



RAF Leeming Medical Centre

RAF Leeming, North Yorkshire, DL7 9NJ

Defence Medical Services inspection report

This report describes our judgement of the quality of care at Leeming Medical Centre. It is based on a combination of what we found through information provided about the service, patient feedback and through interviews with staff and others connected with the service.

Overall rating for this service	Good	
Are services safe?	Good	

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Summary

About this inspection

An announced comprehensive inspection of Leeming Medical Centre took place on 27 February 2024. As a result of the inspection, we found the practice was effective, caring, responsive and well-led in accordance with CQC's inspection framework. However, we identified areas for improvement in the safe key question.

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

www.cqc.org.uk/dms

At this follow-up inspection carried out on 12 June 2025, we found the practice had taken the action required to address the recommendations made. Therefore, the safe key question has been upgraded to 'good'.

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 the observations and recommendations within this report.

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

At this inspection we found:

- Although the Defence Primary Healthcare policy had yet to be updated, access arrangements to the dispensary had been reviewed internally and steps taken to improve security and controlled access outside normal working hours.
- NEWS (National Early Warning Score) scoring cards and ATMIST (age, time of onset, medical complaint/injury, investigation, sign and treatment) cards were now available on the crash trolley.
- The practice had recently introduced a patient recall process to screen those aged over 40. It was too soon to monitor the positive impact. However, we were reassured that effective systems were now in place.
- The backlog of the notes that require summarisation had been addressed with an effective plan therefore reducing the risk that some patients had conditions that the practice was unaware of. Data provided by the practice highlighted significant progress and appropriate prioritisation.
- Processes around infection prevention and control had been strengthened and cleaning schedules reviewed to ensure standards were being met. A small number of

minor issues had been added to the risk register awaiting funding approval but these did not pose any immediate risk.

- Annual reviews of minor surgery outcomes were now included on the audit calendar.
- The recording of consent including when offering chaperones had been improved with a face-to-face in-house training course delivered to all staff and regular monitoring through audit.
- Improvement had been made around the coding for patients with caring responsibilities. Information for and signposting to services provided for carers was now more prominent. Monitoring was in place to ensure guidelines and standards were being met.

Chris Dzikiti

Interim Chief Inspector of Healthcare

Our inspection team

The inspection team was led by a CQC inspector supported by a primary care nurse specialist advisor.

Background to Leeming Medical Centre

Located in North Yorkshire, RAF Leeming Medical Centre provides routine primary care and occupational health care service to a patient population of 1,996 (military personnel and their families). The station is a flying station and trains aircrew and air traffic controllers. A Primary Care Rehabilitation Facility (PCRF) situated in the building is an integral part of the medical centre and provides personnel with a physiotherapy and rehabilitation service. The medical centre also provides primary care to patients based at Fylingdales, a smaller station approximately 1 hour's drive away.

The medical centre is open from 08:00 to 18:30 hours Monday to Friday. Wednesday afternoons are protected for training, but patients can still access services by telephone and patients with an urgent need can be seen. Outside of these hours, patients are signposted to the NHS111 or 999 service. Due to it being a flying station, medical cover is provided by a duty medic during flying hours, this being predominantly through the day but also during night periods when exercises take place. Medics triage calls and signpost patients or book them in for an appointment at the medical centre.

The staff team

Doctors	1 Senior Medical Officer (SMO) 1 Deputy Senior Medical Officer (DSMO)
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	1 Unit Medical Officer (UMO) 1 part time Civilian Medical Practitioner (CMP)
Nurses	1 Practice Nursing Officer (PNO) 1 Senior Nurse 2 civilian nurse's (Band 6 and Band 5, both part-time) 1 healthcare assistant
RAF medics	11 (DPHC assets, not unit)
PCRF	2 physiotherapists (1 officer in command referred to as OC PCRF, 1 Band 6) 1 exercise rehabilitation instructor (ERI) locum
Pharmacy technicians	2
Warrant Officer in charge	1
Practice manager	1
Deputy practice manager	1
Administrators	4 civilian administrators

Are services safe?

We rated the medical centre as good for providing safe services.

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

- infection prevention and control
- access to dispensary
- recall of patients for over 40s health checks
- summarising
- the emergency trolley

At this inspection we found the recommendations we made had been actioned.

Safety systems and processes

Regular infection prevention and control (IPC) audits were carried out including the Defence Primary Healthcare (DPHC) mandated audits that were scheduled into a monthly rolling programme. Different sections were completed monthly by the IPC lead. Each of the 16 components was audited at 6 month or 12 month intervals in line with DPHC policy. The practice had an issues log where items that required action were listed. Remedial work was now being followed up and there was clarity on the responsibility for issues identified in the IPC audits. The outstanding issues (damage to walls and surfaces) were minor and did not present any immediate risk. However, they had been added to the risk register as the request to fix had been paused due to funding issues. Completion was scheduled in 2026.

A walk round the building carried out as part of the inspection highlighted that cleaning standards had improved. High level cleaning was now scheduled and the cleanliness of vents, ducts and strip light diffusers were all found to be of a good standard.

Environmental cleaning was provided by an external contractor. A written cleaning schedule was in place for each room and this had been updated. Cleaning was being carried out to NHS standards; high use areas such as clinical rooms and toilets were now being cleaned twice each day. Of note, the cleanliness of the room used by the cleaners was of a high standard and there was good communication between the practice staff and the contractor.

At the last inspection, we found that healthcare waste was appropriately managed but the external clinical waste bin was very dirty. A new replacement bin was now in place.

Risks to patients

Gaps in the nursing team at the last inspection meant that they had not been undertaking any medicals for patients aged over 40. The new Warrant Officer (took up post in

November 2024) had addressed the issue as a priority. A local working practice (policy) was being developed to provide a coordinated approach. The list of eligible patients who required a review and update to resolve Read coding (incorrect codes used or no code applied) and template issues (not using the standard template). Recall of these patients had commenced and were underway from April 2025. A spreadsheet had been collated to include eligible patients and when the first invitation had been sent out. This had been aligned to the birthday month so those with a birthday in April, May and June had been recalled. Priority had been given to the oldest patients to manage the extra work required to clear the backlog. Progress was discussed in the Heads of Department weekly meeting and at the monthly practice meeting. It was too soon to measure the impact but we were reassured that effective processes were now in place.

Arrangements were in place to check and monitor the stock levels and expiry dates of emergency medicines. We saw evidence to show that an appropriately equipped medical emergency kit and trolley was in place and regularly checked. The NEWS (National Early Warning Score) scoring cards and ATMIST (age, time of onset, medical complaint/injury, investigation, sign and treatment) cards were now available on the crash trolley (having previously been kept in a folder adjacent to the trolley but not all staff were aware). These provided clear information on how a patient would be handed over to an ambulance crew. We discussed the process with a nurse and with the duty medic, both had similar responses to the processes used for transferring a patient. NEWS scores could be either photocopied or sent with the patient but usually the paramedic would take a photo with their phone/iPad for inclusion with the patient transfer paperwork. NEWS is an aggregate scoring system used to improve the detection and response to clinical deterioration in adult patients. ATMIST is a tool used for a rapid, accurate handover of a time critical patient.

Information to deliver safe care and treatment

The DPHC standard operating procedure (SOP) was followed for the summarisation of patients' notes. The process for summarising and scrutinising notes was incorporated into the arrival process for patients. At the last inspection, there was a backlog of notes awaiting summarisation. An audit from January 2024 showed that only 23% of patient notes had been completed. On arrival, the new Warrant Officer implemented a plan in December 2024 to both clear the backlog and ensure summarising was completed in a timely manner. Doctors were allocated a set amount each week to ensure that new patients records were summarised within the 8 weeks stipulated in the DPHC SOP (service personnel, dependants could take longer due to the delays in receiving notes). A mechanism was in place to chase up the notes for dependants at set frequencies to ensure they were hastened. Military personnel were summarised by the doctors; dependants were completed by the nurses as they had to be done manually and therefore took longer. Quieter times such as the Christmas periods were utilised to address the backlog. Nurses worked from a list provided as well as the backlog that were overdue. Clinics were set aside for protected time to complete summarising.

The initial audit in December 2024 showed that a total of 45% (1017) had been summarised within the last 5 years. This was divided into military personnel (35%) and civilian personnel (10%). The total number of new patient notes not summarised within the 8 weeks was 76% (45). The Warrant Officer maintained a tracker to demonstrate the

progress of summarising and this was discussed at the weekly Heads of Department meeting. As of June 2025, 73% (1,443) of notes had been summarised within the last 5 years. There were no newly registered patients who had not been summarised within the 8 weeks.

Safe and appropriate use of medicines

At the last inspection, we discussed the security and access arrangements into the dispensary. It was apparent that there was an inconsistency in approach across DPHC regions so we sought advice and guidance from the command pharmacist at DPHC headquarters and from the CQC medicines management team. Although there had been no update to the guidance from headquarters, steps had been taken to improve the access arrangements. Medics were not allowed to be in dispensary on their own. There was a medic who worked in the dispensary as part of their job role, staff told us that they were not left lone working and an SOP required the medic to leave the dispensary when the pharmacy technicians left the room. Access was required out-of-hours to support airfield and duty doctor activities. A key was now held in a sealed envelope which was number coded, recorded in a log book and included in the daily checks. Any requirement for the medic to access the dispensary out of hours was recorded in the 'duty log' and countersigned by the duty doctor or nurse.

Are services effective?

We rated the practice as good for providing effective services at the last inspection. However, we recommended that the practice improved the audit programme and the recording of consent.

Monitoring care and treatment

Due to staffing levels at the time of the last inspection, there was a focus on completing the mandatory Defence Primary Healthcare (DPHC) audits. Some clinical audits had been completed but there had not been any annual audit on minor surgery since 2019.

At this inspection, we found an audit calendar had been developed and the new DPHC calendar was being used and detailed in SharePoint. These had been transferred to the healthcare governance (HcG) workbook and colour coded to highlight the must dos, should dos, administrative and clinical audits. One of the physiotherapists was the audit lead and discussion took place at the monthly HcG meetings where audit was a standing agenda item. A minor surgery audit had been carried out in September 2024. There had been 3 procedures carried out by visiting doctors and the audit identified no issues but noted a number of actions. The new Unit Medical Officer planned to start doing minor operations and actions from the last audit had been addressed in readiness. These included capturing patient feedback a week after the procedure and the introduction of a log book for any minor operations.

Consent to care and treatment

A review of the consent audit and re-audit (both completed in December 2023) carried out at the last inspection showed that despite having completed training, clinicians were not asking for and coding consent (although some were asking and writing consent). Records suggested that a chaperone was not always offered for more intimate examinations, were not coded correctly and were written within the text from the consultation (this meant that searches when auditing would not identify these consultation records).

Staff had received further training in February 2025 and this was repeated in May 2025 for new staff. The training included a presentation from one of the nurses (appointed as the chaperone/consent lead) and this was followed up by an email to all staff inviting them to seek further advice if needed. An audit was carried out in February 2025 and 10 records were checked and no issues with the recording of consent were identified. The audit included a review that the recording of a chaperone had been offered. The audit of records found that each set of notes was recorded in the correct way with the appropriate code. A list of current trained chaperones with the date of their last training was maintained on the HcG workbook (the training course was refreshed annually). Staff described the course as interactive as it provided an element of simulation. Further audits such as peer review, Patient Group Direction audits and general note taking audits all took place annually as a minimum and were used to monitor the correct recording of consent and the correct templates were being used.

Are services caring?

We rated the practice as good for providing caring services at the last inspection. However, we recommended that the practice improved coding for patients with caring responsibilities and further promoted information for services provided to carers and signposting for translation services.

Patients with caring responsibilities and cared for patients were identified through the new patient registration form and at new patient medicals. Patients identified as having a caring responsibility had an alert on their notes and were captured on a DMICP (electronic clinical operating system) register. At the last inspection, a review of the records showed that 2 out of 5 carers did not have an alert in place. As a result, the practice had amended the search to exclude previous carers as these had shown up as current but the alert had not been removed. All patients that were identified as carers were contacted by email and asked to confirm if they were still a carer, advised who the practice carer lead was and provided links to the Armed Forces Carer's passport and the guidance provided through Defence Information Notice (referred to as a DIN) for carers. An alert was added on DMICP if not in place or removed if the individual no longer had caring responsibilities.

There was a carer's lead and deputy for the practice. A list of carers was maintained on a register within SharePoint and reviewed monthly at the vulnerable patient clinical meeting. Staff had access to a carers' policy and carers' register standard operating procedure. These included how to identify a carer, Read codes and support measures such as annual flu vaccinations.

The posters displayed in the building had been updated to include the name of the appointed lead and deputy for coordinating support. There were contact details for and information on services including local support services and national helplines. The patient information leaflet included information for carers. QR (quick response) codes allowed patients to access forms to notify the practice that they had carer responsibilities and to download a carer's questionnaire.

At the time of inspection, there were 22 carers identified and all had an alert in place on their patient record. The practice manager had carried out an audit in May 2025 to ensure that the quality standards as detailed in the National Institute for Health and Care Excellence (referred to as NICE) guidance and quality standards were being met. These included identifying, supporting and understanding the responsibilities of carers.

As part of the inspection, comment cards were sent out to the practice to capture patient feedback. A total of 16 cards were completed by patients and all comments were of a positive nature and praised staff for the service provided.