

Updated 17 December 2019

Current CQC intelligence from across Wessex

Themes from recent CQC inspections within WHCCG:

Monitoring of professional registration

- Practices should have a system in place to ensure that all professionals are appropriately registered and remain on their governing bodies register
 - Spread sheet with revalidation and renewal dates
 - Reminders to staff
 - Seek assurance that they have successfully renewed/revalidated
 - Confirmers (nursing revalidation) must see all documents prior to signing the confirmation form
 - [NMC revalidation microsite](#)

PGD processes

- We suggest that each practice maintains a spreadsheet of all PGD's to support the following:
 - Check that all nurses have signed the relevant PGD's
 - Check that the Authorising Manager has signed every PGD
 - Check that all PGD's are in date
 - Archive old PGD's for at least 3 years

QOF processes and assurance

- QOF processes; practices are expected to have assurance that patients who have either asked to be exempted or not responded to appointment requests are still safe:
 - Only exempt the patient at the end of the QOF year
 - Flag the patient so that they can be seen during another appointment
 - Limit repeat prescriptions (where safe to do so) to encourage engagement
 - Review of the reason why the patient has declined e.g. offer alternative appointment methods, telephone, early/late appointments
 - Review of QOF performance with an action plan to address areas of improvement for all QOF metrics

Risk assessment of chemicals

- Health and Safety Risk assessments to include all chemicals held on site, i.e. dishwasher

Governance

- Governance processes are in place to ensure that information (changes, risks, concerns) is effectively communicated across all levels of the practice (top-down and bottom-up)
- Risk register to record risk and mitigations
- [Nigel's Surgery 65: Effective clinical governance arrangements in GP practices](#)
- [CQC Essentials: Effective governance arrangements in GP practices](#)

HR processes

- Staff are DBS checked in line with the practices policy
 - Safeguarding policies take into account patients accessing any online services
- The practice should have oversight and documentation of all staff members training (skills and mandatory training)
- Where the practice risk assesses whether staff need a DBS this should be evidenced in their HR file
 - DBS checks - LMC guidance and resources
 - Who should have a DBS check – Nigel’s Surgery
- All Staff should have their CV/application and at least two references recorded in their HR file
 - NHS Employers Employment check
- Staff appraisals should be carried out as per the practice policy (every 1-2 years depending on staff group)
 - Staff should be aware of when their next appraisal is due/frequency of appraisals
 - Staff should have a record of their appraisal/end of probation meeting

Policies and guidance

- Transgender guidance
 - Ensure all staff are aware of new guidance around transgender patients
 - Transgender Patients / Gender Reassignment LMC guidance
- Safeguarding – pushing for nurses to be level 3, although this isn’t mandatory
- Safeguarding policies include:
 - Frequency of mandatory training in line with the intercollegiate document
 - Safeguarding policies take into account patients accessing any online services
 - Safeguarding related to Online Services - Coercion and Proxy Access NHS England
- Policies are in date and reflect what is happening in practice – i.e. align with training matrix

Staff training and competency

- The practice should have oversight and documentation of all staff members training (skills and mandatory training)
- Looking at more depth on competency for staff and how it is monitored
- HCA and admin staff didn’t know anything on sepsis, LMC or WHCCG provide a lunch and learn
 - Sepsis and NEWS2 LMC Lunch & Learn
- PGD’s
 - All PGD’s are in date
 - Remove any old versions so that they do not accidentally get mixed up
 - Signed by an authorising person (GP) who is a current member of staff and signed in the correct place
 - There is evidence that all staff using the PGD have had a yearly update on the PGD

- Consider adding a PGD update as a standing agenda item on the nurses meeting
- All staff using the PGD's should have access to a copy of the document (either printed or electronic)
 - NICE guidance - Patient Group Directions
- Clear and documented staff induction process for all staff groups

Systems and processes

- How does the practice ensure that information gets to all staff members i.e. SEA, NICE guidance, CAS alerts and what assurance have they got that this has been sent to all staff and appropriately actioned
- Methotrexate, Lithium and Warfarin monitoring systems
- Cervical smear process and SOP's, ensure you are reviewing any rejected samples
- How does the practice ensure that information gets to all staff members i.e. SEA, NICE guidance, CAS alerts and what assurance have they got that this has been sent to all staff and appropriately actioned
- SEA's have learning and actions attached
- Duty of candour is carried out and recorded
 - Duty of Candour guidance from CQC
- Complaints have been reviewed and evidence of learning and actions
- Process for the monitoring of the registration of all clinical staff including GP's

Infection Prevention & Control

- Water safety
 - Water safety audit every 3 years
 - Flushing all underused outlets weekly
 - Temperature testing of sentinel outlet and random outlets (hot and cold) monthly
- Curtains should be changed/launched as per CQC myth buster page
 - CQC curtain guidance
- Sharps bins disposed of once open for 3 months as per HTM 07-01
- Cold chain incidents, ensure that where the temperature is out of range there is clear documentation on what actions were taken, even if no actions were needed as on further investigation the temperature was fine (i.e. data-logger), this would also apply to water temperature testing for legionella

Security, health & safety

- Prescription safety/security
 - lock blank prescriptions away at the end of the day in a secure cupboard or have them in locked printers
 - Doors should be locked when a room is not in use
 - Blank prescriptions should be traceable and put back into the same room
 - Boxes of blank prescriptions should be securely stored and a record of the box number
 - Management and control of prescription forms - March 2018
- Risk assessments for any storage of hazardous substances, i.e. liquid nitrogen and storage of chemicals such as washing up liquid and dishwasher tabs
- Undertake a fire drill at least yearly

- Premises/security risk assessments carried out
- Alarm pull cords available in toilets
- Action plans following any risk assessments are monitored and completed/in progress

Medicine Management

- Undertake a risk assessment to determine the range of medicines held within the practice and a system in place to monitor stock and expiry dates
- Where controlled drugs are stored on the premises the practice has a robust system for monitoring stock levels
- Have a repeat prescribing policy to support staff to follow the correct procedure

Surveys and audits

- Focusing on outcomes for patients, include evidence of outcomes before/after a change in practice to evidence improvement
- Ensure you have an action plan to address areas for improvement and there is evidence of implementation
- CQC love yearly:
 - PPG's
 - Patient surveys
 - Staff surveys
 - Patient feedback and Survey – LMC guidance

Useful resources and links

- Nigel's surgery: Tips and myth busters for GP practices
- How CQC monitors, inspects and regulates NHS GP practice
- CQC examples of outstanding GP practices
- CQC examples of inadequate practices
- AHSN Wessex Safer Practice Framework and self-assessment tool
- The Kings Fund – assessing leadership and culture in Primary Care
- Wessex LMC CQC guidance page