Fort George Medical Centre

Ardersier, Inverness, Scotland IV2 7TE

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.

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

Contents

Summary

About this inspection

We carried out an announced comprehensive inspection of Fort George Medical Centre on 17 January 2018. The practice received an inadequate rating overall, with a rating of inadequate for the safe, effective and well-led domains. The caring domain was rated as good and responsive as requires improvement.

We then carried out an announced comprehensive follow up inspection on 1 and 5 November 2018. The practice was rated as good overall, with a rating of good for all domains except for safe, which was rated as requires improvement.

A follow-up announced focussed inspection was undertaken on 28 January 2020. The safe domain continued to be rated as requires improvement.

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

https://www.cqc.org.uk/what-we-do/services-we-regulate/defence-medical-services#medical

We carried out this announced follow up focussed desk-based inspection on 18 March 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.

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:

- The practice had clear structures in place to monitor vulnerable adults.
- A process had been established to monitor the professional registration status of staff.
- Cleaning schedules had been developed and processes established to monitor environmental cleaning.
- Patients records were summarised in a timely way.
- The operational relationship between the three practices in the region had been clarified, including responsibilities and governance arrangements.

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.

Background to Fort George Medical Centre

Fort George Medical Centre is located in a remote coastal area of Ardersier approximately 13 miles from Inverness. It provides a primary care and occupation health service to The Black Watch, 3rd Battalion, Royal Regiment of Scotland. At the time of inspection 522 patients were registered. There were no patients over 60 registered with the practice.

The medical centre is in a building within the 18th century fort. Although it has been upgraded over time, it is still dated and presents all the daily challenges expected when working in a building which is protected by Historic Scotland.

In addition to the services provided, patients are referred to Lossiemouth Medical Centre, approximately 35 miles away, for minor surgical procedures, maternity and midwifery care. Patients are referred to Kinloss Medical Centre for family planning and some women's health services 22 miles away. Physiotherapy services and travel advice are available at Fort George.

The three medical centres work closely together to provide mutual support, primarily in relation to staffing resources and healthcare governance. A Regional Clinical Director (RCD) assumes overall accountability for quality of care of the medical centre.

The practice is open from Monday to Friday each week, between 08:00 hours and 17:00 hours. The practice closed on Wednesday afternoon from 12:30 hours for staff training. Arrangements are in place for medical cover when the practice is closed.

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

Position	Number
Group Senior Medical Officer (SMO)	One – based at Lossiemouth Medical Centre
Practice manager	Vacant – support provided by Kinloss Practice Manager
Civilian Medical Practitioner (CMP) and SMO	One
Regimental aid post[1] - Medical Officer (RMO)	One
Civilian practice nurse	One
Regimental aid post - nursing	One
Regimental aid post – medics[2]	Seven
Civilian physiotherapist	One
Civilian exercise rehabilitation instructor (ERI)	One
Administrator	One
Pharmacy technician (based at Kinloss Medical Centre)	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?

Following our previous inspection, we rated the practice as requires improvement for providing safe services. We found gaps in processes to keep patients safe, including the monitoring of vulnerable adults, summarisation of patients' records, monitoring environmental cleaning and the capacity of staff to undertake additional duties.

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

Safety systems and processes

- Alerts were placed on the records of patients who were assessed as vulnerable and we were provided with an example of how the alert was displayed on the system. A system search was undertaken each month to inform the safeguarding and under-18 register, and we were provided with evidence to demonstrate these searches had been undertaken. In addition, meetings were held each month to discuss the needs of vulnerable patients, following which patient records were updated accordingly.
- Since the last inspection, the staff database had been updated to ensure the professional registration status of clinical staff was checked. Monthly checks were undertaken by the practice manager at Kinloss Medical Centre.
- An annual waste audit was completed in May 2020 with a further scheduled for 2021.
- We were provided with sufficient evidence to confirm that environmental cleaning schedules were in place. These were maintained by the cleaning contractor. A process had been established for monthly checks of cleaning standards. In addition, a local standard operating procedure had been developed that took account of the Defence Primary Healthcare (DPHC) cleaning requirements for COVID-19.
- An environmental infection prevention and control (IPC) audit had been undertaken in April 2020 and the practice achieved a compliance score of 79%. A further IPC had been completed in September 2020 with a score of 86% achieved.

Risk to patients

- There was no practice manager in post at the previous inspection. In the short term, practice staff were undertaking elements of the practice management role. At the previous inspection, staff highlighted this as risk due to limited capacity and the absence of a key person with oversight of the practice governance. Staff had completed a self-assessment and roles had been reassigned based on capacity and skill. Some of these tasks had been allocated to the practice manager at Kinloss Medical Centre who had governance oversight of Fort George Medical Centre as an interim arrangement. Recruitment for a practice manager at Fort George Medical Centre had so far been unsuccessful but was continuing.

Information to deliver safe care and treatment

At the previous inspection we found just 25% of patient' records had been subject to a three yearly summarisation in accordance with the DPHC guidance note. Evidence was provided to confirm the status of summarisation along with confirmation of monthly summarisation searches and scheduled dates to summarise records.

Are services well-led?

Although the well-led domain was rated as good at the last inspection, we recommended that the operational arrangements for the practices working as a group in the region - Fort George, Kinloss and Lossiemouth medical centres - should be formalised so roles, responsibilities, accountability and governance arrangements were clear.

Leadership, capacity and capability

Since the last inspection, discussion had taken place between key staff and the regional team to determine the nature of the relationship between all three practices As each of the three practices were individually responsible for the delivery of primary health care to their own patient population and retained their own eCAF (Common Assurance Framework) to monitor performance, they were determined to be separate services and did not meet the organisation's criteria for a group practice. The regional discussion resulted in the use of the term "federated group". The aim of this arrangement is to provide mutual support, primarily in relation to staffing resources and healthcare governance. This was evident through the governance support provided to Fort George Medical Centre by the practice manager at Kinloss. Provision of such support was outlined in the practice manager's job description. In addition, the SMO at Lossiemouth had a secondary duty outlined in their job description to oversee clinical support for the group.