

CQC Fundamentals for nurses

Jenny Harper

Welcome to the PMA

The **PMA** is the leading professional membership body for the healthcare sector (UK-wide). We provide insight, training, education and interaction opportunities for those involved in General Practice and the wider Health & Care sector. Our membership comprises Practice Managers, GPs and other Clinicians, Practice Business Managers, PCN Managers, Personalised Care workers, ICS, ICB and Training Hub members – all working in partnership. We seek to facilitate and promote best practice amongst its members.

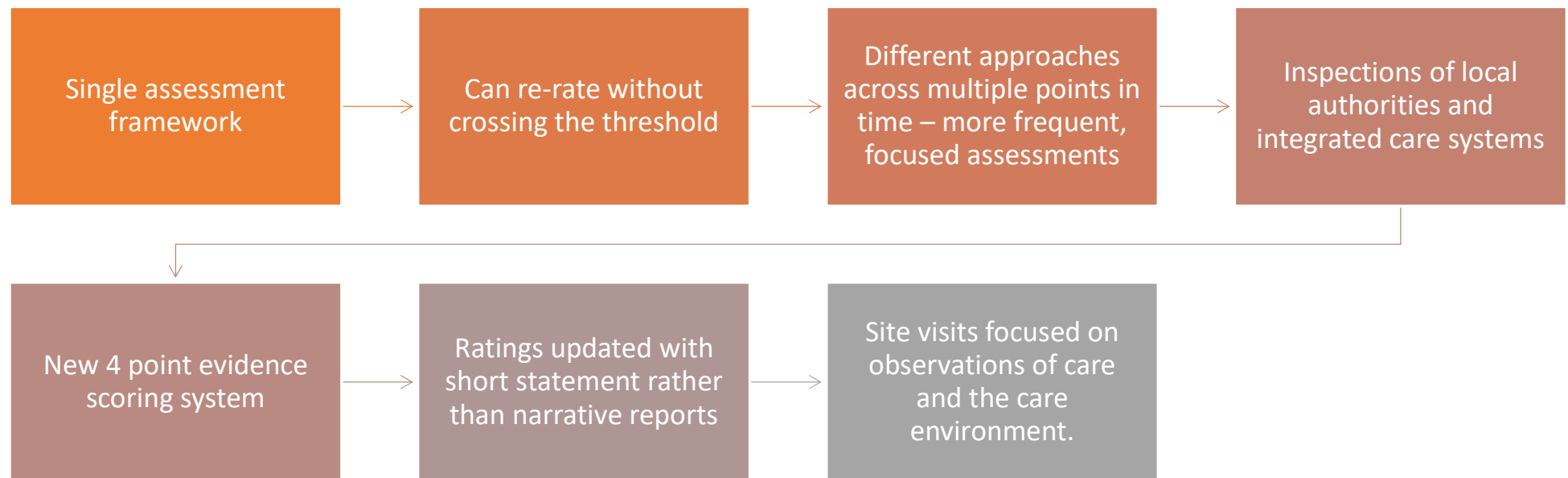
The PMA offers education, support and career development to all those involved in the Health & Care sector. When you join you get 12 months for the price of 11 and you'll benefit from all we have to offer (*and there's plenty*) to find out more, please visit:

www.pma-uk.org/pma-professional-membership/

Introduction

- CQC Background
- Inspection methodology
- Nursing focus
- Top tips
- Q&A

New Approach



Quality Statements

Key Question	Quality statements
Safe	Learning culture; Safe systems, pathways and transitions; Safeguarding; Involving people to manage risks; Safe environments; Safe and effective staffing; Infection prevention and control; Medicines optimisation.
Effective	Assessing needs; Delivering evidence-based care and treatment; How staff, teams and services work together; Supporting people to live healthier lives; Monitoring and improving outcomes; Consent to care and treatment.
Caring	Kindness, compassion and dignity; Treating people as individuals; Independence, choice and control; Responding to people's immediate needs; Workforce wellbeing and enablement.
Responsive	Person-centred care; Care provision, integration and continuity; Providing information; Listening to and involving people; Equity in access; Equity in experiences and outcomes; Planning for the future.
Well-led	Shared direction and culture; Capable, compassionate and inclusive leaders; Freedom to speak up; Workforce equality, diversity and inclusion; Governance, management and sustainability; Partnerships and communities; Learning, improvement and innovation; Environmental sustainability – sustainable development.

Evidence categories

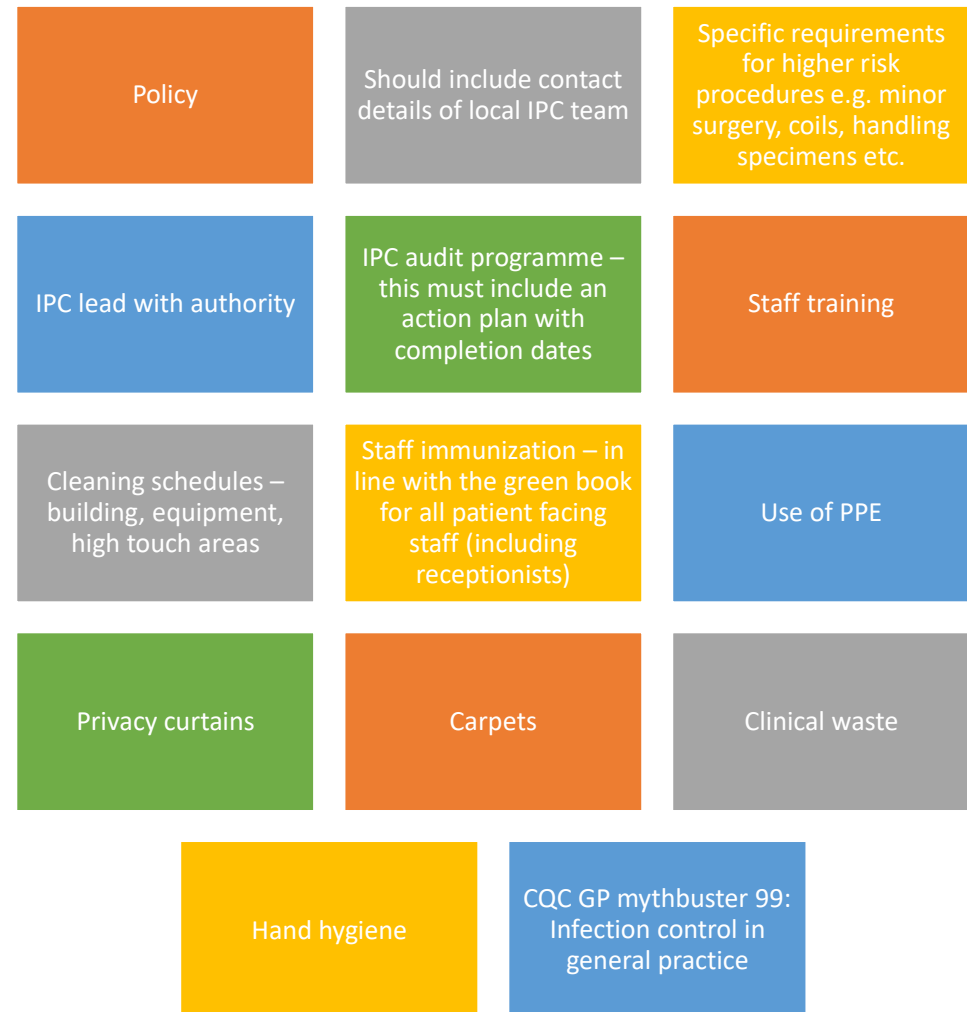
Evidence category	
People's experience of health and care services	Evidence from patients, families, carers and advocates for people who use services. Phone calls, emails and give feedback on care forms. Survey results. Interviews with people and local organisations who represent the patient population and those more likely to have a poorer experience/outcomes.
Feedback from staff and leaders	Staff surveys, individual interviews or focus groups, feedback through give feedback on care service, whistleblowing.
Feedback from partners	Commissioners, other local providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies.
Observations	Observing care and the care environment; Healthwatch reports; infection prevention and control, medicines management, emergency drugs, premises management, interactions
Processes	Audits, findings and learning from safety incidents, access times, case note reviews, policies etc.
Outcomes	Vaccination and prescribing data, mortality rates, emergency admissions and re-admission rates to hospital; infection control rates.

Links

- <https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation>
- <https://www.cqc.org.uk/news/our-new-single-assessment-framework>

Nursing areas – hints and tips

Infection control



National Standards for Healthcare Cleanliness 2021

- <https://www.england.nhs.uk/publication/national-standards-of-healthcare-cleanliness-2021/>
- Replace the 2007 specifications for healthcare cleanliness.
- Mirrors CQCs expectations for GPs and is covered in existing regulations and the code of practice for infection prevention and control.
- No expectation of star ratings or logos to be displayed in GP practices.
- <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-99-infection-prevention-control-general-practice>
- CQCs main focus is on IPC audits, waste management, cleaning schedules and standards and maintenance of equipment.

IPC audit

- Leadership
- Understanding of risk – IPC leads training
- Annual audit (sooner if significant changes)
- Covering;
 - Identifications of risks/actions
 - clinical areas
 - Waiting areas
 - Specimens
 - Equipment
 - Clinical waste
 - Cleanliness
 - Training
 - Staff immunisations
 - Competency assessments – e.g. hand hygiene, aseptic technique, PPE etc.

IPC action plan examples



Issues with the fabric of the building e.g. flaking paint in clinical areas, hand wash basins, taps, flooring etc.



Issues with equipment e.g. expired consumables, fabric or damaged furniture in clinical areas, curtain changes not in line with policy.



Issues with cleanliness e.g. dust in high and low areas, cleaning schedules, storage of cleaning equipment, visible dirt.



Issues with processes e.g. sharps disposal, specimen handling, lack of evidence of staff vaccinations, practice not following policy or policy not effective.

IPC action plan



Actions must be specific, measurable, achievable, realistic and timely.



Plans must be regularly reviewed and updated.



Each action must have a clear date for completion.



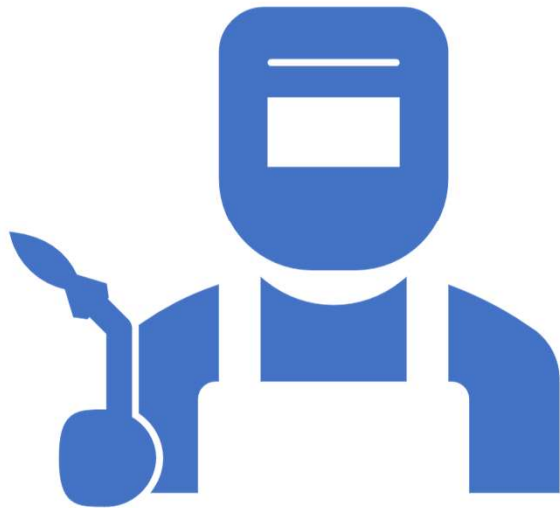
If unable to complete on time, there must be evidence that the action has been reviewed and amended as necessary.



Where large scale work may be needed to conform with IPC guidance, this must be reasonably practicable so can be completed over time.



CCQ will likely ask for the IPC audit to be sent remotely as part of the inspection so the clearer the better. Always send a completed or 'in progress' action plan too.



Maintenance of equipment

- Electrical safety checks
- Annual calibration of clinical equipment – if the sticker is out of date, how do you know it is safe to use?
- Subject to regular cleaning and visibly clean – who is responsible and is there a clear cleaning schedule?
- Accessible
- Associated consumable equipment is in date and available e.g. tubing, oxygen masks, needles, defibrillator pads etc.
- Have staff been suitably trained in the use of equipment?



COSHH

- Control of substances hazardous to health
- Risk assessment and data sheets for all hazardous substances – held mainly by the cleaning contractor and the practice.
- Some practice purchased COSHH items – chlorotabs, cytology liquid
- Liquid nitrogen
 - Risk of cold burns
 - Can displace oxygen in a room if poor ventilation (unlikely in small flasks / dewars for treatment where the liquid nitrogen has been decanted).
 - Needs adequate ventilation.
 - Need hazard warning signs.
 - Padlocked.
 - Non absorbent thermal gloves and goggles/ face mask.
- Oxygen - signage alerting the fire service – on front door and room door where stored.

Emergency Medicines

Mythbuster 9

Adrenaline

Antiemetic

Aspirin

Atropine

Benzympenicillin

Dexamethasone (or
soluble prednisolone)

Diclofenac

Glucagon

GTN

Midazolam (buccal) or
diazepam (rectal)

Naloxone

Salbutamol – nebulizer
or inhaler with
Volumatic and
Ipratropium bromide
(children)

Emergency Medicines & equipment

Are they accessible?

Adrenaline in every room where vaccines are administered

Stock in line with GP mythbuster 9 emergency medicines for GP practices. Risk assessment if not.

Monthly checks of expiry dates.

Defibrillator pads

Oxygen – signage

Consumable equipment – available and in date.

PGDs and PSDs

- PGDs available and latest versions
- Signed by each nurse administering
- Authorised by GP/prescriber (not the PM) after each nurse signed as competent
- Don't allow additional nurses to be added as this invalidates the authority for all
- Cross through additional lines
- Have a separate sign sheet for additional nurses if necessary
- PSD audit trail to show these have been authorised prior to administration.
- <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-19-patient-group-directions-pgdspatient-specific-directions>

Cold Chain

- Vaccines stored between 2 and 8 degrees, protected from light and prompt transfer to fridge on delivery.
- Validated fridge.
- Accessible to authorised staff only so must be kept locked in a locked room.
- Prevent interruptions to power supply e.g. switchless socket or clear labelling not to switch off.
- Space for air to circulate.
- Fridge must be clean with no build up of ice.
- Manufacturers servicing, calibration of temperature gauge, portable appliance testing.
- Cold chain policy – ensuring all staff know how to handle and when to raise concerns e.g. cold chain breach
- Temperature monitoring – data logger
- GP mythbuster 17: vaccine storage
<https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-17-vaccine-storage-fridges-gp-practices>

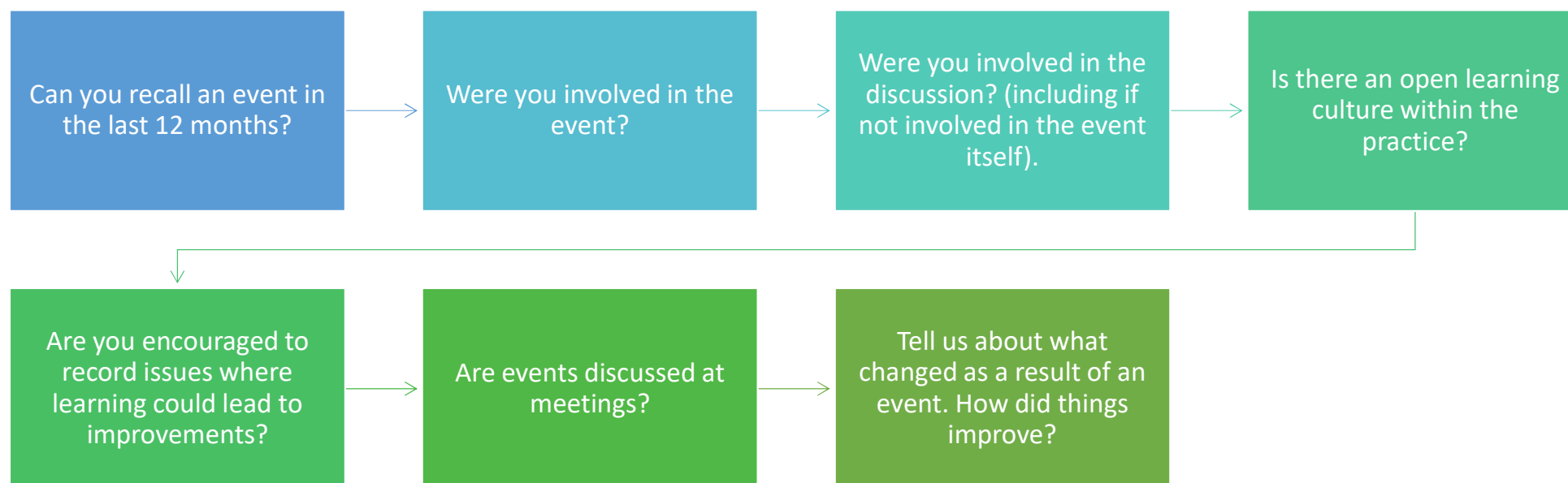
Non-medical prescribing

- Must be registered with the appropriate professional regulator.
- Have their prescribing qualifications annotated on the register.
- Practices must have systems to ensure they are prescribing within their competency.
- Practices must also provide appropriate supervision – CQC will expect to see evidence of this, not just a general 'open door' to GPs for advice and support.
- <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-95-non-medical-prescribing>

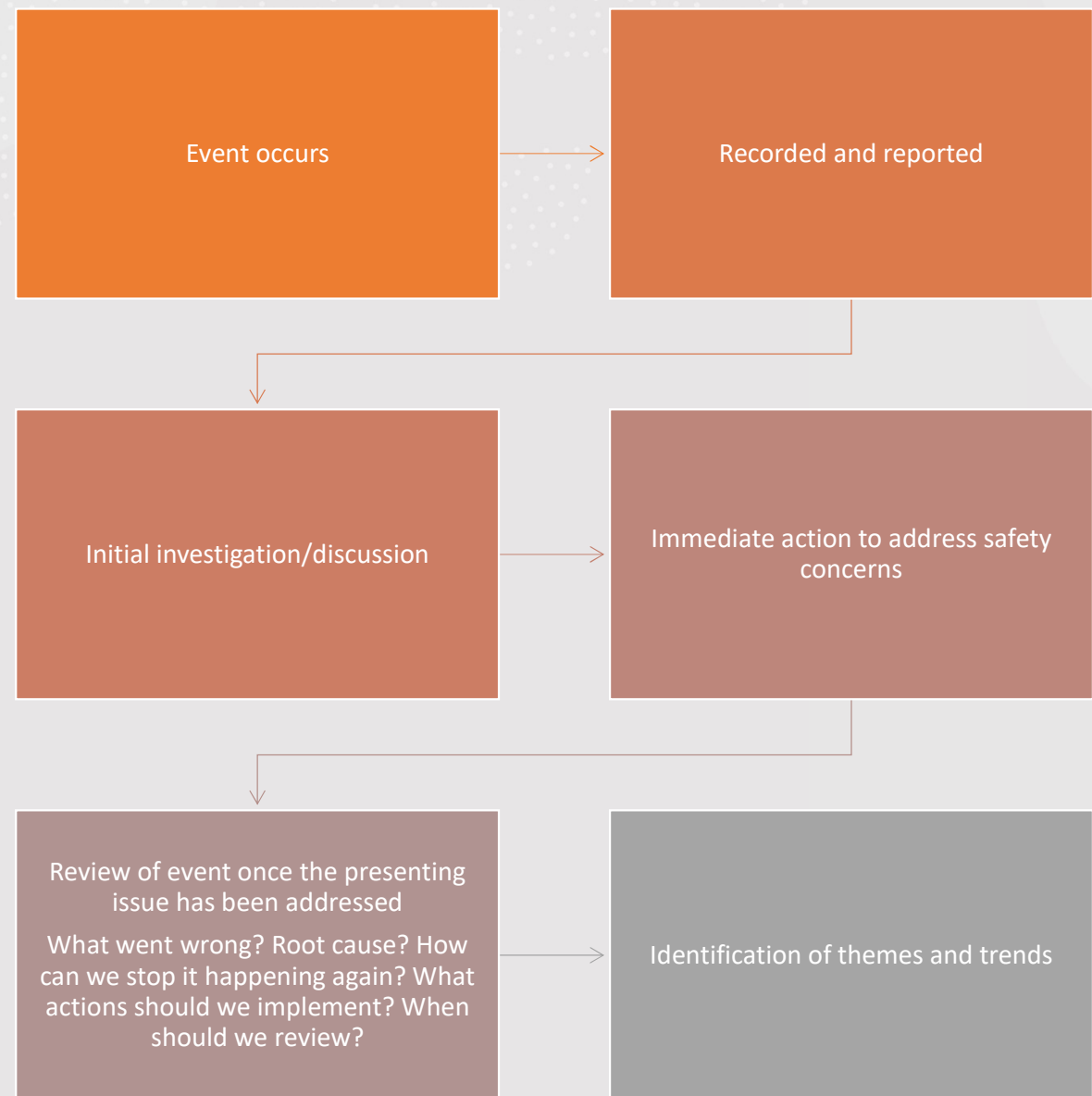


Significant / learning events

When things go wrong



Learning event process





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Complaints

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Complaints



How can patients complain?



Are you aware of any complaints and actions taken?



What do you do if a patient complains to you?



Is there a process of recording this?



How do you resolve issues as they arise?



Can you give an example of learning / improvements from a complaint?

Training

- Mandatory training compliance
- Clinical training;
 - Smears
 - Childhood immunisations
 - Long term conditions
 - Travel immunisations
 - Wound care
 - Basic life support and anaphylaxis
 - Sepsis
 - Deteriorating patient
- Who monitors nurses' clinical training? Is there organizational oversight?

Clinical supervision and appraisals

- What is the process for clinical supervision?
- Have you had an appraisal in the last year? Who is your appraiser? Do you have a development plan? Give examples.
- If you are new in post, did you have an induction? Is there evidence of this?
- Do you attend clinical meetings? Nursing meetings? Is there an element of clinical supervision to the structure?

Safeguarding

What level of training have you completed?
Level 3 for both children and adults?

Have you had any safeguarding concerns?
Give examples.

The inspector may give scenarios to ask about safeguarding processes.

How do you raise concerns? To whom?
Who is the lead for safeguarding within the practice?

What would you do if you were not satisfied with how your concerns have been dealt with?

Whistleblowing



How do you access the policy?



How do you raise concerns externally?



Is there a freedom to speak up guardian?



Are you confident your concerns would be dealt with?

Smears

- How are you assured that a result has been received for every sample sent?
- Is there management oversight of this process?
- Have you had training in female genital mutilation?
- Have you had concerns about FGM?
- How would you escalate concerns about FGM?
- What is the practice performance in cervical cytology? Do you know what proportion of eligible patients have had a smear? What action have you taken if the target (or minimum) is not being reached?
- What evidence do you have of actions to improve uptake?

Childhood Immunisations

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What is the practice performance in relation to immunisation targets?



If the practice is below target what action is being taken to improve?



Are there particular challenges? Patient groups? Language? Culture? Deprivation?



What evidence do you have of actions to improve uptake?

Diabetes

1

What is the process for diabetic review?

2

Is this aligned with the medication review?

3

What about poorly controlled diabetes?

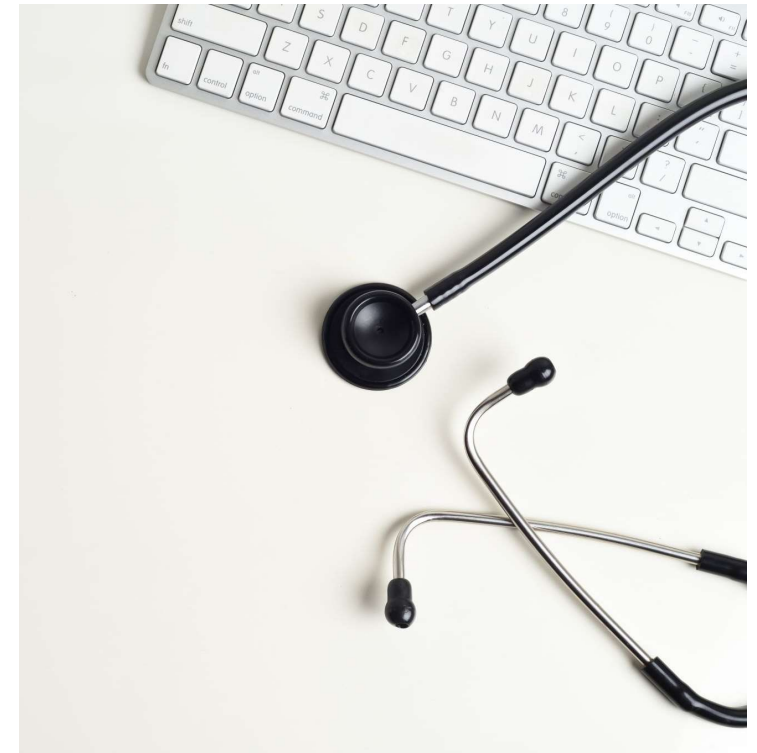
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CQC particularly look at the records of patients with diabetic retinopathy and an HbA1c > 74.

- Have they had a medication review?
- Referral to specialist services?
- How regularly are they reviewed?

Asthma

- CQC examine the records of patients with poorly controlled asthma
 - Those who have had 2 or more doses of oral steroid in the last 12 months – can you evidence they have had a review within 48 hours (maximum 7 days) of an exacerbation?
 - Have they been issued with an emergency steroid card due to the risk of adrenal insufficiency?
 - Those who have been issued with 12 or more SABAs in the last 12 months?
 - Have they been reviewed to ensure they are on optimum treatment?
- How are nursing reviews aligned with medication / treatment reviews?



Patient access

How long do patients have to wait for a nursing appointment?

Are there enough nursing sessions available?

Is there flexibility for responsive appointments e.g. for wound care?

Awareness of practice strategy

- What is the vision/mission and values for the practice?
- Is there a written strategy or business plan?
- What are the practice priorities?
- Have you been involved in developing a strategy?
- What about succession planning for the nursing team?

Other areas

Evidence based
guidance

Confidentiality

Managing
information

Engagement

Practice culture

Communication
– meeting
attendance

NMC
registration /
revalidation

learning and
improvement

Health
inequalities

Supporting
healthier lives

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