

What might be expected from a reception team during a CQC inspection?

Note: this list is not exhaustive and merely provides an idea of what might be asked of your reception teams during a CQC inspection; information has been gathered from the LMC observations, Federation & ICB CQC Leads across the Surrey and Sussex LMCs area.



- ✓ Check mandatory training is up-to-date.
- ✓ Reviewing your key policies and procedures and make sure you do what they describe.
- ✓ Know CQC could attend on-site or ask for some meetings via teams.
- ✓ Your staff may receive an individualised staff survey before CQC attend which is completed and returned directly to CQC. The survey may seek their views on workforce provision (absence management for example), the practices management/leadership, whether staff can easily access information about their job role and SOPs. They may be asked about interpersonal relationships at the practice, PLT and personal development availability, how they raise concerns, their knowledge of incidents and significant events and importantly how that learning is shared. It is likely to touch on safeguarding as well as other processes they will be subject to such as whether they had a formal induction, do they have formal/informal team meetings, is there clear supervision, do they have 1:1s or PDPs and do they have appraisals. The survey may also ask them about their view on patient access and their knowledge of the patient appointment booking systems. It will also ask them how patients can make complaints etc..
- ✓ It is usual for CQC to ask the same questions to many people which supports cultural embedding of policies and procedures; they will compare this to the policy you describe.

Safe

- CQC often ask about processes for significant events: what do they do and who do they report to. They will want to know that the reception team knows what happens next, whilst it may not be the reception team undertaking the full process, they should be aware of it.
- CQC often ask about safeguarding processes and expect everyone to know who the leads are; a clear poster on a noticeboard is a helpful prompt. In addition:
 - CQC may also ask for examples of what might be considered a safeguarding concern, whether real or hypothetical.
 - CQC might ask your team member what they would do if they had such a concern, what are the next steps.
 - CQC want your team to have access to local authority processes/ contacts for the Safeguarding teams in case they receptionist felt a need to escalate the issue, this would be important if for some reason the receptionist was not assured by the process of the practice.
- CQC will ask about your Chaperoning processes, this includes:
 - How the offer of a chaperone is made to patients, where it is publicised and what is the process for arranging this for patients.
 - CQC will want to understand how a chaperone documents the interaction within the medical record, for example does the chaperone recording their attendance in the MR under their own name (*smartcard*).
- CQC will ask whether your staff member is involved in infection control (*or maintaining a clean environment*). In addition:
 - CQC may ask whether IC was part of their induction, they may ask who the lead is, and discuss the spill kits and processes for spills.
 - If reception handles specimens they will then ask about processes for that.
 - If reception takes delivery of vaccines they will ask about processes, they will be looking at maintaining the cold chain, and possibly touch on fridge temps (*if reception place them in the fridges*).
- CQC will always ask about emergency equipment and following on from that, they will ask how reception alert medical staff in an emergency.
- CQC may ask about business continuity processes, for example what would happen if the practice were not available to work from, i.e., working from home, other sites etc...
- Sepsis protocols is still commonly asked, chest pain protocols another.

- CQC will seek opinions on staffing, both sufficiency and across roles.
- Information security is very topical, CQC will ask key questions on this, such as smart card management, locking PCs, safe management of scripts, patient data and clean desk policies, so on and so forth.

Effective

- CQC will ask about appraisals: have they had one and when was it last undertaken; did they feed into it; could they ask for training and development opportunities; could they escalate concerns.
- CQC will ask about their mandatory training requirements, both what they are and when were they done.
- If CQC speak to a new staff member they will delve into the induction process a little further asking whether it enabled them to undertake their role adequately and, depending on the role type, whether any additional training has been provided as required.
- CQC will ask about any clinical administration processes they are likely to be involved in as part of their role. Reception team members can advise the inspector if a process is not part of your role but in doing so, do encourage them to direct the CQC Inspector to the person who is responsible for it.
- Workflow processes are always key; CQC will want to have sight of clear processes, for example what can be filed without being under the eyes of a clinician, versus what has been passed on and to whom. There must be some type of clinical oversight, ad-hoc audits etc., so do consider what you have in place.
- CQC like for consent to be obtained from a patient **before** they have referred them to social prescriber, this is to assure that patients are aware that they have been referred and why.

Caring

- CQC will ask how you maintain confidentiality in the reception area, this can include speaking in a low register on the phone.
- CQC will ask how patients who want a confidential face-to-face conversation with reception can obtain that.

- CQC will ask how patients who have enhanced needs are identified and supported, they are looking for alerts on the records to highlight these needs.
- Diversity and inclusion are important to CQC, they like to see this in practice although **it is not mandatory**, but in their view it is favourable.
 - Examples for equality and diversity might be joining a [Diversity Champions Programme](#), becoming a member of the [Business Disability Forum](#), being a [Mindful Employer](#), or [Employers for carers](#), or [positive about disabled people](#). These examples are ones that CQC themselves employ.
 - Inclusive recruitment policies and HR processes can often demonstrate this reasonably well where updated and modernised.
- CQC will ask about carers and will ask reception to identify their carers champion. They also might ask:
 - How the reception team identify carers, are they denoted on the MR for example. Non clinical staff also need to be aware of indicators that a patient might be a carer but not on the register and be able to code.
 - CQC might ask an open question of '*what does the practice do for carers*' and therefore being able to highlight the supported provided as part of local practice policy can be useful.
- CQC may ask whether there are processes for bereavement; consider:
 - internally what does the practice do;
 - is there any signposting for patients who are known to be recently bereaved.
- Patient feedback outcomes may lead to additional questions; these often come from the CQC patient survey.
- CQC may ask about training, things like dealing with difficult patients or customer service training.

Responsive

- CQC might ask the receptionists to overview the appointment system, to include acute and forward availability. In addition:
 - CQC might ask about the ways appointments are split, triaging etc.;
 - Or they might ask about email consultations if that is a process for the practice.

- CQC will be seeking receptionists' views on the appointment system, for example are there enough appointments, are patients happy, are there issues, are there ways to resolve them, in their opinion.
- Again, the CQC patient survey may also create additional questions.
- Home visits processes is a popular question from CQC, they are keen to know who can access HV and why. They may seek views on whether access to these appointments is responsive and accessible to the patients who need them.
- CQC may ask what happens if a receptionist notices a patient is acutely unwell, is there a process they would follow.
- Complaints questions may include such of the below examples:
 - *'What they would personally do if someone complained to them',*
 - *'What is the complaints process for a patient',*
 - *'How is learning shared',* and;
 - *'How are issues addressed'.*
- CQC may ask where the complaints policy is and then ask reception to find it on the shared file.
- CQC may want to see the receptionist can provide a complaints form.
- CQC will feel that the complaints leaflet should be always accessible to patients, it's not something patients should have to ask for. So do ensure any leaflets freely available, the website information is up-to-date, notice board have posters of the complaints processes, so on and so forth.

Well-led

- Mission statement, as well as your business vision and values should always be available, and staff should know what they are.
- There should be an awareness of leadership roles, who does what. Are they those leaders visible and available.
- Holders of key roles like complaints lead, IC, Caldicott Guardian, Safeguarding leads, IG leads, Whistle blowing, Freedom to speak up, etc should be known.
- **What is written in the policy should be what is delivered.**
- Practice culture will be examined, this will come largely from the management, treatment, and satisfaction of staff, but also the training, development, and support provided will feed into it

as well. For example, do staff feel able to admit mistake or raise concerns AND do they feel confident that management will act on what has been said.

- Change management and information sharing will be discussed, for example what meetings are held, what topics can be discussed and raised. Do staff have an opportunity to feedback AND do staff receive feedback from significant events and complaints.
- Management of aggressive patients is sadly quite a common topic now. CQC may ask how these patients are managed; questions may touch on whether a staff member works alone. CQC may ask about personal experiences with aggressive patients and any training that has been offered to support staff. They could ask if there are systems in place to alert other staff members of an issue and the consequences for patients who are aggressive.

Additional Roles

Specific roles and responsibilities may create additional questions, such as:

- Fire warden
- Chaperone
- Prescription clerk
- 2WR
- Referrals
- Processing incoming correspondence
- Summarising

Top Tips

- Remain calm.
- Be open and honest.
- Policies, systems, and processes - be familiar with key ones.
- **What is written in the policy should be what is delivered.**
- Ask for clarification or for a question to be re-phrased if necessary.
- Take a break if necessary.