

# Shorncliffe Medical Centre

## Quality report

St John Moore Barracks  
Shorncliffe  
Folkstone  
Kent  
CT20 3HF

Dates of inspection:  
9 August 2018  
20 August 2018

Date of publication:  
28 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 as part of the inspection and information given to us by the practice.

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

## Chief Inspector's Summary

We carried out an announced comprehensive inspection of Shorncliffe Medical Centre on 26 September 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of safe responsive 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 desk-top inspection on 9 August and 20 August 2018. This report covers our findings in relation to the recommendations made at the last inspection.

### **As a result of this inspection the practice is rated as good overall**

The key questions are rated as:

Are services safe? – Good

Are services responsive? – Good

Are services well-led? - Good

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>

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 access to the Department of Primary Health Care (DPHC) translation service and staff were aware of how to access it should the need arise.
- Improvements had been made to premises to maximise the health and safety of patients, staff and visitors to the building.
- Arrangements were established for patients to access a doctor between 16:00 and 18:30. This was communicated to patients through the practice leaflet and notices displayed in the practice.
- The approach to the infection prevention and control audit had been revised and was now in accordance with DPHC policy.
- Measures were in place to identify vulnerable patients or patients subject to safeguarding procedures.

- The practice was working in accordance with DPHC policy for managing significant events

**The Chief Inspector recommends:**

The practice continues to pursue appropriate training for the health and safety lead.

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

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**Our inspection team**

The desk-top inspection was undertaken by a CQC inspector.

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**Background to Shorncliffe Medical Centre**

Located in Folkestone, Shorncliffe Medical Centre occupies a single storey building in St John Moore Barracks. The practice provides treatment, care and occupational health services to service personnel. Dependants of personnel are not catered for at the medical centre and are signposted to local NHS GP services. At the time of inspection, the patient list was 912.

In addition to routine doctor services, the practice offers travel advice, a vaccination clinic, audiometry, cervical screening and a health check clinic. Affiliated services included rehabilitation, physiotherapy and the Department of Community Mental Health. Patients can also be signposted to community health services, such as the local sexual health clinic.

The staff team comprised a Senior Medical Officer (SMO), Regimental Medical Officer (RMO), a civilian doctor, a General Duties Medical Officer (GDMO), two practice nurses and a health care assistant (HCA). A pharmacy technician was in post and they were responsible for the practice dispensary. The medical centre was led by a practice manager supported by two administrative staff. Located in a nearby building and integral to the practice team, was the primary care rehabilitation team consisting of two physiotherapists and an exercise rehabilitation instructor (ERI).

The medical centre was open from 08:00 to 17:00 Monday to Wednesday and Thursday and Friday from 08:00 to 12:30. Emergency access was available from 08:15 to 09:30 each morning. Routine doctor appointments were available from 08:30 to 12:00 and from 14:00 to 16:00 Monday to Friday. Routine nurse clinics were available by appointment. The dispensary opening times were displayed at the practice and in the practice leaflet.

Arrangements for access to medical care outside of opening hours were in place. Patients were directed to contact RAF Northolt Medical centre once the practice closed and before 18:30 when patients could access NHS 111.

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**Are services safe?**

**Good**

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**We rated the practice as requires improvement for providing safe services.**

Following our previous inspection, we rated the practice as requires improvement for providing safe services. The rating related to recommendations we made regarding systems for the management of significant events; safeguarding of vulnerable patients and risks associated with health and safety, including the observation of patients in the waiting areas.

Following our review of the evidence provided, the practice is rated as good for providing safe services.

### **Safety systems and processes**

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

- Since the last inspection the practice had revised its system for identifying and monitoring patients who were vulnerable or subject to safeguarding procedures. Alerts were used on patient records, along with an appropriate Read code to indicate if a patient was vulnerable. Searches of the electronic patient record system were carried out each month to monitor the patients who were deemed vulnerable. The practice manager told us all staff had been advised of this new system and were confident with using it.
- Improvements had been made to the audit process for infection prevention and control. The practice had reviewed its processes and the improvement plan had been revised to ensure actions were clearly identified, timeframes identified and who was responsible for completing them.

### **Risks to patients**

Systems were in place to assess, monitor and manage risks to patient safety.

- The practice manager confirmed that all staff had access to the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events, incidents and near misses. All staff had received in-service training in the use of the system and the practice manager had carried out competency checks of staff logging onto the system. Minutes of practice meetings confirmed that significant events continued to be discussed and the importance of reporting all incidents emphasised.
- The member of staff with the lead for health and safety had still not received training. The practice manager advised us that this training had been requested through the correct channels but no confirmed training had been agreed. They did highlight that there was a health and safety advisor for the camp who was available if the practice needed any advice regarding health and safety matters.
- The practice manager confirmed that panic alarms had been installed in the treatment and consultation rooms.
- To avoid staff wedging open the fire doors, automatic door closures had been ordered for the fire doors. The practice manager said they were waiting for these to be fitted.
- The practice manager confirmed that patients no longer waited outside the treatment room for 20 minutes after receiving an injection to ensure their safety. They now returned to the main waiting area which was routinely monitored. Therefore, staff could respond in a timely way in the event of a medical emergency. A small area of the waiting room could not be observed from reception and the practice manager provided evidence to confirm a convex mirror had been ordered to address the matter.

**Are services responsive?**

**Good**

**We rated the practice as good for providing responsive services.**

Following our previous inspection, we rated the practice as requires improvement for providing responsive services. This was because patient access to medical cover between 16:00 when the practice closed and 18:30 hours was not in accordance with the organisational policy for 'shoulder cover' which requires patients to have access to a GP between the hours of 08:00 and 18:30 every week day.

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

### **Responding to and meeting people's needs**

- In response to the cultural needs of the patient population, we made a recommendation about gender balance of the staff team, particularly in relation to recruiting new clinical staff. At the time of this inspection there was a more balanced gender mix in the clinical team. The practice manager advised us they would take into account population and cultural needs, and communicate this to the regional team when next recruiting for clinical staff.
- Since the last inspection, staff had been made aware of the DPHC's 'Big Word' translation service and how to access it. Information about this service was located in all consultation rooms. The practice manager said there had been no occasions when staff had needed to seek non-medical staff from the guard room to act as interpreters.

### **Timely access to care and treatment**

Since the last inspection, arrangements had been put in place so that patients had access to the duty doctor at RAF Northolt Medical Centre between 17:00 and 18:00 hours. This was communicated to the patients through the practice leaflet and a notice, displayed throughout the practice, was provided by Northolt Medical Centre. From 18:30 hours, patients could contact NHS 111.

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

### **Governance arrangements**

Improvements had been made to the governance system which supported the delivery of good quality care.

- The staff team had been made aware of the DPHC translation service and how to access it. This ensured information governance was in accordance with the Caldicott Principles.
- Improvements had been made to premises to maximise the health and safety of patients, staff and visitors to the building.
- Arrangements had been put in place for patients to access a doctor between 16:00 and 17:00.
- The approach to infection prevention and control audit was better structured.
- Safeguarding procedures had been strengthened.

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- The process for managing significant events had been reviewed and the practice was now working in accordance with DPHC policy.
  - The cultural needs of the population were taken into account and would be considered when recruiting clinical staff in the future.

**Engagement with patients, the public, staff and external partners**

- The practice manager advised us the setting up of a patient participation group had been discussed but it was decided that this was not a suitable approach for the patient population. The practice was continuing to explore alternative options.
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