‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads Workshop 3

Erika.bowker@sslmcs.co.uk

About this session: The content of this session is intended to provide general guidance based on our current understanding of CQC expectations. It should not be relied upon as definitive or exhaustive advice. As CQC approaches and areas of focus may change, practices remain responsible for their own compliance and governance arrangements.

Session 3 Risk Management

CQC really **LOVE** risk management and it forms a very important part of your inspection.

- Risk Log – every practice should have one!
- What sort of things do you put on your risk log
- COSHH
- Involving people to manage risks

About this session: The content of this session is intended to provide general guidance based on our current understanding of CQC expectations. It should not be relied upon as definitive or exhaustive advice. As CQC approaches and areas of focus may change, practices remain responsible for their own compliance and governance arrangements.

Risk Management – CQC requirements

CQC Evidence to provide: Risk

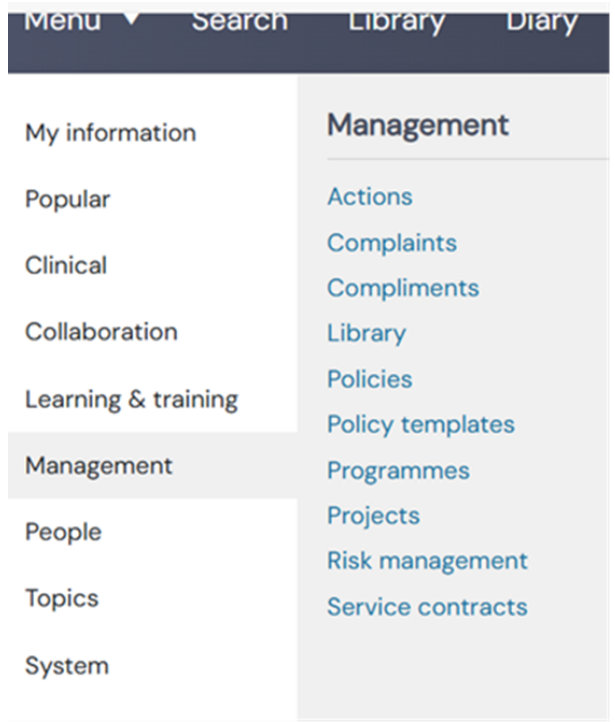
- *Please provide a copy of the practice risk register or system used to monitor and manage risk*

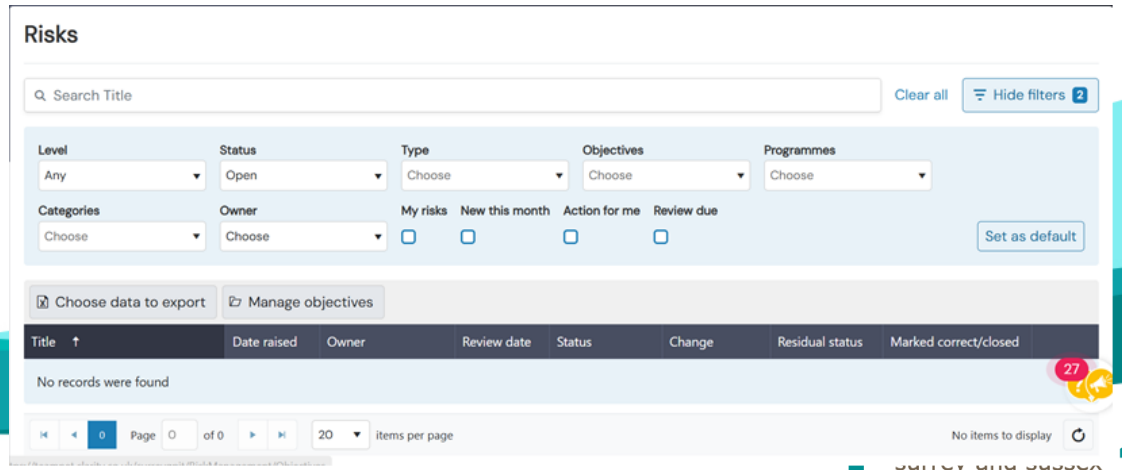
Team net can help! Go to management,

then Risk Management,

and see a risk management log template

If you don't have Clarity – contact your system help, and ask for the risk management log template or create your own.





Safe environments - Care Quality Commission (cqc.org.uk)

What this means: Facilities, equipment and technology are well-maintained and consistently support staff to deliver safe and effective care. There are effective arrangements to monitor the safety and upkeep of the premises. Equipment used to deliver care and treatment is suitable for the intended purpose, stored securely and used properly

What CQC could look at:

Risk log with risk assessments– and how often and what meeting you review this in – most risks on the log will be premises type risks

Fire Risk Assessment – will look at this in every CQC inspection – Practices getting caught out!

- Up to date Fire Risk assessment from a company (do not be tempted to do this yourself unless you have had relevant training for this) and evidence of how you tracked **all mandatory actions** identified in the assessment, to completion. i.e. your action log or plan / actions tracked in meeting minutes.
- If you decide not to do suggested (not mandatory) actions identified by the company who completed your fire risk assessment – you MUST have documented risk assessment as to how you will mitigate that risk
- If you have had recent building work you are required to have a new Fire Risk Assessment – CQC will expect you have done this.
- Log of Fire drills, fire equipment checks, training for fire marshals
- Up to date 5 year fixed electrical wiring report and evidence of all actions tracked to completion

FIRE RISK ASSESSMENT ACTION PLAN

Completed By	
Date	

Problem	Potential Harm	Action	Priority	Status	Due Date
			HIGH	Complete	
			HIGH	Complete	
			HIGH	Complete	

Legionnaires Risk Assessment – CQC ask for this on nearly all inspections

CQC: *We expect GP practices to provide assurance that they have carried out risk assessments to identify all risks associated with their premises and that they are managing these risks*

- Legionnaires management – risk assessment GP mythbuster 27: Legionella - Care Quality Commission (cqc.org.uk) – training for lead person who has oversight on this at the practice (free online)

Suggested:

- Get a company in to do the practice Legionaires Risk assessment & Report – take advice on how often this needs to happen.
- Make sure you are actioning all of the actions the company will say need doing re. Water testing, running taps etc - if your company risk assessment / report, requires you to do this.
- Make sure the person completing these tasks has had training – e.g. knows what the correct water temperatures are and documents.
- If you are in a new building you may not have much to do apart from regular legionaires risk assessments – but what you need to do will be in the company report.

Risk Management continued

CQC could ask to see a list of all of your Risk assessments on (plus your process for reviewing risk assessments) – use a risk management log

- Lone working – if relevant
- Liquid nitrogen if you use it GP mythbuster 86: Storing liquid nitrogen - Care Quality Commission or other medical gases (comes under COSHH)
- Fire – make sure you use a proper company do not do yourself! Those that tried failed on this! If you share building space want to see fire risk assessments for the whole building.
- Asbestos risk assessment
- Lift risk assessment (if you have one)
- 5 Year fixed wiring electrical risk
- Legionnaires – has the Lead had training?
- Waste Management
- Handling clinical specimens
- Emergency lighting (might come under fire or separate)
- Security – CCTV
- Gas safety / boiler checks if relevant
- Why you do not have all emergency medicines (you probably do not stock controlled drugs?)
- Any other risks pertaining to your practice environment
- Weather alerts – have a standard one for all weather alerts – risk hot weather – drug storage, patients faint in waiting room, cold weather – ice in car park, staff can't get in due to snow etc etc!

GP mythbuster 85: Data security and protection – expectations for general practice - Care Quality Commission (cqc.org.uk)

GP mythbuster 109: Use of artificial intelligence (AI) in GP services –

Other premises risks

From CQC: Portable appliance testing (PAT)
We expect GP practices to show that they have carried out risk assessments. Providers should identify all risks associated with your premises and show how these risks are being managed.

What does the law say?

GP practices must maintain electrical equipment if it can cause danger. The law does not say how this must be done or how often. Providers should decide what level of maintenance is needed according to the risk of an item becoming faulty, and how equipment is made

- PAT testing log GP mythbuster 52: Portable appliance testing and calibrating medical equipment - Care Quality Commission

Risk of Equipment malfunction due to incorrect calibration:

- GP mythbuster **34: Maintenance of medical equipment - Care Quality Commission (cqc.org.uk)**

Risk assessment for Emergency Medicines

This risk assessment should be in your risk log unless you plan to have in the practice ALL the suggested emergency drugs.

Most of you will not plan to stock all of the emergency drugs for several reasons i.e. don't feel it's a requirement for your patient group/s, you have easy access to a pharmacy so you could get them if you really needed them etc.

That's ok – BUT you need a documented risk assessment to say WHY you won't be stocking these drugs and risk mitigations will be things like good access to pharmacy etc.

GP mythbuster 1: Emergency care in general practice - Care Quality Commission

Suggested emergency medicines for GP practices

We have listed some medicines that should be available to staff in an emergency. This list is not exhaustive or mandatory, as we expect practices to use this as a baseline.

Your practice should be able to show how you have considered the risk and local context when deciding which medicines to stock. **Any assessment of risk should include the reasons why a particular medicine on the suggested list is not required or a substitute used.** This should be kept under review.

What are the suggested emergency drugs from CQC?

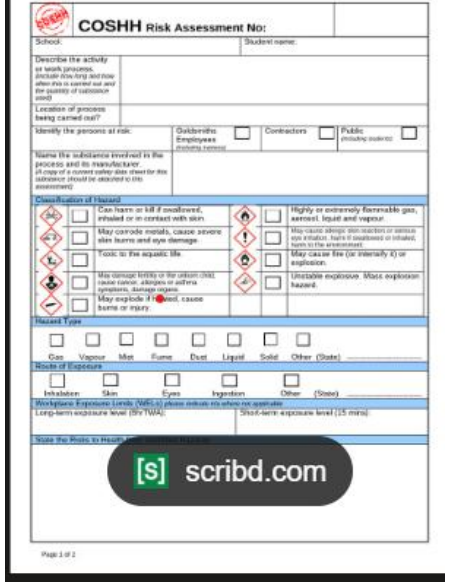
Have a documented risk assessment on your risk log if you do not intend to keep these in the practice – its fine if you don't feel you need them all but you must document why & risk assessment

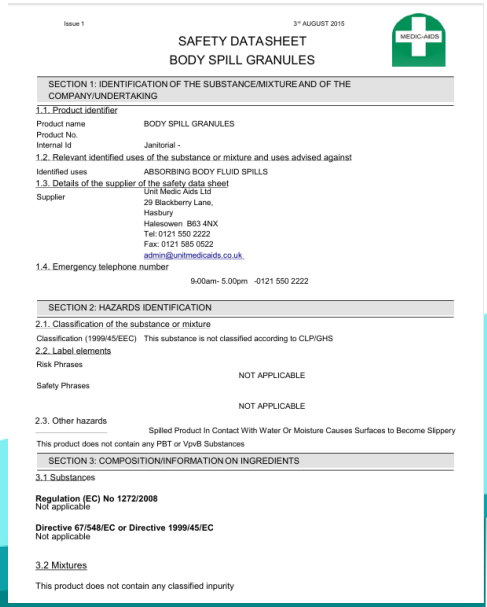
GP mythbuster 1: Emergency care in general practice - Care Quality Commission

- Adrenaline/epinephrine (for injection at 1:1,000)
- Antiemetic (for example, cyclizine, ondansetron, metoclopramide or prochlorperazine)
- Aspirin soluble tablets
- Atropine
- Benzylpenicillin (for injection)
- Dexamethasone (5mg/2.5ml oral solution) or Prednisolone (tablets)
- Diclofenac (for intramuscular injection)
- Glucagon (for example, GlucaGen) and/or Glucogel
- Glyceryl trinitrate (GTN) (spray or sublingual tablets)
- Ipratropium (nebules)
- Midazolam (buccal) or Diazepam (rectal)
- Naloxone
- Opiates (for example, diamorphine, morphine, pethidine) – no practice in Surrey has these
- Prednisolone (tablets) or methylprednisolone (intramuscular)
- Salbutamol
- Available as nebules with nebuliser, or inhaler with volumatic spacer

COSHH – what does it stand for?

- Control of Substances Hazardous to Health: COSHH
- Check COSHH Lead has had training (evidence),
- COSHH risk assessments & data safety sheets in COSH folder (can be electronic or paper) – remember capture all COSHH including oxygen, Smear pots, blood spillage kits, some hand gels as well.
- Consider separate cleaners COSHH folder – they have to be able to access it when they are working
- Need 2 things per product in the folder: data safety sheet (download from internet) **AND COSHH risk assessment for each product**
- Review every 3 years




SAFETY DATASHEET
BODY SPILL GRANULES

SECTION 1: IDENTIFICATION OF THE SUBSTANCE/MIXTURE AND OF THE COMPANY/UNDERTAKING

1.1. Product identifier
Product name BODY SPILL GRANULES
Product No.
Internal Id Janitorial -

1.2. Relevant identified uses of the substance or mixture and uses advised against
Identified uses ABSORBING BODY FLUID SPILLS

1.3. Details of the supplier of the safety data sheet
Supplier Unit Medic Aids Ltd
29 Blackberry Lane,
Hasbury
Halesowen B63 4NX
Tel: 0121 550 2222
Fax: 0121 585 0522
admin@unitmedicaids.co.uk

1.4. Emergency telephone number
9-00am- 5.00pm -0121 550 2222

SECTION 2: HAZARDS IDENTIFICATION

2.1. Classification of the substance or mixture
Classification (1999/45/EEC) This substance is not classified according to CLP/GHS

2.2. Label elements
Risk Phrases
NOT APPLICABLE
Safety Phrases
NOT APPLICABLE

2.3. Other hazards
Spilled Product In Contact With Water Or Moisture Causes Surfaces to Become Slippery
This product does not contain any PBT or VpvB Substances

SECTION 3: COMPOSITION/INFORMATION ON INGREDIENTS

3.1 Substances

Regulation (EC) No 1272/2008
Not applicable

Directive 67/548/EC or Directive 1999/45/EC
Not applicable

3.2 Mixtures

This product does not contain any classified inpurity

Involving people to manage risks - Care Quality Commission (cqc.org.uk)

Receptionists / nonclinical staff were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.

What CQC could look at:

Your sepsis management policy GP mythbuster 88: Identifying and responding to sepsis - Care Quality Commission (cqc.org.uk)

- Relevant staff have had training on sepsis management
- Info on sepsis Our NICE Clinical Tools for Healthcare Professionals - UK Sepsis Trust

- Staff training log showing up to date on resuscitation GP mythbuster 1: Resuscitation in GP surgeries - Care Quality Commission (cqc.org.uk)
- Consent policy

- Make sure chaperone signs displayed in clinical rooms GP mythbuster 15: Chaperones - Care Quality Commission (cqc.org.uk)
- Training for Chaperones (including clinical staff) – free on bluestream

- Records of checking emergency equipment (expiry dates on masks etc too) – storage and oxygen signs

What CQC could ask the staff:

What would they do if a patient became unwell in waiting room (i.e. their role in an emergency - training)

Triage policy and sepsis (relevant staff)

an effective system to ensure patients requiring urgent assessment by a clinician, received an appointment

Reflection on today

What will you take away and implement or change in your GP Practice?

Please write in the chat