Defence Medical Services

HMS Drake

Quality Report

Her Majesty's Naval Base Devonport
Plymouth
PL2 2BG

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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?	Outstanding

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at HMS Drake on 22 February 2018. Overall, the practice is rated as good. Our key findings across all the areas we inspected were as follows:

- The practice was proactive in identifying and managing significant events. All opportunities for learning from internal and external incidents were maximised.
- There was substantial evidence to demonstrate quality improvement was embedded in practice, including a comprehensive programme of clinical audit and quality initiatives used to drive improvements in patient outcomes.
- The assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- We saw several examples of collaborative working and sharing of best practice to promote better health outcomes for patients.
- The practice had a clear vision which had quality and safety as its top priority. We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect, and maintained confidentiality.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, and disposal). Prescription pads were held securely, however although there was a record of the quantity of prescriptions there was no numerical record of each prescription to provide a safe audit trail of their location. Following the inspection we received evidence to show this had been immediately rectified.
- 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, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available.
- Patients we spoke with said they found it easy to make an appointment with urgent appointments available the same day.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had a regular programme of practice meetings and there was an overarching governance framework which supported the delivery of the practice's strategy and good quality care. Governance and performance management arrangements were proactively reviewed to

reflect best practice.

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 was proactive in identifying and managing significant events. We saw they were raised appropriately by all staff and after a complaint. We saw that significant events were regularly discussed with staff during practice meetings and the practice used these as opportunities to drive improvements.
- There were good systems in place to monitor safety. These included systems for reporting incidents, near misses, positive events and national patient safety alerts, as well as comments and complaints received from patients.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. The staff we spoke with were aware of their responsibilities to raise and report concerns, incidents and near misses.
- Effective recruitment processes were in place and sufficient numbers of staff were employed to meet population need.
- Comprehensive protocols and guidelines to cover the dispensing of medicines were in operation.
- 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 regional statistics.
- Practice staff assessed needs and delivered care in line with current evidence based guidance.
- A broad and relevant programme of cyclical audit and improvement work was in place which enabled the practice to deliver the best possible outcomes for its patients.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average and patients with long term conditions were managed well.
- There was a strong training ethos throughout the practice. They 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.
- There was evidence of appraisals and personal development plans and support for all staff.

Are services caring?

Good

The practice is rated as good for providing caring services.

- We observed a strong patient-centred culture and we saw that staff treated patients with kindness and respect. There was a strong theme of positive feedback from patients we spoke with on the day of our inspection; this was also evident in completed comment cards.
- Information for patients about the service 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.
- Systems were in place to maintain patient and information confidentiality.
- We received 18 comment cards and spoke with two patients. All of the feedback was positive about the standard of care received.

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. Patients were directed to the NHS 111 service out of practice hours after 1830 hours.
- The practice had good facilities and was well equipped to

treat patients and meet their needs.

Are services well-led?

Outstanding 

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

- The practice had a clear vision and strategy 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 strong leadership structure and staff felt engaged, supported and valued by management. Staff spoke positively about leaders and the transformation they had brought about in the delivery of healthcare to patients.
- Clinical and management led governance structures and systems were strong and took account of current models of best practice.
- The practice had a clinical and management led comprehensive governance framework which supported the delivery of the strategy and high quality care.
- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. Staff had access to mentorship, to enable them to progress their career both within healthcare and the wider military field.
- Leaders encouraged a culture of openness and honesty. The practice had systems to identify, investigate and learn from safety incidents.
- The provider was aware of the requirements of the duty of candour. We saw evidence the practice complied with these requirements.
- The practice proactively sought feedback from staff and patients, which it acted on.

HMS Drake

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 and a practice manager specialist advisor.

Background to HMS Drake

HMS Drake Medical Centre provides primary care and occupational health to 1900 patients working in shore based locations and provides care for an additional undefined number of approximately 3600 patients who are registered on the ships and submarines in the dockyard. The Medical Centre provides the full spectrum of primary health care for service personnel. There are no registered dependants.

HMS Drake is home to the SW Personnel Support Group which is the parent unit for personnel who are unfit for their primary role and Hasler Naval Service Recovery Centre, which manages the most significant wounded, injured or sick personnel from across the Naval Service. The majority of the patients are aged between 18 and 55 with a small number outside this range.

At the time of our inspection, the facility had seven full time equivalent GPs, five nurses, seven physiotherapists, two exercise remedial instructors (ERIs), an occupational therapist attached to Hasler, a medical administration officer, practice manager, three senior medics and six junior medics, two pharmacy technicians (one was a locum) and nine administration assistants.

In addition to routine GP services, the treatment facility offers physiotherapy and rehabilitation services. Family planning advice is available within the practice. The practice provides maternity care shared with the named practice midwife at the local maternity centre. They do not routinely involve the NHS practices locally, but will do when patients move to their home towns when proceeding on maternity leave. They also provide post-natal care to patients that remain in the Plymouth area for their maternity leave.

Patients with mental health needs are able to access appointments with a mental health professional at the practice.

The medical centre staff of HMS Drake are responsible for any self-caring personnel using either the patient's own living accommodation or one of the designated medical cabins. Patients using these may have an infectious disease which may need a degree of isolation or an acute illness needing the oversight of a clinician.

The practice provides 24 hour cover, 365 days a year. Duty medical staff treat or triage patients out of hours with the support of local out of hour providers when required. The practice is open from Monday to Friday, between 0745 and 1830.

The practice had a dispensary which was open from 0800 to1630 hours every day. Any medicines that were not immediately available within the dispensary could be collected on prescription from an external provider, which had a contract to dispense medicines for DPHC sites. Throughout this report, HMS Drake 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 22 February 2018. During our visit we:

- Spoke with a range of staff, including three GPs, the practice manager, deputy practice manager, two practice nurses, three medical assistants, two pharmacy technicians and three administrative staff.
- Reviewed 18 comment cards completed by patients who shared their views and experiences of the service. We were able to speak with two patients who used the service.
- Looked at information the practice used to deliver care and treatment plans.
- Conducted a visual inspection of the premises.
- Visited HMS Ocean and looked at healthcare provision facilities on board.

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.

- There was a lead member of staff dedicated to overseeing significant events and staff said they would approach them if they were unsure of any issues in relation to significant events. Staff were familiar with policy and with using the standardised Defence Medical Services (DMS) wide electronic system the practice used 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 This is evidenced throughout the report, for example in the audit work the practice undertakes.
- 23 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.
- The practice recognised the importance of significant event management and wanted to ensure that good practice continued. This led to a significant event audit being undertaken to cover the period of February 2017 to January 2018. A root cause analysis was conducted and as a result, we saw that lessons had been learnt and shared.
- We reviewed safety records and national patient safety alerts, including the minutes of meetings where these were discussed. MHRA alerts were received via the automated system from DPHC HQ. There were multiple staff with access to the alert emails. All alerts were printed out in hard copy and checked against equipment registers and DMICP patient records/stock reports. Alerts were shared with practice staff as appropriate and documented in meeting minutes.
- When unintended or unexpected safety incidents happened patients received reasonable support, truthful information, a verbal and written apology, and were advised about any action taken to improve processes in order 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. The civilian medical practitioner (CMP) and the deputy primary medical officer (DPMO) were the lead members of staff for safeguarding. They attended a weekly meeting to discuss any patients of concern. The staff we spoke with

demonstrated they understood their responsibilities regarding safeguarding and had received training relevant to their role in relation to safeguarding children and vulnerable adults. Training from an external provider had also been delivered on recognising and managing domestic abuse and senior managers from across HMS Drake were invited to attend. There was safeguarding literature and posters in the waiting rooms for patients to read.

- 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, these were discussed with all the GPs each week. Staff described how concerns were logged on the risk register and discussed at the vulnerable patients meeting; this included a list of any under 18 year old military personnel. 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 chaperone service was on display throughout the practice. Only clinicians were utilised as chaperones.
- 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 monthly 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. The last infection control audit was undertaken in April 2017 and it showed 23 out of 29 areas within the practice that were compliant. Other areas required improvement including, handwashing and the management of sharps bins and some specific areas within the practice that required attention for example the fridges in the kitchen. We saw actions had been taken to improve practice, including training for staff, cleaning of desks and fridges and the provision of wipe clean chairs.
- 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 kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines.
- The practice carried out regular medicines audits, for example, an antibiotic audit, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were held securely, however although there was a record of the quantity of prescriptions there was no numerical record of each prescription to provide a safe audit trail of their location. Following the inspection we saw evidence that this had been rectified.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice had had significant historical issues in the dispensary. While they had rectified the majority of the problems which had taken a substantial amount of time, the practice had worked hard and developed internal policies on high risk medicines that required monitoring. This included audits on the monitoring of high risk medicines and cardiovascular and respiratory

medicines.

- 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. The practice 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 was a good system in place for the monitoring of laboratory results.
- DMICP records were transferred in/out the practice electronically. All military notes were complete and had been summarised.
- The practice undertook an audit in December 2017 following a significant event that was raised regarding a patient who had not received their hospital appointment and reports that personnel on ships were not always receiving appointments either. The purpose of the audit was to clarify how the practice hospital appointment process provided assurances that the patients received all hospital appointments within a reasonable time frame and demonstrated systems in place to mitigate undue delays. This administrative audit identified that a quarter of patients referred to secondary care had not received an appointment and that no system was in place to systematically follow up appointments or guarantee that the referral was received by secondary care. The practice responded to this by changing its processes and initiating a spreadsheet of referrals made which was continually monitored and all referrals nearing their deadlines were chased. This audit was to be undertaken every three months.
- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. The fire equipment was checked by an external contractor on a monthly basis. 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).
- The current staffing establishment was adequate and provided a good mix of staffing skills and experience. The practice had a record of the minimum number of GP sessions needed per week and used this to manage GP staffing levels. 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 system in all the consultation and treatment rooms which alerted staff to

any emergency.

- All staff received annual basic life support training and there were emergency medicines available in the treatment room 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 power failure or building damage.
- The practice had an infectious disease outbreak policy in place.

Are services effective?
(for example, treatment is effective)

Good

Our findings

Effective needs assessment

- Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.
- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. NICE guidance was a standard agenda item at weekly clinical meetings. 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.

Management, monitoring and improving outcomes for people

- There was a robust chronic disease management plan and this was managed by the senior practice nurse. Patients were recalled appropriately and patients received effective, individually personalised care. There is a comprehensive and extensive chronic disease management register. The management was tailored to individual patients' needs and outcomes were good.
- The practice had funding available to provide swift access for patients needing diagnostic procedures, for example specialist X ray. This was used to enable patients to be seen and diagnosed quickly and their treatment plan initiated without delay.
- 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 74 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, 66 had a blood pressure reading of 150/90 or less.
    - There were 13 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, 12 had had an asthma review in the preceding 12 months which

included an assessment of asthma control using the three Royal College of Physicians questions. The other patient was due to be recalled.

    - There were nine patients on the mental health register. All of them had a documented care plan in the notes and the appropriate Read code added by the GP within the last 12 months.

- 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 July 2017 showed :
    - 98.2% of patients had a record of audiometric assessment, compared to 97% regionally and 99% for DPHC nationally.
    - 63% of patients' audiometric assessments were in date (within the last two years) compared to 75% regionally and 86% for DPHC nationally.
- Low audiometric data had been recognised and was placed on the practice 'issues' register as not meeting their key performance indicators. The practice had several barriers preventing improvement, these being delays around recalibration of equipment leaving only one booth fit for use and low staffing levels preventing a proactive recall system being put into place. The practice has now been successful in getting an additional audiometry booth in order to increase the ability of the practice to offer more audiograms. The practice were also regularly conducting searches (weekly for both vaccinations and audiometry) and had put in three additional clinics a week to catch up on the backlog of audiometry and also had an active plan in place for vaccinations.

There was evidence of quality improvement including clinical audit.

- There was evidence of 24 completed audits in the past 12 months, nine had a completed second or third cycle. 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.
- Examples of completed clinical audits we looked at included antibiotic prescribing, mammography, hospital referrals, diabetes, and atrial fibrillation.
- The practice conducted an audit of risk scoring for stroke risk in patients with atrial fibrillation (AF). All patients with a history of AF should be assessed using clinical prediction rules for estimating the risk of stroke. Four patients were identified and none of these had their scoring recorded on their notes. As a result each patient was scored, three of the four patients were scored as not needing anticoagulation, and the remaining patient was already receiving it. Following this audit all patients with AF were coded so that they could be readily identified in an annual review.
- An audit was undertaken on non-alcoholic fatty disease (NAFLD) in diabetic patients as these patients are at higher risk of liver disease. The practice identified 11 diabetic patients and all had their alcohol consumption recorded, however, none had had an assessment of their risk of liver fibrosis. As a result all patients had blood tests taken and this blood test has been added as a requirement in their annual diabetic review.
- 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 to aid effective management of areas that need 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 including locum 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.
- There was a monthly training programme run in house that was geared around primary care, governance and administration roles. Time was allocated each week for continual personal development (CPD) and training and the practice had a strong learning ethos. We spoke with one member of staff who said they were being supported by the practice to obtain a further qualification and were given 20% of their working week to study for this.
- The training program was a mix of whole team, multidisciplinary and individual learning. 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. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- We spoke with medics who said they were well supported and were able to ask for advice if required. The medics (the work of a military medic has greater scope than that of a health care assistant found in NHS GP practices) assessed “fresh cases” (patients being seen for the first time for a certain issue). There was daily clinical oversight in place to monitor and discuss decisions made and treatment given by the medic.
- The nurses maintained their own CPD. 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.

- 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, or when discharging members of the armed forces due to medical reasons.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw an example where there was an outbreak of norovirus within the patient population on board a ship that was docked at the base. Both the PMO of the practice and the practice staff on ship worked together to isolate and identify the source and were in regular contact with the local environmental health team.
- 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 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.

Supporting patients to live healthier lives

The practice did not have any dependants or children of recruits registered with the practice.

- The practice identified patients who may be in need of extra support and signposted them to relevant services. For example those requiring advice on their diet, smoking and alcohol cessation. The practice also gave sexual health advice, offered free condoms and referred to a sexual health clinic when required. Advice on prevention of musculoskeletal injury was also available from physiotherapy staff at the practice, as well as the GPs providing services.
- All new patients were required to undergo a routine health screen. Basic measurements including height, weight, BP and urinalysis were captured. In addition, smoking status, alcohol consumption, vaccination status, hearing conservation review and medical employment standard were noted, the screening facilitated the identification of patients' unmet needs and facilitated appropriate action and signposting to address these.
- There has been no formal direction from DPHC regarding over 40s medicals. However, a working group within the MOD undertook a trial of 40+ health checks and this was commenced in January 2017 for one month. Following the trial HMS Drake started proactively recalling patients for these checks in February 2017. Over a period of 12 months 650 personnel were invited for the health checks based on their eligibility and 154 attended. This represented an uptake of 24%.
- The practice had a health promotion calendar to promote specific issues relevant to the service population and its requirements.

- 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. An audit was undertaken of all patients eligible for breast screening, it showed only 12 women (42%) had been screened, had received a result and been sent a formal letter. This was due to missed communication via the NHS. As a result of this the practice decided that all women over the age of 47 years would be coded on a register on DMICP to ensure they were reviewed every three months and to ensure they received or were offered screening. Furthermore, they had asked that screening letters be sent to the practice who would then ensure safe delivery. This was re audited in February 2018 and this showed that the changes made were effective with 100% of the target population being in date for mammography 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. All patients over 50 who had not had a cholesterol check in the past five years were called in to be tested. Flu vaccinations had been offered to all patients who were eligible.
- 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 98%. The NHS target was 80%.
- 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 October 2017 provides vaccination data for patients using this practice:
    - 91% of patients were recorded as being up to date with vaccination against diphtheria compared to 94% regionally and 100% for DPHC nationally.
    - 91% of patients were recorded as being up to date with vaccination against polio compared to 94% regionally and 95% for DPHC nationally.
    - 83% of patients were recorded as being up to date with vaccination against Hepatitis B compared to 81% regionally and 81.5% for DPHC nationally.
    - 94% of patients were recorded as being up to date with vaccination against Hepatitis A, compared to 92% regionally and 92% nationally.
    - 91% of patients were recorded as being up to date with vaccination against Tetanus, compared to 94% regionally and 95% for DPHC nationally.
    - 83% of patients were recorded as being up to date with vaccination against Typhoid, compared to 80% regionally and 53.5% 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. 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.
- We received 18 CQC comment cards from patients that described their care and treatment in a highly positive way. They said that they felt involved in decision making about the care and treatment they received. They commented that they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. They said staff were kind and respectful.
- 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

Data received form the Defence Medical Services (DMS) patient experience survey, July to December 2017 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 97% of patients said they felt involved in decisions about their care.
- 100% of patients said they believed and trusted that their medical information was held in confidence.
- 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. Interpreter services were available for patients who did not have English as a first language if required.

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.
- The practice proactively identified patients who were also carers, during discussions in consultations and information was available in the waiting room. There was one carer registered at the time of the inspection. There were systems in place for patients to identify 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 PMO (Principal 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 services and clinics were available to service personnel. For example, a well women clinic, physiotherapy and travel advice.
- Patients could have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse or longer if needed.
- Patients that needed to see the physiotherapist were typically seen within five days.
- Patients were able to receive travel vaccines when required. The practice was a yellow fever centre.
- 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.
- Some emergency medicines were available to be dispensed by the practice when the dispensary was closed, for example antibiotics, analgesia, inhalers and steroids.
- The medical centre staff of HMS Drake were responsible for any self-caring personnel using either the patient's own living accommodation or one of the designated medical cabins. Patients using these may have an infectious disease which may need a degree of isolation or an acute illness needing the oversight of a clinician.

Access to the service

- The practice provided 24 hour cover, 365 days a year. Duty medical staff treated or triaged patients out of hours with the support of local out of hour's providers when required. The practice was open from Monday to Friday, between 0745 and 1830.
- The practice had a dispensary which was open from 0800 to1630 hours every day. Any medicines that were not immediately available within the dispensary could be collected on prescription from an external provider, which had a contract to dispense medicines for DPHC sites.
- The practice held 'fresh case' clinics twice daily. All patients were triaged by medics who referred on to a nurse, GP or physiotherapist as required (a military medic delivers healthcare similar to a healthcare assistant in the NHS but has a greater scope of duties). Fresh cases

were audited yearly to ensure these clinics were being used appropriately for same day appointments. Ongoing patient education was given to ensure those patients that needed urgent care could access it right way.

- Clinicians referred patients recovering from injury to physiotherapy teams when appropriate. These were based at the medical centre and we saw good working relationships in place that supported patients back to full physical health. Patients referred by the GP for physiotherapy could be seen within five days, but usually much less than this.
- Patients comment cards we received confirmed that patients were happy with the appointment system and had good access to clinicians.

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 seven complaints raised since August 2017. Clinical complaints were forwarded to the DPMO or, in their absence, one of the other doctors. We saw a complaint raised in relation to an alleged breach of confidentiality. The investigation into this complaint was thorough and a significant event was raised. The staff involved were given further training.
- Complaints were audited through the Common Assessment 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)

Outstanding 

Our findings

Vision and strategy

The practice had a clear vision and strategy 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 the staff team. All staff we spoke with were content with their current working environment. The practice worked to the DPHC mission statement: 'Safe Practice by Design' and also had their own practice ethos which was 'Using a continuous focus on training, education and development to promote cohesive team working for the betterment of patient care'.

Governance arrangements

- The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures and ensured that:
- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
- 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, 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 comprehensive programme of quality improvement, including clinical and administrative audit, was used to monitor quality and to drive improvements.
- We saw that all patient records had been summarised.
- 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, they provided the opportunity to ensure patient needs were met during busy clinic times and periods of staff sickness. This approach supported staff with

learning about how the performance of the practice could be improved and how each staff member could contribute to those improvements. Minutes were comprehensive and were available for practice staff to view. In addition, regular health care governance meetings were held and minutes were produced of all matters discussed.

- There was clear evidence from minutes of meetings that lessons learned from significant events, complaints and other investigations led to change and improvement in practice.
- 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

- 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 PMO and the DPMO had worked exceptionally hard to reinvigorate the practice team and had completely reviewed/policies and procedures within the practice, implementing new procedures where required. There was a clear strategy to drive forward and progress high standards within the practice.
- The practice engaged with the local medical committee (LMC) to keep engaged with the local population.
- All staff were involved in discussions about how to run and develop the practice. Staff told us the practice held weekly practice meetings. They said 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.
- Staff indicated they felt well-supported by the management team and that they were approachable.
- HMS Drake had a strong learning environment led by a PMO who understood the importance of education and team support. The practice supported multiple learners in different career pathways, for example nurses on placement and nurses on a return to work programme. We spoke with one person who was returning to work, they said they felt useful, supported and valued by the practice team.
- The practice was accredited as a training practice for GPs. In addition to this, there were two associate trainers who provided educational supervision to junior medical officers over the three years of their training. All GPs in the practice provided educational support, clinical assistance and direct supervision to the general duties medical officers (GDMO) when working on Plymouth based ships or submarines. The senior nursing officer had a special interest in training and education having gained a post graduate diploma and previously worked in nurse education. They had plans to enhance the training opportunities at the practice.
- The practice held regular force development activities that staff chose and enjoyed, approximately three times a year, this fostered enhanced team cohesion and development of working relationships. They ensured that patient care was still delivered on these days.
- There were clearly allocated responsibilities in the practice with named deputies for cross coverage and resilience in the event of absence from the practice.
- 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.
- The practice had conducted a staff well-being questionnaire of which the results were pending. Staff said they had an open voice in all meetings and the ability to add agenda points to any meetings and during appraisals. Senior management had an open-door policy. Junior staff held monthly meetings with practice manager to raise any issues to feed into senior management meeting.
- There was patient feedback gained from a suggestions box and a local run survey and displayed within waiting areas. There was a ‘would you recommend this practice to your family?’ questionnaire at the practice and results were collated monthly and comments were on display for patients to read. In the past year 89% of patients said they would recommend the practice to their friends and family.

Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. From minutes of meetings we reviewed, we noted that the leadership 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 work around health promotion and screening.