Department of Health and Social Care

Registration & Inspection

Inspection Report

2024-2025

Manx Pain Clinic

Independent Medical Agency

Date of Inspection visit: 24 March 2025

Under the Regulation of Care Act 2013 and Regulation of Care (Care Services) Regulations 2013

We carried out this inspection under Part 4 of the Regulation of Care Act 2013 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements, regulations and standards associated with the Act. We looked at the overall quality of the service.

We carried out the announced inspection visit on 24 March 2025.

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

1. Is it safe?
2. Is it effective?
3. Is it caring?
4. Is it responsive to people's needs?
5. Is it well-led?

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

In addition, the Care Services Regulations are considered when making regulatory decisions, there are opportunities within these for registered providers to be creative, innovative and dynamic when applying them to their service. Providers should use them as a baseline from which to deliver and develop services to the people who use them.

Service and service type

The service has a Registered Manager. This means that they, and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Manx Pain Clinic is registered as an independent medical agency. The clinic provides a service for private patients over the age of 18, who suffer from chronic pain.

Regulatory Action in the last 2 years
Improvement notices / amendments / change of manager / inspection

Date	Action	Comments
25/4/24	Statutory inspection of services	Requirements were made in relation to Regulation 16 – Staffing – staff annual appraisals; Regulation 22 – Fitness of premises: Health and Safety – premises risk assessment, fire safety checks; Regulation 23 – Review of quality of care – development plan; Regulation 24 – Financial viability – annual accounts.

People's experience of using this service and what we found

- Chaperones were provided on appointment.
- Staff felt supported in their role and said communication across the team was very good.
- The clinic worked closely with other medical consultants.
- Personalised care was provided to meet people's needs and preferences.
- Appointment times gave people the time to ask questions and for staff to listen and provide information.

Background to this inspection
The last inspection of this service was carried out on 25 March 2024. There were five requirements made. Improvements were subsequently made which are reflected in this report.

The inspection
This inspection was part of our annual inspection programme which took place between April 2024 and March 2025.

Inspection activity started on 20 March 2025.

Inspection team
The inspection was led by an inspector from the Registration and Inspection Team.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of care at this service. A registered manager is a person who has registered to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection, there was a registered manager in post.

Notice of Inspection
This inspection was announced.

What we did before the inspection
We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements then plan to make. We reviewed information we had received about the service since the last inspection. We used all this information to plan our inspection.

Seven staff were emailed asking to provide feedback and all responded.

During the inspection

- We spoke to the registered manager and the practice manager.
- We reviewed a range of records, including people's treatment records, maintenance of equipment used, staff training and a variety of records relating to the management of the service.

After the inspection

- We reviewed the training records of staff.

Our findings
Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

The service was safe.

At the last inspection there were four requirements made in relation to writing a premises risk assessment, fire safety checks, writing a development plan for the service and the annual accounts. Improvements had been made.

Systems and Processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

Systems were in place to protect people from the risk of abuse. People were able to have a chaperone on appointment. A safeguarding policy had been written.

All staff, including four radiographers and three nurses, had received training on safeguarding and notices on safeguarding were displayed in the clinic's waiting room. Staff were clear on what could be raised as a possible safeguarding concern.

No safeguarding or whistleblowing concerns had been raised.

A written development plan for the future of the service had been written. This was a previous requirement.

A qualified accountant had certified the clinic's annual accounts. This was a previous requirement.

Assessing risk, safety monitoring and management

An environmental / premises risk assessment had been written. This was a previous requirement.

Adaptations to the environment included a ramp into the building, handrails, and signage.

Equipment used at the clinic was calibrated, serviced and maintained in line with manufacturer's requirements.

A fire risk assessment had been written and was due to be reviewed in April 2025. Fire extinguishers were being checked monthly and were being serviced annually. This was a previous requirement.

An electrical installation condition report confirmed the safety of the buildings wiring and Portable Appliance Testing (PAT) had taken place.

The clinic had a well-stocked first aid box and a defibrillator.

Patient records were stored securely, both in paper files - stored in lockable cabinets, and electronically. Arrangements were in place to back up electronic data. Procedures were in place for managing risks associated with clinical records.

Staffing and recruitment

Three nurses and four radiographers worked on average three hours per week on weekends only. All had current registration with their professional bodies. Disclosure and Barring Service (DBS) checks for staff had been reviewed within a three-year period.

All staff had defined roles and responsibilities.

Using medicines safely

The clinic had a medicines management and safety policy. Medicines were stored in a lockable cupboard. The manager said that they only prescribed and administered medication during pain relieving procedures such as ultrasound and x-ray guided injections.

When medication was prescribed it was recorded in people’s notes and there was a paper / electronic trail of medication management.

In date drugs to deal with anaphylaxis were available.

Preventing and controlling infection

Hand hygiene measures were provided in the clinic. Personal Protective Equipment (PPE) was available. A daily cleaning procedure was in place for staff to follow. All equipment used for interventional procedures were disposable and not sterilised and re-used. The premises were clean on the day of the inspection and were professionally cleaned on a weekly basis.

An audit of cleaning had taken place in February 2025.

Staff had completed training on infection prevention and control.

Our findings
Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The service was effective.

At the last inspection there was one requirement made in relation to staff annual appraisals. Improvements had been made.

Assessing people's needs and choices; Delivering care in line with regulations, guidance and the law

Patient treatment records were detailed and included personal details, medical history, and a summary of the consultation. Consent was sought when a procedure took place.

No adverse incidents had taken place.

Staff support; Induction, training, skills and experience

People were being attended to by staff with the right qualifications, skills, and knowledge.

Staff were receiving mandatory and refresher training through Manx Care.

All staff were professionally indemnified.

Staff feedback confirmed that they felt supported in their role and that communication was very good across the team. One person commented, "I have always felt supported and listened to by Dr Dashfield. Dr Dashfield has always welcomed any suggestions or ideas to improve our service."

One nurse and radiographer had started at the clinic since the last inspection. The manager had ensured their suitability prior to working at the clinic. Both confirmed that the induction into the clinic was clear and efficient.

The manager was appraised annually, and staff were receiving annual performance reviews with their main employer.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

We were informed that the clinic worked closely with other medical consultants in the private sector. The manager said that he was able to receive support and advice through a network of fellow GP's.

Adapting service, design, decoration to meet people's needs

Adaptations made to the environment included wheelchair access, anti-slip surface on the ramp into the clinic, handrails and signage.

Ensuring consent to care and treatment in line with law and guidance

Mental capacity legislation is not currently in place on the Isle of Man however best practice is relied upon in this area. The manager said that if it was suspected that a person lacked capacity then the person's significant others would be involved in a best interest decision.

Our findings
Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

The service was caring.

At the last inspection there were no requirements made under caring.

Ensuring people are well treated and supported: Respecting equality and diversity

People were provided with a chaperone on appointment.

We were informed that any cultural and religious needs were discussed as part of the consultation process.

Supporting people to express their views and be involved in making decisions about their care

Appointment times gave people time to ask questions and for staff to listen and provide information, including on review appointments. Verbal explanations were given before the patient was given written information sheets to take home.

People were encouraged to call or email the service if they had any concerns or queries, and the manager made a follow up phone call to people post-procedure to seek feedback.

Respecting and promoting people's privacy, dignity and independence

Private changing facilities were available, and a chaperone was present at all times. People were also able to bring a relative or friend along to a consultation. People were made aware of how the information about them was handled on consultation.

Personal information was kept secure. The clinic had a records management policy.

Our findings
Responsive – this means we looked for evidence that the service met people's needs.

This service was responsive.

At the last inspection there were no requirements made under responsive.

Planning personalised care to ensure people have choice and control to meet their needs and preferences

What people could expect in the way of services was detailed in a person centred care and treatment policy as well as in a statement of purpose and service recipient guide.

Information sheet links, published by Royal Colleges and Societies, were available on the clinic's website.

All treatments were conducted under the supervision of a medical practitioner. Medical equipment relevant to the service was provided and protocols for their use were in place.

The premises were wheelchair accessible. We were informed that cultural and religious needs were considered, and guide dogs could accompany people to an appointment.

Improving care quality in response to complaints and concerns

The clinic had a complaints policy, and the complaints procedure was displayed. No complaints had been made since the last inspection.

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; Supported learning and innovation, and promoted an open, fair culture.

The service was well-led.

At the last inspection there were no requirements made under well-led.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

Staff feedback confirmed that they felt supported by the manager and colleagues and were able to voice their views and suggestions. Comments made by staff included, "we all know each other at the clinic and work well together as a team to provide a high level of patient care" and "I feel very supported. It is a lovely team, and the clinic is a pleasure to work at."

The manager kept under review the day-to-day culture and had the skills, knowledge, and experience to lead effectively.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

The manager held an appropriate qualification relevant to the service and was registered with the Department of Health and Social Care. Staff were able to contact each other via digital messaging and were clear on their roles.

Local rules for radiation safety had been signed by all relevant staff to indicate understanding.

Appropriate insurance cover was in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

Systems to record complaints and accidents / incidents were in place.

The manager contacted people post-procedure to gain feedback and follow up appointments were arranged.

People were given written patient information sheets to take home, and these were also available on the clinic's website.

Staff felt involved and supported in their role.

A statement of purpose / service recipient guide included information such as staff qualifications, range of costs, and the complaints procedure.

How does the service continuously learn, improve, innovate and ensure sustainability

The manager and staff completed revalidations with their appropriate professional bodies.

The manager and staff kept up to date with best practice, research and local developments.

The clinic's records were audited as part of the manager's annual appraisal. Colleague and patient feedback also formed part of the manager's appraisal process.

An audit of the radiation doses and x-ray exposure during procedures on patients was being completed.

Other audits included on the controlled room temperature records, lead protection visual checks and daily maintenance checks.

Working with partner agencies

The clinic worked closely with other medical consultants in the private sector. The manager was able to receive support and advice through a network of fellow GP's.