Londonwide LMCs

The professional voice of London general practice

What CQC is looking for in relation to Safeguarding (SG): common themes identified in inspection reports mapped against each Key Line of Enquiry (KLOE) – July 2015

Themes	Safe	Effective	Caring	Responsive	Well-led
SG Lead	**CQC expects to see that:** Practice has a named SG lead and a deputy SG lead with delegated responsibility to act in the lead's absence. All staff know who the SG lead is.				Clear leadership structure and designated SG responsibility. Named SG lead and named clinical governance lead.
Children and adult SG training	SG lead & all GPs (inc locums) - Level 3 training. Practice Nurses/Nurse Practitioners - Level 2 training. Practice staff - Level 1 Training. Practice maintains up to date SG training records for all clinicians & staff, showing that identified staff have received the appropriate level of training for their respective roles.	Evidence of staff training on: • Child protection and adult SG • Mental Capacity Act (MCA) 2005 • Deprivation of Liberty Safeguards (DoLS) • Children's Act 2004 and • Gillick Competency (i.e. a child's ability to consent to his/her own treatment without parental or carer's consent).			SG lead ensures all staff are appropriately trained for their role and are aware of all relevant legislation.
Recruitment checks	DBS checks for all clinicians (if no DBS check, evidence of a risk assessment should be available). Appropriate recruitment checks on all staff, including references and DBS checks where appropriate (according to risk assessment of each role).				
What all staff need to know	Staff are aware of practice's SG and chaperone policies. Staff know how to recognise signs of abuse in children, young people and vulnerable adults and are able to describe various types of abuse. Staff are aware of their responsibilities regarding information sharing, documentation of SG concerns and how to contact relevant agencies in and out of hours. Staff know how to report and escalate SG concerns in and outside of the practice. Staff are aware of significant events and subsequent changes to practice policies and procedures.	Staff are aware of all the practice's vulnerable population groups and whether or not they have been offered an annual health check. Staff across the practice have key roles in monitoring and improving outcomes for patients - these roles include data input, scheduling clinical reviews, health promotion, referral management and safeguarding. Evidence of staff understanding of patients' consent to care (MCA 2005, DoLS and Gillick Competence).			Staff are aware of the named SG lead. Staff are aware of the practice's children and adult SG policy and chaperone policy. Staff know how to recognise signs of abuse and are aware of their responsibilities in terms of raising concerns, documenting them and contacting the relevant agencies.

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Practice systems, processes and policies	Practice has systems in place to manage and review risks to children, young people & vulnerable adults. Practice has a thorough children and adult SG policy describing transparently the process staff should follow to raise and escalate concerns within and outside of the practice. System in place to identify children living in disadvantaged circumstances or those at risk. Maintain a risk register of vulnerable patients, including children on child protection plans, patients with a learning disability, mental health or dementia, housebound patients, homeless patients, travellers etc. Multi-agency SG information with contact details for external agencies is on display in reception and in all clinical rooms and staff know where all this information is kept. System in place for reporting, recording and monitoring significant events, incidents and accidents. Practice has systems in place to highlight vulnerable patients in electronic medical records, e.g. children on child protection plans, patients with mental health problems/dementia, housebound patients etc so staff are aware of relevant issues when these patients attend the surgery for an appointment. Appropriately signed PGDs in place. Patient consent policy. Robust information governance in place ensuring non-clinical staff do not have clinical level access on the clinical system. Care plans for patients with learning disabilities and dementia. Practice audits and clinical audits. Systems to monitor the issuing and handing out of repeat prescriptions, particularly for patients with co-morbidities, on multiple medications, or those experiencing poor mental health. System to establish and monitor cascading of patient safety alerts. Up to date business continuity plan.	Systems in place for identifying and following up children living in disadvantaged circumstances and those who are at risk. Complaints policy in place. Non-clinical audit looking at staff understanding and current knowledge level regarding safeguarding processes. Locum GP induction pack contains information on referral processes, safeguarding guidance and safeguarding agencies' contact numbers. Evidence of a culture in the practice of a good understanding of safeguarding and mental capacity issues and a clear process for raising concerns. Systems in place for assessing and managing patients' mental capacity. Practice policy for documenting patient consent. Arrangements in place to manage lithium therapy.	Evidence that vulnerable patients are prioritised for an appointment. System to follow up on hospital referrals for vulnerable patients who failed to attend their appointment to see a specialist. Procedure in place for staff to follow if there has been a death of one of their patients. Evidence of support for staff who feel vulnerable behind the desk when patients are being aggressive or threatening. Conflict resolution training for staff.	Electronic flagging (and appropriate read coding) to highlight vulnerable children or adults on electronic patient records. Older patients at risk of isolation are identified and discussed at clinical meetings as well as multi-disciplinary meetings to address the support they require. Evidence the practice offers care and support to patients in vulnerable circumstances, e.g. homeless people should be able to register with the practice and be seen by a GP if required. Evidence the practice offers personalised care to meet the needs of older patients and patients whose circumstances may make them vulnerable. Extended appointment slots for older patients.	Evidence of recording complaints and significant events – clear reporting processes. Practice risk log. Systems in place to identify, manage and mitigate risks to vulnerable children, young people and adults. Evidence of completed clinical audit cycles being used to drive improvements in patient care. All clinical staff are given the opportunity to be involved in practice meetings, receive relevant practice information including clinical updates and contribute to the improvement of patient care. All relevant practice policies have review dates and there is evidence that all staff have read and understood them.

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Services / patient experience / outcomes		Evidence discrimination is avoided when making care and treatment decisions. Annual health checks for long term conditions patients, over 75s and patients with learning disabilities. Flu vaccinations for the over 65s. Evidence that patients with a learning disability and those with dementia are supported to make decisions about their care through the use of care plans.	Appointments outside school hours for children and young people. Evidence patients' privacy and dignity is protected. Practical information available in different languages or Braille. Staff treat vulnerable patients sensitively and compassionately e.g. take more time with patients with learning disabilities, not turn them away and ask them to come back etc. Evidence vulnerable patients feel involved in their care planning. Signposting palliative care patients to end of life care support groups and organisations. Referral of patients with dementia or poor mental health to local counselling or support organisations. Referral of carers to carers' support organisations.	Ensure there is no under - reporting or under - diagnosis of dementia. Evidence of high children imms rates. Chaperone service available. Emotional support from practice reviewed from patient surveys. Evidence vulnerable patients are free from discrimination. Evidence the practice engages with the local community mental health team for support. Homeless people and travellers seen as temporary patients. Drug and alcohol abuse patients seen, then signposted to the appropriate service.	Feedback from patients with leaning difficulties about sensitivity / care and patience of staff.
Chaperones	Practice has a chaperone policy. There are notices/posters on the notice board in the waiting area and displayed in the clinic rooms informing patients that chaperones are available. Staff who act as chaperones receive chaperone training. Chaperones are DBS checked, even retrospectively when staff roles have changed and staff have undertaken chaperone duties long after they were recruited (If no DBS check, there should be evidence of risk assessment). Staff acting as chaperones are clear about their responsibilities, e.g. knowing where to stand in the room in order to be able to observe a patient's examination.				

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SG referrals to Social Services, CAMHS etc	SG lead knows how many referrals have been made to Social Services, where they are kept in the practice and how data about SG referrals is collected.	Evidence of young people at risk being referred to CAMHS (Children & Adolescent Mental Health Services).		Process enabling urgent referrals to CAMHS or social services for patients deemed to be at immediate risk.	
Internal sharing of learning		Evidence of learning from complaints or incidents, discussion at practice meetings.			Child protection and SG cases are discussed at clinical meetings. Complaints and significant events are discussed at practice meetings with evidence that the learning is shared within the practice. Regular governance meetings to discuss performance, quality and risk. SG is a standing item in practice meetings.
Multidisciplinary working	Evidence that the practice has regular external meetings with health visitors, palliative care nurses etc where children and adult safeguarding cases are discussed.	Evidence of working with multidisciplinary teams for the case management of vulnerable patients. Multi-disciplinary (MDT) meetings with district nurses, health visitors, locality integrated care-coordinator and palliative care nurses to discuss the care plans of complex needs patients.			Regular meetings with Health Visitors and/or Social Workers to discuss child protection cases. Meetings with palliative care nurses to discuss end of life care patients and their needs. Evidence of good liaison with partner agencies such as the police and social services.
Practice premises, drugs and medical equipment	There should be no health and safety risks for children in the practice premises, e.g. exposed wires, trip hazards, sharps boxes on the floor etc. Drugs fridge and specimen fridge not accessible to patients. Fire risk assessment and fire log / evidence of legionella testing. Infection control policy, staff training, evidence of cleaning schedules and infection control audits. Clinical waste bins in clinical and minor ops rooms. Ensure patient confidentiality especially in the part of the reception area where patients leave prescription requests. Check expiry dates of vaccines, drugs and medical equipment e.g. syringes, needles. Oxygen and defibrillators available and checked regularly. Emergency drugs for treating anaphylaxis	Evidence of staff training in recording and monitoring drugs fridge, temperatures and taking action when temperatures are out of range Cold chain policy.		Access to premises, e.g. ramps, sufficient space for prams, wheel chairs (toilets, waiting area). Information in a variety of accessible formats, e.g. different languages and Braille.	Evidence of effective infection control management. Fire risk assessment & fire drills Up to date business continuity plan Health and safety risk assessments, legionella assessment.