

Dartmouth Medical Centre

Quality report

Britannia Royal Naval College
Dartmouth
TQ6 OHJ

Date of inspection:
7 January 2020

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Chief Inspector's Summary

We previously carried out an announced comprehensive inspection of Dartmouth Medical Centre on 15 January 2018. The practice was rated as good overall, with a rating of requires improvement for the safe domain. The effective, caring, responsive and well-led domains were rated as good.

This announced, desk based follow up inspection was undertaken on 7 January 2020. 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 the practice is rated as good overall

The key question followed up as part of this inspection is rated as:

Are services safe? – good

Are services effective? - good

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

<http://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#army>

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 Surgeon General in his role as the Defence Authority for healthcare and medical operational capability.

At this inspection we found:

- The cleaning schedule was in line with Defence Primary Healthcare Policy.
- Clinical waste was stored securely.
- Blank prescription pads were kept securely.
- All staff had received training in the Mental Capacity Act.
- Bespoke inductions were in place for locum staff.

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Chief Inspector of Primary Medical Services and Integrated Care

Our inspection team

The inspection was undertaken by a CQC inspector.

Background to Dartmouth Medical Centre

Dartmouth Medical Centre provides primary care and occupational health to Phase 1 and Phase 2 Officer Cadets (OCs) and some permanent members of staff. An average of 150 new patients (OCs) arrive three times a year to commence training and join the practice. There is a high turnover of the population at risk.

In addition to routine primary care services, the practice provides occupational health care to service personnel, including force preparation. Family planning advice is available. Maternity and midwifery are provided by NHS practices and community teams. Patients have access to medicines through a community pharmacy located very near to 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 PCRF comprises two clinical rooms within the main medical facility, for the ERI and the physiotherapist. There is a separate rehabilitation gymnasium closely located, but not in the same building, where rehabilitation classes take place. There is access to an on-site swimming pool where hydrotherapy sessions take place.

The practice is open from 0730 to 1630 Monday to Thursday and on Friday 0730 to 1300. Arrangements are in place on weekdays for access to medical cover when the practice closed.

The staff team

Position	Numbers
Principal Medical Officer (PMO)	one
Civilian Medical Practitioners (CMP)	one (part-time)
Civilian Practice Nurses	one
Military Practice Nurses	one
Military Practice Manager	one
Medical Assistants (MA)	one
Physiotherapist	one
Exercise Rehabilitation Instructor (ERI)	one
Administrators	two

Are services safe?	Good
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We rated the practice as good for providing safe services.

Following our initial inspection, the safe domain was rated as requires improvement for providing safe services. We made the following recommendations:

- Ensure the cleaning schedule is in line with Defence Primary Healthcare (DPHC) policy.
- Ensure systems for the security of clinical waste.
- Ensure blank prescriptions are kept securely.
- Review the premises and facilities to establish whether improvements can be made to provide an environment that minimises risks for the patients and staff.

From this follow up inspection, we found the recommendations made previously had been met.

Safety systems and processes

Systems to keep patients safe and safeguarded from abuse were in place.

- Environmental cleaning was provided by an external contractor. The practice had with a dedicated cleaner working within the practice five days a week for six hours a day. Cleaning schedules and monitoring arrangements were established. Staff cleaning rotas were in place to confirm daily, weekly, monthly requirements and actions needed following any outbreak. Deep cleans were undertaken every three months, with the last being undertaken in December 2019.
- Systems were in place for the safe management of healthcare waste. Consignment notes were retained at the practice and the last annual waste audit was carried out in August 2019. The large clinical waste container bin that was located outside was locked securely fixed to the wall.

Risk to Patients

There were systems in place to assess, monitor and manage risks to patient safety.

- At our previous inspection we saw the layout of the practice meant not all patients in the waiting area could be observed by reception staff. This was particularly important in the event of a medical emergency. Since then CCTV had been installed within both patient waiting areas and to the rear disabled access entrance. This was controlled from the main reception.
- At our previous inspection we saw there was no alarm system in the practice and staff had no way to summon help in an emergency. Since then portable alarms had been placed within every room/patient area in the practice. These were regularly tested.

Safe and appropriate use of medicines

The arrangements for managing medicines and vaccines were well managed.

- At our previous inspection we saw that all prescription pads were stored in the printers in clinician's rooms during the day and were securely locked away at night. However, they were left insecurely during breaks (lunchtime) as there were no locks on any of the doors. Following our inspection all staff attended a training session regarding the complete prescription handling process. Room locks could not be obtained due to nature of building (grade 2 listed) however lockable cabinets were obtained and were in all office spaces to secure prescriptions. Stock

prescriptions were secured within the pharmacy, signed out individually and numerically to clinicians and logged. Opportunist inspections were conducted regularly and captured in the log by the PMO and practice manager to ensure conformity. At the end of each day checks were made which included the security of patient sensitive documents and prescriptions.

Are services effective?

Good

We rated the practice as good for providing effective services

Following our initial inspection, the safe domain was rated as requires improvement for providing safe services. We made the following recommendations:

- Ensure all staff are trained so they provide effective care, specifically training in the Mental Capacity Act.
- Comprehensive bespoke inductions for locum staff to be provided so that extra resilience is available.

From this follow up inspection, we found the recommendations made previously had been met.

Effective staffing

- To minimise risks associated with continuity, an induction process was in place for all staff to ensure they were familiar with systems and ways of working in Defence Primary Health Care (DPHC). The practice had a bespoke induction pack which covered mandatory and role specific induction for all clinical and administrative staff and locums. Desktop instructions were also available for staff to follow.
- Mandated training was monitored, and the staff team was in-date for all required training including training in the Mental Capacity Act.