

Defence Medical Services

Catterick Regional Rehabilitation Unit

Inspection Report

Catterick Leisure Centre,
Gough Road,
CATTERICK GARRISON,
DL9 3EL

Date of inspection visit 9 June 2021

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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 from the provider and patients.

Ratings

Overall rating for this service

Good 

Are services well-led?

Good 

Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

We carried out an announced focused inspection at Catterick Regional Rehabilitation Unit (RRU) on 9 June 2021 to follow up on findings from our previous inspection. We inspected Catterick RRU on 04 July 2018 and rated the service as good overall. We rated the service good for safe, effective, caring and responsive key lines of enquiry (KLOE) and requires improvement in the well-led KLOE. This inspection focused upon the well led KLOE.

Defence Medical Services are not subject to the Health and Social Care Act 2008 and are not subject to the Care Quality Commission (CQC)'s enforcement powers. The CQC undertook this inspection as an independent body. Overall, the RRU is rated as good. We have highlighted good practice and made recommendations on issues that the service could improve.

The 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 CQC's observations and recommendations.

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

Our key findings across all the areas we inspected were as follows:

We found that this RRU was well-led in accordance with CQC's inspection framework.

- The service had a clear vision to deliver high quality care and promote good outcomes for patients. The service had a strategy and a mission statement that were embedded.
- The service had an overarching governance framework, which supported the delivery of the strategy and good quality care. There was a system and a process to identify risks associated with the RRU. All staff were fully aware of and involved in managing and mitigating the risks.
- The management in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.
- The service encouraged and valued feedback from patients and staff. It proactively sought feedback.

- There was a focus on continuous learning and improvement at all levels within the service.

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

- Audit plans were embedded to support best outcomes possible are achieved for patients.
- The service had implemented an Infantry Training Centre (ITC) Multidisciplinary Injury Assessment Clinic (MIAC) and Injury Assessment Clinic (IAC) to improve access for patients to assessment prior to commencing treatment courses.
- The service had an electronic risk register with links to details of the risk, mitigations and actions. These were reviewed at the Health Care Governance (HCG) meetings held every three weeks.
- The service had implemented the use of Quick Response (QR) codes in clinical areas for patients to use mobile devices to access Defence Connect applications with further advice and exercise videos to enhance their rehabilitation.

Recommendations for improvement

We found the following areas where the service could make improvements:

- The service had commenced work on organisational values which had been put on hold when patients had returned during the Covid 19 pandemic. This work should be recommenced.

Professor Ted Baker
Chief Inspector of Hospitals

Regional Rehabilitation Unit - Catterick

Detailed findings

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently, DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

Background to the service

RRU Catterick is a facility provided by the Defence Primary Healthcare (DPHC) Unit delivering intermediate rehabilitation within the Defence Medical Rehabilitation Programme (DMRP). It is located at Catterick Garrison, North Yorkshire and provides clinical management of moderate musculoskeletal conditions to the military population within a defined geographical area. There are 13 RRUs across the United Kingdom.

RRU Catterick serves a population at risk (PAR) of approximately 20,000 personnel between the ages of 17 to 55 and also accepts out of area placements. The RRU reports its current stakeholders as follows:

- All medical facilities (MF)s within the region
- All primary care rehabilitation facilities (PCRF)s within the region
- Other RRUs
- Regular and eligible FR2020 reserve personnel posted within the DPHC (North) catchment area.
- Service personnel MEDEVAC'd from operational tours whose parent unit or home location is within catchment area. (MEDEVAC'd or Medical evacuation is the timely and efficient movement and enroute care provided by medical personnel to wounded being evacuated from a battlefield, to injured patients being evacuated from the scene of an accident to receiving medical facilities.)
- Spire and South Tees Hospital NHS Foundation Trust
- Catterick Leisure Centre – Nuffield Health
- Overseas – British Army Training Unit Kenya (BATUK)

The RRU provides co-ordinated clinical management to a tri-service population (Population of The Royal Air Force, The Army and The Royal Navy) within the defined geographical region. The clinical services include:

Multi-disciplinary Injury Assessment Clinic (MIAC)

Clinical assessment at the RRU is delivered through the MIAC. This is a combined clinical assessment by either a SEM consultant or a locum specialist GP trained in Sports and Exercise Medicine (SEM) to diploma level and a physiotherapist (clinical specialist). The aim is to establish a firm diagnosis so that the most appropriate care pathway can be determined for the patient. MIAC acts as a gatekeeper for access to certain services which include the following:

- Investigations such as an ultrasound scan can be conducted at the RRU. Patients can be referred for other investigations.
- Joint and soft tissue injections under ultrasound guidance.
- Referral for fast track surgery provided by Spire Hospital Washington. NHS surgery is sought through South Tees NHS foundation trust and other NHS contracted hospitals.
- Referral back to the unit physiotherapist with an updated management plan.
- Referral for intensive rehabilitation on a musculoskeletal (MSK) rehabilitation course.
- Referral to a Defence Medical Rehab Centre (DMRC) for specialist services.
- Referral to the regional podiatry service (RPS) at the RRU.

ITC MIAC

SEM consultant and Band six physiotherapist provide joint clinics similar to MIAC. This was in a trial period and was to be evaluated to determine its long-term future.

IAC

Service provided by a band seven clinical specialist physiotherapist and Officer Commanding (OC) RRU for assessments of patients who from triage appear not to require input of SEM consultants and treatment modalities such as Electro Shockwave Therapy (ESWT). This occurs when MIAC capacity is maximised.

RPS

This service provides assessment, diagnosis and treatment of biomechanical MSK disorders of the lower limbs and is provided by a band seven podiatrist by:

- Performing gait analysis to identify any abnormalities within the lower limb during locomotion.
- Prescribing off-the-shelf and /or referral for custom orthoses where required.
- Where required provide onward referral to physiotherapy to assist with rehabilitation.
- Onward referral to MIAC clinics for further investigations such as ultrasound, X-ray, Magnetic Resonance Imaging (MRI) and treatments such as ESWT.

MSK rehabilitation courses

Two and a half week-long lower limb, spine and upper quadrant rehabilitation courses. Two week-long long specialist hip and groin course as and when required.

The service was based in a privately managed leisure centre, facilities included a 25-metre swimming pool, a 16-metre swimming pool, a sports hall and a Cardiovascular (CV) / weights room.

Access to the service is through referral from other services in the DMRP. Patients can access one to one treatment and rehabilitation courses to treat their conditions. Patients are expected to

attend for the duration of the course and can live on site or off-site locally. During courses, patients can access one to one treatment at the same time.

The RRU is staffed by an Officer Commanding (OC), a Second in Command (2iC), a clinical specialist physiotherapy lead, physiotherapists, SEM consultants, Quartermaster sergeant instructor (QMSI), exercise rehabilitation instructors (ERI), a band seven podiatrist and administrators.

We carried out a focussed announced inspection of this service. RRU Catterick had been inspected by CQC previously on 04 July 2018. At that inspection we rated the service as good overall. We rated the service good for safe, effective, caring and responsive key lines of enquiry (KLOE) and requires improvement in the well- led KLOE. This inspection focussed upon the well led KLOE.

Our inspection team

Our inspection team was led by two CQC inspectors.

How we carried out this inspection

We carried out an announced inspection on 09 June 2021. During the inspection, we:

Spoke with four staff, including physiotherapists, a podiatrist, a QMSI and the OC.
Looked at information the service used to deliver care and treatment.
Reviewed risk registers, governance meeting minutes and incident information.

This inspection was a follow up to our previous inspection on 04 July 2018 where well-led was rated as requires improvement. On this inspection we only asked the question:

- Are services well led?

Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

Good



Our findings

We found that this practice was well-led in accordance with CQC's inspection framework

Vision and strategy

The service had a clear vision to deliver high quality care and promote good outcomes for patients. The service had a strategy and a mission statement that were embedded.

- There was a mission statement set out for the service, with quality and safety as priorities. The mission statement for Catterick RRU was, 'To sustain and improve the training and operational effectiveness of injured service personnel by provision of high-quality targeted rehabilitation, accelerating their return to optimal physical capacity, whilst influencing their psychological and social health.' 'A posse ad esse' 'From possibility to actuality'. Staff we spoke to were aware of this mission statement.
- There was a strategy for all defence medical services detailed in the defence rehabilitation concept of operations document which had been developed centrally. Staff we spoke with were aware of this document.
- There was a specific strategy and operational guidance for the defence medical rehabilitation programme, which contained detail on how the local services fitted into the overall strategy and operational framework. The document provided a detailed account of how services ran, what services were included, care pathways, all treatment referral clinical guidelines and facilities.
- The service had a development plan in place which set out the current governance arrangements and how the service approached staff training and audit. The plan also described areas of improvement and development within the service that were ongoing or had been completed within the last two years.
- Staff told us some work on organisational values had commenced but this had been put on hold as the demand to see patients had increased following the return to face to face courses as a result of the Covid 19 pandemic. Staff and the OC told us they planned to recommence this work.

Governance arrangements

The service had an overarching governance framework, which supported the delivery of the strategy and good quality care. There was a system and a process to identify risks associated with the RRU. All staff were fully aware of and involved in managing and mitigating the risks.

- There was an effective governance framework to ensure quality, performance and risk were understood and managed. There was an overarching ministry of defence (MOD)

corporate governance policy. This covered the structure of MOD governance, governance principles, roles and responsibilities, governance control processes and risk management processes. The policy was not specific to the RRU but provided context and guidance about how MOD governance processes worked.

- A common assurance framework (e-CAF) assessment was a live document used to support the delivery of good quality care. The framework was based on eight domains. These included safety, clinical and cost effectiveness, governance, patient experience, accessible and responsive care, care environment and amenities, public health, and occupational health. The framework was reviewed at the HCG meetings which were held every three weeks.
- There was an electronic system and process to identify risks associated with the RRU. On our last inspection we were not assured that all risks had been identified by staff or that staff were fully aware or involved in managing and mitigating risks. On this inspection staff we spoke with told us about risks associated with the service, they were able to identify where risks were recorded electronically and how to access the detail describing the risk and the mitigations in place.
- Staff told us and we saw from meeting minutes that risks were reviewed at the HCG meetings. Clinical staff told us they attended these meetings regularly and were aware of and involved in managing risk.
- Risks identified were rated and management plans and mitigating actions had been identified to manage the risk. A responsible person had also been designated to oversee and manage the risk.
- The OC identified the main risk to the service was temperature control which had been identified, but due to the Covid 19 pandemic air conditioning units could not be procured.
- On our last inspection we were informed eight of the 12 eligible staff had no data relating to security vetting clearance. This risk was not recorded on the service risk register. On this inspection, we saw that security vetting for applicable staff was all in date for both military and civilian staff. Also, disclosure and barring (DBS) checks were in date for all staff.
- On our last inspection, we were not assured the service were always aware of risks affecting the leisure centre. During the inspection, we raised a health and safety issue with the OC and the leisure centre duty manager as a door that led to poolside was not secured. On this inspection we saw that the door was secure with a keypad lock in situ. We were also told that the service now had regular meetings with the leisure centre duty manager and any health and safety issues would be raised at this meeting.
- On our last inspection we found that staff were bagging up clinical waste and contracts were not in place for clinical waste management. On this inspection we heard that this had been resolved and saw that waste management was a standing agenda item at the HCG meeting with any issues or changes to the contract shared with all staff.
- On our last inspection we found that HCG meetings did not have detailed minutes and content was being carried over from one meeting to the next. We were not assured that all staff were being made aware of risks within the service. On this inspection we reviewed HCG meeting minutes from meetings held on 09 March 2021, 04 and 25 May 2021. We saw that the agenda was based upon the e-CAF domains and all staff attended and inputted to the meetings. The meetings clearly detailed risks including actions and who was responsible for delivering actions. The meeting also covered significant events and learning from them, accident reports, Central alerting system alerts (CAS), Infection Prevention and Control (IPC) and waste management, clinical equipment, medicines management, evidenced based practice updates, mandatory training and audit updates.

On our last inspection, we found that some lower limb patients were referred onto courses

without a MIAC. This was against the Defence Medical Rehabilitation Policy. On this inspection staff told us that following an increase in hours and use of SEM consultant locums, all patients accessed an assessment clinic prior to commencing a course. The service had implemented a new ITC MIAC to allow fast access to the consultant and a band six physiotherapist. The service had also an IAC service run by the OC and clinical specialist physiotherapist for patients identified at triage as not appearing to require assessment by a SEM consultant or ESWT. This was utilised to ease demands on the MIAC when capacity issues were identified. This clinic had been previously run by a physiotherapist and an ERI had been strengthened to be run by more senior clinical staff.

Leadership and culture

The management in the service demonstrated they had the experience, capacity and capability to run the service and ensure high quality care. They told us they prioritised safe, high quality and compassionate care.

- Staff were committed to providing a high standard of safe care and spoke positively about the services they provided.
- Staff did not express concerns about bullying or harassment. Senior staff complimented the attitude and dedication of all staff in the service.
- The OC had suitable experience and skills to lead the RRU and had made positive changes to the governance arrangements and risk management processes whilst involving staff in the team.
- The clinical team had the skills and experience to operate effectively in the RRU.
- All staff were actively involved in staff meetings, HCG and course debrief meetings, points made were discussed within the group for action or implementation. The OC and Clinical specialist physiotherapist had an “open door” policy and all members of staff said they felt able to speak about personal circumstances or highlight areas of concern.
- The management team were involved in ensuring the standards of care were maintained and developed to ensure the service offered by the RRU continued to offer the best for their patients.
- Reports and appraisals were managed within the required timeframes and all MOD and military staff had annual objectives that were also reviewed midterm.

Seeking and acting on feedback from patients and staff

The service encouraged and valued feedback from patients and staff. It proactively sought feedback

- The service collected and acted on patients views and experiences. They used the information to enable them to shape and improve the services and culture. A defence medical services patient questionnaire was used to gather views and experiences anonymously from patients following their treatment and gather patient feedback after completion of the RRU courses.
- The RRU also ran a MIAC patient satisfaction survey.
- Feedback collected was used to adapt and change the way services were run. Patient feedback and comments were reviewed and discussed at team meetings. Any changes to practice and actions required were assigned to a member of staff to review.
- Patients and their military RRUs were actively involved in treatment decision making to ensure ongoing rehabilitation was planned and to allow patients the best opportunity to return to full duty. Staff would communicate with the patient’s military base to update and discuss the progress of rehabilitation.

- The service was using technology to allow for more patient feedback, QR codes were available in clinical areas so patients could easily give feedback to the service.
- The service had 'you said, we did' boards which displayed patient feedback and what the service had done in response to feedback. However, the information displayed on the boards was placed in a folder and had small font, so the information was not easily accessible to read.
- The service had implemented ways for patients to access further exercise videos and advice via the Defence Connect application, QR codes were situated in clinical areas so patients could use mobile devices to access these resources.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the service.

- The management team were actively involved with ensuring that the standard of care was maintained and developed such that the service offered by the RRU continued to offer the best for the patient. The service had an annual audit plan and all staff at all levels were involved in delivering this plan.
- The service provided monthly clinical in-service training for clinical staff. Clinical staff also accessed regional training quarterly. The administrative team had protected training time for procedure updates. Staff could also apply for clinical and developmental courses.
- The service had an identified development plan which included evaluation of courses. In addition, several service developments which were unplanned had been identified such as the use of video consultations as a result of the Covid 19 pandemic.