

# Care Quality Commission

## Inspection Evidence Table

### Maghull Practice (1-4384573644)

Inspection date: 16 July 2019

Date of data download: 15 July 2019

## Overall rating: Good

### Safe

### Rating: Good

#### Safety systems and processes

The practice had systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding which were accessible to all staff.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
Explanation of any answers and additional evidence: At our last inspection visit on 30 October 2018 we had found that systems in place for safeguarding patients were not sufficiently robust as there was no designated safeguarding lead, not all staff had been provided with up to date training in safeguarding and safeguarding registers had not been reviewed on a regular basis. At this follow up inspection we found that the provider had taken action to meet the legal requirements	

Safeguarding	Y/N/Partial
we made following the last inspection. This included; A GP had been designated as the safeguarding lead for the practice. All staff had been provided with up to date training in safeguarding Meetings to discuss/ review safeguarding issues were taking place on a regular basis.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection visit on 30 October 2018 we had found that staff recruitment checks were robust for permanent members of staff. However, there was no evidence that assurance of recruitment checks had been obtained for locum GPs contracted through an agency.</p> <p>At this follow up inspection we found that recruitment checks for locum GPs was managed centrally and all required checks were in place for the sample of GPs we looked at.</p> <p>Workforce requirements had been reviewed and the provider was actively trying to recruit salaried GPs.</p> <p>The provider was moving towards a hub model and looking at the clinical support provided across their seven GP practices as a whole. The rotas for the clinical teams were now managed centrally at the provider's head office.</p> <p>All staff could now access policies and procedures through the provider's intranet system and locum GPs were provided with an induction pack that included links to policies and procedures.</p> <p>Staff were scheduled to complete 'care navigator' training so as to support them in actively signposting patients to other services.</p>	

There was a fire procedure.	Y
There was a log of fire drills. Date of last drill: February 2019.	Y
There was a record of fire alarm checks. Date of last check: weekly	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: December 2017	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our last inspection visit on 30 October 2018 we had found that an up to date fire risk assessment was</p>	

not available at the practice and fire drills were not being carried out at regular intervals.

At this follow up inspection we found that the provider had taken action to meet the legal requirements we made following the last inspection. This included: A fire risk assessment was in place dated 2015. An updated assessment had been carried out in December 2017 and was due for review December 2019. This had not been shared with the provider at the time of the visit but was forwarded following the visit. A fire drill had been carried out in February 2019 and two members of staff had been trained as fire wardens as a result of this.

### **Appropriate and safe use of medicines**

#### **The practice had systems for the appropriate and safe use of medicines**

<b>Medicines management</b>	<b>Y/N/Partial</b>
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection of 30 October 2018 we recommend that the provider review the system for monitoring patients prescribed high risk medicines to ensure this was consistent and fail safe.</p> <p>At this follow up inspection we found that a new standard operating procedure has been produced for managing the prescribing high-risk medicines. Designated pharmacists maintained oversight of prescribing practices and managed changes to medicines for patients following hospital discharge.</p>	