

Defence Medical Services

DMS Stafford

Quality Report

MOD Stafford
Beacon Barracks
Beaconside Stafford
Staffs ST180AQ

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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 DMS Stafford on 23 January 2018. 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. An effective system was embedded for reporting significant events. All staff knew how to raise and report an incident and were fully supported to do so. We saw some inconsistencies with the management of significant events with only some having had actions identified to address what had occurred, or actions put in place to reduce the likelihood of re-occurrence.
- The assessment and management of risks was comprehensive, well embedded and risks were shared across the team. There was a robust and consistent approach to the monitoring of patients on high risk drugs.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal in the practice minimised risks to patient safety.
- Staff were aware of current evidence based guidance. Staff had received training so they were skilled and knowledgeable to deliver effective care and treatment.
- The practice worked collaboratively and shared best practice to promote better health outcomes for patients.
- There was evidence to demonstrate that quality improvement was embedded in the practice, including a programme of clinical audits used to drive improvements in patient outcomes.
- Results from the patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice had received no complaints within the past 18 months.
- The patients had access to a variety of health leaflets and information. There was a wide range of healthcare promotional material in the waiting room for patients to read.
- We saw that it was easy to make an appointment and urgent appointments were available the same day. Appointments were available to pre-book up to six weeks in advance. There was a system in place which allowed patients to have access to a duty GP provided by a nearby base after the practice had closed and until 1830 hours. After this time patients used the NHS 111 service.
- Facilities and equipment at the practice were sufficient to treat patients and meet their needs. However, access was not compatible for some patients with disabilities as there was no level access to the practice and the rehabilitation unit.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by

management.

- The practice proactively sought feedback from staff and patients which it acted on.
- The practice had robust and comprehensive governance systems in place. They were clearly embedded in practice and all staff understood their role and responsibilities in the governance structure.
- The provider was aware of the requirements of the duty of candour.

The Chief Inspector recommends:

- Ensure significant event reporting is completed including evidence that actions have been identified, recorded and shared with all staff to prevent reoccurrence.
- Develop a plan in the event of a power outage, specifically where to store fridge medicines and re-locate stock.
- Ensure all risk assessments are signed and dated.

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.

- The practice prioritised safety. An effective system was embedded for reporting significant events and all staff knew how to raise and report an incident and were fully supported to do so. We saw some inconsistencies with significant events management with only some having had actions identified to address what had occurred, or actions to reduce the likelihood of re-occurrence. We saw limited recorded evidence of lessons identified shared within the practice
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse. Risks to patients were assessed and well managed to minimise risks to patient safety. However, not all risk assessments were dated or signed.
- Comprehensive protocols and guidelines to cover the dispensing of medicines were in operation.
- Effective recruitment processes were in place and sufficient numbers of staff were employed to meet population need.
- 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 in line with averages across military general practice.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- A programme of clinical audits 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. Dedicated time was given to all staff to undertake training. Records showed that all staff were up to date with mandatory training.

- Patients were actively supported to live healthier lifestyles through a targeted and proactive approach to health promotion and wellbeing. We saw good health promotion displays and information for patients throughout the practice.
- 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 care.
- 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 who they may have some caring responsibilities for. Alerts were set on the records of these patients. However, we saw no information in the waiting room for patients who were carers to refer to.
- 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 patient's individual needs were central to the planning and delivery of their individual care.
- The service was flexible to ensure patients' needs were met in a timely way. For example, vaccination clinics were held for service personnel who were due to deploy at short notice.
- Facilities and equipment at the practice were sufficient to treat patients and meet their needs. However access was not compatible for some patients with disabilities as there was not level access to the practice and the rehabilitation unit. This had been raised as an issue with the region and the practice were awaiting a visit from the health and safety department to drive improvement. The practice did have a wheelchair in the waiting room for patients to use or staff assisted them if needed.
- We saw that it was easy to make an appointment and urgent appointments were available the same day. Appointments were available to pre-book up to six weeks in advance. There was a system in place which allowed patients to have access to a duty GP provided by a nearby base after the

practice had closed and until 1830 hours. After this time patients used the NHS 111 service.

- Telephone consultations were provided as an alternative to visiting the practice.
- Patients could select the gender of clinician they wished to be seen by.
- Eye care and spectacles vouchers were available to service personnel at the medical centre. Transport for patients to hospital appointments was available if needed.

Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular MDT meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- Leaders encouraged a culture of openness and honesty.
- The provider was aware of the requirements of the duty of candour. We saw evidence that the practice complied with these requirements

Good 

DMS Stafford

Detailed findings

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, one nurse specialist advisor, another nurse specialist advisor (shadowing the inspection), and a practice manager specialist advisor.

Background to DMS Stafford

DMS Stafford Medical Treatment Facility is located on the outskirts of Stafford town. The treatment facility offers care to forces personnel. At the time of inspection, the patient list was approximately 1560. Occupational health services are also provided to personnel and a number of reservists.

In addition to routine GP services, the treatment facility offers minor surgical procedures, physiotherapy services and travel advice. Family planning advice is available, with referral onwards to NHS community services. Maternity and midwifery services are provided by NHS practices and community teams.

At the time of our inspection, the facility had three full time GPs (one military and two civilian), three civilian practice nurses, one health care assistant (HCA), one pharmacy technician who worked in the practice dispensary, and seven practice medics (the work of a military medic has greater scope than that of a health care assistant found in NHS GP practices). The facility was led by a practice manager, supported by a number of administrative staff. The facility also had an officer providing primary care rehabilitation services via physiotherapy and exercise training.

The facility was open from Monday to Thursday 0800 to 1630 and 0800 to 1230 on Fridays. After these hours, and on Friday afternoons, patients were diverted to services provided by RAF Cosford until 1830 hours. After this time patients used NHS 111. Throughout this report, DMS Stafford 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 a limited amount of information provided to us about the facility. We

carried out an announced visit on 23 January 2018. During our visit we:

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

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

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

Good



Are services safe?

Our findings

Safe track record and learning

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

- The practice prioritised safety. An effective system was embedded for reporting significant events and all staff knew how to raise and report an incident, and were fully supported to do so. We saw some inconsistencies with the management of low risk significant events with only some having had actions applied to address what had occurred, or actions to reduce the likelihood of re-occurrence. We saw actions were taken in response to events but this could have been recorded in a more consistent way to give assurance that all staff were aware, so reducing the risk of reoccurrence.
- We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

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, which included:

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and this was a GP who worked full time at the practice. Effective deputising arrangements were in place.
- Staff interviewed, demonstrated they understood their responsibilities regarding safeguarding and all practice staff had received training relevant to their role.
- The practice maintained an accurate and up to date register of patients subject to safeguarding arrangements and patients deemed to be 'at risk'. Staff used the alert facility within DMICP (Defence Medical Information Capability Programme) to ensure that risks showed clearly when the medical record was opened.
- Notices in the waiting room 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). No administrative staff undertook chaperone duties.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The infection control lead nurse undertook a weekly inspection of the practice to check that good standards of cleanliness were upheld. The practice had an infection control policy and lead staff member who had attended annual infection control refresher training. Infection control audits were carried out, most recently in November 2017 reaching 97% compliance. We saw that four issues had been identified and partially actioned, for example the removal of cloth covered notice boards being replaced by wipeable boards, this had been completed with the exception of one consulting room which was yet to be compliant.
- All single use items were stored appropriately and were within their expiry date. Specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Consideration should be given to ensuring a formal plan is in place in case of any power outage and where to re-locate fridge stock items should this happen.
- The practice carried out regular medicines audits for example an anti-biotic audit, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable medics to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We saw the pharmacy technician had authorisation for minor interventions to be carried out. For example, to correct a spelling mistake or to make label instructions clear for the patient. This was in place to prevent any hold up with a patient's medicines being dispensed and as an extra safety feature.
- 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.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available and a poster was displayed in the practice waiting room.
- 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 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). However, not all risk assessments in place were signed or dated.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. 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 within the practice which was tested on the day and was working.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and in the reception office.
- 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 fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as 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. For example we saw a sepsis decision tool was on the wall in each clinical room. The practice manager checked the updated NICE guidelines on a weekly basis. Regular clinical meetings were held and we viewed minutes from the meetings which confirmed that NICE guidance across several clinical domains had been discussed. Peer review between GPs further ensured that guidelines were followed.

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 DPHC 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 four 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 50% of these diabetic patients, the last measured total cholesterol was 5mmol/l or less. For 75% of these diabetic patients, the last blood pressure reading was 150/90 or less.
- There were seven 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 being monitored in the past nine months. Of these patients with hypertension, approximately 43% (three patients) had a blood pressure reading of 150/90 or less.
- There were 19 patients with a diagnosis of asthma. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. Of these, 100% had had an asthma review in the preceding 12 months which included an assessment of asthma

control using the 3 RCP questions.

- 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, in date, was above average compared to DPHC 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 July 2017 showed :
 - 100% of patients had a record of audiometric assessment, compared to 100% regionally and 99% for DPHC nationally.
 - 97% of patients' audiometric assessments were in date (within the last two years) compared to 93% regionally and 86% for DPHC nationally.

There was evidence of quality improvement including clinical audit:

- An ongoing programme of clinical audit was in place and demonstrated a commitment to improving outcomes for patients at the practice. 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 two cycles for some audits. Examples of completed clinical audits we looked at and discussed with staff included antibiotic prescribing, consent, minor operations, blood monitoring for patients using disease modifying agents (DMARDs) an antibiotic audit and uncomplicated urinary tract infections (UTI).
- The antibiotic prescribing audit, 2015/16, in the treatment of uncomplicated UTI showed on initial searching that there was 50% compliance with Public Health England guidance in the diagnosis of UTIs. The second cycle showed this had improved to 100%.
- The minor operations audit outlined whether the correct template was used, notes were effective, consent was gained and whether samples were sent for histology. The first audit in December 2016 showed that in 97% of the cases the correct template was used and consent gained and 60% of samples were sent for histology, in the second cycle it was shown that 100% compliance was found in all areas.
- The blood monitoring audit was undertaken using two cycles in March and May 2016. The initial audit showed there was no clear and organised method for monitoring patients taking high risk medicines. As a result, changes were implemented making one GP responsible for the monitoring and recall of these patients. The second audit showed that 100% of patients had been monitored at the appropriate intervals as per national guidelines.

Monitoring exercises were in place to check that the 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 in a way that prompted improvement in areas that needed attention.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This included topics such as safeguarding, infection prevention and control, fire safety, health and safety, information governance and Caldicott accountability. Staff had access to and made use of e-learning training modules and in-house training.
- All staff had received mandatory training in subjects such as fire, basic life support, infection control and safeguarding. Staff had received role-specific training. For example, the infection control lead had attended a relevant course and all 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.
- 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 practice had embedded a culture of mentoring others, including nurses and medics who supported each other to continually improve.
- 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 appointments 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.
- The practice had good relationships with the community mental health team who visited the practice twice a week to see 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.
- 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.

- Patient records were current and there was no backlog in summarising notes.
- Reports were usually received from the OOH service within 48 hours of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up was instigated if necessary. The reviewing doctor coded problems/conditions as necessary on DMCIP.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment. The process for seeking consent was monitored through patient record audits.

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- All new patients were asked to complete a new patient proforma on arrival. The practice followed up any areas of concern.
- 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. The practice also offered asymptomatic sexual health checks opportunistically. There was a specific area in the waiting room which had a display of information regarding sexual health for patients to easily gain information.
- 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. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs.
- 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 three to five years was 92 out of 93 eligible women. This represented an achievement of 99%. 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:

- 100% of patients were recorded as being up to date with vaccination against diphtheria

compared to 94.5% regionally and 95% for DPHC nationally.

- 97% of patients were recorded as being up to date with vaccination against polio compared to 94% regionally and 95% for DPHC nationally.
- 90% of patients were recorded as being up to date with vaccination against Hepatitis B compared to 82% regionally and 83% for DPHC nationally.
- 96% of patients were recorded as being up to date with vaccination against Hepatitis A, compared to 94.5% regionally and 94% nationally.
- 98% of patients were recorded as being up to date with vaccination against Tetanus, compared to 96% regionally and 95% for DPHC nationally.
- 56% of patients were recorded as being up to date with vaccination against Typhoid, compared to 54% regionally and 54% for DPHC nationally.

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

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- A consulting room was used by the community mental health team twice a week to see patients. This room had no signage and patients using this service were not identifiable.
- The practice offered patients the services of either a female or a male GP. For any intimate examinations that were to be performed by a GP of the opposite gender to the patient, a chaperone was always available. Arrangements were in place for women to access a family planning clinic in the community.
- There was an accessible toilet in the waiting area. A room was available for baby changing and/or breastfeeding.
- Results from the practice's Patient Experience Survey showed patients felt they were treated with compassion, dignity and respect. For example:
 - 99% of patients said they were treated with dignity and respect throughout their treatment at the practice.
 - 99% of patients said they found the receptionists helpful and friendly.
- 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, November 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:
 - 92% of patients said the health professional they saw was good at explaining their condition and treatment to them.
 - 91% of patients said the GP/nurse listened to them and took on board their comments
- The data presented by the practice was not benchmarked against regional and national averages for DMS, 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. We also saw that some patient information was translated into Nepalese.

Patient and carer support to cope emotionally with treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of organisations. We saw that information that was age appropriate and relevant to the patient demographic was prominently displayed and accessible. For example, we saw information about 'Dry January' and alcohol consumption.
- The practice proactively identified patients who were also carers and one patient was on the register. Where patients identified themselves as carers, a code was added to their records in order to make them identifiable and so that extra support or healthcare could be offered as required. The SMO (Senior Medical Officer) attended monthly welfare meetings with other health professionals to discuss where extra support and care were needed.

Are services responsive to people's needs?

(for example, to feedback)

Good



Our findings

Responding to and meeting people's needs

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

- A wide range of clinics were available to service personnel, for example, minor surgery services, physiotherapy, health checks, travel advice, sexual health and family planning advice. Patients were able to receive travel vaccines when required.
- Patients could have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse. Patients requiring them, could book a double GP appointment of 30 minutes.
- Text reminders were sent for hospital appointments or as a reminder to visit the practice and make an appointment.
- Same day appointments were available for those patients who needed to be seen quickly.
- There were accessible facilities which included interpretation services when required. Transport for patients to hospital appointments was available if needed.
- Eye care and spectacles vouchers were available to service personnel from the medical centre.

Access to the service

- The practice including the dispensary was open from Monday to Thursday 0800 to 1630 and 0800 to 1230 on Fridays. After these hours, and on Friday afternoons, patients were diverted to services provided by RAF Cosford who covered until 1830 hours. Outside of these hours, patients were diverted to the NHS 111 service.
- The practice leaflet gave clear directions on local accident and emergency unit access. The nearest accident and emergency department was located at Stafford District Hospital
- Results from the patient feedback showed;
- 98% of patients said their appointment was at a convenient time.
- We received three CQC comment cards which all talked of the kindness shown to them by practice staff. However two of the comments made stated they had to wait over a week for an appointment. On the day of inspection appointments were available on the day for urgent cases and patients were easily able to book for the following few days. The patient survey stated that 78% of patients said they were able to obtain an appointment within 48 hours.

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. There had been no complaints raised in the past 18 months.

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 to 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: “Always provide evidence based, safe holistic and crucially patient centred care to our population at risk at all times”.
- The practice had a clear strategy and supporting business plan which reflected the vision and values and these were regularly monitored.

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

- Improving governance meetings
- In depth audit programme
- Improving documentation
- Patient focus group
- Breaking down language barriers (there was an expectation of a further 1000 personnel over the next 18 months, some speaking English as a second language)
- Improving disability access

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 Assessment Framework (CAF) as an effective governance tool. Practice meetings were held regularly and were used as an additional governance communication tool. 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. We saw that the practice used their audit work and quality improvement work to improve patient care. For example, one audit cycle identified the need for one person to be responsible for the management of recall and monitoring for those patients prescribed disease modifying drugs. We also saw evidence from a quality improvement project which showed how patients with historic pre-existing allergies were consulted with and tested to ensure those allergies were still current. This was particularly important to a patient who may be deployed and only has access to a particular antibiotic.
- 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.

Leadership and culture

- On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Everything we saw on the inspection day, and communications with the practice following the inspection, supported this.
- There was a clear leadership structure and staff felt supported by management. Staff told us the practice leaders were approachable and always took the time to listen to all members of staff. All staff were involved in discussions about how to run and develop the practice. 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 there were team away days every few months to encourage staff engagement in service development and improvement.
- 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.
- The practice had looked at the possibility of forming a Patient Participation Group (PPG) but were aware that limitations were inevitable due to the transient nature of the patient population and deployable status of operational staff at the practice. At the time of our inspection, the practice had not been able to establish a group and confirmed it was unlikely that they would be able to.

- 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.