

Defence Medical Services

Hounslow

Quality Report

Cavalry Barracks
Hounslow
London
TW4 6HD

Date of inspection visit: 21/03/2018
Date of publication: 21/06/2018

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	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Requires improvement 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced inspection at Hounslow on 21 March 2018. Overall, the practice is rated as requires improvement. Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety. An effective system was embedded for reporting significant events. All staff knew how to raise and report an incident and were fully supported to do so.
- Systems and processes to keep patients safe were not fully embedded at the practice; the referral process and the management of laboratory results required closer management. Other governance processes were not promoting patient safety as a priority.
- The systems, processes and practices in place to keep patients safe and safeguarded from abuse were managed by an individual and risks were not always known by other staff.
- The arrangements for managing medicines, including obtaining, prescribing, recording, handling, storing, security and disposal in the practice minimised risks to patient safety.
- Staff were aware of current evidence based guidance. However, areas of staff training required updating to fully provide them with the skills and knowledge to deliver effective care and treatment. For example, anaphylaxis, basic life support and use of the automated external defibrillator (AED).
- The practice worked collaboratively and shared best practice to promote better health outcomes for patients.
- Audits and regular reviews of the service were undertaken to drive improvements to patient outcomes. However, we found clinical audits were limited.
- Results from the patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. The practice had received one complaint within the past year and it had been managed well and in line with the practice policy.
- The practice was responsive to the needs of their population and offered a wide access of health promotional material, support and advice was readily available.
- We saw that it was easy to make an appointment and urgent appointments were available the same day. Appointments were available to pre-book up to two weeks in advance. There was a system in place which allowed patients to have access to a duty GP provided by a nearby base after the practice had closed and until 1830 hours. After this time patients used the NHS 111 service.

- Facilities and equipment at the practice were sufficient to treat patients and meet their needs.
- There was a clear leadership structure and staff felt engaged, supported and valued by management.
- The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of the requirements of the duty of candour.

The Chief Inspector recommends:

- Formal governance arrangements including systems for assessing and monitoring risks and the quality of the service provision to be embedded and understood by all staff. This should include arrangements for the safe collection of clinical waste and the failsafe arrangements to manage test results (including action on mailboxes for clinicians who have left the practice) and referrals onto secondary care.
- Develop a system whereby information regarding vulnerable adults is available to the appropriate staff.
- Ensure that all staff receive training to carry out their duties effectively.
- Develop a rolling programme of clinical improvement work to drive improved outcomes for patients. This could usefully include work around prescribing (particularly antibiotics), the referrals process and the management of pathology results.

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.

Are services safe?

The practice is rated as requires improvement for providing safe services.

- An effective system was embedded for reporting significant events and all staff knew how to raise and report an incident and were fully supported to do so.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. However the register of vulnerable adults could only be seen by the RMO and although there was an alert on their medical notes to assist locum doctors, the nurse and medics when treating those patients, no further information was available to them.
- Although risks to patients were assessed, the systems to address these risks were not embedded. For example in relation to the management of secondary care referrals, and pathology test results.
- Comprehensive protocols and guidelines to cover the dispensing of medicines were in operation.
- Effective recruitment processes were in place and sufficient numbers of staff were employed to meet population need.
- The practice did not have adequate arrangements to respond to emergencies and major incidents as not all staff were not fully trained in basic life support or the use of the AED.

Requires improvement



Are services effective?

The practice is rated as requires improvement for providing effective services.

- Staff were aware of current evidence based guidance and treated patients in accordance with this.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above averages across

Requires improvement



military general practice with the exception of audiometric testing which was slightly below. The practice were proactively recalling patients to improve this.

- Practice staff assessed patient needs and delivered care in line with current evidence based guidance.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- Audits and regular reviews of the service were undertaken to drive improvements to patient outcomes. However, we found clinical audits were limited.
- The practice valued and encouraged education for all practice staff giving them the skills, knowledge, and experience to deliver effective care and treatment. Dedicated time was given to all staff to undertake training. However, records showed that not all staff were up to date with training in anaphalaxis, AED, chaperoning and basic life support.
- Patients were actively supported to live healthier lifestyles through a targeted and proactive approach to health promotion and wellbeing. We saw good health promotion displays and information for patients throughout the practice.
- All registered patient records had been summarised.

Are services caring?

The practice is rated as good for providing caring services.

- Comment cards, completed by patients before our inspection, indicated that they felt practice staff treated them with care.
- Information for patients about the services available was accessible.
- The practice did not provide services to families and dependants, but recognised that patients had families and dependants who they may have some caring responsibilities for. Alerts were set on the records of these patients.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good 

Are services responsive?

Good 

The practice is rated as good for providing responsive services.

- The patient's individual needs were central to the planning and delivery of their individual care.
- The service was flexible to ensure patients' needs were met in a timely way.
- Facilities and equipment at the practice were sufficient to treat patients and meet their needs.
- We saw that it was easy to make an appointment and urgent appointments were available the same day. Appointments were available to pre-book up to two weeks in advance. There was a system in place which allowed patients to have access to a duty GP provided by a nearby base after the practice had closed and until 1830 hours. After this time patients used the NHS 111 service.
- Telephone consultations were provided as an alternative to visiting the practice.
- Eye care and spectacles vouchers were available to service personnel at the medical centre. Transport for patients to hospital appointments was available if needed.

Are services well-led?

Requires improvement 

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- An overarching governance framework supported the delivery of the vision and good quality care. However, there were gaps in arrangements to monitor and improve quality, identify risk and to capture patients who required follow-up in a timely manner.
- There was a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity and held regular MDT meetings.
- Staff had received inductions, annual performance reviews and attended staff meetings.
- Leaders encouraged a culture of openness and honesty.
- The provider was aware of the requirements of the duty

of candour. We saw evidence the practice complied with these requirements.

Hounslow

Detailed findings

Our inspection team

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor, a nurse specialist advisor and a practice manager specialist advisor.

Background to Hounslow

Hounslow Medical Centre provides care to forces personnel. At the time of inspection, the patient list was approximately 650. Occupational health services are also provided to personnel and a number of reservists.

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

At the time of our inspection, the facility had one full time Regimental Medical Officer (RMO) one practice manager (currently working two days per week), one practice nurse, two administration staff, one medic and one physiotherapist.

The practice was open from Monday to Wednesday 0730 to 1630 and, and 0730 to 1230 on Thursdays and Fridays. On a Thursday afternoon only urgent appointments were available. After these hours, and on Friday afternoons, patients were diverted to services provided by Northolt Medical Centre which is situated seven miles away. A duty medic was also on call 24 hours a day for telephone advice. After this time patients used NHS 111. Throughout this report, Hounslow Medical Centre 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 21 March 2018. During our visit we:

- Spoke with a range of staff, including the RMO, the practice manager, one practice nurse, two medics, and one member of administrative staff.
- Reviewed 41 comment cards completed by patients who shared their views and experiences of the service.
- Spoke with two patients.
- Looked at information the practice used to deliver care and treatment plans.

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

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



Are services safe?

Our findings

Safe track record and learning

An effective system was embedded for reporting significant events and all staff knew how to raise and report an incident, and were fully supported to do so.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events had been discussed. The practice had carried out a thorough analysis of the significant events. The RMO described how the investigation and root cause analysis was discussed at practice meetings, including proposed outcome measures. This discussion was minuted and then discussed again at the next practice meeting, ensuring all staff were aware and lessons were shared and learnt. For example, medicines were delivered to the guard room by the local pharmacy and the practice were not made aware. This had resulted in a delay to patients receiving their medicines. New procedures were put into place to prevent this from happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse, however not all staff had access to this.

- 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 RMO confirmed that there were no children registered at the practice. However, the practice were aware of the duty of care to the children of serving personnel. Vulnerable patients were discussed with the chain of command at the Unit Health Committee which was attended by the RMO, chain of command and the welfare team. The RMO and the chain of command maintained a register of all injured (mental and physical) and downgraded personnel, which was held by the welfare team. There was an alert on their medical notes to assist locum doctors, the nurse and medics when treating those patients but no further information was available to them.
- Notices in the waiting room advised patients that chaperones were available if required. Clinical staff who acted as chaperones were not specially trained for the role, but had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). No administrative staff undertook chaperone duties.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice had an infection control policy and lead staff member who had attended two day infection control training. Infection control audits were

carried out, most recently in February 2018. We saw that three issues had been identified and actioned, for example the removal of cloth covered chairs being replaced by wipe clean ones, the ordering of new pedal operated bins and the removal of clutter.

- 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. Arrangements for the collection and disposal of clinical waste were in place. Waste bags were tied appropriately with a location sticker. Collection was shared between the dental and the medical centre. Whichever department the waste collector visited first were the ones who signed as collected. We found no clinical waste register was kept. The bags sent for disposal were not logged according to the seal on the bag, and no note on the number of bags or sharp boxes sent for disposal was kept. We saw consignment notes were sent later by post which detailed the weight of disposed waste but not the number of bags. The storage for waste was in a large locked clinical waste bin, outside the premises which was secured to the wall.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice, kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines.
- The practice carried out medicines audits for example, on the use of hypnotic drug used for insomnia to ensure prescribing was in line with best practice guidelines. However these audits were minimal. An open process existed whereby e-mail conversations were sent to the practice group mail box by the regional pharmacist with all updates/policies regarding medicines or concerns. The regional pharmacist had reported to the RMO that external audits had been undertaken, however, there was no evidence of this. The RMO and regional pharmacist had adhoc meetings every one to two months to discuss any issues. These meetings had not been minuted.
- Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable medics to administer vaccinations after specific training when a doctor or nurse were on the premises.
- Alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) were received into the practice and were seen by all staff. We looked at the most recent alerts and saw that the practice had shared them with staff and that no actions were required. For example the practice had acted upon an alert regarding rectal thermometers.
- There were failsafe procedures in place for the review of high risk medicines. For example the monitoring of disease modifying anti rheumatic medicines which were initiated by secondary care. The practice took blood samples regularly, checked the results, gave short prescriptions and put alerts on the clinical system and had a system of management in place. However, we identified one new patient who was prescribed high risk medicines by secondary care but did not have a shared care agreement in place. We discussed this with the RMO who agreed they would respond urgently.
- The full range of recruitment records for permanent staff was held centrally at RHQ. However, the practice manager could demonstrate that relevant safety checks had taken place at the point of recruitment, including a Disclosure and Barring Service (DBS) check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years. They also monitored each clinical member of staff's registration status with their regulatory body. The practice manager confirmed all staff had professional indemnity cover. Information was in place to confirm practice staff had

received all the relevant vaccinations required for their role at the practice.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. A health and safety policy was available and a poster was displayed in the entrance hall.
- The practice had up to date fire risk assessments and carried out regular fire drills. Integral building maintenance checks were undertaken. The practice manager monitored this to assure all checks were completed. Fire alarms were tested weekly and all electrical equipment was checked on a regular basis to ensure the equipment was safe to use. Clinical equipment was checked in line with Defence Medical Services policy to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This had been arranged by the practice manager, independently as they were unable to obtain the correct certification from the base.

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 in each clinical room.
- Five staff had not received up to date annual basic life support training.
- The practice had a defibrillator available, however five staff had not received up to date training on its use. There was oxygen available with adult masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as building damage.

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

Requires improvement



Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE).

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The RMO was the lead for NICE updates and used the regular updates from GP update emails to help inform other practice members. We saw a folder with evidence of printed updates and a tick sheet to show that staff members had read the updates. We saw evidence of the practice acting on NICE guidance on obesity.

Management, monitoring and improving outcomes for people

The practice used information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice. It is used across many NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provides a useful way of measuring this for DMS). Because the numbers of patients with long term conditions are often significantly lower at DPHC practices, we are not using NHS data as a comparator.

The practice provided the following patient outcomes data to us from their computer system on the day of the inspection:

- We reviewed patients on the diabetic register. We reviewed the treatment and care offered and found blood pressure readings were recorded as 150/90 or less.
- There were five patients recorded as having high blood pressure. We reviewed the treatment and care offered to these patients and found that current NICE guidance had been followed. All had a record for their blood pressure being monitored in the past nine months. Of these patients with hypertension, four had a blood pressure reading of 150/90 or less.
- There was one patient with a diagnosis of asthma. We reviewed the treatment and care offered to this patient and found that current NICE guidance had been followed. They had received an asthma review in the preceding 12 months which included an assessment of asthma control using the three Royal College of Physicians questions.
- Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities to gauge performance showed that instance of

audiometric hearing assessment, in date, was below average compared to DPHC practices regionally and nationally. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data from July 2017 showed :

- 75.5% of patients' audiometric assessments were in date (within the last two years) compared to 86% for DPHC nationally; the practice were proactively recalling patients to improve this. We were not given regional data as a comparative.
- There was evidence of quality improvement. There was a display of the principles and understanding of audit on the wall in the administration room. For example, we saw evidence of a recent sick parade audit. This was undertaken as the practice was very busy and wanted to ensure best use of clinicians' time. Unpredictable sick parade sizes had significant impact on the working day of all staff. The results found that sick parade appointments were being issued inappropriately most of the time due to a combination of factors. Recommendations were made and a date for re audit to show if any notable improvements were evident.
- Clinical quality improvement work at the practice was limited including prescribing audits. We discussed this with the RMO and they felt it more difficult due to the low numbers of patients especially around the care of patients with long term conditions.

The practice had implemented several policies to drive improvement for patients; these included;

- The practice had implemented a 'fit for course' algorithm. This reduced the need for patients to be seen by a GP before they undertook a basic career course and therefore freed up appointments.
- The practice highlighted to the chain of command, that there was an increasing incidence of mental health problems within the regiment. The RMO and the chain of command analysed the increasing numbers and the main causes for this. In turn action was taken to provide additional training to chain of command to raise awareness around mental health and effective management of stress in the workplace. There was evidence that this quality improvement programme had led to improved awareness and better management of mental health amongst personnel.
- An internal quality assurance tool, the Defence Medical Services (DMS) Common Assurance Framework (CAF) was used to monitor safety and performance. The DMS CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery within DMS. When we reviewed the CAF we saw that any areas requiring further action or updating were being managed effectively. We also noted that the practice had used this self-assessment tool in a way that prompted improvement in areas that needed attention.

Effective staffing

- The practice had an induction programme for all newly appointed staff and locum staff. This included topics such as safeguarding, fire safety, confidentiality and information governance. Staff were asked to complete an induction evaluation form after six weeks to ensure that all areas required were covered and to add anything more to improve the induction process if required.
- Not all staff had completed some mandatory training. For example, five staff had not received up to date training in anaphylaxis, basic life support, and the use of the AED. Staff

had received role-specific training. For example, the infection control lead had attended the relevant course for the role.

- The practice nurse administering vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes.
- The nurse maintained their own continual professional development. They attended three monthly regional meetings and also clinical support groups which they found really beneficial. The practice manager organised mandatory training and the practice nurse managed their own nursing update training. We were told there was no issue with being released for courses and or updates. The practice had embedded a culture of mentoring others, including the nurse and medics who supported each other to continually improve. We saw medics consultations were screened periodically by the nurse. The medics we spoke with said they felt supported and could ask for advice or support at any time.
- 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. We spoke with the RMO who undertook booking appointments for patients using the Choose and Book system and including those that were required to have appointments made within two weeks; they were the only member of the practice team that undertook this role. The system in place demonstrated that patients' appointments were made in a timely way.
- We spoke with a member of the administration team who told us they had just begun contacting and informing patients who received referrals or appointments or any form of health care appointment. If any patients were not contactable, a note was made on their medical records and a voicemail left or an email sent to them. However, there were no failsafe checks made to ensure the patient had attended their appointment and a follow up letter had been received.
- 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.
- Patient records were current and there was no backlog in summarising notes.
- Reports were usually received from the OOH service within 48 hours of a patient having accessed treatment. These reports were scanned on to DMCIP and alerts sent to a doctor to ensure they were read and appropriate follow up instigated if necessary. The RMO coded problems/conditions as necessary on DMCIP.
- Light duties chits were issued directly to the patient to then pass on to the chain of command. The RMO also emailed the patient's chain of command if appropriate.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- All new patients were asked to complete a new patient proforma on arrival. The practice followed up any areas of concern.
- The practice offered sexual health advice including the issue of free condoms and chlamydia testing kits, they were referred on to local clinics in the community for more comprehensive services including family planning. There was a specific area in the corridor room which had a display of information regarding sexual health for patients to easily gain information.
- Patients had access to appropriate health assessments and checks. A monthly search was undertaken for all patients aged 50 to 64 years who were entitled to breast screening. The practice also engaged with all national screening programmes and had a mechanism to ensure that eligible patients were referred into the bowel cancer or abdominal aortic aneurysm (AAA) screening programs.
- Over 40s health check were offered to all those eligible. A monthly search was undertaken and a letter sent out to invite them in for a blood test and following that an appointment with the RMO.
- 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 23 out of 28 eligible women. This represented an achievement of 82%. The NHS target was 80%. The practice nurse did not undertake cervical smears and did not have access to the open Exeter system which would enable them to make sure patient's recalls were correct according to NHS England. Patients went to another local military practice to have their cervical smear undertaken.

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 March 2018 provides vaccination data for patients using this practice, we were not given any regional data to compare data to.

- 97% of patients were recorded as being up to date with vaccination against diphtheria compared to 95% DPHC nationally.
- 97% of patients were recorded as being up to date with vaccination against polio compared to 95% DPHC nationally.
- 92.5% of patients were recorded as being up to date with vaccination against Hepatitis B compared to 83% for DPHC nationally.

- 99% of patients were recorded as being up to date with vaccination against Hepatitis A, compared to 94% DPHC nationally.
- 97% of patients were recorded as being up to date with vaccination against Tetanus, compared to 95% for DPHC nationally.
- 99% of patients were recorded as being up to date with vaccination against Typhoid, compared to 54% for DPHC nationally.

Good



Are services caring?

Our findings

Kindness, dignity, respect and compassion

- During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a radio playing in the waiting room which allowed patients to talk to the receptionist without being overheard.
- The practice offered patients the services of a male GP. If a female GP was requested then the patient could attend another local practice instead. For any intimate examinations that were to be performed by a GP of the opposite gender to the patient, a chaperone was always available. Arrangements were in place for women to access a family planning clinic in the community.
- There were accessible toilets in the entrance to the practice. A room was available for baby changing and/ or breastfeeding.
- Results from the practice's Patient Experience Survey showed patients felt they were treated with compassion, dignity and respect. For example:
 - 100% of patients said they were treated with dignity and respect throughout their treatment at the practice.
 - 100% of patients said they found the receptionists helpful and friendly.
- The practice had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit and from civilian facilities, including healthcare facilities. The information also signposted learning centres, for patients who may want to increase their fluency in English.

Care planning and involvement in decisions about care and treatment

- Data received from the patient experience survey, November 2017 showed patients responded positively to questions about their involvement in planning and making decisions

about their care and treatment. For example:

- 100% of patients said the GP/nurse listened to them and took on board their comments
- The data presented by the practice was not benchmarked against regional and national averages for DMS, or against the previous year's performance.

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 and two 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. The Regional Medical Officer (RMO) attended monthly welfare meetings with other health professionals to discuss where extra support and care were needed.

Are services responsive to people's needs? (for example, to feedback)

Good



Our findings

Responding to and meeting people's needs

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

- A wide range of clinics were available to service personnel, for example, physiotherapy, health checks, travel advice and sexual health advice. Patients were able to receive travel vaccines when required.
- Patients could have 15 minute appointments with the GP and up to 30 minute appointments with the practice nurse. Patients requiring them, could book a double GP appointment of 30 minutes.
- 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.
- The practice was a yellow fever centre.

Access to the service

- The practice was open from Monday to Thursday 0730 to 1630 and 0730 to 1230 on Fridays. After these hours, and on Friday afternoons, patients were diverted to services provided by RAF Northolt who covered until 1830 hours. Outside of these hours, patients were diverted to the NHS 111 service. There was a duty medic on call 24 hours a day, every day to give telephone advice. There was a policy in place which described 'shoulder cover'.
- The practice leaflet gave clear directions on local accident and emergency unit access. The nearest accident and emergency department was located at West Middlesex University Hospital.
- Results from the patient feedback showed;
 - 94% of patients said their appointment was at a convenient time.
 - 94% of patients said if they needed an urgent appointment they could be seen the same day.
- We received 41 CQC comment cards which all talked of the kindness shown to them by practice staff. On the day of inspection appointments were available on the day for urgent

cases and patients were easily able to book for the following few days.

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 one complaint had been raised in the past 12 months.

Are services well-led?

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

Requires improvement



Our findings

Vision and strategy

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Consistent, safe and effective care was clearly at the forefront of the strategy and vision for the practice and this was clearly projected to and adopted by all members of staff. All staff we spoke with were content with their working environment. Staff also acknowledged that their opinions, observations and views were valued.
- The practice had a mission statement: “This practice is committed to providing the highest quality primary healthcare service, to all entitled personnel, in order to enhance and sustain operational effectiveness.”
- The practice had a clear strategy and supporting business plan which reflected the vision and values and these were regularly monitored.

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.
- 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.
- We saw evidence from minutes of meetings, a structure that allowed for lessons to be learned and shared following significant events and complaints.

However, we saw some areas of governance that required improvement;

- There were insufficient arrangements in place for identifying, recording and managing risks and issues, and for implementing mitigating actions. For example, patients were at risk of harm because systems and processes were not in place, to effectively monitor and manage patient’s referrals, laboratory results, staff training and the management of clinical waste.

Leadership and culture

- On the day of inspection the leaders in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Everything we saw on the inspection day, and communications with the practice following the inspection, supported this.
- Staff told us the management were approachable and always took the time to listen to all members of staff. All staff we spoke with were confident in their role and spoke of their respect and admiration for leaders at 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 RMO and practice manager encouraged a culture of openness and honesty. We found that the practice had systems to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, information and a verbal and written apology.

Seeking and acting on feedback from patients, and staff

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- Patients through the surveys and from any individual patient feedback received.
- The practice had worked hard to set up a Patient Participation Group and had a meeting planned for March.
- 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.

Continuous improvement

- The practice used 'defence connect' as a method of staff communication. This application could be downloaded onto a phone or tablet for staff to refer to both in the work area and at home. A key feature of this application was the ability to identify which staff had seen a document or update enabling the healthcare governance lead to monitor that staff have been updated on current policy. This evidence could feed into the healthcare governance framework and informed practice training needs. Plans were being discussed that this may be further developed so that patients may benefit from the website including the use of an application that could be downloaded onto a phone or tablet.