

Aldergrove Medical Centre

Quality report

Aldergrove
Northern Ireland
BFPO 808

Date of inspection:
17 October 2019

Date of publication:
15 November 2019

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 

Chief Inspector's Summary

We carried out an announced comprehensive inspection of Aldergrove Medical Centre on 20 February 2018. The practice was rated as good overall, with a rating of requires improvement for the safe domain. The effective, caring, responsive and well-led domains were rated as good.

This announced follow up inspection was undertaken on 17 October 2019. This report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

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

The key question followed up as part of this inspection is rated as:

Are services safe? – Good

A copy of the reports from the previous 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 assessment and management of risks was comprehensive, well embedded and recognised as the responsibility of all staff.
- The arrangements for managing laboratory results and secondary referrals was safe and effective.

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

Our inspection team

The inspection was undertaken by a CQC inspector.

Background to Aldergrove Medical Centre

Aldergrove Medical Centre provides a primary care service to a registered patient population of 1,296 military personnel and their families. It provides a rehabilitation service to military personnel only. In addition, the medical centre is the lead facility in Northern Ireland for the provision of

occupational healthcare and rehabilitation services to a reserve population of approximately 2,500. The medical centre is a GP speciality training practice and was re-validated in April 2017.

Located in a single storey accessible building, the practice operates an appointment only system with emergency appointments available each day. As well as routine doctor/nurse appointments, clinics available to patients include: vaccination; travel health; cholesterol checks; well person; smoking cessation; asthma; family planning and blood pressure monitoring. A dispensary is available in medical centre. Affiliated services include physiotherapy, rehabilitation and podiatry, Department of Community Mental Health, community midwifery and health visiting.

The medical centre is open from 08:00 to 16:30 Monday to Thursday and closed for lunch 12:30 to 13:30. It is open on Friday from 08:00 to 13:00. Shoulder cover arrangements are in place until Dalriada Urgent Care becomes operational from 18:00 on weekdays. This service also provided emergency care on weekends and public holidays.

The staff team

| Position | Numbers |
|--------------------------------------|----------------|
| Senior Medical Officer (SMO) | one |
| Civilian medical practitioners (CMP) | three |
| Senior Nursing Officer (SNO) | one |
| Practice nurses | three |
| Practice manager | one |
| Deputy practice manager | one |
| Administrative staff | three |
| Pharmacy technicians | three |
| Physiotherapists | two |

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|---------------------------|-------------|
| Are services safe? | Good |
|---------------------------|-------------|

We rated the practice as good for providing safe services.

Following our initial inspection, we rated the practice as good overall with a rating of good for the effective, caring, responsive and well-led domains. The safe domain was rated as requires improvement for providing safe services. This rating was in relation to risks associated with safeguarding arrangements, staff safety, secondary referrals and the management of samples. We made the following recommendations:

- An adult safeguarding policy is developed for the practice that reflects local arrangements.
- Staff have access to an alarm system so that they can summon assistance in an emergency.
- Regional level work is pursued to ensure that referrals to secondary care are not lost within the NHS system.
- Regional level work is pursued to ensure that the risks associated with no Lablinks/DMICP interface are mitigated.

From this follow up inspection, we found the recommendations had been met. Following our review of the evidence provided, the practice is now rated as good for providing safe services.

Safety systems and processes

- Measures were in place to protect patients from abuse and neglect, including adult and child safeguarding policies. Both policies reflected relevant legislation and local requirements including contact details of outside agencies.
- Staff working at the practice, had received safeguarding training and update training at a level appropriate to their role.

Information to deliver safe care and treatment

- Planned secondary healthcare referrals were electronically generated from the practice to the central team (MPAC) who acted as the liaison between primary and secondary care within Northern Ireland. MPAC maintained registers of referred patients and as such monitored care pathways and timelines. Alongside this process the practice had rigorous processes in place to monitor referrals. Referrals were followed up if there were any concerns in relation to inactivity or delays with patients being seen. There had been no incidents regarding lost referrals since that last inspection.
- A working group has been established between the Ministry of Defence, the Business Support Organisation (BSO) and NHS Northern Ireland in order to consider future working and joint working between primary and secondary care.
- The system for managing tissue samples sent for analysis was both stringent and time intensive. This was because Lablinks and the electronic patient record system (referred to as DMICP) did not communicate with each other. A standard operating procedure (SoP) was in place with the aim to ensure samples were taken safely, appropriately recorded on DMICP and results reviewed and actioned by the appropriate clinician in a timely manner (routine results were available within two days). We found that samples and results were effectively managed in accordance with the SoP.

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- This included daily checks of the samples log and any outstanding results being followed up. Results received at the practice were logged, dated, stamped and scanned onto the patient's record. They were then passed to the doctor to review. We saw that monthly audits were undertaken and they showed 100% compliance.

Track record on safety

- The staff emergency call system in consultation and treatment rooms had not been in working order for some time. The practice manager had reported this and had added it to the risk register. To mitigate this risk all staff had been issued personal alarms to be used to summon support in the event of an emergency.
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