

Defence Medical Services

HMS Neptune Medical Centre

Quality Report

HM Naval Base Clyde
Helensburgh
Argyll & Bute
Scotland
G84 8HL

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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 well-led?

Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of HMS Neptune Medical Centre on 21 June 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of safe 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#navy>

We carried out this announced follow-up inspection on 14 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:

- Definitive registers of patients had been implemented including safeguarding registers and registers for patients on high risk medicines.
- Staff had received safeguarding, infection control and chaperone training to the required level. Recently inducted staff members had completed the induction process and records were complete.
- 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 patient recall systems, easier identification of vulnerable patients and the production of accurate performance data.
- The backlog in patient note summarising had been reduced to 4%.
- Relevant clinical guidelines were a standard agenda item at clinical meetings and were driving improvements in treatment provided.
- Shared care agreements were in place where required and staff were supported to implement them.
- A legionella risk assessment and business continuity plan were in place and available to staff at the practice.
- The infection control audit approach had been improved as tasks were allocated to accountable individuals.

- A Regional Primary Care Board had been established which brought together the Medical Centres across Scotland and shared best practice ideas and innovations.
- Clinical improvement work had been extended to include additional audit work relevant to the healthcare of the patient population.

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

Summary of findings

Are services safe?

Good



The practice is rated as good for providing safe services.

- Staff were trained in safeguarding duties. They knew how to apply 'alerts' to the records of patients who were vulnerable. The practice had implemented a register of vulnerable patients.
- Patient notes summarising had been prioritised and the backlog reduced to 4%.
- All key staff had received infection control training, although records required updating. The Lead Infection Control Nurse undertook IPC audit and any resultant tasks were allocated to an accountable individual for completion within a set timeframe.
- A register had been implemented to ensure the safe monitoring of patients who are prescribed high risk medicines. Read codes were applied to identify these patients and to ensure that blood tests and reviews were carried out within national guidelines.
- Appropriate risk assessments were in place and available to staff at the practice.

Are services well led?

Good



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

- Improved governance systems had been implemented to ensure that risks were managed for the benefit of patients and staff.
- National clinical guidelines were discussed and implemented more consistently across the clinical team.
- The practice had an overarching framework which supported the delivery of the practice strategy and good quality care.

HMS Neptune Medical Centre

Detailed findings

Our inspection team

The follow-up inspection was undertaken by the CQC Inspection Manager.

Background to HMS Neptune Medical Centre

The Defence Primary Healthcare (DPHC) Medical Centre of HMS Neptune (referred to in this report as the practice) serves a military population of approximately 4,100 at Faslane. The practice did not treat families or dependants of service personnel.

The practice is made up of five permanent GPs and one locum GP, four nurses which equates to a 3.52 full time equivalent staff, five physiotherapists which equates to a 3.48 full time equivalent staff, exercise rehabilitation instructors, a pharmacy technician and medics. The practice was led by a practice manager, supported by a deputy and a number of administrative staff.

In addition to routine GP services, the practice offers minor surgical procedures, physiotherapy services, rehabilitation, occupational health and travel health services. The department of community mental health are situated within the building and they have good communication links with the practice. The practice is fully accessible with all facilities being on the ground and first floor level. There is a patient lift.

The practice is open from Monday to Thursday between 0745 and 1600 hours and on a Friday 0745 to 1200. Twenty-four hour cover is provided by a duty watch consisting of a GP and two medics.

The practice has a dispensary which is open during practice hours.

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

To conduct this inspection, we contacted the practice manager and advised that we would be

following up the findings of the original inspection in June 2017. We met with the Principal Medical Officer and members of his team on 14 March 2017.

We reviewed improvements made since our last visit. We requested documents and interviewed staff to evidence these improvements. We looked at the patient records system to see that new systems were working well.

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 safe?

Good



Our findings

At our previous inspection on 21 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 to enable them to proactively run clinical searches, to recall patients with long term conditions and to safely monitor patients who are prescribed high risk drugs. The practice did not apply 'alerts' to vulnerable patients' records and did not maintain a register of vulnerable patients. We found gaps in staff training records, specifically safeguarding, infection control and chaperoning. The practice did not hold copies of some risk assessments and the business continuity plan was not instantly accessible to staff who may need it. Infection control audit work required improvement to ensure that tasks were completed in a timely way by an accountable individual. The practice had a backlog in patient note summarising of 20% and it was not clear which staff were accountable for addressing this backlog. Some staff did not understand shared care agreements and were therefore not following national guidance in their oversight of patients receiving treatment from a secondary provider.

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

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- The practice had reviewed its coding system for vulnerable patients, including those who were prescribed high risk medicines and patients who may be at risk due to poor mental health, following bereavement or due to their caring responsibility. As a result, the practice had implemented and were maintaining registers and these were used in the proactive recall and monitoring of vulnerable patients and those prescribed high risk medicines.
- We looked at the clinical records for two patients who had been prescribed a disease modifying anti rheumatic medicine and saw that blood tests and reviews were in line with national guidelines. We also noted that work to adhere to national guidance around the management of shared care agreements had taken place. Staff knew how to safely manage care that had been initiated by a secondary provider.
- Staff had received training in safeguarding, infection control and chaperoning, although training records still contained some gaps. We spoke with staff who confirmed that they had

undertaken training and they showed us certificates to underpin this.

- The practice had a copy of the Legionella risk assessment for the building and a copy of the Business Continuity Plan had been made available to all staff that might need it.
- A recent infection control audit had been undertaken by the IPC Lead nurse. It was comprehensive, covering all areas of the practice. Resultant tasks had been allocated to a responsible individual and an appropriate timeline for completion included in the action plan.
- Summarising of new patient notes had been prioritised by GPs, bringing the backlog down from 20% to 4%. GPs at the practice and also GPs who accompanied submariners were allocated summarising tasks.

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 21 June 2017, we rated the practice as requires improvement for providing well led services. We noted that some areas of governance required improvement; specifically arrangements for identifying, recording and managing risks and issues, and for implementing mitigating actions.

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. Since our last inspection, additional clinical audit work had been undertaken which was relevant to the needs of the patient population and which sought to improve health outcomes for these patients.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, this included the effective and safe 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'.
- National clinical guidelines had been discussed at clinical meetings and a standard agenda item established, for example shared care agreements and monitoring of high risk medicines.
- A Regional Primary Care Board had been established and was chaired by the Principal Medical Officer at HMS Neptune. This group sought to share best practice and innovation across DMS medical centres in Scotland. We saw that discussion around best practice approaches to monitoring high risk medicines had featured on the agenda.