


Brawdy Medical Centre

Cawdor Barracks, Brawdy, Haverfordwest, Pembrokeshire, SA62 6NN

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 Brawdy Medical Centre on 22 March 2018. The practice was rated inadequate overall, with a rating of inadequate for the safe, effective and well-led key questions. The caring key question was rated as requires improvement and responsive rated good.

An announced comprehensive follow-up inspection took place on 8 February 2019. The practice was rated requires improvement overall. The safe, effective and well-led key questions were rated as requires improvement with caring and responsive rated as good.

An announced follow-up comprehensive inspection was undertaken on 3 and 5 August 2021. The practice was rated good overall and for all key questions except safe, which was rated requires improvement.

A focussed follow-up practice was carried out on 3 and 5 August 2021. The rating of requires improvement remained for the safe key question.

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>

This focussed follow-up inspection was undertaken on 19 September 2023.

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

Are services safe? – 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 observations and recommendations within this report.

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:

- Despite further disruptions to staffing levels, a full clinical team was in post including a Senior Medical Officer (SMO), 2 nurses and a locum physiotherapist. The practice manager post was vacant.
- The practice was well supported through the regional General Practice Remote Support.
Practice staff recognised the impact of inconsistent staffing levels due to vacancies, notably with maintaining governance processes.
- Despite the staffing challenges the practice ensured patients received timely and effective care.

The Chief Inspector recommends to the practice:

Governance processes should be kept under regular review to ensure they are routinely used to monitor the safety and quality of the service.

Dr Sean O’Kelly BSc MB ChB MSc DCH FRCA

Chief Inspector of Healthcare

Our inspection team

The inspection was undertaken remotely by a CQC inspector.

Background to Brawdy Medical Centre

Rurally located and a short distance from the village of Brawdy, the medical centre provides a routine primary care, occupational health and rehabilitation service to a military service population of approximately 474 who are subject to operational deployment at short notice.

A primary care rehabilitation facility (PCRF) is located within the medical centre and provides a physiotherapy and rehabilitation service. As there is no dispensary at the practice, medicines are dispensed from a local pharmacy.

The medical centre is open from 08:00 to 17:00 hours Monday to Thursday. Medical cover is provided from Brecon Medical Centre when the practice is closed on Friday. Patients have access to NHS 111 out-of-hours .

The staff team

Doctors	One SMO
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Nurses	One military nurse One civilian nurse
Practice management and administration	Practice manager - post vacant One practice administrator
PCRF	Locum physiotherapist
Combat Medical Technicians	Two (unit assets)

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. The rating was in relation to the absence of a permanent doctor and concerns raised by the contracted physiotherapists.

A permanent Senior Medical Officer (SMO) had been appointed in August 2023. The contracted physiotherapists had since left the service. Therefore the recommendations we made at the last inspection had been addressed. However, we identified sustainability of staffing levels continued to be a challenge as there had been a further turnover of staff since the last inspection.

Risks to patients

Until the SMO joined the practice, medical cover was provided by a locum GP and through the General Practice Remote Support (GPRS) South Wales group network; a strategy led by the regional SMO (RSMO) for the six medical centres in the group. One of the objectives of the network is to strengthen service resilience during times of staff shortage. On previous occasions when no dedicated doctor was available, the nurses sought medical advice and support through the GPRS network. They indicated the GPRS was an effective safety network.

The new SMO was familiar with the practice and unit as they had provided periodic medical cover since 2018, including when previous civilian doctors needed support with occupational medicine. The RSMO also facilitated clinics when the practice had had no medical cover.

Since the last inspection, the contracted physiotherapists had left the practice and a locum physiotherapist was providing cover. More recently, the practice manager had left. Recruitment was in progress for a practice manager. A post (referred to as PID) was not established for a physiotherapist and the regional team were exploring options to secure a PID for a physiotherapist post.

Support systems were in place for the locum physiotherapist including case review meetings with the SMO who had experience in rehabilitation, including 3 years working in a regional rehabilitation unit. The physiotherapist was also supported by the senior physiotherapist at St Athan Medical Centre.

Given that an SMO had only recently been appointed and the practice manager had recently left, we reviewed the pre-inspection evidence provided to determine the impact of staff turnover on the practice. Evidence, including the healthcare governance workbook, highlighted gaps in some of the governance systems. For example, some standard operating procedures were out-of-date for review, the audit programme had slipped and the practice management action plan had not been reviewed recently. On the other hand, patient feedback about the service was overall positive and there had been no complaints.

All staff we spoke with acknowledged that, during times of staff turbulence, some governance processes, including those for the Primary Care Rehabilitation Facility, had not been maintained as provision of clinical care took priority. This included preparing service personnel who were deploying at short notice. Practice staff were confident the gaps in governance would be addressed once a practice manager was appointed.

Since taking up post, the SMO attended the regional meetings and planned to participate in the St Athan Medical Centre multi-disciplinary team meetings. The SMO had made some changes at practice level, including the introduction of a quarterly audit meeting and a weekly management meeting. In addition, a structure had been introduced for staff education and training. One of the nurses had taken on the lead for long term conditions and had been given additional time to undertake audits.