Raleigh Medical Centre

HMS Raleigh, Trevol Road, Torpoint, Cornwall PL11 2PD

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	**Outstanding**	☆
Are services safe?	**Good**	●

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Summary

About this inspection

We carried out an initial announced comprehensive inspection at Raleigh Medical Centre on 24 October 2023. We rated the service as outstanding overall with a rating of requires improvement for the safe key question. The effective, caring, responsive and well-led key questions were rated as outstanding. A copy of the previous report can be found at:

www.cqc.org.uk/dms

We carried out this announced desk-based follow up inspection on 21 November 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 safe key question rating has been upgraded to good. The practice remains rated as outstanding 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 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 the 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:

- The extensive safeguards in place had been strengthened to include a failsafe system for ensuring alerts were added to the clinical records of vulnerable patients.
- Cleaning standards were well monitored and regular liaison took place with the contractor and base executives. Standards were linked to infection, prevention and control requirements and were reviewed using audits.
- Issues with infrastructure were effectively identified, recorded and actioned in-house where possible and externally when required. A log sheet was maintained of all identified issues and these were tracked and monitored until completed.
- The practice had obtained access to the certificates and records to be assured of the safety of the infrastructure. These included water safety, gas and electrical checks/certificates.

- All staff had completed training in recognising the deteriorating patient/sepsis. An in-house course had been developed to provide a sufficient level of detail relevant to their role.
- Summarising was up-to-date for both initial and 5 yearly checks on patient notes. There was a robust process in place for new joiners with Raleigh being a phase 1 training establishment.
- Fridge temperatures were now being monitored in accordance with organisational policy.
- Alarm systems were in place to enable staff to summon assistance. These were checked for their effectiveness through audit.

Dr Chris Dzikiti

Interim Chief Inspector of Healthcare

Our inspection team

The inspection was carried out by a CQC inspector.

Background to Raleigh Medical Centre

Raleigh Medical Centre provides primary care and occupational health to Royal Navy Phase 1 and 2 trainees and permanent members of staff on the base. In addition, the practice provides care to patients who are stationed at the base for the duration of short courses. Service provision also includes a Primary Care Rehabilitation Facility (PCRF).

There is a high turnover of the patients with up to 100 new trainees arriving at the base each week to commence training. At the time of the inspection the patient population was 1,566; this accounts for 4% of the Royal Navy.

The practice is open from Monday to Friday, between 07:00 and 16:00 hours. A duty medic and duty doctor are available on site until 17:00 hours. Out-of-hours emergencies are escalated to civilian emergency services on 999/2222. For non-emergencies patients can contact NHS 111.

The practice has a dispensary which is open Monday, Wednesday and Thursday 08:00-12:00 and 13:30-16:00. Tuesday and Friday it is open 08:00–12:00.

The staff team

Doctors	Military Principal Medical Officer Military Deputy Principal Medical Officer MOD GP x 3 full time equivalent (FTE) Locum civilian doctor 0.6 FTE (Grow the Navy*)
Practice manager	Military Chief Petty Officer
Nurses	Military Senior Nursing Officer Civilian Band 6 practice nurse Civilian Band 5 practice nurse x 2 FTE Locum civilian Band 5 practice nurse x 0.4 FTE (Grow the Navy)
Administrators	Civilian administrative supervisor x 1 Civilian administrative support staff x 3
Pharmacy Technician	Chief Petty Officer Medical pharmacy technician x 1
PCRF	Civilian Band 7 Physiotherapist Locum civilian Band 6 physiotherapist

	Locum civilian Band 6 physiotherapist (Grow the Navy) Military exercise rehabilitation instructor Locum Civilian Exercise Rehabilitation Instructor
Royal Navy Medical Assistants	Petty Officer x 3 Leading Hand x 1 Able Rating x 4 Trainees on placement x 3 Locum healthcare assistant x 0.6 FTE (Grow the Navy)

*'Grow the Navy is an initiative from Navy Headquarters to rapidly increase in flow of staff into the Navy

Are services safe?

We rated the practice as good for providing safe services.

Safety systems and processes

The practice had a protocol for safeguarding children and patients under the age of 18 which stated that an alert was placed on their clinical record. The protocol linked with the HMS Raleigh wide policy on the care and welfare of patients under 18 years of age. At the last inspection we noted that not all patients under 18 years had an alert in place. In response to this, a monthly search was introduced and conducted by the medical coordination manager to review all registered patients under the age of 18 to ensure that there was an alert on their record. The protocol included a specific annex to make the system failsafe through multiple safety netting. These included adding an alert upon initial registration and a check of the date of birth of patients during the administrative and clinical scrutiny process to ensure that an alert had been added when applicable. Any patient considered vulnerable moving on from the practice was supported with a handover from the safeguarding lead.

As at our last inspection, the practice had not been able to secure a full copy of the contract in place. However, staff were aware of the frequency, timing and extent of cleaning tasks undertaken. Following discussion with region, it was accepted that copies of the contract were not forthcoming due to commercial sensitivity. This was not impacting the effective cleaning of the building and the contract was delivering what the practice needed.

Comprehensive monitoring arrangements were in place and linked into the audit of infection prevention. In addition, monthly monitoring of cleaning standards was carried out and practice staff were accompanied by a supervisor from the contractor. Monitoring was also carried out by members of the executive team termly. Although the building dated back to the 1970s, it continued to be fit for purpose and there were no continuing issues around maintaining cleanliness.

The carpeted areas in the non-clinical administrative areas were cleaned twice a year during periods of ‘block leave’ when the practice was closed. Cleaning equipment and materials were stored securely and the cleaning cupboards had signage to indicate the storage of chemicals.

Concerns with infrastructure raised during the last inspection were followed up as part of this inspection. The practice explained that any issues were raised through a two-tier system with ‘defects’ reported to the facilities management services and ‘husbandry’ added to a list for practice staff to complete when they had spare time. A log sheet was maintained and a review of this evidenced that actions were targeted for completion within 20 working days and hastened by email when overdue. An example of an issue that had taken longer to rectify was the walls being painted with non-washable paint. A workaround was in place for the walls to be cleaned when the practice was closed. There was a plan in place to repaint some of the small paint chips and flaked areas during the Christmas break. Washable paint was to be used in future to aid cleaning. Funding had been secured

for the small ‘self-help’ tasks that staff carried out. Handwash facilities and a sluice were available on both the ground and first floor.

Risks to patients

A sepsis standard operating procedure (SOP) was in place. Clinical staff we spoke with were aware of the signs/symptoms of sepsis and confirmed they had completed sepsis training. Although not Defence Primary Healthcare (DPHC) mandated training, records reviewed at the last inspection showed 5 members of clinical staff were out-of-date for the sepsis training that formed part of the in-house programme. Following the inspection, the practice reviewed the online training and found that the course was in-depth and beyond the level that would be expected for all primary care staff. An in-house course was developed and delivered twice annually. At the time of this inspection, all staff were up-to-date with training. Evidence was provided by a review of the training log which showed that training had last been delivered in February 2024. In October 2024, administrative staff had completed training in recognition of the unwell patient. The content of this training included recognising the signs of sepsis.

The UK Sepsis Trust decision support tool was available in all clinical areas. A sepsis identification poster displayed in reception and the treatment rooms.

Information to deliver safe care and treatment

The summarisation of patients’ clinical notes was monitored and doctors had been allocated protected time to clear the backlog of notes overdue for re-summarisation (this was every 3 years at the last inspection but had now been revised by DPHC to be every 5 years). Staff reported on this having taken up a lot of clinical time due to the highly transient patient population and, as there were robust processes in place for new joiners, re-summarising was not seen as the best use of clinical time. However, it was accepted that it was a requirement of DPHC policy. Any patient safety risks arising from summary backlogs were mitigated by other practice systems, such as the chronic disease searches, national screening searches and regular review of repeat medications.

A DMICP (the clinical operating system) search showed 12 sets had not been summarised in the preceding 5 years. These were scheduled for completion although the practice spoke about having to review the search data as they had found DMICP did not always yield accurate data.

Safe and appropriate use of medicines

The medicines, vaccines and medical consumables we checked were all in-date. The last inspection highlighted gaps in the temperature monitoring. As part of this inspection, we reviewed (remotely) the check sheet for November 2024 and saw that there were no gaps and each check had been initialled with time of check, minimum temperature and maximum temperature noted. This process was supported by an SOP that detailed the

temperature parameters and the procedure in the event of temperature control failure. Data loggers were in place to provide continuous monitoring, these were interrogated following any period of block leave. Temperature check sheets were provided for the crash trolley, medicines held in the patient group direction and medics issuing protocols cupboards.

Track record on safety

The practice now held evidence of gas, electrical and water safety checks that had been requested by the practice but not provided before the last inspection ended. Electronic copies sent as part of this inspection showed that all safety checks were in-date. These included the electrical installation condition report due 5 yearly that had been last carried out in March 2024; this created a list of 11 remedial actions with 6 categorised as potentially dangerous. All actions had been completed by May 2024. Water testing for legionella was carried out monthly and temperatures found to be within the parameters required. Gas testing had been carried out on the boilers and water heaters in August 2024 and found to be satisfactory. Further checks provided included checks on the alarm system and fire extinguishers.

An integrated alarm system was in place in clinical rooms. In other areas, staff had access to handheld personal alarms. The primary care rehabilitation facility (PCRF) was in a separate building and lone working regularly occurred in the PCRF gym area. All PCRF staff carried personal alarms and a process was in place for staff working there to inform the practice when they were leaving at the end of the day. There was no CCTV system used in the PCRF but the practice stated that patients were never left unattended and the alarms could be heard in an adjacent building (the drill shed) that was occupied during opening hours. Panic alarm audits had been conducted by department in September and October 2024. Response times were captured and recorded and actions taken as a result. For example, the location of the audiometry room was being reviewed as it was situated at the back of the building and the alarm had not been heard.