

CQC Support Programme Webinar Series | Session 2 – Safe part 1

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Agenda

Safe – Part 1

- Significant events
- Safeguarding
- Recruitment

Significant Events

Significant events – policy content

Inspectors will first look at the practice's significant event policy.

Any policy should reflect the practice's specific arrangements for the management of significant events. This may be requested in advance of the inspectors visiting the practice.

Things to consider:

- The process for reporting
- Who leads on and oversees significant events
- How learning is shared across the wider team
- Process to store and monitor SEAs
- Annual review of significant events
- Reference to the duty of candour
- Process to report relevant incidents via Learning from Patient Safety Events (LFPSE)
- The Patient Safety incident Response Framework

Significant Events - Tracker

CQC expect practice to have a tracker in place to monitor the status of significant events and ensure that all are closed off, learning shared and actions implemented.

Options:

- Excel spreadsheet
- GP TeamNet/Practice Index

Things to include:

- Date of incident
- EMIS ID of patient
- Overview of incident
- Duty of Candour applicable?
- Report to LFPSE required?
- Investigation completed date
- Date discussed in meeting/learning shared with staff
- Actions to be implemented
- Date actions implemented

Significant events – documentation to store

To ensure you are in the best place possible when you are interviewed by CQC, it is beneficial to have all SEA documentation readily accessible.

Recommended actions:

- Create a folder for each event – shared drive or TeamNet.
- Store the following information in this folder:
 - Significant event report
 - Any investigation documentation
 - Evidence of submission to LFPSE/CQC as required
 - The minutes of the meeting where the significant event was discussed. **CLEARLY DETAIL LEARNIN/ACTIONS IN MINUTES!**
 - Evidence of any actions taken because of the significant event e.g. updated policies/new protocols etc.

Annual review of significant events

Similar to complaints, some inspectors will expect practices to undertake a review of significant events with the aim of:

- Ensuring all significant events were completed.
- Checking that any action taken had addressed the issue raised by the significant event.
- Assessing the effectiveness of significant events processes.
- Looking at themes and trends raised by significant events to ascertain if further action is required to improve processes and governance.

Significant events – Staff Knowledge

CQC can ask anyone within the practice about significant events. Staff should be able to confidently outline:

- The process for reporting significant events.
- Where to access the significant event policy.
- Who leads on significant events.
- Examples of things that could amount to a significant event in the work they do.
- Examples of learning from significant events that have happened.
- How significant event learning is shared.

Significant events should be a standing agenda items in all meetings.

Safeguarding

Safeguarding- policy content

Things to consider when drafting or reviewing the practice safeguarding policy:

- Practice lead and sufficient cover for this role.
- Locality reporting mechanisms and leads in the policy?
- Reflective of current guidance on safeguarding?
- Details of things which may indicate a safeguarding concern.
- Process for coding and placing alerts on patients with safeguarding concerns and their household members.
- Process for multidisciplinary working
- Process for reviewing safeguarding registers
- Outline of the safeguarding training staff will receive.
- Specific process for certain issues related to safeguarding: e.g. reporting FGM and referring patients to PREVENT programme.

Safeguarding– training

Level 1: Should only be completed by staff who have no contact with patients

Level 2: All reception and administrative staff

Level 3: All staff working in health care who are working with adults and children who are engaged in assessing, planning, delivering care and/or evaluating the needs of adults and children.

Safeguarding– register review

Some inspectors have raised concerns with practice about the lack of reviews of the practice's safeguarding registers.

Action to take:

- Review your safeguarding registers ensuring that these are accurate and up to date.
- Check all safeguarding patients are appropriately coded and that there are alerts on the patient's record, household members and other related patients.

Once your safeguarding register is up to date create a spreadsheet with all patients on register:

- Undertake periodic reviews of the register – quarterly minimal.
- Consider if there is any action required for each patient and note this.
- For patients where no action needed comment "no action required."

Safeguarding – Register Review

Things to consider during register review:

- A & E attendances and unplanned admissions
- DNAs of appointments both internally and at secondary care.
- Information from external agencies e.g. have actions from meeting with district nursing team been followed up?
- Patient still subject of safeguarding concern?
- Requests for information been responded to?
- Children transitioning into adulthood requiring ongoing support?

Safeguarding – Staff Knowledge

Any member of staff could be asked about safeguarding. Things they may be asked:

- Location of policy.
- Asked to provide a real or hypothetical example of a safeguarding concern involving a child or an adult.
- What they would do if they identified a safeguarding concern.
- Level of training received.

Some staff can struggle to answer these questions. Therefore, I would recommend having safeguarding as a key standing agenda item at all team meetings.

Do a brief overview of things that could amount to a safeguarding concern and then ask staff if they have witnessed anything since the last meeting.

Ensure staff are prepped and that safeguarding is at the forefront of everyone's mind.

Safeguarding – Multidisciplinary Working

CQC will ask staff in the practice about engagement with other agencies around safeguarding.

Examples:

- Health visitors
- Palliative Care Teams and district nurses
- Social Services
- School nurses

If you do not have structured meeting with these agencies due to lack of engagement – staff should be able to outline the alternate mechanisms for sharing information and discussing cases.

If you are meeting with them, produce or request minutes from these meetings and retain these so they can be reviewed by the inspection team.

Recruitment

Schedule 3 Requirements

- Proof of ID including a recent photograph
- DBS check
- Evidence of satisfactory conduct in previous employment involving health or social care or children and vulnerable adults.
- “Satisfactory verification, so far as reasonably practicable” of the reason why the employment in positions involving children and vulnerable adults ended.
- “In so far as it is reasonably practicable” evidence of qualifications that make the candidate suitable for the role.
- Full employment history with gaps in employment explored.
- Satisfactory information about any physical or mental health conditions which are relevant to the person's capability, after reasonable adjustments are made, to properly perform tasks which are intrinsic to their employment or appointment for the purposes of the regulated activity.

Additional recruitment information

- Evidence of immunisations – Green book guidance
- Signed induction checklists
- Checks of professional registrations
- Job descriptions

Risk assessing gaps

General practice came under CQC regulation in April 2013 so any staff employed before then, you may be able to justify the absence of documentation on this basis alone.

Things that can be easily risk assessed:

- References
- Job description
- Induction
- CV/application form
- Qualifications

Gaps that are more difficult to risk assess

- DBS checks: possible for non-clinical staff depending on level of contact with patients/other assurance received.
- Immunisations: possible for non-clinical staff depending on level of contact with patients.

Things to consider when risk assessing

- Length of service
- Work history
- Assurance around competence and professional behaviour
- Reference to other checks which provide assurance.

Example: No references. However:

- Worked at the practice for 5 years
- No concerns about conduct or competence.
- No restrictions on clinical practice – GMC check
- DBS check completed

Ongoing monitoring and Oversight

- Professional registration check: annual.
- DBS: no set timeframe but in my experience CQC will want a process to consider this every three years (minimum) from date the certificate was issued:
 - New checkOR
 - Annual risk assessment (e.g. on GMC, no concerns re conduct) plus a signed declaration from the member of staff to confirm they have no convictions or cautions.
- Immunisations: e.g. Hep B boosters
- Qualifications: new/extended roles and competence maintained

Externally employed staff

A provider does not necessarily have to physically carry out or repeat all the recruitment processes. But they must reasonably assure themselves that it has been done. For example, someone provides services to a GP practice yet is directly employed by a local NHS trust, federation, Primary Care Network or Integrated Care Board (ICB). **It would be essential for the practice to obtain assurances.** This could be a:

- letter of confirmation
- memorandum of understanding
- service level agreement from the trust

[GP mythbuster 106: Staff not directly employed by a GP practice - Care Quality Commission](#)

Locum staff

When a GP practice is hiring a locum through an agency, it must consider to what extent it can rely on the checks carried out by the locum agency. This may depend on the nature of the agreement between the practice and the agency and how they would make available the Schedule 3 information if needed.

*GP practices must be confident that the agency has copies of all the relevant documents as detailed in the regulations. In some cases, providers may ask to see copies of supporting documents before accepting the locum. Either way, **we expect GP practices to be assured that all appropriate checks have been carried out, either by themselves or by the agency, and that the person is suitable for the job they are doing.***

[GP mythbuster 50: GP locums - Care Quality Commission](#)

Recommend getting evidence of checks completed by the locum agency

The End

Question Time!

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