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**

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good</th>
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<tbody>
<tr>
<td>Are services safe?</td>
<td>Good</td>
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</tbody>
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Date of follow-up review: 09/01/2018
Date of publication: 20/04/2018
Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Army Foundation College (Harrogate) Medical Centre on 7 June 2017. The practice was rated as good overall, with a rating of requires improvement for the key question of ‘Safe’.

A copy of the report from our last comprehensive inspection can be found at:

http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#army

Following our inspection, recommendations were made in respect of:

- staff training in use of the patient electronic record system
- appraisal and some employment checks for contracted staff
- training for contracted staff
- checks on security items such as prescription pads
- communications across the practice
- prioritising assessment of staff competency, particularly for medics who work unsupervised.

We carried out this announced, desk based review on 9 and 10 January 2018. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

Our key findings were as follows:

- Staff at the practice had received the training required to enable them to use governance tools, for example, the electronic patient record system. This, along with training for all staff on effective completion of the significant event reporting system had recently been delivered by health care governance leads who visited the practice.
- Appraisal arrangements were in place for the practice matron.
- We saw evidence that Disclosure and Barring Service checks on staff had been reviewed and renewed where necessary.
- Effective checking systems for use of secure items, for example, prescription pads had been implemented.
- The regular calendar of practice meetings had been reviewed to ensure they supported cross practice communication. This was aided by regular Heads of Department meetings, for example, between the practice manager, Senior Medical Officer, physiotherapy lead and practice matron.
- Competency assessment of staff who had received training which required a follow-on period of supervision was in place. This was supported by a portfolio of clinical work and audits of patient consultations by the Senior Medical Officer.
Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice
Summary of findings

The five questions we ask and what we found

Are services safe?

The practice is rated as good for providing safe services.

- Staff had received the training needed to use internal governance tools. Where some staff had not received appropriate training on the safeguarding of children and vulnerable adults, this had been delivered.

- Appraisal arrangements were in place for all staff, including staff supplied by external contractors.

- Background checks at the appropriate level were in place for all staff.

- Systems to monitor the use of secure items, such as prescriptions were in place.

- A calendar of meetings was in place that supported cross practice communication.

- Those staff who required supervision following formal training to confirm their competency in clinical care delivery, were appropriately supported. Administrative systems in place further supported this.

Good
Our inspection team

This follow-up review was carried out by a CQC Lead inspector.

Background to Army Foundation College (Harrogate) Medical Centre

The Army Foundation College (AFC) (Harrogate) Medical Centre (referred to in this report as the practice), is located in the grounds of the Army Foundation College, in rural North Yorkshire, near the town of Harrogate. The practice is run by Defence Primary Health Care, in a joint finance initiative facility, where nurses and physiotherapy staff are supplied by the partner (referred to as the contractor) in the joint finance initiative. Some administrative staff are also supplied by the contractor. The practice building is managed and maintained by contractor staff. The Senior Medical Officer (SMO), who is a member of the armed forces, oversees clinical care.

The practice provides primary medical services to new army recruits aged 16 to 18 years, as well as to permanent staff members of the armed forces based at the College, and their dependants. At the time of inspection, the practice patient register numbered approximately 1700 patients, with approximately 1000 of these being 16 to 18 year old new recruits to the army. The practice also provides occupational health services for up to 1000 reserve members of the armed forces.

The practice runs primary health care clinics alongside its commitment to the Army Foundation College Training Programme which includes, amongst other things, platoons coming in for vaccination parades, initial medical assessments, blood grouping and provides permanent staff health protection clinics. Surgical procedures can also be provided. The mission of Defence Primary Health Care (DPHC) is “to deliver a unified, safe, efficient and accountable primary health care service for entitled personnel in order to maximise their health and deliver fit personnel for operations”.

The practice staff are a mix of DPHC staff and contractor staff. In summary: The Senior Medical Officer (SMO) oversees all clinical care, supported by a civilian GP. There are also two medics who work at the practice who are overseen by the SMO (the work of a military medic has greater scope than that of a health care assistant found in NHS GP practices).

The practice is complemented by a team of three physiotherapists employed by the contractor. The nursing team is made up of approximately 14 practice nurses, who work a variety of shifts to provide daily cover between Monday and Friday of each week. All nurses are employed by the contractor. The practice has a 20 bed overnight observation facility, located on the upper floor of the practice. This is run by the nurses supplied by the contractor. All nursing duties are overseen by a nursing Matron employed by the contractor. A medical facilities manager, employed by the contractor, is based at the practice and works alongside the practice manager, who is a member of military staff. There are two further contractor staff who work in reception and clerical areas.
The practice has a dispensary which is open from 0800 hours to 1100 hours on Monday, Tuesday and Thursday of each week, and between 0800 hours and 1230 hours on Wednesday of each week. The dispensary was open all day on Friday, except during the lunch period of 1230 hours to 1330 hours. The dispensary is operated by a member of military staff. Any medicines that are not immediately available within the dispensary can be collected on prescription from Lloyds Pharmacy, who have a contract to dispense medicines for DPHC sites.

The practice is open from Monday to Friday, between 0730 hours and 1630 hours. The Senior Medical Officer and civilian GP were available for emergency referrals between 1630 hours and 1830 hours. Outside of these times, patients were referred to NHS 111 or local out of hours services. The nearest accident and emergency unit is located at Harrogate District Hospital, which is approximately three miles from 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. We undertook a comprehensive inspection of Army Foundation College (Harrogate) medical centre on 7 June 2017. The inspection was 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.

The practice was rated as good overall, with a rating of requires improvement for the key question of safe. The full comprehensive report following the inspection of 7 June 2017 can be found at:

http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#army

We undertook this desk based follow up inspection of Army Foundation College (Harrogate) medical centre on 9 and 10 January 2018. This inspection was carried out to review the actions taken by the practice to improve the quality of care and to confirm that recommendations made had been met.

How we carried out this inspection

We reviewed information on improvements made since our last visit. We requested documents to evidence these improvements. We carried out our desk based follow-up review of action taken by the practice in response to recommendations made following our inspection of June 2017. To carry out this review, we spoke with:

- the Senior Medical Officer
- Nursing Matron
- the Practice Manager
- the Deputy Practice Manager.

As this was a follow-up inspection, focused on one key question, we did not speak to patients as part of this review, or use CQC comment cards to gather patient views of the service.
Are services safe?

Our findings

Following our previous inspection on 7 June 2017, we rated the practice as requires improvement for providing safe services. At that time we found staff required further training in the use of the electronic patient record system; background checks on contractor staff required review as well as some appraisal arrangements for those staff, and their access to training on the significant event reporting system. Checking systems for the use of prescription pads required improvement. We saw that competency assessments for medics supplying medicines to patients needed to be prioritised, and that communication across the practice required review to ensure its effectiveness.

When we carried out this desk based follow up, we found that all of the above recommendations had been acted on. To conduct this inspection, we telephoned the practice manager on 9 January 2018 and advised that we would be following up our findings of the inspection of June 2017. We gave 24 hours notice to allow the gathering of evidence to confirm that recommendations made had been acted on and met. Following our review of the evidence provided, the practice is now rated as good for providing safe services.

Overview of safety systems and processes

At our inspection of June 2017, we found the practice did not keep a formal register of patients subject to safeguarding arrangements, or of those deemed to be ‘at risk’. When we discussed this we found GPs shared this knowledge with internal colleagues, but did not have sufficient working knowledge of the practice electronic patient record system (DMICP), to enable them to add safeguarding alerts to patient records or to create live registers of particular patient groups, for example, those subject to safeguarding arrangements.

At our desk based follow-up review of the practice on 9 and 10 January 2018, we received assurance that this had been addressed. Staff had received DMICP training delivered by a health care governance lead who visited the practice. This training also included coaching for all staff in the correct completion of significant event reports, and how these should be progressed using the internal electronic reporting system (ASER). We were provided with assurances from the practice manager, that significant events were reviewed regularly to check for any recurring themes or trends. This was facilitated at practice meetings and Heads of Department meetings, which ensured communication across the practice. Minutes of meetings sent to us by the practice confirmed this.

At our inspection of June 2017, we saw that as the practice prepared for inspection, it was found that approximately 50% of the nurses working at the practice did not have an enhanced level Disclosure and Barring Service (DBS) check in place, and had only received a standard level clearance (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). At our follow-up review of the practice, staff were able to confirm that all DBS checks were of the appropriate standard and all staff had a current DBS check in place. The
practice had also reviewed all staff training; any staff identified as requiring safeguarding training have now received this. At our inspection of June 2017, temporary arrangements were in place for the appraisal of the practice matron. When we followed up on recommendations made, the practice confirmed that the Senior Medical Officer continued to offer clinical input for appraisal of the practice matron, and that this formed part of the mid and end of year appraisal process.

When we inspected in June 2017, we found that systems in place to check on the use of prescription pads were in place, but that they were not reviewed to ensure they were effective. When we followed this up as part of our desk based review of the practice, staff provided assurance that systems were now in place that included review of prescription pad issue. This included any prescriptions issued by a covering locum GP.

At our inspection of June 2017, we found that medics had received training on delivery of some health care duties, for example, delivering vaccinations. However, this was not always followed up by a period of supervision, to enable a medic to be signed off as being competent in that duty.

When we discussed this with the practice manager as part of desk the based follow-up of 9 and 10 January 2018, we were told that medics had a clinical portfolio which had to be submitted to the Senior Medical Officer (SMO) by the medic. The SMO would review the work done by the medic by audit of patient records. All training on delivery of vaccinations was certificated and was accompanied by an educational pack. This contained 10 dates, each of which must be signed off by a nurse who had supervised work done by a medic, ready for presentation to the Senior Medical Officer for final sign off. We observed that a formal competency assessment was in place, giving increased assurances around safe practice for medics working in medical centres. We were sent evidence of this for review as part of this desk based follow-up inspection.