Isle of Man inspection programme:

Overview report

March 2023

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Summary

The Department of Health and Social Care and Manx Care on the Isle of Man are working to ensure that people on the island have access to safe, high-quality health and care services. Over the past year, the Care Quality Commission (CQC) has carried out an independent assessment of the services being commissioned or provided under contract by Manx Care. The aim was to develop a baseline understanding of the quality of care and use the findings to support improvement where needed.

Manx Care is a new organisation with an ambition to create a high-quality, integrated health and care service that organises care around people's needs, delivering the right care, in the right place, at the right time. Manx Care aims to provide a 'person-centred' sustainable health and care service.

Our assessments found that Manx Care has made progress on its journey to meet its ambition. Staff acknowledge they have come a very long way in a short space of time, but that there is more work to do and it is a continuous improvement journey. We found that services were delivered by a committed group of staff who made sure people were at the centre of their work.

However, we also found that being an offshore island resulted in a strain on the system because of problems in recruiting sufficient staff to deliver services. Staff were concerned about these pressures and we found that, at times, the shortages could affect the types of services that could be delivered and the safety of these services.

There were some systematic issues across the island that could affect service delivery. As well as workforce shortages, these included issues with the estate across the island, as some premises were not fit for purpose. Across the island, there were further issues around:

- medicines management
- multiple data sharing systems affecting data interoperability
- issues that could affect patient outcomes and safeguarding.

But, despite these system-wide issues that Manx Care and the Department of Health and Social Care are tackling, Manx Care is committed to improving outcomes for people. Work is ongoing to develop closer links with regional academic partners to improve training and education and to ensure effective and efficient links with providers of tertiary care. Manx Care is participating in relevant national clinical audits and implementing recommendations where possible, although this has been hampered by the staff capacity issues on the island. Manx Care is also developing its digital strategy to improve access to services, including opportunities for people to have digital rather than face-to-face appointments where clinically appropriate.

Recommendations

We have listed individual recommendations in the inspection report for each service inspected. However, several recommendations feature in a number of service reports. CQC recommends that to encourage improvement in the quality of care, Manx Care work with the Isle of Man Department of Health and Social Care in the following areas.

Workforce and staff training

- Review staffing levels to ensure there is an adequate number of suitably trained and qualified staff at all times.
- Improve the oversight and recording of mandatory training for staff to ensure they have completed all required training for their roles.
- Improve staff recruitment checks to ensure all recommended points are reviewed, including:
    - Disclosure and Barring Service (DBS) checks
    - relevant qualifications, professional registration and medical indemnity status for clinical staff
    - the vaccination history for patient-facing staff.
- Develop governance arrangements across the island that support staff and are effective, transparent, and consistent across services.

Premises, equipment, and maintenance

- Undertake a review of the estate owned by the Isle of Man Government to ensure all buildings are fit for purpose and allow providers to meet minimum infection prevention and control standards.
- Improve systems for the cleaning, maintenance and calibration of all equipment and medical devices.
- Improve systems for the safe management and disposal of hazardous waste, including amalgam and gypsum.
- Ensure that staff have the capacity to implement a programme of health and safety risk assessments throughout health and care services, including assessments of fire, legionella, and hazardous substances risks.

Data and patient care records

- Develop data sharing arrangements between health and care providers to ensure they effectively share safeguarding concerns and other information relating to care and treatment delivered by other services.
- Improve the storage of confidential patient information to ensure only authorised staff have access to confidential records.

- Implement a formalised programme of regular and repeat clinical audit, supported by the regular collection and review of patient outcome data to improve the quality and effectiveness of care.

Medicines optimisation

- Improve the management of medicines, medical equipment, and consumables to ensure all expired stock is removed and disposed of appropriately.
- Improve the storage of emergency medicines and equipment to ensure staff can access them easily in an emergency.
- Implement an effective system of shared care to ensure that medicines are prescribed safely where multiple services are involved in prescribing, monitoring, and reviewing them.
- Improve security and oversight for storing blank prescription pads and medicines, including medicines stored in fridges. Improve systems to ensure all staff who administer, supply, and prescribe medicines have appropriate authorisation and are suitably qualified.

Patient-centred care

- Improve the availability of translation and interpreting services to ensure all services and people who use them have access to appropriate services when required.
- Improve access to services to ensure patients receive the care and treatment they need, when they need it, particularly psychological and neurological specialist support.
- Implement an island-wide diabetic retinal screening programme.

Background

Following a request from the Department of Health and Social Care for the Isle of Man, this overview report presents what we found from our baseline assessments of health and social care services on the island. Recommendation 3 of Sir Jonathan Michael's Independent Review of the Isle of Man Health and Social Care System called for health and social care services provided either directly or indirectly by Manx Care to be inspected regularly by independent external quality regulators, with a report to the Manx Care Board and the Department of Health and Social Care. The recommendations required the inspections to be determined against agreed defined standards that:

- provided assurances
- required the recommendations to be enforced

- supported a systematic approach to continuous improvement.

Following the recommendation, the Care Quality Commission (CQC) was identified as being able to assist and conduct initial baseline assessments for services commissioned or provided by Manx Care. This included services in:

- adult social care
- primary medical services, including GPs (general practitioners), dental care, minor injuries and out-of-hours services
- hospitals.

The Isle of Man Department of Health and Social Care commissioned CQC to carry out these baseline inspections and a service level agreement (SLA) was signed in July 2021.

This work was undertaken under paragraph 9 of Schedule 4 of the Health and Social Care Act 2008, which allows CQC to provide advice and assistance.

The purpose of this report is to bring together themes arising from our baseline assessments that have implications for the health and care system on the island.

It was agreed that the methodology would be based on CQC's current assessment approach and frameworks used in England. We adapted our approach to reflect the circumstances of service provision on the island, including the differences in legislation, the challenges faced and that only social care services have been subject to regulation previously.

Timescales

The assessment programme was completed across 3 phases. This included a period of engagement from the Department of Health and Social Care with the health and care services themselves and key stakeholders. This focused on developing the assessment frameworks before starting the inspections. Pilot inspections using the methodology were completed during 2022. The 3 phases were:

Phase 1: Validation and scoping exercise (July to November 2021)

This phase involved workshops to map the end-to-end methodology for delivering inspections across the island, focusing primarily on service-wide and location-level baseline assessments.

Phase 2: Discovery and self-assessment (December 2021 to March 2022)

The assessment framework was adapted by working in partnership with services. This was to help CQC understand what data was available, how inspectors could hear about people's experiences of care and understand the quality of care being delivered by services.

Engagement with the services started with looking at the provider information request (PIR) process.

The Department of Health and Social Care and CQC consulted on the framework by:

- learning what data was available
- managing provider information requests
- delivering webinars
- undertaking pilot inspections.

Phase 3: Inspection phase (April 2022 to March 2023)

During this phase, we carried out a baseline assessment of the services that were commissioned and provided directly and indirectly by Manx Care on behalf of the Department of Health and Social Care.

Inspection dates
Adult social care services (25 April to 12 August 2022): • 9 adult care homes • 27 learning disability adult care homes • 7 other social care services
Dental services (4 to 15 July and 29 November 2022): • 13 dental practices including community dental services
GP services (26 July to 8 November 2022): • 13 GP practices
Mental health services (1 to 4 August 2022; 30 January to 2 February 2023)
Acute hospital services (3 to 7 October 2022)
Community health services (3 to 7 October 2022)
Out-of-hours GP services (9 November 2022)
Hospice services (31 October to 3 November 2022)

Notable practice

During the assessments, we identified several areas of good and notable practice. These are areas where services demonstrated they had innovative or highly effective systems and processes in place. These included:

Adult social care services

People were protected from the risk of abuse. Risks were assessed and there were support plans to manage these risks. Incidents and accidents were recorded and reviewed to reduce the risk of a recurrence.

People told us they were happy living at the various locations we assessed. Staff knew people and understood their needs well. Staff were able to explain how they supported people to maintain their privacy and dignity, be involved in their own care and to make day-to-day choices.

Person-centred risk assessments and support plans provided detailed guidance and information about people's support needs and routines, including strategies if people became anxious. These were reviewed regularly and agreed with people's families and social care professionals. Support goals were identified to work towards, increasing people's skills and independence.

The Community Outreach service supported people with a range of activities within their community. People in the supported living cottages were offered a range of activities and had active lives. Staff supported and prompted people to be as independent as possible.

Dental services

The services we assessed had systems to keep dental professionals up to date with current evidence-based practice. We saw that clinicians assessed patients' needs and delivered care and treatment in line with current legislation, standards and guidance, supported by clear clinical pathways and protocols.

Staff gave patients clear information to help them make informed choices about their treatment. Patients confirmed that staff listened to them, did not rush them, and discussed options for treatment with them.

Staff were clear about the importance of giving emotional support to patients when delivering care. Throughout our assessment, staff conveyed a good understanding of supporting more vulnerable members of society, such as patients with dementia, and adults and children with a learning disability.

Staff had completed sepsis awareness training. Sepsis prompts for staff and patient information posters were displayed throughout the practices we assessed. This helped ensure that staff made effective triage appointments to manage patients who presented with a dental infection and, where necessary, refer patients for specialist care.

Mental health services

Across all mental health services, staff treated people with compassion and kindness and they understood people's individual needs. They actively involved people in decisions and care planning.

We found that staff developed holistic, recovery-orientated care plans informed by a comprehensive assessment. They provided a range of treatments that were suited to people's needs and in line with guidance and best practice.

Staff supported people to be involved in their own care and to make day-to-day choices. People received person-centred support, were supported to be part of their local community and to be as independent as possible.

GP services

Some practices demonstrated a consistent and proactive approach towards safeguarding. One practice had created its own comprehensive safeguarding policy that included a quick reference section at the start, allowing staff to quickly access key safeguarding contacts and information if there was an incident. The practice had also created dedicated safeguarding leaflets for patients, which explained what to do if they had any safeguarding concerns. Another practice demonstrated how it entered a specific 'read code' onto a patient's record where staff had potential safeguarding concerns.

Several practices had established regular multidisciplinary team (MDT) meetings with other healthcare professionals, such as health visitors, hospice teams and school nurses. This was to ensure a co-ordinated approach to patient care.

Some practices had developed their own care pathways and treatment protocols that were focused on improving the quality of care and treatment for patients. The practices could show evidence of how they were sharing these with other local practices.

Practices were focused on meeting the needs of each patient and described the additional steps they took to achieve this. One practice explained how it supported patients who had a learning disability to attend their annual health check appointment. It did this by sending personalised letters from a named receptionist whom patients could contact if they had any concerns, along with a leaflet in an easy-to-read format that outlined the benefits and process of the health check. Another practice ran an annual flu clinic and health information day in the local community, where staff offered patients a range of services including height, weight, blood pressure and blood sugar checks. One practice had focused on improving the quality and equity of care for patients from the LGBTQ+ community. Another rural practice had worked to improve the range of services available from the practice, offering 24-hour ambulatory blood pressure and electrocardiogram (ECG) monitoring.

Some practices operated a comprehensive clinical auditing programme and were able to demonstrate how they had shared the learning identified from clinical audits with other services to improve the quality and safety of care in the local area.

Hospital services

Across hospital services, Manx Care had introduced an electronic bleep system, which staff had on their phones. They could escalate concerns, ask for reviews, and request and contact other staff. All messages were recorded to ensure there was an audit trail.

For relevant clinical specialisms, there was multidisciplinary decision making and relationships with tertiary centres to deliver safe services. Some medical staff worked a rotation with services in England to maintain skill and competence in line with guidance from the medical royal colleges.

Manx Care had developed and implemented Manx Care Advocacy and Liaison Service (MCALS) to support patients to complain or give feedback about their care.

Manx Care had also developed links with a large NHS trust in north-west England to procure and develop a bespoke electronic Manx patient records system. This aims to support information exchange between services and result in a seamless service for patients.

The staff of Manx Care were seen to show a genuine caring approach to patients. There was a strong teamworking culture that included community support groups and volunteers, which provided a holistic service with patients at the heart.

System-wide concerns

We identified several system-wide recommendations and areas for improvement during these assessments, which may be challenging for individual locations to resolve on their own.

Safeguarding

Work has started on improving the approach to safeguarding on the island. The safeguarding lead for Manx Care is instrumental in driving forward the safeguarding strategy, policies, protocols, training, and dedicated teams. The island's initial priority has been children. Now that the approach is more developed, the team has capacity to move forward with the adults safeguarding strategy and policies.

Safeguarding needs to be further co-ordinated between services. A lack of data sharing arrangements appears to be a significant barrier that prevents services discussing and sharing safeguarding concerns. Multi-agency safeguarding meetings are still being established, and GPs have reported not being invited to child protection meetings. At the moment, there are no formalised transitional safeguarding arrangements in place to support the safety of children and adolescents who transitioned to adult services.

Safeguarding training needs to be further embedded across the island. However, we saw that Manx Care was actively leading Level 3 safeguarding vulnerable adults and children training. Staff in some services had not undertaken safeguarding training to appropriate levels for their role. For example, not all GP receptionists had completed a minimum of level 2 training, and not all clinical staff had completed level 3 training.

In 8 (61%) of the 13 dental assessments, we found a need to improve in the areas of:

- providing adequate staff training to the appropriate level
- raising awareness of safeguarding referral pathways in general on the Island.

Dental staff were not always aware of curious conversation or what to do if they identified a safeguarding concern. We had conversations with clinicians across dental services to raise awareness about neglect. The CQC team linked the local Dental Council with the Manx Care safeguarding lead to provide Level 3 training to dental staff.

One adult social care location needed to improve its awareness of safeguarding and security to keep people safe. We found other services that were unable to demonstrate underpinning principles of culture, control, and choice, and formal capacity assessments and best interest decisions were not recorded.

Staff training

Manx Care told us that data on mandatory training needed to improve and this is part of the Quality improvement (QI) programme.

Completion levels for mandatory training were low across services. Mandatory training does not currently include all continual professional development in line with requirements of professional regulators, such as infection prevention and control, sepsis awareness, or mental health. However, the QI programme will help to identify and monitor role-specific mandatory training.

Recruitment

Recruitment is an arm's length process on the island. Problems with recruitment have caused issues across Manx Care services, although it is trying to address this by aligning the position of recruitment director to the Board structure.

Sustainability of staff was a concern, which Manx Care raised early on with us. It is difficult to recruit to positions across health and social care because of complexities in the recruitment process and advertising outside of the Isle of Man. Nurse training had previously been suspended and, although this was re-established, there is a now a potential gap in nursing staff if off-island recruitment was not successful.

Across Manx Care services, there were not always enough staff to ensure safe care and manage patients effectively. At the time of our assessments, the vacancy rate was 22%. Staff reported that recruitment processes often took a significant length of time, especially when advertising outside of the Isle of Man. Policies and legislation

were not always in place to ensure the safe recruitment of staff and directors, such as the fit and proper person requirement.

Although the recruitment issues are understandable due to the challenges of being an island, some specific areas of recruitment need to be improved. For example, pre-employment recruitment checks were not consistent between services, and information was often held on separate systems that did not communicate with each other, making it difficult for services to have effective oversight. Recruitment checks did not always include all points, such as checks of the qualifications, professional registration and medical indemnity status of clinical staff, or the vaccination history for patient-facing staff.

Premises, equipment and maintenance

All but 3 GP practice buildings were owned by the Isle of Man Government and leased to each service. Some services reported significant challenges with the upkeep and maintenance of their building, with some defects affecting their ability to meet infection prevention and control standards. Examples included:

- carpeted clinical areas with no arrangements for deep cleaning
- damaged wall and floor coverings
- damaged toilets and sinks.

There were inconsistent processes regarding the cleaning, maintenance, and calibration of equipment. For example, there was limited evidence of regular and effective checks of pressure vessels used in oral health services, and portable appliance testing was completed inconsistently. In other services, such as the hospice, staff did not use separate cleaning equipment for different areas of the hospice, which increased cross-contamination risks.

Services did not have consistent effective systems to manage the potential risk of legionella. There was confusion over who was responsible for carrying out legionella testing. Although some services reported that estates teams did this, other services had been advised that estates teams did not test for this and so had subsequently arranged their own tests. However, they had not always received a full legionella risk assessment or trained staff to undertake the role effectively.

Hazardous waste such as amalgam (a mercury-based alloy used in dental fillings) could not be disposed of safely. We noted there was no provision for waste amalgam, gypsum and X-ray development chemicals to be removed from the Isle of Man.

Some facilities were not currently fit for purpose having implications for the safety of patients and staff. For example, the children's ward at the hospital did not have any dedicated cubicles for children who presented with mental health needs. There was an inconsistent approach to fire risk management. Although some services had comprehensive fire risk assessments in place and undertook regular fire evacuation drills, other services did not. Fire extinguishers at some services, such as dental

services, were not stored appropriately or checked regularly, with some tamper-proof tags missing that had not been either identified or rectified by the service.

Medicines optimisation

Where we raised concerns about medicines management and security during our assessment, Manx Care took immediate action to mitigate the risk. We found that across services, medicines were not consistently or effectively managed safely or stored securely. In several services, we found medicines that had passed their expiry date and had not been identified or removed, including in hospital operating theatres and resuscitation trolleys. Temperature checks in medicine fridges and rooms were not always taken in line with guidance, and medical oxygen canisters were not always stored appropriately. Other medicines, such as contrast media (used to improve the visibility of internal organs and structures in X-ray based imaging) were not stored safely which could be a danger to staff and the public.

Appropriate emergency medicines and equipment were not always available, stored appropriately, or regularly checked. For example, in primary care, there was a particular tendency for emergency medicines to be stored in locked cupboards or rooms, which could cause a delay in patient care. In dental locations, emergency drugs were provided in a sealed box, which prevented staff from opening or handling the equipment. However, this facility was withdrawn during our assessment phase.

There was a lack of safe and effective systems when multiple services were involved in prescribing and monitoring medication. For example, although direct oral anticoagulants (DOACs) were largely prescribed by primary care, they were monitored by secondary care. At the time of our assessment, a significant number of patients were not receiving all the required monitoring tests in secondary care and thus at risk of side effects. This had been identified by some GP practices and escalated to Manx Care.

Staff did not always have appropriate authorisation before prescribing, administering or supplying medicines. Patient specific directions (PSDs) and patient group directions (PGDs) were not always in place where required. We saw this when non-clinical staff supplied and administered vitamin B12 injections, as it was often a misconception that a PSD was not required if there was a prescription in place. Although there was a central PGD library, not all staff had completed the required competency framework document to confirm which PGDs they were authorised and deemed competent to follow.

Blank prescriptions were not stored securely, and records did not always allow for the effective reconciliation of all blank stock. Blank prescriptions were often seen to be stored in unlocked printer trays and desk drawers.

In our adult social care assessments, 74% found concerns around safe medicines management and oversight.

Data sharing and patient records

Manx Care is proactively working with a UK provider to look at the benefits of a single system to manage patient care records across services to improve shared care and the patient journey on the island.

During our assessments we found there were several different IT systems in place across the island, with little or no sharing of patient information between services. For example, there were 8 different patient record-keeping systems. Staff reported they could not always access the patient care records they needed as the different IT systems often 'did not talk to each other'. Having multiple IT systems may lead to patients having to tell their story multiple times, gaps in the patient journey and frustration for busy staff.

The quality of patient records was variable across different types of services. Some services maintained comprehensive and contemporaneous records of care, but some did not maintain records to required standards. For example, in hospice services, certain records such as advanced care plans were not always uploaded to electronic record systems in a timely way.

The communication between different services was reported as a common challenge, particularly between primary and secondary care. Common themes reported included:

- delays receiving discharge summaries and clinic letters
- letters being sent both electronically and by post, causing additional administrative work
- illegible handwritten medication orders.

Confidential patient and staff information was not always stored securely, and access was not always restricted to specific individuals. For example, patient records and medicines were found stored in unlocked drawers in unlocked clinic and treatment rooms. Lack of confidential management of patient and staff information could lead to a data breach.

Patient outcomes

Some services did not have an effective and established audit programme that included monitoring and reviewing outcome data to ensure services were providing effective care. For example, out-of-hours GP services reported having no access to clinical outcome data, so were unable to accurately assess the clinical effectiveness of their service.

There was a lack of psychological neurological specialist support in both the acute and community services. A waiting list of approximately 4 years was negatively affecting the rehabilitation of stroke patients.

GP practices reported they did not have access to their practice's prescribing data, which meant they were unable to compare their prescribing performance with that of other services. They explained this was due to the previous prescribing reporting

system being withdrawn in 2018, but with no access granted to its successor or an alternative system.

However, Manx Care is striving to improve patient outcomes through innovative work. For example, the integrated cancer service had developed and evolved its 'skin service' to serve patients better. The service had trained 5 GPs across the island to provide treatments for patients, which improved their experience and relieved pressure on the hospital.

Person-centred care

Manx Care is working to continuously improve patient care. For example, the Breast Unit has recently been awarded the Macmillan Quality Environment Mark.

However, Manx Care is working towards improved shared care. Arrangements for shared care at the moment are limited, with most services working independently of each other. This was particularly a concern between primary and secondary care, which was compounded by the long wait times reported for some secondary care specialities, the different IT systems being used and a lack of data sharing between services.

For example, the initial prescribing of benzodiazepine (a potentially addictive medicine primarily used as a sedative) was largely completed in secondary and community care, but there was little support to primary care services to help manage and reduce any patient dependencies.

Not all services had access to translation and interpreting services if a patient did not speak English. This was a particular concern in primary care, where staff generally could not access central Manx Care translation services. Lack of access to appropriate interpretation puts stress on the clinicians and may cause symptoms to be missed and could also pose a risk to missed diagnosis.

Furthermore, the island did not have a funded and formalised diabetic retinal screening programme in place. This meant this condition was likely to be significantly under-diagnosed, potentially putting patients at risk of complications.

The current provision of phlebotomy services within primary care did not meet the needs of all patients. GP practices reported that specimens and samples were collected by mid-to-late morning. Although several practices reported a high demand for the service, particularly those in rural areas, they told us they couldn't expand it due to current collection times. Some practices reported a 3-week appointment backlog, with other practices making their own arrangements to transport samples in staff cars.

Care and treatment were not always delivered in line with legislation and best practice guidelines. For example, as part of our GP inspections, we undertook a series of clinical records searches that reviewed each practice's systems and processes for:

- managing patients with long-term conditions

- managing the prescribing of high-risk medicines
- acting on safety alerts.

Although some practices demonstrated they had safe and effective systems in place, several practices could not always demonstrate that patients who were prescribed high-risk medicines or who had long-term conditions were receiving all the recommended and required monitoring tests.

We were told there were limited respite services on the island as the service at the hospice had reduced in size, therefore offering a limited provision to the wider system. There was some provision within adult social care, but this was limited. This was having an impact on the flow of patients across the island.

Strategic direction

The vision for health and care on the island is being established following the Sir Jonathan Michaels Review and the establishment of Manx Care. This was starting to be socialised and embedded, but several services did not have a vision or strategy for what they wanted to achieve. Services reported they were awaiting the outcome of the wider healthcare transformation programme before formalising their future vision and strategy. The executive team recognised that Manx Care did not have a long-term strategy to formally set out the organisation's vision or the strategic objectives to make the vision a reality. This was a key priority for development in 2023. Staff did not always know the underpinning values developed by Manx Care.

There was inconsistency in staff feeling valued or supported by senior leaders. They felt staffing shortages across services contributed to this, with some staff feeling under pressure to work additional shifts. However, a few services had established 'speak up' or whistleblowing procedures to allow staff to raise concerns without fear of retribution, which were also available to people and organisations external to their service. During Phase 3 of our programme, new complaint regulations were published on the Island as it was recognised the existing system and guidance to support complaints was not effective. The process to respond to a complainant within the agreed timeline had improved and Manx Care Advice and Liaison Service support had been tested and further implemented to support people to make complaints and provide feedback.

Some staff did not always feel valued or supported by senior leaders and they did not always feel confident that they could raise concerns with managers. However, Manx Care is passionate about improving the culture of reporting safety incidents. We found the safety culture was improving, with senior leaders advocating and supporting a 'no blame' culture. Staff were becoming more confident to raise concerns or report safety incidents. The senior leadership team was introducing the 'just culture' framework to reinforce an open no blame culture.

The Chief Executive Officer of Manx Care had recognised that awareness of equality, diversity, and inclusion (EDI) was only just being established. Manx Care are now proactively attending a board of a UK NHS trust to support driving the policy

forward on the island. Throughout the phases of our assessments, we found that staff we spoke with were not always curious about equality, diversity, and inclusion and when we asked if groups of people could be contacted, there was no means to do this, and people did not understand what protected equality characteristics were.

Well-led

We carried out an inspection of the well-led aspect of the acute and community services in the week of 24 October 2022. This was an assessment of:

- leadership and governance at board and executive team level
- the overall organisational vision and strategy
- organisation-wide governance, management and improvement
- organisational culture and levels of engagement.

Manx Care is a new organisation, and it acknowledges it has come a very long way in a short space of time, but that there is more work to do. Senior leaders had the skills, knowledge and experience for the roles they held. They had identified and understood the challenges Manx Care faced. However, there was no strategy in place to develop future leaders or implement a succession plan.

Legislation, regulations, guidance and standards

Currently, the island does not have a health and social care act. However, it does have Regulation for Social Care. A Health and Social care Act is planned to be enacted in 2024. This will look at all health and social care provision on the island. To support this, other legislation and policy are required.

Supporting legitimation could include:

- the Mental Capacity Act
- deprivation of liberty
- enforcement regulation
- fire regulations.

Governance

Manx Care’s governance processes are being developed but are not yet fully embedded. At the time of our assessments, governance was yet to become consistent across all health and social care services. For the hospital in particular, care group leaders had limited oversight and could not be assured that they were providing safe care and treatment.

We saw several policies that were out of date and had not been reviewed regularly to ensure they reflected current guidance.

Within primary care, most GP practices had adopted policies that were created by the island's primary care network (PCN). We found some of these policies did not include all required information, such as details of the practice's safeguarding lead in their safeguarding policy. The policies created by individual practices were more comprehensive and included the required information.

Risk management

Risk management culture is being improved since the establishment of Manx Care, as it used a quality improvement methodology. The senior leadership team had a forward vision to introduce quality improvement across the organisation, although further work was required. A robust risk management culture will protect patients and staff across the Island.

Not all services demonstrated a proactive and effective approach to risk management. For example, at the hospital there was no ligature risk assessment in the children's ward. For hospice services, we found there was no effective accountability within the risk register. Not all services had completed all recommended environmental risk assessments, such as legionella, sharps and fire risk assessments, and actions had not always been taken promptly following the completion of a risk assessment.

Processes and systems for reporting incidents varied between services, and there was a risk that any learning identified following an investigation was not always shared with other services. For example, hospital services primarily used an electronic incident reporting system, but GP practices largely used a paper-based recording system and used a different electronic system for sharing incidents with their primary care network. Although most GP practices told us they had used the system to submit incidents, few reported receiving any information from incidents that had occurred at other services or practices.

Medicine and drug safety alerts were cascaded effectively to all staff and services, but not all services could demonstrate they had effective systems in place to quickly act on these. For example, as part of our assessment of GP practices, we conducted a series of clinical records searches, which included a review of historic safety alerts. We found several occurrences across several practices where patients were still being prescribed medicines that were now no longer recommended to be prescribed together or were being prescribed dosages that were no longer considered safe. This included patients who had recently been started on one or more of these medicines, indicating a lack of awareness of the alert.

Conclusion

During 2022/23, CQC has undertaken a full assessment of all health and care services contracted by Manx Care. This baseline assessment gives Manx Care providers an independent assessment of the quality and safety of the care they are delivering, with the aim of supporting any necessary improvement work.

This work also provides an opportunity for the health and care system on the Isle of Man to share good practice and identify areas where services need a systemic response to prioritise improvement.

The Isle of Man Department of Health and Social Care can use these baseline assessments to work with Manx Care, agreeing priorities that will support the Isle of Man government to deliver its Island Plan 2022, in which health and care transformation is the number one priority. This will help to shape what regulation on the Isle of Man might look like in the future.