

Halton Medical Centre

Halton, Aylesbury, Buckinghamshire, HP22 5PG

Defence Medical Services inspection report

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 given to us by the practice and patient feedback about the service.

Overall rating for this service	Good	
Are services safe?	Requires improvement	

Contents

Summary3

Are services safe?.....7

Summary

About this inspection

We carried out an initial announced comprehensive inspection of Halton Medical Centre on 26 March 2024. We rated the service as good overall with a rating of requires improvement for the safe key question. The effective, caring and well-led key questions were rated as good. The responsive key question was rated as outstanding.

A copy of the previous inspection report can be found at:

www.cqc.org.uk/dms

We carried out this announced focused follow up inspection on 17 June 2025. The report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

As a result of the inspection the practice the rating for safe remains as requires improvement for the safe key question in accordance with the Care Quality Commission's (CQC) inspection framework.

CQC does not have the same statutory powers with regard to improvement action for the Defence Medical Services (DMS) under the Health and Social Care Act 2008, which also means that the DMS is not subject to CQC's enforcement powers. However, as the military healthcare regulator, the Defence Medical Services Regulator (DMSR) has regulatory and enforcement powers over the DMS. DMSR is committed to improving patient and staff safety and will ensure implementation of the observations and recommendations within this report.

This inspection is one of a programme of inspections the CQC will complete at the invitation of the DMSR in its role as the military healthcare regulator for the DMS.

At this inspection we found:

- Improvements had been made to:
 - clinical searches and clinical coding for vulnerable patients
 - the identification and monitoring of firearm licence and shotgun certificate holders
 - paediatric life support
 - medicines management
 - system access for all staff to report significant events and incidents.
- Not all the issues and risks with the infrastructure had been addressed.

We identified the following notable practice, which had a positive impact on patient experience:

As Defence Primary Healthcare (DPHC) policy does not require clinicians in primary medical services to undertake PILS training, the practice added a paediatric pathway to the Basic Life Support (BLS) training delivered by the practice lead for patient services and training. We reviewed the training programme and the pathway for children and babies was sufficiently detailed to support staff in the event of a medical emergency. All staff had completed the revised BLS training programme. Feedback suggested this additional paediatric training had increased staff confidence in the event of a medical emergency involving a child.

The Chief Inspector recommends to DPHC and the wider organisation:

Without delay, ensure improvements are made to the infrastructure to meet health and safety standards, including those related to the Health and Social Care Act 2008: 'Code of Practice about the prevention and control of infections and related guidance'.

We made no recommendations to the practice

Professor Aidan Fowler

Interim Chief Inspector of Healthcare, covering Secondary and Specialist Care and Primary and Community Care

Our inspection team

The inspection team was led by a CQC inspector supported by both a pharmacist and practice manager specialist advisor.

Background to Halton Medical Centre

Halton Medical Centre provides a primary care service to a patient population of 1,650 comprising service personnel, families and entitled civilians. Medical centre facilities include a Primary Care Rehabilitation Facility (PCRF) and dispensary; both located within the building.

The operational focus for the medical centre is to support recruit training to ensure Aviators Training Academy (referred to as AvTA) Phase 1 students are fully fit to pass their training and commence a specific trade training. Phase 1 students undergo a 10-week course and there are intakes of 80-120 students every 2 weeks.

The medical centre is staffed from 07:00-18:30 hours Monday to Friday. A duty doctor is available until 18:30 hours. Patients have access to NHS 111 access out-of-hours. The PCRF was open Monday to Friday 08:30-12:00 hours for recruits only. Monday to Thursday 12:00-17:00 hours and Friday 12:00-17:00 hours was for other military patients.

The medical centre does not provide airfield medical cover as the airfield is covered by the NHS.

The staff team

Doctors	Senior Medical Officer Deputy Principal Medical Officer Civilian medical practitioner x 4 (2 full time; 2 part time) Locum GP x 1 General Duties Medical Officer
Nurses	Principal Nursing Officer Military nurses x 1 Band 6 practice nurse x 1 Band 5 practice nurse x 1 Locum nurses x 1
Practice management	Warrant Officer Practice manager Deputy practice manager
Administrators	Six – 3 x full time; 3 x part time
Pharmacy technician	One
PCRF	OC physiotherapist

	Two physiotherapists (1 full time; 1 part time) Locum physiotherapists x 1 Exercise rehabilitation instructor
Medics	Eight

Are services safe?

We rated the practice as requires improvement for providing safe services.

Following our previous inspection, we rated the practice as requires improvement for providing safe services. We found shortfalls with:

- clinical searches and clinical coding for vulnerable patients
- the identification and monitoring of firearm licence and shotgun certificate holders
- paediatric life support
- medicines management
- the infrastructure, including risk assessments and electrical appliance testing for the Primary Care Rehabilitation Facility (PCRF)
- system access for all staff to report significant events and incidents.

At this inspection we found the practice-directed recommendations we made had been actioned. However, further work was needed to improve the infrastructure.

Safety systems and processes

We found inconsistencies at the previous inspection with DMICP (electronic patient record system) searches for vulnerable patients. Since then, the approach to identifying those who were vulnerable had been strengthened, including searches for care leavers and carers. Furthermore, the use of alerts and accuracy of clinical coding had improved. One of the doctors was the lead in this area and had dedicated time each month to carry out searches and review coding. They showed us the process used each month to identify vulnerable patients and ensure DMICP records included the appropriate coding. In addition, the lead liaised with the Recruit Training Squadron each month to identify any new recruits under the age of 25.

A process had been put in place to identify firearm licence and shotgun certificate holders, so a digital firearms marker could be added to the patient's DMICP record. This included revision of the recruits registration form to include a question about firearms. A training session was held for doctors about the application and coding for firearms. The search carried out each month to check for firearm holders was cross referenced with the patients' clinical records to monitor for any clinical conditions which may be a risk to holding a firearm. We were given an example of when a risk was identified and the action taken by the practice, including alerting the Chain of Command and a referral to the Welfare unit.

Risks to patients

Since the last inspection, regular checks were undertaken to ensure control solutions were in-date for the CardioChek blood glucose monitors including a record of when they had been opened. In addition, risk assessments had been completed for emergency medicines

and they had been ratified by the Regional Clinical Director. Hazchem 2 and Hazchem 5.1 (signs indicating the storage of dangerous substances) were in place.

At the previous inspection, nursing staff indicated they would benefit from Paediatric Immediate Life Support (PILS) training as children were registered patients at the practice. As Defence Primary Healthcare (DPHC) policy does not require clinicians in primary medical services to undertake PILS training, a paediatric pathway was added to the Basic Life Support (BLS) training delivered by the practice lead for patient services and training. We reviewed the training programme and the pathway for children and babies was sufficiently detailed to support staff in the event of a medical emergency. All staff had completed this revised BLS training programme. Feedback suggested this additional paediatric training had increased staff confidence. Paediatric resuscitation equipment was available as part of the medical emergency kit and paediatric resuscitation guidance was displayed in the surgeries.

Safe and appropriate use of medicines

We were assured at this inspection that repeat prescriptions were no longer taken by telephone and all requests were managed through eConsult or through the group email box. This had been discussed with clinicians.

We found at the previous inspection a large number of patients on repeat medicines who had not had a medicines review; many were on legacy repeat medication, which required an administrative review to remove or renew the medicines on the repeat medication list. At this inspection 80% of patients taking repeat medicines had been reviewed. The unreviewed 20% were newly registered patients who were not yet due a review.

Since the last inspection a high risk medicines audit had been undertaken and a repeat audit was due in August 2025.

The new version of the Bmed12 prescription registers had been implemented since the last inspection.

Destruction of controlled drugs was not in line with the DPHC policy at the previous inspection. Improvements had been made and destruction of controlled and accountable drugs was now in accordance with DPHC policy. Delegated authority for controlled drugs was in place.

Track record on safety

At the last inspection we identified the hazards for some PCRf risk assessments were inconsistently recorded. Improvements had been made including arrangements for patients who used the PCRf rehabilitation gym alone to train out-of-hours (OOH). We discussed the option of patients using the main gym OOH and were informed that patients on a rehabilitation programme prefer training out of sight of the general population. Furthermore, the rehabilitation gym had the station's only anti-gravity treadmill.

In line with station policy, lone users of the gym were required to telephone the main guardroom each hour to let them know they were safe. If this did not happen, the military guard service (referred to as MPGS) carried out a check. The practice revised its lone working policy for these patients which now included the requirement to train in pairs or groups.

The risk assessment form in use was an older version and the practice planned to use the new version form as each risk assessment was reviewed. The hired swimming pool was no longer being used for hydrotherapy.

Electrical equipment testing was completed in March 2025 for the entire practice, including the PCRF. We noted that portable heaters borrowed from the station had not all been tested. We were assured that these heaters would be removed and returned to the station stores.

At the last inspection we observed a large number of issues and risks with the infrastructure. Some improvements had been made, such as safety trip hazard strips on stairs. Furthermore, the areas with mould had been treated, including the installation of extractor fans in the rooms susceptible to mould. However, further improvement was required. Although the practice had submitted statements of need (SON), some of the issues and risks we identified at the previous inspection remained. They included:

- flaking paint, holes in walls and corroded pipes in various areas
- flooring in a poor state of repair
- thermostats were not working so heating could not be controlled; either it was turned on or off depending on the time of year
- toilets and shower rooms for staff and patients were in a poor state of repair and very small meaning they were not easily accessible in an emergency.
- an overwhelming foul odour in the male staff toilet since the removal of one of the fixtures
- a clinic room window had been broken since April 2024
- PCRF cleaning cupboard was carpeted with nowhere to hang mops; this was not compliant with infection prevention and control standards.

All the issues with the infrastructure had been incorporated into 1 risk on the risk register and transferred to region.

A SON had been submitted for climate control in some clinic rooms. As no timeline for this to be completed had been agreed, portable air conditioning units were being used.

Lessons learned and improvements made

At the previous inspection locum staff in the PCRF did not have ASER log in to report an incident or significant event. All staff, including locums, now had ASER access. A 'traffic light system' was in place to monitor staff access to the ASER system. In addition, ASER training was delivered annually in accordance with mandated training requirements for DPHC.

