‘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 – focused / full – announced / unannounced and why
- Overview of what happens and timeframes
- Preparing staff
- CQC changes coming – draft Quality Statements Framework

What is the CQC Preparation Forum?

- ✓ 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 ☺

Types of CQC Inspection

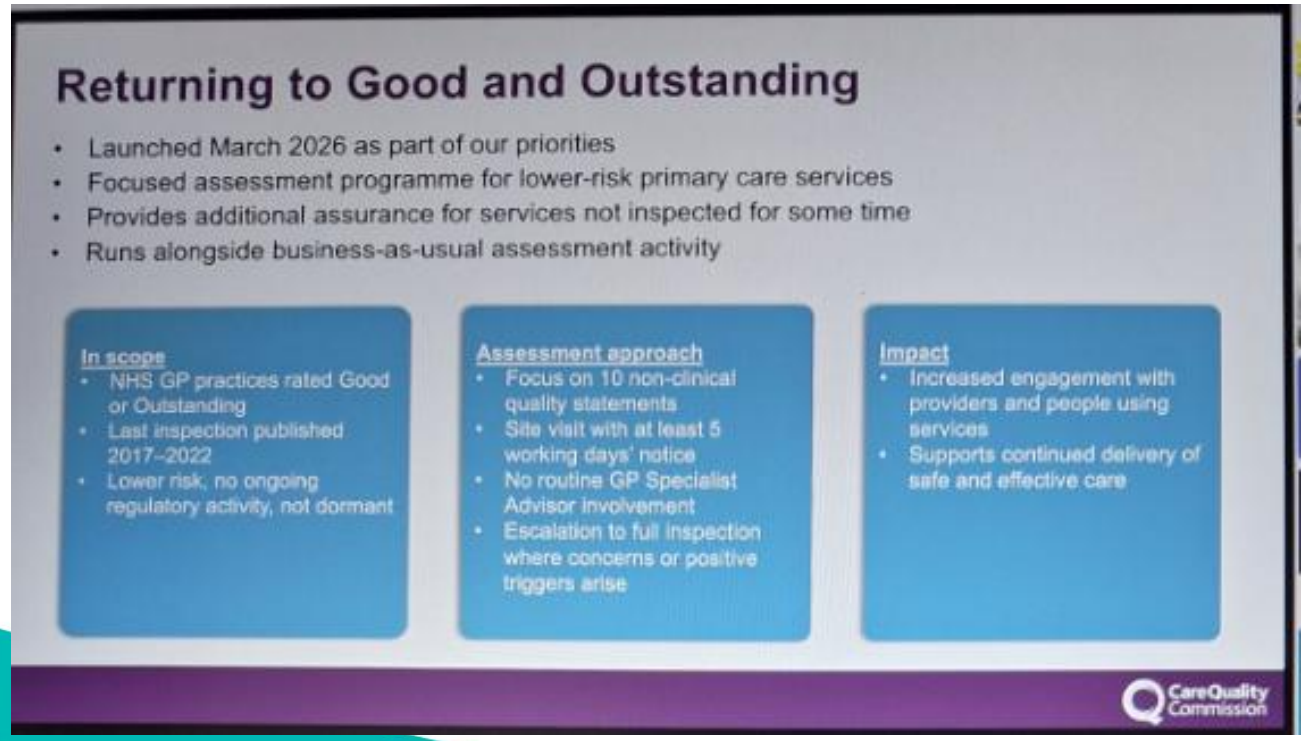
CQC currently have 3 types of CQC inspections – all involve a visit into the practice:

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

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
    - Speak to the 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 focused inspections -
8 in Sussex in last couple of months!



- All CQC dated inspection 2016 and 2015 will be **full inspections.**

Note Ardens CQC searches are now included in all focused inspections!

More detail on the quality statements used in focused inspections

- The areas we will focus on are:
- Safe: Safe environments,
- Safe: Safe and effective staffing
- Safe: Infection prevention and control
- Safe: Medicines optimisation
- Effective: Delivering evidence-based care and treatment
- Effective: Supporting people to live healthier lives
- Effective: Monitoring and improving outcomes
- Caring: Kindness, compassion, and dignity
- Responsive: Equity in access
- Responsive: Equity in experiences and outcomes
- Well-led: Shared direction and culture
- Well-led: Governance, management and sustainability



- Facilities, equipment and technology are well-maintained and consistently support staff to deliver safe and effective care.
- There are effective arrangements to monitor the safety and upkeep of the premises.
- Equipment used to deliver care and treatment is suitable for the intended purpose, stored securely and used properly.

What will this cover?

- Premises (including gas, electrical and fire safety) Checks / logs
- Equipment – PAT & Calibration - cleaning
- Environmental risks (adverse weather such as heatwaves and flooding)
- Digital systems/technology assurance

Also consider

- Staff safety – lone working policy / home visiting policy – if that applies

Feedback from a PM who has experienced a CQC focused inspection – last month!

What did the inspector do?

- Talk to PM / GP Lead
- Walk around the practice looking in
- nurses /clinical / consulting rooms
- Checked fridges
- Talked to reception / admin staff
- See if any pts in waiting room (to talk to)
- Talk to IPC Lead (nurse)
- Spoke to End of Life lead

- Mandatory Training! Not happy if doctors have not done it - the practice lost marks on that!!
- Supervision of staff - ARS roles - scope of competence for these roles (Erika has templates)
- You can choose the HR files - 5! Recent clinical & non clinical plus older than a year clinical and one non clinical plus one has to be a GP
- Definitely need minimum staffing levels documented / policy
- They went into cleaners cupboard! Looked to see if mops hanging up (air dry) and Cleaners COSHH folder
- Staff wellbeing
- Look at your last inspection report and make sure you have still done everything
- Need sharps injury posters above the sink ideally
- Admin staff were asked about urgent 2 week rule process and workflow
- They like those UKHSA reportable diseases posters
- Patient access & talked to PPG
- Staff imms records were looked at but not in detail
- Definitely need Practice Strategy
- Succession planning / staff development
- Any work you do on hard to reach groups - ? Veterans
- HP policies on capability / managing poor performance - didn't examine them but asked if we had them

Feedback from Practice 2 – just had a CQC focused inspection in Sussex

- **Carpets in GP consulting rooms** - They will want evidence of extra floor cleaning in these rooms, so now seeking that additional evidence from our cleaners. Fortunately we also had a deep clean of all carpets just this week!! The ultimate answer of course is to have the carpets replaced with hard flooring!
- There is an 'opportunity' to do more to **make the surgery welcoming for disadvantaged (deaf, blind, neurodivergent etc) patients at reception.** As he put it, he suggested that we do more to address the 'silent disabilities'. Will install hearing loop

- **Infection Control** - IC was a big feature of the audit. Many sharps bins were checked and MUST be dated correctly and not overfilled. Other bins were checked for content. Taps were run to check for hot water!
- **Emergency trolley** - Quite a bit of attention to this. Checklist should be held with the trolley. Or a copy of what is checked, if you hold electronically
- **Clinical Audits** - He will want to see more full cycle audits – ideally if you can trace back to a significant event
- **Mandatory Training** - LESSON LEARNT - everyone must do training more regularly and keep up with it!!

What inspector liked:

- Liked **staff survey**
- 5 **HR records** were checked in detail
- He liked the **risk reports for H&S** (from a company)
- He was impressed with the **cleaners cupboards** - Mops hung up air drying (very impressed), COSHH records in order, generally very tidy
- **Tidy cupboards and drugs in date...**He did also check the cupboards in GP rooms.
- **Posters** - Waste management, sharps, handwashing were all noted in nurses rooms
- **Carers board** - lovely idea he said
- **Staff Wellbeing** - very impressed with all that we do for our staff
- **'You said and we did'** board in waiting area - very impressed - rarely seen
- **Guide dog poster** in reception - He loved!

The hard work for CQC does not stop immediately the inspection has happened. CQC send a detailed feedback form requesting additional information with a week deadline!

Feedback Practice 3 – focused inspection

- He wanted to know about how we managed End of Life patients.
- Very hot on cervical screening and childhood immunisations – we were below the target and he asked a lot of questions about this.
- Ensure statement of purpose is up to date.
- He wanted to meet and interview our newest member of staff.
- He spoke to 12 patients in our waiting room – access and care main topics
- I've since had an email requesting further evidence and there's also potential for further telephone call interviews.
- Very interested in how we support neurodivergent patients

What has CQC ask for prior to coming in (full inspection)

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

Practice 1

- Organisational Structure
- Staffing list and roles
- PPG contact details (with consent too)
- Contact details for nursing home(s) supported by the practice

- Medicines management policy
- Safeguarding policy
- Significant event and/or Incident reporting policy
- Summary of significant events for the last 12 months
- IPC Audit and action plan

- Clinical meeting minutes – for the last x months.
- Clinical audit summary of findings for the last 12 months

- A summary of complaints for the last 12 months, actions taken and learning implemented.
- Business Continuity policy / plan
- Freedom to Speak up policy

Practice 2 -

- 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)

The Full CQC Preparation Quality Statement List:

Prioritise Safe and Well Led then move on to other KLOEs

Safe:
Learning culture
Safe systems, pathways, and transitions
Safeguarding
Involving people to manage risks
Safe environments
Safe and effective staffing
Infection prevention and control
Medicines optimisation

Well-led:
Shared direction and culture
Capable, compassionate, and inclusive leaders
Freedom to speak up
Workforce equality, diversity, and inclusion
Governance, management, and sustainability
Partnerships and communities
Learning, improvement, and innovation

Caring:
Kindness, compassion, and dignity
Treating people as individuals
Independence, choice, and control
Responding to people's immediate needs
Workforce wellbeing and enablement

Effective:
Assessing needs
Delivering evidence-based care and treatment
How staff, teams and services work together
Supporting people to live healthier lives
Monitoring and improving outcomes
Consent to care and treatment

Responsive:
Person-centred care
Care provision, integration, and continuity
Providing information
Listening to and involving people
Equity in access
Equity in experiences and outcomes
Planning for the future

Preparing for a your CQC Inspection – step by step

Step 1:

- Start preparing for a light inspection (**see slide 3 – open every link**) unless you were last inspected 2015 or 2016 – you will have a full inspection.
- Look at the practice manager feedback on previous slides and make sure you have completed that too
- Review your previous CQC inspection report – even if its very old – CQC will ask on your next inspection

Step 2:

Move on to preparing for a full CQC inspection:

- Make sure your Ardens CQC searches are up to date / have managerial oversight
- Look at the evidenced asked for before CQC come in – slide 7 and prepare that
- Look at all the quality statement links on slide 8 and **open every link**. You will have done some of these in your light inspection prep so look at all the ones you have not done, and prepare against those.
- For each statement: consider what evidence you have and where it is located on your systems
- Remember use the GP mythbusters: Full list of tips and mythbusters - Care Quality Commission for light and full inspection preparation guidance
- View CQC workshop recordings & slides if you have not already seen - found here: Preparing for CQC Inspections - Surrey and Sussex LMCs and videos: Insights from practices - Surrey and Sussex LMCs

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 may be asked to 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

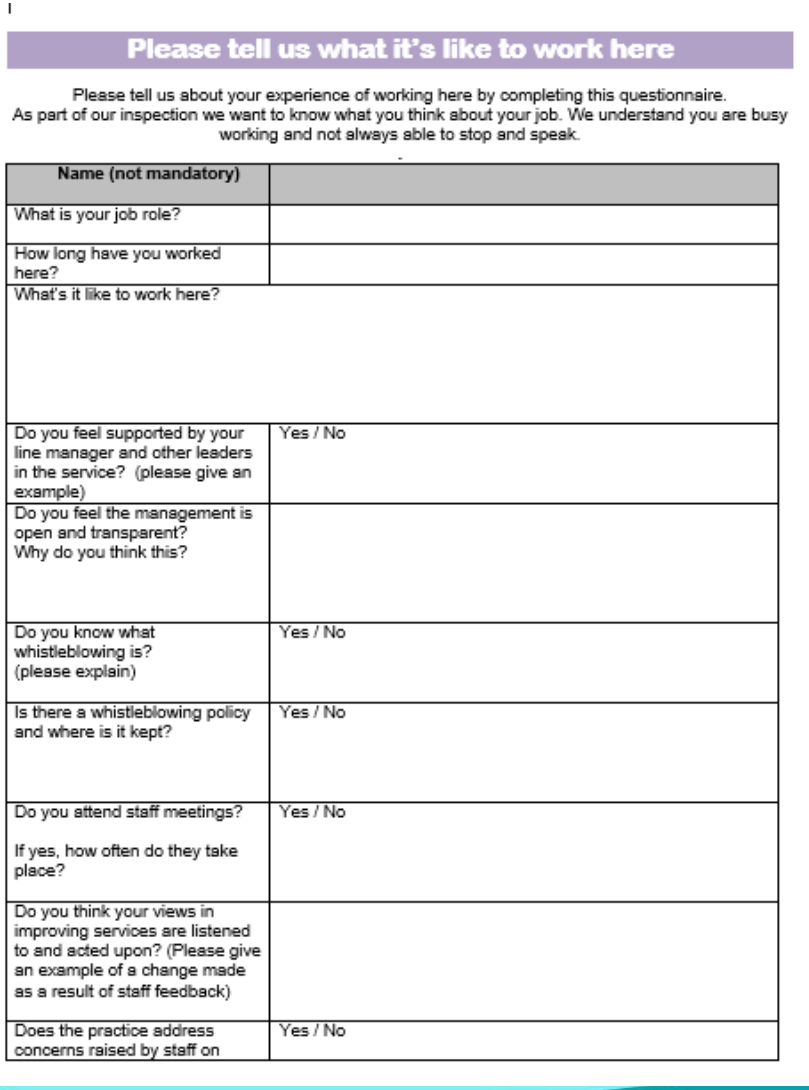
- And your practice information on the CQC website is up to date – registered manager, GP Partners, what services you provide etc Making changes to your registration | CQC Public Website

- 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

Further changes planned by CQC – not until Spring 2027.

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 and look out for final version. CQC will pilot now.

Reflection on today



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

Please write in the chat