



CQC compliance and Estates

Dr Karthiga Gengatharan - Medical Director



Introduction

Your Responsibilities

GMS Contract

CQC

Checklist





NHS GP Contract

GP partners are jointly responsible for meeting the requirements set out in their NHS GP contract for their practice and share the income it provides

One of the core parts of a general practice contract

Set standards for premises and workforce and requirements for inspection and oversight







Your responsibilities...

Set standards for premises and requirements for inspection and oversight

Premises Costs directions
CQC
Premises Lead
Estates strategy
Business continuity plan*







Premises Costs Directions 2024

Main source of information is the Premises Costs Directions Govern all of the rental reimbursements of premises and improvement grant applications

Minimum Standards for Practice Premises

New ones introduced on May 10, 2024, replacing the 2013 Directions and 2004 Directions (now revoked)



Schedule 1 Minimum standards for practice premises

Part 1 – statutory standards

Part 2 – contractual standards



Compliance and Standards

New Responsibilities

Ensuring premises meet minimum standards.

There is now greater support for maintaining and upgrading facilities.

Mandatory surveys by NHS England if compliance information is not available or is inadequate.

What This Means for GPs

Regular updates and maintenance to meet standards.

Potential for NHS England to switch payment methods if compliance is not met.



Role of CQC

The CQC is the independent regulator of health and social care in England. Its role is to ensure health and social care services provide people with safe, effective, compassionate, and high-quality care.

Functions:

- **Inspections and Regulation**: CQC monitors, inspects, and regulates services to make sure they meet fundamental standards of quality and safety.
- **Enforcement**: CQC has powers to protect patients and service users by taking action against providers that don't meet required standards.

 Regulated by





CQC

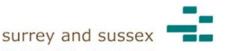
Primary medical care service providers **must** be registered with the Care Quality Commission (CQC).

This means that registered providers are **legally** obliged to comply with minimum requirements for quality and safety

This includes a requirement for people to receive care in, work in, or visit safe surroundings that promote their wellbeing.

Primary care organisations need to work closely with their providers and contractors to ensure they meet required quality and safety standards for premises.





The Care Quality Commission uses five questions to assess and rate an organisation's services:





How does this impact on estates?

The main focus on CQC estates compliance is through Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This focuses primarily on the role played by your estate in satisfying the CQC key question of whether your services are safe.



CQC: Regulation 15: Premises and Equipment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 15

The intention of this regulation is to make sure that the premises where care and treatment are delivered are clean, suitable for the intended purpose, maintained and where required, appropriately located, and that the equipment that is used to deliver care and treatment is clean, suitable for the intended purpose, maintained, stored securely and used properly. **Providers retain legal responsibility under these regulations** when they delegate responsibility through contracts or legal agreements to a third party, independent suppliers, professionals, supply chains or contractors.

You must therefore make sure that you meet the regulation, as responsibility for any shortfall rests with the you as the provider.



The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Outlines the essential requirements for healthcare premises and equipment used in the delivery of care and treatment



Regulation 15: Key components

Premises and equipment must be:

- Clean
- Secure
- Suitable for their intended purpose
- Properly used
- Properly maintained
- Appropriately located



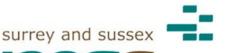
Guidance and Requirements:

- Keeping premises and equipment clean, secure, and in good condition
- Ensuring premises are fit for purpose and accessible to service users
- Implementing appropriate hygiene standards and infection control measures
- Maintaining documentation of cleaning schedules, maintenance records, and risk assessments
- Providing staff training on the proper use and maintenance of equipment



Compliance and Accountability

- Providers retain legal responsibility for compliance with Regulation 15, even when delegating responsibilities to third parties or contractors
- Failure to comply with Regulation 15 may result in regulatory action by the Care Quality Commission (CQC), including refusal of registration.



Assurances, risk assessments, competency

The CQC expect GP practices to provide **assurance** that they have carried out risk assessments to identify all risks associated with their premises and that they are managing these risks.

All systems require a **risk assessment**, but not all systems will require elaborate control measures.

CQC does not make any requirements about who carries out the risk assessment other than that they should be **competent to carry out the task***.

CQC want to see that the practice **adhere to the regulations**, that is all that is expected.



Integration into Practice Operations:

Incorporate Regulation 15 requirements into operational policies, procedures, and training programmes within the GP practice

Conduct regular audits and assessments to monitor compliance with Regulation 15 and remedy any identified deficiencies promptly and document.

Listening

Learning

Impact



Compliance implementation:

Implementing Effective Systems and Processes

Regular Audits and Assessments: Conduct frequent inspections and compliance checks.

Training and Development: Continuous training for staff on CQC standards and best practices.

Risk Management: Implement proactive measures to mitigate risks and potential non-compliance.

Signage: Fire, hazardous waste

Business continuity Plan: What happens if there is a Power cut/ Fire/flood? Buildings insurance – cover

Documenting Compliance

Checklist

Record Keeping: Maintain comprehensive records of care, maintenance, and staff training.

Evidence of Compliance: Collect and store evidence to demonstrate adherence to CQC regulations

Safe Effective Caring Responsive Well led



Aim:

To help provide a checklist (starter) for Practices to maintain their premises in compliance with CQC standards.

Help to support develop and embed robust systems and processes to ensure safety and quality and help maintain a culture of continuous improvement and readiness for inspections.

Look at the regulations for the finer details



Where are documents held?

When was the audit/survey completed?

Who is the responsible person?

Regulations/ Guidelines/ Law

Risk assessment

Timings – annually, biannually, quarterly, monthly, weekly, daily



General Safety and Maintenance

Fire Safety*: Equipment, fire drills, Fire risk assessment. Check monthly; service annually.

Electrical Safety Tests: Portable appliance testing (PAT)*, Fixed Wire (5 Year Periodic)Test *

Building Structure: Inspect annually for any damages or issues requiring repair.

Asbestos Management Survey & Risk Assessment

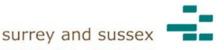
Specialist Ventilation inspection and servicing records: Air Conditioning

Water System: Legionella risk assessment annually*. Check water temperature

Annual Gas Safety Boiler Test Certificate

DDA (Disabled Access Audit) & Access Audit for patients and staff

Health & Safety Policy and Risk Assessment: Panic Alarm Protocol



Security and Data Protection

CCTV and Alarm Systems: Test monthly. Comprehensive review annually.

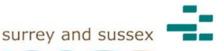
Data Security Measures: Review. Aligned with GDPR and patient confidentiality protocols.

Medical Equipment and Drugs

Equipment Calibration and Maintenance: Fridge temperatures*. As per manufacturer guidelines.

Drug Storage and Expiry Dates: Replace items as necessary and discard expired items*

Emergency Kit: Replace items as necessary and discard expired items*



Cleanliness and Hygiene

Risk assessment and policy in place: Handwashing audits

Infection Control Audits: Within last 12 months

Cleaning Schedule Compliance: Review cleaning logs monthly. Areas – patients, staff.

The arrangements for managing waste and clinical specimens: Spillage protocol, Waste audit

Risk assessments in place for storage of hazardous substances e.g. liquid nitrogen, storage of

chemicals: COSHH Folder*, secure storage*, signage*

Helpful reminders Check the week of CQC inspection Responsibility? Landlord/Shared

Declutter, Coat of Paint? And Deep clean prior to CQC visit



Patient Facilities

Waiting Room Comfort and Safety: Check monthly for cleanliness and general upkeep.

Signage and Information: Update as needed. CQC rating on display*?

Staff Facilities and Training

Staff Training Records: Review annually and update training as necessary.

Staff Rest Areas: Inspect for health and safety compliance.

Compliance with Employment Law: Review annually.

Documentation and Record Keeping

CQC Registration and Compliance Documents: Review annually.

Patient Feedback and Complaints Log: Review and update monthly

Policies and Procedures Manual: Review and update annually or when regulations change.



Annual Review

Complete Premises Compliance Review:

Conduct a thorough review of all areas annually in preparation for potential CQC inspections. Include mock drills and staff interviews to ensure readiness.



Checklist example

surrey and sussex
mcs

CQC Requirement	Suggested Evidence	Practice Evidence	Where are Documents Held	Owner	Completion status
Risk assessments in place for storage of hazardous substances e.g. storage of chemicals	COSHH Folder	Provided by NHSPS (Landlord) Shared Areas			
Fire Risk assessment Date of completion	Completed by a competent person Review regulations				
Actions were identified and completed	Make sure all actions are reviewed, completed and documented*				





Safe	Physical environment is safe Prevents risks associated with physical injury and environmental hazards. Secure storage for medications Secure access to the facilities to protect both patient and staff from potential harm.
Caring	Patient Facilities (Waiting Areas, Restrooms): Ensuring comfort, cleanliness, and privacy shows respect for patient dignity and contributes to a caring environment. Signage and Information: Clear signage helps patients navigate the facilities easily, reflecting a caring approach to patient needs.



CQC 5 Key questions and Estates

Responsive	Accessibility Audit: Annual reviews to adapt and enhance accessibility features ensure the practice can respond to diverse patient requirements.
Effective	Medical Equipment: Regular calibration and maintenance of medical equipment Accessibility Features: Facilities designed to be accessible so all patients can receive care effectively without barriers.
Well – Led	Documentation and Record Keeping: Keeping thorough records of maintenance, audits, and feedback demonstrates effective leadership Staff Training: Ensuring staff are trained on premises safety.



Remember...

We are here to support

LMC support:

LMC Observer

NTPM: New to site checklist, some premises considerations

Interview coaching

ICB support:

Erika Bowker (Surrey Heartlands ICB) - visits and VERY helpful guide Simon Neale (NHS Sussex) – visits and VERY helpful guide Andy McMylor (South West London ICB) Medicines Management Team Infection Control Quality Leads

Federation Support:





Use available resources

CQC Evidence Table

CQC website

CQC Mythbusters

CQC questions

CQC survey questions

Interview Practice

6 facet survey

SSLMCs Training

Practice Index

Training Hub



Helpful resources

CQC

Premises Cost Directions

BMA

LMC

ICBs

Federations



Thank you and any Questions?