

*Local  
Medical  
Committee Ltd* **LMC LTD**

**DERBY AND DERBYSHIRE**

**“Representing and supporting GPs”**

**TOP HINTS, TIPS and PROMPTS**

**Preparing the GP Practice**

**for a**

**Scheduled Comprehensive CQC Inspection**

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**Disclaimer:** These hints, tips and prompts have been compiled after research into the CQC Inspection process, with the purpose of helping the GP practice get ready for the CQC Inspection. Some hints, tips and prompts are general whilst others relate specifically to what the CQC calls Key Lines of Enquiry (KLOE). Some hints, tips and prompts will be more useful than others; this will depend on which areas the CQC Inspectors focus on during the inspections.

## REGISTRATION

Keep the GP practice CQC registration up to date to include any recent changes to the Partnership, Registered Manager, Regulated Activities and Statement of Purpose.

**For further detailed information:**

[www.cqc.org.uk/content/where-send-registration-information](http://www.cqc.org.uk/content/where-send-registration-information)

[www.cqc.org.uk/content/what-registration](http://www.cqc.org.uk/content/what-registration)

[www.cqc.org.uk/content/step-three-what-do-you-need-do-0](http://www.cqc.org.uk/content/step-three-what-do-you-need-do-0)

## CQC INSPECTION LETTER NOTIFICATION

GP practices will receive a letter of notification of the GP practice inspection. The following items/information should be submitted to CQC **5 working days prior to inspection**. Start to collate and save the following items/information and send to CQC via the CQC electronic information template:

- ✓ A copy of the GP practice Statement of Purpose (make sure staff know what this is, as they may be asked about it during an inspection).
- ✓ Action plan following results/findings from any patient surveys carried out.
- ✓ A summary of any complaints received in the last 12 months, actions taken and how learning was implemented.
- ✓ A summary of any serious adverse events for the last 12 months, actions taken and how learning was implemented.
- ✓ Evidence that the quality of treatment and services have been monitored, actions taken and outcomes as a result of this.
- ✓ Recruitment and training policies and procedures.
- ✓ Number of staff by role and WTE (including qualifications and training).

Display the comment cards and posters on receipt that are supplied within the GP practice inspection letter notification.

**For further detailed information and a copy of the letter and template:**

[www.derbyshirelmc.org.uk/CQC\\_Hot\\_Topics.php](http://www.derbyshirelmc.org.uk/CQC_Hot_Topics.php)

## KEY DOCUMENTATION

There is evidence that the following items/information are requested on the day of inspection. So it is suggested to start collating the following items/information:

- ✓ Significant events.
- ✓ Audits to include infection control and cleanliness and disability access.
- ✓ Risk assessments (with evidence reasonable action has been taken - an active document).

- ✓ Health and Safety documentation.
- ✓ Business continuity plan.
- ✓ HR staff files, policies and procedures to include a Locum Policy and induction programmes.
- ✓ Service operational policies to include safeguarding, complaints, chaperoning, medicine management and repeat prescribing.
- ✓ Equipment calibration reports.
- ✓ PAT testing reports.
- ✓ Palliative care registers.
- ✓ Workforce training matrix and schedules. *(non-exhaustive list)*

## THE WALK THROUGH

The Registered Manager and the Practice Manager and/or deputy, should take responsibility to walk through all areas of the GP practices to:

- ✓ De clutter and tidy ALL areas of the GP practice.
- ✓ Remove ALL (clinical and non-clinical) out of date stock, material and medical related resources e.g. BNFs.
- ✓ Ensure that the GP practice has good stock control systems.
- ✓ Ensure that the medical supplies cupboards are locked.
- ✓ Be aware that the CQC Inspector may ask about the contents of the doctor's bag, the emergency drugs and contents, fridge temperatures and associated logs.
- ✓ Identify where controlled drugs are kept and carry out an appropriate risk assessment to identify any potential hazards and risks, which may remain in a locked fridge.
- ✓ Make sure 'important' keys are kept in a secure place.
- ✓ Ensure there is an accident/incident book available for the workforce to complete and is kept in recognised area.
- ✓ Ensure all fire equipment is in the right place and with appropriate dates.
- ✓ Have a safe aid box in a recognised area and an appointed first aider trained lead.
- ✓ Ensure you have an appropriate 'place' for patients/people to comment (positive and negative) and complain about the GP practice care and service.
- ✓ Check that you make it easy for all the population groups to complain. Are you displaying notices?
- ✓ Ensure you have an identified isolation room and appropriate policies for its use.
- ✓ Ensure you have a confidential/private area for patients to use, to include a breast feeding area where possible.
- ✓ Ensure you have information about the Patient Participation Group displayed.
- ✓ Make sure you are 'zoning' information - see information zones below. *(non-exhaustive list)*

## ACCESS INFORMATION QUICKLY

- Take the appropriate steps in getting the GP practice workforce organised and ready for the GP practice CQC inspection.
- Create a shared resource for all the CQC compliance documents to include policies, procedures, protocols, templates, etc so that the entire GP practice workforce can access these with ease.
- Plan **NOW** for absences of the Practice Manager and Registered Manager when a CQC Inspection is to take place.

## MARKETING, PRESENTATION and PROMOTION

Consider **NOW** how the GP practice can best '**market, present and promote**' its services and care, to include:

- ✓ The 'right' people working at the GP practice on the day of the GP inspection.
- ✓ Consider preparing a welcome pack for the CQC Inspectors to include the workforce rota for the day, lead names on particular areas e.g. Infection control and cleanliness and safeguarding etc.
- ✓ Display the CQC registration, within a public space in the GP practice and on the GP practice website.
- ✓ All premises and equipment used must be clean, secure, suitable and used properly.

## 30 MINUTE PRESENTATION

Start preparing **NOW** for the GP practice **30 minute presentation**, to include:

- ✓ What the GP practice does well in each of the key questions and population groups (see further information below about questions and population groups).
- ✓ What is the GP practice and its workforce doing to improve those areas that are not so good.
- ✓ Identify and discuss significant event analysis, completed clinical and non-clinical audit cycles, learning outcomes and clear areas of change as a result of the analysis and audit.
- ✓ Give any examples of outstanding care and practice.
- ✓ Talk about care plans and named GPs and how the GP practice works with other professionals and organisations.
- ✓ Identify specific patient cases, services that can be shared with the CQC Inspector to help the GP practice demonstrate compliance.

There is no specific format or media for this presentation; the GP practice can choose whichever format suits them. GP practices should be open and share their views with CQC

about where they are providing good care, and what they are doing to improve in those areas they know; are not so good. You may wish to include the patient view.

## NOTIFICATIONS

- There is now access to submit some notifications (on changes, events and incidents) by using a new CQC online service account.
- Discuss notifications to CQC, internally to assure the GP practice they are meeting the CQC notification requirements.

### For further detailed information:

<http://www.cqc.org.uk/content/notifications-gp-providers>

## INFORMATION ZONES

Zone information (*within the GP practice and on the GP Practice website\**) which helps demonstrate CQC compliance, to include:

- ✓ Services offered at the GP practice.
- ✓ Informed consent.
- ✓ Shared decision making with the patient.
- ✓ Safeguarding.
- ✓ Complaints.
- ✓ Confidentiality.
- ✓ Listening and responding to patients.
- ✓ Managing risk.
- ✓ Improving quality.
- ✓ Health promotion, self-care and service information.
- ✓ Consider displaying a 'You Said, We Listened, We Did' information zone.

Ensure that the GP Practice leaflet is up to date in line with the GMS/PMS Regulations and display in the GP practice and on the GP practice website.

## WEBSITES

CQC Inspectors may use websites as a resource to influence its decision making.

- Have a GP practice website and keep it up to date.
- Create a new webpage\* containing information about CQC to include the following:
  - Registration and inspection.
  - Lead contact and deputy for each CQC Outcome.
  - Lead contact and deputy for each five CQC chapters.
- Keep the NHS Choices website up to date.

## PATIENT INVOLVEMENT

- Involve the Patient Participation Group (PPG) in discussions around care, experience, quality and safety.
- GP practices must demonstrate that ALL people and population groups received the same outcomes, so GP practices should ask themselves how they will demonstrate this when asked - Debate in team meetings.
- Install a hearing loop in the GP practice with associated signage.

### For further detailed information:

[www.cqc.org.uk/sites/default/files/documents/20130509\\_cqc\\_guide\\_for\\_ppgs\\_final.pdf](http://www.cqc.org.uk/sites/default/files/documents/20130509_cqc_guide_for_ppgs_final.pdf)

## COMPLAINTS

- CQC Inspectors may ask the GP practice about how it shares the patterns and trends of complaints and the evidence of change to improve the service offered.
- The GP practice may wish to consult with patients and the Patient Participation Group (PPG) on at least an annual basis and provide evidence of change.
- Be aware of the human rights approach taken by CQC.

### For further detailed information:

[www.cqc.org.uk/content/our-human-rights-approach](http://www.cqc.org.uk/content/our-human-rights-approach)

## ACCESS TO APPOINTMENTS

Be aware that the CQC Inspector will ask about appointment availability to access GPs (to include female and male) and nurses, pre-bookable, in advance and urgent.

## COOPERATION WITH OTHER PROVIDERS OF SERVICES AND CARE

- Be aware of the need to demonstrate co-operation with other providers.
- CQC Inspectors may want to know about any interpreter service, to include sign language.
- CQC Inspectors may be interested to talk about the hand over to the out of hour's service and in particular for patients near the end of life.

## DEMONSTRATING - MANAGING RISK AND QUALITY

(establishing, improving and maintaining)

When the CQC is monitoring compliance they will ask the GP practice about what evidence there is to demonstrate compliance. Therefore if asked by a CQC Inspector to demonstrate compliance, a GP practice might use or refer to some of the following examples:

- ✓ The systems in place for risk management and clinical governance and any evidence of any change in practice as a result.
- ✓ Having a mechanism for patient feedback/comments.
- ✓ Having a publicised and robust complaints procedure for handling complaints from patients, this should comply with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009.
- ✓ Conducting clinical audits.
- ✓ Conducting regular significant event reviews and analysis.
- ✓ Conducting risk assessments as and when appropriate and undertake all reasonable actions (see outcomes 8, 10, 11, 14 and 21).
- ✓ Information related to misconduct investigations of the staff.
- ✓ Evaluating changes to ensure improvements have been achieved.
- ✓ Incident reporting related to controlled drugs and other medicines and any evidence of learning/action taken.
- ✓ Any external accreditation process.
- ✓ Reviewing and updating process for the workforce to read relevant policies/protocols/procedures.
- ✓ Relevant local or national guidance having been taken into account.
- ✓ Records of training and development for ALL staff.
- ✓ Reviewing of all information gathered about the safety and quality of the services GP practices provide. From these reviews GP practices can identify any risks and the action to be taken to address them; and pinpoint ways to improve the service to patients.
- ✓ Discussing key information collected at practice team meetings so that learning and development points/changes to working practice are identified if necessary. However, it should be the case that the GP practice workforce feels able to raise concerns about risks to patients/staff in a confidential manner at any time (Whistleblowing Policy).
- ✓ Showing data about the quality of the GP practice in some form, within the public areas of the GP practice reception and/or on GP practice website. For example, results of a practice survey or a summary of patient feedback received via a suggestion box. Similarly, for the safety of patients, display health and safety information (including information about own responsibilities for contributing to health and safety) in the GP practice reception.
- ✓ Circulating and acting on clinical guidance, medical alerts and safety alerts and any other relevant local or national reports, so that staff can change their working practices, if necessary, for the benefit of patients. *(non-exhaustive list)*



## MYTH BUSTERS

[Nigel Sparrow is CQC's Senior National GP Advisor.](#) Nigel clears up some common myths about CQC inspections of GP services and shares agreed guidance.

**For further detailed information:**

<http://www.cqc.org.uk/content/gp-and-out-hours-mythbusters-nigel-sparrow>

## INFECTION CONTROL AND CLEANLINESS

- Inspecting areas for cleanliness and infection control may be very popular with the CQC Inspections.
- Ask a Practice Nurse to lead on CQC Outcome 8 (Infection control and cleanliness) and ensure they have adequate training to carry out this role effectively.
- Evidence of Infection control audits, cleaning schedules (including deep clean), cleaning logs and training undertaken on a systematic basis, documented and saved in a shared domain/place as a minimum.
- Notices and logs when areas were last cleaned e.g. in toilets, clinical rooms and waiting rooms.
- Ensure there is hand gel available in key areas.
- Ensure there are no stains or discolouration on carpets.
- The GP practice needs to show how it is mitigating risks to include dealing with sharp disposal and injury.

## LEADERSHIP

- Make sure that the GP practice considers how it can demonstrate clear leadership within the business and across the team and workforce.
- Conduct frequent workforce meetings with a shared agenda and minutes.
- Ensure the workforce has read, understood and signed up to the CQC GP practice Statement of Purpose.
- Ensure that the workforce feels supported and valued and they have the appropriate employment policies, procedures and systems in place.
- Be aware that CQC Inspectors may ask for evidence of formal recorded supervised support for the entire workforce.
- CQC Inspectors may be interested in talking to the workforce about whistleblowing and whether staff feel safe to do so.
- CQC Inspectors may wish to speak to staff on a one to one basis or as a group.
- Evidence that the entire workforce is able to identify and learn from mistakes when appropriate.

## STAFF/WORKFORCE GENERAL

- Ensure that the GP practice is ready to answer any questions related to CQC Outcomes, 12, 13 and 14 and have the evidence to support any answers.
- Create a robust recruitment and selection policy that meets the equality agenda and minimises risk.
- Evidence of recruiting new staff to include advert and interview notes in the personnel file.
- Evidence that the GP practice has in place a workforce induction programme to include a section on CQC and disclosure of any criminal activity.
- Ensure staff annual performance appraisals are undertaken and documented and saved in an appropriate domain. It's good practice to include a section on managing risk during the annual appraisal to include any criminal activity disclosures.
- Ensure that the GP practice holds HR personnel folders for the entire workforce (including GP Locums and partners) in place with an index of key information containing:
  - ✓ Name.
  - ✓ Emergency contact details.
  - ✓ Professional membership registration.
  - ✓ GMC registration.
  - ✓ NMC pin number.
  - ✓ Performers list detail.
  - ✓ Indemnity details.
  - ✓ References.
  - ✓ Appraisals.
  - ✓ Training.
  - ✓ Supervision.
  - ✓ Photo ID - *There is evidence that CQC Inspectors will wish to see evidence in each HR folder that photo ID has been seen during the recruitment process (this may include a photocopy of the document seen or, at least, a record of its type and serial number).*
  - ✓ Evidence of CRB/DBS check or risk assessment if non-clinical - *Undertaken a risk assessment (to include all non-clinical staff without a CRB/DBS) take reasonable actions and use it as a working resource and tool. (non-exhaustive list)*
  - ✓ CQC Inspectors may wish to discuss recruitment processes, in particular GP Locum appointments.

### For further detailed information:

[http://www.derbyshirelmc.org.uk/Guidance/GP\\_Locum\\_Induction\\_Guidance\\_for\\_Derbyshire\\_GP\\_Practices.pdf](http://www.derbyshirelmc.org.uk/Guidance/GP_Locum_Induction_Guidance_for_Derbyshire_GP_Practices.pdf)

## STAFF/WORKFORCE TRAINING

- Create a workforce training matrix and share with the workforce.
- People should be cared for by staff who are properly qualified and able to do their job.
- Staff should be properly trained and supervised, and have the chance to develop and improve their skills.
- Create a training portfolio for the entire workforce. Copies to include one for the member of staff and one for the Practice Manager.
- Key areas of training evidence to include:
  - ✓ Managing risk and learning from mistakes.
  - ✓ Health and Safety.
  - ✓ CPR.
  - ✓ Equality and Diversity.
  - ✓ Informed consent.
  - ✓ Informed decision making.
  - ✓ Whistleblowing.
  - ✓ Chaperoning.
  - ✓ Safeguarding for children and adults - *CQC Inspectors may want to have evidence that safeguarding for both adults and children is discussed in multidisciplinary meetings and outcomes recorded where appropriate and all policies and procedures are followed. In particular, CQC may be interested in information sharing (for both children and adults) so that any matters can be resolved quickly and easily. The CQC Inspectors may also want to discuss the management of access to sensitive information e.g. patient at risk register.*
  - ✓ GP awareness around Deprivation of Liberty Safeguarding (DOLS) the Mental Health Act and the Mental Capacity Act and what this means for GPs and their patients.
  - ✓ There is evidence to suggest that CQC Inspectors will ask to see proof of attendance certificates in connection with staff training. *(non-exhaustive list)*
- Consider using the Practice Nurse Competency Framework and the Practice Nurse Competency Development Plan to help evidence Practice Nurse competencies and appraisals.

### For further detailed information:

<http://www.derbyshirelmc.org.uk/Resources/Practice%20Nurse%20Competency%20Framework%20and%20Competency%20Development%20Plan%20v1%200%20FINAL.pdf>

## POLICIES AND PROCEDURES

CQC Inspectors may also wish to see policies, procedures, guidelines and protocols when felt appropriate and necessary but what is most essential is that the GP practice workforce understand what these mean in operational terms. It is vital for any documents to reflect what the workforce does on a day to day basis.

## MEETINGS

- Include CQC as an agenda item for all appropriate meetings and take minutes.
- Meeting minutes must be available as evidence to the CQC Inspector that the meeting has taken place.
- Ensure all meetings have agendas and minutes – the entire workforce should be able to add items to the agenda and read copies of the minutes.
- Consider adding new agenda items for all meetings to include the following:
  - ✓ CQC
  - ✓ Managing risk
  - ✓ Improving quality (*non-exhaustive list*)

## HEART OF PEOPLE'S EXPERIENCE OF CARE

- CQC inspectors want to get to the HEART of people's experience of care, so the focus of their inspections is on the quality and safety of services, based on the things that matter to people - Use past case examples to help demonstrate compliance.
- Describe in detail the service offered and how staff/workforce go that 'extra mile' to help achieve the best possible outcome for ALL patients.
- CQC Inspectors will talk to patients (pre and post consultation) about their experience, particularly around whether they felt listened to, consent, informed decision making, choice, access to appointments and information about a particular treatment or referral options, prescribed medication including about the risks and benefits, and general safeguarding.
- CQC Inspectors may also like to sit in the waiting room listening and talking to patients and observe the meeting and greeting of the patient at the reception.

## POPULATION GROUPS

Familiarise yourself with the Population Group definitions, as follows:

- ✓ Older people.
- ✓ People with long-term conditions.
- ✓ Families, children and young people.
- ✓ Working age people (including those recently retired and students).
- ✓ People whose circumstances may make them vulnerable.

- ✓ People experiencing poor mental health (including people with dementia).

Consider creating patient surveys that incorporate the five questions\*\* about services that are provided to people in the six population groups.

#### For further detailed information:

[www.cqc.org.uk/sites/default/files/20141008\\_gp\\_practices\\_and\\_ooh\\_provider\\_handbook\\_appendices\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_appendices_final.pdf)

## KEY LINES OF ENQUIRY

As part of the new approach to inspecting, CQC Inspectors follow key lines of enquiry (KLOEs). It's therefore, vital to respond adequately to CQC Inspector questions, to illustrate best the quality and safety of services. CQC will undertake a matrix approach around the 6 population groups and the 5 categories of questions.

There are 5 categories of questions:\*\*

- ✓ **SAFE** - people are protected from abuse and avoidable harm.
  - ✓ **EFFECTIVE** - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
  - ✓ **CARING** - staff are involved and treat people with compassion, kindness, dignity and respect.
  - ✓ **RESPONSIVE** - services are organised so that they meet people's needs.
  - ✓ **WELL-LED** - the leadership, management and governance of the practice assures the delivery of high quality person centred care, supports learning and innovation, and promotes an open and fair culture.
- Most KLOEs are 'mandatory' and must be followed at each inspection. Others are 'additional' and will only be checked if the CQC pre inspection checking suggests they should be.
  - The KLOEs are underpinned by prompts (CQC have these prompts at hand during inspection) that give examples of how KLOEs can be followed.
  - Consider the Key Lines of Enquiry (KLOE) approach of asking the GP practice questions during preparing for inspection.

#### For further detailed information:

**(the below includes the types of KLOE and types of questions asked within each category)**

[https://www.cqc.org.uk/sites/default/files/20140409\\_provider\\_handbook\\_consultation\\_gp\\_practices\\_appendices\\_final\\_for\\_web.pdf](https://www.cqc.org.uk/sites/default/files/20140409_provider_handbook_consultation_gp_practices_appendices_final_for_web.pdf)

## RATINGS - WHAT DOES 'GOOD AND OUTSTANDING' LOOK LIKE?

The CQC inspection evidence gathered is set against the '*Characteristics of Ratings*', to determine the rating awarded to each of the five key question ratings, and a final overall location rating is aggregated from these five ratings.

GP practices will be rated as either:

- ✓ Outstanding
- ✓ Good
- ✓ Requires Improvement
- ✓ Inadequate

GP ratings will be published on CQC's web site and when finalised, must be displayed in the GP practice and on the GP practice website.

## REFERENCES AND RESOURCES

For further detailed information, to help GP practices get ready for the CQC Inspection:

### **Derby and Derbyshire LMC**

**Nwando's - On Closer Inspection...CQC Hot Topics**

[http://www.derbyshirelmc.org.uk/CQC\\_Hot\\_Topics.php](http://www.derbyshirelmc.org.uk/CQC_Hot_Topics.php)

**GP Locum Induction**

[http://www.derbyshirelmc.org.uk/Guidance/GP\\_Locum\\_Induction-Guidance\\_for\\_Derbyshire\\_GP\\_Practices.pdf](http://www.derbyshirelmc.org.uk/Guidance/GP_Locum_Induction-Guidance_for_Derbyshire_GP_Practices.pdf)

### **Derby and Derbyshire LMC Services**

**Practice Nurse Competency Framework and the Practice Nurse Competency Development Plan**

<http://www.derbyshirelmc.org.uk/Resources/Practice%20Nurse%20Competency%20Framework%20and%20Competency%20Development%20Plan%20v1%200%20FINAL.pdf>

**Practice Nurse Appraisal Handbook**

<http://www.derbyshirelmc.org.uk/pdfs/Practice%20Nurse%20Appraisal%20Handbook%20-%20FINAL.pdf>

### **CQC**

[www.cqc.org.uk/content/where-send-registration-information](http://www.cqc.org.uk/content/where-send-registration-information)

[www.cqc.org.uk/content/what-registration](http://www.cqc.org.uk/content/what-registration)

[www.cqc.org.uk/content/step-three-what-do-you-need-do-0](http://www.cqc.org.uk/content/step-three-what-do-you-need-do-0)

[www.cqc.org.uk/content/what-changes-have-been-made-key-lines-enquiry-and-how-might-affect-rating](http://www.cqc.org.uk/content/what-changes-have-been-made-key-lines-enquiry-and-how-might-affect-rating)

[www.cqc.org.uk/content/gp-and-out-hours-mythbusters-nigel-sparrow](http://www.cqc.org.uk/content/gp-and-out-hours-mythbusters-nigel-sparrow)

[www.cqc.org.uk/sites/default/files/documents/guidance\\_about\\_compliance\\_summary.pdf](http://www.cqc.org.uk/sites/default/files/documents/guidance_about_compliance_summary.pdf)

[www.cqc.org.uk/content/notifications-gp-providers](http://www.cqc.org.uk/content/notifications-gp-providers)

[www.cqc.org.uk/sites/default/files/20141008\\_gp\\_practices\\_and\\_ooh\\_provider\\_handbook\\_appendices\\_final.pdf](http://www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_appendices_final.pdf)

[www.cqc.org.uk/sites/default/files/20140409\\_provider\\_handbook\\_consultation\\_gp\\_practices\\_appendices\\_final\\_for\\_web.pdf](http://www.cqc.org.uk/sites/default/files/20140409_provider_handbook_consultation_gp_practices_appendices_final_for_web.pdf)