

Palatine Group Practice

Assessment report

Strang Corner Field

Braddan

Isle of Man

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www.mysurgerywebsite.co.uk/index.aspx?p=Y40007

Date of assessment: 10 August 2022

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Our findings

Overall summary

We carried out this announced assessment on 10 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 had completed required training for their role. 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.
- Recruitment checks were not always carried out in accordance with policy, as not all staff were evidenced as having undertaken DBS checks.
- Appropriate standards of cleanliness and hygiene were met.
- The practice's systems for the appropriate and safe use of medicines, including medicines optimisation, was not effective as 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 effective.
- Patients' needs were assessed. We found care and treatment were delivered in line with current legislation, standards and evidence-based guidance. Patients with long term conditions generally received all required monitoring, although did not always receive appropriate diagnoses for their condition.
- The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.
- 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. However, people were not always able to access care and treatment in a timely way.
- 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 the following areas of notable practice:

- The practice proactively worked to improve the uptake of annual health check reviews for patients with learning disabilities. To achieve this, the practice sent letters to all relevant patients from a named receptionist, who patients could contact if they had any queries. Staff also sent an easy read version of a leaflet with the letter that detailed what was involved during a health check and why it was important to attend these appointments. As a result of this work, the practice had seen the uptake of health checks double.

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 recruitment processes to ensure there is an adequate check of staff professional registrations and vaccination history, and to ensure DBS checks are undertaken for all staff who require them.
- Continue to develop data sharing arrangements with other healthcare providers to ensure safeguarding concerns and information relating to care and treatment delivered by other services are effectively shared and actioned.
- 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, and the documentation of patient consultations to evidence what safety netting advice has been given.
- 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 diagnoses as appropriate.
- Improve the storage of emergency medicines to ensure they are in line with best practice guidelines.
- Improve the oversight of incident investigations to ensure staff are aware of all reported incidents and any relevant learnings.
- Improve childhood immunisation uptake rates.
- Develop a process for relevant learnings from incidents and clinical audits to be shared externally.
- 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 the availability of translation and interpretation services.

- Improve systems to identify and support patients who were carers or had caring responsibilities.
- Improve patient access to the practice, including by telephone.
- 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.

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

- 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'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.
- The practice's recruitment checks did not always include all recommended checks, such as the undertaking of Disclosure and Barring Service (DBS) checks, review of staff professional registrations and review of staff vaccination history.

Background to assessment

The practice is located at:

- Palatine Group Practice, Strang Corner Field, Braddan, Isle of Man, IM2 3TD.

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 six GP partners, three practice nurses including one advanced nurse practitioner, an advanced paramedic practitioner and a healthcare assistant. The clinical team are supported at the practice by an assistant practice manager, who provides managerial oversight, and a team of reception and administration staff. At the time of our assessment, the practice manager was on long-term leave and temporary practice management support was being provided by other local GP practices.

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 three patients and seven members of staff, which included two GPs. 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. The practice had a safeguarding lead and a deputy safeguarding lead in place, which staff were aware of.

Training records did not evidence that all staff had completed required safeguarding training for their role. We found several administration and reception staff were overdue training, although clinical staff were largely up to date.

There was some engagement in local safeguarding processes. The practice discussed safeguarding concerns during regular clinical meetings, which were attended by health visitors. We reviewed meeting minutes and saw evidence of appropriate management of safeguarding concerns. Although the practice did not have any transitional safeguarding arrangements, there were plans to introduce a quarterly safeguarding meeting to review any potentially vulnerable children.

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, there was no adult safeguarding register in place.

Disclosure and Barring Service (DBS) checks were not always undertaken where required. The practice advised all staff were required to undergo a check when they began working for the service, which was renewed every three years. During our assessment, we found several instances whereby staff did not appear to have undergone a DBS check. The practice explained this was likely due to staff not bringing their completed DBS certificates in for inspection.

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 not always carried out in accordance with policy (including for agency staff and locums).

The practice did not have a process in place for staff professional registrations to be checked regularly and on an ongoing basis to ensure all clinical staff remained registered with the appropriate body.

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

Safety systems and records

Health and safety risk assessments were carried out. For example, the practice had undertaken a hazardous substances risk assessment for the storage and use of liquid nitrogen. 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: May 2022.

Actions from fire risk assessment were identified and completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

The practice was in a good state of repair, which minimised potential infection control risks. Cleaning was undertaken through a third party, with daily cleaning checklists utilised. Additional checklists for the cleaning of medical equipment, such as ear syringing equipment, were in place. Although fabric curtains were used in some clinical rooms, these appeared visibly clean and the practice had established arrangements with their local hospital for these to be regularly laundered.

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: July 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. The practice had a nominated on-call doctor each day, which staff could escalate any urgent appointment requests to.

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.

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff. Cover arrangements were in place to ensure results were acted on when requesting clinicians were absent.

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 generally kept securely. Although blank prescriptions were not always removed from rooms, staff kept room doors locked when they were not in use.

Staff had the appropriate authorisations to administer medicines, which included the use of Patient Group Directions (PGDs) and Patient Specific Directions (PSDs).

The practice could not demonstrate the prescribing competence of non-medical prescribers, and there was no regular review of their prescribing practice supported by clinical supervision or peer review. All staff were allocated a daily mentor to whom they could raise any prescribing queries, but there was no formalised or documented programme of regular supervision outside of initial induction processes.

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 1,359 patients who were prescribed this medicine, with 82 patients identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and saw there was a limited practice system in place for monitoring. There was evidence of recent attempts at monitoring for two patients, although three patients were overdue monitoring including one patient who had not received any monitoring for five years.

Another search reviewed the prescribing of a medicine used to prevent blood clots. Our search identified 298 patients who were prescribed this medicine, with 23 patients identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and identified three patients who were overdue monitoring, including one patient who was last monitored in 2019.

Another search reviewed the potential overprescribing of a short-acting reliever inhaler used to treat asthma, as the high prescribing or overuse of short acting reliever inhalers is associated with an increased risk of asthma death. We reviewed five patients' care records who had been prescribed more than 12 reliever inhalers within the last 12 months and saw the practice were already aware of all five patients and had taken actions to review the patients' inhaler usage.

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.

The practice held appropriate emergency medicines, which were checked monthly. This check included a review of medicine expiry dates and stock levels. The practice had compiled the range of emergency medicines to be stocked from several sources, including the Resuscitation Council UK and British Medical Association.

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use were in place. Emergency equipment was stored on a resuscitation trolley, which was kept in a locked treatment room. Although this was not in line with guidance which states

that resuscitation trolleys should not be locked away and should be kept in a strategic and accessible location, the practice explained this was mitigated as all staff were aware of the door code due to needing this to access other areas of the practice. Emergency medicines were stored in a separate bag, although a tamperproof seal was not present. This was not in line with guidance that recommends for emergency medicines to be stored in tamper-evident containers.

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, which were compared against the readings of a separate data logger. Any anomalous temperatures noted and escalated as appropriate. The practice maintained a log of the quantity and expiry dates of all items held in fridges, allowing stock levels to be monitored without the need of opening fridge doors.

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 how they used incidents as a learning opportunity, and were in the process of changing the name of their incident reporting process to 'learning events' to encourage more events to be reported. All reported incidents were discussed during practice clinical meetings, with completed incident forms stored on a shared drive. Although all staff could access this area, we found the storage and oversight of incident reports was not always effective as not all staff were aware or able to locate specific incident reports.

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

Staff understood how to deal with safety alerts.

As part of our assessment, we conducted a series of clinical searches to review the practice's management of safety alerts. One search reviewed a safety alert from 2016 regarding a potential negative interaction between two medicines when prescribed together. Our search identified five patients who were prescribed both medicines. Although there was no record that these patients had been informed of the risk, it was noted the practice were aware of the risk and were undertaking annual monitoring of all affected patients.

Another search reviewed a safety alert from 2019 regarding the prescribing of a group of medicines to patients of child-bearing age. Our search identified 38 patients who were prescribed this group of

medicines. We undertook a detailed review of five patients' care records and saw evidence of action in accordance with the safety alert.

Is the service effective?

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

Effective needs assessment, care and treatment

Patients' needs were assessed. We found care and treatment were 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. Any changes to clinical guidance or care pathways were discussed in clinical meetings and shared with staff as appropriate.

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 requiring urgent appointments were generally offered same day or next day appointments. In the event all appointments were taken, the practice operated a duty doctor system whereby emergency appointments could be booked.

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

Patients' treatment was generally 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 most patients were seen to have received recommended monitoring, follow-ups and medication reviews, although the management of some conditions was not always in line with guidance. The practice explained this was mainly due to patients not attending all recommended reviews and appointments and worked with patients to minimise the potential risks of this, such as by undertaking blood tests as a minimum.

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.
- Patients had access to appropriate health assessments and checks, when recommended.
- All patients with a learning disability were offered regular health checks. To improve the uptake of health checks, the practice sent patients invitation letters from named receptionists who could be contacted if patients had any questions. An easy read leaflet was also included, which explained the benefits and process of the health check. The

practice explained since they started this, the uptake of health checks for patients with a learning disability had doubled.

- 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).
- The practice maintained several patient registers to identify all patients with specific conditions or needs. This included registers for patients with asthma, diabetes, chronic obstructive pulmonary disease (COPD), hypertension, heart disease and stroke.
- 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 clinical record reviews 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 12 patients who were diabetic but did not have a diagnosis coded. We undertook a detailed review of five patients' care records and saw that four patients were not appropriately coded. 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 1,149 patients who were diagnosed with asthma, of which 19 patients had been prescribed two or more courses of rescue steroids. We conducted a detailed review of five 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 five patients who were indicated as not having received a relevant blood test within the last nine months. We undertook a detailed review of all patients' care records and saw most patients were being effectively monitored through secondary care.
- Another search reviewed the monitoring of patients with hypothyroidism. This search identified 385 patients with hypothyroidism who were treated with thyroxine, of which eight 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 although all five patients were overdue monitoring, there was evidence the practice had made attempts to recall all patients for monitoring.

- Another search reviewed the care and treatment of patients diagnosed with diabetic retinopathy – a complication of diabetes. This search identified 658 patients with diabetes, of which 16 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:	Palatine Group Practice	Isle of Man Average:
5-in-1	95.56%	95.77%
Measles, Mumps and Rubella	90.00%	90.68%
Meningitis C	88.89%	90.28%
Pre-school Boosters	87.91%	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	
Palatine Group Practice:	Isle of Man Average:
78.72%	76.84%

Percentage of persons eligible for bowel cancer screening who have been adequately screened between 1 October 2021 and 31 December 2021	
Palatine Group Practice:	Isle of Man Average:
58.06%	60.74%

Monitoring care and treatment

The practice had a programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Clinicians took part in some national and local quality improvement initiatives. Although there was not a formalised programme of clinical audit in place, the practice was a training practice and undertook several clinical audits to improve care and treatment. Recent audits that led to

improvements included an audit of diazepam prescribing that led to attempts to reduce prescribing, and an audit of hormone replacement therapy (HRT) following a patient not receiving progestogen that resulted in a change in prescribing habits.

Although the practice shared the findings of audits in clinical meetings, we found there was not a process in place for any learnings to be shared with other services.

Information about care and treatment was used to make improvements. This included regular discussions of new cancer diagnoses and deaths of patients who were receiving palliative care to confirm if their care and treatment wishes had been met. We found 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 able to demonstrate that all 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 an electronic system. Whilst some staff groups, such as nursing staff, were evidenced as having completed training, records did not provide a clear oversight of training compliance for other staff groups, such as GPs and administration staff.

The practice had a programme of learning and development, which outlined the training courses staff were required to complete. This included training on basic life support, equality and diversity, fire safety, infection prevention and control, and safeguarding.

Staff did not always have protected time for learning and development. Clinical staff, such as GPs and nursing staff, generally self-managed any training requirements. We found some staff groups, such as administration and reception staff, did not always have dedicated time for training. The practice explained this was due to increased demand and was actively working to improve training uptake for all staff.

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

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.

The practice could not always demonstrate how they assured the competence of staff employed in advanced clinical practice, such as advanced nurse practitioners and paramedic practitioners. Although it was noted new staff were supported through formal supervision when they first joined the practice, following this staff were generally supported informally by a daily nominated mentor whom staff could go to in the event of any queries. We did not see evidence of a programme of regular formalised clinical supervision for all 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 discussed patients who were receiving palliative care at quarterly clinical meetings, which were attended by district nursing and hospice teams.

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, as well as local mental health and substance misuse services.

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 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. Written consent forms were used for any minor surgical procedures, which were retained and stored in patient care records.

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 care 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 96 responses. Of these, 43 respondents rated their overall experience as either 'good' or 'very good', 41 respondents rated their experience as 'poor' or 'very poor', and 12 respondents rated their experience as 'neither good nor poor'. Positive comments largely related to the quality of care received, with comments including how staff are 'always friendly and very helpful', 'truly wonderful' and 'brilliant'. Negative comments overwhelming 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. At the time of our assessment, the practice advised they had 74 patients recorded as carers from a patient list of 10,868 (0.68%).

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. A quiet room was located off the main waiting area, which patients could use if they wished to wait separately or in private.

There were arrangements to ensure confidentiality at the reception desk. A COVID-19 protective screen had been installed at the reception desk, which also acted as a screen to minimise the risk of confidential information being overheard by other patients. Receptionists answered telephone calls in an office positioned away from the reception desk.

Is the service responsive?

We found this practice was not always 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. For example, the practice employed different clinical roles, with different skill sets, competencies and training to ensure patients could be seen by the most appropriate clinician.

The importance of flexibility, informed choice and continuity of care was reflected in the services provided. 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 a purpose-built building, which had disabled access throughout and adequate car parking outside.

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. 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, including large print letters and leaflets.

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 not always able to access care and treatment in a timely way.

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, including online appointment booking and prescription ordering services.

Patients were not always able to make appointments in a way which met their needs, mainly due to difficulties contacting the practice by telephone.

Between April 2021 and March 2022, the practice received 96 responses to their friends and family survey. Of these responses, approximately half of all respondents raised concerns relating to difficulties accessing or booking appointments. Comments included how it was 'now impossible to book appointments' and how they 'can never get through on the phone', with one respondent reporting it took them '64 times' to contact the practice. Several patients reported issues with only being able to book urgent same day or next day appointments and were unable to book routine appointments in advance. Some patients reported how they had contacted the practice on consecutive days but had not been able to book an appointment. Other patients reported how when they had been able to book appointments, these were often with new clinicians who did not know or understand the patient's previous medical history. This feedback was similar to additional feedback submitted to other online services and social media pages.

The practice explained how they had seen a significant increase in patient demand following the COVID-19 pandemic and were taking actions to improve access for patients. Actions recently implemented by the practice included a new telephony system that allowed for more patients to contact the practice by phone.

The practice offered a range of appointment types to suit different needs, which included face-to-face appointments and telephone consultations.

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

Patients with urgent needs had their care prioritised. The practice operated an urgent appointment service, whereby allocated appointments could only be booked on the day for urgent conditions. In the event all urgent appointments were booked, staff could refer any urgent appointment requests to a nominated duty doctor for review.

The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs. Reception staff had access to a matrix that outlined which clinician was able to deal with which types of conditions.

Listening and learning from concerns and complaints

We were unable to assess if complaints were listened and responded to, or used to improve the quality of care.

Information about how to complain was readily available. This included information on the practice's website, information available at reception, or by speaking with a member of staff.

There was limited evidence that complaints were used to drive improvement. The practice explained how complaints were investigated and discussed during clinical meetings, as required.

At the time of our assessment, the practice manager was on long-term leave and temporary practice management support was being provided by other local GP practices. During this time, any complaints received were investigated and responded to by other local practice managers. We reviewed complaints received in the 12 months prior to our assessment, although were unable to assess the quality of the practice's response or effectiveness of the identification of any

learnings as the practice only retained a copy of the original complaint, with any complaint response held by the covering practice.

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 high patient demand, difficulties recruiting and retaining staff, hospital waiting lists, lack of access to system-wide data such as prescribing data, and challenges establishing shared care arrangements on the island.

They had identified the actions necessary to address these challenges. For example, to combat the challenges in recruiting and retaining staff, the practice worked to become the island's first training practice and had recently taken on their first student physician associate.

Staff reported that leaders were visible and approachable. Feedback from staff on working for the service was positive, with staff describing how they felt supported and respected in their roles.

There was a leadership development programme, including a succession plan. At the time of our assessment, one of the GP partners was due to retire. The practice had proactively worked to limit the impact of this and had already arranged for two new GPs to join the practice.

Vision and strategy

The practice did not have a clear vision to provide high quality sustainable care.

Although staff were committed to delivering a high standard of care to their patients, the practice did not have a formal vision, set of values or mission statement in place.

The practice did not have a formal process to monitor the practice's progress against the delivery of their strategy, any challenges that affected the practice were discussed during clinical meetings.

Culture

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

There were arrangements to deal with any inconsistent behaviours. This was largely covered through annual staff appraisals, during which each staff member's work performance and behaviours were reviewed.

Staff reported that they felt able to raise concerns without fear of retribution. This included raising concerns to senior clinicians and/or the practice management team.

There was a strong emphasis on the safety and well-being of staff. Staff described how they felt 'supported' by colleagues and reported a positive and open culture at all staff roles.

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 formalised system in place to support staff to speak up, including externally to the practice, although we noted all staff reported comfortable raising concerns to colleagues and managers as necessary.

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. The GP partners shared overall joint clinical responsibility, with the nursing and practice management teams reporting to the GP partners. With the exception of safeguarding, none of the GP partners had individual lead roles or areas of responsibility, and it was unclear how the GP partners held each other to account.

Staff were clear about their roles and responsibilities, and knew who to go to for help, support and advice. Several policies and procedures were in place, which all staff could access.

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 practice held regular clinical meetings, which were attended by GPs, nurses and paramedic practitioners. 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, although the practice planned to introduce these shortly.

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

There was a 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, clinical supervision of staff and non-medical prescribers, oversight of staff training compliance, and adult safeguarding processes.

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.

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. For example, the practice had set up a COVID-19 treatment and assessment room within the practice, whereby patients with suspected or confirmed COVID-19 could be treated.

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

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

Staff used data to monitor and improve performance. For example, the practice operated a system to monitor the status of urgent referrals to ensure all referrals were submitted in a timely fashion, and that patients had attended all required appointments. Staff who completed cervical screens received regular cytology reports, which provided each staff member with the success and failure rates of the samples they had taken. The practice used this data to improve performance, with all staff required to maintain a failure rate under 2%.

Significant events, clinical audits and patient reviews were discussed regularly during clinical meetings, with learnings and actions plans created.

The practice explained how they were working to obtain further data on their performance which they could use to improve care and treatment, however had encountered challenge regarding this. For example, the practice explained how they had lost access to island prescribing data in 2018 and had been unable to gain access to the new system to review this information.

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, through feedback given to staff during consultations and through a text messaging service to patients.

The practice did not have an active Patient Participation Group (PPG). The practice explained they utilised their friends and family test survey as a way to collect feedback and made changes as a result of any feedback given, such as the introduction of a new telephone system. The practice did not have any plans to establish a PPG.

Staff views were reflected in the planning and delivery of services.

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

There was a focus on continuous learning and improvement. The practice was a training practice, and had supported the training and mentoring of trainee nurses, GPs and physician associates.

Learning was shared effectively and used to make improvements. For example, the practice utilised clinical meetings to share key learnings, such as from significant events or clinical audits.