

Defence Medical Services Abbey Wood Medical Treatment Facility Quality Report

Abbey Wood
Filton
Bristol
BS34 8JH

Date of inspection 08/03/2018
Date of publication: 08/05/2018

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 effective?

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Abbey Wood Medical Treatment Facility on 9 August 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of effective and well led.

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>

We carried out this announced desk based review on 8 March 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 maximised the functionality of the DMICP (patient record system) so that the practice could run clinical searches, and establish systems to ensure safe care and treatment was provided to patients. This included the implementation of a safeguarding register and the easy identification of more vulnerable patients, including carers, patients with chronic diseases and patients taking high risk medicines.
- All staff had received safeguarding training to the correct level.
- A programme of clinical audits was in place to drive improvement.
- The practice had a system in place for clinical peer review to take place.
- All staff were able to utilise the significant event reporting system appropriately (ASER).
- The practice had a failsafe system in place to confirm the receipts of sample tests and results.
- The practice had developed a system for proactively reviewing relevant and current evidence based guidance and standards assessing the ones relevant to the practice, sharing out responsibility for summarising and disseminating to staff.

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

Summary of findings

Are services effective?

Good 

The practice is rated as good for providing effective services.

- Staff were aware of current evidence based guidance and treated patients in accordance with this.
- Audits and regular reviews of the service were undertaken to drive improvements to patient outcomes.
- Staff had the skills and knowledge to deliver effective care and treatment.
- 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. There were systems in place for clinicians to access peer review either by telephone on a daily basis or by meeting together weekly and monthly.

Are services well led?

Good 

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

- There was a clear leadership structure and staff felt supported by the practice manager. The practice had policies and procedures to govern activity.
- The practice had an overarching framework which supported the delivery of the strategy and good quality care.

Abbey Wood Medical Treatment Facility

Detailed findings

Our inspection team

The desk based inspection was undertaken by a CQC inspector.

Background to Abbey Wood Medical Treatment Facility.

Abbey Wood Medical Treatment Facility is a small tri-service medical treatment facility based on the Ministry of Defence (MOD) Abbey Wood site. Military personnel work alongside civil servants within an office based environment, providing equipment and support for current and future operations. The current population at risk (PAR) is 1,298. Of this, 996 patients are over 40, with 363 of these being over the age of 50.

The primary health services are provided by Hanham Health, a local GP practice. All staff working at Abbey Wood Medical Treatment Facility, including the physiotherapist, work for Hanham Health.

The practice provides a full range of medical services including minor surgery. The staff complement is made up of four GPs, one male and three female, two nurses, a health care assistant, the practice manager, deputy practice manager, two reception staff, a hearing technician/medical administrator and one physiotherapist. The practice is open from 0800 to 1230 and 1330 to 1630 hours Monday to Friday. After 1630 and before 1830 patients can contact Hanham Health. After this, patients are diverted to the NHS 111 service. Each day the practice has 'sick parade' where patients who are unwell telephone for triage between 0800 and 0930. Appointments are available for these patients should they require a consultation with a GP or nurse.

There is no dispensary at the practice although nurses and medics hold a stock of over the counter medicines that can be issued if required. A contract is in place for all prescriptions to be dispensed by a local pharmacy.

Why we carried out this inspection

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

How we carried out this inspection

We reviewed information on improvements made since our last visit. We requested documents to evidence these improvements.

To conduct this inspection, we contacted the practice manager on 26 February 2018 and advised that we would be following up our findings of the inspection of August 2017. We gave five days' notice to allow the gathering of evidence to confirm that recommendations made had been acted on and met.

As this was a follow-up inspection, we focused on the two key questions where improvements were required. 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 effective? (for example, treatment is effective)

Good



Our findings

Following our previous inspection on 9 August 2017, we rated the practice as requires improvement for providing effective services. At that time we found staff required further training in the use of the electronic patient record system to enable them to proactively run searches and recalls for patients; one member of staff had not received up to date safeguarding training, there was no system for proactively reviewing relevant and current evidence based guidance and standards. There was no clear audit programme in place or any failsafe system to confirm the receipts of sample tests and results.

When we carried out this desk based follow up we found that all of the above recommendations had been acted on. Following our review of the evidence provided, the practice is now rated as good for providing effective services.

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. The practice manager checked the updated NICE guidelines on a weekly basis. Weekly clinical meetings were held and we viewed minutes which confirmed that recent guidance had been discussed. For example we saw evidence of discussion between clinicians about head injuries and the management of concussion following a sports injury.
- Peer review between GPs further ensured that guidelines were followed. If a GP wanted advice or to discuss a particular issue there was always a clinician available at nearby Hanham Health for advice and discussion. Electronic tasks were attached to the patient's notes and handovers between clinicians were undertaken on the telephone for more complex patients.
- The GPs shared learning points from study days attended via the GP forums at Hanham Health. These were discussed at the weekly clinical meeting and the minutes were sent to all GPs.

Management, monitoring and improving outcomes for people

- The practice staff used DMICP (patient record system) in order to run clinical searches, and establish systems to ensure safe care and treatment was provided to patients. This included the implementation of a safeguarding register and the easy identification of more vulnerable patients, including carers. We saw that four patients were taking high risk medicines and procedures for the review of these patients were in place. These patients were on a formal register.

- We saw that the practice proactively identified patients who were also carers and six patients were 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.

There was evidence of quality improvement including clinical audit:

- A programme of clinical audit was in place and demonstrated a commitment to improving outcomes for patients at the practice. We saw 10 completed audits, both clinical and non-clinical had been undertaken since August 2017. For example, the practice had undertaken an audit on significant events and no trends were identified.
- Another audit showed how the practice had improved their prescribing of an analgesic medicine (pain relief); this was an audit on its second cycle. It showed since the last audit in 2015 there has been an improvement in the documentation in the clinical records and the coding of these patients so that they may be managed and supported appropriately and would not receive a repeat prescription without a review of their care.

Effective staffing

- We saw evidence that all staff had received training in safeguarding to the appropriate level. The practice had a member of the team who monitored training renewal dates and sent a reminder to individual staff members ahead of time.
- Since the last inspection in August 2017 the practice had reviewed the clinical rota to allow extra time to be built in for peer review and shared learning. Previously we found that one GP worked alone in the building most of the time. However GPs now work together at the practice most days. The practice now have one day a month when two GPs work together with time scheduled in for peer review and shared learning.
- The practice had two trained nurses, one had been newly recruited and who worked part time, two days a week. Both nurses worked a full day once a week during which peer support and shared learning was factored in. Support for both GPs and nurses was available by telephone at any time throughout the day from clinicians at Hanham Health.

Are services well-led?

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

Good



Our findings

Following our previous inspection on 9 August 2017, we rated the practice as requires improvement for providing well led services. At that time we found that the practice did not have a comprehensive, overarching governance framework which supported the delivery of the strategy and good quality care.

When we carried out this desk based follow up, we found that all of the above recommendations had been acted on. Following our review of the evidence provided, the practice is now rated as good for providing well led services.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- A programme of internal audit was used to monitor quality and to make improvements. Staff were given dedicated time each month for audit purposes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, this included the management and system of recall of those patients on high risk medicines and the identification of those patients that were more vulnerable. The practice kept a formal register of patients subject to safeguarding arrangements, or of those deemed to be 'at risk'.
- We saw evidence that systems were in place to confirm the receipts of sample tests.