‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads Workshop 5

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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 5: Staffing – Human Resources CQC elements

- Recruitment
- Managing historic HR record issues
- ARRS roles – employed by another organisation
- Non Medical Prescribers: supervision & prescribing audits
- Skill mix and safe staffing levels management
- Mandatory training – policy and log must match
- Appraisals
- Staff vaccination logs

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Recruitment – CQC will always look at this in every inspection

When CQC visit the practice, they will generally look at 5 staff HR folders – can be electronic or paper.

- They want to see: 2 staff that have been recently recruited, clinical and nonclinical, plus 2 staff that are older recruits (over a year), clinical & nonclinical, plus one other file.
- One should be a GP – make sure you do ALL recruitment on any former trainees!
- You can normally choose these, so have at least 5-6 HR folders that are great – with everything in. If they haven't CQC are likely to look at more HR folders!

What can I do if there are gaps in other HR folders?

Ideally all the folders you show CQC will be perfect - but everyone normally has a few older folders that are less than good. For these you need to:

- Do an individual documented file risk assessment and keep it in the file, noting the risk being what is missing.
- You risk mitigations to note could be: successful appraisals meeting objectives, good feedback from staff & patients, clinical registration etc etc.
- Review this risk assessment yearly - suggest at appraisal – maybe have a tick box on your appraisal paperwork?

CQC will normally ask to see 5 HR files of staff - mix old & new recruitment clinical & nonclinical.

As a minimum all members of staff should have on file (especially those recently recruited – this is not an exhaustive list!):

- Copy of CV, application form, and Photo ID – passport or driving licence
- dates of previous employment with a note on why there are gaps in previous employment (these can be noted in interview notes), Interview notes
- References – consider 3rd reference if unsuccessful at getting second one.
- Signed copy of contact.
- DBS – risk assessment if starting work before DBS comes through or risk assessment if DBS not required for role – CQC like no DBS older than 5 yrs but not a legal requirement to renew.
- Clinical registration checks
- Signed contracts - particularly clinical staff
- Medical indemnity
- Suggest use of an Induction checklist GP mythbuster 58: Practice induction packs - Care Quality Commission (cqc.org.uk)
- Evidence of a new starter pack that the new employee is working through e.g. competencies being identified and signed off
- Record of Appraisals, supervision & support
- Evidence that mandatory training has been completed e.g. Safeguarding (depending on role), Fire, Sepsis, BLS, Mental Capacity Act (looking for these in particular in addition to normal mandatory training requirements)
- If using locums then you need to have a system where all of the above has been verified with the agency the locum is from
- Suggest you have a Locums new starter checklist – orientation to local fire procedure, emergency equipment etc
- Do a risk assessment for all HR files with gaps in so you are not caught out!

DBS – Disclosure and Barring Service – What does CQC say?

DBS: GP mythbuster 2: Disclosure and barring service (DBS) checks for primary healthcare staff - Care Quality Commission

Who needs a DBS check?

Whether someone needs a DBS check and at what level depends on the roles and responsibilities of their job. This is based on the level of contact with patients, particularly children and vulnerable adults.

To find out who is eligible for a check, you can:
use the NHS Employers DBS check eligibility tool
or contact the Disclosure and Barring Service.

Clinical staff (including GPs, nurses, healthcare assistants, all ARS roles etc)

All clinical staff require a DBS check.

GPs should have had criminal records checks completed as part of their Performers List checks. You may use these checks rather than obtaining an additional DBS check when a GP begins working for the practice. If so, you should be able to demonstrate you have contacted NHS England:

- to gain assurance that a DBS check has been completed
- the date it was completed
- any information of concern identified in the DBS check has been risk assessed appropriately.

DBS: What does CQC say?

Non-clinical staff

There is no general requirement for non-clinical staff (for example reception or administrative staff) to have a DBS check. This depends on their specific duties and responsibilities. You should consider each case individually. E.g. for non-clinical staff:

- Access to medical records alone does not require a DBS check
- Roles including chaperone duties may require a DBS check due to the nature of these duties and the level of contact with patients.
- Staff who supervise a baby or child while their parent or carer is having an appointment require a DBS check.

So, practices may not be breaching regulations if certain non-clinical staff have not received DBS checks.

If you decide not to carry out a DBS check for any role you need a clear rationale for the decision.

This should include an appropriate documented risk assessment.

Renewing DBS checks – what does CQC say?

Renewing DBS checks

A DBS check has no official expiry date. Any information included will be accurate at the time the check was carried out.

Employers must decide if and when a new check is needed. You should be able to provide evidence you have considered where new checks are needed. This includes carrying out risk assessments to support the decision.

If someone has signed up for the DBS update service you can check whether their certificate is up to date online.

In practice I have found in CQC inspections that inspectors expect all clinical staff and any chaperones, to have DBS checked every 3-5 years

But you should not be 'marked down' if you can provide the evidence above.

Do not be tempted to use a DBS that the new member of staff recently got elsewhere – even it if very up to date – why?

Scopes of Competence in key staff groups

CQC are very keen to see how you define scopes of competence in key staff groups such as paramedics, nonmedical prescribers, physicians' associates and other ARRS roles – why?

CQC take a risk-based approach and think of how and when (in the media) things have gone wrong e.g. with physicians' associate misdiagnosis for example.

Need to:

Have scopes of competence for these roles – what can they prescribe – what can't they prescribe?

- What type of patients can they see?
- All fairly obvious, but CQC want it documented and signed by the employee so its clear – see Erika for suggested templates

- Nonmedical prescribers will also need to complete at least yearly (or more frequently if issues) audits of their prescribing practice which then need to be discussed / reviewed with their supervisor with this documented, either in appraisal or supervision. See here for suggested audit tool:

MPP audit tool for Primary Care 14.08.24.xlsx (live.com)

Staffing continued

HR / Staffing policy including staffing at busy periods / critical staffing levels and business continuity staffing plans

Recruitment policy – do you folders match what your policy says you do?

Staff induction program: in particular clinical staff employment contracts and clinical staff (not GP's) competency checks e.g. new HCA taking blood etc. Also consider ARRS roles and locums:
GP mythbuster 50: GP locums - Care Quality Commission

For ARRS roles you do not employ but work with your patients you will need:

- A document from the employer (e.g. GP Federation) that states all of the recruitment checks have been completed and are satisfactory – ideally a list all signed and dated.
- Up to date copies of their mandatory training records – screen shots of bluestream are fine
- Clarity around who is providing supervision & appraisals
- You do not need their full HR record.

More useful CQC information regarding practice staff

Nursing roles

- GP mythbuster 26: General practice nurses
- GP mythbuster 66: Advanced Nurse Practitioners (ANPs) in primary care

- Insights from practices - Surrey and Sussex LMCs

Wider clinical team

- GP mythbuster 82: Physician associates in general practice
- GP mythbuster 81: Pharmacy professionals in general practice
- GP mythbuster 57: Health Care Assistants in general practice
- GP mythbuster 95: Non-medical prescribing

Employment & locums

- GP mythbuster 106: Staff not directly employed by a GP practice
- GP mythbuster 50: GP locums

Training & induction

- GP mythbuster 70: Mandatory training considerations in general practice
- GP mythbuster 58: Practice induction packs

Clinical Supervision

This is something CQC are big on, focusing on the ARS roles – why do you think this is?

Suggest:

- Clinical supervision policy – details all supervision arrangements but make sure you include all ARS roles, particularly those you do not employ
- Ensure ARS roles: Paramedic, all Nonmedical prescribers such as nurses / pharmacists, physician associates have DOCUMENTED clinical supervision
- Have a clear process (documented) in the policy on regular non medical prescribing audits and how they are reviewed. Suggest using **MPP audit tool for Primary Care 14.08.24.xlsx (live.com)**
- Make sure you follow your policy!

Safe staffing levels & mandatory training

CQC do like to ask about your skill mix / safe staffing policy e.g. do you have minimum staffing requirements and how do you manage if you fall below your minimum staffing levels?
This should be in your business continuity policy if you do not have a separate policy.

Mandatory Training

CQC will almost always ask for your mandatory training policy and log and then compare what you say in your policy to what staff training is up to date on your log.

Consider:

- Having the least amount of mandatory training you think is safe and appropriate so it's easier to achieve!
- CQC suggest some here: GP mythbuster 70: Mandatory training considerations in general practice - Care Quality Commission
- Make sure your policy reflects this – do not say you do lots of training when you don't
- Think about frequency – does it all have to be every year?
- How do you track mandatory training in your practice? How do you know who is in / out of date?
- What meeting do your report this in to remind staff / escalate?
- CQC will look at dates completed and take a VERY dim view if a GP / other staff has blitzed it all last minute!
- Evidence all patient facing staff have completed The Oliver McGowan Mandatory Training on Learning Disability and Autism - elearning for healthcare (e-lfh.org.uk)
- Action plan for Part 2

Staff Immunisation Records

- Immunisation against infectious disease: the green book front cover and contents page - GOV.UK (www.gov.uk) must be **exactly as** per this!
- Immunisation records of all current staff relevant to the role - (including locum / bank staff or evidence of agency assurance) & when boosters due – suggest a log to keep any eye on when boosters are due
- Green book requirements – if staff can't remember, suggest test immunity & organise immunisation
- Staff refusal / waiting for results– **individual risk assessment** how will you manage risk to staff & patients ask Erika for a template CQC like
- Being born before 1976 is not a valid excuse! Complete the work required if you have tested for immunity and there is none – e.g. make sure staff receive vaccine.
- **Have a completed and up to date Staff immunisation policy and overview/log**

UK Health Security Agency | Department of Health & Social Care

Immunisation against infectious disease

GP mythbuster 37: Immunisation of healthcare staff - Care Quality Commission (cqc.org.uk)

Staff Immunisations – What does CQC say?

New employees should have a pre-employment health assessment.
These assessments should include a review of their immunisation needs.
The 'Green Book' Immunisation Against Infectious Diseases gives information on immunisation for staff in general practice

Vaccinations for all staff in contact with patients

- Everyone who has direct contact with patients should be up-to-date with routine immunisations. This includes reception staff and those who handle samples or need to clean up bodily fluids. The immunisations are to protect against:
- tetanus
- polio
- diphtheria
- measles, mumps and rubella (MMR) – this is particularly important to avoid transmission to people who are more vulnerable of health problems should they acquire the disease/infection. Evidence of satisfactory immunity to MMR is either:
    - a positive antibody test to measles and rubella
    - having 2 doses of the MMR vaccine.

Some staff may need further vaccinations for:

- Bacillus Calmette–Guérin (BCG) if they have close contact with patients with infectious tuberculosis (TB)
- Hepatitis B and relevant boosters if they have:
    - direct contact with patients' blood or blood-stained body fluids, such as from sharps
    - are at risk of being injured or bitten by patients
- Varicella (chickenpox) if they have direct contact with patients and either cannot give a definite history of chickenpox or shingles or have a blood test which does not show they are immune.

Your practice should also:

- offer the annual influenza vaccine to staff
- encourage all staff to have any of the approved COVID-19 vaccines in line with the latest government guidance. See the advice in COVID-19: the Green book chapter 14a.

Appraisals and staff survey

CQC like to see a log of all appraisals – and that staff have had an up to date appraisal

If they haven't make sure they have dates booked in and tell the staff!

How do you track appraisals – how do you know when they are due?

Some practices use the appraisal as a well being check in tool (Erika has a template) Not essential for CQC

As you can see CQC like a log for lots of things, appraisals, staff immunisations, risk assessments, complaints, significant events, machine calibration / servicing, mandatory training etc etc – this is so you are able to track and monitor progress and have reminder systems when things are due.

Staff Survey

CQC do like to see you have a recent (within the last year) staff survey and that you have actions you have taken from it – consider an action plan or feedback in a PLT or staff room

CQC expect you to have checked out the culture at the practice – not just say its good – where is your evidence?

Reflection on today

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

Please write in the chat