

Snaefell Surgery

Assessment report

Cushag Road

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Our findings

Overall summary

We carried out this announced assessment on 14 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

- The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse. Staff were trained to appropriate levels for their roles and systems to identify vulnerable patients on record were consistent, but data sharing arrangements did not always allow for the effective sharing of safeguarding information.
- Recruitment checks were carried out in accordance with policy, with Disclosure and Barring Service (DBS) checks undertaken regularly for all staff.
- Health and safety risk assessments were carried out, which included infection prevention and control assessments.
- Patient clinical information was stored appropriately and 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. The practice demonstrated the prescribing competence of all staff, but the supervision of prescribers was not always formalised.
- Staff had access to emergency equipment and medicines, but the storage of medicines was not always in line with recommendations.
- The practice had effective systems in place to learn and make improvements when things went wrong.
- Patients' needs were assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.
- There was limited monitoring of the outcomes of care and treatment, and the practice did not have an established clinical audit programme in place.
- The practice was able to demonstrate that all staff had the skills, knowledge and experience to carry out their roles.
- 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 was not always able to demonstrate that it 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. Patient complaints were listened and responded to and used to improve the quality of care.
- 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.
- Processes for managing risks, issues and performance were not always effective.
- The practice involved the public, staff and external partners to sustain high quality and sustainable care.

We found the following areas of notable practice:

- During each day, the practice held an all staff huddle to discuss how the day was going, whether there were any barriers or challenges that needed to be overcome, and any requirement for support. This was supported with a huddle board, which staff could add any items on during the day. A photograph of this board was taken and shared with any staff who could not attend.
- The practice offered cervical cancer screening appointments on a Saturday morning to allow patients who could not attend the practice during the week to receive care and treatment.

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

- Improve recruitment checks to ensure checks of staff vaccination histories include all recommended vaccinations and immunisations, and there is a process for staff professional registrations to be checked on an ongoing basis.
- 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 infection prevention and control training arrangements to ensure all staff are appropriately trained for their role.
- Improve systems to ensure out of date equipment, medicines and consumables are identified and removed.
- Improve the oversight of blank prescriptions to allow for effective reconciliation to take place.
- Improve the quality of completed patient medication reviews to ensure there is evidence of an effective medication review taking place, which includes checks to ensure all monitoring is up to date, all prescribing is in line with guidance, and any safety netting advice is appropriately documented.
- Implement a formalised programme to review the prescribing competencies of non-medical prescribers.

- Improve the monitoring and oversight of patients prescribed high risk medicines and/or controlled drugs to ensure patients receive all recommended monitoring, assessments, follow-up appointments and medication reviews.
- Improve the storage of emergency medicines to ensure they are stored in line with recommendations.
- Improve childhood immunisation uptake rates.
- Implement a formalised programme of regular and repeat clinical audit.
- Improve the recording and assessment of patients' mental capacity.
- Improve systems for the identification of patients who are carers or have caring responsibilities.
- Improve appointment booking processes to ensure patients can access care and treatment in a timely way.
- Improve complaints processes to allow patients to raise complaints electronically, such as by email or through the practice's website.
- Improve systems for the identification, management and mitigation of practice risks.

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

- The practice did not always have effective oversight of the monitoring of patients prescribed high risk medicines or controlled drugs, and did not always ensure all patients received all required monitoring, assessments, follow-up appointments, medication reviews and diagnoses.
- The practice's appointment booking system was not always effective, as patients were not always able to access care and treatment in a timely way.
- The practice did not have effective oversight of equipment, medicines and consumables, as several expired items had not been identified or removed.

Background to assessment

The practice is located at:

- Snaefell Surgery, Cushag Road, Anaghcoar, Douglas, Isle of Man, IM2 2BZ.

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.

The practice partnership comprised of one GP partner and two advanced nurse practitioners (ANP) partners. Other clinical staff employed including an ANP, a practice nurse and a healthcare assistant. The clinical team are supported at the practice by a practice manager and a business 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 needed 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 six members of staff, which included one GP partner and two advanced nurse practitioner partners. 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 had 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 ANP partners acted as their safeguarding lead, which staff were aware of. The practice displayed information to inform staff on who their safeguarding lead was and how they could be contacted in several places throughout the practice, including on posters displayed in each clinical room and at reception.

Training records evidenced that all staff had completed required safeguarding training for their role. For example, reception and non-clinical staff completed level two training, with clinical staff completing level three.

There was engagement in local safeguarding processes. The practice held monthly safeguarding meetings which were attended by the practice's safeguarding lead, and the safeguarding lead and vulnerable adult lead for their local health visiting team. Safeguarding also featured as a regular agenda item on practice meetings. We saw 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 were consistent. The practice maintained safeguarding registers, which included registers for vulnerable adults, children under child protection, children in need, and looked after children. Alerts were placed onto patient care records to inform staff of any potential safeguarding concerns.

Disclosure and Barring Service (DBS) checks were undertaken when required. All staff were required to complete an annual check, with all staff receiving an enhanced check.

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. The practice explained they were not routinely invited to child protection meetings, but were exploring options to achieve this.

Recruitment systems

Recruitment checks were carried out in accordance with policy (including for agency staff and locums). This included the obtaining of references, review of ID and completion of an induction programme.

The practice had a process in place for staff professional registrations to be checked upon recruitment, but there was not a process for these to be checked 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 for hepatitis B, other recommended 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, which included electrical safety, legionella, and building assessments.

There was a fire procedure.

Date of fire risk assessment: September 2022.

Actions from fire risk assessment were identified and completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

Not all staff received effective training on infection prevention and control. The practice's infection prevention and control lead undertook training, but most other staff had not completed any training. Following our assessment, the practice confirmed all staff would now complete level one training, with clinical staff completing level two training.

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. Where staff transported samples to hospital for testing, appropriate equipment and transportation containers were available.

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 or ANP 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 and clinical data was managed securely. The practice stored clinical information on a secure third-party system, which only authorised staff could access.

Patient care records and consultation records were not always written in line with current guidance and legislation. We saw instances whereby medication reviews had been coded into patient care records, but consultation notes did not evidence that an effective medication review had taken place. Safety netting advice was not always appropriately recorded and documented.

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 and contained the required information. Staff usually requested the referral during the consultation and provided patients with an information leaflet that outlined the next steps, including when they should hear back about their appointment. The practice conducted regular searches to ensure patients had attended all requested appointments, and audited completed referrals to check their appropriateness.

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.

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.

The practice's system for the oversight of medical equipment and consumables was not always effective as, during our assessment, we found several items of equipment and medicines that

had exceeded use by dates. Out of date products included three rabies vaccinations, saline solutions, syringes, swabs, blood collection needles, face masks, and a nebuliser.

Blank prescriptions were kept securely. Printable prescription pads were stored in a locked cabinet and were removed from rooms each day, with rooms locked during the day when not in use. Prescriptions pads were not used by the practice. The practice had a limited reconciliation process in place as although a record was kept when new blank prescriptions were received, it was not monitored when blank prescriptions were issued to a prescriber or room.

Documentation demonstrated that all staff had the appropriate authorisations to administer medicines, including the use of Patient Group Directions (PGDs).

The practice could largely demonstrate the prescribing competence of non-medical prescribers, such as advanced nurse practitioners. The practice had implemented a prescribing policy and undertook a random case review of the prescribing work of each member of staff. Supervision slots were available each day with a GP, which all clinical staff could book onto for advice and support. The review of the prescribing of each member of staff was completed by the practice's GP, but we found this was largely an informal process rather than a formalised and regular programme that included repeat assessment. 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 generally effective. We found the quality of medication reviews for patients on repeat medicines was variable. As part of our assessment, we reviewed five recently completed medication reviews. Although a review had been coded into each patient's care records, there was not always evidence that an effective review had taken place. The practice advised they had recently implemented a prescribing policy and template to improve the quality and effectiveness of prescribing and medication reviews.

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 clinical record reviews to assess the practice's procedures on medicines management and prescribing. One search reviewed the prescribing of a high risk medicine primarily used to treat heart failure. Our search identified 40 patients prescribed this medicine, with 17 indicated as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and saw the practice's system for monitoring was not always effective. Some patients had not been monitored for several years, including one patient who had not been monitored for six years. Another patient had not been monitored for a year, and although a medication review had been completed recently, this was not identified. In some cases, we did see the practice had taken recent steps to improve this, as two patients had recently been contacted by the practice regarding monitoring.

Another search reviewed the prescribing of a high risk medicine primarily used as a blood thinner. Our search identified 97 patients prescribed this medicine, of which 30 patients were

identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and saw four patients were known by the hospital anticoagulation clinic. The practice explained an island-wide issue had been identified regarding the monitoring of these patients, due to patients not always being appropriately referred to the clinic when first prescribed this medicine. This was under investigation at the time of our assessment, but we saw the practice were still issuing patients with prescriptions and were therefore responsible for checking all required monitoring was taking place. We identified a further issue regarding monitoring, as none of the patients under the care of the hospital appeared to receive regular liver function tests (LFTs) or full blood count (FBCs) tests. This was not in line with recommendations that advise for at least annual LFT and FBC tests, and potentially placed these patients at increased risk.

The practice's systems for the monitoring of prescribing of controlled drugs were not always effective. We conducted a search to review the prescribing of a controlled drug primarily used as a sedative. Our search identified 37 patients who were prescribed more than 10 issues within the last 12 months. We undertook a detailed review of five patients' care records and saw two patients were under the care of specialist 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 explained the initial prescribing of this medicine was usually completed by secondary care, but there was limited ongoing support at a practice level to support practices to help reduce and manage patients' dependency. The practice also reported long wait times to specialist services, such as mental health teams, which impacted on the practice's ability to effectively manage these patients.

The practice held a small quantity of controlled drugs, which were not subject to safe custody requirements. 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 regularly. Checklists were completed to confirm medicines were available and in date.

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 recommendations. For example, 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. Following our assessment, the practice confirmed they had changed the storage of their emergency medicines, implementing a tamperproof tagging system that would be checked regularly.

Vaccines were stored appropriately, monitored and transported in line with appropriate guidance to ensure they remained safe and effective. Staff undertook twice daily temperature checks of all medicine fridges and escalated any anomalous temperatures as appropriate. A second thermometer was 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.

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 an 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. As part of our assessment, we reviewed completed incident reports for incidents reported within the last 12 months and saw each report contained an overview of the incident, details of the investigation completed, and overview of any learnings identified. All incidents were discussed during regular practice meetings, and could be shared to 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 alerts, and the system for recording and acting on safety alerts was 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 recommended new daily maximum dose in patients aged over 65 years. Our search identified four patients who were prescribed more than the recommended daily dose, but saw the practice had taken appropriate steps to inform patients of the risk or had booked in appointments to review this with patients after their 65th birthday.

Another 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. We saw four patients were receiving appropriate monitoring, but did identify one patient who had not been informed of the risk and was not receiving appropriate monitoring.

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, and 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. 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.

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

Patients' treatment was regularly reviewed and updated. As part of our assessment, we conducted a series of patient care records searches and associated notes reviews to assess the practice's procedures for the management of patients with long term conditions. We found most patients received all recommended monitoring, follow-ups and medication reviews, and/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.

Patients were told when they needed to seek further help and what to do if their condition deteriorated.

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. Patients were sent an invitation letter that contained an information leaflet in an easy read format that outlined the benefits and process of the health check.
- 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.
- All new patients were offered a health review when they first joined the practice to ensure their care needs were met.

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 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. Our search did not identify any patients who had a potential missed diagnosis.
- Another search reviewed patients with a potential missed diagnosis of chronic kidney disease (CKD) stages three to five. Our search identified 12 patients who had a potential missed diagnosis. We undertook a detailed review of five patients' care records and saw the practice was aware of all patients and had taken appropriate action. We saw most patients were on the borderline of being diagnosed and saw evidence of appointments being arranged with patients to discuss their diagnosis.
- 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 674 patients who were diagnosed with asthma, of which 12 patients had been prescribed two or more courses of rescue steroids. We conducted a detailed review of five patients' care records and saw the practice's management of patients with exacerbation of asthma was effective. All patients had received an asthma review within the last 12 months, and although all patients were seen to have been reviewed following their exacerbation, the review was not always held within seven days of the exacerbation.
- Another search reviewed the monitoring of patients with chronic kidney disease (CKD) at stages four and five. This search identified 19 patients with CKD at stages four and five, with four patients indicated as not having received a relevant blood test within the last nine months. We undertook a detailed review of all four patients' care records and saw three patients were being managed effectively by secondary care. We did identify one patient who appeared to be overdue monitoring.
- Another search reviewed the monitoring of patients with hypothyroidism. This search identified 198 patients with hypothyroidism who were treated with thyroxine, with four patients identified as not having received a thyroid function test within the last 18 months. We undertook a detailed review of all four patients' care records and saw patients were receiving appropriate care.
- Another search reviewed the care and treatment of patients diagnosed with diabetic retinopathy – a complication of diabetes. Our search identified four patients with diabetic retinopathy and a high blood sugar reading on their last test, which suggested poor control of their diabetes. We undertook a detailed review of all four patients' care records and saw the majority of patients were managed by secondary care. We did identify one patient who appeared to be overdue monitoring. 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 generally performed below the average for the Isle of Man for all vaccination categories, and failed to achieve the World Health Organisation's (WHO) target of 95% uptake for three out of the four vaccination groups listed below.

The practice explained how childhood immunisation uptake had been an area of challenge due to the practice catchment area covering four local high schools, which were also covered by other practices and services. They explained this made it difficult to run immunisation sessions within the school and meant patients had to attend the practice for an appointment. To help mitigate this, staff explained how they sent all new families a congratulations card on the birth of their child with details of how and when to book in their baby's first immunisation appointment.

Percentage of eligible patients vaccinated by GP as of 1 January 2022		
Vaccine:	Snaefell Surgery	Isle of Man Average:
5-in-1	95.12%	95.77%
Measles, Mumps and Rubella	82.93%	90.68%
Meningitis C	82.93%	90.28%
Pre-school Boosters	80.00%	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.

The practice explained how they had worked to improve cervical cancer screening uptake through offering Saturday morning clinics to support patients who were unable to attend appointments during the week.

Percentage of persons eligible for cervical cancer screening who have been adequately screened as of 30 June 2022	
Snaefell Surgery	Isle of Man Average:
78.36%	76.84%

Percentage of persons eligible for bowel cancer screening who have been adequately screened between 1 October 2021 and 31 December 2021	
Snaefell Surgery	Isle of Man Average:
58.46%	60.74%

Monitoring care and treatment

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

Clinicians took part in national and local quality improvement initiatives.

Information about care and treatment was used to make improvements. The practice undertook several clinical audits and used the findings to improve the quality of care and treatment. Recent audits that had been completed by the practice, or were in progress at the time of our assessment,

included audits to review care and treatment associated with gestational diabetes, vitamin B12 and metformin. Although evidence of clinical audit was seen, there was no formalised programme of clinical audit in place that included repeat audit cycles to check for improvement.

The practice did not regularly review unplanned admissions and readmissions and take appropriate action, but did review patients who had contacted out of hours GP services each day.

Effective staffing

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

The practice demonstrated 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 viewed during our assessment showed all staff undertook regular training in basic life support, data protection, safeguarding, and fire safety, with the majority of staff seen to be at 100% compliance for all training courses.

The practice had a programme of learning and development, and staff had protected time for learning and development.

There was an induction, training and mentoring programme in place, which all new staff were required to complete. The practice explained how they also supported new staff at other practices, recently supporting the induction and training of a new receptionist from another local practice.

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 demonstrated how they assured the competence of staff employed in advanced clinical practice, such as advanced nurse practitioners. Supervision slots were available each day with a GP, whereby clinical staff could request advice or support. All clinical staff were required to complete competency assessments before they started to practice. Staff reported a supporting working environment and explained how they felt comfortable raising any queries or concerns to senior clinicians or managers. Although we did not see a formalised programme of regular supervision in place at the time of our assessment, the practice advised they were in the process of introducing regular external supervision by a locum GP that was supported by a new clinical supervision policy.

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. For example, the practice conducted regular ward rounds for a local nursing home to ensure patients' care needs were met.

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 explained how they had worked with tissue viability nursing teams to improve local skin care services.

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.

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.

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, for example, stop smoking campaigns and tackling obesity.

Consent to care and treatment

The practice was not always able to demonstrate that it 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, but written consent forms were not used when more advanced procedures were undertaken, such as steroid injections or cryotherapy.

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

Clinicians supported patients to make decisions, but the assessment and recording of a patient's mental capacity to make a decision was not always clear.

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. However, we did not always see evidence that a patient's mental capacity had been assessed or recorded on the decision form.

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 both an island-wide friends and family test and a practice-level assessment questionnaire. Between April 2021 and March 2022, the practice received two responses to their friends and family test, with both patients rating their experience as 'good'.

We reviewed the results of the practice's assessment questionnaire from April 2022 and saw patient feedback on the quality of care and treatment received was generally positive. One question patients were asked was around if they would be 'completely happy to see this clinician again'. We saw 100% of respondents had answered 'yes, definitely' to this question for all clinicians.

During our assessment, we spoke with three patients and people who use the service. Feedback on the quality of care and treatment was generally positive, with patients describing the practice as 'very good'.

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 17 patients recorded as carers from a patient list of 5,083 (0.33%).

The practice was proactive in improving the care for patients who were potentially vulnerable.

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.

There were arrangements to ensure confidentiality at the reception desk. The waiting area was adequately spaced from the main reception area, and receptionists generally answered telephone calls away from the desk, to minimise the risk of confidential information from being overheard.

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. This included standard surgeries such as minor surgery, health checks and vaccinations, and additional services such as cryotherapy, family planning and phlebotomy. The practice worked to deliver its services in a way that met the needs of patients. For example, the practice had started offering cervical cancer screening appointments on a Saturday morning to allow patients who could not attend an appointment during the week to receive care, and were exploring extending this to other appointment types.

The importance of flexibility, informed choice and continuity of care was reflected in the services provided.

The facilities and premises were appropriate for the services being delivered. The practice was located within a shared use building. Disabled access was available throughout, with ample car parking available immediately 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 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.
- 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 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 offered online services, which allowed patients to order repeat prescriptions, book appointments and view their medical record.

Patients were not always able to make appointments in a way which met their needs. The practice explained half of each clinician's diary was available for pre-bookable appointments, with the other half embargoed until the day to allow for any urgent appointments to be booked. Staff explained how in the event an urgent appointment was requested and there was no capacity, they could escalate patients to the GP and ANP team for review.

The practice explained they had seen a significant increase in patient demand following the COVID-19 pandemic, and were consistently working above the British Medical Association's recommendation of 72 appointments per 1,000 patients, recently achieving 109.93 appointments per 1,000 patients.

On the day of our assessment, we saw all pre-booked and emergency appointments had been booked before 9am, with patients being instructed to try calling again the next day for an emergency appointment. We did not see any formalised system in place whereby patients who had been unable to access an appointment for several consecutive days could be escalated for clinical review.

We reviewed the results of the practice's most recent GP assessment questionnaire from April 2022. We saw there was a mixed response to questions relating to the ease of contacting the practice by telephone. We saw 82% of patients who had seen a GP and 85% of patients who had seen a nurse rated their experience of contacting the practice by phone as easy. However, only 58% of patients who had seen an ANP and 25% of patients who had seen a healthcare assistant rated their experience as easy.

During our assessment, we spoke with three patients and people who use the service. Two of the patients we spoke with reported delays and difficulties when booking routine appointments, although reported no difficulties in booking emergency appointments.

The practice offered a range of appointment types to suit different needs, which included face-to-face appointments, telephone and video consultations. 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 generally had their care prioritised. In the event an urgent appointment was required, and no appointments were available, receptionists could escalate patients to the GP and ANP team for review. However, there was not an effective system in place to ensure all patients who required an urgent appointment could access one in a timely manner.

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, and did not publish

their email address to allow patients to raise their complaint electronically. We saw the practice published its postal address, telephone and fax numbers clearly.

There was evidence that complaints were used to drive continuous improvement. We reviewed completed complaint investigations and saw the practice acknowledged complaints promptly and provided an apology where appropriate. All patient feedback, including informal complaints, verbal feedback and compliments, were recorded electronically and reviewed by the practice. Completed complaint investigations were discussed during practice 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 the recruitment of clinical staff, increased patient demand following COVID-19, and limited funding.

Managers explained how they were working to address these challenges. For example, the practice explained how they had developed a new model of care through their joint ANP and GP partnership that had been formed following difficulties recruiting new GP partners to the practice. Other actions taken as a result of challenges included introducing protected time to ensure quality of care is maintained through times of high demand and developing good working relationships with care commissioners.

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. At the time of our assessment, the practice was preparing for the planned departure of their GP partner, with two salaried GPs being recruited to fill this vacancy. The practice was also in the process of upskilling a receptionist to become a deputy practice manager to improve resilience within their management team.

Vision and strategy

The practice had an established vision or set of values, which were supported by a credible strategy.

The vision, values and strategy were developed in collaboration with staff, patients and external partners. The practice had a vision to 'provide the best level of clinical care in a friendly and supportive setting'. This was supported by further commitments that focused on quality, safety and innovation.

Staff knew and understood the vision, values and strategy and their role in achieving them.

Progress against delivery of the strategy was monitored.

Culture

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

Arrangements to deal with inconsistent or poor behaviour were effective. All staff received annual appraisals, during which their work performance and behaviours were reviewed. Where any poor behaviours were identified, managers took action to improve this.

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

There was a strong emphasis on the safety and well-being of staff. Staff spoke positively about working for the practice, and described good working relationships between staff of different roles and clinical grades.

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

The practice's governance structures and systems were effective.

The practice had effective governance structures and systems in place. Two ANP partners and one GP partner made up the practice's partnership, which was an equal parity partnership. Each partner had different clinical lead roles, such as safeguarding. The lead GP oversaw the practice's clinical governance, with overall responsibility shared between the three partners. All partners attended monthly practice meetings, through which each partner was held to account for their performance.

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 bimonthly meetings with commissioners to discuss clinical governance.

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 monthly practice meetings, during which several regular topics were discussed. This included complaints, incidents, clinical audits, safeguarding and other concerns that were affecting the practice. Meetings were regular, followed an agenda, with minutes shared with staff who could not attend.

Each day, all staff attended a midday huddle where each staff member reported on how their day was going, any barriers or challenges, and their plan for the remainder of the day. This was supported by a huddle board, which all staff could add points on during the day. A photo of the board was taken after each meeting and shared with any staff who were absent or who could not attend.

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 was not always effective. During our assessment, we identified some areas of concern that had not been identified or addressed by the practice. This included concerns relating to the management and prescribing of medicines and the oversight of equipment and consumables. However, the practice was responsive in addressing these concerns and took immediate action to address concerns identified during the assessment process.

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, practice meetings, staff appraisals and clinical audit.

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.

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 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.

Patient views were acted on to improve services and culture. The practice collected feedback through their friends and family test, their GP assessment questionnaire, patient suggestions and social media. Changes made as a result of patient feedback included the redecoration of the practice waiting area, higher waiting room chairs and a wider range of clinical appointment types.

The practice had an active Patient Participation Group (PPG), who were contacted twice a year for their feedback and comments. The practice gave examples of how their PPG had been contacted throughout the COVID-19 pandemic for their views on how the practice were handling the pandemic.

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 worked with several local charities and voluntary organisations to support their patients and the wider local community.

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. Managers explained how they encouraged a 'want to know, want to learn' attitude with all members of their clinical team.

Learnings were shared effectively and used to make improvements. We saw how incidents, complaints and clinical audits were shared, both internally and externally, and used to improve services.