‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads

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About this session: The content of this session is intended to provide general guidance based on our current understanding of CQC expectations. It should not be relied upon as definitive or exhaustive advice. As CQC approaches and areas of focus may change, practices remain responsible for their own compliance and governance arrangements.

Session 1: What to expect on a CQC inspection

- Ground rules and intro to Forum
- Types of inspection – lite / full – announced / unannounced and why
- Overview of what happens and timeframes
- Preparing staff – staff questionnaire
- Your details held by CQC – are they up to date?
- CQC changes coming – draft Quality Statements Framework

What is the CQC Preparation Forum?

- ✓ Focusing on supporting GP practices that have not had inspections since 2020
- ✓ Safe place to ask any question about CQC – big or small and we will support everyone to raise questions – no question is too small!
- ✓ Place to clarify what it is CQC want to see – lots of rumours and stories as to what you have to 'do' for CQC – some of it true, some of it is not true and some applies to other aeras – not our local CQC inspectors.
- ✓ A place to get some clear guidance and direction – where do you start with it all! However remember this is my best estimate as to what CQC want built from supporting practices for a few years.
- ✓ Try and implement / make the changes you need to make as soon as you can after each session with the team – so you stay on top of it all. It might be worth 2 people coming from the practice to the forums.
- ✓ If you don't get your question raised put it in the chat and I will answer it afterwards.
- ✓ Get the team to support you – achieving CQC is a team effort ☺ Hopefully we will get actual inspection feedback from some of you too via these forums.

Types of CQC Inspection

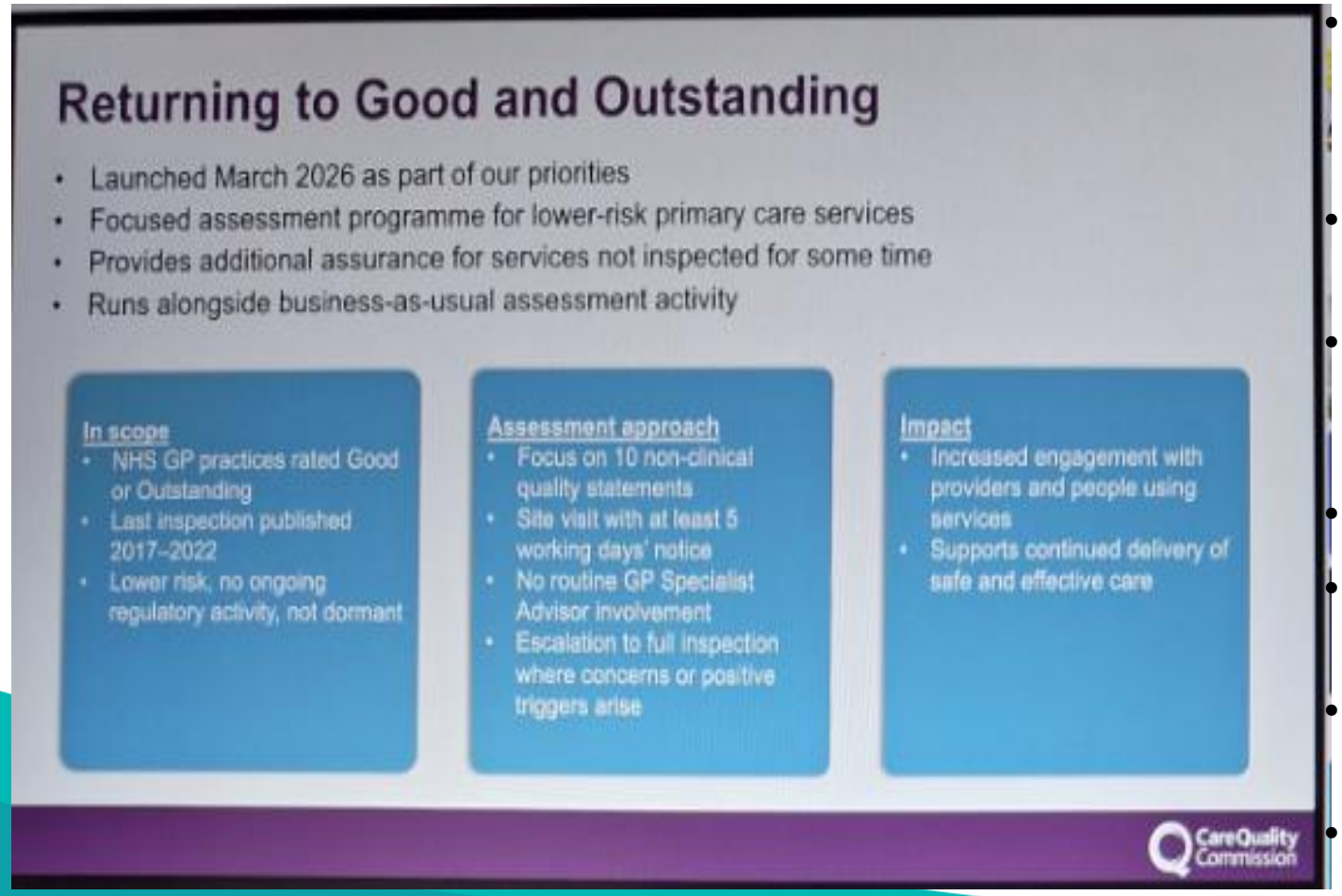
CQC currently have 3 types of CQC inspections – all involve a visit into the practice:

1. **Announced 'light' inspection** – *Return to Good'* new CQC idea to get through as many of the Good rated practices to increase inspections – older rated practices.
    - May have less evidence submission before they come in
    - More focused on the practice visit and PM role
    - May not access clinical records to look at Ardens CQC searches
    - HOWEVER – CQC will go straight to a FULL INSPECTION if they are not happy with what they find.

2. **Announced full inspection** – the standard CQC inspection
    - Includes review of patient records – Ardens CQC searches
    - Interviews with staff – some may be on ms teams
    - Evidence submission – short time frame
    - PPG

3. **Unannounced full inspection** – may have a particular focus
    - Normally this is due to significant whistleblowing by a number of patients or staff making serious allegations

CQC so called – light inspections!



- All CQC dated inspection 2016 and 2015 will be full inspections.
- The 10 nonclinical quality statements CQC will probably use for these light inspections:
- KLOE Safe: Safe Environment, Safe & Effective Staffing, Infection Prevention & Control.
- KLOE Effective: Supporting people to live healthier lives, Monitoring & improving Outcomes
- KLOE: Caring: Kindness compassion & Dignity
- KLOE: Responsive: Equality in Access, Equality in experience & outcomes
- Well Led: Shared Direction & culture, Governance, management & sustainability
- See recent evidence request from one of these

What will CQC ask for prior to coming in?

Prior to our assessment, we would like to request the following information from you:

Practice 1

- list of staff employed and their roles (including lead roles)
- latest infection prevention and control audit and IPC annual statement
- copy of your business continuity plan
- contact details for your patient participation group or similar (if they consent to details being shared)
- risk register for your premises (individual documents can be viewed on-site)
- training matrix for all staff
- appointments policy
- recruitment and DBS policy
- details of any quality improvement work undertaken, relevant to the quality statements included in this assessment
- recent staff survey results (if completed in the last 2 years

Practice 2 - Sussex

- Organizational structure/staff list – please include regular locums, trainees and associated staff in ARS roles
- A summary of significant events within the last 12 months, including a brief description, evidence of actions you have taken, learning you have applied, and improvements made as a result.
- A summary of complaints received within the last 12 months, including a brief description, evidence of actions you have taken, learning you have applied, and improvements made as a result.
- PPG member's email addresses and telephone numbers for feedback (with consent).
- If you look after patients in care homes, please provide contact details for the care home manager (email and telephone number)
- Details of two complete full-cycle audits including actions taken and outcomes achieved.
- Summary of any quality improvement work undertaken over the last year (or awards or any other achievements that you would like to make us aware of).
- Evidence of how you have collected, analysed and responded to patient feedback during the last 12 months, including results of any surveys and examples of actions taken.
- Most recent fire safety risk assessment and any related action plan (for both main and branch sites)
- Most recent infection prevention and control audit (for both main and branch sites) and any related action plan
- Most recent health and safety risk assessment and any related action plan (for both main and branch sites)
- Practice risk register (if you have one)

Further changes planned by CQC

CQC will be keeping the 5 Key Lines of Enquiry – (KLOES) but:

Reducing & updating the quality statements

Getting rid of scoring system in inspections

- CQC have published a new draft quality framework detailing what Good' etc looks like – see here:
- 20260319 DRAFT Primary Care and Community Services assessment framework for feedback_table (1) (1).pdf
- Taken from here: Our improvement plans for 2026 - Care Quality Commission

- Worth looking at and thinking about now and look out for final version. CQC will pilot now – final evaluation November 2026.

So what actually happens in a routine full CQC inspection?

CQC will email the registered manager and tell them they are coming in to inspect the practice

You will get 2 weeks notice and a timetable of what will happen and what you need to provide BEFORE CQC come in to the practice

In this 2 week run up:

- The Practice will need to submit a number of documents to CQC – policies, minutes of meetings, audits etc with only a short time frame – often only 4 days
- The CQC then ask to access EMIS / System one and a GP CQC inspector will remotely read EMIS / System One looking that all patients, in Ardens CQC searches, have had the correct monitoring
- The GP interview (via teams) will be just after CQC have accessed the clinical system. This will be 1-2 hours long
- PM & Nurse interviews – may be on ms teams or in person when they visit
- The PM will give out questionnaires to all the staff- these are completed anonymously and returned to CQC
- CQC will contact your chair & up to 5 members of your Patient Participation Group for feedback – again in this 2 week period
- CQC may ask for a direct link to go on to your practice website / poster in waiting room so patients can give their views of the practice - for the 2 week inspection period only.

Then CQC comes into the practice!

On the day CQC come into the Practice

Everyone will understandably feel very nervous on the day if they are coming in. It's fine to tell the inspector you are nervous!

Stick to just answering the question – the inspectors may try and get you to chat a bit more!
The inspector will meet with the PM and look at files and folders (you can show them electronically) such as:

- A complaint letter
- 5 HR folders (need to have everything in!) 2 recent recruits clinical / non clinical and 2 other recruitments, plus one other. Staff vaccination logs, mandatory training logs etc.
- Policies, cleaning audits, IPC audit plus action plan – but they can ask for anything!
- A walk around checking the cleaning – looking for dust on high & low surfaces

Try not to argue with the inspector! If you think they have got it wrong – show them the EVIDENCE where you think you are right.

- Ideally just say you will sort as soon as possible and sort it out and let them know you have sorted it (evidence) – it will be much better for your inspection.

The inspector will meet with administration staff (not normally on their own) & expects **everyone** to know:

- If you saw something that might be a safeguarding incident- what would you do?
- What is a significant event and what would you do if one happened?
- If a patient wanted to make a complaint, what would you do / say?
- Deteriorating patient (maybe in waiting room) – what are the signs - would you do

Some Fundamentals

- **Most Practices fail on 'Safe' KLOE** - prioritise preparation on this to start – if you fail on safe unlikely to get 'Well Led'

- There are key themes that come up every time in all inspections such as '**learning**' and '**access**'– make sure you know how you are going to **evidence** this – what will you show to CQC?

- Work through all of the GP myth busters – your main preparation guide! GP mythbusters - Care Quality Commission
- All your Policies must match your practice – they look for evidence where this does not happen e.g. recruitment, significant events, mandatory training etc. plus ask staff

- Make sure your CQC ratings poster is on display in the waiting room – legal requirement CQC told me! See widgets! How to use the CQC widget and posters - Care Quality Commission

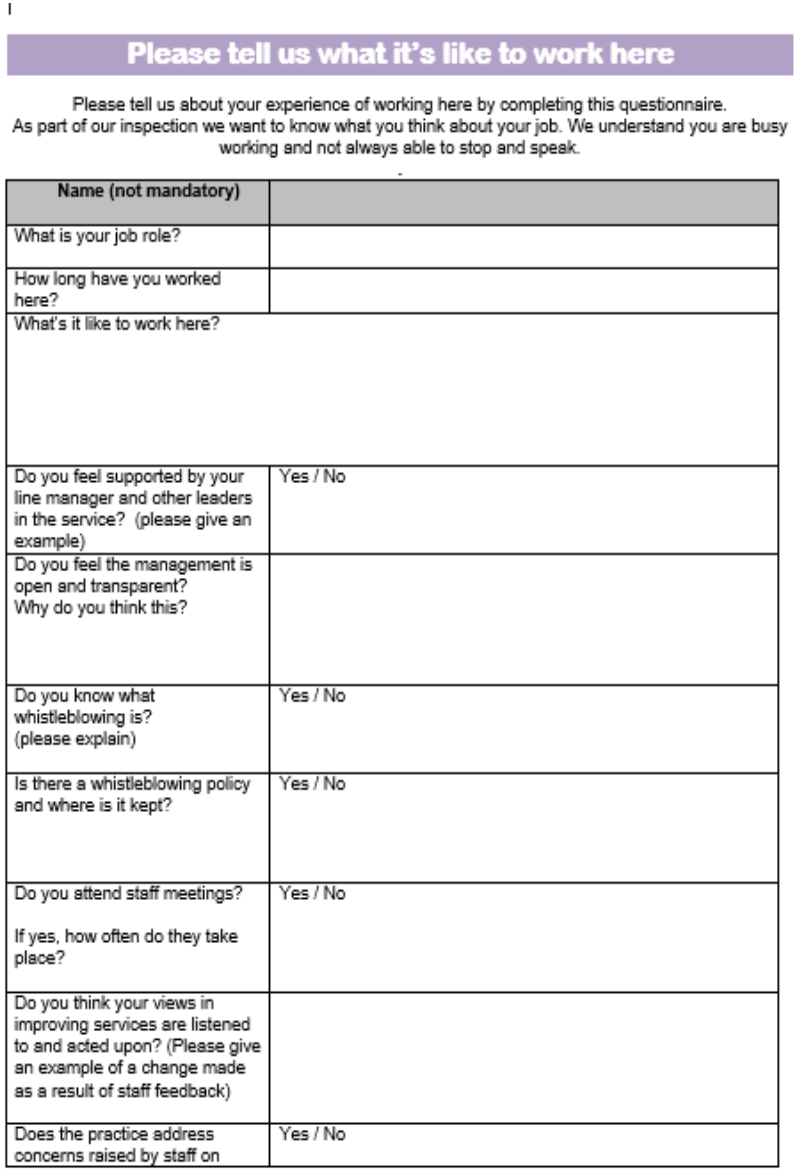
- And your practice information on the CQC website is up to date – register manager, GP Partners, what services you provide etc Making changes to your registration | CQC Public Website

- Look at your last CQC report – even if its very old – CQC will ask questions based on it if they wanted improvements

Preparing staff for an inspection

- Be aware of the CQC staff survey (get from Erika)– go through it with staff and discuss – they may be unaware of practice initiatives so good opportunity to share what the practice is doing – BUT **do not** tell staff what to write! Ideas for a PLT below.

- Try not to over coach or pressure the staff – they may tell CQC they have been pressured! Take a supportive approach
- CQC will ask & expect ALL staff to know:
- How do you recognize if a patient is unwell and what do you do? i.e. reception staff – collapsed patient in waiting room
- What is your understanding of safeguarding and if you had concerns what would you do? '*know how to recognise and report signs of abuse'*
- If a patient told you they wanted to make a complaint what would you do?
- What is your understanding of duty of candor (being open and honest if things go wrong)
- Ask staff if they feel is safe to raise concerns – what is their understanding of 'Freedom to Speak Up and Whistleblowing? Do staff feel action is taken?
- Protected Equality characteristics – what are they?
- In these staff don't need to quote policy – just know that there is one – where it is – ask their manager etc.



Please tell us what it's like to work here

Please tell us about your experience of working here by completing this questionnaire.
As part of our inspection we want to know what you think about your job. We understand you are busy working and not always able to stop and speak.

Name (not mandatory)	
What is your job role?	
How long have you worked here?	
What's it like to work here?	
Do you feel supported by your line manager and other leaders in the service? (please give an example)	Yes / No
Do you feel the management is open and transparent? Why do you think this?	
Do you know what whistleblowing is? (please explain)	Yes / No
Is there a whistleblowing policy and where is it kept?	Yes / No
Do you attend staff meetings? If yes, how often do they take place?	Yes / No
Do you think your views in improving services are listened to and acted upon? (Please give an example of a change made as a result of staff feedback)	
Does the practice address concerns raised by staff on	Yes / No

Reflection on today

- What did you learn today that was new to you?

- What will you take away from today and implement at your Practice?