

Chicksands Medical Centre

Quality report

Shefford
Bedfordshire
SG17 5PR

Date of inspection visit:
04 June 2019

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3 July 2019

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 by the practice and patients.

Ratings

Overall rating for this service

Good 

Are services effective?

Good 

Chief Inspector's Summary

This practice is rated as good overall.

The key questions are rated as:

Are services effective? – Good

We previously carried out an announced comprehensive inspection at Station Medical Centre Chicksands on 5 October 2017. The practice was rated as good overall but requires improvement for providing effective services.

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 an announced focussed inspection at Station Medical Centre Chicksands on 4 June 2019. This report covers our findings in relation to the recommendations made and any additional improvements since our last inspection.

Defence Medical Services (DMS) are not registered with the CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014 and are not required to be. Consequently, DMS services are not subject to inspection by the CQC and the CQC has no powers of enforcement. This inspection is one of a programme of inspections that the CQC will complete at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability.

At this inspection we found:

- A programme of quality improvement work was in place and was starting to prompt improved outcomes for patients.
- The practice had improved processes to include a failsafe system for the tracking of referrals and specimen samples.
- Training arrangements had been improved and a catch-up programme ensured mandatory training for all staff had been completed or planned.
- The practice had upskilled staff on the use of the electronic clinical system and we saw that it was being used for the effective management of patient care.
- Following a recommendation at the last inspection, the practice had developed a plan to facilitate active response to patient feedback. Comments and complaints were recorded, acted on and used when deciding on practice objectives.

Dr Rosie Benneworth BM BS BMedSci MRCGP
Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

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

Background to Chicksands Medical Centre

Chicksands Medical Centre is located in Shefford, Bedfordshire. The treatment facility offers care only to forces personnel. Families and dependants are not normally registered and signposted to local GP services. At the time of the inspection, the patient population was approximately 1,350 patients. The practice also provides care to any of the students, when required, who are at the barracks on a temporary basis whilst on educational and specialist courses. These students are not registered as patients at the practice unless their stay is for a minimum of six weeks. Occupational health services are also provided to personnel, a small number of reservists and foreign service personnel.

In addition to routine GP services, the treatment facility offers physiotherapy services and travel advice. An NHS sexual health clinic in Bedford was available for patient self-referral, or where patients can be referred to. Family planning advice is available, with referral onwards to NHS community services, if required. Maternity and midwifery services are provided by NHS practices and community teams. Patients requiring these services can register as a temporary patient with one of the local community-based GP practices.

The Centre had mainly civil service health workers, many of whom have a military background. There is one military administration post that was vacant at the time of the inspection. There are 16 posts and the current establishment and staffing gaps are outlined in the table below:

Position	Numbers
1 Senior Medical Officer (SMO) 2 Unit Medical Officers (UMO)	3 civilian GPs in post (2 whole time equivalent)
Military Practice Manager	1 civilian staff in post
Nurse	3 civilian nurses in post (one full time post Band 7, one full time band 6 and one part time band 5)
Administrative support	1 civilian receptionist 1 civilian administration support 1 civilian administration support (0.7 WTE gapped)
Pharmacy Technician	1 civilian in post

PCRf staff	2 physiotherapists one full time band 6 and one full time band 5 1 full time exercise rehabilitation instructor (gapped)
Contracted staff	2 domestic staff members

Are services effective?	Good
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We rated the practice as good for providing effective services.

At the October 2017 inspection we made the following recommendations:

- A programme of clinical audit be introduced to measure patient outcomes and identify where improvements can be made.
- The introduction of failsafe systems that all GPs can access, to follow up on referrals made, and bloods and samples (other than cytology) sent for analysis.
- Training for all clinicians on the Mental Capacity Act 2005.
- Training for all staff in adult safeguarding, relevant to the role.
- A review of staff training in use of the electronic patient record system to assure it is effective. For example, staff could now run searches, create specific patient registers such as a carers' register, provide assurance around patient recall systems, easily identify vulnerable patients and produce accurate performance data.
- Development of a plan to facilitate active response to patient feedback and ensure that comments and complaints are recorded.

At this inspection we found the practice had responded positively and had addressed each of the recommendations made.

Monitoring care and treatment

The practice had implemented an effective system to monitor referrals. A tracker was used to follow the patient journey from referral to confirmation that the patient had been seen. Urgent referrals were highlighted.

A protocol had been created to ensure a failsafe system for processing specimen samples. A register of samples together with the patient's identification number were kept and maintained by the nurses. Paper and electronic results received back to the practice were directed to the requesting GP. Cross cover was possible with each GP able to access each other's results. At each clinic, GPs were given allocated time to check results. Nurses checked the specimen logs daily to ensure GPs had acted on results. Audits carried out showed that the system was failsafe. Patients who had provided samples were given a slip to advise on how to obtain their test results.

There was evidence of quality improvement work including clinical audit and this had led to improved outcomes for some patients:

The practice had implemented a programme of clinical audit relevant to the practice population. The programme included clinical audits as well as administrative audits and second cycles had been completed or planned to demonstrate ongoing improvements in outcomes for patients. For example:

- A gout audit was undertaken in October 2018 after the practice identified a sizeable patient population who suffered with gout. A total of 20 patients were identified and although six were on medication to reduce the urate levels (a cause of gout), only one patient had reached the recommended urate level target. The practice implemented a gout register and patients were recalled for treatment in line with National Institute for Health Care Excellence (NICE) guidelines. A second audit, undertaken in May 2019, demonstrated improvements; the register of patients with gout had increased to 23, 19 of which were within the recommended urate level.
- A second audit looked at a medication commonly used to treat heart failure and high blood pressure. A first cycle carried out in June 2018 highlighted that 50% of patients on the medication had received a kidney function test in the preceding 12 months. A search on patients carried out on the inspection day showed this had increased to 73%.
- Administrative audits that formed part of the audit programme included cleaning monitoring, grading reviews and analysis of waiting times.

Effective staffing

Since the October 2017 inspection, the practice manager had completed a programme that brought all staff up-to-date with mandatory training.

- A tracker was used to record when training had been completed and when refresher courses were due. Protected time had been introduced on Wednesday afternoons to allow staff to complete training. This included training for all staff on the Mental Capacity Act Staff which was supported by posters that detailed the key principles displayed in each clinical room.
- All clinical staff had completed level 3 safeguarding children training and level 2 adult safeguarding training. At the time of the inspection, DPHC had introduced a new training course for adult safeguarding level 3, the SMO had enrolled to attend this course in June 2019 (at the time of inspection adult safeguarding level 3 training was not mandatory)
- Staff had received training and were able to demonstrate how they used the electronic patient record system to assure it was effective. For example, staff were able to identify vulnerable patients. Patient registers were kept to manage those with a long-term condition and patients were recalled when an intervention was required. Patient recalls were made from a report run monthly and a checklist was signed each time to confirm that the patient had been contacted. The senior nurse was involved in the recall process to minimise the necessity to attend the practice multiple times by coordinating treatment and providing opportunistic treatment when a patient attended.