



Harrogate Medical Centre

Uniacke Barracks, Penny Pot Lane, Harrogate, North Yorkshire, HG3 2SE

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, information given to us by the practice and patient feedback about the service.

Overall rating for this service	Good	
Are services safe?	Good	

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Summary

About this inspection

We carried out an initial announced comprehensive inspection of Harrogate Medical Centre on 11, 15 and 18 July 2023. We rated the service as good overall with a rating of requires improvement for the safe key question. The effective, caring and well-led key questions were rated as good. The responsive key question was rated as outstanding.

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

www.cqc.org.uk/dms

We carried out this announced focused follow up inspection on 30 July 2024. The report covers our findings in relation to the recommendations made and any additional improvements made since our last inspection.

As a result of the inspection the practice is rated as good overall in accordance with the Care Quality Commission's (CQC) inspection framework.

CQC does not have the same statutory powers with regard to improvement action for Defence delivered healthcare under the Health and Social Care Act 2008, which also means that Defence delivered healthcare 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 Defence delivered healthcare. DMSR is committed to improving patient and staff safety and will take appropriate action against CQC's observations and recommendations.

This inspection is one of a programme of inspections CQC will complete at the invitation of the DMSR in its role as the military healthcare regulator for the DMS.

At this inspection we found:

- Effective support and safeguarding arrangements were in place for junior soldiers. The practice had good lines of communication with the unit, welfare team and other units/teams involved with supporting the soldiers.
- Clinical waste was safely and appropriately managed.
- Although fragile, staffing levels and clinical capacity were adequate.
- Although the process for managing specimens had been strengthened, it would benefit from further improvement.
- Patient information about medicines and other information had been reviewed and simplified to meet the needs of the junior soldiers.
- The accountability for risk management was clearly defined.
- Training records were in place for all staff.
- Line management and supervision arrangements were established for exercise rehabilitation instructors.

- Eligible patients were recalled in a timely way for national screening.
- Terms of reference for job roles and secondary duties were in place.
- Direct access to physiotherapy was available for permanent staff.

The Chief Inspector recommends to the practice:

- Review the use of alerts and coding for vulnerable patients to ensure a consistent approach is taken by the staff team. In addition, ensure that all patients under the age of 18 leaving the practice have a code and an alert in their record indicating their age before they move to another practice.
- Ensure the container used to transport samples includes a suitable hazard notice indicating its contents.

Dr Chris Dzikiti

Interim Chief Inspector of Healthcare

Our inspection team

The inspection team was led by a CQC inspector supported by a practice nurse specialist advisor.

Background to Harrogate Medical Centre

Harrogate Medical Centre is in the grounds of the Army Foundation College (referred to as AFC (H) in North Yorkshire. The service is provided through a Private Finance Initiative facility overseen by a contractor. Some clinical and administrative staff are supplied by the contractor who also manages the building the medical centre is located in. A member of the British Armed Forces, the Senior Medical Officer (SMO) oversees clinical provision at the practice.

The practice provides primary healthcare, rehabilitation, occupational health and a dispensary for new army recruits aged 16–18 years and to permanent staff members based at the college. A Child and Adolescent Mental Health Services (CAMHS) practitioner was also in post and based at the medical centre. At the time of inspection, 1,650 patients were registered at the practice; 1,350 of these were new army recruits aged 16 to 18. The practice also provides occupational health services for up to 700 reservists.

Clinics that run alongside the Army Foundation College Training Programme include, vaccination of platoons, initial medical assessments, occupational medicals and the provision of a bedding down facility (ward) for junior soldiers who require ongoing care at night.

The practice provides routine and urgent pre-hospital care Monday to Friday, between 08:00 and 16:30 hours. A clinician is available to see patients with an urgent need between 16:30 hours and 18:30 hours. Outside of these times, patients can access

support from a Band 5 Nurse who provides triage and treatment, and support patients to access NHS 111 if needed. The nearest accident and emergency unit is located at Harrogate District Hospital, approximately 3 miles from the practice.

The staff team

Medical team	<p>Military SMO – Army, AFC(H)</p> <p>Civilian medical practitioner – DPHC employed</p> <p>Reservist Medical Officer - Vacant (funding for post not being renewed)</p> <p>General Duties Medical Officer - Vacant</p>
Nursing team	<p>Senior nurse/ Advanced Nurse Practitioner – contracted</p> <p>Band 6 nurse/ward manager – contracted</p> <p>Twelve Band 5 nurses – contracted</p> <p>Three healthcare assistants – contracted</p>
Combat Medical Technicians	<p>Four – Army (owned by AFC(H) Regimental Aid Post, 2 posts vacant)</p>
Mental Health	<p>CAMHS practitioner - contracted</p>
Practice management	<p>Practice manager – Army, AFC(H)</p> <p>Office manager – contracted</p> <p>Two administrative staff – contracted</p>
Pharmacy	<p>Two pharmacy technicians – Army AFC(H)</p>
PCRF	<p>OC (lead) physiotherapist – contracted</p> <p>Three physiotherapists – contracted</p> <p>Two exercise rehabilitation instructors – Army (owned by AFC(H), Fox Coy)</p>

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. We found shortfalls with:

- alerts for vulnerable patients
- consignment notes and an annual waste audit
- staffing levels and clinical capacity
- management of specimens
- management of specimens
- accessibility of medicine information and other patient information
- accountability for risk management
- audibility of personal alarms.

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

Safety systems and processes

At the previous inspection, we identified that alerts were not always applied to the records of patients considered vulnerable, specifically patients aged under the age of 18.

At this inspection, we were informed that all patients were flagged on DMICP (patient electronic patient record system) using an alert or code. Our review of patient records indicated this was not the case; some records were flagged while other records were not, including under 18s with no alert in place.

The Senior Medical Officer (SMO) highlighted that as the majority (82%) of the patient population was under the age of 18 then an alert was not required on each individual record. By placing an alert on the records of all under 18s, the SMO indicated there was an increased risk of missing those with additional vulnerabilities. An Internal Assurance Review in September 2022 accepted this perspective. In addition, we referred to the Defence Primary Healthcare (DPHC) standard operating procedure on 'Managing Vulnerable Patients'. It made no reference to placing alerts on the records of under 18s. Overseen by Ofsted (regulator for children's education and social care services), stringent safeguarding measures were in place for commanding officers who were responsible for the care of the trainees whilst they were under the age of 18.

We discussed that alerts and coding would benefit from a review as they were not consistently applied and there were inconsistencies in the records we reviewed, including historical alerts that were no longer applicable. As there is a recognition that all minors serving within the Armed Forces are vulnerable, it is important that all patients who are still under the age of 18 have an alert placed on their clinical record before they leave the practice.

Confusion regarding who was responsible for the retention of clinical waste records had been resolved since the last inspection. Consignment notes were in place from January

2024. All were now emailed to the practice and a consignment note register maintained. A pre-acceptance audit was completed in December 2023.

Risks to patients

Staffing levels had improved in the last year with some vacancies filled through the use of locums. A new nurse had been recruited and was waiting to start. The SMO joined the practice shortly before the inspection. Vacancies in the doctors' line were not filled by locums. A business case had been submitted for a shared administrator post between the Primary Care Rehabilitation Facility (PCRF) and the mental health practitioner. In the interim, existing administrators had taken on roles specific to the PCRF. Because of limited resilience in the system, staff described the current staffing arrangement as "safe but fragile". Clinicians confirmed they were not working in excess of safe working hours.

Information to deliver safe care and treatment

At the previous inspection, The process for managing specimens and test results was not failsafe and audit work was needed to ensure that all test results were received back in a timely way. Work had been undertaken to strengthen the process for managing specimens.

Staff followed the DPHC specimen standard operating procedure. Samples were coded on the system as 'nursing blood sample taken'. The specimen register was held in the dry store which everyone had access to. We discussed with the nurse the value of holding the register on SharePoint to increase ease of access and to maintain confidentiality.

The nurses highlighted that Harrogate Hospital was not a selectable option on the DMICP drop-down box. This may be linked to the requirement for staff to complete hand written forms as the hospital did not accept DMICP request forms. Using an electronic form would minimise the risk of mistakes by removing the human error element. This could be rectified by raising the matter with the DMICP team.

Following the inspection, the SMO confirmed there was no option for Harrogate hospital to be added to DMICP. As an alternative, adding a document template consistent with Harrogate Hospital's pathology forms to DMICP documents would support with reducing the risk of transcription errors. Engagement with Harrogate Hospital's pathology services team was ongoing to agree on a format that is acceptable to both parties.

Night staff were responsible for checking whether test results had been returned. We compared the checking sheet they used alongside the patient's DMICP record and not all staff were recording a reason for accessing the patient's record. We discussed this during the inspection with the nurses, who said they would improve the process. We also discussed whether a synonym (short cut to standardise clinical activity) on DMICP to speed up the process and provide consistency would support with making this improvement.

Samples were transported to the hospital using military transport. Prior to collection, samples were put into a clear sealable bag this then placed in a hard round container. The label on the outside of the container was paper stuck with clear tape; this did not meet

infection prevention and control standards. The container was placed in a red bag. However, the bag had no hazard notice indicating it contained biological material containing or suspected of containing infectious substances. Following the inspection staff advised they were sourcing an alternative container. Patients were informed of their results by a doctor.

Safe and appropriate use of medicines

At the previous inspection, it was identified from interviews with patients that some found it a challenge to read and/or understand the instructions for taking their medicines. The practice had made significant improvements in this area. A treatment card had been developed with pictures to aid patient understanding. The pharmacy technician spent time with each patient admitted to the ward and explained the purpose of their medicine, why they need to take it and how to take it.

Treatment cards were not routinely given to the patient on discharge, a potential concern as the patient became familiar with this system, including a process to double check whether they had taken their medicine. One of the nurses highlighted that they used their clinical judgement and knowledge of the patient to decide whether to issue the treatment card. They agreed that treatment cards would be given to all patients on discharge.

In addition to simplifying patient information for medicines, the general patient information had been revised using the NHS 'Document Readability Tool' to ensure simple words and phrases were used. For example, 'quit smoking' instead of 'smoking cessation'. Some other patient information leaflets and patient information displays had been revised to ensure unnecessary jargon was removed.

With an average reading age of 10 years, it was identified on arrival whether junior soldiers had additional education needs that would benefit from the input of the special educational needs coordinator (referred to as SENCO). In addition, the PCRf team recognised that dyspraxia (a development co-ordination disorder that can affect reading ability) was common amongst the patient population so they developed a joint assessment with the input of the SENCO for patients with dyspraxia. The PCRf had also developed its own patient feedback that was less wordy and more succinct.

Track record on safety

A range of organisations were involved with the management and oversight of risk including the Army Recruiting and Initial Training Command (known as ARITC) for Harrogate, PPP Infrastructure Management Limited and DPHC. At the last inspection, it was not always clear which organisation was responsible for the management of individual risks and issues. The practice manager highlighted that the recommendation following the previous inspection was instrumental in clarifying roles/responsibilities of the different organisations. They said much work had been undertaken to improve relationships and clarify the lines of responsibility for each organisation, particularly in relation to risk management.

At the previous inspection, personal emergency staff alarms were tested weekly but not in the rehabilitation gym. Staff tested the alarm after the inspection and the alarm in the gym could be heard in other areas of the building. In addition, there was an integrated alarm just outside the door of the PCRf. We were advised that lone working in the PCRf or gym was a rare occurrence.

Are services effective?

We rated the practice as good for providing effective services.

Although the effective key question was rated good at the previous inspection, improvements needed were identified including shortfalls with:

- staff training records
- line management/supervision/continuing professional development for exercise rehabilitation instructors (ERIs)
- integration of the physiotherapists and ERIs
- recall for national screening.

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

Effective staffing

The training record was not available for a member of staff at the last inspection. The practice manager said it had been mistakenly deleted, was retrieved shortly after the inspection and CQC informed. Since then, the staff database had been restricted so the risk of training records being interfered has been reduced.

The ERI were assets of Fox Coy (Sport and Physical Development Company) so were line managed by the OC or leader of Fox Coy. The lead physiotherapist confirmed that both ERIs had completed the ERI post graduate mentoring training programme. The physiotherapists provided clinical supervision for ERIs and carried out joint assessments weekly as part of a peer review.

Although the ERIs worked in a building separate to the PCRf, all staff we spoke with described good working relationships and a positive working environment. In addition to joint assessment, the ERIs attended the multi-disciplinary team meetings and the practice meetings. One of the ERIs told us there was a 'good team spirit' and they were included and listened to.

Helping patients to live healthier lives

Although DMICP searches to identify patients eligible for health screening had been undertaken, at the last inspection gaps in recalling patients were noted. A patient eligible for bowel screening had not been recalled. The process for recalling patients involved the nurse undertaking monthly searches and adding the patients to the chronic disease register. Letters, text, email or telephone calls were used as a way to contact patients, or opportunistically if patients were attending the practice for a different reason. Patients had diary markers in place and non-responders had an alert on their record. Five patients were identified as meeting the criteria bowel screening; 4 had been screened and the fifth had been sent a test pack.

Are services caring?

We rated the practice as good for providing caring services.

Although the caring key question was rated good at the previous inspection, improvements needed were identified including shortfalls with:

- patient privacy.

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

Privacy and dignity

Privacy for patients in the Primary Care Rehabilitation Facility continued to be issue. The lead physiotherapist had raised the matter at the 'quality Improvement planning' meeting. A variety of options were being considered, including the use of a room in the rehabilitation gym. In the interim, privacy curtains and a radio were being used to maximise privacy and minimise conversations being overheard.

Are services well-led?

We rated the practice as good for providing well-led services.

Although the well-led key question was rated good at the previous inspection, improvements needed were identified including shortfalls with:

- terms of reference for job roles and secondary duties
- direct access to physiotherapy.

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

Governance arrangements

Terms of reference (ToR) were in place to support job roles, including staff who had lead roles for specific areas. The ToRs had been re-written and standardised in April 2024.

The Direct Access to Physiotherapy referral pathway (referred to as DAP) was not available for permanent staff at the previous inspection. It had been re-instated and had been in place since February 2024.