

## Waddington Medical Centre

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RAF Waddington, Lincoln LN5 9NB

### Defence Medical Services inspection report

This report describes our judgement of the quality of care at Waddington Medical Centre. It is based on a combination of what we found through information provided about the service.

Overall rating for this service	Good	
Are services safe?	Good	

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# Summary

## About this inspection

We carried out a previous announced comprehensive inspection of Waddington Medical Centre on 12 February 2019. The medical centre received a requires improvement rating overall, with a rating of inadequate in the safe domain and requires improvement in the effective and well led domains. The caring and responsive domains were rated good.

A follow-up announced comprehensive inspection of Waddington Medical Centre took place on 8 September 2022. As a result of the inspection, we found the practice was effective, caring, responsive and well-led in accordance with CQC's inspection framework. However, we identified areas for improvement in the safe key question.

We followed up on the recommendations made with a desk-based inspection on 9 April 2024. The report covers our findings in relation to the recommendations made.

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

[www.cqc.org.uk/dms](http://www.cqc.org.uk/dms)

**At this follow-up inspection, we found the practice had made improvements and the safe key question was upgraded to a rating of 'good'.**

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 that the CQC will complete at the invitation of the DMSR in their role as the military healthcare Regulator for the DMS.

### At this inspection we found:

- Ongoing work to meet best practice infection prevention and control standards within the practice had continued with upgrades to the infrastructure.
- Staffing levels had increased and enabled the medical centre to reintroduce the full range of primary services and support junior staff in their development.
- A successful catch-up programme had been completed to clear the backlog of patient notes requiring summarisation.

**Dr Sean O'Kelly BSc MB ChB MSc DCH FRCA**

**Chief Inspector of Hospitals and Interim Chief Inspector of Primary Medical Services**

**Our inspection team**

The inspection was undertaken by a CQC inspector.

**Background to Waddington Medical Centre**

Waddington Medical Centre has a patient population of approximately 2,900 service personnel. The practice provides primary healthcare to maintain operational effectiveness and maintain force health protection, by ensuring vaccinations, audiology testing and gradings are up-to-date and current. The practice does not provide primary health care for families.

In addition to routine primary care services, the practice provides occupational health care to service personnel, including force preparation, diving medicals and aviation medicals. Family planning advice is available.

The medical centre is open from 08:00 to 17:00 hours Monday, Tuesday, Thursday and Friday. It is open 08:00 to 12:00 hours on Wednesday. Urgent care/emergencies are accommodated on a Wednesday afternoon when it is closed for staff training. From 17:00 until 18:30 hours access to emergency medical cover (referred to as shoulder cover) is provided by the practice. Outside of these hours, including weekends and bank holidays, cover is provided by NHS 111.

**The staff team**

Senior Medical officer (SMO)	One
Deputy Senior Medical Officer (DSMO)	One
Unit Medical Officer (UMO)	Three (one deployed, one on long-term leave)
Civilian medical practitioner (CMP)	Two
Practice Warrant Officer	One (post vacant until September 2024)
Practice manager	One
Deputy practice manager	One
Resource manager	One
Nurse manager	One
Civilian nurses	One
Military nurses	Two (one on secondment, locum cover in place)

Locum nurse	One
Administrators	Four
Pharmacy technicians	Two ( one military, one civilian)
RAF Medical technicians	
Corporals	Four (one post vacant)
Air Specialists (AS1)	Twelve (three gapped)
Air Specialists (AS2)	One
(referred to as medics throughout this report)	

\* RAF Medics are aviators who have received specialist training in immediate emergency care. It is a unique role in the forces providing airfield crash cover. The role is similar to that of a health care assistant in the NHS GP medical centres but, with a broader scope of practice.

## Are services safe?

**We rated the practice as good for providing safe services.**

### Safety systems and processes

Infection prevention and control (IPC) standards within the practice had developed with improvements to the infrastructure. An ongoing area noted for improvement was the lack of a sluice; a refurbishment was planned to commence in April 2024. The sluice room was to become the centralised urine testing and disposal area for all staff. As part of the refurbishment, gloves and hand-washing facilities would be available within the area.

### Risks to patients

At the last inspection, we highlighted that the number of vacant clinical posts (in particular doctors) posed a challenge to the safe and effective delivery of primary healthcare and occupational health services. This was compounded by lack of availability of locums and protracted recruitment processes. The medics were junior in terms of experience and this had been raised to Air Command as a risk.

The practice reported an improvement in numbers, most notably the recruitment of 2 permanent civilian doctors (that provided more capacity as well as resilience as they were not subject to deployment or posting) and additional nurses. In September 2022 it was noted that there were 96 due or overdue operational aircrew and air traffic control periodic medical examinations (PMEs), these were now being completed in a timely manner and there were none overdue. It was also noted that 180 patients were overdue a review of their occupational downgrade, this had been reduced to 84. Work was ongoing to maintain staffing levels although a fifth medical officer role remained unfilled. However, the impact on care had been addressed. As a result of this, Waddington's operational status had improved from 'red' to 'yellow' in accordance with Defence Primary Healthcare's (DPHC's) set of priorities (the priorities list offered guidance on how practice resources should be applied effectively to meet patient's need). 'Yellow' recognised as return to providing routine primary care that included chronic disease management, patient recall for national screening programmes and support to the maintenance of military and civilian clinical staff competencies for specific clinical training including DPHC mandatory training).

Whilst not currently able to undertake the full range of DPHC tasks in full; for example, age related health screening, targeted re-introduction of this was taking place for those patients identified most at need. In recognition of the patient list having 12% over the age of 50, these patients had been targeted and offered appropriate screening.

We had noted at the last inspection that the medics employed were often newly qualified and were sent to Waddington straight from training; this posed some concerns to existing staff as they had limited staff to support and mentor them. The medical centre reported that the improvement in staffing levels had allowed more support to the junior members of the team. The non-clinical management team had returned to a sufficient level to allow

guidance and mentorship as required. Although some medics continued to arrive straight from training, this had been mitigated through liaison with the career manager to extend individuals tours to deconflict with the loss of experienced medics (where practicable).

## **Information to deliver safe care and treatment**

An initial summarisation of notes for newly registered patients was undertaken by the nursing team who checked for any long-term condition and vaccination requirements. However, due to issues with staffing levels, note summarising at the last inspection showed 1,848 notes still needing summarising (approximately 36% had been completed). As part of this inspection, the medical centre provided evidence that this backlog had been addressed. There were now (report provided from 22 March 2024) only 131 sets of notes that had not been summarised. This represented a completion rate of 94%. All new patient registrations assigned since September 2022 had their computer summary updated by the nursing department (evidenced by a report provided). The practice were working towards getting the 3 yearly summarising of notes up-to-date as they had recently become a combined practice. It was estimated that 30% of patient notes had been summarised in the last 3 years.