DHSC – CQC external quality regulation programme

Kensington Group Practice

Assessment report

Westmoreland Road

Douglas

Isle of Man

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Date of assessment: 9 August 2022

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Our findings

Overall summary

We carried out this announced assessment on 9 August 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a GP adviser.

This assessment is one of a programme of assessments that the CQC is completing at the invitation of the Isle of Man Government's Department of Health and Social Care (IOMDHSC) in order to develop an ongoing approach to providing an independent regime of health and social care providers delivered or commissioned by IOMDHSC and Manx Care.

The CQC does not have statutory powers with regard to improvement action for services on the Isle of Man, and providers on the island are not subject to CQC's enforcement powers. The assessment is unrated.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions form the framework for the areas we look at during the assessment.

We based our view of the quality of care at this service on a combination of:

- what we found when we inspected
- information from data available on the service
- information from the provider, patients, the public and other organisations.

Our key findings were

- Safeguarding processes were not always effective, as not all staff were trained to appropriate levels for their roles. Systems to identify vulnerable patients on record were not consistent, and data sharing arrangements did not always allow for the effective sharing of safeguarding information.
- Appropriate standards of cleanliness and hygiene were not always met.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation, was not effective as documentation did not always demonstrate that staff had appropriate authorisations to administer all medicines. Patients prescribed high-risk medicines did not always receive all required monitoring. Medication reviews were not always completed when required, and documentation regarding completed reviews was limited.
- The practice's system for recording and acting on alerts was not effective, as several safety alerts had not been actioned or addressed by the practice.
- Patients' needs were assessed. We found care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance. Patients with long term conditions did not always receive all required monitoring and did not always receive appropriate diagnoses for their condition.
- There was limited monitoring of the outcomes of care and treatment, and the practice did not have an established clinical audit programme in place.
- The practice was not always able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles. Although staff completed mandatory training in several key areas, training records did not provide an effective oversight of staff training compliance, and not all staff were given dedicated time to complete all required training.
- Staff worked together to deliver effective care and treatment. We found a lack of data sharing arrangements did not always allow staff to work effectively with other organisations.
- Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people. Staff helped patients to be involved in decisions about care and treatment, and respected patients' privacy and dignity.
- The practice organised and delivered services to meet patients' needs. People were able to access care and treatment in a timely way, although telephone access required improvement. Patient complaints were listened and responded to and used to improve the quality of care.
- There was compassionate, inclusive and effective leadership at all levels. The practice had a culture which drove high quality sustainable care.

- There were some clear responsibilities, roles and systems of accountability to support good governance and management. We found processes for managing risks, issues and performance were not always effective.

We found areas where the practice could make improvements. CQC recommends that the practice:

- Improve adult safeguarding processes to ensure all vulnerable adults are appropriately identified and all staff are appropriately trained for their role.
- Improve staff recruitment processes to ensure there is an adequate check of staff vaccination status upon employment.
- Improve the cleanliness and maintenance procedures for the practice to ensure all areas meet infection prevention and control standards.
- Continue to develop data sharing arrangements with other healthcare providers to ensure safeguarding concerns, information relating to care and treatment delivered by other services, or changes made to patient medications are effectively shared and actioned.
- Implement an effective system regarding the use of patient specific directions (PSDs) to ensure all staff have appropriate authorisation to administer relevant medications, vaccinations and immunisations.
- Implement a formalised programme to review clinical staff competencies, including the prescribing competencies of non-medical prescribers.
- Improve the documentation of completed patient medication reviews to ensure there is a clear record of which medications have been reviewed.
- Improve the documentation of patient consultations to evidence what safety netting advice has been given and how a patient's identity has been confirmed where remote consultations have been completed.
- Improve the monitoring and oversight of patients prescribed high risk medicines to ensure patients receive all required monitoring, assessments, follow-up appointments and medication reviews
- Improve the management of patients with long term conditions to ensure all patients receive all required monitoring, assessments, diagnoses, follow-up appointments and medication reviews.
- Improve the storage of emergency medicines and equipment to ensure they are easily accessible in the event of an emergency, with their location appropriately signed.
- Improve processes for the management and recording of safety alerts, including historic drug safety and medication alerts.
- Implement a formalised process for any learnings from completed incident investigations to be shared externally.
- Improve childhood immunisation uptake rates.
- Implement a formalised programme of regular and repeat clinical audit.
- Improve the monitoring and recording of staff mandatory training to ensure all staff have completed training in all required areas and remain appropriately trained for their role.

- Implement a system that ensures all staff, including both clinical and non-clinical staff, have adequate time to complete all required mandatory training.
- Improve systems to assess and record patient consent to care and treatment.
- Improve the availability of translation and interpretation services.
- Improve systems to identify and support patients who were carers or had caring responsibilities.
- Improve patient telephone access to the practice.
- Develop a system that allows for staff to speak up and raise concerns externally to the practice.
- Improve governance arrangements so leaders have nominated roles and responsibilities and can hold each other to account in the event of poor performance.
- Improve systems for the identification of risks and the management of performance information to ensure all risks are adequately identified, managed and mitigated.
- Develop systems to obtain patient feedback, such as through a patient participation group.
- Develop a proactive system of quality improvement and continuous improvement.

We have also identified areas we have escalated to the IOMDHSC:

- The practice did not always meet the appropriate standards of cleanliness and hygiene.
- The practice did not have effective oversight of the monitoring of patients prescribed high risk medicines and did not ensure all patients received all required monitoring, assessments, follow-up appointments and medication reviews.
- The practice did not have effective oversight of the monitoring of patients with long term conditions and did not ensure all patients received all required monitoring, assessments, follow-up appointments and medication reviews. Not all patients with a long-term condition had been appropriately identified, diagnosed and coded.
- The practice did not have effective processes for the management of safety alerts, which included historic drug safety and medication alerts.
- The practice did not have an effective system in place regarding the use of patient specific directions (PSDs), as some staff administered medications and vaccinations without appropriate authorisation documentation in place.
- The practice's safeguarding processes were not always effective, as not all staff were evidenced as having completed appropriate training for their roles, systems to identify vulnerable patients on record were not consistent, and data sharing arrangements did not always allow for safeguarding information to be shared between services.

Background to assessment

The practice is located at:

- Kensington Group Practice, Westmoreland Road, Douglas, Isle of Man, IM1 4QA.

The practice is part of a wider network of GP practices, as all GP practices on the island are members of a primary care network.

There is a team of five GP partners, four practice nurses, one healthcare assistant and a pharmacist. The clinical team are supported at the practice by a business manager and a deputy practice manager who provide managerial oversight, and a team of reception and administration staff.

Due to the enhanced infection prevention and control measures put in place since the pandemic and in line with the national guidance, some GP appointments were telephone consultations. If the GP needs to see a patient face-to-face, then the patient is offered an appointment at the practice.

Out of hours services are provided by the Manx Emergency Doctor Service (MEDS), which provide appointments between 6pm and 8am Monday to Friday, and 24 hour cover on weekends and public holidays.

During our assessment process, we spoke with five patients and four members of staff, which included one GP. We looked at practice policies and procedures and other records about how the service is managed.

You can find information about how we carry out our assessments on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Is the service safe?

We found this practice was not always providing safe care in accordance with CQC's assessment framework.

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding

Safeguarding systems, processes and practices were developed, implemented and communicated to staff. The practice had separate policies in place for the safeguarding of adults and children that outlined key staff responsibilities. We found the policy outlined different types of abuse staff should be alert to, although did not include details of the practice's safeguarding lead or contact information of teams that staff could raise a safeguarding concern to. One of the practice's GPs acted as their safeguarding lead, which all staff were aware of.

Training records did not evidence that all partners and staff were up to date with required safeguarding training. Most reception and administration staff had completed safeguarding training, but several staff had last completed this over three years ago and were now overdue refresher training. Training data for GPs was not complete.

There was not always active and appropriate engagement in local safeguarding processes. We found the practice did not hold regular safeguarding meetings. There were no transitional safeguarding arrangements in place and not all staff understood all potential safeguarding concerns, such as female genital mutilation (FGM).

The out of hours service was informed of relevant safeguarding information. The practice held data sharing agreements with out of hours services to enable safeguarding information to be shared. We found this relied on prior consent from patients for their information to be shared between services. Where the practice did not hold such data sharing agreements, there was limited-to-no sharing of safeguarding information between other healthcare services.

Systems to identify vulnerable patients on record were not consistent. Although the practice maintained a child safeguarding register, their adult safeguarding register appeared to be incomplete at the time of our assessment as only two adult patients were recorded.

Disclosure and Barring Service (DBS) checks were undertaken where required. All staff received a check when they began working of the service, which was renewed after a period of five years. This included all non-clinical and administration staff.

Discussions were held between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.

Recruitment systems

Recruitment checks were carried out in accordance with policy (including for agency staff and locums).

Although the practice undertook a check of staff vaccination status upon employment, this was not documented and only included a check of hepatitis B vaccinations. Other recommended vaccinations, such as tetanus, polio, diphtheria, measles, mumps and rubella vaccinations were not checked.

Safety systems and records

Health and safety risk assessments were not always carried out. For example, the practice did not undertake a risk assessment regarding hazardous substances, although it was noted that chemical data sheets were retained. At the time of our assessment, the practice was in the process of establishing a legionella water testing programme.

There was a fire procedure.

Date of fire risk assessment: March 2022.

Actions from fire risk assessment were identified and completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

Some areas of the practice were in a poor state of repair and posed a potential infection control risk. This included damaged flooring and floor edging strips, visible dirt around cabinets and furniture, and mould around some toilet sinks. The practice explained they were aware of this, had reported this to the building landlord and were awaiting a repair.

Staff had received effective training on infection prevention and control.

Infection prevention and control audits were carried out.

Date of last infection prevention and control audit: August 2022.

The arrangements for managing waste and clinical specimens kept people safe. The practice had arrangements in place with their local hospital for the disposal of clinical waste and used sharps.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

There was an effective approach to managing staff absences and busy periods.

There was an effective induction system for temporary staff tailored to their role.

The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. Where appropriate, receptionists could book patients an urgent same day appointment. In the event there were no appointments available, receptionists could escalate urgent appointment requests to the GP team for clinical review.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

Individual patient care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation. The practice stored all patient care records and clinical information on a secure third-party system, which only authorised staff could access.

There was a system for processing information relating to new patients including the summarising of new patient notes.

There were limited systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where data sharing agreements were held, and with the patient's consent, the practice could share information with other healthcare providers such as to out of hours GP services. We found data sharing agreements were not in place for all key healthcare providers, such as with local acute hospital, community and ambulance services, which meant there was a risk key information may not be shared.

Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals. Referrals were submitted in an appropriate and timely manner, with patients given appropriate safety netting advice where necessary.

There was a documented approach to the management of test results, although not all results were managed in a timely manner. During our assessment, we saw some results were seven days old but had not been viewed or processed.

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.

Appropriate and safe use of medicines

The practice did not have systems for the appropriate and safe use of medicines, including medicines optimisation.

The practice ensured medicines were stored safely and securely with access restricted to authorised staff. Medicines were generally stored in stock rooms and cupboards, which only staff had access to.

Blank prescriptions were kept securely. The practice maintained a log of all prescriptions ordered and held in the practice and recorded when they were issued to staff. Blank prescriptions were removed from printer trays and rooms when they were not in use.

Documentation did not always demonstrate staff had the appropriate authorisations to administer medicines. Staff had undertaken evidenced training on the use of Patient Group Directions (PGDs), and there was appropriate documentation in place to confirm which staff were deemed competent under which PGD and which senior clinician had authorised this. Healthcare assistants

administered some regular medications and vaccinations, such as B12 injections, but there were no Patient Specific Directions (PSDs) in place to support this.

The practice could not demonstrate the prescribing competence of non-medical prescribers, and there was no regular review of their prescribing practice that was supported by clinical supervision or peer review. All non-medical prescribers were assigned a GP mentor who was responsible for their ongoing competency, but there was no formalised programme of regular clinical supervision.

There was a process for the safe handling of requests for repeat medicines, although the quality of medication reviews for patients on repeat medicines were variable. As part of our assessment, we reviewed five recently completed medication reviews. Although a review had been entered into each patient's care record, not all reviews included detailed of which medications had been reviewed, whether all monitoring was up to date, and whether any concerns had been identified.

The practice had a process and clear audit trail for the management of information about changes to a patient's medicines. We found changes made by other services were not always shared with the practice in a timely manner. The practice held data sharing agreements with some healthcare providers, such as out of hours GP services, which allowed practice staff to review any changes made to a patient's prescription by other services.

The process for monitoring patients' health in relation to the use of medicines, including high risk medicines with appropriate monitoring and clinical review prior to prescribing, was not effective.

As part of our assessment, we conducted a series of clinical searches and random sample of associated patient care record reviews to assess the practice's procedures on medicines management and prescribing. One search reviewed the prescribing of a high risk medicine used to treat high blood pressure. Our search identified 1,154 patients who were prescribed with medicine, with 81 patients identified as not having received all recommended monitoring. We undertook a detailed review of six patients' care records and found there did not appear to be a practice system in place for monitoring as, with the exception of one patient, all other patients had only been monitored when they had attended hospital. The practice explained the monitoring of these patients was largely completed by the hospital anticoagulation clinic and reported there was a known issue at the time of assessment that affected the monitoring of patients prescribed these medicines. This issue related to patients not being correctly referred to the hospital anticoagulation clinic when patients were started on this medicine outside of primary care.

Another search reviewed the prescribing of a medicine used to prevent blood clots. Our search identified 230 patients who were prescribed this medicine, with 92 patients identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and identified four patients who were overdue monitoring, including two patients who were last monitored in 2009 and 2013 respectively.

The practice monitored the prescribing of controlled drugs.

Although the practice did not hold any controlled drugs, there were arrangements for raising concerns externally.

The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.

For remote or online prescribing, there were effective protocols for verifying patient identity. Staff explained how they verified each patient's identity before undertaking a consultation. We found evidence of this identity check was not recorded within the patient's care record.

The practice held appropriate emergency medicines, which were checked weekly. This check included a review of medicine expiry dates and stock levels, although checklists did not state minimum stock level requirements.

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use were in place. Most emergency equipment was stored on a resuscitation trolley, which was stored in a staff stockroom, with the exception of the defibrillator which was stored by reception. We found the storeroom was generally kept locked and was not signed to indicate the location of emergency equipment, which meant this may cause a delay if equipment was needed urgently. Emergency medicines were stored across two storage cases, which were not tamperproof and were stored separately to emergency equipment. Following our assessment, the practice explained they would review the storage of their emergency equipment to ensure all staff had immediate access to all required equipment and medicines.

Vaccines were appropriately stored, monitored and transported in line with appropriate guidance to ensure they remained safe and effective. Twice daily temperature checks of all medicine fridges were taken and recorded, with any anomalous temperatures noted and escalated as appropriate.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events

The practice monitored and reviewed safety using information from a variety of sources. This included safety information shared through Manx Care, as well as other organisations such as the Medicines and Healthcare products Regulatory Agency (MHRA).

Staff knew how to identify and report concerns, safety incidents and near misses. Staff explained how they reported potential incidents and significant events using an incident reporting form, which was reviewed by the practice management team.

There was a system for recording and acting on significant events. The practice explained they worked to create a ‘no blame’ culture, where reported incidents would be investigated to identify any required learnings or improvements. Any reported incidents were discussed in practice and clinical meetings, which were attended by the practice management team, GP and clinical teams, and administration teams, as appropriate.

Staff understood how to raise concerns and report incidents, both internally and externally. Although we found incidents were discussed and shared locally, there was no formal mechanism in place to share incidents externally.

There was evidence of learning and dissemination of information.

Safety alerts

Although staff understood how to deal with alerts, the system for recording and acting on safety alerts was not effective.

As part of our assessment, we conducted a series of patient clinical records searches to review the practice’s management of safety alerts. One search reviewed a safety alert from 2014 regarding a potential negative interaction between two medicines when prescribed together. Our search identified four patients who were still prescribed both medicines with no indication or recognition of the safety alert. This included one patient who had been prescribed both medicines for 10 years.

Another search reviewed a safety alert from 2016 regarding another potential negative interaction between two medicines when prescribed together. Our search identified 23 patients who were potentially still prescribed both medicines. We undertook a detailed review of five patients' care records and saw there was no apparent monitoring system in place as four patients had not received all recommended monitoring.

Is the service effective?

We found this practice was not always effective in accordance with CQC's assessment framework.

Effective needs assessment, care and treatment

Patients' needs were assessed. We found care and treatment were not always delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

The practice had systems and processes to keep clinicians up to date with current evidence-based practice. Changes to clinical guidance or care pathways were shared with staff by email, and were discussed in practice and clinical meetings, when required.

Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.

Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way. Patients with urgent symptoms were generally offered same day or next day appointments, which could be undertaken by telephone or in person. Where there were concerns over a patient's condition or symptoms, staff escalated these appointment requests to GPs for review.

We saw no evidence of discrimination when staff made care and treatment decisions.

Patients' treatment was not always regularly reviewed and updated. As part of our assessment, we conducted a series of clinical searches and associated notes review to assess the practice's procedures for the management of patients with long term conditions. We found not all patients were seen to have received all recommended monitoring, follow-ups and medication reviews.

There were appropriate referral pathways to make sure that patients' needs were addressed. This included referrals to specialists, hospital teams and community services.

Patients were told when they needed to seek further help and what to do if their condition deteriorated. We found safety netting advice was not always adequately documented with patient records.

The practice had prioritised care for their most clinically vulnerable patients during the pandemic.

Effective care for the practice population

- Flu, shingles and pneumonia vaccinations were offered to patients, where relevant. This included offering Saturday appointments during the flu immunisation season.
- Patients had access to appropriate health assessments and checks, when recommended.
- All patients with a learning disability were offered regular health checks.
- Extended length appointments were available, where appropriate.

- Nurse-led long-term condition reviews were available for patients with common conditions, including asthma, diabetes and chronic obstructive pulmonary disease (COPD).
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

As part of our assessment, we conducted a series of clinical searches and random sample of associated patient care records to assess the practice's procedures for the management of patients with long term conditions.

- Our first search reviewed patients with a potential missed diagnosis of diabetes. This search identified five patients who were diabetic but did not have a diagnosis coded. We found the practice had a reluctance to diagnose patients as diabetic, as some patients were diagnosed as having 'impaired glucose' rather than diabetes. This meant these patients were not receiving all required monitoring and were not always invited to recommended services, such as diabetic eye screening.
- Another search reviewed the management of patients with asthma who had been prescribed two or more courses of rescue steroids within the last 12 months for exacerbations of asthma. Guidance from the National Institute for Health and Care Excellence (NICE) recommends patients should be reviewed within 48 hours of an acute asthma exacerbation to review the patient's response to treatment. This search identified 867 patients who were diagnosed with asthma, of which nine patients had been prescribed two or more courses of rescue steroids. We conducted a detailed review of six patients' care records and saw patients were generally managed appropriately, although not all patients had a review arranged within one week of their exacerbation.
- Another search reviewed the monitoring of patients with chronic kidney disease (CKD) at stages four and five. This search identified 25 patients who were indicated as not having received a relevant blood test within the last nine months. We undertook a detailed review of five patients' care records and saw four patients were being effectively managed through secondary care. However, one patient was potentially at risk as there was no evidence of any monitoring by either the practice or secondary care.
- Another search reviewed the monitoring of patients with hypothyroidism. This search identified 330 patients with hypothyroidism who were treated with thyroxine, of which 11 patients were indicated as not having received a thyroid function test within the last 18 months. We undertook a detailed review of five patients' care records and saw all patients were overdue monitoring. The practice appeared to have a monitoring system in place, as attempts to recall patients for monitoring was evidenced. However, one patient was seen to have had no monitoring for two years, which had not been identified by the practice.
- Another search reviewed the care and treatment of patients diagnosed with diabetic retinopathy – a complication of diabetes. This search identified 665 patients with diabetes, of which 13 patients had both a diagnosis of diabetic retinopathy and a high blood sugar

reading recorded at their last test, which suggested poor control of their diabetes. We undertook a detailed review of five patients' care records and saw all patients were either under secondary care or receiving regular review from the practice.

Child Immunisation

The below table shows the practice's childhood immunisation performance. The practice performed largely in line with the average for the Isle of Man, achieving the World Health Organisation's (WHO) target of 95% uptake for only one of the four vaccination groups listed below.

Percentage of eligible patients vaccinated by GP as of 1 January 2022		
Vaccine:	Kensington Group Practice	Isle of Man Average:
5-in-1	98.33%	95.77%
Measles, Mumps and Rubella	90.00%	90.68%
Meningitis C	88.33%	90.28%
Pre-school Boosters	88.61%	88.94%

Cancer Indicators

The below table shows the practice's cervical screening performance. All practices were required to meet a minimum uptake target of 80%.

During our assessment, CQC were informed of a potential reporting issue on how cervical screens were recorded on all practice systems, which was causing cervical screening uptake data to be under reported. This was being investigated for all practices on the island.

Percentage of persons eligible for cervical cancer screening who have been adequately screened as of 30 June 2022	
Kensington Group Practice:	Isle of Man Average:
75.16%	76.84%

Percentage of persons eligible for bowel cancer screening who have been adequately screened between 1 October 2021 and 31 December 2021	
Kensington Group Practice:	Isle of Man Average:
60.24%	60.74%

Monitoring care and treatment

There was limited monitoring of the outcomes of care and treatment.

Clinicians took part in some national and local quality improvement initiatives.

Information about care and treatment was used to make improvements. We found the practice had a limited programme of quality improvement in place. Although some evidence of clinical audit was seen, there was no formalised programme of clinical audit in place.

The practice did not regularly review unplanned admissions and readmissions and take appropriate action.

Effective staffing

The practice was not always able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

The practice was not always able to demonstrate that staff had the skills, knowledge and experience to deliver effective care, support and treatment. Staff completed mandatory training through a combination of online and face-to-face courses, which managers recorded on a training log. Although some staff groups, such as nursing staff, were evidenced as having completed all required training, training logs did not provide a clear oversight of training compliance for other staff groups, such as GPs.

The practice had a programme of learning and development. The practice had a mandatory training matrix, which outlined which training courses all staff were required to complete and when refresher training was due. This included yearly mandatory training for all staff on basic life support and three yearly training on infection prevention and control and safeguarding.

Not all staff had protected time for learning and development. GPs and other clinical staff attended island-wide education and update sessions. The practice advised they allocated time for each staff to undertake training on a weekly basis, but not all staff reported receiving enough dedicated time to undertake all required training.

There was an induction programme for new staff, which covered any training requirements and was supported by an induction checklist.

Staff had access to regular appraisals, one to ones, coaching and mentoring. They were supported to meet the requirements of professional revalidation. All staff received annual appraisals with a senior clinician or member of staff. At the time of our assessment, the practice reported most appraisals had been complete within the last year, and plans were in place for any remaining appraisals to be completed.

The practice could not always demonstrate how they assured the competence of staff employed in advanced clinical practice, such as nurses and pharmacists. Although non-medical staff were assigned a GP as a named mentor who was responsible for overseeing and supporting their ongoing competency, there was no programme of formalised clinical supervision for all staff. It was noted the practice was in the process of establishing a regular supervision programme for all clinical staff.

There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.

Coordinating care and treatment

Staff worked together to deliver effective care and treatment. We found a lack of data sharing arrangements did not always allow staff to work effectively with other organisations.

Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved. We found as data sharing arrangements were not in place for all key services, such as hospital and ambulance services, important care and treatment information was not always shared between services to support the delivery of effective care and treatment.

Patients received consistent, coordinated, person-centred care when they moved between services. For example, we saw how the practice shared end of life care plans with out of hours GP services to support patient care.

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives or patients at risk of developing a long-term condition.

Staff encouraged and supported patients to be involved in monitoring and managing their own health. For example, the practice established links with a local liaison service, who could signpost patients for extra care and support.

Patients had access to appropriate health assessments and checks.

Staff discussed changes to care or treatment with patients and their carers as necessary.

The practice supported national priorities and initiatives to improve the population's health, such as supporting stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice was unable to demonstrate that it always obtained consent to care and treatment in line with legislation and guidance.

Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We found that written consent forms were not always used for minor surgery and saw instances whereby consent was not recorded in patient records for these procedures.

Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.

Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions were made in line with relevant Legislation and were appropriate.

As part of our assessment, we undertook a review of three DNACPR decisions processed by the practice. We saw copies of completed DNACPR decision forms had been retained and were easy for staff to view. Patient clinical records were clear and comprehensive, and included reference to the involvement of the patient's friends, family and relatives.

Is the service caring?

We found this practice was caring in accordance with CQC's assessment framework

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

Staff understood and respected the personal, cultural, social and religious needs of patients.

Staff displayed understanding and a non-judgemental attitude towards patients.

Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.

The practice collected patient feedback and comments through an ongoing friends and family test, which all patients were invited to complete. Between April 2021 and March 2022, the practice received 545 responses. Of these, 520 respondents rated their overall experience as either 'good' or 'very good', 10 respondents rated their experience as 'poor' or 'very poor', and 15 respondents rated their experience as 'neither good nor poor'. Positive comments largely related to the quality

of care received, with comments including how ‘doctors and nurses are brilliant’, how the reception staff are ‘great’ and how the practice provides an ‘excellent service’. Negative comments largely related to difficulties contacting the practice by telephone and booking appointments.

Involvement in decisions about care and treatment

Staff helped patients to be involved in decisions about care and treatment.

Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.

Staff helped patients and their carers find further information and access community and advocacy services. We found the practice was not proactive in identifying patients who were carers or had caring responsibilities and did not maintain a carers register. At the time of our assessment, the practice advised they had approximately 20 patients recorded as carers from a patient list of 9,573 (0.21%).

Interpretation services were not available for patients who required them.

Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.

Information leaflets were available in other languages and formats. The practice had facilities to print letters and communications in other formats, including large print.

Information about support groups was available on the practice website.

Privacy and dignity

The practice respected patients’ privacy and dignity.

A private room was available if patients were distressed or wanted to discuss sensitive issues.

There were arrangements to ensure confidentiality at the reception desk. Patients waiting to speak to receptionists were asked to queue at a point located away from the reception desk to minimise the risk of confidential information being overheard. Staff generally answered telephone calls away from the reception desk, and a COVID-19 protective screen had been installed at the reception desk, which also helped minimise the risk of confidential information being overheard by other patients.

Is the service responsive?

We found this practice was responsive in accordance with CQC's assessment framework

Responding to and meeting people’s needs

The practice organised and delivered services to meet patients’ needs.

The practice understood the needs of its local population and had developed services in response to those needs. The practice had identified services and treatments which patients could not easily access from other providers on the island and had made arrangements to offer these to their patients. Examples of services offered by the practice included phlebotomy services, dosette box prescribing, contraception services and minor surgical procedures.

The importance of flexibility, informed choice and continuity of care was reflected in the services provided. All patients were given the choice to choose which clinician they saw, and the practice

aimed for patients receiving regular care and treatment for an illness or condition to be seen by the same clinician.

The facilities and premises were appropriate for the services being delivered. The practice was located in an ex-hospital building, which had been adapted and modernised for the practice's needs. There was disabled access throughout, and adequate car parking was available immediately outside the practice.

The practice made reasonable adjustments when patients found it hard to access services. For example, the practice had installed a hearing loop to support patients who used hearing aids.

There were limited arrangements in place for people who need translation services. The practice employed a member of staff who spoke multiple languages and could act as a translator if required. A translation feature had been implemented onto the practice's website that allowed users to translate the page on demand to several different languages. However, the practice did not have any formalised agreements in place for sourcing interpretation services for other languages if a patient required them for their consultation.

The practice provided information in accessible formats. For example, the practice had implemented an accessibility feature on their website that allowed users to change aspects of the page to meet their needs, such as through larger text, different colour palettes and a Dyslexia friendly mode.

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held certain registers of patients living in vulnerable circumstances, including those with a learning disability. Although, registers were not in place for all potentially vulnerable patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode, such as homeless people, refugees and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were able to access care and treatment in a timely way. However, telephone access required further improvement.

There was information available for patients to support them to understand how to access services (including on websites and telephone messages). The practice had implemented several online services for patients, which included an online consultation service through which patients could seek help and advice.

Patients were generally able to make appointments in a way which met their needs, although patient feedback on the ease of accessing services was mixed. During our assessment, we spoke with five patients who all reported difficulties and delays in contacting the practice by telephone and in arranging appointments.

Between April 2021 and March 2022, the practice received 545 responses to their friends and family survey. Of these responses, several patients had submitted comments relating to difficulties accessing or booking appointments. Comments included how it was 'impossible' to make an appointment, how the phone system was not 'fit for purpose', how patients 'can never get through' by telephone. We found other patients had reported a positive experience, with one patient reporting they have 'no problem getting an appointment'. This feedback was similar to additional feedback submitted to other online services and social media pages.

The practice offered a range of appointment types to suit different needs, which included face-to-face appointments, telephone consultations and online appointments. The practice supported patients to access care and treatment in a way that met their needs, such as through offering flexible appointments over lunchtimes to support working age people.

There were systems in place to support patients who face communication barriers to access treatment.

Patients with urgent needs had their care prioritised. Patients could book appointments up to four-to-six weeks in advance, as well as same day appointments for any urgent requests. Where receptionists had concerns regarding a patient's condition, or if all urgent appointments had been booked, receptionists could escalate any concerns to GPs for urgent review.

The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs. Although the practice did not employ care navigators, staff were proactive in ensuring patients were receiving care from the most appropriate provider or organisation.

Listening and learning from concerns and complaints

Complaints were listened and responded to, and used to improve the quality of care.

Information about how to complain was readily available. Patients could access a copy of the practice's complaints policy through leaflets in reception or by speaking with a member of staff. Although the practice published their contact details on their website, there was no information available online on how to raise a complaint.

There was evidence that complaints were used to drive continuous improvement. Between August 2021 to August 2022, the service had received seven complaints. The practice undertook a documented review of each complaint, which included a summary of the complaint, a review of the incident, the outcome and any identified learning. Examples of identified learning included refresher training for reception staff.

Is the service well-led?

We found this practice was well led in accordance with CQC's assessment framework

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

Leaders demonstrated that they understood the challenges to quality and sustainability. Challenges reported by the practice included the availability of clinicians in both primary and secondary care, hospital waiting lists, and short-term staff absences.

They had identified the actions necessary to address these challenges. For example, the practice had proactively appointed regular locum GPs to cover for planned staff absences, and worked to support and keep doctors in training. The practice was the first on the island to employ an advanced nurse practitioner and a pharmacist to improve care for patients.

Staff reported that leaders were visible and approachable. Staff were positive about working for the service, and reported how they felt supported, valued and respected in their roles.

There was a leadership development programme, including a succession plan. This included ongoing discussions to recruit new GP partners from the practice's pool of locum GPs.

Vision and strategy

The practice had a clear vision to provide high quality sustainable care.

The practice had a vision in place that focused around 'delivering good patient care in the right place and time' and putting the 'patient at the heart' of everything they did.

Not all staff were aware of the practice's vision and strategy or their role in achieving them, and had not been involved in their development and creation.

Although there was not a formal process to monitor the practice's progress against the delivery of their strategy, any challenges affecting the practice were discussed in practice and clinical meetings.

Culture

The practice had a culture which drove high quality sustainable care.

There were arrangements to deal with any behaviour inconsistent with the vision and values. All staff received annual appraisals, during which their work performance and behaviours were reviewed. Where any behaviours were identified that were inconsistent with the practice's vision and values, managers took action to improve this.

Staff reported that they felt able to raise concerns without fear of retribution. This included raising concerns to colleagues, managers and/or senior clinicians.

There was a strong emphasis on the safety and well-being of staff. Staff explained the practice had gone through a significant period of change and transformation over the past few years, partly due to the departure of several staff, and that the practice was now in a more stable position. Comments from staff on working for the practice were positive, with staff describing how they felt 'supported' and 'valued'.

There were systems to ensure compliance with the requirements of the duty of candour.

When people were affected by things that went wrong, they were given an apology and informed of any resulting action.

The practice encouraged candour, openness and honesty.

The practice did not have a system in place to allow staff to speak up. Although staff reported they were comfortable to raise concerns to managers to senior clinicians, the practice did not have any formalised arrangements in place for staff to raise concerns confidentially and externally to the practice.

Staff had undertaken equality and diversity training.

Governance arrangements

There were some responsibilities, roles and systems of accountability in place to support good governance and management.

There were some governance structures and systems in place, which were regularly reviewed. All GP partners have overall responsibility, with the lead GP, business manager and deputy practice manager having day-to-day oversight. Except for safeguarding, none of the GP partners had individual lead roles and areas of responsibility.

Staff were clear about their roles and responsibilities, and knew who to go to for help, support and advice. The practice had several policies and procedures in place, which were regularly reviewed and updated.

There were appropriate governance arrangements with third parties. For example, the practice held appropriate data sharing and information governance arrangements in place with third parties and other healthcare providers.

Managing risks, issues and performance

Processes for managing risks, issues and performance were not always effective.

There were some assurance systems in place. The partners generally held a meeting each week, mainly attended by the GP partners although nursing and other practice staff occasionally were invited. These meetings followed an agenda, with meeting minutes shared with staff who could not attend. We noted there was no regular practice meeting in place for other staff roles, such as administration and reception staff. There did not appear to be a regular programme of meetings for other key topics, such as safeguarding.

There were processes to manage performance. Staff performance was monitored and assessed through each staff member's annual appraisal.

There was a limited quality improvement programme in place.

Arrangements for identifying, managing and mitigating risks were not always effective, as during our assessment we identified several areas of concern that had not been identified or addressed by the practice. This included concerns relating to the management and prescribing of medicines, the management of patients with long-term conditions, the oversight of emergency medicines and equipment, the oversight of staff training compliance, and adult safeguarding processes. Some staff reported that some concerns and risks were not always acted upon and responded to quickly, although felt this had improved recently.

A major incident plan was in place, and staff were trained in preparation for major incidents.

When considering service developments or changes, the impact on quality and sustainability was assessed.

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic.

The practice had adapted how it offered appointments to meet the needs of patients during the pandemic. This included the expansion of remote consultations, including telephone appointments and online consultation services.

The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.

There were systems in place to identify and manage patients who needed a face-to-face appointment.

The practice actively monitored the quality of access and made improvements in response to findings.

There were recovery plans in place to manage backlogs of activity and delays to treatment.

Changes had been made to infection control arrangements to protect staff and patients using the service.

Staff were supported to work remotely where applicable, which included both clinical and non-clinical staff.

Appropriate and accurate information

There was not always a demonstrated commitment to using data and information proactively to drive and support decision making.

Staff did not always use data to monitor and improve performance. Although the practice monitored the quality of care and treatment through a combination of patient satisfaction survey results, practice meetings and staff appraisals, data was not always used to improve services. For example, the practice did not have a system in place to regularly review data on completed referrals or admission data. The practice did not have access to prescribing data in order to compare its prescribing performance with other services.

Governance and oversight of remote services

The practice used digital services securely and effectively and conformed to relevant digital and information security standards.

Patient records were held in line with guidance and requirements. The practice primarily used a secure third-party clinical records system for the storage and management of confidential patient information.

Patients were informed and consent was generally obtained if interactions were recorded.

The practice ensured patients were informed how their records were stored and managed.

Patients were made aware of the information sharing protocol before online services were delivered.

Online consultations took place in appropriate environments to ensure confidentiality. For example, all staff completed remote consultations in individual clinic rooms to ensure any confidential information could not be overheard.

The practice advised patients on how to protect their online information.

Engagement with patients, the public, staff and external partners

There was limited evidence the practice had involved the public, staff and external partners to sustain high quality and sustainable care.

Patient views were acted on to improve services and culture. The practice collected feedback from patients through several channels, including a friends and family test and through feedback shared with staff during consultations.

The practice did not have an active Patient Participation Group (PPG). The practice explained they previously had struggled to recruit patients to support this group, and to mitigate this, promoted their friends and family test as a way to collect feedback from patients. The practice did not have any plans to re-establish a PPG.

Staff views were reflected in the planning and delivery of services, although some staff reported that issues raised were not always acted upon or resolved promptly.

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population. This included working with other healthcare providers who provided services from the practice, such as health visitors and midwives.

Continuous improvement and innovation

There was some evidence of systems and processes for learning, continuous improvement and innovation.

There was limited focus on continuous learning and improvement. Although some quality improvement activity had been undertaken, this appeared to largely be reactive, such as in response to significant events. Improvement activity was managed individually by each GP, rather than being part of a formalised and practice-wide system of improvement.

Learning was shared effectively and used to make improvements. For example, learnings from complaints, incidents and improvement activity were discussed during meetings and shared with staff.