

Preparing for a scheduled CQC inspection – a guide for GP practices

BMA Policy directorate



Summary and purpose of guidance

This is a practical guide for GP practices preparing for their inspection by the CQC. For more background on the CQC's powers and duties and background on the fundamental standards, see the GPC guidance:

<http://bma.org.uk/practical-support-at-work/gp-practices/service-provision/cqc-inspections>

GP practices should ensure they have downloaded and read the GP provider handbook and its appendices, which are available here:

<http://www.cqc.org.uk/content/gp-practices-and-out-hours-service-providers#handbooks>

They should also be aware of the essential standards referred to below as 'outcomes'. These are available here:

<http://www.cqc.org.uk/content/essential-standards>

1. Registration

Why do primary care providers need to register?

Before a provider can begin to provide services, they must apply for CQC registration and meet a number of requirements.

The GP practice registration must be kept up to date and include any recent changes to the Partnership, Registered Manager, Regulated Activities and Statement of Purpose.

For further detailed information:

- What is registration?
<http://www.cqc.org.uk/content/what-registration>
- Applying as a new provider:
<http://www.cqc.org.uk/content/step-step-guide-applying-new-provider>
- Step by step guide to applying as a new registered manager:
<http://www.cqc.org.uk/content/step-step-guide-applying-new-registered-manager>

2. CQC inspection letter notification

Prior to the inspection GP practices will receive a letter of notification. The inspector will phone the practice to announce the inspection and a letter will also be sent to confirm the date. You should be given two weeks' notice of your inspection.

The CQC will also write to the practice to ask for some information. Practices have five working days to respond to this request. In the letter it should be clear what information needs to be sent to the CQC, where to send the information, and who to contact if you have any queries. You will most likely be asked to send the following:

- an action plan that addresses the findings from any patient survey carried out
- a summary of any complaints received in the last 12 months, any action taken and how learning was implemented
- a summary of any serious adverse events that occurred in the previous 12 months, any action taken and how learning was implemented
- evidence to show that the quality of treatment and services has been monitored. This includes evidence of two completed clinical audit cycles carried out in the last 12 months and evidence of any other audits, with evidence of actions or outcomes taken as a result
- recruitment and training policies and procedures (for example, how staff are recruited and vetted before commencing work, arrangements for European Economic Area (EEA) and foreign doctors and what induction they receive)
- number of staff by role (whole time equivalent)
- a copy of the current Statement of Purpose. Guidance is available at: http://www.cqc.org.uk/sites/default/files/20120618_100456_v_2_00_guidance_for_providers_statement_of_purpose_for_publication_0.pdf
- practices should display the comment cards and posters that are supplied with the GP practice inspection letter notification.

How Local Medical Committees can help

When your practice receives a notification letter from the CQC, practices should speak to their LMC office if they wish an LMC representative to attend as an 'observer'. Please note, this may not always be possible due to capacity issues.

A list of LMCs in England can be found here: <http://bma.org.uk/lmc>.

3. Key documentation

It is likely that the following items/information will be requested on the day of the inspection. Practices should collate the following items/information:

- significant events
- audits to include infection control and cleanliness and disability access
- risk assessments (with evidence reasonable action has been taken - an active document)
- health and safety documentation

- business continuity plan
- HR staff files, policies and procedures to include a Locum Policy and induction programmes
- service operational policies to include safeguarding, complaints, chaperoning, medicine management and repeat prescribing
- equipment calibration reports
- PAT testing reports
- palliative care registers
- workforce training matrix and schedules

This is a non-exhaustive list.

4. Preparing the practice – the walkthrough

The Registered Manager and the Practice Manager and/or deputy, should take responsibility to walk through all areas of the GP practice to:

- de clutter and tidy all areas of the GP practice
- remove all (clinical and non-clinical) out of date stock, material and medical related resources e.g. British National Formulary (BNFs)
- ensure that the GP practice has good stock control systems
- ensure that the medical supplies cupboards are locked
- be aware that the CQC Inspector may ask about the contents of the doctor's bag, the emergency drugs and contents, fridge temperatures and associated logs
- identify where controlled drugs are kept and carry out an appropriate risk assessment to identify any potential hazards and risks, which may remain in a locked fridge
- make sure 'important' keys are kept in a secure place
- ensure there is an accident/incident book available for the workforce to complete and is kept in recognized area
- ensure all fire equipment is in the right place and with appropriate dates
- have a safe aid box in a recognised area and an appointed first aider trained lead
- ensure you have an appropriate 'place' for patients/people to comment (positive and negative) and complain about the GP practice's care and service
- check that you make it easy for all the population groups to complain. Are you displaying notices?
- ensure you have an identified isolation room and appropriate policies for its use
- ensure you have a confidential/private area for patients to use, to include a breast feeding area where possible
- ensure you have information about the Patient Participation Group displayed
- make sure you are 'zoning' information - see information zones below

This is a non-exhaustive list.

A checklist of these tasks is in Appendix A.

5. Access information quickly

Take the appropriate steps in getting the GP practice workforce organised and ready for the CQC inspection.

- Create a shared resource for all the CQC compliance documents to include policies, procedures, protocols, templates, etc. so that the entire GP practice workforce can access these easily.
- Plan **now** for absences of the Practice Manager and Registered Manager when a CQC Inspection is to take place.

6. Presenting your practice

Consider now how the GP practice can best present and promote its services and care, to include:

- the 'right' people (for example, partners) working at the GP practice on the day of the GP inspection
- Consider preparing a welcome pack for the CQC Inspectors to include the workforce rota for the day, lead names on particular areas e.g. Infection control and cleanliness and safeguarding etc
- display the CQC registration, within a public space in the GP practice and on the GP practice website
- all premises and equipment used must be clean, secure, suitable and used properly.

7. The start of the visit

Introductions

At the start of your inspection, the inspector will meet with your registered manager. If the registered manager is not available the inspector can meet with another senior member of staff, for example a partner. The inspector should briefly introduce and explain who the inspection team are, the scope and purpose of the inspection, how any concerns they have identified will be escalated, and how their findings will be communicated.

30 Minute presentation

After the introductory session, the CQC will ask GP practices to present to the inspection team their own view of their performance, particularly in relation to the five key questions and six population groups and to include any examples of outstanding care and practice. There is no specified format or media for this briefing; you can choose whichever format suits

the practice. You may wish to include a patient view. This should take no longer than 30 minutes.

Appendix B has further guidance on how to prepare for your presentation.

8. Notifications

GP practices are now able to submit some notifications (on changes, events and incidents) by using a CQC online service account.

For further detailed information:

<http://www.cqc.org.uk/content/notifications-gp-providers>

9. Information Zones

Some practices have found it helpful to bring key pieces of information together in specific zones which are displayed both within the GP practice and on the practice website to help demonstrate CQC compliance. This should include:

- services offered at the GP practice
- how informed consent is obtained
- shared decision making with the patient
- safeguarding
- complaints
- confidentiality
- listening and responding to patients
- managing risk
- improving quality
- health promotion, self-care and service information
- consider displaying a 'You Said, We Listened, We Did' information zone.

Ensure that the practice leaflet is up to date in line with the GMS/PMS regulations and is available in the practice with equivalent information on the practice website.

10. Websites

CQC Inspectors may use websites as a resource to influence its decision making.

- Have a GP practice website and keep it up to date.
- Create a new webpage containing information about CQC to include the following:
 - o registration and inspection
 - o lead contact and deputy for each CQC outcome
 - o lead contact and deputy for each of the five CQC chapters.
- Keep the NHS Choices website up to date.

11. Patient involvement

Involve the Patient Participation Group (PPG) in discussions around care, experience, quality and safety.

- GP practices must demonstrate that all people and population groups received the same outcomes, so practices should ask themselves how they will demonstrate this when asked.
- Install a hearing loop in the practice with associated signage.
- Wherever possible, the inspectors will observe interaction of staff and patients (for example, in the reception area). It would be worthwhile the practice manager, a member of the PPG or a colleague from a neighbouring practice sitting in the reception area to act as an observer for a period of time and report back on whether any changes should be made (e.g. improving confidentiality at the reception desk, making sure posters and displayed information is relevant and clear).

For further detailed information:

www.cqc.org.uk/sites/default/files/documents/20130509_cqc_guide_for_ppgs_final.pdf

12. Complaints

CQC Inspectors may ask the GP practice about how it shares the patterns and trends of complaints and the evidence of change to improve the service offered.

- The practice may wish to consult with patients and the Patient Participation Group (PPG) on at least an annual basis and provide evidence of change.
- Be aware of the human rights approach taken by CQC.

For further detailed information:

www.cqc.org.uk/content/our-human-rights-approach

13. Access to appointments

Be aware that the CQC Inspector will ask about appointment availability to access GPs (to include female and male) and nurses, pre-bookable, in advance and urgent. Ensure that you are aware of the systems in place, but also be open and honest about the challenges in achieving good access.

14. Cooperation with other providers of services and care

CQC will expect the practice to demonstrate how it co-operates with other providers.

- CQC Inspectors may want to know about any interpreter service used, including access to sign language if required.
- CQC Inspectors may be interested to talk about the hand over to the out of hours service and in particular for patients near the end of life.

15. Demonstrating – managing risk and quality

When the CQC is monitoring compliance they will ask the GP practice about what evidence there is to demonstrate compliance. Therefore if asked by a CQC Inspector to demonstrate compliance, a GP practice might use or refer to some of the following examples:

- the systems in place for risk management and clinical governance and any evidence of any change in practice as a result
- having a mechanism for patient feedback/comments
- having a publicised and robust complaints procedure for handling complaints from patients, this should comply with the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009
- conducting clinical audits
- conducting regular significant event reviews and analysis
- conducting risk assessments as and when appropriate and undertake all reasonable actions (see outcomes 8, 10, 11, 14 and 21)
- information related to misconduct investigations of the staff
- evaluating changes to ensure improvements have been achieved
- incident reporting related to controlled drugs and other medicines and any evidence of learning/action taken
- any external accreditation process
- reviewing and updating the process for the workforce to read relevant policies/protocols/procedures
- relevant local or national guidance having been taken into account
- records of training and development for all members of staff
- reviewing of all information gathered about the safety and quality of the services GP practices provide. From these reviews practices can identify any risks and the action to be taken to address them and pinpoint ways to improve the service to patients. There is a lot of data available about practices on the CQC website, including its intelligent monitoring report: <http://www.cqc.org.uk/content/our-intelligent-monitoring-gppractices>
- discussing key information collected at practice team meetings so that learning and development points/changes to working practice are identified if necessary. However, it should be the case that the practice workforce feels able to raise concerns about risks to patients/staff in a confidential manner at any time (Whistleblowing Policy). See <http://bma.org.uk/whistleblowing>

- showing data about the quality of the GP practice in some form, within the public areas of the practice reception and/or on practice website. For example, results of a practice survey or a summary of patient feedback received via a suggestion box. Similarly, for the safety of patients, display health and safety information (including information about own responsibilities for contributing to health and safety) in the practice reception
- circulating and acting on clinical guidance, medical alerts and safety alerts and any other relevant local or national reports, so that staff can change their working practices, if necessary, for the benefit of patients.

This is a non-exhaustive list.

16. Myth busters

The CQC has published what it calls ‘myth busters’ on its website with the aim of clarifying some of the requirements of CQC inspections of GP services and in order to share agreed guidance.

For further detailed information:

<http://www.cqc.org.uk/content/mythbusters-and-tips-gps-and-out-hours-services>

17. Infection control and cleanliness

The CQC may inspect areas for cleanliness and infection control.

- Ask a Practice Nurse to lead on CQC Outcome 8 (Infection control and cleanliness) and ensure they have adequate training to carry out this role effectively.
- Evidence of Infection control audits, cleaning schedules (including deep clean), cleaning logs and training undertaken on a systematic basis, documented and saved in a shared domain/place as a minimum.
- Notices and logs when areas were last cleaned e.g. in toilets, clinical rooms and waiting rooms.
- Ensure there is hand gel available in key areas.
- Where practically possible ensure there are no stains or discolouration on carpets.
- The GP practice needs to show how it is mitigating risks to include dealing with sharp disposal and injury.

18. Leadership

Make sure that the GP practice considers how it can demonstrate clear leadership within the business and across the team and workforce.

- Conduct frequent workforce meetings with a shared agenda and minutes.

- Ensure the workforce has read, understood and signed up to the CQC GP practice Statement of Purpose.
- Ensure that the workforce feels supported and valued and they have the appropriate employment policies, procedures and systems in place.
- Be aware that CQC Inspectors may ask for evidence of formal recorded supervised support for the entire workforce.
- CQC Inspectors may be interested in talking to the workforce about whistleblowing and whether staff feel safe to do so.
- CQC Inspectors may wish to speak to staff on a one to one basis or as a group
- Evidence that the entire workforce is able to identify and learn from mistakes when appropriate.

19. Staff and workforce

Ensure that the GP practice is ready to answer any questions related to CQC Outcomes, 12, 13 and 14 and have the evidence to support any answers.

Appendix C has a list of example questions that the inspector may ask the non-clinical staff in the practice.

- Create a robust recruitment and selection policy that meets the equality agenda and minimises risk.
- Evidence of recruiting new staff to include advert and interview notes in the personnel file.
- Evidence that the GP practice has in place a workforce induction programme to include a section on CQC and disclosure of any criminal activity.
- Ensure staff annual performance appraisals are undertaken and documented and saved in an appropriate domain. It is good practice to include a section on managing risk during the annual appraisal to include any criminal activity disclosures.
- Ensure that the GP practice holds HR personnel folders for the entire workforce (including GP Locums and partners) in place with an index of key information containing:
 - o name
 - o emergency contact details
 - o professional membership registration
 - o GMC registration
 - o NMC pin number
 - o performers list detail
 - o indemnity details
 - o references
 - o appraisals

- o training
- o supervision
- o Photo ID - CQC Inspectors may wish to see evidence in each HR folder that photo ID has been seen during the recruitment process (this may include a photocopy of the document seen or, at least, a record of its type and serial number).
- Ensure evidence of DBS check (or risk assessment if non-clinical) is available - Undertake a risk assessment (to include all non-clinical staff without a DBS); take reasonable actions and use it as a working resource and tool.
- CQC Inspectors may wish to discuss recruitment processes, in particular GP Locum appointments.

This is a non-exhaustive list.

Appendix D has hints and tips for the clinical workforce on answering questions.

20. Staff and workforce training

- Create a workforce training matrix and share with the workforce.
- People should be cared for by staff who are properly qualified and able to do their job.
- Staff should be properly trained and supervised and have the chance to develop and improve their skills.
- Create a training portfolio for the entire workforce. Copies to include one for the member of staff and one for the Practice Manager.
- Key areas of training evidence to include:
 - o Managing risk and learning from mistakes.
 - o Health and Safety.
 - o CPR.
 - o Equality and Diversity.
 - o Informed consent.
 - o Informed decision making.
 - o Whistleblowing.
 - o Chaperoning.
 - o Safeguarding for children and adults - CQC Inspectors may want to have evidence that safeguarding for both adults and children is discussed in multidisciplinary meetings and outcomes recorded where appropriate and all policies and procedures are followed. In particular, CQC may be interested in information sharing (for both children and adults) so that any matters can be resolved quickly and easily. The CQC Inspectors may also want to discuss the management of access to sensitive information e.g. patient at risk register.

- o GP awareness around Deprivation of Liberty Safeguarding (DOLS) the Mental Health Act and the Mental Capacity Act and what this means for GPs and their patients.
- o There is evidence to suggest that CQC Inspectors will ask to see proof of attendance certificates in connection with staff training.

This is a non-exhaustive list.

Consider using the Practice Nurse Competency Framework and the Practice Nurse Competency Development Plan to help evidence Practice Nurse competencies and appraisals:

<http://www.rcgp.org.uk/membership/practice-teams-nurses-and-managers/~media/Files/Membership/GPF/RCGPGPF-Nurse-Competencies.ashx>

<http://em.hee.nhs.uk/files/2014/06/Practice-Nurse-Competency-Framework-and-Competency-Development-Planv1.0.pdf>

21. Policies and procedures

CQC Inspectors may also wish to see policies, procedures, guidelines and protocols if felt appropriate and necessary, but what is most essential is that the GP practice workforce understands what these mean in operational terms. It is vital for any documents to reflect what the workforce does on a day to day basis. It may help to have a practice intranet site which contains these policies and is easily accessible by all members of the practice.

22. Meetings

There are practical steps that a practice can take to ensure that staff members are always aware of CQC and what would be expected in any visit.

- Include CQC as an agenda item for all appropriate meetings and take minutes.
- Meeting minutes must be available as evidence to the CQC Inspector that the meeting has taken place.
- Ensure all meetings have agendas and minutes – the entire workforce should be able to add items to the agenda and read copies of the minutes.
- Consider adding new agenda items for all meetings to include the following:
 - o CQC
 - o Managing risk
 - o Improving quality

This is a non-exhaustive list.

23. Your patients, and their experience of care

- CQC inspectors want to get to the heart of people's experience of care, so the focus of their inspections is on the quality and safety of services, based on the things that matter to people - use past case examples to help demonstrate compliance.
- Describe in detail the service offered and how staff/workforce go that 'extra mile' to help achieve the best possible outcome for ALL patients.
- CQC Inspectors will talk to patients (pre and post consultation) about their experience, particularly around whether they felt listened to, consent, informed decision making, choice, access to appointments and information about a particular treatment or referral options, prescribed medication including about the risks and benefits, and general safeguarding.
- CQC Inspectors may also like to sit in the waiting room listening and talking to patients and observe the meeting and greeting of the patient at the reception (as mentioned in Section 11 – Patient involvement).

24. Population groups

Familiarise yourself with CQC's Population Group definitions, as follows:

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people with dementia).

Consider creating patient surveys that incorporate the five questions about services that are provided to people in the six population groups.

For further detailed information:

www.cqc.org.uk/sites/default/files/20141008_gp_practices_and_ooh_provider_handbook_appendices_final.pdf

25. Key lines of enquiry

As part of the new approach to inspecting, CQC Inspectors follow key lines of enquiry (KLOEs). It is therefore vital to respond adequately to CQC Inspector questions to illustrate best the quality and safety of services. CQC will undertake a matrix approach around the 6 population groups, and the 5 categories of questions.

There are 5 categories of questions:

- **safe** - people are protected from abuse and avoidable harm
- **effective** - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence
- **caring** - staff are involved and treat people with compassion, kindness, dignity and respect
- **responsive** - services are organised so that they meet people's needs
- **well-led** - the leadership, management and governance of the practice assures the delivery of high quality person centred care, supports learning and innovation, and promotes an open and fair culture
- most KLOEs are 'mandatory' and must be followed at each inspection. Others are 'additional' and will only be checked if the CQC pre inspection checking suggests they should be
- the KLOEs are underpinned by prompts (CQC have these prompts at hand during inspections) that give examples of how KLOEs can be followed
- consider the Key Lines of Enquiry (KLOE) approach of asking the GP practice questions during preparing for inspection.

For further detailed information:

(The below includes the types of KLOE and types of questions asked within each category)

https://www.cqc.org.uk/sites/default/files/20140409_provider_handbook_consultation_gp_practices_appendices_final_for_web.pdf

26. Ratings

The CQC inspection evidence gathered is set against the '**Characteristics of Ratings**', to determine the rating awarded to each of the five key question ratings, and a final overall location rating is aggregated from these five ratings.

GP practices will be rated as either:

- outstanding
- good
- requires Improvement
- inadequate.

GP ratings will be published on the CQC's website and when finalised, must be displayed in the GP practice and on the GP practice website where they have one.

GP practices rated as inadequate for 1 or more of the 5 key questions or 6 population groups will be placed into 'special measures' following consultation with NHS England. The practice will be given a specified time period for reinspection. This will be no later than six months

after the initial rating is confirmed. During this period the practice must demonstrate improvement, ahead of another CQC inspection.

GP practices will be placed into special measures for a maximum of six months. Being placed into special measures will represent a decision by CQC that a practice has to improve within six months to avoid having its registration cancelled.

27. Requesting a rating review

You can request a rating review.

- The only grounds for requesting a review is that the inspector did not follow the process for awarding them properly, as described in published policies and procedures.
- GP practices and GP out-of-hours services cannot request reviews on the basis that you disagree with the judgments made by an inspector, as such disagreements would have been dealt with through the factual accuracy checks and Warning Notice representations.
- Where a GP practice or GP out-of-hours service thinks that the CQC has not followed the published process properly and wants to request a review of one or more of their ratings, they must tell the CQC of their intention to do so once the report is published.
- The CQC will reply with full instructions on how to request a review. GP practices and GP out-of-hours services will have a single opportunity to request a review of their inspection ratings.
- In the request for review form, you must say which rating(s) they want to be reviewed and all relevant grounds and circumstances.
- Where the CQC does not uphold a request for review, practices and providers cannot request a subsequent review of the ratings from the same inspection report.
- When the CQC receives a request for review, they will explain on their website that the ratings in a published report are being reviewed.
- The request for a review will be handled by CQC staff who were not involved in the original inspection, with access to an independent reviewer.
- The outcome of the review will be sent to the GP practice or GP out-of-hours service following the final decision. Where a rating is changed as a result of a review, the report and ratings will be updated on our website as soon as possible. It should be noted that following the conclusion of the review, ratings can go down as well as up.

Here are some experiences from practice managers, who have had visits:

1. Advanced Preparation

We received a call from the CQC on 24th September, 13 days prior to the inspection date of 6th October. As a practice we had to submit certain pieces of work such as Significant Event Reviews, clinical audits, policies and any patient surveys carried out. The fact we were successfully inspected 12 months earlier helped but we still needed to ensure our policies and procedures were appropriately updated. We took time out to brief the staff and ensure that any appropriate online training had been completed in preparation of the inspection. We also prepared a 15 minute power point presentation to highlight areas of good practice and any challenges facing the practice. We were informed prior to the inspection that we had to give a 15 minute briefing on the day of the inspection. CQC had also sent a patient survey box for patients to complete in the interim which they took away with them on the day to collate. We also arranged for a member of our Patient Participation Group to be available to meet with CQC.

2. On the day

Five inspectors visited the practice involving a GP, practice manager, lay person and two inspectors. During the initial 15 minute briefing the inspectors requested us to inform our front of house to ask patient at random if they would be prepared to speak with the lay inspector. We provided a separate room for this to take place.

In terms of disturbance the GP inspector spent 1.5 hours in the morning with the Senior Partner and re-visited him in the afternoon for another half hour. They also spoke to another partner for around 20 minutes and with our Advanced Nurse Practitioner for 20 minutes. In terms of questions the inspector had a list of questions to go through and were based upon whether the practice had policies and procedures for various aspects of primary care. We were asked to provide examples to clinical audit and examples of child safeguarding. They also questioned us on chaperoning policies. They selected receptionists at random to speak to throughout their visit and asked questions such as Safeguarding, whether they felt supported and asked about the hearing loop.

The Practice Manager inspector spent a total of five hours with our practice manager going through an extensive checklist for which evidence had to be provided. We did realise that the information we had sent to CQC prior to the inspection had not been forwarded to the Inspectors and we raised this during our feedback session.

Our Minor Surgery room was also inspected together with our defibrillator equipment, emergency drugs and our drug fridge, and policies on monitoring the fridge temperature, and ensuring stock level appropriate and in date.

After 6 hours on inspection, 3 of the inspectors gave the team feedback on our performance and we were told that the report would take around 6 weeks to complete. We received the report 6 weeks after the inspection for fact checking and informed CQC of 3 minor details which we amended before publication of our report.

We were pleased to be mentioned on the CQC website but were informed prior to this of the notification to the public.

Kathy Harrison - Practice Manager, Beeston Village Surgery

Our CQC inspection was not as horrendous as we expected. We were notified of our inspection 14 days prior to the event. We used this period to ensure all our policies and protocols were up to date and easily accessible. We did book a locum for the day to free up one of the partners as our Senior Partner was on annual leave.

We were asked to provide documentation prior to the inspection – i.e. various audits, our statement of purpose, staff qualifications and our complaints file. We were asked to give a short presentation to the inspectors at the start of the inspection so they could get a feel for the surgery and asked us to list what we felt was good and not so good about our Practice.

On inspection day we had two inspectors who were here all day. They were very friendly and not at all intrusive – they spoke to members of our PPG and to members of staff (both clinical and admin). At the end of the visit we were debriefed on their findings and recommendations. All in all not such a bad experience as we expected.

Janice Foley – Acting Practice Manager, Park Edge Practice

Appendix A

Checklist

Use this checklist to go through each task. Assign a responsible person for the task and include any notes in the 'comments' section if necessary. This is a non-exhaustive list. Your practice can add to the table if required.

Task	Responsible person	Date action completed	Comments
De clutter and tidy all areas of the GP practice			
Remove all (clinical and non-clinical) out of date stock, material and medical related resources e.g. British National Formulary (BNFs)			
Ensure that the GP practice has good stock control systems			
Ensure that the medical supplies cupboards are locked			
Be aware that the CQC Inspector may ask about the contents of the doctor's bag, the emergency drugs and contents, fridge temperatures and associated logs. Identify where controlled drugs are kept and carry out an appropriate risk assessment to identify any potential hazards and risks, which may remain in a locked fridge			
Make sure 'important' keys are kept in a secure place			
Ensure there is an accident/incident book available for the workforce to complete and is kept in recognised area			

Ensure all fire equipment is in the right place and with appropriate dates			
Have a safe aid box in a recognised area and an appointed first aider trained lead			
Ensure you have an appropriate place for patients/people to comment (positive and negative) and complain about the GP practice's care and service			
Check that you make it easy for all the population groups to complain. Are you displaying notices?			
Ensure you have an identified isolation room and appropriate policies for its use			
Ensure you have a confidential/private area for patients to use, to include a breast-feeding area where possible.			
Ensure you have information about the Patient Participation Group displayed.			
Make sure you are 'zoning' information - see information zones in the main guidance.			

Appendix B

Preparing the 30-Minute Presentation

It is highly recommended that you prepare for the 30 minute presentation. Areas to be covered could include the following:

- set the scene by highlighting the history and ethos of the practice
- highlight how the practice operates to include the partnership, workforce (recruitment and retention), list size, Patient Participation Group (PPG), population groups and demographics, working alongside attached health, social care and voluntary professionals to include out of hours services, working within a GP provider organisation and any specialist interests
- talk about the practice's banding on the CQC Intelligent Monitoring and share any relevant information that helps to explain why the practice may show up on particular indicators as an outlier, whether the practice believes that it is a true indicator of risk and what, if anything, the practice has done in relation to that indicator
- identify clearly how the practice is well-led for example training (use a staff role training matrix to demonstrate compliance) and supervision, staff meetings, whistleblowing policy, how you improve quality, deliver safe care and services, listening and responding to patients views and complaints, how risks are identified, mitigated and managed and mention any challenges, threats with examples of how these are overcome
- outline all the services that are provided to include enhanced services
- talk about access to all of the appointments and services to include triage and telephone, urgent, advanced, female and male clinicians (where possible).
- identify what the practice does well in each of five key questions linked to the six population groups (where possible) - give any examples of outstanding care and practice
- talk about care plans and named GPs and how the practice works with other professionals and organisations
- identify specific patient cases (current or past) that can be shared anonymously with the CQC Inspector to help the practice demonstrate compliance with consent to care and treatment; safeguarding for example
- include a snapshot of a range of people's opinions and evidence (to include from attached staff, nursing homes, staff and patients) of the services and care offered. Use surveys and other examples to demonstrate that the practice listens and responds to patients and evidence where people are treated with dignity and respect. Mention the interpreter service, the hearing loop system and other initiatives to capture a wide range of opinions
- describe in detail a key example where the staff/workforce goes that 'extra mile' to help achieve the best possible outcomes for ALL patients
- identify what the practice and its workforce is doing to improve those areas that are not so good

- identify and discuss significant event analysis, completed clinical and non-clinical audit cycles, learning outcomes and clear areas of change as a result of the analysis and audit.
- Use the presentation to be open about the challenges the practice faces – it is better to highlight these openly.

This is a non-exhaustive list.

Appendix C

The types of questions that a CQC inspector may ask non-clinical staff

1. How long have you been working here?
2. What it is that you do at the practice?
3. Do you have an updated job role responsibility and description, contract and staff handbook?
4. Name one good thing you like about your work?
5. Do you have any concerns?
6. Do you feel supported?
7. How are you treated by the management and Partnership?
8. How did you apply for the job?
9. Did you have an interview when you applied for the job?
10. Were references taken when you were appointed?
11. Did you have a CRB/DBS check for the current position?
12. Have you received training and describe it?
13. Do you have regular meetings as a practice or individual?
14. Are you included in adding to the agenda and receiving meeting minutes?
15. Do you have staff appraisal?
16. Where are the anaphylactic kits and are they checked regularly?
17. Do you know about vulnerable adults and children and who is the lead and what do you do for out of hours or if the lead is not here?
18. Are you aware of a whistle blowing policy and do you feel free to blow the whistle if and when necessary?
19. How do you react when you read NHS choices, if there is a complaint?
20. Do you know about the complaints procedure and can you describe it?
21. What do you do if a patient is sick in the waiting room?
22. How do you operate the appointment system?
23. Was there any significant event that you know about?
24. Confidentially and privacy - how do they work when dealing with patients?
25. How do you treat people with dignity and respect?
26. Describe the chaperone policy and procedure and is training provided for chaperones? Are you a chaperone? If yes, describe your role and responsibilities?
27. How are areas kept clean and tidy and do you have any concerns about the cleanliness of any areas?
28. Do you have an incident and accident book and where is it kept?

Please note, the inspector might ask entirely different questions, but these are the types of questions that members of staff at the practice should prepare for.

Appendix D

Answering CQC Inspector Questions During a GP practice CQC Inspection – Hints and tips for the clinical workforce

1. Put the patient at the centre of all your answers, talk about the patient journey and how you work with other health, social care and voluntary service providers by optimising the care service plan. Highlight past situations/cases (both clinical and non - clinical) where you can illustrate your point more clearly, helping you demonstrate compliance with CQC.
2. Remember all the different types of patients you deal with i.e. patients with dementia, disabilities, learning difficulties, non - English speaking, adults and children and how you flex the service to ensure the population groups get the best possible outcomes in line with the CQC Key Lines of Enquiry (KLOE).
3. Be descriptive informing the CQC inspector of any process, situation or system. Try and answer the question assuming the CQC Inspector knows nothing about your service. The CQC inspector will write down and report what they hear. So make your answers clear.
4. Talk about how you share information across the workforce to include communicating with other organisations and agencies (health visitors, community matrons, district nurses, safeguarding, schools, local authorities etc.) i.e. meetings, standing agendas, communication forums.
5. If you don't know the answer to a question, try and stay away from saying 'I don't know' or 'that's not my role', say you will get a colleague who can help to answer the question with you or access information to help you answer the question.
6. If you don't understand the question ask the CQC inspector to repeat the question or ask them to ask it in a different way.
7. Talk about any training and or resources that you have accessed or used.
8. Mention any legislation, guidance, policies, protocols, NICE and other best practice and other procedures in relation to the question.
9. Discuss audits, learning cycles and significant events and how you learn and improve the service and care you offer.
10. This is an opportunity to talk about how good/outstanding your services are and how your role contributes in providing quality, safe services and where the patient experience and care is maximised.