‘Preparing for CQC’ - Forum for Practice Managers & GP CQC leads Workshop 6

Erika.bowker@sslmcs.co.uk

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 6: Infection Control and other checks

- What are CQC looking for in Infection Prevention & Control (IPC) management?
- IPC policy
- IPC audits and actions tracked to completion
- National Cleaning Standards and cleaning audits
- CQC walk arounds
- IPC Lead training
- Fridge and Room Temperatures
- Info for staff and patients on IPC
- Clinical Stock checks - documented
- Waste audits (as requested by the company)
- Fridge and Room temperatures
- Patient Group Directions and Patient Specific Direction's

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.

Every inspection includes Infection Control currently

Infection prevention and control - Care Quality Commission

What this quality statement means

There is an effective approach to assessing and managing the risk of infection, which is in line with current relevant national guidance.

People are protected as much as possible from the risk of infection because premises and equipment are kept clean and hygienic.

There are clear roles and responsibilities around infection prevention and control.

Information about the risk of infection is shared appropriately with relevant partners, including agencies, people using the service and visitors.

Subtopics this quality statement covers

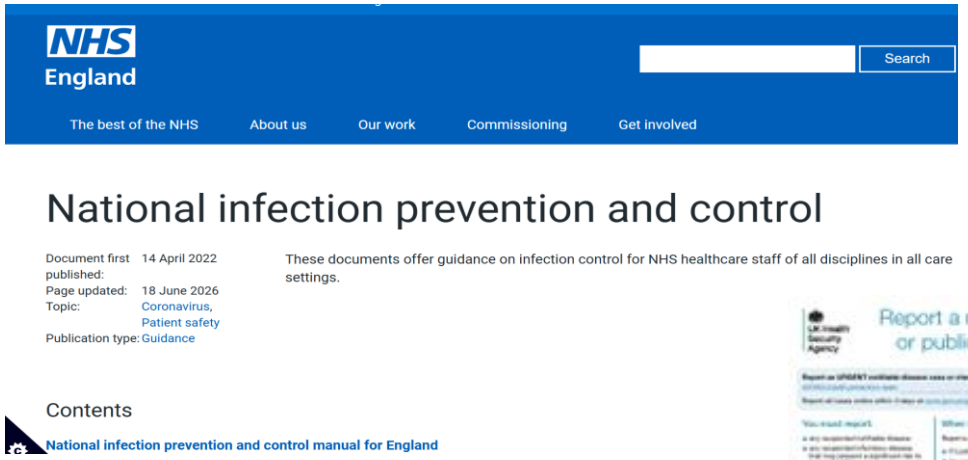
- Cleanliness and hygiene (environment and equipment)
- Vaccination
- Infection management
- Outbreak management
- Infectious diseases
- Waste and clinical specimen management

Also (but have not seen any questions on these)
Personal hygiene (staff and people who use services)
Food hygiene
PPE

Infection prevention and control (IPC)
Big IPC focus in all inspections!

GP mythbuster 99: Infection prevention and control in General Practice - Care Quality Commission (cqc.org.uk)

- Infection Control policy – based on this NHS England » National infection prevention and control



- Including up to date sources of external support and advice (Contacts: UKHSA health protection teams - GOV.UK),include management of a suspected infectious patient
- Surrey and Sussex HPT (South East)
- UK Health Security Agency
  County Hall North, Chart Way
  Horsham
  West Sussex
  RH12 1XA
- Telephone: 0344 225 3861
- Out of hours for health professionals requesting urgent advice: 0344 225 3861
- Email: SE.AcuteResponse@ukhsa.gov.uk
- Notifiable diseases poster for registered medical practitioners - GOV.UK

Infection Control audit and action plan: CQC will ask to see this in every inspection

Comprehensive IPC audit completed within the last year and all actions from the audit monitored and tracked to completion – action plan / minutes of meetings where actions discussed

A suggested IPC audit if you need one:
standard-infection-control-precautions-monitoring-tool-v1.3.xlsx

Consider using the tool above – why?

- It audits the standards in the national IPC manual so you are up to date
- However, CQC do not mind what tool you use – minimum once a year – more frequently if issues
- Hand Hygiene audits **Hand hygiene Audit Tool for General Practice - Infection Prevention Control**

IPC Lead Training: CQC may ask what training have you had for the role?

CQC will ask the IPC Lead person what suitable training they have had for the role and how do they stay up to date?

Suggestion if you need one for ‘suitable’ training:
The recommended training for IPC Leads is to complete both Skills for Health modules 1&2 .
Infection Prevention + Control Level 2 eLearning Course |SFH

How do you stay up to date? UKHSA have free subscribe here Subscribe – UK Health Security Agency

Information for Patients on IPC

CQC like to see poster in the waiting room advising patients on IPC such as
Measles: posters for the general public - GOV.UK
References & Sources - The UK Sepsis Trust
Campaigns | Campaign Resource Centre
Respiratory and cough hygiene Poster - Infection Prevention Control

Tools for Staff:
Clinical tools - The UK Sepsis Trust
Urinary tract infection: diagnostic tools for primary care - GOV.UK

National Cleaning Standards in Primary Care

Yes these apply to Primary care and CQC will have expected you to know about them and have implemented them or a similar version.

Where to start:
PRN0904iv-implementation-workbook-all.xlsx taken from here: NHS England » National standards of healthcare cleanliness 2025: implementation workbooks

3 things to do:

- Decide your functional risk categories for all rooms in the practice,
- Make sure you complete cleaning audits as the frequency dictates,
- Then display your 'Commit to Cleanliness Charter' which should match your cleaning schedule – just display the clinical rooms one is fine. NHS England » National standards of healthcare cleanliness 2025: supporting documents

No star ratings needed
Cleaning schedules need to match your charter

Make sure you have actions to address cleaning issues noted in the audit – where do you report?

The CQC walk around in the practice - cleaning

CQC will always walk around on a practice visit and inspect your cleaning.

Consider a deep clean before they come but declutter first to get your monies worth!

Will look at clinical rooms mainly - all high and low surfaces for dust including:

- Door frames and skirting boards if you have them
- Under couches - frames
- The backs of couches – check old ones do not have exposed bare wood – needs to be wipeable
- Tops of curtain rails
- Tops of cupboards
- Under desks
- Will check Sharps bins not too full and children cannot reach in
- Clinical curtains – changed as per functional risk – National Cleaning Standards
- Curtain-changing-or-disposal-frequency-for-General-Practice-May-2026.pdf

Will check waste bins too! Is your outside waste bin locked?
May want to see your cleaning checks or decontamination policy for all reuseable equipment that is used between patients – how do you clean? Micro suction, ECG machine, BP cuff etc

Carpets! What does CQC say?

GP mythbuster 99: Infection prevention and control in General Practice - Care Quality Commission

Carpets

Clinical rooms should not have carpets.

There should be a policy for cleaning carpets in consulting rooms and other communal areas including:

- How often they are cleaned (suggest this is shampooed – not just vacuumed)
- What actions to take if carpets are contaminated with body fluids or spillages.

Fridge Temperatures

Fridge Temperatures:

- Need a year's worth of at least daily temperature checks with NO GAPs
- Use fridge data loggers – make sure you download when full
- Cold Chain info poster for every fridge
- Make sure vaccines / stock does not touch the side of the fridge – air flow
- Keep fridge locked and take key out -CQC walkabout!
- Make sure all staff checking fridge temps know maximum temperatures and what to do cold chain breech Vaccine incident guidance: Responding to errors in vaccine storage, handling and administration

GP mythbuster 17: Vaccine storage and fridges in GP practices - Care Quality Commission (cqc.org.uk)

Put this poster laminated on every fridge – Erika has a copy

What is a cold chain breach?

A cold chain breach has occurred if vaccines are exposed to temperatures outside the 2°C to 8°C range for more than 20 minutes

What should you do if you discover a cold chain breach has occurred?

Keep your cool and follow the steps below

1. RESTORE

Restore the affected vaccines to between 2°C and 8°C as soon as possible and label them as *not to be used.* You may have to move them to a different fridge.

2. REPORT

Report the breach to the NHSE Screening & Immunisations Team (SIT) by emailing england.surreysussexsit@nhs.net We can offer guidance and support.

3. CALCULATE

Calculate the duration of the breach and note the maximum temperature reached using your data logger. If you do not have a data logger, calculate the duration from the last time the fridge temperature was recorded as being between 2°C and 8°C until the time that the vaccines were restored to between 2°C and 8°C.

NHS England

4. CONTACT

Contact the manufacturers of the affected vaccines. Any vaccines deemed safe for use according to the manufacturers' stability data can still be given under a PGD.

5. COMPLETE

Complete a stock incident form on ImmForm *only* if any vaccines are deemed to be unstable and you are advised to dispose of them. Stock incident forms on ImmForm are for recording lost doses of vaccine, not for reporting cold chain incidents.

https://www.gov.uk/government/publications/vaccine-incident-guidance-responding-to-vaccine-errors

surrey and sussex lmcs

Room Temperatures where drugs are stored in cupboards etc

Room Temperatures (where drugs are stored) – why log?

Taking steps to control and monitor ambient storage areas ensures that medicines are fit for purpose at the point of administration to patients – think of the heat we have worked in recently!

Storing medicines at ambient temperatures – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

- Do not need to do daily (except in hot weather) – you decide how often. Do staff know what to do if its above temperature?

- Note maximum temperature on log and action to take if outside range e.g. move to room with air con.

Other checks: Expiry date checks

You will need to DOCUMENT the checks you make of:

- Expiry dates of all drugs
- Expiry dates of consumables e.g. dressing packs etc – do not need to list every item! But you need to log / document 'all stock checked and correct' – suggest 6 monthly - stock rotation
- Some practices use QR codes for this (in teamnet)
- Emergency equipment and expiry dates of all consumables – document the checks

- See here for CQC suggested list of equipment & drugs to keep: GP mythbuster 1: Emergency care in general practice - Care Quality Commission

- If you decide not to keep all drugs listed you will need a documented risk assessment as to why not – e.g. can be obtained from local chemist quickly if required etc

- Would advise not to keep controlled drugs (unless GP dispensary) as lots of additional checks and documentation required – are you doing this – CQC will check!

PGD's and PSD's
Patient Group Directions and Patient Specific Directions

CQC always look at the folder they are in and check:

Are they up to date and do you have the ones that cover the vaccinations / medication administered?

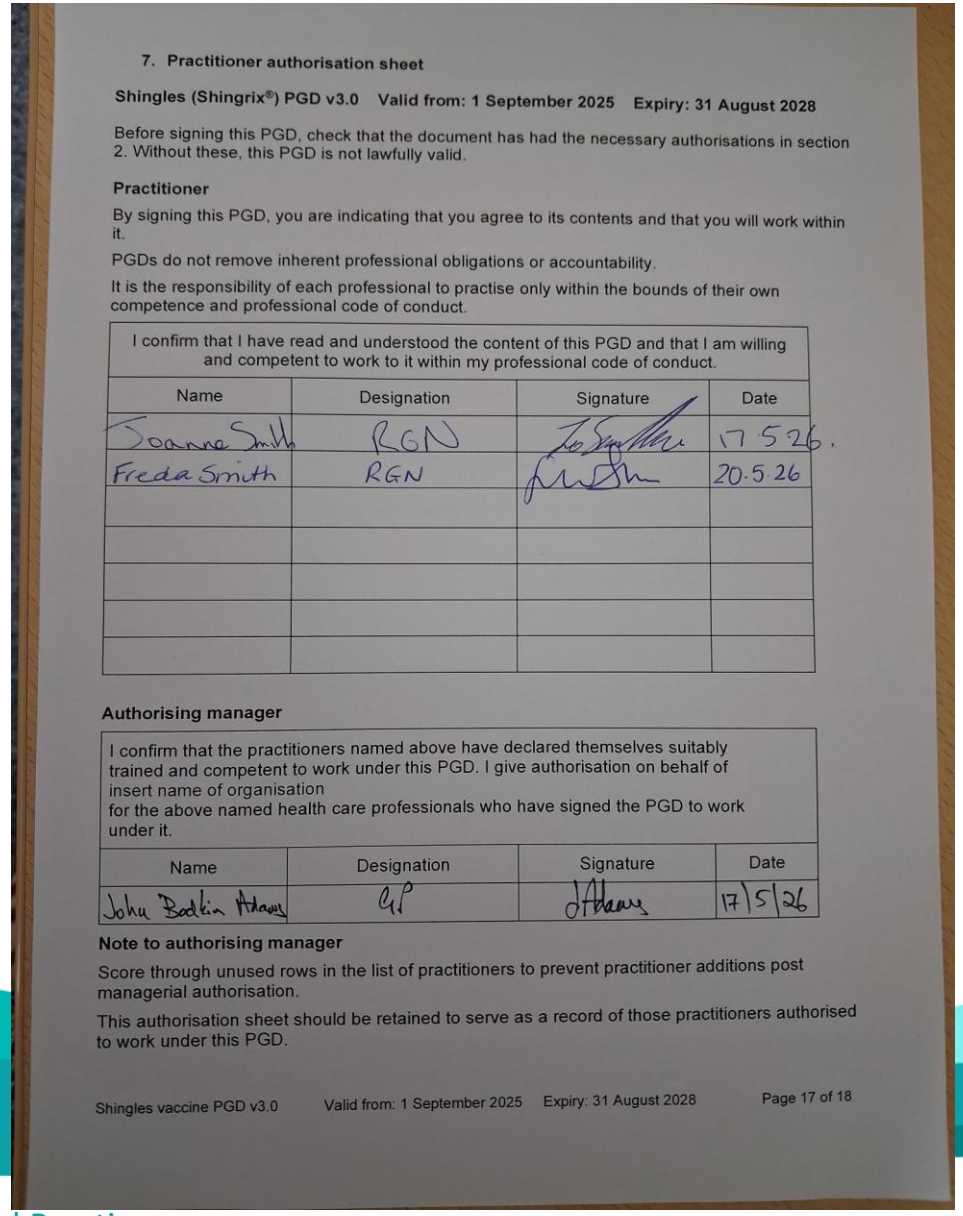
Will always check the nurse signature and the counter signing (normally GP) signature DATES

Why?

If a new nurse is added and the GP does not re-sign and date then the dates are not correct.

GP mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs) - Care Quality Commission (cqc.org.uk)

PGD – what's wrong with this? – This is what CQC check!



7. **Practitioner authorisation sheet**

Shingles (Shingrix®) PGD v3.0 Valid from: 1 September 2025 Expiry: 31 August 2028

Before signing this PGD, check that the document has had the necessary authorisations in section 2. Without these, this PGD is not lawfully valid.

Practitioner

By signing this PGD, you are indicating that you agree to its contents and that you will work within it.

PGDs do not remove inherent professional obligations or accountability.

It is the responsibility of each professional to practise only within the bounds of their own competence and professional code of conduct.

I confirm that I have read and understood the content of this PGD and that I am willing and competent to work to it within my professional code of conduct.

Name	Designation	Signature	Date
Joanne Smith	RGN		17.5.26.
Freda Smith	RGN		20.5.26

Authorising manager

I confirm that the practitioners named above have declared themselves suitably trained and competent to work under this PGD. I give authorisation on behalf of insert name of organisation
for the above named health care professionals who have signed the PGD to work under it.

Name	Designation	Signature	Date
John Baskin Adams	GP		17/5/26

Note to authorising manager

Score through unused rows in the list of practitioners to prevent practitioner additions post managerial authorisation.

This authorisation sheet should be retained to serve as a record of those practitioners authorised to work under this PGD.

Shingles vaccine PGD v3.0 Valid from: 1 September 2025 Expiry: 31 August 2028 Page 17 of 18

Reflection on today

What will you take away and implement or change in your GP Practice?

Please write in the chat