

# Benson Medical Centre

## Quality report

Wallingford  
Oxon  
OX10 6AA

Date of inspection visit:  
10 October 2018

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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, patients, the public and other organisations.

### Ratings

Overall rating for this service	Good 
Are services safe?	Good 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive to people's needs?	Good 
Are services well-led?	Outstanding 

# Chief Inspector's Summary

## **Benson Medical Centre is rated as Good overall**

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? - Outstanding

We carried out an announced comprehensive inspection of Benson Medical Centre on 10 October 2018.

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.

### **The overall findings from the inspection:**

- The practice had clear systems to manage risk so that safety incidents were less likely to happen. When incidents did happen, the practice learned from them and improved their processes.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety. The system for second checking medicines, gas signage, and the complete audit trail of prescription pads could be further improved.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence-based guidelines.
- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it. Access to routine physiotherapy appointments could be improved.
- We saw many examples of collaborative working and sharing of best practice to promote better health outcomes for patients.
- Staff were aware of current evidence based guidance. They had received training so they were skilled and knowledgeable to deliver effective care and treatment.
- Nursing staff delivered care at a satellite clinic on the base to meet the needs of patients. These were above and beyond those expected of nursing staff.
- There was evidence to demonstrate quality improvement was embedded in practice, including the outcome of clinical audit used to drive improvements for patients.
- The practice proactively sought feedback from staff and patients which it acted on. Results from the Defence Medical Services (DMS) patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- There was a clear strong leadership structure and staff felt engaged, supported and valued by management.
- Staff were aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.
- The practice had established a patient participation group but this was in its infancy.
- The practice had a comprehensive governance system in place and all staff understood their role and responsibilities in the structure.

### **The Chief Inspector recommends:**

- A review of the arrangements for the complete safe management of medicines to ensure they are in accordance with DPHC policy.
- Review the arrangements for the management of Legionella.
- Ensure the alarm system is fully working and functional.
- Ensure systems are in place to identify carers.
- Ensure timely access to physiotherapy appointments.

### **Notable Practice**

- The practice participated in a monthly aviation medicine dial-in; this was a telephone conference held by aviation trained GPs and the flight safety team at another local military medical centre. All the doctors (including locums who were aviation trained) had protected clinic time to dial-in. This was an opportunity for clinicians to update on air safety incidents related to aviation medicine, and any aviation medicine updates such as changes in policy.
- The nurses ran a monthly satellite clinic on the station to assist with force preparation work. The nurse conducted a survey in August 2018 to gauge how useful patients felt the clinic was. The results were 100% positive expressing satisfaction in its convenience and the quality of care provided.
- The practice had devised a “confidentiality card”, these were available in the waiting room for patients to just pick up and present to reception where upon the receptionist would understand that the patient wanted to speak to someone confidentially and not at the main desk.
- The system used for repeat ordering system was by a computer system to request prescriptions electronically, it pre-populated information into the repeat request form, this was a safe and effective way of managing repeat medicines.
- A systemic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. The practice was beginning to engage with the local CCG to achieve this.

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

## Our inspection team

The team that inspected Benson Medical Centre included a CQC lead inspector, and a team of specialist advisors including a GP, a practice manager, a nurse, two physiotherapists and a medicines team inspector.

## Background to Benson Medical Practice

Benson Medical Centre is a Joint Helicopter Command Main Operating base. The Joint Helicopter Support Squadron moved to Benson during the summer of 2016. Additional resident flying units are the Oxford University Air Squadron and 6 Air Experience Flight flying the Tutor aircraft. The Station also has a number of lodger units including the National Police Air Service, the Thames Valley Air Ambulance, the Rotary Wing Operational Evaluation and Training Unit, and the Medium Support Helicopter Aircrew Training Facility.

The practice provides primary and occupational healthcare to 1335 service personnel and to 690 civilian patients. They provide immediate and emergency care to an operational rotary wing airfield on a constant basis, 365 days per year. The services provided include routine nurse, doctor and medic clinics, duty doctor triage and consultation, adult and child immunisations, well woman clinics, fitness to deploy medical screening and routine occupational medicals. The Primary Care Rehabilitation Facility (PCRF) provides routine, urgent and aviation specific physiotherapy to service personnel, along with exercise rehabilitation support.

The practice is open on Monday, Tuesday, Thursday and Friday 08:00 to 17:00 and from 17:00 to 18:30 for urgent cases only. The practice opens on Wednesday 08:00 to 12:00 and is closed in the afternoon for staff training. Between 18:30 hours and 08:00 hours at weekends and on bank holidays, patients are diverted by a telephone message to NHS 111 services.

In addition to routine GP services, the practice provides a range of other services including minor surgery, immunisations, sexual health, smoking cessation, cervical cytology, over 40's health screen and chronic disease management. A PCRF and dispensary are located in the building. Maternity services are provided by NHS practices and community teams.

The practice team comprises a mix of military and civilian staff. The core team include five GPs (two Civilian Medical Practitioners, one four days a week, and three full time Medical Officers, one currently covered by a locum), a Practice Nursing Officer (PNO); three practice nurses; a pharmacy technician; two physiotherapists (one of these is absent due to sickness) and two exercise rehabilitation instructors (one covered by a locum). The practice is managed on a day-to-day basis by a full-time practice manager supported by 14 medics and seven civilian administrators (the work of a military medic is similar to that of a health care assistant in NHS GP practices but with a broader scope of practice).

## Are services safe?

**Good**

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

### Safety systems and processes

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

- A framework of safety policies was in place and were regularly reviewed and accessible to staff, including temporary staff. Staff received safety information about the practice they were working in and as part of their induction and during refresher training.

- Measures were in place to protect patients from abuse and neglect. Adult and child safeguarding policies were available and took account of local arrangements. 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. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. The chaperone policy and notices were displayed advising patients of the service.
- Measures were in place to highlight and monitor vulnerable patients, including the use of Read codes and application of alerts on electronic patient records. A central register of vulnerable patients was maintained. We looked at the register and noted all patients had alerts on their records. The Senior Medical Officer (SMO) attended station welfare meetings and this forum was used to discuss and monitor the needs of vulnerable patients. In addition to this, the medical centre held dedicated welfare meetings for clinical staff to discuss patients, these were also attended by the health visitor and SSAFA.
- 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 including a DBS check to ensure staff were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years. They also monitored each clinical member of staff's registration status with their regulatory body. All staff had professional indemnity cover. Information was in place to confirm staff had received the relevant vaccinations required for their role at the practice.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises were clean and tidy. There were cleaning schedules and monitoring systems in place. The senior practice nurse was the infection prevention and control (IPC) clinical lead. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Arrangements were in place for the safe management of healthcare, and systems for safely managing healthcare waste.
- Systems were in place to ensure facilities and equipment were safe. Electrical safety checks were undertaken in accordance with policy. Fire safety including a fire risk assessment, fire plan, firefighting equipment tests and fire drills were all in-date. Portable appliance and clinical equipment checks were up-to-date and records maintained.

### **Risks to patients**

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

- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. For example, they had received medical emergency training in the last 12 months in chest pain and post-partum haemorrhage.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Staff, including reception staff, had received awareness training in identifying and managing patients with severe infections, such as sepsis.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.

### **Information to deliver safe care and treatment**

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- Summarisation of records was completed on the patient electronic record system (referred to as DMICP) and were flagged for the nurse and/or doctor to review.

### **Safe and appropriate use of medicines**

The arrangements for managing medicines and vaccines were well managed. This included arrangements for obtaining, recording and handling of medicines. However, some areas were needing improvement;

- The UMO (Unit Medical Officer) was the lead for medicines management within the facility. A registered pharmacy technician provided dispensing services from the medical centre. In the absence of the pharmacy technician, the dispensing was outsourced to a local pharmacy.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. All staff who administered vaccines had received the immunisation training as well as the mandatory anaphylaxis training.
- Dispensed controlled and accountable drugs were not second checked by another person, this is not in keeping with the DPHC policy. Monthly and quarterly checks although completed did not have two signatures. The controlled drugs keys were held in a secure key press, access to this was limited. The keys were sealed in an envelope. Access to the dispensary was by means of keys held in a tamper proof envelope held in the safe, these were logged out when required.
- There was no warning signage for locations where oxygen was stored.
- Repeat prescriptions were only accepted by email or in person and were reviewed regularly with the patients. Repeat medicines were processed within 48 to 72 hours. A recent audit of this time frame showed 100% compliance. The system used for repeat ordering system was by a computer system to request prescriptions electronically, it pre-populated information into the repeat request form, this was a safe and effective way of managing repeat medicines.
- All prescription pads were stored in the dispensary which was locked at all times and entry was restricted. All forms were booked out of the bound register and signed out by individual prescribers. However, there was no record of receipt numbers for the prescription forms, thus any going missing from the dispensary would not be identifiable. The practice agreed this would be completed.
- High risk medicines were managed effectively. We saw three patients who were prescribed these and all three had shared care agreements in place. We saw these patients were regularly monitored with blood tests undertaken at the required times as per the shared care agreement. We saw that patients were kept updated about their medicines including information leaflets from the national pharmaceutical association.
- Standard operating procedures (SOPs) were in place to support a safe dispensing practice. There was a system for staff to record that they had read and understood them.
- All MHRA safety notices and alerts were correctly logged on a spreadsheet with hyperlinks to the relevant webpage for the alert or safety notice. Only those alerts considered to be relevant were sent to the clinical staff. For Example, a safety notice in relation to Sodium Valproate (a medicine primarily used to treat epilepsy) was shared with prescribing staff and a search took place to determine females of child bearing age who were on the medicine.

- PGDs (Patient Group Directions) and PSDs (Patient Specific Directions) were in use to allow non-prescribing staff to carry out vaccinations in a safe way. PGDs were appropriately managed as staff had received training and authorisation by the SMO had been recorded. All had completed their relevant vaccine administration training. Vaccines were not administered by the medics.
- Out of hours, secondary care prescriptions and amendments to current therapy as directed by secondary care were receipted and scanned onto the system. A message was sent to the referring doctor to action anything that was necessary. In the absence of the referring doctor, the duty doctor was tasked to action any medication changes.

### Track record on safety

The practice had a good safety record.

- The practice manager was the lead for health and safety at each of the locations and had completed training relevant for the role. Risk assessments pertinent to the practice were in place including patient handling, needle stick injury, lifting and handling and lone working. A water test for Legionella had been completed but there was no “flush” plan done or any risk assessment in place to support this. The PCRf had a specific risk assessment for the safe use of needle acupuncture.
- There was an alarm system in only some areas of the practice and staff had individual alarms to summon assistance in the event of an emergency. We tested the main alarm on the day and found that the alarm worked well. However, on its sounding staff were unable to locate where it was due to a fault on the indicator panel. The practice agreed to raise this as a fault and ensure it was repaired.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was an electronic organisational-wide system (referred to as ASER) for recording and acting on significant events, incidents and near misses. The civilian practice nurse was the lead for the process and all staff had access to the system.
- Significant events and other incidents were investigated with a root cause analysis undertaken to determine what went wrong. Staff told us that the outcomes of all significant events were discussed at the practice healthcare governance meetings and were followed up by a review after six months. A quarterly analysis of significant events was undertaken and forwarded to the regional team. It was also discussed at the quarterly ASER meetings. In addition, the PCRf staff discussed any raised significant events for their team at the weekly PCRf meeting.

<b>Are services effective?</b>	<b>Good</b>
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We rated the practice as good for providing effective services.

### Effective needs assessment, care and treatment

The practice assessed needs and delivered care in accordance with relevant and current evidence based guidance and standards.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients’ needs. We saw evidence which showed there were processes in place to review updates, discuss these with clinical colleagues to ensure evidence-based best practice was updated in line with amendments.

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Audits were undertaken stemming from NICE recommendations, for example, for the management of tonsillitis.

- We saw many examples of collaborative working and sharing of best practice to promote better health outcomes for patients. For example, the practice had NHS consultants visit every month to discuss clinical topics, for example, most recently gynaecology and muscular skeletal injuries. All practice staff were invited to attend.
- The practice participated in a monthly aviation medicine dial-in; this was a telephone conference held by aviation trained GPs and the flight safety team at another local military medical centre. All the doctors (including locums who were aviation trained) had protected clinic time to dial-in. This was an opportunity for clinicians to update on air safety incidents related to aviation medicine, and any aviation medicine updates such as changes in policy.

### **Monitoring care and treatment**

The practice had a good chronic disease management plan in place managed by the practice nurses. Patients were recalled appropriately and patients received effective, individually personalised care.

The practice used data collected for the Quality and Outcomes Framework (QOF) 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 Defence Medical Services (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 DPHC practices, we are not using NHS data as a comparator.

The practice provided the following patient outcomes data to us from their computer system on the day of the inspection:

- There were 10 patients on the diabetic register. DMICP records for these patients showed that cholesterol levels had been measured for all and were 5mmol/l or less. For nine patients, their last blood pressure reading was 150/90 or less which is an indicator of positive blood pressure control.
- There were 44 patients recorded as having high blood pressure. All patients had a record for their blood pressure taken in the past nine months. Thirty-five patients had a blood pressure reading of 150/90 or less.
- There were 44 patients with a diagnosis of asthma. Thirty-six patients had an asthma review in the preceding 12 months which included an assessment of asthma control using the three Royal College of Physicians questions.
- There were 118 patients being treated with depressive symptoms. We looked at the clinical records of six patients identified on the system as being treated for depressive symptoms. We were assured their care was being effectively and safely managed, often in conjunction with other relevant stakeholders such as the welfare team and the Department of Community Mental Health (DCMH). The system showed that 24 patients had been referred to the DCMH in the last 12 months.

Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Service personnel may

encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). Data we were provided with for the Group Practice showed:

- 95% of patients had an audiometric assessment within the last two years compared to 86% regionally and 85.5% for DPHC nationally.
- There was evidence that clinical audit was taking place. Audit activity was recorded and monitored by the practice managers through the healthcare governance (HCG) workbook, a system that brings together a comprehensive range of governance activities, including the risk register, significant events, patient safety alerts, Caldicott log, building fault log, quality improvement and audit. An audit calendar was in place that identified the audits to take place going forward.
- Clinical audits undertaken for the practice included: a minor surgery audit, long term condition audits, prescribing audits, childhood immunisations, chronic disease management and high-risk medicines.
- Audits carried out by the PCRf included an audit of the uptake of urgent referrals slots in the PCRf (March to August 2017). It showed only 25% of the urgent appointments were used. However, to date the practice had not moved forward with this or changed the system to use appointment slots more effectively by possibly moving routine patients into those free slots. No re-audit has been completed.

## **Effective staffing**

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The practice demonstrated a positive training ethos. Staff told us they were supported to develop their skills and encouraged to participate in training. Some staff were studying for GCSEs, NVQs, a nursing mentorship course and degrees. The SMO had just completed a Post Graduate Certificate in Medical Education.
- A comprehensive generic induction pack was in place for newly appointed staff. The induction pack took account of the specific requirements and culture for the practice. Role specific induction packs were also in place. We particularly noted the induction for clinical staff was thorough and competency based to ensure clinical staff were fully skilled in all aspects of military based primary care.
- Staff had access to one-to-one meetings, appraisal, coaching and mentoring, clinical supervision and support for revalidation. Clinical staff were given protected time for professional development and evaluation of their clinical work.
- Clinical staff had established a strong peer review programme which facilitated extended learning and sharing of best practice.

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- There was a clear approach for supporting and managing staff when their performance was poor or variable.
  - The practice nurses attended registered nurse forums and locally arranged study days where possible. They had links with another military practice who had a similar population at risk and made good use of sharing good practice. Benson Medical Centre hosted a two-week placement for a nurse for clinical supervision and mentoring support.

### **Coordinating care and treatment**

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- We found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services. We also noted that the practice was beginning to actively engage with the local Clinical Commissioning Group (CCG).
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- A systemic approach was taken to working with other organisations to improve care outcomes and tackle health inequalities. The practice was beginning to engage with the local CCG to achieve this. We also saw evidence to show that when patients could not access the care they needed the practice was proactive in finding a solution. For example, vasectomies were no longer being commissioned by the local CCG, as a result a GP from the practice successfully liaised with NHS England and found another provider who would undertake this procedure.
- Records showed that all appropriate staff, including those in different teams, services and organisations were involved in assessing, planning and delivering care and treatment appropriate to the needs of each individual patient.
- Clinical meetings to discuss patients were held each month between the physiotherapists and doctors. Patients referred to the PCRf were reviewed every two to four weeks. PCRf staff referred patients to other clinics if it was deemed appropriate to their rehabilitation, such as weight management and smoking cessation.
- The SMO and a representative from the PCRf attended Unit Health Committee (UHC) meetings to update unit commanders on medically downgraded patients. In addition to UHC meetings, the SMO attended welfare meetings where the needs of vulnerable patients, including patients with mental health needs were discussed.

### **Supporting patients to live healthier lives**

Staff were consistent and proactive in helping patients to live healthier lives.

- Records showed, and patient feedback confirmed, that staff encouraged and supported patients to be involved in monitoring and managing their health. Staff also discussed changes to care or treatment with patients as necessary.

- The practice supported national priorities and initiatives to improve the population's health including, stop smoking campaigns and tackling obesity.
- Patients had access to appropriate health assessments and checks. Routine searches were undertaken to identify for patients eligible for bowel and breast screening.

It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. The following illustrates the current 2018 vaccination data for the practice patient population

- 98 % of patients were recorded as being up to date with vaccination against diphtheria compared to 94.5 % regionally and 94 % for DPHC nationally.
- 98 % of patients were recorded as being up to date with vaccination against polio compared to 94 % regionally and 94.5 % for DPHC nationally.
- 78% of patients were recorded as being up to date with vaccination against hepatitis B compared to 75.5 % regionally and 77 % for DPHC nationally.
- 94% of patients were recorded as being up to date with vaccination against hepatitis A, compared to 92 % regionally and 91 % nationally.
- 98 % of patients were recorded as being up to date with vaccination against tetanus, compared to 94.5% regionally and 95 % for DPHC nationally.
- 23% of patients were recorded as being up to date with vaccination against typhoid, compared to 35% regionally and 52% for DPHC nationally.

The typhoid vaccine has a lower uptake than other vaccinations. Current guidance state DMS practices should offer the typhoid vaccination to personnel before deployment and not to routinely vaccinate the whole population.

### **Consent to care and treatment**

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

<b>Are services caring?</b>	<b>Good</b>
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**We rated the practice as good for caring.**

### **Kindness, respect and compassion**

- We received 45 CQC comment cards completed prior to the inspection. All feedback in relation to how patients were treated by staff was positive. A theme identified overall was that patients felt respected and well cared for, with all staff showing kindness and respect. The two patients we spoke with echoed this view. The patient survey showed that 85% of patients felt that they were

involved in decisions made regarding their care; 84% would recommend the practice to friends and family,

- The practice had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit and from civilian facilities, including healthcare facilities.
- All patients admitted to hospital, including those unplanned admissions, were contacted whilst in hospital and offered a visit if required and ongoing support as needed.

### **Involvement in decisions about care and treatment**

Staff supported patients to be involved in decisions about their care.

- An interpretation service was available for patients who did not have English as a first language and all staff we spoke with were aware of how to access it.
- The Patient Experience Survey showed 85% of patients at Benson Medical Centre felt involved in decisions about their care, 14% did not respond and 1% said they did not feel involved in their care. Feedback from the CQC patient feedback cards supported this positive outcome.
- Processes were in place to identify patients who also had a caring responsibility so that additional support or healthcare could be offered if needed. The new joiner's registration form included a question about caring responsibilities. Alerts could be used on DMICP to identify carers. At the time of the inspection there were no carers identified at the practice, although when we looked at clinical records we were able to identify several patients who clearly required the support of a carer who was also a patient at this practice. We discussed this with the practice and they agreed that they would look at new ways to encourage carers to identify themselves.

### **Privacy and dignity**

The practice respects the privacy and dignity of patients.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Clinic room doors were closed during consultations.
- The layout of the reception areas meant that conversations between patients and reception could not be easily overheard. A television was on and minimised conversations being overheard. Reception staff said that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. The practice had devised a "confidentiality card", these were available in the waiting room for patients to just pick up and present to reception where upon the receptionist would understand that the patient wanted to speak to someone confidentially and not at the main desk.
- We saw that the PCRf had identified an issue with confidentiality as patients were sitting close to each other, back to back with conversations being overheard. The PCRf staff had made positive changes to improve this by improving the layout of the room.

**Are services responsive to people's needs?**

**Good**

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

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

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- Staff understood the needs of its population and tailored services in response to those needs. For example, the practice has been using a text message service to remind patients of physiotherapy, remedial instructor and formal medical appointments. An audit had recently been conducted of the uptake of physiotherapy appointments and this service was to be used for all booked appointments.
- The practice recognised they had no staff appropriately trained to fit contraceptive coils so they worked with the nearby NHS practice who agreed to undertake the procedures on their behalf when required.
- The nurses ran a monthly satellite clinic on the station to assist with force preparation work. The nurse conducted a survey in August 2018 to gauge how useful patients felt the clinic was. The results were 100% positive expressing satisfaction in its convenience and the quality of care provided.
- The practice offered flexible appointment times for children after school and late/evening afternoon well women clinics for those patients who worked in the daytime.
- The Medical Centre provided information to the practice population through regularly updated electronic Station noticeboards (televisions with USB presentation) and use of Station community social media.
- The facilities and premises were appropriate for the services delivered and to meet patient need. An access audit as defined in the Equality Act 2010 had been completed for the premises and reasonable adjustments had been made based on the patient population need. The practice could support patients who were wheelchair users or who had limited mobility. A wheelchair was available in reception. The practice had designated parking spaces for these patients. There was a baby changing facility available.

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

- The practice was open on Monday, Tuesday, Thursday and Friday 08:00 to 17:00, and from 17:00 to 18:30 for urgent cases only. The practice opened on a Wednesday 08:00 to 12:00 midday and was closed in the afternoon for staff training.
- No extended hours were routinely offered but bespoke appointments were made for shift workers or anyone that could not attend in core opening hours. A duty medic was on call 24 hours a day at 10 minutes notice for any aircraft incidents.
- Details of how patients could access the GP when the practice was closed were available through the base helpline. Details of the NHS 111 out of hours service was also displayed on the outer doors of the medical centre and in the practice leaflet.
- The NHS community midwife held a weekly clinic at the practice.
- The practice had a dispensary which is open Monday to Thursday 08:30 to 16:50, it was closed on Wednesday afternoon and daily from 11:50 to 13:30. On a Friday it was open 08:30 to 15:15.
- The PCRf was open 08:00 to 17:00 hours. Only aircrew could access the PCRf by direct referral. On the day of the inspection there was an Exercise Rehabilitation Instructor (ERI) appointment available the following day but to see a physiotherapist the wait was 20 working days. Due to the long waiting list the GPs were able to refer directly to an ERI as per DPHC policy.
- Patients with an urgent need were seen on the same day by the duty GP. All adult patients were triaged by medics who referred on to a nurse or GP as required, children were seen by medical officers. (A military medic delivers healthcare similar to a healthcare assistant in the NHS but has a greater scope of duties).

- The patient experience survey showed that 96% of patients at the practice were satisfied with the location of their appointment. We saw 95% of patients said that their appointment was at a convenient time and 96% of patients thought that that the building was in a convenient location.
- Home visits were available but this service was little used. Telephone consultations could be booked and these were recorded in the patients notes. Out of hours arrangements were established with a duty medic being available until NHS 111 was available at 18:30 hours.

### **Listening and learning from concerns and complaints**

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information was available and displayed to help patients understand the complaints process.
- The practice worked with the DPHC complaints policy and procedure. The Warrant Officer was the designated responsible person for handling all complaints. We saw the practice leaflet contained the direct telephone number and email address to contact them if required.
- The patient survey showed that 81% of patients said they felt their concerns were listened to, 19% of patients said this was not applicable to them at this time.
- A log of both written and verbal complaints was maintained. Benson Medical Centre had received eight complaints since May 2017, all of which had been effectively managed with no emerging theme. A system was in place to review complaints, including an annual complaints audit.

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

### **Leadership capacity and capability**

We found the management team had the capacity, experience, skills and tenacity to deliver high-quality, sustainable care.

- Everything we saw on the inspection day, and communications with the practice following the inspection, supported this.
- There was a clear leadership structure and staff felt supported by management. Staff told us the practice leaders were approachable and always took the time to listen to all members of staff.
- The practice held and minuted a range of multi-disciplinary meetings including meetings with health visitors to monitor vulnerable families and safeguarding concerns.
- There was a comprehensive meetings programme in place and the practice held regular whole team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were regular.
- The practice was a positive training organisation and had been accredited as a training practice for GPs.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the SMO encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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- There were clearly allocated responsibilities in the practice with named deputies for cross coverage and resilience in the event of absence from the practice.
  - The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The leaders encouraged a culture of openness and honesty.

### **Vision and strategy**

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- The practice vision was “To provide safe, holistic and high-quality healthcare.” Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The medical centre planned its services to meet the needs of the practice population.

### **Culture**

The practice had a culture of good quality sustainable care.

- Staff stated they felt respected, supported and valued.
- The practice focused on the needs of patients.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints.
- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- There was a strong emphasis on the safety and well-being of all staff. This included staff being supported to continue their participation in sport, for example table tennis and rugby tours.

### **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 was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas.
  - A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice. The Civilian Medical Practitioner (CMP) monitored achievement against clinical indicators in QOF and reported if there were areas which required focus.
  - There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. We saw comprehensive risk assessments and subsequent actions to mitigate risks such as fire and infection control.
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- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### **Managing risks, issues and performance**

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to patient safety.
- The practice had processes to manage current and future performance. Practice leaders had oversight of safety alerts, incidents, and complaints.
- Plans were in place for major incidents and staff were familiar with how to respond to a major and/or security incident.

### **Appropriate and accurate information**

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- There were good arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

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

The practice involved patients, staff and external partners to support high-quality sustainable services:

- A patient experience survey was undertaken throughout the year and a suggestion box was in the patient waiting room.
- The practice engaged with external partners in the development of policies and procedures. It had put in place measures to engage and develop relationships with local health and social care providers.
- The practice, including a representative from the PCRf, attended unit welfare meetings each month.
- Patients through the patient participation group (PPG) and through surveys and complaints received. To date PPG meetings had been attended by one patient each time, although this was a different patient on each occasion.
- Staff through a staff survey, staff meetings, appraisals and one to one monthly discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### **Continuous improvement and innovation**

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking. From minutes of meetings we reviewed, we noted that the leadership of the practice focussed on improving the quality of care for all patients. Improvements

implemented were evident from the quality improvement projects. For example, the implementation of a satellite clinic to ease force protection work, co-ordinated working with the local CCG and NHS practice to ensure patients receive the care they require in a timely way. Patient confidentiality was held in high regard and the practice were always looking to improve, most recently by the introduction of the confidentiality card.

- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements