

Defence Medical Services

Aldershot Garrison Medical Centre

Quality Report

Aldershot Centre For Health
Hospital Hill
Aldershot
Hampshire
GU11 1AY

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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 Aldershot Garrison Medical Centre on 8 November 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. Following a significant event, we saw that a reflective account was written and shared with other members of the team to learn from.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- There was a programme of clinical audits 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 patient survey showed patients were treated with compassion and kindness.
- Information about services and how to complain was available.
- Comment cards received on the day showed patients 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.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice was a positive training organisation supporting multiple learners in different career pathways, for example student nurses. The practice had just been accredited as a GP training practice.
- 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.
- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and from minutes of meetings we reviewed, we saw that the leaders of the practice focussed on improving the speed and quality of delivery of care for all patients.

The Chief Inspector recommends:

- Develop a system to proactively identify patients who are also carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Good



Are services safe?

The practice is rated as good for providing safe services.

- We found there was an effective system for reporting and recording significant events. From documented examples we reviewed, we saw lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology.
- The practice had clearly defined systems, processes and practices in place to minimise risks to patient safety.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety.
- Staff demonstrated that they understood their responsibilities in relation to safeguarding children and vulnerable adults.
- 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 from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average with the exception of the care of patients with high blood pressure.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- A comprehensive programme of clinical audit and other quality initiatives demonstrated that staff embraced quality improvement to improve patient outcomes.
- The practice valued and encouraged education for all practice staff, giving them the skills, knowledge, and experience to deliver effective care and treatment.

- Patients were actively supported to live healthier lifestyles through a targeted and proactive approach to health promotion and wellbeing.
- All registered patient records had been summarised.

Are services caring?

Good 

The practice is rated as good for providing caring services.

- Comment cards completed by patients before our inspection indicated that they felt practice staff treated them with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was accessible.
- The practice did not provide services to families and dependants, but recognised that patients had families and dependants that the patients may have some caring responsibilities for. Alerts were set on the records of these vulnerable patients. However, an appropriate code was not attached to enable the practice to run an accurate carers register.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive?

Good 

The practice is rated as good for providing responsive services.

- The practice had an effective system in place for handling complaints and concerns.
- The practice held unit health fairs at least annually, where patients could seek advice on healthier living.
- Patients 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. However the system in place meant patients did not have access to a duty GP after the practice had closed, no shoulder cover was provided. Patients were directed to Frimley Park emergency department or the 111 service out of practice hours. Since the inspection this has been improved so that shoulder cover is now provided by another base meaning that that patients have access to a GP until 18:30.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Are services well-led?

Good 

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

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- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
 - There was a clear leadership structure and staff felt supported by management.
 - The practice had policies and procedures to govern activity and held regular governance meetings. We saw that following a period of staff changes, the practice had focussed on governance systems to promote the safety of patients and improve working practices.
 - Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
 - Leaders encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
 - The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements
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Aldershot Garrison Medical Centre

Detailed findings

Our inspection team

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

Background to Aldershot Garrison Medical Centre

Aldershot Garrison Medical Centre (AGMC) is located in the garrison town of Aldershot. The treatment facility offers care to forces personnel. At the time of inspection, the patient list was approximately 4000. Occupational health services are also provided to personnel and a number of reservists.

The AGMC provides primary health care to the units comprising the Aldershot Garrison. Aldershot Centre for Health (ACfH) was a Private Finance Initiative (PFI) project that brought together the NHS and Army practices under one roof.

The ACfH has multiple services on offer including X-ray, sexual health clinic, outpatient clinics, defence community mental health (DCMH) and Regional Occupational Health Team (ROHT) military department and physiotherapy. Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided by NHS practices and community teams, who hold clinics at the practice on a weekly basis. A chiropody clinic was also held every week at the practice.

The AGMC has recently been accredited as a GP training practice.

At the time of our inspection, the facility had two senior medical officers (SMO), four regimental medical officers (RMO), five civilian medical officers (CMP) and two general duties medical officers (GDMO). In addition there was a senior nursing officer (SNO) a senior nurse, one advanced nurse practitioner/non-medical prescriber, five practice nurses, practice manager, an office manager, practice administrators, and two pharmacy technicians. The practice also had of average three battalion medics working at the practice daily.

The facility, including the dispensary was open from Monday to Thursday each week, between 08:00 and 16:45 and between 08:00 and 15:45 on a Friday. The centre was closed on Wednesday and Friday afternoons. After these hours, patients were diverted to out of hours services provided by Frimley Park hospital emergency department and the NHS 111 service. However, since the inspection this has now changed and shoulder cover is provided by a nearby base so that patients have access to a GP until 18:30.

Throughout this report, Aldershot Garrison Medical Centre will be referred to as 'the practice'.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed information provided to us about the facility.

We carried out an announced visit on 8 November 2017. During our visit we:

- Spoke with a range of staff, including three GPs, the practice manager, office manager, pharmacy technicians, two practice nurses, two health care assistants, and four administrative staff.
- Reviewed 42 comment cards completed by patients who shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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

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



Are services safe?

Our findings

Safe track record and learning

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

The senior nursing officer was the dedicated lead to oversee significant events and staff said they would approach the lead if they were unsure of any issues in relation to significant events. Staff were familiar with the policy and with using the standardised Defence Medical Services (DMS) wide electronic system to report, investigate and learn from significant events, incidents and near misses. They said there was a strong culture of reporting and learning from incidents at the practice.

- 22 significant events had been identified and managed over the last 12 months. Staff provided a number of examples and described how the incidents were managed. They highlighted any changes made as a result of the investigation. For example, a significant event in relation to a patient with abnormal renal function that had been hard to discover due to the patient moving location frequently, including an overseas posting. Once discovered, a new protocol was devised which included implementation of a flowchart to guide the management of common urinalysis findings, detailed coding in patients notes, thorough recall and discussion and learning with all staff. Significant events were also a standing agenda item at the monthly practice meetings where they were discussed with the wider staff team. We saw that reflective accounts were also written and shared with other members of the team to learn from.
- We reviewed safety records and national patient safety alerts, including the minutes of meetings where these were discussed. The senior medical officer (SMO) had an overview of the alerts and the pharmacy technician was the lead for circulating safety alerts to the wider staff team. A register of alerts received at the practice was maintained and any further action needed was clearly recorded.

Overview of safety systems and processes

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

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The SMO was the lead member of staff for safeguarding. Effective deputising arrangements were in place.
- The staff we spoke with demonstrated they understood their responsibilities regarding safeguarding and had received training in relation to safeguarding children and vulnerable

adults. GPs had received level three training in child safeguarding.

- The practice had effective and well managed systems in place to maintain an accurate and up to date register of patients subject to safeguarding arrangements, and patients assessed to be 'at risk'. We were provided with a variety of examples of patients currently deemed vulnerable and at risk. Staff described how concerns were logged on the risk register and discussed with other clinicians at the vulnerable patients meeting held every two weeks.
- An alert facility within the patient record system, Defence Medical Information Capability Programme (DMICP), ensured any risks showed clearly when the medical record was opened. Safeguarding was a standard agenda item at healthcare governance meetings held monthly.
- Notices in the waiting room and consultation rooms advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role, and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control policy and the senior nursing officer was the lead person who had attended annual infection control refresher training. Infection control audits were carried out every six months the last being in August 2017 which showed overall compliance of 87%. An area of non-compliance which was identified were the sharps bins not being labelled correctly and being out of date. On the day of the inspection we saw there had been improvement, all sharps bins were found to be in date, labelled, correctly assembled, had temporary closures in place and only contained sharps.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately. The cleaning and clinical waste collection for the practice was part of the NHS contract for all of the practice within the building and this was managed well.
- Effective arrangements for managing medicines, including emergency medicines and vaccinations, were established to keep patients safe. The SMO was the medicines management lead for the practice and the pharmacy technician had the delegated responsibility for ensuring effective medicines management in accordance with policy and procedure. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Controlled drugs were subject to regular checks and we found no discrepancies or gaps in the checking system.
- We looked at the records for some patients taking high risk drugs that required monitoring and found the processes in place to be robust and safe.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The processes in place were comprehensive demonstrating that PGDs were well managed.
- The full range of recruitment records for permanent staff was held centrally at RHQ. However, the practice manager could demonstrate that relevant safety checks had taken place at the point of recruitment, including a Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years. They also monitored each clinical member of staff's registration status with their regulatory body. The practice manager confirmed all staff had professional indemnity cover. Information was in place to confirm practice staff had received all the relevant vaccinations required for their role at the practice. Medics who were working at the practice but

were attached to field battalions were required to produce confirmation of their training and their hepatitis B status, this was covered in their four week induction period.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety, including a health and safety policy. The practice manager was the lead for health and safety and had completed relevant training for the role. Risk management meetings were held and any risks in relation to health and safety were discussed with the wider team at the practice meetings.
- Staff were aware of their role in the reporting and management of incidents, including when to report in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Such incidents were reported through the DMS-wide electronic incident reporting system.
- A risk register was established for the practice and it was a standard agenda item at the monthly quality assurance meetings. The minutes of the meeting held in September 2017 informed us that staff were reminded to raise any issues for inclusion on the register with the management team. For example, the minutes showed how Aldershot Garrison Medical Centre did not provide shoulder cover for its patients to access to a GP between the hours of 17:00 and 18:30, it described the potential/real effects of risk as 'patient harm' and 'reputational risk'.
- The practice had up to date fire risk assessments and carried out regular fire drills. Integral building maintenance checks were undertaken of the whole building by the NHS who had overall responsibility. The practice manager monitored this to assure all checks were completed. Fire alarms were tested weekly and all electrical equipment was checked on a regular basis to ensure the equipment was safe to use. Clinical equipment was checked in line with Defence Medical Services policy to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor the safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all staffing groups to ensure that enough staff were on duty. The practice had a record of the minimum number of GP sessions needed per week and used this to manage GP staffing levels. The practice would use the same locums if required and completed the necessary checks and monitored their training. Staff had a flexible approach towards managing the day to day running of the practice.

Arrangements to deal with emergencies and major incidents

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

- There was an alarm facility in place for use in emergencies.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- There was 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage.

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).
- 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. Regular clinical meetings were held and we viewed minutes from meetings which confirmed that NICE guidance across several clinical domains had been discussed. Peer review between GPs further ensured that guidelines were followed.
- The Defence Primary Health Care (DPHC) Team produced a newsletter that was circulated to clinicians providing further information and a summary of relevant safety updates. GPs we spoke with could refer to this and gave examples of updates they had acted on and discussed within the practice.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice. It is used across many NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provides a useful way of measuring this for DMS). Because the numbers of patients with long term conditions are often significantly lower at DMS practices, we are not using NHS data as a comparator.

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

- There were six patients on the diabetic register. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. For approximately 90% of these diabetic patients, the last measured total cholesterol was 5mmol/l or less which is an indicator of positive cholesterol control. For 100% of the diabetic patients, the last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.
- There were 57 patients recorded as having high blood pressure. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. All had a record for their blood pressure in the past nine months. Of these patients with hypertension, approximately 61% had a blood pressure reading of 150/90 or less.
- The number of patients with long term physical or mental conditions, who smoke and whose

notes contained a record that smoking cessation advice, or referral to a specialist service had been offered within the previous 15 months was 19 which is 79% of the smoking patient population. The NHS target for this indicator is 90%.

- Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Data from the Force Protection Dashboard showed that instance of audiometric hearing assessment was average compared to practices regionally and nationally. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data from March 2017 showed :
 - 100% of patients had a record of audiometric assessment, compared to 97% regionally and 99% for DPHC nationally.
 - 93.5% of patients' audiometric assessments were in date (within the last two years) compared to 77% regionally and 86% for DPHC nationally.

There was evidence of quality improvement including clinical audit:

- From discussions with staff, it was clear the practice was pro-active in using a quality improvement approach to review its underlying systems of care and identify actions leading to measurable improvements in health care delivery. A comprehensive and wide-reaching programme of audit was in place that focussed on the needs of the population and demonstrated a commitment to improving outcomes for patients.
- Audits undertaken were relevant to the needs of the patient population, including a rolling programme of audit for long term conditions. There was evidence of up to three cycles for some audits. Examples of completed clinical audits we looked at and discussed with staff included antibiotic prescribing and consent for cervical smear taking, an anti-biotic audit, sick parade audit, DMICP consultation records, and a proteinuria/haematuria identification project.
- The consent audit completed was on its second cycle and used an appropriate DMICP template for cervical cytology. Of the 20 patient notes selected, 19 showed compliance with policy.
- The antibiotic prescribing audit completed in March 2017 exceeded the DPHC target of 90%. Despite the high score, action points were identified for doctors in relation to the use of FeverPAIN Score when assessing a patient with a sore throat.
- The quality of consultation records audit outlined what each record should contain, including the use of the correct Read codes, a history of the complaint, an appropriate examination record, a 'working diagnosis' and a clear management plan. 30 records were chosen in the first data collection in June 2017 which showed over 84% compliance in all areas with the exception of the working diagnosis which scored 53%. The findings were discussed at the healthcare governance meeting and a re-audit was undertaken in September 2017. This audit showed a marked improvement in the working diagnosis with 86% compliance.
- Monitoring exercises were in place to check that standard operating procedures continued to meet the needs of the practice and its patients.

An internal quality assurance tool, the Defence Medical Services (DMS) Common Assurance Framework (CAF) was used to monitor safety and performance. The DMS CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS. When we reviewed the CAF we saw that any areas requiring further action or updating were being managed effectively. We also noted that the practice had used this self-assessment tool honestly, which aided the effective management of areas that needed attention.

Effective staffing

- Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.
- We evidenced a very good training and staff development ethos within the medical centre driven by the SMO and practice manager. Wednesday afternoons were set aside for training and development for all staff. GPs had discussion with their peers and undertook continual professional development (CPD) at Friday afternoon 'Journal club'. This gave them the opportunity to talk through any new or current guidance or discuss any particular patients care.
- Nurses met informally every day to discuss any issues or concerns they had and to share best practice. We saw the nursing team to be cohesive and well trained.
- 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 practice manager. Each programme had generic information/training requirements etc. There were separate training requirements within the induction packs for GPs, nurses, physiotherapists and pharmacy technicians.
- Staff had all received mandatory training in subjects such as fire, basic life support and infection control. In addition staff had received role-specific training. For example, the infection control lead had attended a relevant course and all clinicians had been trained around the application of Gillick competence (Gillick is a term used in medical law to decide whether a child (under 16 years of age) is able to consent to his or her own medical treatment, without the need for parental permission or knowledge). Staff who acted as chaperones had received training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training including an assessment of competence. Some medics had been trained to administer vaccines and their competency was monitored by a nurse. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- Health care assistants were encouraged and supported to undertake wound care and phlebotomy training courses. Their competency was confirmed and monitored by a band 6 nurse.
- The nurses maintained their own continual professional development. The practice manager organised mandatory training and the practice nurses managed their own nursing update training. We were told there was no issue with being released for courses and/or updates.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. All staff had received an appraisal within the last 12 months.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff 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.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We spoke with the administrator who undertook booking follow on appointments for patients including those that were required to have appointments made within two weeks of seeing their GP. There was a good system in place which ensured patients appointment were made in a timely way. There were also failsafe checks by the administrator to ensure the patient had attended their appointment and a follow up letter had been received.
- 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.
- The practice had a good knowledge of shared care agreements (a shared care agreement outlines suggested ways in which the responsibilities for managing the prescribing of a medicine can be shared between the specialist and general practitioner). At the time of the inspection all patients who required one had a shared care agreement in place.
- We saw that previously the practice pharmacist had noted at a monthly healthcare governance meeting that not all patients taking medicines that needed monitoring between primary and secondary care had a shared care agreement in place. Following this an audit was undertaken to ascertain how many were missing and measures put in place to address this for example specialist teams were contacted and an agreement requested. This audit was continuing with further data collection and further re audit planned for six months' time.
- Physiotherapists and the community mental health team were also based within the medical centre and communication between the different departments was effective.
- From the sample of anonymised patient notes we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Patient records were current and there was no backlog in summarising of patient notes.
- Reports were usually received from the OOH service within 48 hours of a patient having accessed treatment. These reports were scanned on to DMICP and alerts sent to a doctor to ensure they were read and an appropriate follow up instigated if necessary.

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.

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet,

smoking and alcohol cessation.

- All new patients were asked to complete a proforma on arrival. The practice nurse followed up any areas of concern, such as raised blood pressure.
- The practice offered sexual health advice including the issue of free condoms and referred on to local clinics in the community for more comprehensive services including family planning. A practice nurse was trained as a sexual health specialist and three others had completed the sexually transmitted infections foundation course including the nurse prescriber. Practice doctors and the nurse prescriber could all advise on oral contraceptives but invasive procedures such as IUD intrauterine device fitting were referred to a local service. The practice also offered asymptomatic sexual health checks opportunistically both in the practice and at unit health fairs.
- Unit health fairs were also used to to promote good health within the local community. This included a blood pressure check, cholesterol and glucose measurements, if a patient was found to have an abnormality they were advised to book an appointment to discuss it further at the medical centre.
- The practice displayed regularly updated health promotion boards within the waiting area. These follow the NHS/Defence Health Promotion Calendar.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50 to 64 years who were entitled to breast screening. All patients over 50 who had not had a cholesterol check in the past five years were called in to be tested.
- The number of women aged 25 to 49 and 50 to 64 whose notes recorded that a cervical smear had been performed in the last 3 to 5 years was 397 out of 422 eligible women. This represented an achievement of 94%. The NHS target was 80%.
- There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using public health information posters and they ensured a female sample taker was always available.

It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. The data below from July 2017 provides vaccination data for patients using this practice:

- 95% of patients were recorded as being up to date with vaccination against diphtheria compared to 95% regionally and 95% for DPHC nationally.
- 94.5% of patients were recorded as being up to date with vaccination against polio compared to 94.5% regionally and 95% for DPHC nationally.
- 78% of patients were recorded as being up to date with vaccination against Hepatitis B compared to 80% regionally and 83% for DPHC nationally.
- 89% of patients were recorded as being up to date with vaccination against Hepatitis A, compared to 93% regionally and 94% DPHC nationally.
- 95% of patients were recorded as being up to date with vaccination against Tetanus, compared to 95% regionally and 95% for DPHC nationally.
- 49% of patients were recorded as being up to date with vaccination against Typhoid, compared to 61% regionally and 53% for DPHC nationally.

The Typhoid vaccine has a lower uptake than other vaccinations. Current guidance state practices

should offer the Typhoid vaccination to personnel before deployment and not to routinely vaccinate the whole population.

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice offered patients the services of either a female or a male GP. For any intimate examinations that were to be performed by a male GP at the practice, a chaperone was always available. Arrangements were in place for women to access a family planning clinic if required.
- There was an accessible toilet in the waiting area. A room was available for baby changing and/or breastfeeding.
- Patients commented in feedback provided on 42 CQC comment cards. Comments made indicated that they felt involved in decision making about the care and treatment they received. They commented that staff were kind and helpful, they felt listened to and supported and never felt rushed.
- Results from the latest Patient Experience Survey (June 2017) showed patients felt they were treated with compassion, dignity and respect. For example:
 - 98% of patients said if family, friends and colleagues could use the practice, they would recommend it to them.
- The practice had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit and from civilian facilities, including healthcare facilities. The information also signposted learning centres, for patients who may want to increase their fluency in English.

Care planning and involvement in decisions about care and treatment

- The Choose and Book service was used to support patient choice 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).

- Data received from the patient experience survey, 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:
 - 95% of patients said they felt involved in decisions about their care.
- The data presented by the practice was not benchmarked against regional and national averages or against the previous year's performance.
- The practice provided a service to patients from different countries and some of these patients did not have English as a first language. Staff told us that interpreter services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient and carer support to cope emotionally with treatment

- Patient information leaflets and notices, some in different languages, were available in the patient waiting area which told patients how to access a number of organisations. We saw that information was age appropriate and relevant to the patient demographic. For example, we saw information posters which showed the signs and symptoms of testicular cancer and for national health initiatives such as the annual Stoptober campaign, which gives patients information on all services available to help with smoking cessation.
- The practice did not proactively identify patients who had caring responsibilities for a dependant. The practice did register and monitor vulnerable patients. A code was added to their records in order to make them identifiable so that extra support or healthcare could be offered as required. Clinical staff attended a vulnerable patient meeting held every two weeks. The wider staff team was made aware of any vulnerable patients at the practice meetings.

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

Good



Our findings

Responding to and meeting people's needs

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

- A wide range of clinics were available to service personnel, for example, physiotherapy, chiropody, health checks, travel advice, well woman clinics and family planning advice. Pre and post-natal clinics were held at the practice every week. Patients were able to receive travel vaccines when required.
- Appointment times were responsive to patient's needs and the needs of the clinician. They varied from 15 minutes to one hour depending on the patient's vulnerability or wishes, the content of the consultation and the stage of training of the clinician. Patients could also have extended appointments with the practice nurse if required.
- Same day appointments were available for those patients who needed to be seen quickly.
- There were accessible facilities which included interpretation services when required.
- Eye care and spectacles vouchers were available to service personnel from the medical centre.

Access to the service

- The facility, including the dispensary was open from Monday to Thursday each week, between 08:00 and 16:45 and between 08:00 and 15:45 on a Friday. A duty nurse and duty doctor were available at all times throughout the day to see any urgent cases. Telephone consultations were also offered to patients who need advice during these times. Outside of the practice opening hours, patients had access to a GP at a neighbouring base until 18:30 and after that were directed to Frimley Park Hospital.
- Results from the Patient Experience Survey showed that overall patient satisfaction levels with access to care and treatment were good. For example:
 - 88% of patients said that their appointment was at a convenient location.
 - 95% of patients said their appointment was at a convenient time.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

- Defence Primary Health Care had an established policy and the practice adhered to this.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system and it was available in different languages.
- There had been two complaints raised since October 2016. We saw that there were processes in place to share learning from complaints. Complaints were audited through the Common Assurance Framework (CAF). This was used to focus on improvements to the service and to ensure that designated standards were being met on the handling of complaints.

Are services well-led?

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

Good



Our findings

Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Consistent, safe and effective care was clearly at the forefront of the strategy and vision for the practice and this was clearly projected and adopted by all members of staff. All staff we spoke with were content with their working environment. Staff also acknowledged that their opinions, observations and views were valued.
- The practice had a mission statement: “DPHC will deliver a unified, safe, efficient and accountable primary healthcare and dental care service for entitled personnel to maximise their health and to deliver personnel medically fit for operations.”
- Staff we spoke with throughout the day could identify this mission statement, which was displayed in the waiting areas and staff knew and understood the values and behaviours required to support this. The practice had a clear strategy and supporting business plan which reflected the vision and values and these were regularly monitored.

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.
- Policies from the national framework were implemented and were available to all staff. These were updated and reviewed regularly.
- An understanding of the performance of the practice was maintained. The practice manager used the Common Assurance Framework (CAF) as an effective governance tool. Practice meetings were held regularly and were used as an additional governance communication tool, for example to remind staff to complete all paperwork in respect of significant events. Learning needs were discussed at practice meetings and appropriate training was requested and delivered through this forum. The meetings were also used for forward planning, for example, to ensure that patient needs were met during busy clinic times and periods of staff sickness. This provided an opportunity for staff to learn about how the performance of the practice could be improved and how each staff member could contribute to those improvements.
- A programme of 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. This included plans developed each year that took account of

manning levels at the practice due to deployment of some staff.

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

Leadership and culture

- On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Everything we saw on the inspection day, and communications with the practice following the inspection, supported this.
- There was a clear leadership structure and staff felt supported by management. Staff told us the practice leaders were approachable and always took the time to listen to all members of staff.
- The practice was a positive training organisation supporting multiple learners in different career pathways, for example student nurses. The practice had just been accredited as a training practice for GPs and was expecting their first GP trainee in November. This process had been undertaken with good links and co-working with a local NHS practice who would also be sharing the training plan enabling the trainee to experience all aspects of primary care and not just that of the military.
- The practice manager although fairly new in post was thorough and had developed their own systems to ensure compliance in all required areas.
- All staff were involved in discussions about how to run and develop the practice. Staff told us the practice held regular meetings. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view.
- The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included training for all staff on communicating with patients about notifiable safety incidents. The GPs and practice manager encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, information and a verbal and written apology.

Seeking and acting on feedback from patients, and staff

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

- Patients through the surveys and from any individual patient feedback received.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- Completed CQC comment cards from patients supported our findings, that there was an open door policy when it came to patient input and feedback.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and from minutes of meetings we reviewed we saw that the leaders of the practice focussed on improving the speed and quality of delivery of care for all patients. Improvements implemented were evident from the quality improvement projects, outcome of audits and investigation into significant events. It was clear to us that the practice used its audit work to identify learning and make change. For example, the audit to ensure patient safety by ensuring that each patient that required one had a current shared care agreement in place.
- The practice was responsive to piloting new schemes for the benefit of the patients. For example there had been an open access physiotherapy pilot initiated which would enable patients to self-refer. However this had to be put on hold until the level one of the practice redevelopment had been completed.
- At the time of the inspection Aldershot Garrison Medical Centre were the only DPHC medical facility to use 'defence connect' as a method of staff communication. This application could be downloaded onto a phone or tablet for staff to refer to both in the work area and at home. A key feature of this application was the ability to identify which staff had seen a document or update enabling the healthcare governance lead to monitor that staff have been updated on current policy. This evidence could feed into the healthcare governance framework and informed practice training needs. Plans were being discussed that this may be further developed so that patients may benefit from the website including the use of an application that could be downloaded onto a phone or tablet.