

Defence Medical Services

Bovington Medical Centre Quality Report

Bovington
Wareham
Dorset
BH20 6JA

Date of inspection visit 02/08/2018
Date of publication: 24/09/2018

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us from the provider and patients.

Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services well-led?	Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of General Practice

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 previously carried out an announced comprehensive inspection of Bovington Medical Centre (referred to as the 'practice' from herein) on 29 September 2017. The practice was rated as requires improvement overall, with a rating of inadequate for the key question of safe and requires improvement in 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 02 August 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 review of training had been undertaken for all staff in relation to raising significant events, to ensure all incidents were reported, investigations conducted. A practice level lead had been appointed to address any follow-up actions that required implementation.
- A formal diary of governance, practice and multi-disciplinary clinical meetings was in place and all meetings were minuted and shared appropriately with community based staff.
- A review of governance had been implemented and included effective removal of de-registered patients from the practice register and the prompt forwarding of patient notes when required.

- The management of call and re-call of patients had improved, including those patients with asthma and those patients who smoked. The practice offered increased intervention to refer on to smoking cessation advice and help.
- A carers register had been established.
- A review of patient access to a GP between the hours of 16.30 and 18.30 had been undertaken and patients knew who and how to contact a GP outside of practice opening hours.
- Staff were able to effectively use the electronic patient record system. For example, in order to run clinical searches, create specific patient registers, provide assurance around patient recall systems, identify vulnerable patients and produce accurate performance data.
- The practice has developed health and safety checks for the building in relation to staff working environments, for example, the introduction of emergency alarms and/or panic buttons.

The Chief Inspector recommends:

- Review the premises to establish whether improvements can be made to ensure that care is always delivered in an environment that minimises risk for the patient.

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

Bovington Medical Centre

Detailed findings

Our inspection team

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

Background to Bovington Medical Centre

Bovington Medical Treatment Facility is located just outside the perimeter fence of Bovington Army camp. The treatment facility was built in 1963, and offers care to both forces personnel and their dependants and children. At the time of inspection, the patient list was approximately 1,580. In addition to routine GP services, the treatment facility offers physiotherapy services and travel advice. However, physiotherapy services and exercise rehabilitation services were not inspected as part of this visit. Family planning advice is available, with referral onwards to NHS community services if required. Maternity and midwifery services are provided by NHS community midwives who visit the practice weekly. Health visitors and a nursery nurse also visited the practice on a regular basis. Childhood immunisations and vaccinations are offered at the practice.

The practice is open from Monday to Thursday each week between 08.00 and 16.30. The practice is open from 08.00 to 12.30 on Friday afternoon. From 16.30 each day until 18.30 and from 12.30 to 18.30 on Friday, patients are advised to ring a duty nurse based at another military base, Tidworth, for telephone advice. Outside these hours, patients are diverted to the NHS 111 service.

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 our findings of the inspection of September 2017. We visited the practice on 2 August 2018.

As this was a follow-up inspection, we focused on the three 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.

Good



Are services safe?

Our findings

We rated the practice as good for providing safe services.

Following our previous inspection, we rated the practice as inadequate for providing safe services. We found gaps in systems and processes to keep patients safe, including systems for managing some medicines, the monitoring of patients deemed to be vulnerable, communication with other professionals, health and safety and the management of significant events.

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.

Overview of safety systems and processes

- 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.
- We saw that health visitors and midwives had access to patient records. Minutes of meetings were given to community colleagues when necessary by way of a dedicated pigeon hole at the practice.

The Senior Nursing Officer (SNO) was the dedicated lead to oversee significant events (SEA) and staff said they would approach them if they were unsure of any issues in relation to significant events. The practice manager was the deputy lead in the absence of the SMO. All staff had received training and were familiar and confident 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. We saw there had been a significant increase in the number of SEAs reported since the original inspection and these have been initiated by clinical and non-clinical staff across the practice.

Monitoring risks to patients

- The practice had risk assessments in place to monitor safety of the premises such as health and safety environmental risk assessments. We noted that all staff members had personal alarms. A risk assessment of the premises had been undertaken by the garrison and recommendations had been made. The practice was yet to follow this up but planned to do so imminently. A request for CCTV to be located at the entrance of the practice had been made

by the practice to regional headquarters, however this had yet to be actioned. We noted at this inspection the layout of the practice meant not all patients in the waiting area could be observed by reception staff. This was particularly important in the event of a medical emergency.

Safe and appropriate use of medicines

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

- We reviewed arrangements in place for the management of patients on high risk medicines. We saw that shared care agreements were in place for these patients and that alerts were used on patient records to assist clinicians. A register of these patients was kept on a shared drive within the practice computer system.
- We saw the arrangements for recording, storing and the security of medicines was safe. We reviewed the checks of accountable drugs, for example, Diazepam. All were correct and accounted for.

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

Good



Our findings

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 being limited, there was no effective calendar of practice, governance and clinical multi-disciplinary team meetings in place. Improvement was also needed in the management of call and re-call of patients with long term conditions and for health checks.

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

There was evidence of quality improvement including clinical audit:

- 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 including diabetic eye screening and asthma. We also saw an audit of a study of patients with raised platelet count. This was done as thrombocytosis (raised platelet count) had been identified as a risk marker of cancer in patients over 40 years old. We saw that 6 patients were identified as at risk and were called in for another blood test; all six were found to be well and no other intervention was needed. This was a follow up study to an audit that had been shared through the Defence Primary Healthcare (DPHC) in the DPHC newsletter.
- The practice used information collected for the Quality 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 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 number of patients with asthma on the register was 55. Forty-six (84%) of these patients had received a review in the past 12 months.
- The number of patients that had been reviewed and offered advice on smoking cessation had increased from 54% at the last inspection to 94% at this inspection. This was due to improved searches and recall.

Coordinating care and treatment

- A formal diary of governance, practice and multi-disciplinary clinical meetings was in place and all meetings were minuted and shared appropriately with community based staff.

Are services well-led?

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

Good



Our findings

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 performance.

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

- Checks of the professional registration status of nurses and doctors had been undertaken.
- 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.
- Removal of de-registered patients from the practice register and the prompt forwarding of patient notes when required.
- Training and development of staff had been strengthened, including training in the use of the search facility on the clinical electronic recording system.
- Review and revision of meetings at the practice to ensure an efficient meeting schedule was in place.
- A review of patient access to a GP between the hours of 16.30 and 18.30 had been undertaken and patients knew who and how to contact a GP outside of practice opening hours.
- A quality improvement programme register had been developed for the practice.