

# Blandford Garrison Medical Centre

## Quality report

Blandford Camp  
Blandford Forum  
Dorset  
DT11 8RH

Date of inspection visit:  
05 July 2019

Date of publication:  
16 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 Blandford Garrison Medical Centre on 26 June 2018. 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 this follow up inspection on 5 July 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 regular clinical meetings had been established.

The practice also addressed recommendations we made for the safe domain (rated as good). They included:

- The practice had improved arrangements for infection prevention and control.
- Action had been taken to minimise the risks to patients in the waiting room.
- A review had been carried out to consider possible improvements to support better patient confidentiality and privacy.

**Dr Rosie Benneyworth** BM BS BMedSci MRCP  
Chief Inspector of Primary Medical Services and Integrated Care

## Our inspection team

Our desk-based inspection was undertaken by a CQC inspector.

## Background to Blandford Garrison Medical Centre

Blandford Medical Centre provides primary care and occupational health primarily to Phase 2 and 3 students training for the Royal Corps of Signals. The medical centre offers care only to forces personnel. Families and dependants are not registered with the practice and signposted to local NHS GP services. The practice provides a service to approximately 1,100 permanent staff and course personnel, the majority of which are aged between 18 and 55 years old. Due to the varying length and complexity of Phase 2 and 3 courses, the patient population can fluctuate throughout the year as some trainees are based at Blandford for over a year.

In addition to routine GP services, the treatment facility offers rehabilitation services and travel advice. Family planning advice is available within the practice, maternity and midwifery services are provided by NHS practices and community teams. Mental health referrals are made to the Defence Mental Health Team (DCMH) at Tidworth.

The centre had mainly civil service health workers, many of whom have a military background. There is one civilian 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
<b>1 military Senior Medical Officer (SMO)</b> <b>2 Civilian Medical Practitioners (CMP)</b>	Three GPs in post (2.5 whole time equivalent)
<b>Military practice manager</b>	One
<b>Civilian Nurses</b>	Three civilian nurses in post (one full time band 6 and two full time band 5)
<b>Administrative support</b>	One civilian receptionist Two civilian administration support One civilian administration support ( 0.5 WTE gapped)
<b>Pharmacy Technician</b>	1 civilian in post

<b>Primary Care Rehabilitation Facility (PCRF) staff</b>	2 physiotherapists (one full time band 6 and one full time band 5)  2 full time exercise rehabilitation instructors regimental aid posts (RAP)
<b>Contracted staff</b>	2 domestic staff members

### How we carried out this inspection

To conduct this inspection, we contacted the practice manager in June 2019 and advised that we would be following up our findings of the inspection of June 2018. We reviewed information sent to us by the practice and conducted a telephone call with the practice manager.

As this was a follow-up inspection, we focused on the key question 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 effective?

**Good**

**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. The rating related to deficits associated with: evidence based practice, monitoring care and treatment and coordinating care.

From this inspection, we identified that reasonable action had been taken to address the shortfalls. The practice is now rated as good for providing effective services.

At the June 2018 inspection we made the following recommendations:

- Ensure that a formal meeting be introduced in which staff discuss and record relevant and current evidence-based guidelines and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

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

### Effective needs assessment, care and treatment

The practice held weekly clinical meetings and minutes were made available to those unable to attend. An update of National Institute for Health and Care Excellence (NICE) guidelines was a standing agenda item and we reviewed minutes from three clinical meetings held in May 2019 and June 2019. For each meeting, the minutes included a summary of any new or revised guidelines. For example, the meeting on 20 June 2019 included a summary of guidance for diagnosis, assessment and initial management of hyperparathyroidism (a condition where glands in the neck produce too much hormone causing blood calcium levels to rise). Any major change to clinical guidelines was added to the agenda of the monthly practice meeting and any urgent change was communicated to staff by email so as not to delay communication until the next scheduled

meeting. Clinicians presented examples of complex consultations at clinical meetings for group discussion. The nurses audited consultations held by the medics and this included a check that clinical guidelines were followed.