DHSC – CQC external quality regulation programme

Jurby Health and Community Centre

Assessment report

Ramsey Group Practice

Jurby West Industrial Estate

Jurby

Isle of Man

IM7 3BB

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https://ramseygroupppractice.co.uk

Date of assessment: 26-27 July 2022

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Our findings

Overall summary

We carried out this announced assessment on 26 and 27 July 2022. The assessment was led by a Care Quality Commission (CQC) inspector who was supported by a GP adviser.

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

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

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

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

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

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

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

Our key findings were

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

We found the following areas of notable practice:

- The practice operated an annual flu clinic and health information day within their local community, during which staff offered patients a range of services in addition to flu vaccinations, which included height, weight, blood pressure and blood sugar checks. Additional urgent appointments were made available at the practice to allow for any abnormal observations to be promptly assessed.

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

- Improve adult safeguarding processes to ensure all vulnerable adults are appropriately identified and all staff are appropriately trained for their role.
- Improve oversight of staff recruitment to ensure there is a documented and evidenced check of each applicant's identity, right to work, relevant qualifications, professional registration and vaccination history.
- Improve the storage of emergency medicines and equipment to ensure they are easily accessible in the event of an emergency, with their location appropriately signed.
- 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 and storage of blank prescriptions.
- Implement an effective system regarding the use of patient group directions (PGDs) to ensure there is a clear and documented oversight of which PGDs each member of staff is authorised to practice under and how this has been authorised.
- Implement a formalised programme to review clinical staff competencies, including the prescribing competencies of non-medical prescribers.
- Improve the documentation of completed patient medication reviews to ensure there is a clear record of which medications have been reviewed.
- Improve the documentation of patient consultations to evidence what safety netting advice has been given and how a patient's identity has been confirmed where remote consultations have been completed.
- Improve the monitoring and oversight of patients prescribed high risk medicines to ensure patients receive all required monitoring, assessments, follow-up appointments and medication reviews.
- Improve the management of patients with long term conditions to ensure all patients receive all required monitoring, assessments, diagnoses, follow-up appointments and medication reviews.

- Improve processes for the management and recording of safety alerts, including historic drug safety and medication alerts.
- Improve the reporting and investigation of incidents to outline how investigations have been completed and how learnings have been identified, discussed and shared, both internally and externally.
- Improve childhood immunisation uptake rates.
- Implement a formalised programme of regular and repeat clinical audit.
- Improve the monitoring and recording of staff mandatory training to ensure all staff have completed training in all required areas and remain appropriately trained for their role.
- Implement a system that ensures all staff, including both clinical and non-clinical staff, have adequate time to complete all required mandatory training.
- Implement a system to ensure patients with a do not attempt cardiopulmonary resuscitation (DNACPR) decision are regularly and appropriately reviewed.
- Improve the availability of translation and interpretation services.
- Improve systems to identify and support patients who were carers or had caring responsibilities.
- Develop a system that allows for staff to speak up and raise concerns externally to the practice.
- Improve systems for the identification of risks to ensure all risks are adequately identified, managed and mitigated.
- Develop systems to obtain patient feedback, such as through a patient participation group.

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

- The practice did not have effective oversight of the monitoring of patients prescribed high risk medicines and did not ensure all patients received all required monitoring, assessments, follow-up appointments and medication reviews.
- The practice did not have effective oversight of the monitoring of patients with long term conditions, and did not ensure all patients received all required monitoring, assessments, follow-up appointments and medication reviews. Not all patients with a long term condition had been appropriately identified, diagnosed and coded.
- The practice did not have effective processes for the management of safety alerts, which included historic drug safety and medication alerts.
- The practice did not have an effective system in place regarding the use of patient group directions (PGDs), as there was not a clear and documented record of which PGDs each staff member was authorised to practice under and how this had been authorised.
- The practice’s 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 safeguarding information to be shared between services.

Background to assessment

The practice is located at:

- Jurby Health and Community Centre, Jurby West Industrial Estate, Jurby, Isle of Man, IM7 3BB.

The practice is a branch site of:

- Ramsey Group Practice, Bowring Road, Ramsey, Isle of Man, IM8 3EY.

We inspected both the main practice location and the branch surgery, and a separate assessment report has been produced for each location.

The practice offers services from both a main practice and a branch surgery. Patients can access services at either surgery.

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 nine GPs who provide cover at both practices. The practice has a team of five nurses and nurse practitioners who provide nurse-led clinics for long-term conditions, supported by a team of two healthcare assistants. The GPs are supported at the practice by a practice manager who provides 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, most GP appointments were telephone consultations. If the GP needs to see a patient face-to-face, then the patient is offered a choice of either the main GP location or the branch surgery.

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

During our assessment process, we spoke with five patients and eight members of staff across both practice locations, which included two GPs. We looked at practice policies and procedures and other records about how the service is managed.

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

Is the service safe?

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

Safety systems and processes

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

Safeguarding

Safeguarding systems, processes and practices were developed, implemented and communicated to staff. The practice had a combined policy in place for the safeguarding of adults and children that outlined key staff responsibilities. We found the policy did not outline different types of abuse

staff should be alert to, include details of the practice's safeguarding lead, or any information on how staff should raise a safeguarding concern.

Training data did not demonstrate that all partners and staff were always trained to appropriate levels for their role. Clinical staff were trained to a minimum of level three. We found non-clinical staff were only trained to a minimum of level one. This was not in line with the intercollegiate safeguarding document on the roles and competencies for healthcare staff, which recommends all clinical and non-clinical staff with patient contact to be trained to a minimum of level two.

There was active and appropriate engagement in local safeguarding processes. Staff were alerted to safeguarding concerns through other healthcare professionals, such as health visitors. GPs attended safeguarding meetings when necessary, and safeguarding remained a regular agenda topic on monthly practice meetings.

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

Systems to identify vulnerable patients on record were not consistent. Although a child safeguarding register was maintained, there was no equivalent register for adults and alerts were not always entered onto the medical records of adult patients with potential safeguarding risks.

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

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

Recruitment systems

Recruitment checks were carried out in accordance with policy (including for agency staff and locums). Although the practice undertook a review of each applicant's identify, professional qualifications and/or registration, there was no evidence this had been undertaken.

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

Safety systems and records

Health and safety risk assessments had been carried out and appropriate actions taken. For example, fire risk assessments had been completed, and actions taken as appropriate. At the time of our assessment, the practice explained they were in the process of establishing a legionella water testing programme and were waiting for the first sample results to be returned. Hazardous substances and chemicals had been identified by the practice, relevant data sheets retained for reference, and a risk assessment process started to manage this.

Date of last assessment: July 2022

There was a fire procedure.

Date of fire risk assessment: May 2021

Actions from fire risk assessment were identified and completed.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

Staff had received effective training on infection prevention and control.

Infection prevention and control audits were carried out.

Date of last infection prevention and control audit: June 2022

The practice had acted on any issues identified in infection prevention and control audits. For example, the practice had identified in their last audit that several sharps bins had exceeded three months without being changed. During our assessment, we saw all sharps bins had recently been changed.

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

Risks to patients

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

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

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

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

Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients. Most appointment requests were initially a telephone appointment, unless a face-to-face appointment was more appropriate. Receptionists highlighted patients with urgent medical symptoms to clinicians for urgent attention, where same day appointments could be arranged. To support this, the practice was in the process of implementing an appointment flowchart for receptionists to use to confirm which clinician and appointment type is most appropriate for the patient's needs.

Information to deliver safe care and treatment

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

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

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

There were limited systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Where data sharing agreements were held, and with the patient's consent, the practice could share information with other healthcare providers such as to out of hours GP services. We found data sharing agreements were not in place for all key healthcare providers, such as with local acute hospital, community and ambulance services, which meant there was a risk key information may not be shared. The practice explained how they had been working with other organisations to try to establish similar agreements. We found this had remained an area of significant challenge.

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

There was a documented approach to the management of test results, and this was managed in a timely manner. This included appropriate cover arrangements to ensure all test results were promptly reviewed, including during staff absence or annual leave.

There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff. The practice had a set of criteria in place when non-clinical staff could process correspondence without any clinical input.

Appropriate and safe use of medicines

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

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

Blank prescriptions were not always kept securely. Although bulk prescription boxes were stored securely, blank prescriptions were found in unlocked printer trays and drawers in unlocked clinic rooms. Records were not maintained as to which prescriptions had been issued to which prescriber. Following our assessment, the practice advised blank prescriptions would be removed from unused rooms and stored securely, with appropriate records maintained when new prescriptions were issued to individual prescribers.

Documentation did not always demonstrate staff had the appropriate authorisations to administer medicines. Although staff had undertaken evidenced training on the use of Patient Group Directions (PGDs), there was no documentation to confirm which staff were deemed competent under which PGD and which senior clinician had authorised this. We found Patient Specific Directions (PSDs) were managed effectively, with appropriate documentation recorded in each patient's care record.

The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review. All non-medical prescribers were assigned both a named mentor, who was responsible for their ongoing competency, as well as a daily mentor who could be contacted in the event of any prescribing queries. During our assessment, we saw evidence of timetabled mentor meetings with clinical staff. We found reviews of the prescribing competencies of staff were generally completed opportunistically when patients were subsequently seen by a GP, rather than through formalised, regular competency meetings.

There was a process for the safe handling of requests for repeat medicines. We found there was limited evidence of medicines reviews for patients on repeat medicines. The practice had a comprehensive repeat prescribing protocol in place that outlined each staff member's individual roles and responsibilities. As part of our assessment, we reviewed five recently completed medication reviews. Although a review had been entered into each patient's care record, the notes did not include any details of which medications were reviewed, whether all monitoring was up to date, and whether any concerns had been identified.

The practice had a process and clear audit trail for the management of information about changes to a patient's medicines. We found changes made by other services were not always shared with the practice in a timely manner. The practice held data sharing agreements with some healthcare providers, such as out of hours GP services, which allowed practice staff to review any changes made to a patient's prescription by other services. Staff explained where there was limited data sharing in place, the practice was not always informed of changes to a patient's prescription in a timely manner, and often only became aware of any changes when medications were next ordered by a patient.

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

As part of our assessment, we conducted a series of clinical searches and random sample of associated patient care record reviews to assess the practice's procedures on medicines management and prescribing. One search reviewed the prescribing of a high risk medicine used to treat high blood pressure. Our search identified 97 patients prescribed this medicine who had not received all recommended monitoring. We undertook a detailed review of five patients' care records and identified all five patients were overdue monitoring, including two patients who were last monitored eight years ago.

Another search reviewed the prescribing of a medicine used to prevent blood clots. Our search identified 493 patients who were prescribed this medicine, with 136 patients identified as not having received all recommended monitoring. We undertook a detailed review of five patients' care records and identified four patients were overdue monitoring, including three patients who were last monitored three years ago.

Following our assessment, the practice advised they had taken action to review all affected patients identified by our searches and were working to arrange appropriate monitoring for the safe prescribing of these medicines.

The practice monitored the prescribing of controlled drugs.

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

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

For remote or online prescribing there were effective protocols for verifying patient identity. Staff explained how they verified each patient's identity before undertaking a consultation. We found evidence of this identity check was not recorded within the patient's care record. Following our assessment, the practice explained they had improved systems for the recording of patient identity checks with a new code added to patient care records.

The practice held appropriate emergency medicines and had an effective system to monitor stock levels and expiry dates. The practice stored a wide range of emergency medicines to allow staff to respond to the most common medical emergencies encountered within the practice. Stock levels and expiry dates were monitored using electronic record sheets, which alerted staff when new medicines were required.

There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use were in place. Most emergency equipment was stored within a grab bag,

located in a central storeroom. The bag was sealed with tamperproof tags, which were checked weekly, with a full check of all equipment completed monthly. We found this room was generally kept locked and was not signed to indicate the location of emergency equipment, which meant this may cause a delay if equipment was needed urgently. Emergency medicines were stored separately within a lockable medicine cabinet, with further equipment stored in cabinets and shelves in the stock room. Following our assessment, the practice explained they would review the storage of their emergency equipment to ensure all staff had immediate access to all required equipment and medicines.

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

Track record on safety and lessons learned and improvements made

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

Significant events

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

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

There was a system for recording and acting on significant events. All incidents were initially investigated and reported by the practice, which included discussion in practice meetings. Where appropriate thresholds were met, incidents were shared with Manx Care.

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

There was limited evidence of learning and dissemination of information. As part of our assessment, we reviewed three completed incident investigations and saw each report contained a detailed event synopsis. We found there was no detailed overview of any investigation completed, including which staff or organisations had been contacted, and learnings identified following the investigation was not always comprehensive. Staff explained how incidents were discussed during practice meetings. We found these were not always documented in either the incident report or meeting minutes.

Safety alerts

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

As part of our assessment, we conducted a series of patient clinical records searches to review the practice's management of safety alerts. One search reviewed a safety alert from 2014 regarding a potential negative interaction between two medicines when prescribed together. Our search identified seven patients who were potentially still prescribed both medicines. We undertook a detailed review of five patients' care records and saw all five patients were still prescribed both medicines. This included two patients who had been prescribed both medicines for nine years and five years respectively with no evidence of the patient being informed of this

risk. Two patients were identified to have commenced one of these medicines within the last month, whilst still being prescribed the other medicine, with no evidence of this risk being identified or recorded.

Another search reviewed a safety alert from 2014 regarding a new recommended maximum daily dose. Our search identified seven patients who were potentially prescribed dosages above the recommended levels. We undertook a detailed review of five patients' care records and saw three patients were still prescribed dosages above the recommended level. We found two patients were seen to have had their dosages reduced.

Following our assessment, the practice advised they had reviewed all patients who had been identified by these searches and had taken action to reduce any risks, such as encouraging patients to transition to alternative medicines or dosages.

Is the service effective?

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

Effective needs assessment, care and treatment

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

The practice had systems and processes to keep clinicians up to date with current evidence-based practice. Changes to clinical guidance or care pathways were shared with staff by email, and were discussed in staff huddles and practice meetings, when required. For example, the practice explained how they quickly and effectively cascaded key information regarding the COVID-19 pandemic to staff, ensuring staff on leave or who were absent were informed of any changes.

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 were generally offered same day or next day appointments, which could be undertaken by telephone, video or in person. Where there were concerns over a patient's condition or symptoms, staff highlighted these appointment requests to senior clinicians for urgent 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 records 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.

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

Patients were told when they needed to seek further help and what to do if their condition deteriorated. We found safety netting advice was not always adequately documented with patient care 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.
- Prior to the pandemic, the practice ran an annual flu clinic and health information day within the local community. During this event, staff offered patients a range of services in addition to their flu vaccinations, which included height, weight, blood pressure and blood sugar monitoring. Additional urgent appointments were made available at the practice during this event, so patients with any abnormal observations could be promptly assessed and treated.
- Patients had access to appropriate health assessments and checks, when recommended.
- All patients with a learning disability were offered regular health checks.
- End of life care was delivered in a coordinated way, which took into account the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

As part of our assessment, we conducted a series of clinical 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 36 patients with a potential missed diagnosis. We conducted a detailed review of five patients' care records, and noted one patient had recently been informed of their diagnosis. We found four patients were identified as being diabetic but had neither been informed of their diagnosis or appropriately coded to allow them to access key services, such as diabetic eye screening. Following our assessment, the practice advised they had reviewed all affected patients identified by our search and improved the accuracy of the recording of diabetes 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 977 patients who were diagnosed with asthma, of which 38 patients had been prescribed two or more courses of rescue steroids. We conducted a detailed review of five patients' care records and saw no patients had received an appropriate review of follow-up after their exacerbation, and noted three of the five patients had not received an adequate annual asthma review within the last 12 months. Following our assessment, the practice advised they had reviewed all affected patients identified by our search and had invited any patients who were overdue a review in for an appointment.

- Another search reviewed the monitoring of patients with chronic kidney disease (CKD) at stages four and five. This search identified 16 patients were indicated as not having received a relevant blood test within the last nine months. We undertook a detailed review of five patients' care records and saw all patients were being effectively managed through secondary care.

- Another search reviewed the monitoring of patients with hypothyroidism. This search identified 756 patients with hypothyroidism who were treated with thyroxine, of which 50 patients were indicated as not having received a thyroid function test within the last 18 months. We undertook a detailed review of five patients' care records and saw all patients were overdue monitoring and did not see evidence of blood results being reviewed prior to prescriptions being issued. We also noted 15 out of the 50 patients identified had abnormal results on their last test, but no further monitoring or review had been undertaken. Following our assessment, the practice advised they had reviewed all affected patients identified by our search and had invited any patients who were overdue a review in for an appointment.

- Another search reviewed the care and treatment of patients diagnosed with diabetic retinopathy – a complication of diabetes. This search identified 1,022 patients with diabetes, of which 15 patients had both a diagnosis of diabetic retinopathy and a high blood sugar reading recorded at their last test, which suggested poor control of their diabetes. We undertook a detailed review of five patients' care records and saw two patients were being appropriately managed. We found three patients were identified as being poorly controlled, and had not received any further follow-up or monitoring. Following our assessment, the practice advised they had reviewed all patients identified by our search and had undertaken an audit to check that all patients had been appropriately referred to the diabetic clinic for monitoring.

Child Immunisation

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

Percentage of eligible patients vaccinated by GP as of 1 January 2022		
Vaccine:	Ramsey Group Practice:	Isle of Man Average:
5-in-1	98.18%	95.77%
Measles, Mumps and Rubella	92.73%	90.68%
Meningitis C	94.55%	90.28%
Pre-school Boosters	92.79%	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	
Ramsey Group Practice:	Isle of Man Average:
74.35%	76.84%

Percentage of persons eligible for bowel cancer screening who have been adequately screened between 1 October 2021 and 31 December 2021	
Ramsey Group Practice:	Isle of Man Average:
62.21%	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. We found the practice had a limited programme of quality improvement in place. Evidence of clinical audit was seen, which included audits to review minor surgery, coil fitting, the prescribing of lithium and naftidrofuryl oxalate. We found the practice did not have a formal clinical audit programme in place. Not all audits were repeated to confirm improvements had been made, and several audits comprised mainly of a search of patients.

The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.

Effective staffing

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

The practice was not always able to demonstrate that staff had the skills, knowledge and experience to deliver effective care, support and treatment. Staff completed mandatory training through a combination of online courses, face-to-face training and self-learning. Although managers explained how all staff were up to date with all mandatory training requirements and took personal ownership of their learning needs, training logs did not provide a clear oversight of staff training compliance. For example, it was not clear which staff had completed each training course, or when refresher training was due. The practice explained this was partially due to transitioning between training providers, and confirmed when this was complete, managers would have access to training compliance information.

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

Staff had protected time for learning and development. The practice explained how some training courses were run centrally for staff from several practices and services across the island to attend. Although clinical staff usually were able to attend sessions, the practice explained how not all non-clinical staff could attend due to needing to maintain telephone services, and how following the COVID-19 pandemic, the increased demand meant phone lines could not temporarily be diverted to other services during staff training sessions.

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

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation. All staff received annual appraisals with a senior clinician or member of staff. At the time of our assessment, the practice reported most appraisals had been delayed by around two months due to a combination of factors that included staffing and COVID-19; however, managers confirmed all appraisals would be completed soon.

The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, such as nurse practitioners. All non-medical staff were assigned a senior clinician as a named mentor, who was responsible for overseeing and supporting their ongoing competency. To support this, non-medical staff were also assigned a nominated daily mentor in case of any queries or concerns. During our assessment, we saw evidence of timetabled mentor meetings with some clinical staff. We found the monitoring of the competencies of nursing staff was generally completed opportunistically rather than through formalised and regular review meetings.

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

Coordinating care and treatment

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

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

Patients received consistent, coordinated, person-centred care when they moved between services. For example, we saw how staff placed alerts on patient care records when Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions had been agreed and arranged by other healthcare services.

Helping patients to live healthier lives

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

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

Staff encouraged and supported patients to be involved in monitoring and managing their own health. For example, the practice explained how one of their GPs and one of their practice nurses had run a six week local radio show to discuss key health topics, which included dementia, depression, mental health, addiction and the menopause. The practice explained how following this radio show, they had seen an increase in patients discussing these topics with their GP.

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. We saw that consent was documented.

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

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

As part of our assessment, we undertook a review of three DNACPR decisions processed by the practice. We saw copies of completed DNACPR decision forms had been retained and were easy for staff to view. Patient care records were clear and comprehensive, and included reference to the involvement of the patient's friends, family and relatives. However, we did not always see evidence that completed DNACPR decisions had been regularly reviewed or updated.

Is the service caring?

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

Kindness, respect and compassion

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

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

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

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

The practice collected patient feedback and comments through an ongoing friends and family test, which all patients were invited to complete. Between April 2021 and March 2022, the practice received 39 responses. Of these, 15 respondents rated their overall experience as either 'good' or 'very good', 20 respondents rated their experience as 'poor' or 'very poor', and four respondents rated their experience as 'neither good nor poor'. Positive comments largely related to the quality of care received and the attitudes of staff, with comments including how staff were 'very polite and friendly', 'very helpful' and 'ready to help'. Negative comments largely related to difficulties contacting the practice by telephone and booking appointments.

Involvement in decisions about care and treatment

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

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

Staff helped patients and their carers find further information and access community and advocacy services. We found the practice was not proactive in identifying patients who were carers or had caring responsibilities and did not maintain a carers register. At the time of our assessment, the practice advised they had approximately 20 patients recorded as carers from a patient list of 14,645 (0.14%).

Interpretation services were not available for patients who required them. The practice did not have any formalised agreements in place for sourcing interpretation services if a patient required them, instead largely relying on a patient's relatives or family. The practice explained how they had sourced interpreters from a local organisation previously. We found there was no agreement in place to confirm that any interpreters used had undertaken any security checks, such as Disclosure and Barring Service (DBS) checks.

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

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

Information about support groups was available on the practice website.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

There were arrangements to ensure confidentiality at the reception desk. Patients waiting to speak to receptionists were asked to queue at a point located away from the reception desk to minimise the risk of confidential information being overheard. Staff answered telephone calls away from the reception desk, and a privacy screen had been installed to prevent patients in the waiting area from seeing any patient information. Some patients had commented in the practice's friends and family test how patient information could sometimes be heard in the waiting areas. Managers explained the practice was shortly undergoing significant refurbishment work, which included renovation of the reception area.

Is the service responsive?

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

Responding to and meeting people's needs

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

The practice understood the needs of its local population and had developed services in response to those needs. The practice had identified services and treatments which patients could not access from other providers on the island and had made arrangements to offer these to their patients. Examples of new services offered by the practice included vasectomies, occipital nerve blocks, botulinum toxin treatment for migraines, and cryotherapy clinics.

The importance of flexibility, informed choice and continuity of care was reflected in the services provided. To support the continuity of care, all patients were assigned a specific named GP. In the event a patient's named GP was not available, patients were offered the choice of seeing another GP or booking an appointment for when their GP was available.

The facilities and premises were appropriate for the services being delivered. The practice was located within a newly built combined health and community centre. All clinic rooms and waiting areas were on ground floor level, and adequate car parking was available immediately outside.

The practice made reasonable adjustments when patients found it hard to access services. For example, staff explained how they had conducted a text consultation with a patient who was deaf.

There were limited arrangements in place for people who need translation services. The practice had implemented a translation facility on their website to allow patients to translate key information into other languages. If a patient required a translator for their appointment, the practice explained how they primarily relied on online translation services, translation books or relatives who spoke multiple languages. Staff explained how alerts could be added to the patient's care record to inform staff of the patient's requirements and preferences. We found there were no established arrangements in place for a telephone or in-person translator to be obtained.

The practice provided information in accessible formats.

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

- Patients did not have a named GP. The practice explained this was due to a change made by their commissioners with the patient/doctor list management software.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice held certain registers of patients living in vulnerable circumstances, including those with a learning disability. Although, registers were not in place for all potentially vulnerable patients.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode, such as homeless people, refugees and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

Access to the service

People were able to access care and treatment in a timely way.

There was information available for patients to support them to understand how to access services (including on websites and telephone messages). During the pandemic, the practice had set up a social media page to allow them to communicate key messages quickly to their patients, including updates to regulations and practice procedures. The practice explained how this had been well received by patients, including patients of other practices, and now was used as a key communication channel.

Patients were able to make appointments in a way which met their needs. We found patient feedback on the ease of accessing services was mixed. Between April 2021 and March 2022, the practice received 39 responses to their friends and family test survey. Of these responses, several patients had submitted comments relating to difficulties accessing or booking appointments, with

one patient explaining they had to wait ‘two weeks’ for an appointment, another patient reporting that the telephone lines are ‘never answered’, and a third patient describing it as ‘extremely difficult’ to make an appointment. We found other patients had reported a positive experience, with one patient stating they can get ‘quick appointments when necessary’ and another patient explaining how they received a ‘very quick call back’ from the practice. This feedback was similar to additional feedback submitted to other online services and social media pages.

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

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

Patients with urgent needs had their care prioritised. The majority of appointments were initially a telephone appointment, unless a face-to-face appointment was preferred or more appropriate for the patient’s symptoms. Receptionists escalated any patients with urgent symptoms or requesting urgent appointments to senior clinicians to review. Where necessary, same day and emergency appointments could be arranged.

The practice had systems to ensure patients were directed to the most appropriate person to respond to their immediate needs. Although the practice did not employ care navigators, staff were proactive in ensuring patients were receiving care from the most appropriate provider or organisation. For example, we saw evidence of how staff referred patients to a community wellbeing service.

Listening and learning from concerns and complaints

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

Information about how to complain was readily available. Patients could access a copy of the practice’s complaints policy through leaflets in the practice waiting area, by speaking with a member of staff, or through the practice’s website.

There was evidence that complaints were used to drive continuous improvement. Between July 2021 to July 2022, the service had received 10 complaints. The practice undertook a documented review of each complaint, which included a summary of the complaint, a review of the incident, the outcome and any identified learning. Examples of identified learning included ensuring emails regarding named patients were stored within patient care records, the policy for the management of urine samples was reviewed, and a review of patient allergies prior to prescribing was reinforced.

Is the service well-led?

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

Leadership capacity and capability

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

Leaders demonstrated that they understood the challenges to quality and sustainability. Challenges reported by the practice included the recruitment and retention of GP staff, the lack of progression around data sharing between healthcare services, and technological barriers such as paper-based prescriptions.

They had identified the actions necessary to address these challenges. Examples of improvements made by the practice to address these challenges included the recruitment of a paramedic practitioner and pharmacy technician to improve clinical care for patients, and the extension of their contacted clinical cover at the practice's branch site in Jurby.

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

There was a leadership development programme, including a succession plan. This included actions to be taken to address challenges around the recruitment and retention of GP staff. All GP partners had allocated lead roles, which was evidenced during our assessment.

Vision and strategy

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

The vision, values and strategy were developed in collaboration with staff, patients and external partners. The practice's vision was centred around providing 'patient-centred healthcare to the population of the north of the island' through building on their 'established partnerships between patient and healthcare professionals' to improve patient care through 'mutual respect, holistic care with continuous learning and training'.

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

Progress against delivery of the strategy was monitored. The practice had outlined clear goals for what they wanted to achieve in the future and how they wished to improve services for patients. Planned improvements included the renovation of their Ramsey practice building, the implementation of shared care for patients, and the introduction of new dermatology and vasectomy clinics.

Culture

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

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

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

There was a strong emphasis on the safety and well-being of staff. Comments from staff on working for the practice were overwhelmingly positive, with staff describing how they felt supported and valued, and how they felt the practice worked together as a 'family'.

There were systems to ensure compliance with the requirements of the duty of candour. All staff were required to undertake mandatory training on the duty of candour as part of their induction to the practice.

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

The practice encouraged candour, openness and honesty.

The practice did not have a formalised system in place to allow staff to speak up. Although staff reported they were comfortable to raise concerns to managers or senior clinicians, and managers explained how they operated an 'open door' policy, the practice did not have any formalised arrangements in place for staff to raise concerns confidentially and externally to the practice.

Staff had undertaken equality and diversity training.

Governance arrangements

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

There were governance structures and systems which were regularly reviewed. All the GP partners had individual lead roles and areas of responsibility. The practice's eight GP partners had a collective responsibility for the governance of the practice, and held each other to account as required.

Staff were clear about their roles and responsibilities, and knew who to go to for help, support and advice.

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. The practice held weekly practice meetings, which were attended by the GP partners, practice management team, and other clinical staff, such as nurses or healthcare assistants. All meetings followed an agenda, with meeting minutes shared for any staff who were unable to 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 were not always effective, as during our assessment we identified several areas of concern that had not been identified or addressed by the practice. This included concerns relating to the management and prescribing of medicines, the management of patients with long-term conditions, the oversight of blank prescriptions, staff training compliance, and adult safeguarding processes.

A major incident plan was in place. The practice had a business continuity plan in place that outlined key responsibilities for staff to follow to ensure the practice could continue to operate in the event of a major incident occurring or the practice building not being usable.

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 and online 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 its audit and quality improvement activities, and reviewed patient satisfaction through their ongoing friends and family test survey.

Performance information was used to hold staff and management to account.

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 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.

The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.

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

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

Engagement with patients, the public, staff and external partners

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

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

The practice did not have an active Patient Participation Group (PPG). As a result of the COVID-19 pandemic, the practice had suspended the meeting of its PPG. The practice reported it was in the process of re-establishing this group and was in the process of distributing the group's new terms of reference.

Staff views were reflected in the planning and delivery of services. The practice explained how feedback from staff were reviewed and discussed during practice meetings, with changes made to their service where appropriate.

The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.

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. The practice had undertaken several quality improvement projects, such as a project that aimed to reduce the number of letters and emailed received by GPs that did not require clinical input.

Learning was shared effectively and used to make improvements. For example, there was evidenced sharing of the findings and outcomes from clinical audits with practice staff.