Colchester Group Practice

Colchester, Essex, CO2 7UT

Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of information given to us by the practice and interviews with staff. We gathered all evidence remotely in line with COVID-19 restrictions and guidance.

Overall rating for this service	**Good**	
Are services safe?	**Good**	

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Colchester Group Practice on 17 January 2019. The practice received an inadequate rating overall, with a rating of inadequate for the safe, caring and well-led domains. The effective and responsive domains were rated as requires improvement.

An announced comprehensive follow-up inspection took place on 4 December 2019 with the practice achieving a rating of good overall. All domains were rated as good except for safe, which was rated as requires improvement.

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

https://www.cqc.org.uk/dms

We carried out this announced follow up focussed desk-based inspection on 26 and 28 May 2021. The report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

As a result of this inspection we found that the practice was safe in accordance with CQC's inspection framework and the safe domain is rated as good.

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.

At this inspection we found:

- The leadership team had pro-actively addressed shortfalls in mandatory staff training.
- Staff had received child and adult training to a level appropriate for their role.
- A process was in place for the auditing of clinical record keeping. Record keeping had improved, notably in relation to clinical coding, the use of clinical templates and the management of scanned documents.
- The management of referrals had been revised supported by a standard operating procedure.
- Patients taking high risk medicines were well managed.

- Arrangements were in place for infection prevention and control.
- Clinical waste was managed safely.

The Chief Inspector recommends:

The inclusion of internal referrals (such as those to Department of Community Mental Health and Regional Occupational Health Teams) within the referral tracking process.

Dr Rosie Benneyworth BM BS BMedSci MRCGP

Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

This inspection was undertaken by a CQC inspector and GP specialist advisor.

Background to 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 3,250 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 45 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 doctor and medic appointments from 08:30 to 12:00 each day, and two nurse clinics a week. A PCRF is located on the premises.

Developments during the COVID-19 pandemic

Colchester Group Practice supported the British Military Operation during the COVID-19 pandemic by establishing a Defence Covid Bedding Down Facility within Colchester Medical Centre with capacity for four beds and the ability to expand to ten beds should the need arise. The aim was to admit Class 2 COVID-19 cases within Defence Primary Healthcare (DPHC) East Region.

Many Regimental Aid Post (RAP)[1] staff were relocated to staff the Nightingale hospitals during the initial start of the outbreak. During the second COVID-19 wave, RAP staff supported the NHS working alongside their civilian counterparts in various trusts across the whole of the UK. All medics[2], including DPHC medics, were required to undertake additional training to prepare for this role so were on standby ready to deploy within two days.

RAP staff have continued to work alongside the NHS with the vaccination rollout programme, deploying to remote areas and working in larger vaccination centres. In April 20211, Colchester Medical Centre was one of two regional COVID-19 vaccination centres established to offer vaccinations to service personnel who might be disadvantaged by being overseas on operational tours when it was their age bracket to receive the vaccination.

The staff team at the time of the inspection

Position	Numbers
Senior Medical Officer	One
16 Brigade Senior Medical Officer	One
RAP - Medical Officer	Five (two on unit commitments)
Senior Nursing Officer	One (detached)
Civilian medical practitioner	Two One locum
General Duties Medical Officer	Nine (three being inducted, six away on unit commitments)
Military practice Nurse	Two

Civilian practice Nurse	Four (one part time)
Military physiotherapist	One (on tour)
Civilian physiotherapist	Two (one part time) Two locums
Military exercise rehabilitation instructor	Two
Civilian exercise rehabilitation instructor	One
Military group practice manager	One
Office manager	One
Administrator	Three
PCRF administrator	One
Medic	Two (MCTC Medical Centre)
RAP – Medics	Fourteen (four being inducted; two on tour)
RAP - Nurse	Two
Pharmacy Technician	One One part time locum

[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?

Following our previous inspection, we rated the practice as requires improvement for providing safe services. Systems to keep patients safe were in place but needed to be strengthened including the management of referrals; scanned documents; clinical record keeping; high-risk medicines; infection prevention and control (IPC); building and facility checks and access to training records for non-DPHC (RAP) staff.

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

Safety systems and processes

- The previous inspection identified that not all clinical staff had completed level 3 training in accordance with DPHC policy and intercollegiate guidance. This remained the case as the staff database showed gaps in level 3 child and adult safeguarding training for non-DPHC staff (RAP). The leadership team were aware of this training deficit and advised us that the COVID-19 pandemic had impacted access to training. In addition to routine deployments and detachments, staff had been deployed to support with the national vaccination programme. Furthermore, we were informed staff have had difficulty accessing training as it has been oversubscribed. To address the training deficit, the practice manager provided evidence that level 3 training was scheduled to take place on 28 June and confirmed all staff requiring this training had registered to participate.
- While checking the safeguarding training on the staff database we noted gaps in other mandated training, such as basic life support (BLS). Similarly, these gaps were mainly for non-DPHC staff and for the same reasons as the deficits with safeguarding training. Evidence was provided to confirm BLS training had been arranged for 21 June 2021.
- Processes were in place to monitor the status of mandated training. Each month the practice manager emailed reminders to both DPHC and non-DPHC staff when refresher training was due. Training, including training statistics for the practice, were discussed with staff at practice meetings.
- The SMO advised us that non-DPHC staff were required to provide evidence of training when they joined the practice and prior to activation of their DMICP (electronic patient record system) account. Failure to provide evidence of refresher or update training could result in suspension of a staff's DMICP account. However, securing evidence of training in a timely manner for non-DPHC staff was an ongoing issue. The SMO had informal discussions with the RMOs to advise of training deficits with their unit staff.
- Following this inspection, the practice took a pro-active approach over the next three weeks to address the gaps in training for non-DPHC staff. By the end of June 2021 training had improved from 76% to 95%, including safeguarding and BLS training. At the direction of the SMO, staff who had failed to produce evidence of completion of mandated training remained suspended from clinical activities.
- The training database was centralised so Regional Head Quarters (RHQ) had oversight of the training status.

- At the previous inspection we identified IPC improvements were needed, notably in relation to environment. An IPC audit for the group practice was completed in February 2021 and a compliance score of 98% was achieved. A 'periodic cleaning planner' was in place which outlined the cleaning arrangements on a monthly, two monthly, three monthly, six monthly and annual basis. Evidence was submitted indicating the cleaning schedules for March 2021 and confirmed deep cleaning of designated areas had taken place in accordance with the planner.
- The practice manager confirmed the accessible toilet was no longer used for urinalysis and so the recommendation to complete a risk assessment for this activity was no longer required. The testing of urine was taking place in the sluice room.
- The practice manager was now regularly receiving regular documentation in relation to waste management for the MCTC and submitted as evidence three examples of consignment notes, and waste collection receipts. Photographic evidence was provided confirming the clinical waste bin for Colchester Medical Centre was now secured to an external wall of the premises.
- The contractor was sending emails each month to the practice manager to confirm planned checks of the building and facilities had taken place. The practice received a report following the check. Although there was a backlog with reports due to COVID-19, the practice manager received verbal feedback if there were any issues of concern identified.

Risk to patients

- At the previous inspection PCRF staff used the MCTC gym, swimming pool and Regional Rehabilitation Unit (RRU) gym at Colchester Garrison. However, the practice did not have a process in place to demonstrate the safety of these facilities, including the regular monitoring of emergency equipment.
- With the COVID-19 pandemic, the practice manager confirmed the RRU gym and swimming pool had not been used to assess and/or treat patients. Should these facilities be used in the future then the practice manager was aware measures would need to be put in place to ensure the emergency equipment was checked. Patients of the MCTC were assessed in the MCTC PCRF and checks of equipment in this facility were completed in line with the equipment care policy. The MCTC medics completed daily and weekly checks of the emergency equipment.
- Although the ERI worked under the direction of the group practice physiotherapist and supported patients in the MCTC gym, they were an employee of the MCTC and not the group practice.

Information to deliver safe care and treatment

- At the previous inspection we found the auditing of clinical record keeping was inconsistent across clinical staff groups. This had improved with evidence in place that record keeping audits for doctors, nurses, medics and PCRF staff had taken place. It was clear action had been taken (or was planned) to promote improvements following

the outcome of the audits. For example, the outcome of the May 2021 record keeping audit identified medics needed training in immunisation. This was to be added to the group practice training plan and discussed at the health governance and RAP meetings. Similar to our findings at the previous inspection, senior clinicians had continued to audit their own clinical records which compromised objectivity. We highlighted this to the SMO at the time of the inspection.

- We looked at a range of patient records on DMICP and noted improvements had been made to clinical coding. The SMO advised us that clinical coding had been discussed with clinicians, including at the practice meetings and Medical Officer meetings, with clinicians reminded of the importance of using review templates for accurate and consistent coding. Auditing of clinical records was used to monitor the use of coding. The SMO acknowledged that an audit for mental health consultations and conditions with a focus on safety netting and prescribing needed to take place.
- Improvements had been made to the management of scanned documents, including the development of a standard operating procedure (SOP) for the group practice. The process had been revised since the last inspection with all documents scanned prior to review by the duty doctor. This change had prevented scanned documents getting missed or lost. A process was established to regularly undertake an audit of scanned documents.
- At the previous inspection we found that the offer of and use of a chaperone was not consistently recorded in all the records. The April 2021 audit of doctor's clinical record keeping took account of the chaperone policy. Appropriate coding was used to indicate whether a chaperone was offered and whether a chaperone was used. Only clinical staff acted as chaperones and training had been provided. The chaperone policy was located in all clinical rooms for staff to access.
- At the previous inspection nurses were not recording verbal consent for taking blood samples. A review of a sample of DMICP records showed this had improved and verbal consent was recorded.
- A detailed SOP for the management of referrals at the group practice was developed in July 2020. It included direction on how to book appointments and the action to take if the patient was deferred to the provider, including providing the patient with a summary from NHS ESR (Electronic Staff Record) should they need to contact the appointments department. The SOP also took into account changes with secondary care systems due to impact of COVID-19.
- At the previous inspection we found the referral process was not fully failsafe. A comprehensive referral tracking process had been developed and was in use, including appropriate colour coding to highlight patient progress through the referrals system. The tracker was reviewed every two weeks and an audit undertaken each month. The outcome of the audits was discussed with the doctors and minutes from the May 2021 Medical Officer's meeting confirmed this. We noted that internal referrals, such as those to the Department of Community Mental Health (DCMH) and Regional Occupational Health Team (ROHT) were not included in the referral tracking process. To include these would ensure a safeguard in the event they were not picked up by DCMH or ROHT.
- COVID-19 had created some delays with access to secondary care, notably for referrals to orthopaedics. For patients not already in the NHS pathway, the practice

could consider referral to private healthcare if it was within the contract or could apply for funding if there was no contract.

Safe and appropriate use of medicines

- Improvements had been made to the management of medicines. The medicine SOPs had been signed off by the medicine's lead and included a date when they were due for review.
- Besides some minor alert issues, which we discussed with the SMO, patients prescribed high-risk medicines including those subject to a shared care agreement (SCA) were well managed. The practice maintained a register of high-risk medicines which grouped patients by medication. It showed when blood samples were taken and when they were next due. Searches were undertaken each month by one of the doctors and action taken accordingly, such as raising a task for blood tests. The searches were comprehensive and looked for medication rather than just coding of high-risk monitoring; this ensured all patients were identified. We looked at the records for three patients and SCAs were in place.