

Defence Medical Services

York Garrison Medical Treatment Facility

Quality Report

Imphal Barracks
York
YO10 4HD

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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 York Garrison Medical Treatment Facility on 26 July 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. All staff demonstrated that they were encouraged to report any incident.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance. All staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Staff understood the need for informed consent from patients before providing any treatment. However, this was not always recorded in writing, for example, when delivering acupuncture.
- Feedback from CQC comment cards and patient surveys showed patients were treated with compassion, dignity and respect. We saw that the practice was highly responsive to patient's needs.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of any complaints and concerns raised.
- Patients commented they were able to make an appointment with a named GP and there was continuity of care. Review of appointment availability showed access to GPs and nurses was good, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff were well 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.
- The practice manager had used innovative ideas to form a patient participation group. Review of outcomes from the groups showed these were meaningful for patients, for example, the facilitation of attendance of patients at Unit Health Committee meetings were any downgrading of fitness for deployment was discussed.
- The Senior Medical Officer (SMO) and the practice manager had an inspiring shared purpose and strived to motivate staff to succeed, for example, by securing places on free courses at the University of York for staff development.
- We saw nurses who were qualified in areas, not covered by their job descriptions (Terms of

Reference (TORs)), delivering real benefits, for example, in infection control understanding and leadership, and physiotherapist staff providing additional support to patients outside of the practice, which was outside of the scope of their normal duties.

The Chief Inspector recommends:

- Review staff training in use of the electronic patient record system to assure it is effective. For example, in order that staff can run clinical searches, create specific patient registers, provide assurance around patient recall systems, easily identify vulnerable patients and produce accurate performance data.
- Ensure all staff are aware of fire safety and remove wedges from fire doors.
- Review procedures for gaining patient consent to provide assurance that these meet best practice recommendations.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Good



Are services safe?

The practice is rated as good for providing safe services.

- We found there was an effective system for reporting and recording significant events; 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 and information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents. We did note a number of first floor doors were wedged open. These were designated fire doors which should be closed when not in use. We brought this to the attention of the practice in our feedback at the end of the day.

Are services effective?

Good



The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework indicated patient outcomes were in line with the national average and sometimes below.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Although all staff were able to demonstrate a sound understanding of consent procedures, we saw that consent was not always taken in writing, for example, for acupuncture procedures.
- Failsafe systems were in place to ensure all blood results

were followed up and received. Blood collection trolleys in treatment rooms were standardised to ensure replenishment was uniform and there was less chance of not sending sufficient, correctly bottled and labelled samples.

- Safety measures had been implemented to ensure any questions from contracted out pharmacy services could be quickly responded to and answered.
- Staff had the skills and knowledge to deliver effective care and treatment.
- The practice leaders, for example the SMO and practice manager, identified and arranged access to, free courses from the University of York for all staff wishing to develop their skills further.
- The practice did not have an exercise rehabilitation instructor and patients were not always able to drive to an alternative base to receive this service. The practice physiotherapist was supporting these patients to prevent further injury.
- There was evidence of appraisals and personal development plans for all staff.
- The effective, joined up working between other internal and external departments had positive impact on patients.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the practice patient survey, and comments received on CQC comment cards showed patients rated the practice highly.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff had used screens at the reception desk, to provide a sound barrier between the waiting room and reception desk. This afforded patients privacy when speaking with reception staff and patients commented that this was a considerate move by the practice when alterations to the reception area were not feasible.

Good



Are services responsive?

Good 

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population.
- Medics used their skills to ensure patients clinical needs were met. We saw an example of a patient who was triaged by an emergency medic who suspected a serious health problem and the patient received emergency surgery on the same day.
- The practice acted on information shared by patients about concerns for dependants when they would be away on duty and actively engaged with forces welfare services to ensure dependants of patients had sufficient support.
- The practice took account of the needs and preferences of patients and the choose and book system was accessible for patients.
- Patients we spoke with said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was equipped to treat patients and meet their needs.
- Information about how to complain was available. We saw that the practice manager had recorded every verbal 'grumble' or comments and feedback from patients over the four years they had been in post. This log was used to target areas for improvement.
- When key staff were away from the medical centre on deployment, we saw how the practice team came together to ensure all duties were covered and that patients were not disadvantaged by the absence of staff.

Are services well-led?

Good 

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

- The practice had a clear vision and strategy to deliver high quality care and promote the best possible outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- Leaders, for example the SMO and the practice manager, demonstrated inspiring leadership, motivating staff to focus on the patient experience of health care at York Garrison Medical Treatment Facility. Staff felt supported and empowered by management.
- The practice had policies and procedures to govern activity

and held regular governance meetings.

- An overarching governance framework was in place. This included arrangements to monitor and improve quality and identify risk.
 - Where staff found a process could be improved, they shared this which resulted in improvements across the military.
 - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
 - The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
 - The practice encouraged a culture of openness and honesty, which patients embraced. We saw evidence that patients were happy to share their views on any aspect of practice they felt should be improved, without fear of recrimination.
 - The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - GPs who were skilled in specialist areas used their expertise to offer additional services to patients.
 - Locums working at the practice were asked for feedback; this was used to drive improvement whenever possible.
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York Garrison Medical Treatment Facility

Detailed findings

Our inspection team

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

Background to York Garrison Medical Treatment Facility

York Garrison is located in North Yorkshire and is close to a town centre and all amenities.

York Garrison is home to :

- 2 Signal Regiment
- 1 UK Divisional HQ
- 34 Field Hospital
- 2 Medical Brigade
- Reserve units in the outer areas of Yorkshire.

York Garrison Medical Treatment Facility (referred to in this report as the practice), provides medical care to serving military personnel. The dependants of military personnel are not treated at the medical centre and access services from local NHS GP practices. The nearest hospital is York Teaching Hospital NHS Foundation Trust. Information is available to families and dependants through HIVE which is an information network available to all members of the service community and their families. It provides a range of information on relocation, local unit and civilian facilities including health care.

At the time of inspection, the practice list of patients numbered 1,023. This can fluctuate with the medical centre working to make sure all patients are suitably prepared for deployment, which can be at 48 hours' notice or up to five days' notice. The patient numbers can also be increased by reservists (six reserve units utilise occupational health at the medical centre) who require occupational medicals and preparation for deployment. The medical centre was recently involved in the preparation of personnel tasked to assist with the Ebola crisis in Sierra Leone. Personnel are of mixed nationalities but predominantly UK patients.

The practice provides a full range of medical services including minor surgery. Visiting clinicians provide specialist services on a regular basis from the practice, including occupational health nurses, mental health teams and welfare teams. The staff complement is made up of two GPs, (one male, one female at the time of our inspection), one part time nurse, on full time locum nurse, one combat medical technician, a practice manager, two reception staff and one physiotherapist. The practice is open from 8am to 12.30pm and 1.30pm to 4.30pm Monday, Tuesday and Thursday of each week. The practice opens on Wednesday and Friday from 8am to 12.30pm.

Telephone advice for non-urgent medical matters is available outside of practice hours, between 4.30pm and 6.30pm from RAF Leeming. After this, patients are diverted to the NHS 111 service. Each day the practice has 'sick parade' were patients who are unwell present for triage at 7.30am. Appointments are available for these patients should they require a consultation with a GP or nurse.

There is no dispensary at the practice although nurses and medics hold a stock of over the counter medicines that can be issued if required. A contract is in place for all prescriptions to be dispensed by a local pharmacy which is approximately 500 metres from the practice. The nearest accident and emergency unit is based at York Teaching Hospital NHS Foundation Trust.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service. York Garrison Medical Treatment Facility had not been inspected by the CQC previously.

How we carried out this inspection

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

We carried out an announced inspection on 26 July 2017. During the inspection, we:

- Spoke with a range of staff including the Senior Medical Officer, a civilian GP, a medic and practice manager, a member of physiotherapy staff, the nursing staff and spoke with patients who used the service. We also spoke to civilian administrative staff.
- Observed how staff interacted with patients in the reception area.
- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Inspected the clinical facilities in the practice
- Looked at information the practice used to deliver care and treatment.

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

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

- Is it well-led?



Are services safe?

Our findings

Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of three documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety.
- The practice monitored trends in significant events and evaluated any action taken. The practice also highlighted the need to ensure all events were recorded accurately and classified appropriately so that any wider trends are spotted and acted upon by DMS HQ.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. From the sample of documented examples we reviewed we found that GPs attended safeguarding meetings when required and internal welfare committee meetings on a regular basis. We saw effective working relationships were in place to support the timely sharing of information with external colleagues.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three. Clinical

support staff were trained to child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice identified that some patients may not necessarily have access to a male chaperone. There was a male GP working at the practice. If this GP was not available, patients could be asked to be seen at a neighbouring surgery. When we reviewed these arrangements we saw that patients' needs were being met.

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.
- A 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.

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).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. All prescriptions were signed, stamped and photocopied by the medical centre before being given to patients, who used a local pharmacy, approximately 500 metres away to fulfil prescriptions. This was a reliable process to ensure any patient reviews had been undertaken before dispensing and provided a checking system if there was a query over the amount of medication to be dispensed to the patient.
- The practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed a number of personnel files and found appropriate recruitment checks had been undertaken 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 and carried out regular fire drills. There was a fire evacuation plan which identified how staff could support patients to vacate the premises. We did notice that some doors on the first floor of the building had been wedged open. These

were fire doors designed to close when not in use and should not be wedged open.

- 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. The practice manager reviewed the duties of staff that were posted to a detached duty, to ensure that all duties were covered by the remaining members of the practice team. This acted as a driver to ensure there was sufficient training across the practice to enable staff to deliver a full service to patients, and we saw that the practice was successful in achieving this.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice 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. The plan included emergency contact numbers for staff.

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.
- The practice monitored that these guidelines were followed through, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the 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 data below details QOF performance for the practice and is benchmarked against the NHS targets for 2011/12. The performance data can be affected by the constant turnover of patients at the practice, due to incoming battalions and those leaving on tours of duty. The practice achievement is expressed in numbers and percentages and represents achievement in the month before our inspection.

- The number of patients with asthma, on the register, who had received a review in the last 12 months, was 16, which equated to an achievement of 84%, compared to the NHS target for 2011/12 of 70%.
- The number of patients with heart disease, on the register, who had a record of blood pressure in the last 12 months, of 150/90 or less was three, which equated to an achievement of 100%, compared to the NHS target for 2011/12 of 93%.
- The number of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the last 12 months) was 150/90 mmHg or less was one, which equated to an achievement of 100%, compared to the 2011/12 NHS target of 93%.
- The number of patients, with diabetes on the register, whose last measured total cholesterol (measured within the last 12 months) was 5mmol/l or less was one, which equated to an achievement of 100%, compared to the NHS target for 2011/12 of 75%.

The practice also delivered national screening programmes. For example:

- The number of female patients on the register, aged over 25 years who had a record of cervical

screening in the past 5 years was 90. This equated to an achievement of 99%, compared to the NHS target for 2011/12 of 80%.

- There were no patients eligible for bowel screening at the practice.

Information from the Force Protection Dashboard, which had 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 in line with DMS practices regionally and nationally. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data from June 2017 showed:

- 100% of patients had a record of audiometric assessment, compared to 100% regionally within Defence Medical Services (DMS) and 99% for DPHC nationally.
- 97% of patients' audiometric assessment was in date compared to 94% regionally within DMS and 87% for DPHC nationally.

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 June 2017 provides vaccination data for patients using York Garrison Medical Treatment Facility.

- 96% of patients were up to date with vaccinations against diphtheria, compared to 96% regionally within DMS and 95% for DPHC nationally.
- 89% of patients were up to date with vaccinations against hepatitis A, compared to 95% regionally within DMS and 95% for DPHC nationally.
- 86% of patients were up to date with vaccinations against hepatitis B, compared to 82% regionally within DMS and 83% for DPHC nationally.
- 96% of patients at were up to date with vaccination against polio, compared with 96% regionally within DMS and 95% for DPHC nationally.
- 96% of patients were up to date with vaccination against tetanus, compared with 96% regionally within DMS and 95% for DPHC nationally.
- 92% of patients were up to date with vaccination against yellow fever, compared with 98% regionally within DMS and 98% for DPHC nationally.
- 92% of patients had a record of vaccination against measles, mumps and rubella, compared to 76% regionally within DMS and 73% for DPHC nationally.

The MMR combined vaccination became available in 1988, personnel who have only received the single vaccinations that were available prior to this have not been included in this metric and may therefore contribute to the low percentages.

There was evidence of quality improvement including clinical audit:

- We reviewed three clinical audits commenced in the last two years; two of these were completed audits where the improvements made were implemented and monitored. The practice actively used audit to drive improvement, and audits were completed by all staff. Ten audits had been undertaken by the practice in the past 12 months.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the standardisation of blood collection trolleys in every clinical room at the

practice, meaning fewer errors were made when sending off blood samples. Failsafe's were improved and implemented to ensure staff take responsibility for ensuring all blood test results are returned and action taken where necessary.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We saw that locum staff were well supported by the Senior Medical Officer and practice manager, and were able to work effectively at the practice.
- 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 practice meetings.
- The practice staff had a good understanding of infection control and working practices that promoted a clean, safe environment. The lead on infection control at the practice was a nurse who had taken the role on, in addition to the responsibilities named in their terms of reference (TORs). This nurse had an appropriate qualification and had used their knowledge and experience to make infection control an item on every practice meeting agenda, promoting awareness and safety across the practice.
- 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. All staff had received an appraisal within the last 12 months.
- Leaders at the practice facilitated access to free courses at York University, for all staff wishing to develop their skills further. We saw that all staff had accessed infection control training via this route, with advanced level training and updates for nurses at the practice.
- Staff received training that included: safeguarding, fire safety awareness, 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.
- From the sample of documented examples 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.

- We saw that the practice manager and some nurses were proficient in use of the electronic patient records system, used by the practice. However, we noted that some staff were unable to run searches for particular patient groups, and did not maintain registers of those patients with significant risk factors, for example, patients on high risk medications. We also noted that although records were annotated to explain any personal circumstances that may make a patient vulnerable, or in need of extra support, there was no specific coding of these patients to enable the production of registers. We were told staff had been advised not to annotate records in this regard, as information was held by welfare teams. We pointed out that this could put any locum working at the practice, at a significant disadvantage when treating one of these patients.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, and we saw that a full copy of findings from investigations and any further treatment requirements were sent to the medical centre to update the patients records. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with more complex needs.

Consent to care and treatment

Staff sought patients' consent to care and treatment; however, this did not always follow legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- 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.
- Although verbal consent was recorded on patients records when receiving acupuncture, a written consent form was not completed. As acupuncture is classed as an invasive procedure guidance provides that written consent should be sought.

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. As an example, the practice had a high throughput of patients from the Ghurkha regiments. The practice recognised the possible increased prevalence of gout in these patients, often due to diet, and the links between gout and diabetes. As a result extra diabetes screening was in place as well as increased testing for levels of uric acid.
- The practice also offered advice on diet, smoking and alcohol cessation. We saw that sexual health screening was promoted and that patients were referred onto specialist services when required. Contraception advice was available and access to contraception clinics was good for

patients.

The practice did not offer medical services to dependants and families of personnel registered at the practice. We saw that there were a number of local GP practices in the area that were open to new patient registrations. The practice advised that they would support dependants of personnel who, for particular reasons, required additional support. This may include those members of military personnel who have dependants with additional welfare needs.

There was a policy to offer text and telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer, where they were eligible to do so. There were failsafe systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Where any patient had been called more than three times for a cervical screening and had not attended, this was annotated in the patient records, to facilitate opportunistic screening wherever possible. We were told that no patient eligible for screening was excepted from this intervention, meaning they would remain in the recall queue. These measures had contributed to the very high achievement in respect of cervical screening at the practice.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice did a lot of work with new patient medicals, using the opportunity to capture those patients who may have been out of date for key vaccines. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.
- Staff had provided a screen at the reception desk, so that patients who wanted to discuss sensitive issues or appeared distressed were afforded a degree of privacy. Feedback from patients showed they appreciated this.
- Patients could be treated by a clinician of the same gender.

All of the 51 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several comment cards described the service as 'excellent', 'first class' and 'five star' Three cards made additional comments around not being able to see a named GP on the same day and about waiting times when arriving for pre-booked appointments.

We spoke with two patients. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments highlighted that staff responded compassionately and provided high quality support when required.

Results from the last practice patient survey, carried out in November 2016 showed patients felt they were treated with compassion, dignity and respect. The practice were unable to say how many surveys were issued; 39 patients responded to the survey. The answers given represent the views of 4% of the practice population. Analysis of responses showed patients felt positive about their consultations with GPs and nurses. For example:

- 88% of patients asked said the practice was good at listening to their comments, complaints or compliments.
- 100% of patients asked said their appointment was at a convenient time.
- 88% of patients asked said their appointment was at a convenient location.
- 88% of patients asked said they would recommend this practice to family and friends if they

could use it.

- 100% of patients asked said they felt involved in decisions about their care and treatment.
- 100% of patients asked said the practice were very good at being polite.
- 100% of patients asked said the practice was good or very good at at making them feel at ease.
- 92% of patients asked said clinicians were either good or very good at explaining their condition and treatment.
- 100% of patients asked said they were confident about clinicians ability to provide care and treatment.

It was notable that in one survey in the period of 19 September to October 2016, one patient responded positively to the question “During your appointment, were you concerned that other people could overhear what was discussed?” As a result, GPs, nurses and staff were reminded of this, for example, if meeting or dealing with patients in reception. The practice had positioned a portable screen in front of the reception desk, providing some sound barrier between patients talking to reception staff and patients sitting in the waiting area. We noted that all doors to consultation rooms were closed when patients were being seen. Any other acoustic issues of the building were beyond the control of the practice.

Care planning and involvement in decisions about care and treatment

Patients told us they felt informed in decision making about the care and treatment they received. They also told us 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. Patient feedback from the comment cards we received was positive and aligned with these views. Where care plans were in place, for example, with follow-up appointments following periods of physiotherapy, these were personalised.

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

- Staff told us that interpreter services were available for patients who did not have English as a first language, through telephone interpreting service ‘Language Line’. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.
- Information leaflets were available in easy read format.
- The Choose and Book service was used with patients as appropriate. (Choose and Book is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

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. Support for patients who may have family or dependants that could become isolated, was available on an individual basis. We saw several examples of how the practice staff used their links with military welfare staff, to ensure sufficient support mechanisms were in place for those family members and dependants affected by a patient’s deployment. This information was annotated in patient notes; however staff did not use alerts on patient records to make it easy for visiting GPs or other clinicians to pick this information up quickly.

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

Good



Our findings

Responding to and meeting people's needs

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

- The practice had a significant number of incoming and out-going Gurkha soldiers and offered appropriate health care advice and screening for this population. For example, screening for gout and early screening for diabetes.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients, for example, by ensuring treatment was accessed as quickly as possible to ensure patients remained fit for duty.
- Same day appointments were available for those patients that required them.
- The practice sent text message reminders of appointments and a text notification when test results had been received back at the practice.
- The practice was fully accessible at ground floor level. There were disabled toilet facilities on the ground floor.

We saw evidence of the practice being highly responsive to the needs of patients and visitors out of area to the practice. One such example resulted in a commendation for a medic following the urgent triage of an out of area patient who was referred onwards to receive emergency surgery.

We saw positive examples of the practice working with other stakeholders to ensure patients whose dependants were being served by other NHS practices, were kept 'in the loop' regarding care of those dependants, and received additional support from military welfare services when required.

Access to the service

The practice was open daily Monday to Friday. The practice is closed at lunchtime, between 12.30pm and 1.30pm, and is closed on Wednesday and Friday afternoon. We saw the practice had appointments available daily with the GPs and nurses. Outside of the practice opening hours, from 16.30 to 18.30, patients were directed to call RAF Leeming. Outside of these hours, patients were diverted to the NHS 111 service. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for patients that needed them.

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

needed them.

The practice held 'sick parade' at 7.30am each morning. All patients are triaged by medics who referred on to a nurse or GP as required. (A military medic delivers healthcare similar to a healthcare assistant in the NHS but has a greater scope of duties). The practice offered a routine and urgent bloods service as well as routine or urgent appointments with either a nurse, medic or GP. The practice also provided surgical procedures. GPs conduct occupational health medicals and course medicals, for example, boxing medicals and medicals for entry for specially selected units such as the paratrooper regiment.

Clinicians referred patients recovering from injury to physiotherapy teams when appropriate. These were based at the medical centre and we saw good working relationships in place that supported patients back to full physical health. There was no exercise rehabilitation instructor based at the practice. Patients were referred to the instructor at an alternative site. However, for patients who could not make this journey, a physiotherapist at the practice visited the gym, for two hours each week to ensure patients were performing exercises correctly. This was outside of the responsibilities of the physiotherapist, but was another example of how the practice were determined to respond to patients' needs.

Feedback from patients in comment cards, practice surveys and those we spoke with on the day described all staff at the practice as being highly responsive and caring.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were available to view. We saw that the policy reflected NHS guidance.
- There was a designated responsible person who handled all complaints in the practice.
- Although no formal complaints had been received, we saw that the practice manager had recorded every verbal feedback comment, grumble or suggestion for improvement. These were reviewed on a regular basis and discussed at practice meetings.

In the record kept by the practice of all compliments, and feedback comments, we saw ten recorded instances where patients or their leaders had praised the medical centre for responsive approach and treatment. This included one staff member being given a 'commander's coin' (a commendation) from a Major General, for going over and above what was expected of them.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We saw that the leadership, governance and culture at York Garrison Medical Treatment Facility was used to drive and improve the delivery of high quality person centred care.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- Governance and performance management arrangements were proactively reviewed. We saw that staff with appropriate qualifications, took the lead on key areas of governance, even though this was outside of their designated roles and responsibilities. When we asked staff about this they confirmed they wanted to take on these responsibilities and felt it was their way of contributing to the strong team working ethic we saw at the practice. When we interrogated this further we saw that this had improved governance.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- 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. From review of minutes of these meetings and from talking to staff, we found all staff at the practice felt encouraged and confident to contribute ideas on how to improve performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

- We saw evidence from minutes of meetings, a structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care; evidence collected from inspection supported this. Staff told us leaders were approachable and had an open door policy. Evidence gathered on inspection, demonstrated that leadership was inspiring, motivational and engendered a strong teamwork ethic across the practice. We saw:

- Leaders displaying moral courage, providing challenge to requests from the chain of command, when those requests did not reflect the best interests of patients.
- Evidence of leaders supporting staff and 'doing the right thing' when this was required of them.
- Insightful reporting of patient related incidents, where further questions were raised and required answering, if the medical care within the organisation was to become safer.
- Staff who felt empowered to take on additional responsibilities to ensure the medical centre offered patients the best possible care in a safe, well-run setting.
- Leaders had an inspiring shared purpose and strived to motivate staff to succeed. Staff were encouraged to improve their level of qualification and sought academic courses for staff to undertake.
- Increased levels of trust between patients and clinicians, especially in circumstances where decisions made would affect a patient's career choices, for example, by facilitating patient attendance at Unit Health Committee meetings.
- A spirit of teamwork across the whole practice, which was evidenced by staff going above and beyond on numerous occasions.
- Practice leaders were open to any constructive feedback. Throughout our time at the practice we saw evidence that staff did not feel constrained by the rank structure and that leadership style encouraged staff to share their ideas, thoughts and any concerns.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty and all staff embraced this. From the random sample of documents we reviewed, we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors, military welfare officers and social workers to monitor vulnerable dependants of patients. GPs, where required, met with health visitors to discuss any safeguarding concerns.

- Staff told us the practice held regular team meetings. Minutes of these meetings confirmed that every staff member felt able to contribute ideas and thoughts at these meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team activities were held periodically. Minutes were comprehensive and were available for practice staff to view.
- There were high levels of staff satisfaction. They reported being proud of the organisation and spoke highly of the leaders and culture.
- Staff said they felt respected, valued and supported, particularly by the Senior Medical Officer and practice manager. All staff were involved in discussions about how to run and develop the practice, and these leaders 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

There were innovative approaches to gather feedback from patients who used the service. The practice encouraged and valued feedback from patients and staff.

- The practice had managed to form a patient participation group. The practice had displayed tenacity and innovation to achieve this, as the turnover of patients at the practice due to deployment and postings was constant. Essentially the group may only have been together for a very short period, but changes brought about were significant. For example, patients were asked what they would like to see happen or change. The response was that patients would like to be involved in Unit Health Committee Meetings, where a patient's medical status for duties was reviewed. This resulted in a lot of 'myth busting' about what was discussed at these meetings, and increased the sense amongst patients that these were fair and equitable. The practice had considered Caldecott principles and patient confidentiality when facilitating this.
- As a result of patient feedback, the practice were re-introducing a written patient experience questionnaire, as patients had said the previous method used to gather patient opinions led to confusion.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. This had engendered great trust between staff and leaders. As a result of this, previous long-standing issues had been addressed which had benefitted all at the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and had trialled ideas from other sources that could improve the patient experience at the practice. For example, to accommodate large numbers of patients preparing for deployment, the practice was trialling a presentation on the use, effects and administration of malarial drugs. This was delivered to groups of patients, who would then see a nurse for a shorter period who would confirm understanding, provide written information, ensure consent and deliver the malarial treatments. Initially this has allowed greater numbers of patients to be seen for malarial preparation; work is on-going to confirm that patients are happy with this method of pre-deployment preparation in terms of malarial treatment.

The practice leaders were open to any constructive feedback, whether positive or negative.

Throughout our time at the practice we saw evidence that staff did not feel constrained by the rank structure, but that the leadership style made the rank structure a force for good.