

# Safeguarding Policy and Practice in Brighton and Hove GP Practices

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A summary of findings of desk top research by  
Healthwatch Brighton and Hove



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## Background

This document summarises and updates a short desk top review of safeguarding and Disclosure and Barring Service (DBS) issues in GP practices undertaken by Healthwatch Brighton and Hove (HWB&H).

The CQC routinely shares inspection reports with HWB&H which are reviewed by its Intelligence Committee. Members of the committee (which includes staff, board members and the HWB&H Chair), identified a pattern of findings relating to safeguarding policy and practice in GP practices, specifically issues relating to DBS checking, chaperoning, and safeguarding practice. The team were therefore tasked with reviewing published reports and highlighting any safeguarding issues.

The initial information for the report was collated on 25th September 2015, and was accurate on the day of recording according to information published on the CQC website. It was produced by examining publically available CQC inspection reports for GP surgeries in Brighton and Hove. Clinics which specialise specifically in cosmetics, skin conditions, travel treatments and slimming treatments were excluded from the analysis, because it was deemed that they did not provide a general practitioner service.

In the initial review, all services meeting the above criteria that had been inspected by the CQC were included; with the oldest report reviewed being released in 2013. HWB&H is aware that the reported circumstances may well have changed since that date so we asked the CQC for updated information which they were unable to provide it at that stage. (Please note that the CQC did not start rating practices until October 2014. The CQC started to inspect GPs from April 2013 as a pilot exercise, and did a further wave in May 2014).

The initial finding of the work was that of all practices visited as of September 2015, over half were flagged as having some element of action required on safeguarding policy or practice. We produced an initial report which was shared with the Adult Safeguarding Board, Clinical Commissioning Group, NHS England, the Care Quality Commission and local Overview and Scrutiny Committee (OSC).



This report was tabled and discussed by OSC in November 2014 as part of a wider item on the sustainability of GP provision in the city.

This further report updates our initial findings<sup>1</sup>, and includes the responses and actions from relevant partners in the city. We hope that its contents enable appropriate stakeholders to review our research and highlight any further action that may be necessary.

### About This Work

Healthwatch Brighton and Hove recognises the potential of reviewing publically available reports and research in this way for future projects. This could include focussed work using NHS England statistics, Care Quality Commission reports, Clinical Commissioning Group data or information gathered by the local authority. Moving forward HWB&H can offer the local health and social care community the possibility of:

- Reviews of publically available information by specific themes to support work taking place in the city
- HWB&H project work which incorporates secondary data reviews alongside primary data as a matter of course
- The possibility of refreshing previous reviews, in order to track the progress of an issue over time.

## Summary of findings

The initial report reviewed thirty reports in total, one from 2013, twenty from 2014 and nine from 2015. The initial finding of the work was that of all practices visited by the CQC, over half were flagged as having some element of action required on safeguarding policy or practice.

This updated version of the report provides information on thirty four practices, including four practices which had not been inspected at the time of the initial report, and ten updated reports that have been released since September 2015, following the repeat inspection of a service (see the appendix for more detail). Many of the repeat inspections

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<sup>1</sup> Findings were accurate according to the CQC website as of 15<sup>th</sup> February 2016



found improvements in the services with regards to safeguarding issues, and as a result of this we have found that just under half of practices, have safeguarding concerns in the field of DBS checks, chaperoning policies and safeguarding procedures.

## Organisational Responses

At the time of the initial report, **named practices** were given an opportunity to respond to the findings relating to their service. These responses have been included in the appendix, excepting where a more recent inspection has taken place and the findings have been updated. Shortly after the initial report was released, **the CQC** shared information about visits which were about to take place and fed back on recent visits regarding safeguarding concerns.

### The Overview and Scrutiny Committee

The initial paper was brought to the overview and scrutiny committee on the 25<sup>th</sup> November 2015. It was considered in conjunction with a wider report on primary care services. As a result of the item, a briefing from NHS England was requested and a workshop arranged for members of the committee on the sustainability of GP practices in the city. It is understood that this workshop will include discussion of the safeguarding issues raised by this report.

### NHS Brighton and Hove Clinical Commissioning Group

At the November OSC meeting the CCG responded to the report by presenting the slide

*Clinical Commissioning Group*

## **CCG support provided to Primary Care around Safeguarding compliance**

- Executive Lead – Director for Clinical Quality and patient safety
- Designated Nurse, Designated Doctor and Named GP for Child Safeguarding employed by the CCG
- Named Professional for Safeguarding Adults
- Practice Manager and Practice Nurse Forums
- Visits by Quality Team to individual Practices
- Targeted education on the Mental Capacity Act (2005)- MCA/DoLS (multi-professional & multiagency)





below. The CCG offer a range of support and development opportunities in relation to safeguarding including designated staff responsible for safeguarding investigations.

## NHS England

The following is an edited response by NHS England.

The local South East team at NHS England continues to work closely with local clinical commissioning groups (including NHS Brighton and Hove Clinical Commissioning Group) to make GP practices aware of their various responsibilities to safeguard and promote the welfare of their patients. NHS Brighton and Hove CCG has designated leads for safeguarding (including a named GP) who work with local practices to promote the importance of safeguarding and to make available safeguarding training for practice staff.

In December 2014, the local team at NHS England and the Surrey and Sussex Local Medical Committees (LMCs) wrote to all local practices in Surrey and Sussex to remind them of their responsibilities in regards to safeguarding. The letter included details of contractual requirements upon practices in relation to information sharing, training requirements and details of available local training and recommended actions to ensure compliance with the Care Quality Commission's (CQC) Outcome 7, which relates to safeguarding patients from abuse. This included reminding practices to ensure they comply with the national vetting and barring scheme.

NHS England also worked with local designated nurses for safeguarding to develop a series of prompt cards to help guide healthcare professionals about what action they must take to safeguard and protect the welfare of children. These prompt cards were made available to practices across Surrey and Sussex last year.

NHS England is currently in the process of printing updated prompt cards for local health professionals in regards to their responsibilities concerning adult safeguarding, which have been updated to reflect the requirements of the Care Act. A copy of these updated prompt cards will be distributed to all local GP practices.



The results of recent CQC inspections in Brighton and Hove have highlighted that there is further work to do to ensure all local practices are consistently meeting all safeguarding requirements.

The new CQC inspection regime is about ensuring that all GP practices deliver consistently high quality services, by identifying any issues so improvements can be made. Following a CQC inspection of a GP practice, the practice is required to submit an action plan to the CQC setting out the actions they will take to address any issues that have been highlighted as the result of the process.

Since the collation of the findings from recent inspections by Healthwatch at the end of September 2015, the CQC has published a further three reports detailing the improvements that have been made at practices where concerns were raised in relation to safeguarding during previous inspections. Updated CQC reports are now available for North Laine Medical Centre, School House Surgery and Seven Dials Medical Centre. In light of the findings from recent CQC inspections and the concerns raised by Healthwatch, NHS England will write to all local GP practices again to remind them of the importance of meeting their safeguarding responsibilities and to share with them the updated prompt cards that have been developed to provide them with guidance in relation to adult safeguarding.



## Next steps

At this point the safeguarding report created by Healthwatch Brighton and Hove has been shared informally with the Adult Safeguarding Board, the Clinical Commissioning Group, NHS England, the Care Quality Commission as well as tabled formally at the OSC November 2015. As well as general awareness raising and discussion, our findings have led to:

- NHS England to write to all practices reminding them of their safeguarding responsibilities.
- Inclusion of safeguarding issues in the OSC work on primary care sustainability.

We have produced this updated report so that it can be considered by the city's Adult Safeguarding Board with the aim of considering whether further action would be helpful to support the city's GP practices in developing their safeguarding policy and practice.



## Appendix: updated results and responses

CQC Inspection Reports for GP Surgeries in Brighton and Hove - Safeguarding Findings							Practices responses
Practice	Last report	Rating	Safeguarding	Chaperoning	DBS checks	Relevant excerpts	
Ardingly Court Surgery	<a href="#">Sept 2014</a>	Unrated			X	The CQC found that the practice had not carried out DBS checks in accordance with Schedule 3 of the Health and Social Care Act 2008 (Regulated Activities). This means that DBS checks were not recorded and kept in staff files despite the overall good rating.	
Brighton Homeless Healthcare	<a href="#">Aug 2015</a>	Good				No issues to report	
Brighton Station Health Centre	<a href="#">Jan 2016</a>	Requires improvement		X		<p>This surgery was rated 'requires Improvement' under the 'safe' heading of the inspection criteria.</p> <p>Not all staff undertaking chaperone duties had undertaken training to ensure they understood their responsibilities when acting as chaperones, including where to stand to be able to observe the examination.</p>	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.

Broadway Surgery	<a href="#">Sept 2014</a>	Unrated				No issues to report	
Carden Surgery	<a href="#">Dec 2015</a>	Good				No issues to report	
Charter Medical Centre	<a href="#">Dec 2015</a>	Good		X		Not all staff undertaking chaperoning duty had received a disclosure and barring check (DBS), however the practice had undertaken a risk assessment which identified that these staff would not be left alone with patients.	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
Central Hove Surgery	<a href="#">Sep 2014</a>	Unrated				No issues to report	
Hove Medical Centre	<a href="#">Oct 2014</a>	Unrated				No issues to report	
Hove Park Villas Surgery	<a href="#">Nov 2015</a>	Good		X	X	This surgery was rated 'requires Improvement' under the 'safe' heading of the inspection criteria.  The practice had a risk assessment to cover the use of reception staff in chaperoning roles who had not undergone a DBS check. The provider recognised that they could not guarantee that these staff would not be left unsupervised with patients and the risk assessment had not covered this eventuality.	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.

						The practice used a recent DBS check when employing a staff member. This check, whilst stating enhanced, did not indicate that the barring lists had been checked.	
Lewes Road Surgery	<a href="#">Aug 2014</a>	Unrated				At its inspection in November 2013 the CQC found that the practice was non-compliant in four of the five areas of the CQC inspection process. It was found that not all staff had received appropriate training in relation to safeguarding children and vulnerable adults. However, the August 2014 visit confirmed that this was now taking place.	
Links Road Surgery	<a href="#">Nov 2014</a>	Unrated		X	X	The CQC found that information within staff files was inconsistent. Most files did not include copies of interview notes, a curriculum vitae or application form, copies of references taken, an occupational health check, an induction checklist and evidence of a DBS check. Members of staff were not able to remember if DBS checks were undertaken by their current employer. Some staff who had been trained to become chaperones had not received a DBS check. The provider could not assure themselves that staff undertaking these duties were suitable to work with vulnerable adults	

						and children.	
The Practice Hangleton Manor	<a href="#">Dec 2015</a>	Inadequate	X			<p>This surgery was rated 'inadequate' under the 'safe' heading of the inspection criteria.</p> <p>The practice did not have a clear internal system in place to identify, review or discuss children at risk with other relevant organisations including health visitors and the local authority. Therefore, the practice could not be sure that children at risk had been identified. The local area safeguarding team were not provided information relating to a safeguarding concern in a timely manner.</p>	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
Matlock Road	<a href="#">Jan 2016</a>	Good		X		<p>This surgery was rated 'requires Improvement' under the 'safe' heading of the inspection criteria.</p> <p>Reception and administrative staff who had acted as chaperones had not been subject to a DBS check. The practice manager told us they had undertaken a formal risk assessment to support this decision and the practice policy specified that staff acting as chaperones were not</p>	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.

						left alone with patient	
Mile Oak Medical Centre	<a href="#">Dec 2015</a>	Good				No issues to report	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
Montpelier Surgery	<a href="#">Sept 2014</a>	Unrated				No issues to report	
New Larchwood Surgery	<a href="#">May 2015</a>	Good				No issues to report	
North Laine Medical Centre	<a href="#">Oct 2015</a>	Good			X	This surgery was rated 'requires Improvement' under the 'safe' heading of the inspection criteria.  The practice policy did not include the arrangements in place for the recording of DBS checks for GP partners.	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
Park Crescent Health Centre	<a href="#">Jan 2016</a>	Good				No issues to report	
Pavilion Surgery	<a href="#">Aug 2015</a>	Good		X	X	This surgery was rated 'requires Improvement' under the 'safety' heading of the inspection criteria.  The CQC found that not all staff	"Thank you for contacting me regarding our CQC report.  I can confirm that the DBS

						undertaking chaperone duties had received Disclosure and Barring Service (DBS) checks, or a risk assessment to evaluate whether or not a DBS check would be appropriate. For example two new clinical staff had started in post without a completed criminal record check via DBS or sight of a criminal record check via DBS from a previous employer.	checks were on order at the time of the visit and we are now 100% covered. The reason for the delay at the start of employing the two nurses was that they had come from a Practice that had just closed and I was under the impression that they were covered. This I learned was incorrect. We now do not start new employee's unless the DBS checks are in place.”
Portslade Health Centre Medical Practice	<a href="#">Dec 2015</a>	Good				No issues to report	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
Preston Park Surgery	<a href="#">Sept 2015</a>	Good				This surgery was rated 'requires Improvement' under the 'safe' heading of the inspection criteria.	
Regency Surgery*	<a href="#">Sept 2014</a>	Unrated	X			The CQC noted that noted that mandatory training for staff was out of date. However this had been recognised by the practice and plans had been put into place to	

						ensure that all staff were able to complete training necessary for their role before the end of the year.	
Ridgeway Surgery	<a href="#">Nov 2015</a>	Good				No issues to report	
Sackville Medical Centre	<a href="#">Sept 2015</a>	Good				<p>This centre was rated 'requires Improvement' under the 'safety' heading of the inspection criteria. The CQC found that most staff had received relevant role specific training on safeguarding, however one of the GPs had not attended Level Three training. They reported that there was no central record of GP mandatory training and they were told that GPs were responsible for their own training updates.</p>	<p>"At the time of the CQC inspection, all staff had received relevant role specific training on safeguarding, for which we were able to provide evidence. One GP had yet to achieve Level Three training, but had received training cascaded by the Safeguarding Lead for the Practice. All GPs currently working at the Practice are competent to Level Three. The Practice has established a central record of this training, in accordance with advice offered by the CQC inspection team."</p>
School House Surgery	<a href="#">Oct 2015</a>	Good		X		Where staff had not received a DBS check for their chaperoning roles, the decision had been taken following a risk assessment	Because this practice's information was updated after the first safeguarding report, previous responses

						being carried out.	(if any) have been removed for accuracy.
Seven Dials Medical Centre	<a href="#">Nov 2015</a>	Good				No issues to report	Because this practice's information was updated after the first safeguarding report, previous responses (if any) have been removed for accuracy.
The Avenue Surgery	<a href="#">June 2015</a>	Good				No issues to report	
The Hove Clinic	<a href="#">Mar 2014</a>	Unrated			X	CQC inspectors saw records of a completed CRB check of a member of staff working at the clinic, but noted that the checks had been done in 2008.	
The Practice North Street*	<a href="#">Sept 2015</a>	Requires Improvement				This surgery was rated 'requires Improvement' under the 'safe' 'effective' and 'well Led' and 'responsive' headings of the inspection criteria.	
The Practice Whitehawk	<a href="#">Sept 2015</a>	Requires Improvement			X	This surgery was rated 'requires Improvement' under the 'safe' 'effective' and 'well Led' headings of the inspection criteria.  The CQC found that staff had not always received training appropriate to their	



						roles, specifically in relation to the Mental Capacity Act 2005 and training for administrative staff who undertook chaperone duties.	
The Practice Willow House	<a href="#">June 2015</a>	Good		X		The CQC found that all nursing staff, including health care assistants, had been trained to be a chaperone. Some receptionists had also undertaken chaperone duties but had not received specific training. The CQC reported however that staff they spoke to appeared to understand their responsibilities when acting as chaperones.	
Warmdene Surgery	<a href="#">Nov 2014</a>	Unrated				No issues to report	
Wish Park Surgery	<a href="#">Jan 2014</a>	Unrated		X		The CQC found that not all the staff in the practice who acted as a chaperone had received chaperone training.	
Woodingdean Surgery	<a href="#">Feb 2014</a>	Unrated				No issues to report	

**Green** indicates that the inspection information has not been updated; **blue** indicates that it has been updated, and **orange** indicates that the practice has received its first inspection by the CQC under the rating system after the first HWB&H review was released.