

## 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>Good</b>	

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## Summary

### About this inspection

We previously carried out an announced comprehensive inspection of Culdrose Medical Centre on 11 February 2021. We found the practice was not safe in accordance with CQC's inspection framework. An announced follow up inspection was undertaken on 19 April 2022. We found the practice was safe in accordance with CQC's inspection framework.

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

[https://www.cqc.org.uk/sites/default/files/Culdrose\\_Medical\\_Centre\\_07\\_April\\_2021.pdf](https://www.cqc.org.uk/sites/default/files/Culdrose_Medical_Centre_07_April_2021.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.**

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 DMS.

**At this inspection we found:**

The systems and processes for medicines management were safe and effective.

**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 hours to 12:30 hours and 13:30 hours to 16:30 hours and from 17:00 hours to 18:30 hours 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
Locum doctors	two
Medical Officers (MO)	two
Nurses	two civilian, one military
Military medics	eleven
Exercise Rehabilitation Instructor (ERI)	one (should be two, one post currently gapped)
Physiotherapists	three (two full time one part time)
Administrators	nine
Practice manager	one
Business manager	one
Pharmacy technician	one

## Are services safe?

**We rated the practice as good for providing safe services.**

Following our previous inspection, we rated the practice as requires improvement for providing safe 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 found at this visit that improvements had been made and medicines management was good.

### 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 fridge temperatures were appropriately recorded and in range in both refrigerators, one in the dispensary and the other in the treatment room. We noted the thermometers were out-of-date for calibration, however, this was a known issue as the supplier has not been able to supply the calibrated thermometers due to a shortage. The dispensary fridge seal had come away from the glass door, this should be monitored closely to prevent potential failure of fridge temperatures.

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 all Fmed296 prescription forms were recorded and accounted for. The FP10 PCD were also recorded correctly in the CD register, the relevant checks at monthly and quarterly were clearly recorded.

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 the controlled and accountable drugs checks were being carried out in accordance with protocol. However, an external check had not been completed by an individual who was external to the medical centre, due to extenuating reasons so the medical centre had still conducted their own internal monthly check as scheduled. Although not in line with policy, this was considered the best practice approach under mitigating circumstances. The practice assured us that the next external check would be completed as per policy. We advised that if for any reason an external check was not completed then the pharmacy technician was to inform the Senior Medical Officer, the practice manager and the regional pharmacist.

At the previous inspection we found information sent through from either regional headquarters or that published in the Defence Primary Healthcare (DPHC) 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 this inspection we saw PGD's were not being printed on blank paper. It is a requirement to print on the Fmed296 as these are now submitted to the NHS business authority (NHSBSA) for statistical analysis. Policy states that the record of supply or administration is to be kept on the electronic record.

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 this has been fully resolved, the blood glucose monitors were in place as were the correct test strips. The checks were complete including weekly calibration control checks, these were also found to be in range.

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 the nurses had recorded the PGDs correctly on DMICP ((electronic patient records system) as per policy. The nurses had their own PGD stock queue on DMICP to allow for the accounting and checking of stock to ensure it was correct and in date.

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. At this inspection we saw the pharmacy technician followed the SOP for ordering stock and accounting for stock. We reviewed 15 records and all were correct.