

Boulmer Medical Centre

Quality report

Longhoughton
Alnwick
Northumberland
NE66 3JF

Date of inspection visit:
5 September 2018

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13 November 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, information from our ongoing monitoring of data about services, and information given to us from the provider and other organisations.

Ratings

Overall rating for this service	Inadequate	
Are services safe?	Inadequate	
Are services effective?	Inadequate	
Are services responsive to people's needs?	Requires improvement	
Are services well-led?	Inadequate	

Chief Inspector's Summary

We carried out an announced comprehensive inspection of Boulmer Medical Centre on 14 November 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of effective, responsive and well-led. Safe was rated as inadequate.

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

https://www.cqc.org.uk/sites/default/files/20180212_raf_boulmer_medical_centre.pdf

We carried out this announced focussed follow up inspection on 5 September 2018. This report covers our findings in relation to the recommendations made and any additional findings made on during the inspection.

As a result of this inspection the practice is rated as inadequate overall

The key questions are rated as:

Are services safe? – Inadequate

Are services effective? – Inadequate

Are services responsive? – Requires improvement

Are services well-led? – Inadequate

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 follow-up 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:

- The practice had systems to keep patients safe and safeguarded from abuse. Staff with lead roles for safeguarding had received level 3 safeguarding training. Arrangements were in place to monitor the safety of the water supply.
- Patients had access to a GP appointment when they needed it and had appropriate access to a GP when the practice was closed. The practice had arrangements in place for patients to receive aviation medicals when they needed them.
- The information to deliver safe care and treatment to patients was not of an acceptable standard. Detail in clinical records was lacking to clearly illustrate the patient's care and treatment, including assessment, planned care, follow up and referral. Read coding was either inaccurate or missing.
- Assessment and care was not always being delivered in accordance with relevant and current evidence based guidance and standards.
- Regular clinical meetings were not established for the practice. There was no structure or standing agenda identified for the meetings.

- The system for the management of tissue samples was not failsafe. There was evidence that test results had not been reviewed or actioned.
- Systems for the prescribing of medicines were not safe and processes to monitor this were not taking place, such as prescribing audits.
- Not all staff had access to the electronic system for reporting significant events and the Pathlinks system.
- A structured approach to clinical audit based on patient population need and/or based on national guidance was not in place. The impact of audits that had been conducted was unclear, including how they had been disseminated to the wider staff team.
- A clinician did not represent the medical centre at the station Unit Health Committee/welfare meetings to discuss the occupational health needs of patients.
- There was limited evidence to show that clinical care or outcomes for patients were being monitored. A process of peer review for clinicians was not established.
- The leadership, management and governance arrangements at both practice and regional level were not adequate to deliver high-quality sustainable care.

We interviewed the Regional Clinical Director to discuss our inspection findings. We were assured immediate risks would be escalated to the Defence Primary Health Care (DPHC) and regular updates provided around mitigating action taken.

The Chief Inspector recommends:

An urgent review of patient records to ensure patients at risk are identified, recalled and receive the appropriate follow up.

A comprehensive whole-system governance review of the service that takes account of:

- the current provision of GP services;
- arrangements for clinical leadership;
- systems to ensure the safety of patients, including the management of significant events, specimen results and prescribing of medicines;
- clinical audit;
- peer review for clinicians, including review of clinical records.

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

Our inspection team

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and practice nurse specialist adviser.

Background to Boulmer Medical Centre

Boulmer Medical Centre is located near the town of Alnwick, Northumberland and provides a primary care service to patient population was approximately 590, comprised of Naval, Army and RAF personnel mainly ranging in age from 18 to 50 years. There were two patients under the age

of 18 and three over the age of 50 at the time of the inspection. The care delivery model was based on the contracted services provided by a local NHS primary care practice. Occupational health services for approximately 100 personnel from RAF Spadeadam was also provided.

In addition to routine GP services and occupational health, the medical centre offers physiotherapy and travel advice. A family planning service is available from the local NHS practice. Maternity and midwifery services are provided by this NHS practice and community teams, who hold clinics on a weekly basis. Families and dependants are not treated at the practice and are signposted to NHS practices.

The practice is open Monday, Tuesday and Thursday from 08:00 to 17:00, Wednesday - 08:00 to 12:00 (staff training in the afternoon) and Friday from 08:00 to 16:00. A duty medic is available from 16:00 to 17:00 on Friday. From 17:00 to 18:30 patients have access the local NHS primary care practice. From 18:30 weekdays, weekends and public holidays patients are advised to use NHS 111.

A practice manager was responsible for the day-to-day running of the service supported by a team of three administrative staff. The staff team also included a practice nurse 30 hours per week, a physiotherapist two days per week and an Exercise Rehabilitation Instructor (ERI). The operational model had changed since the last inspection and the Senior Medical Officer (SMO) from Newcastle Medical Centre had assumed responsibility for the governance of the practice in April 2018. Due to an extended period of absence, the SMO only became actively involved with Boulmer Medical Centre towards the end of August 2018. The Regional Clinical Director (RCD) was overall accountable for quality of care at the practice.

Are services safe?	Inadequate
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We rated the practice as inadequate for providing safe services.

Following our previous inspection, we rated the practice as inadequate for providing safe services. The rating related to the risks associated with: a lack of access for the GPs to routine systems, including the significant event system (referred to as ASER) and the Pathlinks system; insufficient arrangements for safeguarding; no medicine audits undertaken; staff employment checks and no evidence of water safety checks. In addition, the absence of a GP qualified in aviation medicine meant the needs of patients were at risk of not being met.

From this follow up inspection, we identified that insufficient action had been taken to address the shortfalls. Following our review of the evidence provided, the practice continues to be rated as inadequate for providing safe services.

Safety systems and processes

The practice had improved its systems to keep patients safe and safeguarded from abuse.

- A safeguarding lead and deputy were identified for the practice. They both had received level 3 training relevant for the role, and all staff were up-to-date with safeguarding training at a level appropriate to their role. Since the last inspection, the staff team had received chaperone training.
- The full range of recruitment records for permanent staff was held centrally. However, the practice manager could demonstrate that relevant safety checks had taken place at the point of recruitment. The employment checks missing at the last inspection were now in place, including an active Hepatitis B register and routine checks of the professional registration status of staff.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- Since the previous inspection the number of clinical GP sessions had been reduced. This was due to a reduced number of available GPs from the contractor. Boulmer Medical Centre was receiving three sessions a week rather than the five sessions as agreed through the contract. A dedicated GP was providing the clinical cover at Boulmer Medical Centre. Outside of these clinical sessions, patients could see a GP at the local NHS practice. The practice manager said the NHS practice prioritised Boulmer Medical Centre patients being seen. The 10 CQC patient feedback cards we received confirmed appointments were always available for patients when they needed them. Despite this there was a lack of continuity of care for patients.
- There were no GPs qualified in aviation medicine at the practice. An arrangement had been put in place for patients to access occupational health aviation medicals at other military medical centres. The practice manager said this arrangement was working well and patients were receiving their medicals in a timely way from an appropriately qualified doctor. However, patients did not routinely have access to a GP who could adequately respond to an aviation related health query.
- Evidence was provided to confirm the risk assessment for Legionella and checks of water temperatures were undertaken at station level.

Information to deliver safe care and treatment

The information to deliver safe care and treatment to patients was not of an acceptable standard. The GP was not available at the inspection to discuss the concerns we found.

- A recommendation was made at the previous inspection that all patient records should be reviewed to ensure effective Read coding was in place and that each patient record met the standards set by the General Medical Council. We were not provided with recorded evidence to demonstrate that records had been reviewed in line with the recommendation.
- We looked at nine patients' clinical notes on the patient electronic record system (DMICP) and they did not provide a comprehensive overview of the care that had been given. Details of assessment were lacking. As an example, QRISK assessments had not been undertaken for patients at risk of developing cardiovascular disease. Read coding had not improved; it was either inaccurate or missing. For example, a patient being treated for diabetes had diabetes coded as a past problem.
- A number of records did not indicate what action had been taken for patients with abnormal test results. In some instances, information in relation to referrals was unclear. This was particularly the case for a referral to the Department of Community Mental Health.
- The inappropriate or absence of coding meant searches based on test values would likely be inaccurate. Alerts were not used on DMICP to identify patients with long term conditions (LTC) to mitigate against this. Practice staff were aware of the problems with Read coding and the matter had been discussed at a clinical meeting in July 2018.
- Patients seen by a GP at the local practice had the handwritten record of their consultation sent to Boulmer Medical Centre. Administrative staff scanned the consultation notes onto the patient's DMICP record and were responsible for assigning a Read code. This was a risk as administrative staff had not received training to do this. The SMO advised us that training in Read coding was planned for the team.

- The system to manage of tissue samples was not failsafe. The practice nurse maintained a specimen log and checked it frequently. Because of the reduced GP sessions, laboratory results were not being checked by the GP within the expected two-day timeframe. The nurse checked them if the GP was not available and contacted the GP if they identified potential concerns with results. During the inspection we found a patient's test results from March 2018 that had not been reviewed or actioned. No specimen audit had been undertaken for the practice. The SMO did not have access to Pathlinks at Boulmer Medical Centre. The practice manager confirmed shortly after the inspection that the SMO now had access.

Safe and appropriate use of medicines

The practice systems for appropriate and safe handling of medicines needed to improve.

- A medicines review audit undertaken in August 2018 by the GP identified that 75% of patients on repeat medicines had not had a medicine review in the last 12 months. Thirty one percent of those patients were being prescribed three or more repeat medicines. Although an action was identified to address this, there was no indication as to how progress with reviewing patients would be monitored and who would take responsibility for this. A repeat audit was identified to take place in 12 months.
- We were not provided with evidence to demonstrate that prescribing audits, such as an antibiotic audit, had been undertaken at the practice.
- Because of associated risk with aviation, some medicines are less likely to be used for patients in some RAF occupations, such as specific medicines to treat diabetes. The process for the GP to check the patient's occupation or to discuss the risk with the patient's line manager before making a prescribing decision was lacking. The risk of prescribing inappropriate medicines was high as the GP was not trained in aviation medicine.

Lessons learned and improvements made

The process for learning and making improvements when things went wrong was weak.

- Despite a recommendation made at the last inspection, we found that the SMO did not have access at Boulmer Medical Centre to the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events, incidents and near misses. The practice manager confirmed shortly after the inspection that this had been addressed and the SMO now had access. The SMO identified a concern that should have been recorded as a significant event and advised staff to do so. This demonstrated that incidents and events were not being reported in a timely way.

Are services effective?	Inadequate
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We rated the practice as inadequate for providing effective services.

Following our previous inspection, we rated the practice as requires improvement for providing effective services. The rating related to the risks associated with: record keeping (discussed in this report under the safe domain), a lack of GP-led clinical audit and the absence of clinical meetings.

From this follow up inspection, we identified that no reasonable action had been taken to address the shortfalls. Following our review of the evidence provided, the practice is now rated as inadequate for providing effective services.

Effective needs assessment, care and treatment

The needs of patients were not routinely assessed and delivered care in accordance with relevant and current evidence based guidance and standards. The GP was not available at the inspection to discuss our findings.

- Through a review of patients' clinical records, we identified National Institute for Health and Care Excellence (NICE) guidance had not been always been followed. For example, records indicated that two patients had not been offered a QRISK assessment in accordance with NICE quality standard for cardiovascular risk assessment and lipid modification. We also found that organisational protocol for the management of patients with mental health needs had not been followed.
- We were provided with the minutes of two clinical meetings; one held in January 2018 and the other in August 2018. There was no standing agenda identified. The August meeting addressed the recommendations from the CQC inspection in November 2018. The minutes did not show that evidence based guidance and standards, including NICE guidance were an agenda item.

Monitoring care and treatment

We found the practice nurse was managing patients with LTCs well in terms of recalls and undertaking required monitoring procedures and tests. However, action that was the responsibility of, and tasked to the GP, in response to tests had not always taken place in a timely way or had not taken place at all. We found numerous examples of this in relation to patients with diabetes and hypertension.

Although there was no audit programme in place for the practice, clinical audits had been undertaken during 2017 and 2018 and we were provided with examples including audits in relation to cytology, diabetes and asthma. Some audits were undated, such as the hypertension audit. The audits were not effective as they did not identify the concerns we found in relation to the management of patients with diabetes and hypertension. The clinical meeting in August 2018 indicated that audit was discussed and an audit topic was agreed for each of the clinical staff to undertake going forward.

In relation to audit overall, there was no record to confirm how each topic was decided upon. For example, whether the topic was a priority for the patient population and/or based on NICE or national guidance. The method of data collection was not identified for all audits. Furthermore, recommendations made were not measurable, action-orientated and time-bound. For example, the diabetes and hypertension audits. There was no evidence to demonstrate how audit findings were presented and discussed with the team.

Coordinating care and treatment

The practice did not always work effectively with other health and social care professionals to deliver effective care and treatment.

- A significant event had been submitted for a patient with high risk needs because they had not been appropriately referred to a specific specialist health service in accordance with organisational protocol. The concern had come to the attention of the practice manager through their attendance at a Unit Health Committee/Welfare station meeting. We looked at the patient's clinical records. Due to poor record keeping, including coding and conflicting information, it was difficult to determine the patient's journey. It was clear the subsequent referral had not been timely.

- A recommendation was made at the last inspection to review arrangements regarding the practice manager attending a Unit Health Committee/Welfare station meeting rather than a GP. There had been no change and the arrangement remained the same at the time of our inspection. This meant there was no clinical representative at the meetings when the health needs of patients were being discussed, including the needs of vulnerable patients.

Are services responsive to people's needs?	Requires improvement
We rated the practice as requires improvement for providing responsive services.	
<p>Following our previous inspection, we rated the practice as requires improvement for providing effective services. The rating related to access arrangements for patients up to 18:30 each week day and an aviation trained GP not always being available.</p> <p>From this follow up inspection, we identified that patients had access to the local NHS practice each weekday until 18:30. Information about access arrangements was clearly available for patients. Following our review of the evidence provided, the practice continues to be rated as requiring improvement for providing responsive services.</p> <p>Whilst arrangements had been made for patients to receive aviation medicals at other medical practices, the only aviation trained GP had left the practice. At the time of our inspection there was no appropriately trained GP should patients need a routine appointment for health advice in relation to aviation.</p>	

Are services well-led?	Inadequate
We rated the practice as inadequate for providing a well-led service.	

<p>Following our previous inspection, we rated the practice as requires improvement for providing well-led services. The rating related to the risks associated with the service level agreement (SLA) between the Defence Medical Services and the NHS GP practice. It was recommended that the SLA be reviewed to ensure sufficient clinical expertise, clinical leadership and adequate administrative time for activities, such as GP-led clinical audit. It was also recommended that input and support by Regional Clinical Leads was reviewed to ensure the needs of the NHS based GPs were being met in a military setting.</p>
<p>From this follow up inspection, we identified that reasonable action had not been taken to address the recommendations. Following our review of the evidence provided, the practice is now rated as inadequate for providing well-led services.</p>

Leadership capacity and capability

The management team for the practice did not have the capacity, experience and skills to deliver high-quality sustainable care.

Following the inspection in November 2017, there had been changes in GP provision from the NHS GP practice. The lead GP present at that inspection was no longer working for the group. An alternative GP had been identified to provide a service to Boulmer Medical Centre. Absences and changes with clinical staff at the NHS GP practice meant just three GP sessions were being provided to Boulmer Medical Centre instead of the five as defined in the contract.

Furthermore, the operational model had changed. The area manager advised us that the contract with NHS GP practice would cease at the end of October 2018 and a civilian medical practitioner

(CMP) would be recruited for Boulmer Medical Centre. Arrangements were in place to address the gap in GP provision between the contract ending and the recruitment of the CMP.

Based on a hub and spoke model, the area manager described how the Senior Medical Officer (SMO) from Newcastle Medical Centre (hub) had assumed responsibility for the overall governance of the Boulmer Medical Centre (spoke). The SMO had taken up this role in April 2018. However, due to an extended period of absence the SMO only became actively involved with Boulmer Medical Centre towards the end of August 2018. There was no information provided outlining the vision and objectives of this new model, and how the governance arrangements would look in practice. In addition, it was unclear how the new model would work given the 50-mile distance between both practices. The SMO did not have agreed terms of reference for the role. Without terms of reference, we were unable to confirm the scope of the role and the responsibilities of the SMO.

Governance arrangements

Our follow-up on the recommendations made at the previous inspection did not demonstrate that the practice delivered good quality care.

- There was no evidence of quality improvement at the practice. The approach to clinical audit was underdeveloped and audits undertaken were not underpinned by population need or national guidance, such as NICE. Audits had not been identified for known areas of risk, such as Read coding.
- The approach to clinical meetings was lacking. There was only evidence of two meetings since the last inspection. They lacked structure and a standing agenda in accordance with organisational guidance.
- Not all relevant staff had access to the ASER system and Pathlinks system.

Managing risks, issues and performance

The processes for managing risks, issues and performance were not strong.

- The minutes of a contract review meeting in April 2018 showed the contract was being monitored in terms of input. However, we were not provided with evidence to show how clinical care or outcomes for patients were being monitored.
- There was no process established for providing peer review for the nurse or GP, including review of clinical record keeping and referrals.
- The system for managing laboratory results was not failsafe. Although this risk was known to the practice, an audit of the management of tissue samples and results had not been undertaken.
- The risk register was not up-to-date. Known risks, such as those associated with Read coding and laboratory results were not identified on the register. Risks had not been appropriately regraded. For example, risks that had been escalated or transferred showed as being tolerated so remained a risk held by the practice