

Outcomes of CQC Inspections in GP Practices



Content of Presentation

- **Types of Inspection**
- **What is inspected?**
- **Inspections Sept 2013 – March 2014 :**
 - key areas of good practice
 - aspects found to be non-compliant and requiring actions to improve



Types of CQC Inspection



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Responsive inspections

- inspections as a result of identified concerns

Routine inspections

- planned inspections that can occur at any time

Themed inspections

- targeted to focus on specific standards, sectors or types of care



What is inspected?

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Sixteen standards in 5 areas

- **Area 1: standards of treating people with respect and**
 - involving them in their care
- **Area 2: Standards of providing care, treatment and support**
 - that meets people's needs
- **Area 3: Standards for caring for people safely and protecting**
 - them from harm
- **Area 4: Standards of staffing**
- **Area 5: Standards of quality and management**



Sept 13 – March 14 Inspection Outcomes



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- 13 GP practices were inspected in the period
- In 5 practices all standards across the five areas were met
- This involved 9 different standards across the 5 inspections
- In each of the remaining 8 inspections between 1 and 6 standards were not met
- A total of 10 different standards were non compliant across these 8 inspections



Sept 13 – March 14

Good practice identified

Area 1



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St 1 Respecting and involving people who use services (4)

- good use of questionnaires, PPGs and comments box to ascertain views of patients
- wide range of displays for patients
- positive actions to improve access to services
- respecting patient dignity and privacy
- good systems for managing complaints, accidents, incidents, and subsequent learning



Sept 13 – March 14

Good practice identified

Area 2



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St 4 Care and welfare of people who use services (5)

- treatment planned and delivered in line with indiv care plans
- emergency appointments on day of contact
- timetabled audits and QA tools used – actions taken/recorded
- focus on improving health outcomes for specific groups
- good arrangements for foreseeable emergencies
- focus on patients with a terminal illness



Sept 13 – March 14

Good practice identified

Area 3



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St 7 Safeguarding people who use services from abuse (3)

- policies for safeguarding children and adults, whistleblowing
- alerts on electronic recording systems
- use of chaperones
- monitoring of vulnerable groups

St 8 Cleanliness and infection control (2)

- cleaning schedule covered all areas, monitored by PM & PN
- staff aware of and trained in aseptic procedures, infection control policy, and immunised
- appropriate disposal of clinical waste, needles and blades
- personal protective equipment/sanitizing gel readily available



Sept 13 – March 14

Good practice identified

Area 3



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St 9 Management of medicines (2)

- formulary for prescribed medicines – purpose and dose
- prescription pads in lockable drawers
- storage of medicines & emergency drug box – in date, appropriate, and regularly checked
- vaccines fridge monitored daily – in date & in stock order
- disposal of out-of-date medicines and returns from patients – collected daily by pharmacist



Sept 13 – March 14

Good practice identified

Area 4



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St 12 Requirements relating to workers (5)

- all relevant checks completed before staff started, DBS checks for all staff,
- all relevant checks completed for GPs, incl reg with GMC
- specialist HR company used for advice, recruitment and to ensure compliance with employment legislation

St 14 Supporting workers (1)

- records confirmed all necessary checks had been received by staff and when to update, regular supervision, and annual appraisal
- induction training and shadowing, training at practice meetings
- staff enjoyed working at practice and felt supported and valued



Sept 13 – March 14

Good practice identified

Area 5



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St 16 Assessing and monitoring the quality of service provision (4)

- surveys, questionnaires, comments box, PPG meetings, > action plans
- effective systems for identifying, assessing and managing risk through spot checks and audits > action plans
- business continuity plan in place
- staff trained, regular supervision and team meetings
- changes implemented as a result of learning from significant incidents and complaints
- discussions at practice meetings – not to find fault but for ideas about doing things differently and improving practice



Sept 13 – March 14

Good practice identified

Area 5



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St 21 Records (1)

- records kept secure and located promptly when needed, stored electronically, and only accessible to appropriate person
- medical records fit for purpose, audited, on SystemOne
- staff access to shared records, staff & PPG meetings minutes



Sept 13 – March 14

Non-compliant aspects:

Area 1



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St 1 Respecting and involving people who use services (1)

- formal mechanisms are required for decision makers to take patient views into account in the way the service and care is delivered

St 2 Consent to care and treatment (1)

- MCAs need to be documented and carried out in accordance with legal requirements set out in Mental Capacity Act 2005
- staff must understand the requirement to gain and document consent, and
- be able to assess people's mental capacity



Sept 13 – March 14

Non-compliant aspects:

Area 2



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St 4 Care and welfare of people who use services (3)

- appropriate and sufficient in-date emergency medical equipment and medication needs to be available at the practice for both adults and children, including oxygen and defibrillator , to deal with foreseeable emergencies
- staff need to be trained to handle medical emergencies
- patient diversity is respected, and
- information is provided in appropriate languages



Sept 13 – March 14

Non-compliant aspects:

Area 3



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St 7 Safeguarding people who use services from abuse (3)

- policies, guidance and systems are in place that enable risks to children and vulnerable adults to be identified and responded to
- with staff having received up-to-date safeguarding training to the correct level.

St 10 Safety and suitability of premises (3)

- access to all reception and treatment rooms needs to be available for all users, eg, people in a wheelchair
- all safety processes and equipment is checked, up to date, and documented



Sept 13 – March 14

Non-compliant aspects:

Area 3



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St 8 Cleanliness and infection control (4)

- there needs to be an infection prevention and control policy and lead person that ensures regular infection control checks are undertaken and recorded
- staff need to be aware of the cleaning regime and standards to assure cleanliness of the premises
- cleaning equipment and materials must be safely stored
- systems and checks are in place to prevent risks associated with Legionella from the water supply
- arrangements are in place for the safe disposal of clinical waste and sharps
- spill kits must be available to deal with bodily spillages



Sept 13 – March 14

Non-compliant aspects:

Area 4



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St 12 Requirements relating to workers (5)

- all practice staff, temporary or permanent, must be subject to full recruitment checks
- there must be a written recruitment policy, with
- systems in place to ensure GPs and nurses remain registered

St 14 Supporting workers (1)

- all new staff should have completed an induction programme and relevant mandatory training
- regular supervision and support must be provided to all staff to ensure that they are appropriately trained



Sept 13 – March 14

Non-compliant aspects:

Area 5



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St16 Assessing and monitoring the quality of service provision (4)

- Regular checks and records need to be maintained for:
 - infection prevention and control
 - cleanliness of the building
 - equipment
 - the recruitment process and qualifications
 - reviewing and monitoring the quality of care and service provided
 - buildings' maintenance
 - clinical practices
 - the storage and availability of emergency medicines
 - an up to date documented risk assessment for the premises
 - regular Legionella checks completed
- Learning from serious incidents and investigations needs to be evidenced and documented, and appropriate changes implemented



Sept 13 – March 14

Non-compliant aspects:

Area 5



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St 17 Complaints

- all patients should be able to complain if they wish to and must receive an appropriate response
- these complaints need to be documented separately from the patient's medical records, and
- reviewed by the practice to inform learning and service improvement



What does this mean for PNs & HCAs?



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- Examples of Good practice and reasons for judgement of non compliance provide an agenda that supports the review of practice in your surgery
- Identify areas where practice can be improved
- Identify areas for professional development and training
- Supports continuous professional development and service improvement
- Detailed notes are available to support this work.

