DHSC – CQC external quality regulation programme

Peel Medical Centre

Assessment report

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Our findings

Overall summary

We carried out this announced assessment on 13 September 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.
- Recruitment checks were not comprehensive, as not all staff had received a Disclosure and Barring Service (DBS) check, staff professional registrations were not always checked, and staff vaccination histories were not always sought prior to employment.
- Health and safety risk assessments were carried out.
- Appropriate standards of cleanliness and hygiene were met.
- Staff did not always have all the information they needed to deliver safe care and treatment. Patient clinical records were not always comprehensive, and confidential information was not always stored securely.
- The practice's system 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. Blank prescriptions were not always kept securely. The practice could not demonstrate the prescribing competence of all staff, and there was no direct supervision of all prescribers. Not all staff had appropriate authorisation for the supplying and administering of medicines.
- Staff had access to emergency equipment and medicines, but the storage of medicines and equipment was not always in line with recommendations.
- The practice had effective systems in place to learn and make improvements when things went wrong, but the system for recording and acting on safety alerts was not effective.
- Patients' needs were assessed, and care and treatment were delivered in line with current legislation and standards. However, the oversight and management of patients with long term conditions was not always effective.
- The practice was unable to demonstrate that all staff had the skills, knowledge and experience to carry out their roles, and could not always demonstrate how they assured the competence of staff employed in advanced clinical practice.
- 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.
- The practice always obtained consent to care and treatment in line with legislation and guidance.

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

We found the following areas of notable practice:

- The practice had developed their own set of practice protocols that were focused on improving the quality of care and treatment provided to patients. The practice evidenced how these had been shared with other practices locally through their primary care network to further improve the quality of care.
- The practice had achieved the World Health Organisation's (WHO) 95% uptake target for the most common childhood vaccinations and immunisations.
- The practice was proactive and passionate about operating services locally to meet the needs of their patients and the local community. For example, the practice had invested in additional equipment to allow patients to receive 24-hour ambulatory blood pressure monitoring and electrocardiogram monitoring from within the practice.
- The practice was proactive in promoting and sharing public health information with patients, staff and the local community. This included digital information screens in waiting area which promoted bowel screening programmes and advised gambling support services. Further information leaflets and details on support groups were available in a dedicated area within the waiting area lobby, which was installed following patient feedback.
- The practice had established and effective systems in place to collect and collate patient feedback, and used this feedback to improve services for patients. This included collecting feedback through patient surveys, patient participation groups, practice meetings and social media. Examples of changes made as a result of feedback included the moving of patient information leaflets and posters, introduction of a social media page, and the installation of a patient self check-in screen.

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

- Improve safeguarding processes to ensure the identification of all vulnerable adults and children is consistent, and that all staff are trained to appropriate levels for their role.
- Improve staff recruitment processes to ensure there is an evidenced check of staff professional registrations and vaccination history upon employment.

- Implement a system whereby staff receive Disclosure and Barring Service (DBS) checks where required.
- Improve the security and storage of confidential staff and patient information.
- Improve the quality of patient consultation notes to ensure all examinations, observations, safety netting advice and follow-up information is adequately recorded.
- 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.
- Improve the security, storage and oversight of blank prescriptions.
- Implement a formalised programme to review clinical staff competencies, including the prescribing competencies of non-medical prescribers.
- Improve the oversight of Patient Specific Directions (PSDs) to ensure all staff have appropriate authorisation to supply and administer medicines.
- Improve the documentation of completed patient medication reviews to ensure there is evidence of a medication review taking place, which includes a clear record of which medications have been discussed.
- 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 oversight and management of patients prescribed controlled drugs to ensure there are evidenced attempts at reducing patients' dependencies where appropriate.
- Improve the storage of emergency medicines and equipment to ensure they are stored in line with guidance.
- Improve processes for the management and recording of safety alerts, including historic drug safety and medication alerts.
- 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.
- Implement a formalised programme of regular clinical audit, which is supported by repeat cycles to check for improvement.
- Implement a process to review unplanned admissions, readmissions and referrals.
- Improve the oversight and management of staff training to ensure all staff are adequately trained and competent for their roles, and have sufficient dedicated time to complete all required training.
- Develop systems to ensure all staff receive at least annual appraisals that are focused on their training and development needs.
- Improve systems for the identification of patients who are carers or having caring responsibilities.
- Develop a practice vision and values that are supported by an effective and credible strategy.

- Improve systems for the management and identification of risks.

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 or who had long term conditions, and did not ensure all patients received all required monitoring, assessments, follow-up appointments, medication reviews and diagnoses.
- 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).
- 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 did not have effective processes in place for the supervision and oversight of all staff, including non-medical prescribers.
- The practice did not have effective oversight and management of staff training.

Background to assessment

The practice is located at:

- Peel Medical Centre, Albany Road, Peel, Isle of Man, IM5 1HU.

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 GPs, one trainee advanced nurse practitioner, three practice nurses, a healthcare assistant and two phlebotomists. The clinical team are supported at the practice by a practice manager and an assistant 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 three patients and five 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 staff were aware of.

Training records did not evidence that all staff had completed required safeguarding training for their role. For example, reception and non-clinical staff generally completed level one training, rather than the recommended level two, and training data for other staff roles was incomplete.

There was some engagement in local safeguarding processes. Safeguarding featured as a regular agenda item on weekly clinical meetings, which were attended by all clinical staff as well as local district nurses and health visitors. Where concerns were present, the practice could escalate these to social care services. The practice did not have any formalised or regular safeguarding meetings with other agencies, and there were no transitional safeguarding arrangements in place at either a practice or island level.

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 their records were not consistent. The practice maintained a child protection register, and reviewed this regularly with health visiting teams to ensure no patients had been missed. The practice did not maintain an equivalent register for potentially vulnerable adults. We saw adult safeguarding concerns were not always flagged appropriately, and the review of safeguarding cases and registers was reactive rather than proactive.

Disclosure and Barring Service (DBS) checks were not always undertaken when required. At the time of our assessment, we found several staff had not received a DBS check at the point of employment, and the practice had not conducted a risk assessment to mitigate this. The practice explained they were in the process of arranging this, but had encountered a delay due to a change with the provider of the checks.

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 but did not always include all points as per the practice's policy. The practice obtained references, reviewed the applicant's ID and retained their application documentation. Staff completed an induction programme and checklist. Staff professional registrations were not always checked, either on recruitment or on an ongoing basis. There was no evidenced check of staff vaccination status upon employment to confirm staff had received all required vaccinations for their role, such as for tetanus, polio, diphtheria, measles, mumps and rubella vaccinations.

Safety systems and records

Health and safety risk assessments were carried out. This included legionella risk assessments and fire risk assessments.

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.

Staff received effective training on infection prevention and control.

Infection prevention and control audits and hand hygiene audits were carried out.

Date of last audit: September 2022.

The practice had acted on any issues identified in infection prevention and control audits.

The arrangements for managing waste and clinical specimens kept people safe. Clinical waste including used sharps were collected and disposed of through agreements with their local hospital.

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). The practice explained all staff received annual basic life support training.

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 receptionists had concerns over a patient's condition, they could escalate patients to the GP team for review.

Information to deliver safe care and treatment

Staff did not always have all the information they needed to deliver safe care and treatment.

Individual patient care records, including clinical data, were not always written and managed securely, in line with current guidance and relevant legislation. The practice stored patient care records and clinical information on a secure third-party system, which only authorised staff could access. During our assessment, we found instances of confidential information kept in unlocked drawers and cupboards within unlocked clinic rooms.

Patient care records were not always comprehensive. As part of our review, we saw consultation records often contained a brief history, with red flags not always recorded. Examination findings, safety netting advice and any follow-up information were not always documented.

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

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 and contained the required information. Referrals were seen to be appropriate and timely, with effective processes in place to ensure patients attended all urgent appointments. Appropriate safety netting advice was given to patients, which included a standard letter as recommended by the National Institute for Health and Care Excellence (NICE).

The practice reported that the receiving of clinic letters, discharge summaries and other correspondence from secondary care was not consistent or always timely, with significant delays reported in some specialities such as cardiology.

There was a documented approach to the management of test results and correspondence. All GPs working within the practice each day managed test results, with a duty doctor system in place to ensure any results are dealt with promptly.

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.

Blank prescriptions were not always kept securely, as during our assessment, we found instances whereby blank prescriptions were stored unlocked within unlocked rooms. Records and logs of blank prescriptions were not comprehensive and did not allow for the accurate and effective reconciliation of all blank prescription stock.

Documentation did not demonstrate that all staff had the appropriate authorisations to administer medicines, including the use of Patient Specific Directions (PSDs). The practice advised a PSD was not required for all medicines where a prescription was in place. We reviewed these prescriptions, but saw they did not contain all required and necessary information, such as the name of the person administering the medicine, the route of administration and dosage, or details of the authorising clinician. Following our assessment, the practice confirmed they had sought advice from their medicines team and planned to improve the recording of prescriptions to capture all required information.

Patient Group Directions (PGDs) were managed effectively, with appropriate oversight of all clinicians operating under them.

The practice could not demonstrate the prescribing competence of non-medical prescribers, such as nurse prescribers, and there was no regular review of their prescribing. The practice did not have access to island-wide prescribing data, so could not review each clinician's prescribing performance.

The process for the safe handling of requests for repeat medicines was not always effective, and the quality of medication reviews for patients on repeat medicines was variable. As part of our assessment, we reviewed five recently completed medication reviews. We saw medication reviews were not always comprehensive and did not always include a review of all medications, or the ordering of all required monitoring tests. There were cases whereby a medication review had been coded into the patient's care record, but there was no evidence that a review had taken place. The quality of recently completed reviews appeared to be of a significantly better quality.

The practice had a process 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, which impacted the practice's ability to make timely amendments to patient medications.

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 always 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 1,149 patients prescribed this medicine, with 163 patients identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and saw the practice did not have an effective system in place for monitoring. We saw some patients had not been monitored since 2016, with four out of five patients overdue their medication reviews. We identified one patient at particular risk due to having abnormal results at their last monitoring appointment, which appeared not to have been reviewed or escalated since.

Another search reviewed the prescribing of a high risk medicine primarily used as a blood thinner. Our search identified 268 patients prescribed this medicine, of which 94 patients were identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and saw most patients were being managed by the hospital anticoagulation clinic. We saw none of the patients under the care of the hospital had received regular liver function tests (LFT) or full blood count (FBC) tests, with some patients last seen to have received a test in 2018, and did not see any actions taken to address this. This was not in line with clinical guidance which recommends for at least annual LFT and FBC checks and potentially placed these patients at higher risk. There was a separate known issue at the time of our assessment that was affecting the monitoring of patients prescribed these medicines. This was due to patients not being correctly referred to the hospital anticoagulation clinic when patients were started on this medicine outside of primary care, and was under investigation across the island at the time of our assessment.

Another search reviewed the monitoring of a high risk medicine primarily used to reduce inflammation and treat arthritis. We saw the prescribing of this medicine was completed through secondary care, with all patients receiving appropriate monitoring.

The practice's systems for the monitoring of prescribing of controlled drugs was not always effective. We conducted a search to review the prescribing of a controlled drug primarily used as a sedative. Our search identified 81 patients who were prescribed more than 10 issues in the last 12 months. We undertook a detailed review of five patients' care records and saw two patients were under the care of mental health teams. Most patients were on weekly prescriptions, but not all patients were evidenced as having received regular medication reviews that assessed their usage and dependency.

The practice held a small quantity of controlled drugs and there were arrangements for raising concerns externally regarding controlled drugs.

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 weekly. The practice maintained electronic stock records of all emergency medicines, which recorded the quantity and expiry dates of all medicines. A new weekly checking process had been implemented, which staff evidenced as being completed.

There was medical oxygen and a defibrillator on site, and systems were in place to ensure these were regularly checked and fit for use.

The practice had emergency medicines and equipment available, but did not store these in line with guidance. For example, some emergency medicines were stored within a locked medicines cabinet, with other emergency equipment stored in a separate resuscitation grab bag. This was not in line with guidance from the Resuscitation Council, which recommends for emergency medicines to be stored in tamperproof containers, and emergency equipment and medicines to be stored together in a strategic and accessible location and not locked away.

Vaccines were stored appropriately, monitored and transported in line with appropriate guidance to ensure they remained safe and effective. Staff undertook daily temperature checks of all medicine fridges and escalated any anomalous temperatures as appropriate. A second thermometer was not in place in case to allow temperature recordings to continue in the event of a fridge or power failure.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong. However, the oversight and management of safety alerts was not effective.

Significant events

The practice monitored and reviewed safety 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 a paper or online incident reporting form, which was reviewed by the practice management team.

There was a system in place for recording, investigating and acting on significant events, with evidence of learning and dissemination of information. The practice discussed significant events during weekly practice meetings, as well as during quarterly significant event meetings. As part of our assessment, we reviewed recently completed incident reports and saw these included key areas, such as any application of the duty of candour, an overview of any learnings or actions identified, and a record of any discussion with staff. Actions from incidents were documented effectively in meeting minutes, and the practice had systems to share any actions or learnings with other practices through their primary care network.

Staff understood how to raise concerns and report incidents, both internally and externally.

Safety alerts

Staff understood how to deal with safety alerts, but 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 an alert from 2014 regarding a potential negative interaction between two medicines when prescribed together. Our search identified 20 patients who were prescribed both medicines. We undertook a detailed review of five patients' care records and saw there did not appear to be any awareness or recognition of the risk in any of the records reviewed. We saw all five patients had received a medication review within the last two years, but did not see any recognition or mention of the risk. Some patients had been prescribed both medicines prior to the alert being issued, which meant they had not been effectively identified at the time of the alert. This included one patient who had been prescribed both medicines for 18 years. Other patients had been prescribed the medicines since the alert had been issued, which meant processes to review historic safety alerts was not effective.

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, and care and treatment were generally delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools. However, the oversight and management of patients with long term conditions was not always effective.

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 and were discussed in clinical meetings.

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 patient care record reviews 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, or appropriate diagnoses for their conditions.

There were appropriate referral pathways to make sure that patients' needs were addressed. This included referrals to specialists, hospital teams and community services. The practice had developed their own care and treatment protocols, which had been shared with other local practices through their primary care network.

Patients were told when they needed to seek further help and what to do if their condition deteriorated, but we saw this was not always effectively recorded within patient clinical 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 generally 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.
- 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 patient clinical records searches and random sample of associated patient care 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 eight patients, from which we undertook a detailed review of five patients' care records. We found four patients were diabetic but had not received a diagnosis. This included one patient who had been diabetic for 10 years but had not received a diagnosis. 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 14 patients who were prescribed two or more courses of rescue steroids. We conducted a detailed review of five patients' care records and saw patients were receiving appropriate care, although not all patients were followed up within a week of their exacerbation. We saw the practice used asthma management plans to support the care and treatment of these patients.

- Another search reviewed the monitoring of patients with chronic kidney disease (CKD) at stages four and five. This search identified 18 patients who were indicated as not having received a relevant blood test within the last nine months. We saw the majority of patients were being managed effectively through secondary care. We did identify one patient at high risk who had not received all recommended monitoring and was not under the care of the hospital.

- Another search reviewed the monitoring of patients with hypothyroidism. This search identified 336 patients with hypothyroidism who were treated with thyroxine, of which 33 were indicated as not having received a thyroid function test within the last 18 months, with five of these patients seen to have abnormal results at their test. We undertook a detailed review of five patients' care records and saw there did not appear to be a practice system in place for monitoring. In the care records reviewed, there did not appear to be an awareness that patients' thyroid function tests were overdue, and patients did not appear to be receiving any monitoring, placing them at potential risk of under or over treatment.

- Another search reviewed the care and treatment of patients diagnosed with diabetic retinopathy – a complication of diabetes. Our search identified 546 patients with diabetes, with 17 patients identified as having 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 most patients were being managed through secondary care. We did identify one patient who had not received any monitoring since 2019, and did not see evidence the practice was aware or had taken actions to address this. During our assessment, the practice raised a concern regarding the lack of a funded and formalised diabetic retinal screening programme on the island. This meant that patients were usually only diagnosed if they were seen in hospital or had known complications of diabetes. As a result, there were likely to be several patients who had diabetic retinopathy but had not been diagnosed, and therefore not reported in our search.

Child Immunisation

The below table shows the practice's childhood immunisation performance. The practice performed above the average for the Isle of Man for all vaccination categories, and achieved the World Health Organisation's (WHO) target of 95% uptake for all vaccination groups listed below.

Percentage of eligible patients vaccinated by GP as of 1 January 2022		
Vaccine:	Peel Medical Centre	Isle of Man Average:
5-in-1	98.77%	95.77%

Measles, Mumps and Rubella	98.77%	90.68%
Meningitis C	98.77%	90.28%
Pre-school Boosters	96.55%	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	
Peel Medical Centre	Isle of Man Average:
77.51%	76.84%

Percentage of persons eligible for bowel cancer screening who have been adequately screened between 1 October 2021 and 31 December 2021	
Peel Medical Centre	Isle of Man Average:
63.44%	60.74%

Monitoring care and treatment

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

Clinicians took part in national and local quality improvement initiatives. Medical students working at the practice were involved in, and supported to undertake, clinical audits.

The practice did not have a formal programme of targeted quality improvement in place, but undertook several quality improvement activities. Examples of improvements made as a result of audit and improvement activity included the development of a practice protocol for urine dip testing in the treatment of urinary tract infections, and the introduction of a gabapentinoid template.

As part of our assessment, we reviewed completed clinical audits but found audits generally only contained one audit cycle, and actions required were not always clearly documented or recorded.

The practice did not regularly review unplanned admissions, readmissions or referrals.

Effective staffing

The practice was unable to demonstrate that most staff had the skills, knowledge and experience to carry out their roles.

The practice could not 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 an electronic training log. Training data reviewed during our assessment did not provide an effective oversight of staff training completion, as most staff were seen to be overdue several training courses.

The practice had a programme of learning and development, but staff did not always have protected time for learning and development. The practice explained maintaining training

compliance during the COVID-19 pandemic had been challenging, due to reduced staffing levels and the removal of island-wide staff cover arrangements to enable to staff to attend training courses. We saw the practice supported the longer-term development of staff, such as allowing clinical staff to undertake additional training courses, such as prescribing courses.

There was an induction programme in place, which all new staff were required to complete.

Not all staff had access to regular appraisals, one to ones, coaching and mentoring. Most clinical staff received yearly appraisals, but most reception and non-clinical staff were last seen to have received an appraisal in 2019/2020 prior to the COVID-19 pandemic. Clinical staff were supported to meet the requirements of professional revalidation.

The practice could not always demonstrate how they assured the competence of staff employed in advanced clinical practice. We found trainee and newly recruited staff were effectively supported, with regular clinical supervision and review of competencies documented, but there did not appear to be a formalised supervision or audit programme in place to review the work of all members of staff, which included the review of the prescribing of non-medical prescribers.

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, the practice was part of a local wellbeing partnership, which aimed to improve outcomes for patients through enabling local health and social care services to work more effectively and closely together.

Helping patients to live healthier lives

Staff were consistent in helping patients to live healthier lives.

The practice identified patients who may need extra support and directed them to relevant services. The practice explained they could signpost and direct patients to several local voluntary agencies and organisations through their local wellbeing partnership.

Patients in the last 12 months of their lives were supported by the practice.

Staff encouraged and supported patients to be involved in monitoring and managing their own health. Information on services and support groups were available within the waiting area, including a digital display screen that promoted bowel cancer screening and services to support patients with a gambling addiction.

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. The practice used written consent forms when undertaking minor surgical 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 where possible 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, where appropriate.

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 was proactive in sharing public health information and support groups that patients could access. This included information on domestic violence support services and gambling addiction awareness.

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 519 responses. Of these, 462 respondents rated their overall experience as either 'good' or 'very good', eight rated their experience as 'poor' or 'very poor', and 49 respondents rated their experience as 'neither good nor poor'. Positive comments largely related to the quality of care and treatment received, with patients describing staff as 'professional at all times', 'helpful' and 'thorough'. Other patients explained how they received 'excellent advice and service' and had been 'impressed' by the practice. Negative comments largely related to long wait times for appointments.

During our assessment, we spoke with three patients and people who use the service. Feedback was generally positive, with patients speaking positively about the service received from staff, and the caring and compassionate nature of the doctors and nurses.

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 always proactive in identifying patients who were carers or had caring responsibilities. At the time of our assessment, the practice advised they had 62 patients recorded as carers from a patient list of 9,043 (0.69%).

The practice was proactive in improving the care for patients who were potentially vulnerable. For example, the practice had developed and strengthened ties with local wellbeing services to ensure the practice's most vulnerable patients were effectively supported.

Interpretation services were 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.

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. In addition, the practice had created a dedicated breastfeeding and baby changing area in the waiting area that patients and members of the public could use.

There were arrangements to ensure confidentiality at the reception desk. The practice had installed a plastic screen during the COVID-19 pandemic, which acted as an additional privacy screen that minimised the risk of confidential information being overheard in the waiting area. Receptionists answered telephone calls in a room away from the main reception desk.

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 were passionate about developing services to meet their patients' needs. Managers explained the practice had a rural catchment area and was located a distance away from other practices and services, which posed a significant challenge for some patients. As a result, the practice worked to reduce the number of patients who needed to travel to hospital for tests and observations, and aimed to run as many of

these services from within the practice as possible, investing in additional equipment to enable this. Examples of services run from the practice included phlebotomy, electrocardiogram (ECG) monitoring, and ambulatory blood pressure monitoring.

The importance of flexibility, informed choice and continuity of care was reflected in the services provided. For example, the practice worked to offer patients the choice of whether they would prefer a face-to-face or telephone appointment.

The facilities and premises were appropriate for the services being delivered. The practice was located within a purpose built practice building, which had disabled access throughout. 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 arrangements in place for people who need translation services.

The practice provided information in accessible formats.

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, such as the offering of longer appointments.

Access to the service

People were 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 offered online services, which allowed patients to order repeat prescriptions, book appointments and view their medical record.

Patients were able to make appointments in a way which met their needs. Patients could book appointments in advance or on the day. To ensure patients were booked in with the most appropriate clinician, receptionists followed a matrix that outlined which clinicians were most appropriate to assess the most common medical conditions.

Between April 2021 and March 2022, the practice received 519 responses to their friends and family test survey. Feedback relating to appointment booking systems was mixed. Several patients had left comments around how the wait time for appointments was ‘too long’, with patients

explaining how they had to wait ‘three’ or ‘four’ weeks for an appointment, or were ‘not able to get a timely appointment’ at all. Other patients reported a positive experience, with one patient explaining how they can get ‘speedy appointments when required’, with other patients reporting that appointments were ‘easy to make’ and the practice were ‘always accommodating for emergency appointments’. This feedback was similar to additional feedback submitted to other online services and social media pages.

During our assessment, we spoke with three patients and people who use the service. All patients spoken with were satisfied with the appointment booking process, although two patients explained how the practice often ran behind during clinics, which meant patients were not always seen on time.

The practice offered a range of appointment types to suit different needs, which included face-to-face appointments and telephone consultations, and generally gave patients the choice of the type of appointment they wanted to book. The practice supported patients to access care and treatment in a way that met their needs, such as through offering flexible and longer appointments.

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

Patients with urgent needs had their care prioritised. To ensure all patients could access care and treatment in a timeframe that was appropriate for their needs, the practice operated a triage list whereby clinicians could speak with patients on the day of their call to discuss their condition, and could book them an appointment for later in the day if appropriate. If a patient was not able to book an appointment at a time that was convenient for them, staff explained they could escalate the patient to the GP and nursing team for review.

The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs.

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 available. Patients could access a copy of the practice’s complaints policy and procedure in reception or by speaking with a member of staff. The practice did not have any information on their website about how to raise a complaint, but did publish their direct telephone number, email address and address clearly on their website.

There was evidence that complaints were used to drive continuous improvement. We reviewed completed complaint investigations and saw the practice acknowledged complaints promptly, provided patients with an apology, and gave them details of organisations they could take their complaint to if they were unhappy with the resolution. Learning from complaints were outlined and recorded, with all complaints discussed during weekly practice business meetings.

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 they understood the challenges to quality and sustainability, and had taken actions to address these challenges. Current challenges reported by the practice included increased patient demand following COVID-19 and increased paper correspondence.

Managers explained how they were working to address these challenges, such as through developing a team of different clinical roles to allow patients to be seen by the most appropriate person, employing a pharmacy technician to support their medicines management processes, and implementing a document management system.

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 and succession plan in place. The practice had taken actions to prepare for upcoming planned changes in their GP partnership.

Vision and strategy

The practice did not have an established vision or set of values, which were supported by a credible strategy.

Staff were committed to 'providing the best care in the west of the island' by keeping the focus 'on the patient'. The practice did not have a formalised vision, set of values or mission statement in place, supported by a credible strategy.

Culture

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

There were arrangements to deal with any inconsistent or poor behaviour. During staff appraisals, managers discussed each staff member's work performance and behaviours. Where poor behaviours were identified, managers took action to improve this, but we found that not all staff were offered regular annual appraisals.

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 reported they 'loved working for the practice' and felt 'really valued'. They explained how all staff cared about patients and the practice, which created a positive working environment. Staff explained how the practice operated as a team, rather than following a hierarchical structure, which eliminated any silo-working.

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. Staff reported they were comfortable in raising concerns to managers, colleagues and/or senior clinicians.

Staff undertook equality and diversity training.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

The practice had effective governance structures and systems in place. Each GP partner had different clinical lead roles, such as safeguarding. The lead GP took on a managing partner role, with the overall clinical responsibility shared equally between all partners.

Staff were clear about their roles and responsibilities. The practice maintained a comprehensive set of policies and procedures that outlined each staff member's duties, including who to contact in the event of any concerns being identified.

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 assurance systems in place, which were regularly reviewed and improved. Managers held weekly clinical meetings to discuss the clinical operation of the practice. Topics included new cancer diagnoses, palliative care reviews, safeguarding, key performance indicators, medicines management, drug safety alerts, clinical audits and practice protocols. Additional weekly business meetings were held to discuss the day-to-day running of the practice, with regular topics including staff rotas, annual leave, management concerns, staffing changes, training, and health and safety. Reception and administration staff attended separate weekly admin team meetings to discuss any changes or updates that affected their roles.

Meeting minutes were created following each meeting and shared with all staff who could not attend. We reviewed completed meeting minutes during our assessment and saw they were created in a timely manner and contained an overview of the discussion, as well as any actions, risk owners and deadlines.

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, the management of patients with long term conditions, 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.

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. The practice monitored the quality of care and treatment through a combination of patient satisfaction survey results, patient participation group feedback, practice meetings, staff appraisals and clinical audit. For example, we saw the practice had a recurring agenda item on their weekly clinical meetings to discuss key performance indicators and measures.

The practice no longer had access to island-wide prescribing data, so was unable to compare its prescribing performance with other services and practices.

Governance and oversight of remote services

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

Electronic patient care 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 care 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

The practice involved the public, staff and external partners to sustain high quality and sustainable care.

Systems to collect feedback from patients and people who use the service was effective and comprehensive. The practice collected and collated patient feedback from several sources, which

included their friends and family test survey, their patient participation group, suggestions boxes, and comments from patients and staff.

The practice had an established Patient Participation Group (PPG) in place who met regularly and received frequent newsletters and updates from the practice. Changes and improvements were frequently made to the practice as a result of this feedback, which included the introduction of social media pages, a patient self check-in facility and the moving of patient information leaflets and posters.

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. For example, the practice gave examples of how they worked with local health visiting teams to improve care and services for patients.

Continuous improvement and innovation

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

There was a strong focus on continuous learning and improvement. GPs were effective in using clinical audit to improve care and treatment and supported other clinical staff such as medical students and nursing staff, to undertake audits.

Learnings were shared effectively and used to make improvements. All audits were discussed and reflected upon during weekly clinical meetings, with any changes implemented as necessary. The practice had developed their own set of practice protocols to improve care and treatment and evidenced how these had been shared with other local practices through their primary care network to improve the wider healthcare.