover at any one time. Urgent doctor and nurse appointments were available the same day. Routine doctor appointments were available within a few days. Routine appointments to see a nurse were available within one day.

We spoke with 2 patients on the day, they both confirmed they could get an appointment easily and that they were usually on time.

Details of how patients could access the doctor when the medical centre was closed were available through the station helpline and was outlined in the practice information leaflet. Shoulder cover was provided by telephone triage until 18:30 hours, then patients were directed to the NHS 111 service.

Direct access into physiotherapy was in place and access to see the physiotherapist was good. Urgent physiotherapy appointments were available within 1 day, a routine new patient physiotherapy appointment and follow up appointment was available within 1 week.

Listening and learning from concerns and complaints

The practice manager was the lead who handled all complaints in the practice. The practice had implemented a process to manage complaints in accordance with the Defence Primary Healthcare complaints policy and procedure, 1 written complaint had been recorded within the past year.

Information was available to help patients understand the complaints system, including in the patient information leaflet and in the waiting room.

Are services well-led?

We rated the medical centre as good for providing well-led services.

Vision and strategy

Staff we spoke with were clear that their remit was to support patients to benefit from the best possible healthcare outcomes which, in turn, supported operational capability.

The medical centre worked to the Defence Primary Healthcare (DPHC) mission statement which was:

'Provide and commission safe, effective healthcare which meets the needs of the patient and the chain of command in order to contribute to Fighting Power'.

Brecon Medical Centre had their own mission statement:

'Working together to improve the physical health and mental wellbeing of our patients and supported units through high quality primary healthcare services throughout South Wales'.

There was clear engagement and support from the medical centre to support the Primary Care Rehabilitation Facility (PCRF) priorities.

To address environmental sustainability, recycling was encouraged, appliances were switched off when not in use and the heating turned off at weekends. They were also trying to reduce paper wastage within the medical centre and PCRF where possible.

Leadership, capacity, and capability

The staff team at the medical centre worked hard to deliver the best possible care to patients. All staff we spoke with described a committed and able leadership team. Civilian staff provided continuity where there were vacant military posts. The civilian Senor Medical Officer (CSMO) was covering the vacant military SMO post. The practice manager post was protected from deployment. The team were also able to draw on the support of SMO South Wales. There were also long-term locum staff in place.

The Senior Nursing Officer (SNO) had been in post for 18 months, they were new to primary care and had no previous history of line managing civilian staff. The SNO had undertaken some training in civil service line management and had supported staff very well during recent issues surrounding accessing their NHS pension and reduction in hours which was very challenging and upsetting for them. They appreciated their help and support. Guidance and support was given to the SNO by the Senior Medical Officer Wales The nurse described a strong and supportive relationship with the regional teams.

PCRF staff said they had autonomy and respect from the medical centre staff in general, felt included, valued and staff were all trusting of one another as they have worked together for many years. The locum stated it that it felt like a supportive family.

Culture

It was clear from patient feedback, interviews with staff and quality improvement activity that the needs of patients were central to the ethos of the practice. Staff felt that their contributions to the development of the service were valued. All staff attended the practice meetings where they could put forward suggestions or raise concerns.

We interviewed a cross section of staff, and all told us that it was a happy place to work and that they could rely on their work team to discuss and mitigate any concerns they faced. Staff wellbeing was given a high priority at the medical centre with staff outings and get togethers a regular occurrence.

The management team conducted a staff wellbeing survey in October 2023. Staff were largely content but the few minor concerns were discussed with the team to support them and provide resolution.

Processes were established to ensure compliance with the requirements of the duty of candour, including giving those affected reasonable support, information, and a verbal and written apology. 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. We were provided with examples of when duty of candour had been applied.

Governance arrangements

Communication across the practice was strong and an appropriate meeting structure and healthcare governance approach was in place. This included regular clinical, practice, healthcare governance and unit healthcare committee meetings, safeguarding and PCRF meetings.

An understanding of the performance of the practice was maintained. The system took account of medicals, vaccinations, cytology, and non-attendance.

The leadership team adopted a whole team approach to governance activities. Lead or secondary roles were shared across the team for most staff groups. Terms of reference were current for staff, including those with lead roles. There was a clear staff reporting structure in place and staff were aware of their roles and responsibilities.

The medical centre had worked hard to maintain the healthcare governance workbook, it was extensive, well referenced and absolutely integral to the effective running of the service.

Managing risks, issues and performance

The leadership team was mindful of risks to the service. The main risks identified were staffing levels and recruitment. Lack of resilience in the service was key given the size of the service including the number of units on exercise and large reserve population.

Field army medics did not see any patients in the medical centre. The acting SMO had refused to allow them to see patients and would not provide supervision for them as they were concerned that the governance arrangements could not be met. There was no clear Memorandum of Understanding between DPHC and Infantry Battle School (IBS) regarding the IBS assigned medics (or delivery of medical care in general) but this was being addressed. This had arisen because issues such as 20 sets of handwritten patient records were found in an envelope uncontrolled and had not been scanned on to DMICP. These had been actioned retrospectively.

There was a current and retired risk register on the healthcare governance workbook along with current and retired issues. The register articulated the main risks identified by the practice team. The registers were regularly reviewed. There were a range of risk assessments in place including both clinical and non-clinical risks.

Staff who were not performing would be supported initially to identify any underlying cause and implement support structures. If performance did not improve then formal performance management processes, military or civilian, would be followed.

All staff were in-date for ‘defence information passport’ and ‘data security awareness’ training.

The business continuity plan was last reviewed in June 2023. It clearly detailed the action to be taken in the event of loss of any services such as IT, staff electricity etc. The Unit had a major incident plan in place but there was no role for the medical centre within it.

Appropriate and accurate information

The HAF (health assurance framework) commonly used in DPHC services to monitor performance is an internal quality assurance governance assurance tool to assure standards of health care delivery within defence healthcare. The team worked through the recommendations from the last CQC inspection in July 2021 and used a management action plan to continue to improve.

There were arrangements at the medical centre in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The medical centre prioritised engagement with patients in order to improve the patient experience. This was reflected in high numbers of patient’s satisfaction surveys.

The practice had been utilising their patient feedback to produce actions that were documented on the ‘You Said, We Did’ board. One comment received was specific to a doctor being a really good listener. Following this, the doctors had a meeting to discuss how they could all improve this element of their practice. The medical centre held a patient

focus group in October 2023, information was requested about cytology services and about secondary care waiting times. The practice manager was developing an information leaflet of information including local secondary care waiting times.

There were forums and meetings in place to engage with internal departments and local health and social care services. For example, there was a Regional Clinical Director meeting held monthly, and a South Wales meeting (informal network). The medical centre was also exploring the possibility of social prescribing with POWYS volunteer services and the FATHOM trust who organised voluntary work for unaccompanied soldiers.

Continuous improvement and innovation

It was clear by the range of quality improvement projects (QIPs) that the team continually and pro-actively took opportunities to improve the quality and safety of how they supported the patient population. There had been 7 entries on the QIP register within the past year with several featuring in the regional patient safety letter.

The medical centre team visited the AJAX tank factory to better understand the working environment and the challenges they faced.

The medical centre introduced a temporary registration form translated for overseas patients. They found that there were increasing numbers of overseas patients who were arriving at urgent clinics (sick parade) with no medical history on DMICP. The introduction of the translated form provided some information to inform the clinician prior/during the consultation. All the clinicians felt it was effective and improved care, this was documented in a clinical governance meeting.

There was a folder in each nurse clinical area “clinic room bibles” which outlined each of the pathways required for each long-term condition. This included tests required and escalation plans as required. This has been devised and updated by a doctor.

The medical centre introduced the Problem Area in Diabetes (PAID) questionnaire to assess and understand how diabetes impacts on quality of life. Doctors had found that this has flagged areas for discussion that the patients have not raised otherwise, for example their level of understanding of food choices.