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 by the practice.

<table>
<thead>
<tr>
<th>Overall rating for this location:</th>
<th>Good</th>
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</table>

**Rating by key question:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services at this location safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services at this location effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services at this location well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>
This practice is rated as Good overall

The key questions are rated as:

Are services safe? – Good
Are services effective? – Good
Are services well-led? - Good

We carried out an announced comprehensive inspection of St Athan Medical Treatment Facility (referred to as the ‘practice’ from herein) on 16 May 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of safe, effective and well led.

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

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

We carried out this announced follow up inspection on 24 July 2018. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

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.

At this inspection we found:

- A safe system was in place for the management of test results underpinned by a newly developed laboratory investigation protocol.
- An annual contract had been put in place for the management of clinical waste.
- There was a safe system in place for the monitoring of patients prescribed high risk medicines.
- A register had been developed for patients deemed to be vulnerable and this was regularly monitored.
- Medicines were stored securely.
- There was clear evidence to demonstrate quality improvement activity was taking place at the practice, including a programme of clinical audit that focussed on the patient population.
- Governance arrangements had been strengthened to support effective clinical care.
We identified the following notable practice which had a positive impact on patient experience:

- The practice had developed business cards with practice contact numbers for patients to carry. If a patient was admitted to hospital through A&E or from attendance at a clinic, information was available to NHS staff so the practice could be informed the patient had been admitted. This idea was developed in response to patients being admitted and the practice and/or the unit not knowing their whereabouts. The business cards were distributed at the new arrivals brief and when patients come to practice for appointment.

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

**Our inspection team**

The inspection was undertaken by a CQC inspector.

**Background to St Athan Medical Treatment Facility**

Located in the Vale of Glamorgan, St Athan Medical Treatment Facility provides a primary care service for service personnel and their families. At the time of inspection, the patient list was approximately 1470. The practice also provides an occupational health service for service personnel and reservists.

In addition to routine GP services, the practice can facilitate minor surgical procedures, provides 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 community services who hold clinics at the practice each week. Childhood vaccinations are also available. All facilities are at ground floor level. Most of the practice is fully accessible to people with limited mobility or those who use mobility aids.

At the time of our inspection the staff team comprised: a Senior Medical Officer (SMO); Deputy Senior Medical Officer; two civilian doctors; two practice nurses; a health care assistant (HCA); two pharmacy technicians; two physiotherapists; an exercise rehabilitation instructor and a clinical governance lead. The day-to-day management of the practice was facilitated by a practice manager supported by a team of six administrative staff. The administrative team included medics. The role of a military medic has greater scope than that of a health care assistant found in NHS GP practices.

The practice was open from Monday to Friday each week, between 08:00 to 17:00. It was closed on Wednesday and Friday from 13:00. When the practice was closed up until 18:30 telephone advice was available from one of the medics and access to a GP if needed. After 18:30, and on Wednesday and Friday afternoons, patients were diverted to an out-of-hours service provided by the Cardiff and Vale of Glamorgan Health Board.

<table>
<thead>
<tr>
<th>Are services safe?</th>
<th>Good</th>
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We rated the practice as good for providing safe services.

Following our previous inspection, we rated the practice as requires improvement for providing safe services. We found gaps in systems and processes to keep patients safe, including systems...
for managing test results, high risk medicines and the monitoring of patients deemed to be vulnerable.

When we carried out this follow up inspection we found that all 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.

**Safety systems and processes**

The practice had addressed the gaps in its systems to keep patients safe and safeguarded from abuse.

- A safeguarding register had been developed which identified patients considered vulnerable, including patients under the age of 18, patients with mental health needs and patients with a caring responsibility. Alerts were used to identify vulnerable patients on the system. Unit Health Committee meetings were held at the practice each month and the vulnerable personnel register maintained by the unit was compared with that of the practice to ensure both correlated.

- The contract for healthcare waste had been reviewed and since the last inspection a 12-month contract had been put in place with a new provider. Clinical waste was being managed appropriately.

**Information to deliver safe care and treatment**

The practice had addressed gaps in the management of information they needed to deliver safe care and treatment to patients.

- The management of laboratory results had been reviewed since the last inspection. A laboratory investigation protocol had been developed and the staff team had been made aware of it. Since its introduction there had been no further errors with the management of test results. The protocol had been raised as a positive significant event so it could be shared widely across the Department of Primary Health Care (DPHC).

**Safe and appropriate use of medicines**

The practice had addressed gaps in the system to ensure the safe management of medicines.

- A high risk medicines register had been introduced as this had not been in place at the last inspection. The register was regularly reviewed to ensure it was current. System alerts were routinely used to identify patients prescribed high risk medicines.

- The security of the doctor’s bag was found to be unsafe at the last inspection. The bag had since been reviewed and medicines were removed that were not required. The remaining medicines had been removed from the bag and were stored in the locked controlled drugs cupboard. The bag was stored in a locked cupboard in the pharmacy.

<table>
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<tr>
<th>Are services effective?</th>
<th>Good</th>
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**We rated the practice as good for providing effective services.**

Following our previous inspection, we rated the practice as requires improvement for providing effective services. This was due to the audit programme not being focussed on the needs of the
patient population, deficits in staff training and a backlog in summarisation of patients’ clinical records.

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

**Monitoring care and treatment**

The focus of the clinical audit programme had been reviewed and revised since the last inspection.

- A clinical audit programme had been developed to ensure it was driven by patient population need. An audit register was in place showing the status of each audit, outcome and the intended date for a repeat audit. We looked at some of the completed audits including those in relation to long term conditions, trend analysis of stress fractures, childhood immunisations and smoking.

**Effective staffing**

Gaps in staff training had been addressed since the last inspection.

- Staff with lead or specific roles had completed the necessary training. For example, chaperone training and Caldicott level 3 training had been provided for the staff team. A request for advanced training in IPC for the lead had been submitted to station and local authority to try and secure the funding. At the time of the inspection funding had not been secured. We established, that in accordance with the Code of Practice on the prevention and control of infections and related guidance (The Health and Social Care Act 2008), the IPC lead nurse had the appropriate knowledge, skills and experience to fulfil the role.

- Internal training had been provided so staff were able to undertake effective and targeted clinical searches of the patient electronic system. A HCA had been appointed and they were responsible for the management of searches, the recall of patients and preliminary occupational health assessments.

**Coordinating care and treatment**

The management of patient records had been addressed since the last inspection.

- New patients to the practice had their medical record details checked. The clinical notes were then forwarded to the nursing team for summarisation. Following that, the notes were then passed to the doctor to complete their part in the summarisation. A search was undertaken twice a month to monitor the status of summarisation. At the time of our inspection 12 sets of clinical notes were outstanding for newly registered patients; 11 of which had yet to arrive at the practice.

<table>
<thead>
<tr>
<th>Are services well-led?</th>
<th>Good</th>
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**We rated the practice as good for providing a well-led service.**

Following our previous inspection, we rated the practice as requires improvement for providing well-led services. This was due to some governance structures not sufficiently developed to support effective clinical performance.
When we carried out this follow up inspection we found that all the above recommendations had been acted on. Following our review of the evidence provided, the practice is now rated as good for providing well-led services.

**Governance arrangements**

We found that governance structures had been strengthened to support the delivery of good quality patient care.

The practice manager provided evidence to demonstrate the following improvements:

- Peer review of patient consultations had been introduced.
- Checks of the professional registration status of nurses and doctors was regularly being undertaken by the practice manager.
- A clinical audit programme had been developed that took account of the needs of the patient population. New audits had taken place since the last inspection.
- Good practice significant events were being identified, recorded and shared with the regional management team.
- Training and development of staff had been strengthened, including a new continuing professional development programme and training in the use of the search facility on the clinical electronic recording system.
- An annual significant event analysis to identify trends. This was last completed in December 2017.
- A defence optimisation study was in progress to look at improving the efficiency of the appointment system.
- Review and revision of meetings at the practice to ensure an efficient meeting schedule was in place.
- A social media group for the families of service personnel was being used to provide information about the practice, such as opening times and changes at the practice.
- A patient focus group had been established and meetings had been held in January and June 2018. The practice manager was exploring ways to encourage service personnel to participate with this meeting.
- A quality improvement programme register had been developed for the practice.

**Continuous improvement and innovation**

Continuous improvement and innovation was evident in how the service had evolved and progressed since the initial inspection in May 2017. The quality improvement register included the following examples:

- The practice had laminated all the quick response (QR) codes for the NHS safety information on vaccines. A QR code is a type of bar code that is used to provide easy access to information through a smartphone. When patients were receiving a vaccination, they were asked to scan the code with their phone and download the safety leaflet.
- The practice had developed business cards with contact numbers for patients considered vulnerable to carry. If a patient was admitted to hospital through A&E or from attendance at a clinic, information was available to NHS staff so the practice could be informed the patient had been admitted. This idea was developed in response to patients being admitted and the
practice and/or the unit not knowing their whereabouts. The business cards were distributed at the new arrivals brief and when patients come to practice for appointment.