Colchester Group Practice

Quality report

Colchester
Essex
CO2 7UT

Date of inspection visit:
4 December 2019

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3 March 2020

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 group practice and patient feedback about the service.

Ratings

Overall rating for this service	Good
Are services safe?	Requires improvement
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Chief Inspector's Summary

This group practice is rated as good overall

The key questions are rated as:

Are services safe? – requires improvement
Are services effective? – good
Are services caring? – good
Are services responsive? – good
Are services well-led? - good

We carried out this announced follow up comprehensive inspection on 4 December 2019. The report covers our findings in relation to the recommendations made and any additional improvements made or concern identified since our last inspection.

The previous inspection took place on 17 January 2019 and the practice was rated inadequate overall. A copy of the report from that comprehensive inspection can be found at:

https://www.cqc.org.uk/sites/default/files/20190815_colchester_group_practice_final_report.pdf

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:

- The group practice was effectively working to a recently developed mission statement. The leadership team was new and they had the drive, capability and commitment to make the group practice model a success.
- Governance activities and working practices had been revised to ensure integration of all departments and teams within the group practice.
- Staff said they were well supported by the leadership team. They felt respected, supported and valued. Opportunities were in place so staff could contribute to their views about developing the service.
- Staff demonstrated a patient-centred focus and said this ethos was promoted by the leadership team. This mindset was reflective of the mission statement developed for the group practice.
- Patient feedback processes had been developed to include patients from both medical centres. Feedback regarding clinical care was positive. It demonstrated patients were treated with compassion, dignity and respect and were involved in care and decisions about their treatment.
- The privacy and dignity arrangements for patients had improved.
- Collaborative working had improved with staff sharing best practice to promote better health outcomes for patients. Staff understood the needs of the patient population, which was taken into account in the way clinical provision was organised.

- Quality improvement was evident, including a programme of clinical audit used to make improvements in patient outcomes.
- Risk management processes to ensure a safe service for patients had improved, including the management of significant events and staff induction. Further improvement was needed for some processes, including the management of referrals, clinical record keeping and a consistent approach to the auditing of clinical records. The leadership team had identified these risks as they were included in the group practice development plan 2019-2021.
- Safe systems were in place for medicines management.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints raised.
- Facilities and equipment at the practice were sufficient to treat patients and meet their needs. Access to evidence demonstrating safety checks of the environment and equipment were not consistently made available to the practice manager.
- Staff were aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The Chief Inspector recommends:

- That information and risk management systems to keep patients safe are strengthened to include:
    - the system for managing referrals;
    - clinical record keeping to ensure consistency across all clinician groups;
    - the management of scanned documents;
    - the use of Read coding to ensure consistency across clinician groups; and
    - the recording of consent and chaperoning.
- Ensure local medicine management standard operating procedures are ratified by the medicines management lead and outstanding shared care agreements are followed up with secondary care providers.
- Ensure information held by units and other stakeholders is made available routinely to the group practice. This includes checks of buildings, facilities and equipment, and training/recruitment details for Regimental Aid Post staff working at Colchester Medical Centre.
- Strengthen the risk assessment for undertaking urinalysis in the accessible toilet to ensure it meets infection prevention and control standards and does not impact patient access.
- In accordance with Defence Primary healthcare (DPHC) policy and the intercollegiate guidance, ensure all clinical staff receive safeguarding training at a level appropriate to their role.

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

Our inspection team

Our inspection team was led by a CQC lead inspector**.** The team comprised specialist advisors including, a primary care doctor, two practice nurses, two practice managers, a physiotherapist, an exercise rehabilitation instructor and a pharmacist.

Background to the Colchester Group Practice

Colchester Group Practice is based on an organisational hub and spoke model. The hub practice, Colchester Medical Centre is located in Colchester Garrison and supports one spoke practice, the Military Corrective Training Centre Medical Centre, located on Berechurch Hall Camp approximately one mile away. The group practice is led by a Senior Medical Officer (SMO) and group practice manager. A Regional Clinical Director (RCD) is overall accountable for the quality of care at the group practice.

Colchester Medical Centre

Colchester Medical Centre provides primary healthcare and occupational health to a patient population of approximately 3,202 military personnel. The primary focus of the medical centre is to maintain force health protection, particularly for units that have occupational health needs associated with high readiness for deployment. The practice also provides an occupational health service for reservists. It does not provide a service for families, dependents or civilian Ministry of Defence employees.

In addition to routine appointments and medicals, clinics are facilitated for asthma management, well-woman, vaccinations, over 40s health checks, smoking cessation, family planning, weight reduction and healthy eating. Maternity and midwifery services are provided by NHS practices and community teams.

Patients have access to medicines through the dispensary in the medical centre. A Primary Care Rehabilitation Facility (PCRF) is located on the premises, with physiotherapy and rehabilitation staff integrated within the medical centre.

The practice is open from 08:00 to 18:00 Monday to Friday. A duty doctor provides cover from 18:00 to 18:30 until NHS 111 is available at 18:30.

Military Corrective Training Centre (MCTC) Medical Centre

The MCTC Medical Centre provides a primary care service to detainees; tri-service military personnel under sentence. The patient population fluctuates daily due to new arrivals and sentencing, with a maximum capacity for 200 detainees. At the time of our inspection there were 42 detainees, who had received a sentence from one week to a maximum of two years. There is a small PCRF at the medical centre and medicines are dispensed from Colchester Medical Centre. The MCTC is inspected by Her Majesty’s Inspectorate of Prisons (HMIP) and was last inspected in November 2017.

The MCTC Medical Centre offers doctors and medic appointments from 08:30 to 11:00 each day, and two nurse clinics a week.

The following table outlines the group practice staff team at the time of the inspection:

Position	Numbers
Senior Medical Officer	One
16 Brigade Senior Medical Officer	One
Regimental aid post[1] - Medical Officer	Six
Senior Nursing Officer	One
Civilian medical practitioner	Three (one on sick leave) Two locums (covering one post)
General Duties Medical Officer	Four
Military practice nurse	Three
Regimental aid post - nursing	Three
Civilian practice nurse	Five (one locum)
Military physiotherapist	One
Civilian physiotherapist	Four (one locum)
Military exercise rehabilitation instructor	Two
Civilian exercise rehabilitation instructor	One
Military group practice manager	One
Office manager	One
Administrator	Four
PCRF administrator	One
Medic [2]	Three (MCTC Medical Centre)
Regimental aid post - medics	17
Pharmacy technicians	Two
Pharmacy technician student	One

[1] Regimental Aid Posts (RAP) are front-line military medical staff posts attached to a military unit and are subject to deployment, often at short notice. When not deployed, RAP staff work in medical centres to update and maintain their clinical skills. They also have a focus on ensuring the occupational health requirements of unit personnel are up-to-date.

[2] In the army, a medic is a soldier who has received specialist training in field medicine. It is a unique role in the forces and their role is similar to that of a health care assistant in NHS GP practices but with a broader scope of practice.

Are services safe? | Requires improvement

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

Following our previous inspection, we rated the practice as inadequate for providing safe services. We found inconsistencies in processes to keep patients and staff safe including gaps in:

- infection prevention and control (IPC);
- the management of specimens;
- the management of risk, including clinical risk;
- recruitment, staffing levels and skill mix;
- medicines management;
- safeguarding arrangements;

- disposal of medical devices and sharps; and
- access to environmental and equipment safety checks.

At this inspection we found that most of the recommendations we made had been actioned. We also identified other process that needed to be strengthened. The practice is now rated as requires improvement for providing safe services.

Safety systems and processes

Systems to keep patients safe and safeguarded from abuse were established.

- There were a small number of patients aged between 16 and 18 registered across the group practice. One of the doctors and the Senior Medical Officer (SMO) were identified as the adult and child safeguarding leads for the group practice. They, along with the other doctors, had completed level 3 training.
- Not all clinical staff, including RAP staff, had completed level 3 training in accordance with DPHC policy and intercollegiate guidance. Evidence was in place to confirm training had been arranged for February 2020. The PCRF staff had received level 2 safeguarding training. The Defence Primary Healthcare (DPHC) policy requires physiotherapists to have level 3 training if they are frequently treating children. This was not the case as the PCRF did not treat children and infrequently treated young people aged 16-18. Non-clinical staff had received up-to-date safeguarding training at a level appropriate to their role.
- The group practice had a local safeguarding policy which was available to all staff. It was also displayed in all clinical areas of both medical centres along with local safeguarding team contact details. Staff we spoke with were familiar with safeguarding and demonstrated this through examples of how the safeguarding policy had been implemented at the practice. Minutes of the group practice meetings showed safeguarding was discussed at the doctors' meetings, healthcare governance meetings and the practice meetings.
- The initial registration at Colchester Medical Centre identified new patients who were vulnerable or subject to formal safeguarding arrangements. All patients at MCTC received an arrival medical to determine their fitness for detention. Codes were used on DMICP to highlight patients who were assessed as vulnerable. Patients of MCTC also had a specific alert applied to their clinical record which meant clinical staff could promptly identify MCTC patients as potentially vulnerable because of their detainee status. The Senior Nursing Officer (SNO) was the lead for vulnerable patients and carried out monthly DMICP (electronic patient record system) searches to inform the database of vulnerable patients.
- For Colchester Medical Centre, the SMO, SNO and practice manager attended the quarterly army welfare team meeting at which vulnerable and safeguarded patients were reviewed. The practice also liaised with the social workers from the personnel recovery units, which was established to support military personnel on long term sickness.
- The dedicated doctor for MCTC Medical Centre attended a weekly multi-agency management meeting with the MCTC Commandant, welfare team and community psychiatric nurse (CPN) where the needs of vulnerable patients were discussed.
- Staff had received chaperone training in the last 12 months. Information advising patients of the chaperone service was available in patient areas. If an appropriate chaperone was not available at MCTC then the patient was escorted to Colchester Medical Centre. Staff had been subject to safety checks to ensure they were suitable to work with young people and vulnerable adults.

- The full range of recruitment records for permanent staff was held centrally. Nevertheless, the practice could demonstrate that relevant safety checks had taken place at the point of recruitment, including a Disclosure and Barring Service (DBS) check to ensure staff, including locum, were suitable to work with vulnerable adults and young people. DBS checks were renewed every five years. A risk assessment had been completed for two members of staff who were awaiting update DBS checks which had been applied for.
- Arrangements were in place to monitor the registration status of clinical staff with their regulatory body. All staff had professional indemnity cover. Information was in place to confirm staff had received the relevant vaccinations required for their role at the practice. Evidence was not available of the recruitment checks for the RAP team. The practice manager provided us with this information after the inspection.
- Processes were in place to manage infection prevention and control (IPC). An IPC lead and deputy were identified for the group practice and they were suitably skilled, experienced and trained for the role. An annual IPC audit had been undertaken for the group practice in October 2019 that included all clinical environments within the group practice. It reported a 99% IPC compliance. A major outbreak plan was in place for the group practice.
- Although there was a sluice room at Colchester Medical Centre, urine testing was taking place in the accessible toilet. Although personal protective equipment was used, urine disposed of in the toilet posed a splash risk. This toilet was also available for patients to use. A risk assessment had been completed for urinalysis taking place in this area. The practice manager explained that patients only had a 15 minute appointment and, because the sluice room was in another annex of the building, using it would add additional time to the patient's appointment. This meant an increase in patient consultation time leading to clinics running over.
- Environmental cleaning was provided by an external contractor. Cleaning schedules and monitoring arrangements were established, including cleaning at the weekends. The practice manager was unable to confirm if a deep clean had taken place and said they would review this with the contractor. The practice manager monitored cleaning standards and provided feedback each month to the contractor.
- Sharps boxes were labelled, in-date and available in all clinical areas. A standard operating procedure was in place for the provision of acupuncture by physiotherapists. Acupuncture needles were in-date and disposed of correctly. Concerns regarding the disposal of sharps at MCTC had been addressed as a new process had been put in place since the last inspection.
- Systems were in place to manage healthcare waste. Consignment notes were in place for both medical centres. It was identified from the IPC audit that clinical waste bins required securing to a wall and this was on the action plan for completion in 2020. An annual waste audit was undertaken in November 2018 and the practice manager was due to repeat this audit for the group practice the week after our inspection.
- Measures to ensure the safety of facilities and equipment were in place. The contractor held the certificates and/or monitoring checks for gas, electrical and legionella safety so we were unable to confirm when these had been undertaken. The practice manager secured these after the inspection and confirmed that all required safety checks were in date.
- Equipment was checked and maintained. Testing of portable electrical appliances and medical equipment was in-date for Colchester Medical Centre and a fire risk assessment of was undertaken annually. Firefighting equipment was tested regularly and the office manager tested the fire alarm weekly. Staff were up-to-date with fire safety training and were aware of the evacuation plan.

Risks to patients

Improvements were needed to the systems for assessing, monitoring and managing risks associated with patient safety.

- All staff we spoke with reported staffing levels/ skill mix had improved and said there were sufficient staff to meet the needs of patients across both medical centres. Since our previous inspection the staffing level for the PCRF had been strengthened including the return of the lead physiotherapist and the appointment of a Band 7 physiotherapist. A plan was in place to ensure adequate cover across the two PCRFs. For example, staff had received training and an induction for MCTC so they could provide cover at the MCTC PCRF if required to do so. Locums were used to cover extended periods of staff absence.
- To minimise risks associated with continuity, an induction process was in place for locum staff to ensure they were familiar with systems and ways of working in defence primary health care. The PCRF also had an induction pack for locums.
- Both medical centres were equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. An emergency kit, including a defibrillator, oxygen with adult/child masks and emergency medicines were accessible to staff in a secure area of each practice. A first aid kit and accident book was available. Routine checks were in place to ensure the required kit and medicines were available and in-date.
- PCRF staff used the MCTC gym, swimming pool and Regional Rehabilitation Unit (RRU) gym at Colchester Garrison. The practice did not have a process in place to demonstrate the safety of these facilities, including emergency equipment, was regularly monitored.
- Staff were up-to-date with the required training for medical emergencies, including training relevant to occupational risk, such as the management of thermal injury and spinal injuries. Any gaps in this training could be reasonably accounted for. Since the last inspection, staff had completed training in sepsis. Information about sepsis was displayed in both practices.

Information to deliver safe care and treatment

Information management processes to deliver safe patient care needed to be improved.

- We looked at a range of patient records on DMICP and found inconsistencies in the quality of record keeping by doctors, including the use of Read coding and management of scanned documents. Any queries we had about how clinical care was recorded in patients' records were followed up by the SMO and assurance provided that patients were receiving safe care. Clinical record keeping by the PCRF and nursing staff was of a good standard.
- The offer of and use of a chaperone was not consistently recorded in all the records we looked at. Nurses advised us, and clinical records confirmed, informed consent rather than verbal consent was taken when blood specimens were taken. This was not recorded. We informed the SNO at the time of the inspection. Consent was appropriately recorded for acupuncture treatment. The practice was aware that information processes neded to be reviewed and it was included in the Colchester Group Practice development plan 2019-2021.
- Monitoring or audit of clinician records was not consistent. The SMO formally reviewed the records of all doctors. One of the doctors reviewed the medics and nurses' records each day but no formal template was used for this. We found evidence of clinicians audited their own records which lacked objectivity. Aware of this issue the practice had included peer-to-peer reviews in the Colchester Group Practice development plan 2019-2021.

- One of the physiotherapists carried out an annual audit of the record keeping for all physiotherapists and ERIs. The MCTC ERI had been missed from the audit so a separate audit of their records was planned.
- New patients registering at Colchester Medical Centre had their clinical records scrutinised and summarised by a nursing team. The new patient registration form supported this process. Patients of the MCTC had a full medical on admission to the detention centre, which identified any outstanding recalls or occupational health requirements. Routine occupational health care was not carried out at MCTC as patients remained registered with the medical centre where their unit was based.
- Staff described a regular loss of connectivity (or 'freezing') with DMICP. If there was a loss then clinicians followed the DPHC guidance and only emergency patients were seen. Handwritten notes were made and added to DMICP at a later point. DMICP connectivity issues were escalated appropriately. The Chain of Command was aware of ongoing issues with DMICP.
- Referrals for the group practice were managed by the referring clinician and the administrative team. In July 2019 the practice changed the referral process. We found the referral process was not fully failsafe. Information included in the referrals register was inconsistent, was not always legible and did not include internal referrals such as those to the Department of Community Mental Health (DCMH). Furthermore, one of the registers was a ring bound note book which made it difficult to trace entries from one page to another. We checked all urgent referrals and the office manager checked the routine referrals; we were assured all referrals were accounted for. The practice was aware of the issue and had included a review of the referral process in the Colchester Group Practice development plan 2019-2021.
- At the last inspection we found the management of specimens was not failsafe. Following the inspection, the process was reviewed and a SoP was developed. The SoP included daily checks of Pathlinks by the duty doctor, twice weekly monitoring of results by the practice nurse and a monthly audit which was forwarded to headquarters. The audits had consistently shown 100% compliance each month. A backup pathology specimen results book was maintained in the event of IT outages and it was checked daily by duty nurse.

Safe and appropriate use of medicines

The arrangements for managing medicines and vaccines for the group practice were appropriate and safe. This included arrangements for obtaining, recording, storing and handling of medicines.

- There was a dedicated lead and nominated deputies for the management of medicines within both medical centers. The day-to-day management of medicines was delegated to the two pharmacy technicians. The dispensary worked to the DPHC SoP for medicines management and these had been signed by the pharmacy technicians to say they had read and understood them. There were also some local SoPs but these did not have a review date and had not been approved by the medicines lead.
- The MCTC had unit instructions to support the security of medicines once they had been dispensed from Colchester Medical Centre. Patients were supplied these medicines in dosette boxes which were held in individual lockers in a secure room. Self-administration was supervised and documented by staff in the detention centre who returned any unused medicines to the dispensary.
- Processes were in place for the safe management and/or disposal of medicines, including controlled drugs, medical gases and uncollected prescriptions. There was a good relationship with the local pharmacy that dispensed the prescriptions out of normal hours or when the pharmacy technicians were absent.

- Emergency medicines were easily accessible to staff in both facilities and all staff knew of their location. All the medicines and equipment we checked were in date and fit for use. All prescription pads were stored and managed safely by the dispensary.
- All staff who administered vaccines had received immunisation training as well as the mandatory anaphylaxis training.
- Repeat prescriptions were only accepted in person or by email and were reviewed regularly. Repeat medicines were processed within 48 hours. A repeat prescription register was maintained that recorded all stages of the process. The pharmacy technicians checked if a medicine review was required and patients were directed to make an appointment before the next repeat prescription was due. A consultation was added to DMCIP to inform the doctor the patient was due for a review. Patients on repeat medication were reviewed within six to 12 months.
- High risk medicines were managed effectively. All patients who were prescribed these had a review and were monitored through a register, with blood tests undertaken at the required times. There were a number of patients without shared care agreements (SCA) and evidence was in place to confirm they had been requested. Routine searches were undertaken by both the medicines lead and pharmacy technicians to ensure the register was up-to-date and appropriate coding was used to identify patients taking high risk medicines. MCTC patients were included in those searches.
- Appropriate arrangements were established for the safe management of accountable and controlled drugs (medicines with a potential for misuse). There was no evidence of any audits on controlled drug prescribing to identify any risks or unusual trends.
- The SNO and one of the practice nurses were non-medical prescribers. They had been subject to assessments and checks to enable them to prescribe safely and attended regular courses and study days to keep up-to-date.
- Defence Patient Group Directions (PGD) were in use to allow nurses to supply and administer medicines in line with legislation and safely. PGDs were appropriately managed as staff had received training and had been authorised by the SMO. This had recently been successfully audited. There was currently no use of PSDs or medic protocols but the SMO understood the requirements to implement this safely.
- Out-of-hours, secondary care prescriptions and amendments to current treatment as directed by secondary care were receipted, scanned to DMICP and actioned by the doctors.
- Significant events were raised in relation to medicines and there were examples of improvement to the medical centre as a result. These were discussed at the monthly meetings. The dispensary also recorded near misses to identify any trends and reduce risks.

Track record on safety

The practice had a good safety record.

- The practice manager was the lead for health and safety and they were suitably experienced and trained for the role. A risk management meeting had been set up with the first taking place in November 2019. A full review of risk and risk assessments across the group practice was identified on the issues log with a completion date of 31 December 2019. Health and safety boards were displayed in each of the medical centres. Assessments pertinent to the group practice were in place, including those for hazardous substances, operating electrical equipment and lone working.

- At the previous inspection, the medics at MCTC were new to post and were working at MCTC for long periods without any direct management support. They were not aware of any risk assessments or a risk register for MCTC Medical Centre. They had no access to Sharepoint where governance information was stored, including documentation related to risk, including health and safety. Furthermore, the medics were unaware of a previous incident whereby a patient had displayed aggression towards a member staff.
- The medics reported that significant change had been made since the last inspection. They now had access to Sharepoint and other relevant governance systems. They, along with other group practice staff, had completed an MCTC specific induction and attended a personal protection course. SoPs had been developed specific to MCTC Medical Centre, which meant the medics did not need to regularly make telephone calls to check health and safety processes. Patients were now escorted to their appointments by staff from the detention centre which reduced the risk to staff safety. There was an alarm system in MCTC Medical Centre and the medics also carried personal alarms. Equally there was an alarm system at Colchester Medical Centre and staff could have a personal alarm if they requested one. All alarm systems were tested regularly.

Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- The SNO and practice manager were the leads for significant events. Staff used the electronic organisational-wide system (referred to as ASER) for recording and acting on significant events, incidents and near misses. The practice referenced the organisational policy regarding staff access to the ASER system. Once trained, staff were permitted access to the ASER system.
- In addition, the ASER system was used to report and share examples of quality improvement initiatives (referred to as a purple ASER). Significant events were a standing agenda item at the governance meetings heads of department (HoD) meetings and the practice meetings. They were also discussed at the nurses' meetings.
- Staff provided various examples of significant events reported and lessons learned, which demonstrated there was a culture of positive reporting. For example, a significant event was raised in relation to a detainee admitted out-of-hours without access to their medicine. As a result, the practice worked with MPS staff to develop a SoP to ensure patients received their medicines as prescribed.
- Significant event trends were analysed by the practice. Over the last 12 months 31 significant events were submitted, three of which were purple ASERs. The overall reporting trend for the group practice related to organisational management, which led to changes in policy and identifying training gaps.
- All safety notices from the Medicines and Healthcare products Regulatory Agency were correctly logged on a spreadsheet and actioned appropriately. The pharmacy technicians also checked the Central Alerting System website daily as well as the alerts received from the DPHC. Alerts cascaded appropriately and added to the agenda for discussion at the monthly HoD meetings.
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Are services effective?	**Good**

We rated the practice as good for providing effective services.

Following our previous inspection, we rated the practice as requires improvement for providing effective services. We found inconsistencies in processes for providing effective services including gaps in: health care governance, clinical audit for the wider group practice and staff induction.

At this inspection we found the recommendations we made had been actioned. The practice is now rated as good for providing effective services.

Effective needs assessment, care and treatment

Clinicians kept up-to-date with current evidence-based practice.

- Processes were in place to support clinical staff to keep up-to-date with NICE (National Institute for Health and Care Excellence), the Scottish Intercollegiate Guidelines Network (SIGN), clinical pathways, current legislation, standards and other practice guidance. The main forum for this was through the health governance meetings scheduled for alternate months and involving the full range of clinicians working at the group practice, including the PCRF, RAP staff and the medics from MCTC. NICE, clinical audit, quality improvement, health promotion and evidence based practice were a standing agenda item at these meetings. Minutes of the meetings were made available to all staff.
- The SMO facilitated weekly meetings with the doctors, including the RMOs. The nursing team held quarterly meetings and the PCRF team held weekly meetings. Links to all new or updated policy and guidelines were distributed to clinicians by the SNO who was the lead for healthcare governance. In addition, clinicians had opportunities to attend regional forums, such as regional governance meetings, nurse development forums and prescriber forums.
- To measure patient outcomes, the PCRF routinely used the musculoskeletal health questionnaire for an initial patient assessment repeated every six weeks and on discharge. Rehab Guru, an exercise prescription software, was limited in its use. An equivalent within DMICP was effectively used to capture the patient's rehabilitation programme and progression. The uptake of rehabilitation classes was monitored to ensure inclusion and exit criteria were adhered to. The PCRF had recently introduced a late stage rehabilitation 'return to impact' class to aid transition from rehabilitation to physical training in order to minimise the risk of the same injury reoccurring. This initiative was due to be audited in 2020.

Monitoring care and treatment

The practice used data collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. QOF is a system intended to improve the quality of general practice and reward good practice. It is used across many NHS practices. The Defence Medical Services (DMS) have a responsibility to deliver the same quality of care as patients expect in the NHS. The QOF provides a useful way of measuring this for DMS. Because the numbers of patients with long term conditions are often significantly lower at DPHC practices, we are not using NHS data as a comparator.

- We were provided with the following outcomes for patients with long term conditions (LTC):
    - Seven patients were on the diabetic register. All patients had a last measured total cholesterol of 5mmol/l or less which is an indicator of positive cholesterol control. Six patients had a last blood pressure reading of 150/90 or less. Based on NICE guidance and Diabetes UK key process indicators, a diabetes audit for 2018 (the 2019 audit was in progress) showed all patients on the diabetic register were pro-actively

followed up. A structured educational programme on DMICP was used as part of promoting diabetic care for patients.

  - Twenty nine patients were recorded as having high blood pressure. Seventeen had a blood pressure recorded in the last nine months of 150/90 or less. A hypertension audit carried out in November 2019 looked the clinical records for 28% of patients with a diagnosis of hypertension. The audit took account of the latest blood pressure reading recorded and the reason for poor control. It was clear the clinical team were pro-active with recalling patients.
  - Twenty seven patients had a diagnosis of asthma. Sixteen of these patients had an asthma review in the preceding 12 months which included an assessment of asthma control using the three RCP questions. Referencing SIGN guidance and Asthma UK guidance, an asthma audit was carried out in 2019. It demonstrated patients were consistently and regularly invited for a review. We were advised that patients were on the asthma register who were deployed or had moved on. There were also system issues leading to patients automatically identified as having asthma even if they did not, such as those patients prescribed an inhaler for a cough.

- A doctor and a practice nurse were identified as the leads for LTCs. Each of the nurses had an area of responsibility for chronic disease, which the lead nurse monitored. Since the last inspection, one DMICP account had been established for the group practice. This meant routine searches of DMICP more reliably captured patients at MCTC who were diagnosed with a chronic condition. We looked at a selection of clinical records and confirmed patients were being recalled appropriately. Given the transient nature of this population group, nurses opportunistically carried out reviews when patients were attending the practice for occupational health. Not all doctors used the DMICP templates when reviewing patients with a chronic condition, which could lead to inconsistency in the review process.
- Although the group practice did not have an agreed list of Read codes for patients with a mental illness and/or depressive symptoms, care was was being effectively and safely managed. The SMO followed up on any queries we had following our review of DMICP records so we were assured that patients with mental health needs were being effectively managed. The practice had a good relationship with the Department of Community Mental Health (DCMH) based in Colchester Garrison. Doctors could approach the psychiatrist for advice or to discuss referring patients to the service.
- The dedicated community psychiatric nurse (CPN) for MCTC patients was attached to the medical regiment. They spent one to two days a week at MCTC and advised us that this patient population group was particularly vulnerable due to their status as detainees and with a potential sentence pending. They described how patients can be complex often presenting with social problems, post traumatic stress disorder, symptoms of psychosis and anger issues. Since the last inspection, the CPN said that the group practice was more integrated and engaged with the MCTC.
- Information from the Force Protection Dashboard, which uses statistics and data collected from military primary health care facilities, was also used to gauge performance. Service personnel may encounter damaging noise sources throughout their career. It is therefore important that service personnel undertake an audiometric hearing assessment on a regular basis (every two years). The percentage of patients for audiometric assessments had improved since the last inspection with 83.6% of patients up-to-date for their assessments.
- One of the doctors and a practice nurse were identified as the leads for audit. Although an effective audit programme was in place at the previous inspection, the PCRF was not integrated with the programme and were unable to provide us with a PCRF audit

programme. Furthermore, the patient population for MCTC Medical Centre had not been routinely included in clinical audit activity. The group practice had continued with its audit activity and the PCRF and MCTC were now integrated in the programme. Audit included both data analysis audits and clinical audits to measure the effectiveness of care with repeat audits evident.

- Since the last inspection in January 2019 completed audits included: uptake of direct access to physiotherapy (DAP); review of rehabilitation class attendance; cervical cytology; uptake of smoking cessation; MMR vaccine uptake for women of reproductive age; use of proton pump inhibitors (medicine to reduce stomach acid) and benzodiazepines (used for anxiety and insomnia). The group practice had ceased to provide minor surgery so an annual audit was no longer required.
- Prescribing audits had been undertaken. The dispensary ran a prescribing interventions audit in May 2018 and more recently in September 2019. The audit log showed a prescribing audit had taken place in September 2019 and an antibiotic prescribing audit in October 2019.

Effective staffing

Continuous learning and development was promoted for staff. The staff database was monitored by the practice manager to ensure staff were up-to-date with training and development.

- All staff working at Colchester Medical Centre had received a generic induction to the group practice. At the previous inspection, not all staff had received an induction to the PCRF. At this inspection a new and comprehensive PCRF induction pack had been developed that complemented the group practice induction. A role specific induction was in place for nurses and was in accordance with the DPHC framework and Defence Nursing Operational Competencies. The induction for doctors covered the processes and procedures at the MCTC. RAP staff new to the practice had an induction with the practice manager. The RMO confirmed they had an induction of two days which included on-line training.
- At the previous inspection the medics at MCTC Medical Centre had not had an induction specific to the MCTC so were not clear about their roles and responsibilities or the needs/risks of the MCTC population. The medics reported that they had now felt confident and competent and had completed the required training to carry out their role at MCTC. They attended group practice training sessions and were given opportunities to develop their skills by shadowing clinical staff. The practice manager was in the process of finalising an MCTC specific induction to be completed by the end of January 2020.
- The practice manager monitored the mandatory training of all staff. The lead physiotherapist also kept a check on mandated training for PCRF staff. Any gaps in training could be accounted for. RAP staff working from Colchester Medical Centre completed mandated training at unit level. Although it was their responsibility to provide the practice manager with evidence of training, this approach was inconsistent and there were gaps in their training evidence. After the inspection the practice manager made contact with the Chain of Command for the units and secured the training record for RAP staff.
- Clinical staff also completed training and training updates relevant to the needs of the population and lead roles. For example, doctors had a range of skills between them including boxing medicals, fitness to parachute assessments and aviation. The doctor who undertook the diving medicals was deployed so the SMO planned to complete a diving medical course to ensure continuity in service provision.

- Clinical staff were given protected time for professional development. The SNO and SMO had processes in place to monitor the revalidation and continuing professional development (CPD) of staff. Peer review and clinical supervision was facilitated through the doctors' weekly meetings and through the nurses' had a clinical meeting once a month. A comprehensive peer review process was in place for PCRF staff. The nurses provided supervision for the clinical work of the medics. All staff were up-to-date with their annual appraisals.
- Regular in-service training was available for staff to attend, including RAP staff. Training and attendance was recorded on the health governance worked. Recent training included sessions on mindfulness, shoulder assessment, heat injury and a presentation from the DCMH psychologist. Staff at the PCRF used clinical podcasts to review practice.

Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- The clinical records we reviewed showed appropriate staff, including those in different teams, services and organisations were involved in assessing, planning and delivering care and treatment. An effective system was in place for deregistering and the transfer of DMICP notes from one practice to another. Patients of the MCTC received a full multi agency review and also a medical before discharge.
- At this inspection, PCRF staff were more integrated with the wider group practice and meeting minutes showed the PCRF was represented at the group practice meetings. The group practice had developed good working relationships with internal teams and departments, such as the DCMH.
- Each RMO attended the Unit Health Committee (UHC) meetings for their unit. Nominated PCRF staff also attended the UHC meetings. UHC meetings are a forum to review the needs of patients who are medically downgraded and those who are vulnerable. The SMO participated in the UHC meetings for smaller units and they also attended the Brigade UHC. The practice manager represented the medical centre at the Garrison UHC. Feedback from these meetings was shared with staff at the most relevant group practice meeting.
- The group practice also worked closely with the Regional Rehabilitation Unit (RRU) and the DCMH.
- The practice had good links with the local midwifery service and health visiting team. The SNO attended regular meetings with the Clinical Commissioning Group and was a board member of the East Suffolk and North Essex NHS Foundation Trust. The SMO attended the Local Medical Committee meetings.

Helping patients to live healthier lives

Staff were proactive and sought options to support patients to live healthier lives.

- A health promotion lead and deputy were identified for the practice. The ERIs were also actively involved in health promotion. The practice supported national priorities and initiatives to improve the patient population health. Health promotion information and displays were evident at both medical centres. They were refreshed in response to population need and other factors. For example, there was a display in the patient area of Colchester Medical Centre about smoking, sexual health and alcohol use. Smoking cessation leads were identified with most of the practice nurses trained in smoking cessation.

- Patients of MCTC often presented with alcohol dependency that may have contributed to their detention. As detainees were prohibited from drinking, the dedicated doctor for MCTC managed it as part of the patient's rehabilitation programme. The CPN worked with individual patients to provide patients with coping strategies for when they were discharged.
- In addition to general health promotion, information was displayed in the PCRF waiting area about backpain, injury prevention and the pathway for injury recovery. A television in the waiting area with an informative programme on musculoskeletal injuries was playing during the inspection.
- All practice nurses had completed training in sexual health. Information was available for patients requiring sexual health advice, including sign-posting to other services. Condoms were available in the toilets at Colchester Medical Centre. These were not provided at MCTC due to risk. Arrangements were in place for referring patients to the defence sexual health consultant if needed.
- Staff, including the PCRF, participated health fairs organised by the units. These were held periodically to promote healthy lifestyles amongst service personnel.
- Processes were in place to identify patients eligible for the national screening programmes. There were no patients over the age of 50. Two hundred and seventy patients were eligible for cervical screening and 92% had been screened.
- It is important that military personnel have sufficient immunity against the risk of contracting certain diseases. The World Health Organisation sets a target of 95% for vaccination against diphtheria, tetanus, pertussis and polio and measles, mumps and rubella. Based on clinical records, the following illustrates the current 2019 vaccination data for military patients:
    - 96% of patients were up to date with vaccination against diphtheria.
    - 96% of patients were up to date with vaccination against polio.
    - 99% of patients were up to date with vaccination against hepatitis B.
    - 99% of patients were up to date with vaccination against hepatitis A.
    - 98% of patients were up to date with vaccination against MMR.
    - 72% of patients were up to date with vaccination against typhoid.

  In accordance with policy, the typhoid vaccination is only required for service personnel who are deploying or Royal Navy service personnel.
- Vaccination statistics were monitored closely and patients recalled, particularly for units who were at high readiness for deployment. Patients of MCTC were not included in the vaccination recall for the wider practice. As they were not held at readiness to deploy, recall for vaccinations was managed by the units they would be returning to.

Consent to care and treatment

Clinicians understood the requirements of legislation and guidance when considering consent and decision making

- Patients we spoke with and patient feedback processes indicated that patients were involved and supported to make decisions about their care.
- The SMO facilitated a staff briefing session about the Mental Capacity Act (2005) in November 2019. Information about mental capacity was displayed in clinical areas and on the patient information board.

Are services caring?	Good

We rated the practice as good for caring.

Following our previous inspection, we rated the practice as inadequate for providing caring services. This was because the privacy and dignity of patients was comprised in the PCRF at Colchester Medical Centre.

At this inspection we found the recommendations we made had been actioned. The practice is now rated as good for providing caring services.

Kindness, respect and compassion

Staff supported patients in a kind and respectful way.

- Throughout the inspection staff were courteous and respectful to patients arriving for their appointments.
- We looked at a range of patient surveys undertaken throughout the year including a generic patient experience survey, PCRF surveys and a reception staff survey. Feedback from patients was mostly positive. Feedback was discussed at practice meetings with negative feedback followed up and changes/improvements made if appropriate.
- Patients of MCTC Medical Centre completed 12 CQC comment cards and patients of Colchester Medical Centre completed 23 cards. Feedback suggested staff were caring and supportive.
- Colchester Medical Centre had an information network available to all members of the service community, known as HIVE. This provided a range of information to patients who had relocated to the base and surrounding area. Information included what was available from the local unit and from civilian facilities, including healthcare facilities.
- All new detainees to MCTC had an interview with a member of the welfare team who were based in the building. The welfare team worked to the guidance of Barnardo's (a charitable children's organisation) to ensure children were supported if they were affected by parental separation. The welfare team also explored with each individual whether support was needed with managing debts, benefits, housing or other social matters. Detainees had access to short courses at the education centre to prepare them if they were likely to be discharged from the military after sentence.

Involvement in decisions about care and treatment

Staff supported patients to be involved in decisions about their care.

- An interpretation service, the Big Word, was available for patients who did not have English as a first language. All staff across the group practice were aware of this service. Information about the service was available at both medical centres.
- The patient experience surveys showed respondents were involved in decisions about their care. Feedback on the CQC patient feedback cards highlighted that patients received information from clinicians to support them with making informed decisions about their treatment and care.
- The SNO was the lead for carers and processes were in place to identify patients who had caring responsibilities, including the use of alerts, codes and regular searches. For Colchester Medical Centre, patients who were carers were discussed with the welfare team. The welfare

team for MCTC identified patients with a caring responsibility at the detainee's initial interview and assessment.

Privacy and dignity

The practice respected patients' privacy and dignity.

- The layout of the reception area and seating in Colchester Medical Centre meant that conversations between patients and reception could not be overheard. A television was playing to minimise conversations being overheard. If patients wished to discuss sensitive issues or appeared distressed at reception then they were offered a private room to discuss their needs. Just one patient at a time had access to the waiting area at MCTC.
- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. Clinic room doors were closed during consultations.
- At the previous inspection we found the privacy and dignity of patients at the PCRF for Colchester Medical Centre was compromised. This had been addressed. Information was in place advising patients of the open plan treatment space and patients were more offered a more confidential space if they required it. A radio was used to prevent others overhearing clinical discussions.
- The group practice could facilitate patients who wished to see a doctor, nurse or physiotherapist of a specific gender.

Are services responsive to people's needs?	Good

We rated the practice as good for providing responsive services.

Following our previous inspection, we rated the practice as requires improvement for providing responsive services. This was because patient information about the service provision was lacking and insufficient arrangements were not in place for out-of-hours medical cover.

At this inspection we found the recommendations we made had been actioned. The practice is now rated as good for providing responsive services.

Responding to and meeting people's needs

Services were organised and reviewed to meet patient needs and preferences where possible.

- Staff understood the needs of its population and tailored services in response to those needs. For example, clinics at Colchester Medical Centre were organised around the occupational health needs of service personnel due to deploy, including short notice deployment. There was a clear system in place for force preparation out-of-hours in the event of short notice deployment. Practice military staff operated a rota system and could open the practice within two hours. Telephone cover was provided 24-hours by a clinician who could initiate immediate last-minute force preparation.
- The CQC feedback comment cards completed prior to the inspection highlighted that it was easy to secure an appointment, in particular a short notice appointment.
- Colchester Medical Centre was located in a new building so the needs of people with a disability had been taken into account in the building plans. All services were on the ground floor and were accessible for patients who were wheelchair users or who had limited mobility. There was designated parking for people with a disability. Although we noted MCTC Medical

Centre was accessible for patients with a disability, the practice manager said they planned to complete an access audit as defined in the Equality Act 2010 had not been completed for the MCTC medical centre.

Timely access to care and treatment

Patients' needs were met in a timely way.

- For Colchester Medical Centre, routine appointments with both doctors and nurses were available within 24 to 48 hours. Double appointments at either the request of the clinician or patient could be made. Patients with an emergency need were seen the same day. There was a wait of one week for specialist medicals such as diving and aviation.
- A triage clinic (referred to as sick parade) was held each morning for patients of MCTC with routine doctor's appointments available until 12:30. Practice nurse clinics were held twice a week. These included smoking cessation clinics and sexual health screening. Patients at MCTC had a review every two weeks with one of the medics.
- Home visits were not provided and this was outlined in the patient information leaflet. Telephone consultations were available for patients of Colchester Medical Centre.
- Colchester Medical Centre provided an occupational health service only to reservists from various locations. Up to three reservists were booked into the clinics each week. Reservists were advised to obtain a brief summary of their medical record from their NHS GP so that clinicians had some insight about their health needs.
- A Saturday clinic was held just for reservists each month from 09:00 to 16:00 to accommodate reservists in full time employment. The clinic was staffed by two doctors, two nurses and an administrator.
- Patient information leaflets had been developed for both medical centres. A duty doctor was available when the practice closed at 18:00 hours until patients could access NHS 111 at 18:30 hours.
- At the time of the inspection the next available routine physiotherapy appointment was within five working days. An urgent appointment could be accommodated the next working day. Access to an ERI was within two working days. A DAP service was in place with an emergency physiotherapy clinic was available at Colchester Medical Centre from 08:00 to 09:00 each day.
- Access to an appointment at the multidisciplinary injury assessment clinic (MIAC) was facilitated within 10 to 12 days. There were no significant waits for referral to the RRU.

Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information was available to help patients understand the complaints process. The group practice managed complaints in accordance with the DPHC complaints policy and procedure. Both a complaints and compliments log was maintained for the group.
- The practice manager was the designated responsible person who handled all complaints and the office manager deputised in their absence. A record of complaints was maintained, including verbal complaints. Complaints were discussed at the practice meetings and at the heads of department meetings if necessary.
- It was clear complaints were analysed and changes made to improve the patient experience. Nine complaints had been received since the last inspection with a theme of waiting longer

than expected to be seen. Based on this theme, the practice had successfully made changes to reduce unnecessary waiting for patients.

Are services well-led?	Good

We rated the practice as good for providing a well-led service.

Following our previous inspection, we rated the practice as inadequate for providing well-led services. The rating was based on:

- an inconsistent understanding of the vision, strategy and objectives for the group practice model;
- the absence of a business continuity plan and major incident plan for MCTC Medical Centre;
- integration of governance systems and activity was underdeveloped. Not all staff had access to governance processes and information; and
- limited leadership capacity to support the group practice model.

At this inspection we found the recommendations we made had been actioned. The practice is now rated as good for providing well-led services.

Vision and strategy

- Following the findings of the initial inspection in January 2019, MCTC Medical Centre was closed in March and patients were transported with an escort to Colchester Medical Centre. Whilst this arrangement minimised the risks we found, all stakeholders we spoke with said it was not an effective or efficient model for MCTC patients. Reasons for this included availability of transport/escorts and an increase of 25% clinician demand due to no triage process for MCTC patients. Importantly, patients were missing input from the welfare team, CPN and their education programme; all part of their rehabilitation programme delivered from MCTC. The leadership team, lead doctor for MCTC Medical Centre and MCTC Commandant had worked collaboratively to minimise risk when the MCTC Medical Centre reopened on 28 May 2019.
- We found at this inspection that the leadership team had progressed the group practice model. This was reflected in the action taken since the last inspection and positive feedback from various stakeholders, notably the staff at MCTC Medical Centre, the Commandant for MCTC and the DCMH. They said communication and integration had significantly improved. In addition, general and patient information had been revised to reflect the service brand of 'Colchester Group Practice'. The leaders had terms of reference for their roles and were aware of the scope of their responsibilities within the context of Colchester Group Practice.
    - The DPHC mission statement for the group practice was to:
      'Provide and commission safe and effective healthcare which meets the needs of the patient and the chain of command.'
    - The mission statement developed for the Colchester Group Practice was:
      'To provide a well led, safe and high-quality patient-centred approach to healthcare, underpinned through a collective and effective system of governance.'

We found the group practice was effectively working to its mission statement.

Leadership capacity and capability

There was sufficient leadership capacity and capability to administer the group practice model.

- The leadership team had changed since the last inspection. The new SMO started working at the practice in May 2019 and the group practice manager started in September 2019. The lead physiotherapist had returned from deployment. Staffing levels had increased which supported the leadership team with the changes it needed to make.
- The absence of the deputy practice manager was cited at the last inspection as one of the reasons for insufficient leadership capacity to support the group practice model. However, the practice manager advised us there was adequate leadership capacity in the system. We found the leadership team were determined to make the group model a success so had streamlined resources and revised processes to make it happen.
- To make effective use of limited leadership resource, delegated responsibilities had been strengthened. For example, lead roles for key activities now included an identified deputy to ensure continuity in the absence of the lead. Furthermore, the medics at MCTC had been fully inducted and had received sufficient training, which meant they were confident and competent with the day-to-day running of the service. The practice manager worked from MCTC Medical Centre one day each week to monitor how the service was being administered, to provide support for the medics and to foster an inclusive group practice team ethos.
- Although the SMO and practice manager had been in post for a short period of time, they, along with the wider leadership team, had made positive improvements to the service. Acknowledging that further improvements were needed, the leadership team had produced a group practice development plan (PDP) for 2019-2021. The PDP took into account healthcare governance, infrastructure development, information systems, staff development and local working guidance.
- The leadership advised us they were well supported by the regional team who were available for advice and visited the service regularly.

Governance arrangements

Governance structures had been streamlined and strengthened to support effective implementation of the group practice model.

- Integration of governance systems and activities had improved since the last inspection. Rather than working with two health governance workbooks as we found previously, there was one workbook for the group practice which all staff had access to. The health governance workbook is a system that brings together a comprehensive range of governance activities, including the risk register, significant events tracker, lessons learnt log, training register, policies, meetings, quality improvement and audit. The workbook was accessible to all staff at the group practice.
- It was identified on the PDP that the separate medical centre DMICP sites would be merged by the 20 December 2019. The practice acknowledged that a single DMICP practice population site would provide more reliable and less time consuming searches, including force protection assurance. The same completion date was identified for the merger of the separate ASER sites.
- We found at the previous inspection that PCRF staff were not fully integrated with governance activities for the group practice. This had been improved as the PCRF was now included in the wider audit programme, staff were attending healthcare governance meetings and both PCRFs were now included in the IPC practice-wide audit rather than PCRF staff undertaking their own IPC audits.
- In addition, the PCRF at MCTC was now fully integrated with the group practice. The dedicated physiotherapist for MCTC worked one day a week at MCTC and two days at Colchester PCRF

which supported continuity. All group practice PCRF SoPs had been extended to include the MCTC. The MCTC was part of all PCRF staff inductions. The ERI at MCTC was not employed by the group practice and through a local agreement had been brought under the governance of the group practice. A memorandum of understanding was not in place and would add weight to the local agreement.

- The PCRF received an advisory visit from the RRU in November 2019. For the first time the PCRF at MCTC was included in the visit.
- Staff said there was a clear staffing structure in place and they were aware of their roles and responsibilities, including delegated lead roles in specific topic areas. Terms of reference were in place to support job roles. A rotation of practice nurses and medics for the medical centres had been introduced to minimise skill fade, support succession planning and ensure staff were skilled and confident to work with the two diverse patient population groups. The mix of civilian and military staff military meant continuity was assured when military staff deployed.
- A range of communication streams were used at the practice. A schedule of regular practice and departmental meetings were established. Meetings included those for the practice, heads of department, PCRF, nursing, doctors. The frequency of health care governance meetings had increased since the last inspection with PCRF staff now routinely attending the meetings.

Managing risks, issues and performance

Processes to effectively manage risks had been strengthened since the last inspection. The leadership team acknowledged further improvements were needed.

- A group practice risk register and issues log were established. Risks were discussed at both the practice and healthcare governance meetings. A dedicated risk management meeting had been set up and terms of reference had been developed. The plan was for these meetings to be held quarterly with all heads of departments represented.
- We found some systems to manage risk were not fully failsafe. These had been identified by the leadership team and were included as development areas in the group practice PDP. For example, the management of referrals and inconsistencies in the recording of clinical information linked to an inconsistent process for the monitoring/auditing of clinician record keeping.
- Processes were in place to monitor national and local safety alerts, incidents, and complaints. A business continuity plan was established for Colchester Group Practice and major incident plans for each of the medical centres.
- There was a clear approach for supporting and managing staff when their performance was poor or variable. For example, if staff failed to complete mandatory training then their line manager was informed.

Appropriate and accurate information

The practice acted on appropriate and accurate information.

- The DMS Common Assurance Framework (CAF), the internal quality assurance tool, was used to monitor the monitor safety and performance of the practice. The CAF was formally introduced in September 2009 and since that time has been the standard healthcare governance assurance tool utilised by DMS practices to assure the standards of health care delivery.

- When a CAF review is undertaken by regional headquarters it is referred to as a Health Governance Assurance Visit (HGAV). The last HGAV was undertaken in November 2019 and was specific to the PCRF.
- The SNO was the lead for the CAF and delegated CAF domains to staff as areas of responsibility. Similarly, to the DMICP and ASER merger, the PDP identified that the separate CAF for each medical centre would be merged by 20 December 2019.

Culture

The leadership team demonstrated a commitment to ensuring equality and inclusion across the workforce.

- All the staff we spoke felt supported, respected and valued by the leadership team. Opportunities were in place so staff could contribute to discussions about how to run and develop the practice.
- Staff clearly demonstrated a patient-centred focus and said this ethos was promoted by the leadership team and embedded in practice. This mindset was reflected in the vision developed for Colchester Group Practice.
- The practice had systems to ensure compliance with the requirements of the duty of candour, including giving those affected reasonable support, information and a verbal and written apology. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. A duty of candour register was in place.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that the leadership team would address any concerns raised.
- The practice actively promoted equality and diversity and provided staff with the relevant training. Staff felt they were treated equally.
- The practice manager maintained a log of compliments and informed individual staff if a patient complimented them.

Engagement with patients, the public, staff and external partners

- Patients could provide feedback on the quality of the service provided by the group practice. At this inspection MCTC patients had opportunities to provide feedback. A number of methods were in place including a quarterly domain-focussed feedback survey and suggestion boxes in waiting areas. All forms of feedback were discussed at both the practice and healthcare governance meetings. Feedback was analysed and the outcome displayed in waiting areas. A ‘You said, we did’ display was evident in the medical centres to inform patients about the changes made as a result of their feedback.
- Staff could provide feedback through routine meetings, the whistleblowing policy, the DPHC Speak Out campaign and DPHC staff surveys.
- The group practice had good and effective links with internal and external organisations including the welfare team, UHCs, Regional Rehabilitation Unit (RRU), the DCMH, CCG and local NHS primary care providers.

Continuous improvement and innovation

Despite the group practice supporting two diverse patient population groups coupled with a new leadership team in the last six months, we found improvements had been made since the last inspection. Some of the improvements included:

- DMICP tasker group established to improve patient recall, nurse appointments etc;
- Improved WIFI access at Colchester Medical Centre;
- Personal protection training for staff who work at MCTC Medical Centre;
- Development of a medicines management SoP for MCTC; and
- A reduction in appointment waiting times for patients.