

Defence Medical Services

HMS Excellent Medical Centre

Quality Report

Whale Island
Portsmouth
PO2 8ER

Date of inspection visit: 27/6/2017
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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

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

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at HMS Excellent Medical Centre on 27 June 2017. Overall, the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw several examples of collaborative working and sharing of best practice to promote better health outcomes for patients.
- There was a comprehensive programme of clinical audits including regular reviews of the service used to 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.
- Results from the Defence Medical Services (DMS) patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

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

- The practice proactively worked to identify patients who were also carers. They had information available asking patients to identify themselves if they were a carer. If a patient did so they had a code added to their records and this meant they were identifiable and could access extra support or healthcare if required.

The Chief Inspector recommends:

- Maximise the functionality of the DMICP (patient record system) in order that the practice can run clinical searches, and establish systems to ensure safe care and treatment is provided to patients. This includes the implementation of a safeguarding register and the easy identification of more vulnerable patients.
- Establish systems which clearly define processes and practices to minimise risks to patients. This refers to ensuring medical assistants are given more frequent clinical oversight of consultations instead of retrospectively.
- Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care; this relates to the completion of notes summarising.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Good



Are services safe?

The practice is rated as good for providing safe services.

- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities with regard to safeguarding and all staff had been trained to the appropriate level; however there was no formal register of these patients.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

Good



The practice is rated as good for providing effective services.

- Data shared with us before inspection showed patient health care was good.
- Staff were consistent in supporting people to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill-health, and every contact with people was used to do so.
- 30% of registered patient records had not been summarised. Staff were aware of current evidence based guidance.
- The practice was proactive in undertaking audit to drive improvement and improve patient outcomes including an audit which has improved access to appointments for

<p>patients.</p> <ul style="list-style-type: none"> • Staff had the skills and knowledge to deliver effective care and treatment. • There was evidence of appraisals and personal development plans and support for all staff. However, medical assistants were not given active clinical oversight of daily consultations instead this was done retrospectively. • Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. 	
<p>Are services caring?</p> <p>The practice is rated as good for providing caring services.</p> <ul style="list-style-type: none"> • Data from the DMS patient experience survey showed patients gave positive feedback for all aspects of care. • Information for patients about the service available was accessible. • We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. • We received 30 comment cards, all of which were positive about the standard of care received. 	<p>Good </p>
<p>Are services responsive?</p> <p>The practice is rated as good for providing responsive services.</p> <ul style="list-style-type: none"> • The practice understood its population profile and had used this understanding to meet the needs of its population and were proactive in trying to improve access to appointments. • Patients commented they found it easy to make an appointment and there were urgent appointments available the same day. The practice also had a buddy system with HMS Nelson who was situated two miles away. They offered urgent care and booked appointments between 4pm and 6.30 PM and after that advice over the telephone if required. • The practice had good facilities and was well equipped to treat patients and meet their needs. • The practice had an effective system in place for handling complaints and concerns. 	<p>Good </p>
<p>Are services well-led?</p> <p>The practice is rated as good for providing well-led services.</p> <ul style="list-style-type: none"> • The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff 	<p>Good </p>

were clear about the vision and their responsibilities in relation to it.

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
 - An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
 - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
 - The practice was aware of the requirements of the duty of candour.
 - The practice encouraged a culture of openness and honesty.
 - The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on.
 - There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
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HMS Excellent Medical Centre

Detailed findings

Our inspection team

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

Background to HMS Excellent Medical Centre

HMS Excellent (referred to in this report as the practice) is home to 32 units. The largest of these are Navy Command Headquarters, with a high ranking and senior population, the career managers for the Naval Service and Phoenix Training Group, and the Royal Navy's school for Chemical, Biological, Radiological, Nuclear and Damage Control (CBRNDC).

At the time of inspection, the patient list was approximately 1,350. Occupational health services are also provided to personnel and a number of reservists.

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

At the time of our inspection, the practice had 11 permanent staff, the Principal Medical Officer (PMO), a GP (Civilian Medical Practitioner), the practice manager, deputy practice manager, physiotherapist, pharmacy technician, practice nurse, a medical assistant, senior administrator and two civilian administrators. Other staff currently working in the medical centre are one medic (conducting consolidation training), one General Duties Medical Officer (GDMO), a part-time locum physiotherapist and a further medical assistant under Part III Medical Training.

The practice was open from Monday, Tuesday and Wednesday between the hours of 8am and 4pm, 8am-12 midday on a Thursday and Friday 8am-3pm. Occupational health medicals were held on a Friday afternoon and on a Thursday the practice was closed in the afternoon for staff training. A walk in fresh case clinic was available between 8am and 8.45am every weekday and 1pm -1.30pm Monday, Tuesday, Wednesday and Friday.

No extended hours were offered. However, a duty medical officer was available at HMS Nelson between the hours of 4.30pm and 6pm after the practice had closed. Details of how patients could access the GP when the practice was closed were displayed on a sign outside of the practice and through the base helpline. Details of the NHS 111 out of hours service was also displayed on the outer doors of the medical centre and in the practice leaflet. HMS Nelson was situated two miles away; the duty medical assistant provided medical advice outside of normal working hours to any patients who needed it.

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

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

How we carried out this inspection

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

We carried out can announced inspection on 27 June 2017. During the inspection, we:

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

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

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

Good



Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events (SEAs). Staff told us there was a clear process for reporting and recording incidents. The practice demonstrated that it had a consistent, open and pro-active approach to the identification and reporting of significant events. There was a lead member of clinical personnel who took overall responsibility for the management of significant events, but all members of the team were encouraged to identify and raise any issues of concern by utilising the Automated Significant Event Reporting System (ASER).

There have been 22 SEAs raised via ASER during the 12 month period from June 2016. SEAs were reviewed and processed on a regular basis during the 2nd scheduled Wednesday meeting of each month, attended by clinical and management staff.

An example of a second SEA was discussed that referred to a problem with x-ray reports being despatched by the service provider to an incorrect address. The practice routinely uses an outside contractor for x-ray services. In April 2017, a member of staff noted that a letter had been forwarded to the practice from the HMS Excellent Sailing Centre. The letter had not been opened by the sailing club, but was noted to have been despatched by the outside provider. It contained x-ray reports relating to patients from the practice. Confidentiality had not been breached, but administration staff spoke to the service provider to draw attention to the issue. Despite this, there were several re-occurrences. The Principal Medical Officer then wrote to the Chief Executive of the company and the issue was resolved, with the introduction of new procedures.

We found the practice to be very 'risk aware' and staff had a clear understanding of their responsibility and, was an environment that encouraged reporting, and investigation of concerns. The risk and issues log was a good example of this. We spoke with a medical assistant who told us that each individual had an opportunity to voice any issues during staff meetings with a 'round the room' any other business or issues element. We were able to see minutes of practice meetings which confirmed that SEAs were discussed and outcomes and changes arising from these highlighted. We also spoke with a new member of staff, they demonstrated a clear understanding of their role within SEA reporting and knew how to initiate a report or raise a concern.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The Principal Medical Officer (PMO) was safeguarding lead for the practice and they attended internal safeguarding meetings when required and could demonstrate good working links with other agencies who would be contacted if needed. We noted the practice did not keep a formal register of patients subject to safeguarding arrangements, or of those deemed to be 'at risk'. When we discussed this we found GPs' shared this information with concerned colleagues within the practice but did not add alerts and create appropriate registers.
- All relevant members of staff have undertaken appropriate training and clinicians were trained to level three. The practice manager has completed on-line training covering the specific area of vulnerable adults. The practice did not provide services for dependants and did not have any patients aged less than 18yrs in the population at risk (PAR), but staff recognised and were alert to the fact that some young people within this age group may occasionally visit HMS Excellent temporarily on courses.
- A notice in the waiting room advised patients that chaperones were available if required. All the staff who acted as chaperones were trained for the role. They had all received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Two members of staff had undertaken formal external chaperone training.
- We looked at the handling of pathology links, lab' reports and outpatient report letters from hospitals. The practice staff scanned all hospital letters on receipt and sent a task to alert the relevant GP of their arrival. All GPs we spoke with, confirmed that they regularly reviewed the content of their tasks to monitor this. We saw the current content of the task in-box for both GPs and there was no evidence of outstanding un-actioned tasks in respect of hospital letters.
- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received into the practice by the dispenser, who circulated these to all staff. We looked at the most recent alerts and saw that the practice had shared them with staff and that no actions were required.

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that an audit was undertaken in April 2017 which showed overall compliance rated at 89% with some minor improvements needed.

There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had undertaken continuing learning and development.
- Dispensary staff showed us standard operating procedures that covered all aspects of the dispensing and medicines management processes (these are written instructions about how to

safely dispense and manage medicines).

- Systems were in place to ensure doctors signed repeat prescriptions before the medicines were dispensed and handed out to patients. Dispensary staff identified when medicine reviews and blood tests were due and alerted the GP to any issues before a medicine was supplied.
- The pharmacy technician worked alone and most prescriptions were dispensed without a second check; however, staff described a process for ensuring second checks when dispensing certain medicines, for example controlled drugs.
- Blank prescription forms and pads were securely stored and there were systems in place to record their use.
- There was a process for recording near misses in the dispensary. Staff described an open and transparent approach to reporting medicine incidents. The practice investigated significant events and made changes to minimise the risk of repeating errors.
- The practice had a system to deal with medicine, medical device and patient safety alerts. The records were comprehensive and detailed actions taken in response to the alerts.
- Records showed that staff recorded fridge and room temperatures; this made sure medicines were stored at the appropriate temperature. Staff were aware of the procedure to follow in the event of a fridge failure.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.
- The practice was proactive about asking secondary care providers for shared care agreements. This made sure that patients on high risk medicines were receiving safe care. We saw evidence that appropriate alerts were raised in the DMICP record and the condition was correctly coded within the active problems section. Consultation entries confirmed regular review in primary care and correct scheduling and review of appropriate blood tests. A shared care agreement had been completed and appropriate instructions were available to guide the patient's management. We saw evidence that showed that prescriptions were only issued if this was the case, with supply limited to one month on each prescription.
- The staff had access to emergency medicines and equipment in the medical centre. The emergency trolley was checked regularly and suitable for use.
- Recruitment checks had been undertaken on civilian staff prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

Monitoring risks to patients

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

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment (May 2017) and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as

control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

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

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

Good



Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. We saw evidence which showed there were processes in place to review updates, discuss these with clinical colleagues to ensure evidence-based best practice was updated in line with amendments. Regular clinical meetings were held monthly. We viewed minutes from meetings held which confirmed that NICE guidance across several clinical domains had been discussed in each. There was good evidence to demonstrate guidance was being reviewed and appropriate action being taken by clinicians in response to updates.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice. The system is used to measure some aspects of performance in NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provided a useful way of measuring this for DMS). Currently exception reporting is not an option utilised by practitioners within defence medical primary care since there is no link between QOF performance and remuneration.

DMS opted to benchmark against NHS targets for the year 2011/27; The practice QOF results from 2016 showed;

- There were seven patients on the diabetic register.
- The percentage of patients with diabetes whose last measured total cholesterol (within the preceding 15 months) was 5mmol/l or less was approximately 71%, compared to the NHS target of 70% and the achievement of approximately 67% for DPHC nationally.
- The percentage of patients with diabetes in whom the last blood pressure reading (measured in the last 15 months) was 150/90 or less was 100%, compared to the NHS target of 72%, and the achievement of 87% for DPHC nationally.
- The percentage of patients with diabetes, in whom the last blood pressure reading (measured in the last 15 months) was 140/80 or less, was 100%, compared to the NHS target of 60%, and the achievement of 53% nationally for DPHC.

- There were 56 patients recorded as having high blood pressure. The percentage of patients with hypertension in whom there is a record of their blood pressure in the past nine months was 100%, compared to the NHS target of 90% and the achievement of 86% for DPHC nationally.

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

- At HMS Excellent practice 98% of patients had a record of audiometric assessment, compared to 97% regionally within Defence Medical Services (DMS) and 99% for DPHC nationally.
- At HMS Excellent practice, 68% of patients' audiometric assessment was in date (within the last two years) compared to 78% regionally within DMS and 87% for DPHC nationally. The practice was working hard to improve these results through proactive recall.

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

- 97% of patients at HMS Excellent practice were recorded as being up to date with vaccination against diphtheria compared to 94.5% regionally within DMS and 95% for DPHC nationally.
- 97% of patients at HMS Excellent practice were recorded as being up to date with vaccination against polio compared to 94% regionally within DMS and 95% for DPHC nationally.
- 80% of patients at HMS Excellent practice were recorded as being up to date with vaccination against Hepatitis B compared to 81% regionally within DMS and 83% for DPHC nationally.
- 97% of patients at HMS Excellent practice were recorded as being up to date with vaccination against Hepatitis A, compared to 94% regionally and 94.5% nationally.
- 97% of patients at HMS Excellent practice were recorded as being up to date with vaccination against Tetanus, compared to 100% regionally within DMS and 100% for DPHC nationally.
- 52% of patients at HMS Excellent practice were recorded as being up to date with vaccination against Typhoid, compared to 60% regionally within DMS 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.”

There was evidence of quality improvement including clinical audit:

The practice provided a comprehensive list of audit activity undertaken, with evidence of ongoing audit activity within the practice. We saw that 17 audits had been undertaken in the 12 month period since June 2016. These covered a variety of clinical and administrative topics and some were re-audits. For example, one audit (May 2017) investigated availability and use of the reception telephone line for access by patients to book appointments as at busy times it was difficult for a single receptionist to manage the volume of calls and deal with patients, presenting in person, at the desk. This led to an allocation of a second member of staff to assist with reception during peak periods and hence improve the efficiency of the processes.

Another audit in November 2016 was conducted as it had been noted that, there has been a steady increase in the practice population over the past few years putting an increased demand on GP services. A month's trial of telephone appointments was initiated. This involved switching two 15 minute face to face appointments each day to four 7.5 minutes telephone appointments for the duty GP. The hours assigned to clinical time was not increased, but the appointment availability was. Each patient that called to make a GP appointment was offered a face to face or a telephone appointment. Similarly follow up appointments could be made face to face or over the phone at the discretion of the GP. Following the trial, the 24 patients that had been involved were asked to feedback - this was positive with the exception of one patient, who felt it was not convenient and was concerned about taking a personal call in their work place. To mitigate this, when the appointment was booked the patients are advised what time they will be called and asked what number they would like to be called on and hence can arrange to be in private place at this time. The audit showed the introduction of telephone appointments had been successful in increasing appointment availability and in increasing convenience and patient choice and was to be continued with further re audit in six months.

The practice nurse attended the monthly clinical meetings during which NICE guidelines were discussed and changes to practice initiated. The practice regularly completed audits on Asthma, Diabetes and Hypertension, and they moved the cycle forward each time. For example, they undertook an asthma audit to improve the recall of patients for review, from then another audit was undertaken to improve the inhaler technique. This was done following information from NICE guidelines.

A diabetic audit was undertaken with regard to diabetic foot screening. The practice historically had to send patients elsewhere as no clinicians had been trained to undertake these checks. As a result of the audit the practice nurse sourced and completed training so that patients could be seen and checked at their own practice.

The practice nurse undertook a cervical cytology audit to assess if patients were satisfied with the care they received. 44 cervical smears were undertaken and all 44 patients were given a questionnaire and 31 patients returned them. 100% of patients said that the procedure was undertaken in a suitable location, they were given the appropriate information about the procedure and were given time to ask questions. The response was wholly positive and no changes were needed. A re-audit was planned for later in the year.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The process was monitored by management via an induction tracker for progress. This was signed off and recorded on staff data base by the deputy practice manager and all certificates kept on the staff record. We spoke with a new member of staff who confirmed their induction had been comprehensive and they had been given lots of time to learn. There was a separate programme for permanent and locum staff. Each programme had generic information/training requirements etc. There were separate training requirements within the induction packs for GPs, nurses, physiotherapists and pharmacy technicians.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nurses and GPs on consent and Gillick competence, (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 administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at nurses' meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- We spoke with medics who said they were well supported and were able to ask for advice if required. However, there was no daily clinical oversight of consultations delivered by the medic, instead it was done retrospectively. The duty doctor was responsible for checking the content of the medic's consultation records but there were times, when this may not have occurred as consistently as desired. There was however a regular weekly teaching session with medics when the PMO reviewed their consultation records.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information was shared between services, with patients' consent, using a shared care record.
- From the sample of anonymised patient notes we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice ensured that all relevant information on patients was recorded and highlighted to the civilian GP and Senior Medical Officer. However, we noted there were 30% of patient's records that required summarising by the GP.
- Reports were usually received from the OOH service within 48hrs of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. The reviewing doctor coded problems/conditions as necessary on DMCIP. Patients seen by the out of hours service (OOH) were required to present to the practice, if practicable, the next day for review. New cases were initially seen by a medic but more complicated and follow up cases were dealt with by a GP.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and

guidance, including the Mental Capacity Act 2005.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- All new patients were asked to complete a proforma on arrival. The practice nurse then considered this comparing it to the guidance and would follow up any areas of concern, such as raised blood pressure.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50-64 years who would be entitled to breast screening. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs. Searches were undertaken by the practice nurse and all patients over 50 years who had not had cholesterol check in the past five years were called in to be tested.

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect, all comments received were highly complementary.

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

Data received from the Defence Medical Services patient experience survey, February to May 2017 showed results from 65 returned surveys-

- 92% of patients said they would recommend the facility to their family or friends.

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

Patients commented in feedback provided on CQC comment cards that they felt involved in decision making about the care and treatment they received. They commented that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 83% of patients that this applied to said they felt involved about decisions regarding their care.

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

- The practice dealt with 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.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients the choice of date and time for their first outpatient appointment in a hospital). This was undertaken with the patient so that they left the practice with their appointment time.

Patient and carer support to cope emotionally with treatment

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

The practice proactively tried to identify carers, there were six registered. The practice lots of information available and asked patients to identify themselves if they were a carer. If a patient did so they had a code added to their records, this meant they were identifiable and could access extra support or healthcare if required. The PMO attended monthly carers' meetings with other health professionals to discuss if extra support and care were needed.

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

Good



Our findings

Responding to and meeting people's needs

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

- Patients were able to have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse.
- Same day appointments were available for those patients with medical problems that required it.
- Telephone consultations were available as an alternative to visiting the practice.
- Patients were able to receive travel vaccines when required. The practice was a yellow fever centre.
- Two physiotherapists were employed within the practice. 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 from Monday, Tuesday and Wednesday between the hours of 8am and 4pm, 8am-12 midday on a Thursday and Friday 8am-3pm. Occupational health medicals were held on a Friday afternoon and on a Thursday the practice was closed in the afternoon for staff training. A walk in fresh case clinic was available between 8am and 8.45am every weekday and 1pm -1.30pm Monday, Tuesday, Wednesday and Friday.

No extended hours were offered. However, a duty medical officer was available at HMS Nelson between the hours of 4.30pm and 6pm after the practice had closed. Details of how patients could access the GP when the practice was closed were displayed on a sign outside of the practice and through the base helpline. Details of the NHS 111 out of hours service was also displayed on the outer doors of the medical centre and in the practice leaflet. HMS Nelson was situated two miles away; the duty medical assistant provided medical advice outside of normal working hours to any patients who needed it.

Results from the DMS Patient Survey Experience, February to May 2017, showed patients responded positively to questions about their involvement in planning and making decisions about

their care and treatment. For example:

- 83% of patients said they felt involved in decisions regarding their care.

We spoke with one patient. They told us they were satisfied with the care provided by the practice and said they were able to get an appointment when needed. The DMS patient survey from February to May 2017 stated;

- 92% of patients that this applied to said that their appointment was at a convenient time.

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

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

Defence Primary Health Care had an established policy and the practice adhered to this. The practice manager was the designated responsible person who handled all complaints in the practice. We reviewed two complaints that had been received by the practice. We saw each one had been dealt with thoroughly and investigations had been undertaken. We saw that information was available to help patients understand the complaints system in the practice itself, displayed on the walls and within the practice booklet.

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 clearly at the forefront of the PMO's strategy and vision for the practice and this was clearly projected to and adopted by all members of staff. All staff we spoke with were very content with their working environment. Staff also acknowledged that their opinions, observations and views are valued.

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

Governance arrangements

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

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

Leadership and culture

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. We saw evidence of minutes and agendas for these, which included clinical meetings, half day training meetings, monthly carers' meetings with other health professionals and all staff meetings. Staff meetings were held monthly and every member of staff was invited. Staff could add items to the agenda prior to the meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the more senior staff in the practice. All staff were involved in discussions about how to run and develop the practice, and the more senior staff encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, and staff

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

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

Continuous improvement

The practice received an award for Innovation in Clinical Practice from DPHC recognising their contribution to improve patient experience through the changes in appointment availability. There was good evidence of quality improvement activity in many areas and the practice team were forward thinking in trying to improve outcomes for patients. For example the audits undertaken by the GPs and nurse to improve access for patients and get timely appointments, audits undertaken in the management of long term conditions and the management of cytology.

Quality improvement was evidenced by whole-practice audit planning sessions incorporated within meetings held on the second Wednesday of the month. This enabled discussion regarding audits that had been performed as well as those being considered or planned to further drive improvement.