

## Culdrose Medical Centre

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RNAS Culdrose, Helston, Cornwall, TR12 7RH

### Defence Medical Services inspection report

This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, and information given to us by the practice.

Overall rating for this service	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	

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# Summary

## About this inspection

We carried out an announced comprehensive inspection of Culdrose Medical Centre on 13 November 2019. We found the practice was not safe in accordance with CQC's inspection framework. An announced follow up desk-based inspection was undertaken on 10 February 2021 to see if the recommendations made at the previous inspection had been met.

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

[https://www.cqc.org.uk/sites/default/files/20200103\\_Culdrose\\_Medical\\_Centre\\_FINAL.pdf](https://www.cqc.org.uk/sites/default/files/20200103_Culdrose_Medical_Centre_FINAL.pdf)

This report covers our findings in relation to the outstanding recommendations.

**As a result of this inspection the practice is rated as good overall, although the rating for safety remains 'requires improvement'**

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 follow-up inspections that the CQC will complete at the invitation of the Director General in his role as the Defence Authority for healthcare and medical operational capability.

### **At this inspection we found:**

- There were gaps in processes to identify, understand, monitor and address current and future risks in the oversight of medicines management.

### **The Chief Inspector recommends:**

- Review systems and processes for medicines management to ensure they are fully effective and being followed.

**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 a pharmacist specialist advisor.

## Background to Culdrose Medical Centre

Culdrose Medical Centre provides an integrated service of primary care, occupational health care and physical rehabilitation services as well as providing emergency cover to the airfield 24 hours a day. The patients are aircrew and support staff from the air station including phase 2 trainees, some of whom are under 18 years of age.

The practice works with St Mawgan Medical Centre (SMG) by sharing management teams and by providing rehabilitation services, emergency medical cover and primary care for their patient population (400) when the SMG civilian medical practitioner (CMP) is away.

In addition to routine primary care services, the practice provides a range of other services including minor surgery, immunisations, sexual health, smoking cessation, cervical cytology, over 40's health screening and chronic disease management. Maternity services are provided by NHS practices and community teams.

The Primary Care Rehabilitation Facility (PCRF) is spread over two sites; the main site is co-located within the practice and three rooms within the gym, sharing the main unit gym space.

The practice has its own dispensary.

The practice is open on Monday to Friday 08:00 to 12:30 and 13:30 to 16:30 and from 17:00 to 18:30 for emergencies only. Between 18:30 hours and 08:00 hours, weekends and on bank holidays, patients are diverted by a telephone message to NHS 111 services.

The staff team at the time of the inspection is outlined in the following table.

Principal Medical Officer (PMO)	one
Civilian Medical Practitioners (CMP)	two (part time)
Medical Officers (MO)	three
Nurses	two civilian, one military
Military medics	twelve (five gapped)
Exercise Rehabilitation Instructor (ERI)	two
Physiotherapists	three (two full time one part time)
Administrators	eleven
Practice Manager	one (currently gapped post)
Business manager	one
Pharmacy Technician	one

## Are services safe?

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

Following our previous inspection, we rated the practice as requires improvement for providing good services. The rating was in relation to discrepancies in some aspects of medicines management. Specifically, this was in relation to the management of fridge temperatures, prescription stationery, the correct usage of blood monitoring equipment, complete recording in Patient Group Directives (PGDs) and written procedures (SOPs) not being followed. We also found that visits from the regional pharmacist had been infrequent. We found at this visit that some improvements had been made but some were still needed in order to meet with safety guidance.

### Safe and appropriate use of medicines

- At the previous inspection we found that medication requiring refrigeration was monitored twice a day to ensure it was stored within the correct temperature range. We noted that records showed temperatures out of range on several occasions, but no actions had been taken. At this inspection we saw evidence that showed fridge temperatures were recorded and no gaps were seen in recordings.
- At the previous inspection we saw that the practice's arrangements for the monitoring of FMed296 prescription stationary required review. Prescriptions were stored in the dispensary and recorded in a bound book. The book did not detail the balance of forms held, only serial numbers, making it difficult to ascertain that stock was correct. There were no visible stock checks recorded. Prescription stationery (FP10 PCD) for controlled drugs (CDs) were not checked. Following the inspection, we were given assurances that formal checking processes had been put in place. At this inspection we saw that checks had started in November 2019, but that December, January and February 2020 were subsequently missing. Checks were in place from March 2020 onwards. For FMED296 prescription stationary a stock balance was still not recorded, and no routine checks were seen.
- At the previous inspection we saw arrangements were established for the safety of CDs including their destruction. We saw that monthly and quarterly checks were carried out although some checks were missing (June and September 2019). At this inspection we found gaps in checks including an omission for the month of December 2019.
- At the previous inspection we saw that no FP10 PCD monthly or quarterly checks by internal/external officers had been undertaken since records began in 2015. There had not been a visit by a regional pharmacist before the inspection in 2019. We saw at this inspection that the regional pharmacist had formally visited the medical centre in November and December 2019 and in March 2020 a virtual visit had taken place.

- We found information sent through from either regional headquarters or that published in the Defence Primary Healthcare newsletter was not always known or implemented. For example, the use of printing on blank paper instead of on an FMed296 for Patient Group Directive supplies/ administration of vaccines. The direction to use FMed296 and not blank paper was published in the DPHC newsletter in February 2019.
- At the previous inspection we saw blood glucose monitoring equipment was available but was not being used correctly. The strips used were incorrect for the meter used. There were no records of control tests being carried out to check functionality. At this inspection we saw evidence to show there were still no records of calibration results for the diabetic meter. We noted that the meter the practice was using had been removed from use in multi-patient clinics over three years ago but was still being used. Once this was brought to their attention the practice immediately ordered a new device.
- At the previous inspection we saw PGDs had been developed to allow appropriately trained nurses to administer medicines in line with legislation. The PGDs were current and signed off. However, we noted that medicines supplied for PGD use were not recorded and accounted for appropriately by the nursing staff. At this inspection we saw this had improved and up-to-date authorisation forms were in place.
- At the previous inspection we saw a process was established for the management of and monitoring of patients prescribed high risk medicines (HRM). A register of HRM used at the practice was held on Sharepoint and all doctors had access to this. Alerts, coding and monthly searches were used to identify and manage patients on HRM, although we noted there were no recall dates recorded within the register. At this inspection we saw evidence on the clinical system to show this was now in place. Shared care agreements were in place for the patients who required them. Searches were being run on a regular basis.
- We previously found that written SOPs were in place to support safe dispensing practice, but that some processes detailed in a SOP were not being followed. We saw evidence this was unchanged, for example incorrect stationery for the use of PGDs. SOPs were not followed for ordering stock on DMICP and was not being correctly ordered or receipted or transferred. Some medicines we saw listed had no expiry dates, batch number or prices due to incorrect processes being used to add items to stock. There was no process or evidence in place to ensure SOPs were being followed.