

Northwood HQ Medical Centre

Quality report

Sandy Lane
Northwood
Middlesex
HA6 3AP

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26 July 2019

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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, and information given to us by the practice and patients.

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Chief Inspector's Summary

This practice is rated as good overall.

The key questions are rated as:

Are services safe? – Good

We previously carried out an announced comprehensive inspection at Northwood HQ Medical Centre on 2 May 2017. The practice was rated as requires improvement overall, with a rating of requires improvement for the key questions of safe, effective and well-led. The practice was rated as good for providing caring and responsive services. We carried out an announced follow-up inspection on 10 July 2018. The practice ratings for providing effective and well-led services improved to good, however, we continued to rate the provider as requires improvement for providing safe services.

A copy of the reports from the previous inspections 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 26 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:

- Infection prevention and control processes had been strengthened to meet the requirements of the Department of Health national infection control guidance.
- A minor surgery outcomes audit was completed following the inspection in July 2018. No issues had been identified and annual repeated cycles were planned.

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

Our inspection team

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

Background to Northwood HQ Medical Centre

Northwood HQ Medical Centre is the home to Permanent Joint Headquarters and is responsible for the support of military operations worldwide. The population at Northwood HQ is in excess of 2,100 and this figure changes on a regular basis due to operational changes. The personnel located at Northwood HQ are UK Military Tri-service; Army, Air Force, Navy and members of foreign military organisations.

Families and dependants are not registered at the medical centre but can access services provided by NHS GP practices. Outside of practice hours, patient can access care through the NHS 111 service. In addition to routine GP services, the practice 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 Woolwich. The nearest hospital is Watford General Hospital.

The practice is staffed by military staff which make up the management team and are supplemented by civil service health workers. A number of temporary healthcare workers fill the current vacant posts due to difficulties in recruiting (the Principal Medical Officer is being covered by a Civilian Medical Practitioner. The physiotherapist, an exercise rehabilitation instructor and a pharmacy technician are all currently being covered by locums). There are 20 posts and the current establishment and staffing gaps are outlined in the table below:

Position	Numbers
Military Principal Medical Officer (PMO)	One (vacant, covered by CMP)
Military Deputy Principal Medical Officer (DPMO)	One
Civilian Medical Practitioners (CMP)	One (vacant due to PMO cover)
GP Registrars	One part-time
Military practice manager	One full-time
Nurses	Two nurses in post (one full-time military nurse and one part-time band 6 working 30 hours a week)
Administrative support	One full-time deputy practice manager One full-time front office manager

	<p>One full-time front office assistant manager (vacant)</p> <p>Two civilian receptionists</p> <p>One civilian administration support (medical secretary)</p>
Pharmacy Technician	One civilian in post (vacant)
Primary Care Rehabilitation Facility (PCRF) staff	<p>Two physiotherapists (one full-time band 6 and one part-time band 6 working 20 hours a week) (one vacant)</p> <p>Two exercise rehabilitation instructors (ERIs) (one full-time and one part-time working 24 hours a week) (one vacant)</p>
Contracted staff	Three domestic staff members

How we carried out this inspection

To conduct this inspection, we contacted the practice manager in July 2019 and advised that we would be following up our findings of the inspection of July 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 safe?

Good

We rated the practice as good for providing safe services.

Following our previous inspection, we rated the practice as requires improvement for providing safe services. The rating related to deficits associated with infection prevention and control (IPC), equipment testing, and governance processes that were not promoting patient safety as a priority.

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

At the July 2018 inspection we made the following recommendation:

- The management of IPC be improved to include the establishment of deep cleaning schedules and monitoring systems, and to meet the requirements of the Department of Health national infection control guidance.

At this inspection we found the practice had responded positively and had addressed the recommendation made.

Safe systems and processes

The evidence submitted showed that the practice had met the recommendation made at the last inspection and strengthened arrangements for IPC systems and processes. This included:

- A statement of requirement (SOR) submitted to the cleaning service provider and to the unit Chain of Command following the last inspection. This SOR used standards as per the NHS Cleaning Guidelines. The SOR included a list of cleaning requirements that was divided up into high risk areas, medium risk and low risk functional areas and a daily cleaning programme for each area. The practice said that the unit and the cleaning contractor had embraced the changes and carried out six monthly reviews.
- A deep clean of the medical centre was completed in Autumn 2018 and a periodic deep clean schedule established in January 2019 with implementation scheduled before October 2019.
- The practice identified that the deep clean could not be carried out effectively with the existing flooring. A 'change notice' submitted in June 2019 requested new flooring for the medical centre. The funding had been agreed for this request, however a schedule of works had not been completed.
- A comprehensive system had been implemented to monitor the effectiveness of the cleaning arrangements. This included a fortnightly audit completed by the contractor's cleaning manager (these were focussed reports that selected two areas for inspection, alternated every two weeks to cover the whole building) and a monthly report by the unit's contract monitoring team. In addition, the practice carried out their own annual IPC audit and had a six-month review focussed on those areas that were below the required standard at the previous audit.