Defence Medical Services

Bulford Regional Rehabilitation Unit

Inspection Report

Bulford Health Facility
Kandy Road
Bulford
SP4 9AA

Date of inspection visit 2 July 2021
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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 when we inspected, and information given to us from the provider.

Ratings

Overall rating for this service	Good
Are services safe?	Good

Summary of findings

Overall summary

Letter from the Chief Inspector of Hospitals

We carried out an announced focused inspection at Bulford Regional Rehabilitation Unit (RRU) on 2 July 2021 to follow up on findings from our previous inspection. We previously inspected this service under the location name of Tidworth RRU on 9 and 17 September 2019. The service relocated from Tidworth to Bulford in August 2020. At the 2019 inspection we rated the service as good overall. We rated the service good for effective, caring responsive and well-led key lines of enquiry (KLOE) and requires improvement in the safe KLOE. This inspection focused upon the safe KLOE.

Defence Medical Services are not subject to the Health and Social Care Act 2008 and are not subject to the Care Quality Commission (CQC)'s enforcement powers. The CQC undertook this inspection as an independent body. At this inspection, we rated the safe KLOE as good. The RRU overall rating of good remains in place. We have highlighted good practice and made recommendations on issues that the service could improve.

Our key findings across all the areas we inspected were as follows:

We found that this RRU was safe in accordance with CQC's inspection framework.

- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Essential systems, processes and practices were available and utilised to ensure patient safety.
- Risks were effectively assessed and mitigated to keep patients safe.
- The RRU had adequate arrangements to respond to emergencies and major incidents.

We identified the following notable practice, which had a positive impact on patient experience:

- Appropriate actions had been taken in response to the Covid 19 pandemic to mitigate the risk of infection to patients and to ensure the service could operate safely.
- The RRU had relocated to the Bulford site, providing patients with improved facilities.

Recommendations for improvement

We found the following area where the service could make improvements:

- The service had not yet practiced emergency medical scenarios or evacuations since they relocated to the Bulford site in August 2020. Planning these at regular intervals would help staff prepare for emergency responses.

Professor Ted Baker
Chief Inspector of Hospitals

Regional Rehabilitation Unit - Bulford

Detailed findings

Why we carried out this inspection

The Care Quality Commission (CQC) carried out this inspection as one of a programme of inspections at the invitation of the Surgeon General in his role as the Defence Authority for healthcare and medical operational capability. Defence Medical Services (DMS) are not required to register with CQC under the Health and Social Care Act (2008) (Regulated Activities) Regulations 2014. Consequently, DMS services are not subject to inspection by CQC and CQC has no powers of enforcement. However, where CQC finds shortfalls in the quality of services during inspection, we will report them by making a recommendation for action to the Surgeon General's office.

Background to the service

Regional Rehabilitation Unit (RRU) Bulford is a facility provided by Defence Primary Healthcare (DPHC) that delivers intermediate rehabilitation within the Defence Medical Rehabilitation Pathway (DMRP). In August 2020, it relocated from Tidworth Garrison to a new purpose built facility in Bulford, co-located with the Regional Occupational Health Team (ROHT) and the Department of Community Mental Health (DCMH) within the Bulford Health Facility in Wiltshire. The facility provides clinical management of musculoskeletal conditions to the military population within the defined geographical area and is the largest of 14 RRUs within Defence.

RRU Bulford covers part of the Central and Wessex region, and its population at risk (PAR) is around 24,800. This has increased significantly from around 19,000 owing to the Army 2020 rebasing project. The majority of the PAR are from Infantry, Artillery, Medical, Calvary, Royal Logistics, Engineers, Military Intelligence, Signals, and Army Air Corps. This is split into smaller satellite Primary Care Rehabilitation Facilities (PCRFs) as follows:

SER	UNIT	REMARKS
01	PCRF Tidworth	Covers Bulford and Middle Wallop
02	PCRF Larkhill	
03	PCRF Lyneham	Covers Colerne
04	PCRF Shrivenham	
05	PCRF Corsham	
06	PCRF Abbeywood	
07	PCRF Warminster	
08	PCRF Bovington	Patient only (administrated by SW Region)
09	PCRF Blandford	Patient only (administrated by SW Region)

RRU Bulford offers a range of services:

- Multi-disciplinary Injury Assessment Clinic (MIAC): a combined clinic involving a specialist GP trained in Sports & Exercise Medicine (SEM), and clinical specialist

Physiotherapist, and at times an Exercise Rehabilitation Instructor (ERI). This is a critical element of the DMRP to identify patient requirements and direct to the most appropriate treatment based on clinical need.

- Injury Assessment Clinic (IAC): a clinic comprising of a clinical specialist Physiotherapist, and at times, an ERI.
- Onward Referral and Clinical Investigations: the RRU provides the gateway for onward referral to secondary care, including DMRC Stanford Hall, fast track orthopaedic imaging and surgery, and other secondary care or NHS referral.
- Residential Therapy: this is for patients whose condition necessitates a period of intensive daily rehabilitation (such as post orthopaedic surgery), whose condition may be exacerbated by travel or who cannot effectively perform their role or find protected time whilst in full time employment. Patients may be admitted for a two-week course (increasing back to three weeks from Jan 2022) into homogenous groups for rehabilitation of specific conditions, e.g. back pain, or into general groups with a range of differing injuries. Since relocating, RRU Bulford is now scaled to run five residential courses concurrently, and increase from four, allowing the facility to treat up to 75 inpatients at any one time.
- Regional Podiatry Service (RPS): the aim of the RPS is to provide a clinical biomechanical podiatry service to all entitled service personnel within the RRU catchment area. The RPS provides a highly skilled and specialist lower limb assessment and treatment service for patients who cannot be managed within Primary Healthcare. Since relocating, RRU Bulford is now scaled for two full-time Podiatrists, an increase from a 0.5 FTE. This increase has enabled the re-start of the peripatetic clinics which are well received within the PCRFs.

The RRU is staffed by a Military OC, a second in command (2iC), a business manager, three band seven physiotherapists, five band six physiotherapists, two band seven podiatrists, a Quartermaster sergeant instructor (QMSI), five exercise rehabilitation instructors (ERIs), 1.5 MIAC consultants, a military GP with a special interest (SEM) and a team of administration staff.

Access to the service is through referral from other services in the DMRP and patients receive an initial joint assessment by a doctor and a clinical specialist physiotherapist, in the Multidisciplinary Injury Assessment Clinic (MIAC) located at the RRU. Patients can access one to one treatment and rehabilitation courses to treat their conditions. Courses run for two or three weeks. Patients are expected to attend for the duration of the course and can live on site or off-site locally. During courses, patients can access one to one treatment at the same time.

The service lead (OC), Regional Trade Specialist Advisor (RTSA) and Band 7 clinical specialist provide a regional SME and professional POC, conducting liaison visits with the satellite physio departments within region, providing support and guidance on HG or military processes, and specific equipment care processes. The RTSA also provides ERI mentoring in the region to all civilian, military and locum ERIs. All new joiners in the region are invited to attend a day at RRU to meet other team members, be provided training on DMICP, shadow course and MIAC in order to ensure joined care between PCRF and RRU. Since Covid 19 this has not been possible, but it is the aspiration once restrictions are lifted and force health protection measures enable this to resume.

We carried out a focused announced inspection of this service. At our previous inspection the RRU was based at a different location and was named RRU Tidworth. We inspected RRU Tidworth on 9 and 17 September 2019. At that inspection we rated the service as good overall, with good ratings in effective, caring, responsive and well-led key lines of enquiry (KLOE's). At that

time we rated the service as requires improvement for the safe KLOE. This inspection focused upon the safe KLOE.

Our inspection team

Our inspection team was led by one CQC inspector.

How we carried out this inspection

We carried out an announced inspection on 2 July 2021. During the inspection we spoke with seven members of staff, including the OC, physiotherapists, a QMSI, a doctor and the business manager. We also reviewed four sets of patient records, staff training records, clinical and environmental risk assessments and other governance related information, such as; policies and procedures.

This inspection was a follow up to our previous inspection in September 2019 where safe was rated as requires improvement. On this inspection we only asked the question:

- Are services safe?

Are services safe?

Good

Our findings

We found that this practice was safe in accordance with CQC's inspection framework

Safe track record and learning

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

- There was an effective system available for staff to report significant events, incidents, near misses and concerns. Staff understood their responsibilities to raise concerns and record these. They were also able to give us examples of changes which had been made as a result of an incident occurring.
- Incidents were reviewed, thoroughly investigated and closed by the person in charge of the RRU.
- A spreadsheet of all incidents was maintained. This incident log was held electronically and provided a brief overview of the incident, when the incident was submitted, and the outcome of the root cause analysis and actions taken as a result.
- Once incidents had been identified, lessons were learnt, and action was taken to improve safety and learning was shared within the RRU and other RRUs through team meetings, governance meetings and other lines of communication.
- At our last inspection, we identified that incidents that required application of the duty of candour had not been appropriately actioned. The duty of candour relates to openness and transparency. It requires staff to be open and transparent and candid with patients when things go wrong and offer an apology to the patient as soon as the incident had been identified, irrespective of who was to blame.
- At this inspection, we found that improvements had been made and the duty of candour was applied as required. Records showed that patients had been contacted by phone and letter when things had gone wrong and an apology and explanation including learning from the incident was shared with the patients.
- After our last inspection staff completed training to educate them about the duty of candour requirements and this has also been incorporated into the staff induction programme.

Overview of safety systems and processes

Essential systems, processes and practices were available and utilised to ensure patient safety.

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Mandatory training included subjects such as; basic life support, health and safety, safeguarding children and adults and infection prevention and control.
- Training records showed all staff with the exception of one new staff member were fully compliant with their mandatory training. The new staff member's training was in progress with an agreed plan for completion.
- An overview of mandatory training compliance was stored electronically. Lead staff members had a designated role to monitor mandatory training compliance at the RRU which ensured compliance was consistently monitored.
- Arrangements for safeguarding reflected relevant legislation and local requirements. Clinical staff received safeguarding training for children and adults at level two in line with national guidance. Medical staff were trained in level three children and adults safeguarding in line with national guidance.
- Staff understood their responsibilities to identify and report safeguarding concerns and they knew who the safeguarding leads for the service were.
- An alert system within the patient electronic records highlighted patients who had any vulnerabilities or safeguarding concerns so that staff were aware.
- Patient's could access chaperones as required.
- All staff were Disclosure and Barring Service (DBS) checked to ensure they were safe to work with patients and this was renewed every five years. This was monitored through the use of an electronic spreadsheet that was monitored by a lead member of staff.
- Staff member's who were registered health and social care professionals had their professional registration checked and monitored to ensure they were consistently fit to practice their profession.
- The service had suitable, spacious premises and equipment and looked after them well to ensure the safety of staff and patients. Private areas were available for private consultations and there were large gym areas with extensive equipment to aid patient's recovery and rehabilitation.
- Equipment was stored tidily with some on designated racks and off the floor to assist adequate cleaning of the facilities.
- Arrangements for the maintenance and use of equipment ensured patient safety. Equipment was used, maintained and serviced in line with manufacturers' instructions. A comprehensive equipment database was maintained and held information as to when maintenance had taken place for the equipment at the RRU.
- Issues with equipment were reported to the QMSI. This resulted in the equipment being put out of use out of use and a request for a repair was booked.
- Electrical testing of equipment at the RRU was maintained to ensure it was safe for use.
- Staff ensured patient safety when introducing patients to the equipment. All patients were provided with a demonstration of the equipment they needed to access to support their rehabilitation programme. Patients were advised to not use equipment if they had not received a demonstration and a trail use of the equipment.
- Temperature sensitive medicines required for injection therapy were also stored and used on site. Effective systems were in place to ensure these medicines were safely prescribed, stored, recorded and administered.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean. Cleaning schedules were followed to ensure the equipment and environment was appropriately cleaned.
- Appropriate systems based on national guidance had been put into place to manage the risks associated with Covid 19. This included the accessibility and use of personal

protective equipment (PPE), additional cleaning times in between patients and course bubbles for patients attending the residential courses.

- Named staff members had been designated as the infection prevention and control (IPC) leads for the unit. They were responsible for the completion of IPC audits and monitoring staff compliance with IPC policies and procedures.
- IPC audits completed between January and June 2021 showed that staff compliance was being consistently monitored and where there was a need for improvement, action plans were put into place and followed up to address this.
- Staff managed clinical waste well. Sharps were disposed of in sharps boxes that were appropriately labelled, dated and signed. All clinical waste was stored securely and disposed of in line with local and national guidance.
- Staff kept detailed records of patients' care and treatment. Records were clear, up to date, stored securely and easily available to all staff providing care. We reviewed the patient records for four patients that demonstrated this. Records included referral information, patient assessments, consent and treatment plans which were all complete.
- The service used the defence medical information capability programme (DMICP) to store and access electronic patient records. This allowed staff to access patient records, in line with their role and the level of access they would require to view information needed to treat patients.
- A patient records audit had been completed in 2020 that assessed how staff complied with record keeping guidance. Overall, staff compliance was good and where improvements were needed appropriate action plans had been formulated and followed up to ensure the improvements were made.

Monitoring risks to patients

Risks were effectively assessed and mitigated to keep patients safe.

- Comprehensive risk assessments regarding service provision were carried out using a clear methodical approach and actions to mitigate any risks had been identified. Risk assessments completed included; Covid 19 risk, the environment and specific treatment interventions. These risk assessments documents were held electronically and there was also a paper copy maintained at the RRU. We reviewed several risk assessments. Each had a description of the identified risk, a risk rating, actions to mitigate the risk, timeframe and date in which the risk required a review.
- An automatic external defibrillator (AED) was available and accessible in the event of a medical emergency. The AED and other medical equipment such as blood pressure monitors and pulsometers were checked on a daily basis to ensure they were in good working order in the event of a medical emergency.
- Emergency medicines were available and stored securely.
- Staff told us how they would identify and respond appropriately to patients whose health was at risk of deteriorating. They demonstrated an understanding of how to access and use the emergency medicines and equipment in the event of a medical emergency.
- Control of Substances Hazardous to Health (COSHH) requires employers to control substances that are hazardous to health. These can take many forms and include chemicals and fumes that can cause disease and harm. We saw that COSHH substances were stored in a locked cupboard.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave new staff a full induction.

- The RRU had increased their staffing since our last inspection. At this inspection, they were only holding one vacancy which was for a MIAC GP. Recruitment to this role was in progress and mitigation plans were in place to manage the risks of this vacancy in the interim time period.
- The staff to patient ratio on the courses had been amended during the Covid 19 pandemic to ensure the risk of infection was mitigated. Numbers of participants on each course had therefore reduced from 15 to 10 whilst maintaining the previous staff ratios of two staff per course group. Staff told us this had been well received from the participants.

Arrangements to deal with emergencies and major incidents

The RRU had adequate arrangements to respond to emergencies and major incidents.

- Potential risks for the service were anticipated and planned for, in advance. The RRU had an up to date local business continuity and resilience plan. The business continuity plan was specific to RRU Bulford and identified the main threats and risks and how a major incident would be managed both inside and outside of normal working hours. The document provided guidance on alternative locations and outlined how the service would continue to run in an emergency situation.
- Emergency plans were in place that provided guidance to staff in the event of an evacuation of the building and medical emergencies. Plans were in place to run evacuation practices and medical emergency scenarios. These had not yet been practiced since the RRU had been relocated Bulford in August 2020.