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

<table>
<thead>
<tr>
<th>Overall rating for this service</th>
<th>Good</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are services safe?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services effective?</td>
<td>Good</td>
</tr>
<tr>
<td>Are services well-led?</td>
<td>Good</td>
</tr>
</tbody>
</table>
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 MRS Royal Military Academy Sandhurst Medical Centre (referred to as the ‘practice’ from herein) on 22 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

We carried out this announced follow up inspection on 19 September 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:

- There was a system in place to ensure all staff received training to carry out their duties effectively, including update training specific to their roles and induction training.
- Medical equipment was tested and maintained.
- There were systems in place to assess and monitor key risks including:
  - Ensuring that DBS checks and professional registers for staff were current.
  - Ongoing approach to timely notes summarisation.
  - Prescription safety.
• Management of patient safety alerts.
• Staff knowledge around the business continuity plan.
• A management plan regarding data on childhood immunisations and military personnel.
• Improve the management of infection control to meet the requirements of The Department of Health national infection control guidance.
• Better use and understanding of the DMS Common Assurance Framework (CAF).

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

MRS Royal Military Academy Sandhurst (RMAS) is located in Camberley and is the British Army Officer Phase 1 training establishment. The Medical Reception Station (MRS) is a primary healthcare military medical centre situated on camp with a bedding down facility consisting of 12 beds. During normal working hours it is a medical centre where the patient population is Phase 1 Officer Cadets, other course attendees, permanent staff and dependants that live in the catchment area. Whilst there is phase 1 training taking place the bedding down facility is used and is accessible 24 hours a day. Outside the training calendar the MRS is closed and the out of hours service is used. The camp has a highly fluid population. The officer training cadet population has a thrice yearly outflow of approximately 225 in April, August and December and a thrice yearly inflow in January, May and September. Fifty percent of the RMAS staff and families move every summer. The practice extends its reach outside the academy with external exercises and training. The medical officer (MO) and combat medical technicians (CMT) are deployed with up to 500 officer cadets, instructors and support staff.

In addition, a primary care rehabilitation facility is provided. Physiotherapy is available for military personnel only. Dependants are referred to Frimley Park Hospital.

At the time of inspection, the patient list was approximately 1900. Facilities are provided on two floors and the practice is fully accessible by a passenger lift.

The centre was open from Monday to Friday 07:30 to 16:30. Between 07:30 and 08:00 a walk in ‘sick parade’ was available for urgent appointments for military personnel. From 16:30 until 18:30 ‘shoulder cover’ was provided for any urgent cases. After these times outside of practice hours, a 24 hour NHS advice line is available by dialling 111. The nearest general NHS hospital was located at Frimley Park.

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 in August 2018 and advised that we would be following up our findings of the inspection of September 2017. We visited the practice on 19 September 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.
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 infection control, prescriptions, notes summarising and the maintainence of equipment. In addition, there were gaps in staff checks, including professional register checks if required and the status of Disclosure and Barring Checks (DBS). 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.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- A notice in the waiting room advised patients that chaperones were available if required. Currently, only clinical staff were used as chaperones and all had a DBS check in place. Eight staff were awaiting confirmation of a successful check and were clear that they would not act as a chaperone until this check was complete. All staff had received chaperone training.

- The Senior Nursing Officer (SNO) was the infection prevention and control (IPC) lead. There was an IPC protocol in place and all staff had received up to date training.

- Annual IPC audits were undertaken, the last in January 2018 and issues were identified. There was evidence that action was taken to address any improvements required. For example, the purchasing of extra clinical waste bins.

- Records of cleaning were complete and clinical rooms had notices stating levels of cleaning required and check sheets were in use.

- We saw clinical waste was stored outside in a locked storage area and was well managed including the records for disposal which were complete.

- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Daily checks were being completed on equipment and items on the emergency trolley and we saw that these were all were in date.

- Recruitment checks had been undertaken on civilian staff prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. Updated checks of the professional register for nurses
and updated DBS checks for all relevant staff had been undertaken. Note summarising for military patients had been completed. There was a planned instruction in place for staff to follow for the summarising of notes moving forward. This took into account seasonal peaks due to intakes of personnel. Notes summarising was risk assessed with children and families taking top priority. All military notes were being summarised prior to the new patient undertaking their first medical.

**Safe and appropriate use of medicines**

The practice had addressed gaps in the system to ensure the safe management of medicines. There were arrangements in place for managing medicines, including emergency medicines and vaccines (including obtaining, prescribing, recording, handling, storing, security and disposal).

- Blank prescription forms and pads were securely stored and there were systems in place to record their use.
- The practice had a system in place to deal with medicine, medical device and patient safety alerts. Alerts were received via an automated system from Defence Primary Healthcare (DPHC) headquarters to the pharmacy technician. All alerts were printed off, logged and kept in a folder. They were also sent to the relevant member of staff by email which had a read receipt attached so that there was an assurance system in place to confirm that they had received it. We saw a spreadsheet which showed what actions had been taken and by whom.
- We saw a store room where medics kept their equipment and medication for use on medical cover for training exercises. A check of the stores and equipment showed all were in date.

**Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents.

The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage, all staff were aware of it and it was discussed at monthly team meetings. We saw that a significant event had occurred on 25 April 2018 whereby the practice had an IT failure with a sudden loss of connectivity causing loss of access to the clinical computer systems. This meant that patient records could not be seen, recorded or medication issued by the dispensary. Administration processes such as laboratory results, referrals, letters, medicals etc could not be completed. Patient appointments could not be made and the appointment book could not be seen. Mitigation was made by logging patient calls and calling them back for appointments. Initially only urgent appointments were offered. The Primary Care Rehabilitation Facilities (PCRF) was used by the doctors and nurses for clinics as it has privacy with IT terminals and a small reception and waiting room. The problem persisted until 01 May 2018. To date no long term solution has been found even though the Station are accountable for ensuring that such outages do not occur.
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 data on the delivery of childhood immunisations and vaccinations not being available and the practice not being able to provide assurances on the effectiveness of childhood health protection programmes. Staff training was also out of date.

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.

Effective staffing

Evidence reviewed showed all staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. We saw that one member of staff had yet to do their updated safeguarding training, we were given evidence the day following the inspection to show this had been completed.

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 SMO was able to demonstrate and show a management plan regarding data and searches that had been conducted recently around childhood immunisations and vaccinations for military personnel. The work that has been done between inspections supported a better understanding of the needs of the population at risk and how to manage child healthcare. The results of a recent audit on childhood immunisations was presented by the SNO showing the methodology and processes in place. The audit cycle was completed at six months (the initial audit was January 2018 and the repeat audit in July 2018). The recommendations were implemented which resulted in only seven children being identified as being out of date for vaccinations as opposed to 140 in the initial audit.
• Patient notes were presented as evidence to show records were in good order, alerts were in place and that letters of communication were being sent. Thorough searches were taking place on the childhood population including manually checking their records every three months to determine whether they required vaccinations. The practice has implemented an alert system on the clinical computer system which ensured that alerts appeared on children’s records who were out of date for a vaccination. Letters to the children’s parents were also sent advising them of the children’s out of date status or need for vaccinations.

• From the sample of anonymised patient notes we reviewed, we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services, or when discharging junior soldiers from the armed forces due to medical reasons. The practice had good relationships with the secondary care providers that support administration and management of childhood immunisations and they were able to describe the relationship with Thames Valley childhood health and how there were clear lines of communication between them. The practice had an informative vaccination’s board in the waiting area providing information about vaccinations for dependants. The information was also presented in Nepali which was useful as many of the dependants were Nepali speakers.
Are services well-led?
(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Our findings

We rated the practice as good for providing a well-led service.

Following our previous inspection on 22 September 2017, we rated the practice as requires improvement for providing well led services. At that time, we found some arrangements to monitor and improve quality and identify risk required improvement. For example, to effectively monitor and manage the business continuity plan, the management of infection control, deliver updated staff training and ensure DBS checks and professional registers for staff were current.

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

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 were arrangements in place for identifying, recording and managing risks and issues, and for implementing mitigating actions. For example, systems and processes were in place to effectively monitor and manage infection control, deliver updated staff training, ensure DBS checks and professional registers for staff were current, ensure staff understanding of the business continuity plan and the maintenance of equipment.
- Our findings on inspection indicated that the DMS Common Assurance Framework (CAF) was being used as a management interrogation tool to check the integrity and stability of safety measures, designed to reduce the risk of harm to staff and patients using the practice.
- Robust systems were in place to monitor patient safety updates and alerts sent by the Medicines & Healthcare products Regulatory Agency (MRHA).
- Notes summarising was being effectively managed.
- Data on the delivery of childhood immunisations and vaccinations was available and up to date.