



Londonwide LMCs

The professional voice of London general practice

Securing the Future of General Practice in London

CQC Inspection Guidance
How to prepare for a successful outcome

April 2015

**BUILD YOUR RESILIENCE
TAKE CONTROL**

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1. Introduction

More than 250,000 patients will consult their GPs and practice teams in the Capital today. It is those patients who should be the priority for your precious time, not bureaucracy. Londonwide LMCs is committed to supporting you to help your patients, to build your resilience and take control of your working lives.

This detailed guidance contains essential information for your practice on how to handle the new style CQC inspection process. In it we provide clear advice on how to prepare, including what you need to know to both prevent negative criticism and challenge inappropriate judgements made by inspectors.

2. CQC's new approach and operating model

Since last year the CQC has been piloting a new approach to regulating and inspecting providers.

This includes:

- Registering providers.
- Making intelligent use of data.
- Using evidence and information to monitor services.
- Using feedback from patients and the public to inform their judgements about services.
- Carrying out inspections and rating providers according to the CQC's judgements about care quality.



This new approach to the CQC's regulation of services has been reflected in a regulatory change and the introduction of the new Fundamental Standards and came into force on 1 April 2015.

3. Intelligent Monitoring banding system abolished

Before we move on to the new regulations, it is important to note that following the errors found in the Intelligent Monitoring methodology last year and having listened to the concerns of the GP profession, the CQC issued an email update and a public apology on 26 March 2015 stating that:

‘CQC has agreed **not to use bandings for its GP Intelligent Monitoring in future**, and to change the language used to highlight variation between practices so that it does not imply a risk to patient safety. CQC will be correcting GP Intelligent Monitoring reports to improve them, particularly around the analysis of variation between practices.’

Further details can be found on the [CQC website](#).

4. The new CQC regulations

The government published the new Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, in November last year. These can be found [online here](#).

They include two sets of new regulations:

- a. the **Duty of Candour** and the **Fit and Proper Person requirements** for directors, both of which came into force on 27 November 2014, and
- b. the new **Fundamental Standards** and the requirement for providers to display their CQC rating, both of which came into force on 1 April 2015.

The **Duty of Candour** and the **Fit and Proper Person Requirement** regulations will help to ensure that providers have robust systems in place to be open and honest when things go wrong and to hold directors to account when care falls below an acceptable standard. The new **Fundamental Standards** are set out in detail in the next section. Also since 1 April 2015 it is a legal and contractual requirement for practices to display their CQC rating conspicuously at their premises and on their website. [Draft guidance](#) on meeting this requirement and a [ratings display toolkit](#) are available online.

If you have already received a rating from CQC prior to 1 April 2015, you will have 21 calendar days from this date in which to download, print and display your poster(s) for physical display and to make amendments to your website to meet the online display requirement.

Recently the [CQC issued helpful guidance](#) on how providers and registered managers can meet the requirements of the new regulations, including the new fundamental standards.

We would strongly encourage you to familiarise yourselves, your clinicians and your practice team members with this guidance. It takes you through each new regulation – whether it is a fundamental standard or not – explains it in simple terms and provides guidance on how to achieve compliance.

5. The new fundamental standards

There are 13 new fundamental standards, below which practices must never fall. These are:

1. Care and treatment must be appropriate and reflect service users' needs and preferences.
2. Service users must be treated with dignity and respect.
3. Care and treatment must only be provided with consent.
4. Care and treatment must be provided in a safe way.
5. Service users must be protected from abuse and improper treatment.
6. Service users' nutritional and hydration needs must be met.
7. All premises and equipment used must be clean, secure, suitable and used properly.
8. Complaints must be appropriately investigated and appropriate action taken in response.
9. Systems and processes must be established to ensure compliance with the fundamental standards.
10. Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
11. Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
12. Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).
13. Display of ratings – practices must display their CQC rating in a place where patients can see it. They must also include this information on their website and make their latest CQC report available to patients.

You should go through the [CQC guidance on achieving compliance](#) with the new regulations and standards.

6. The new inspection process

Essential reading

Two key documents which we encourage you to read are the [CQC provider handbook for GP and out of hours providers](#) and its appendices (originally issued in November 2014 and subsequently updated in March 2015) and the [GPC's guidance on CQC inspections](#) issued in February 2015.

Also, a very helpful resource we advise you to read is the [CQC's Senior National GP Advisor Nigel Sparrow's mythbusters on the CQC website](#), which is frequently updated and provides guidance on commonly asked questions.

The basics of the new inspection approach

The [CQC provider handbook](#) details the new inspection approach and what the inspectors will focus on.

In a nutshell, the inspectors will be assessing the quality of care and rating the services provided by the practice across two axes:

- a. **Five key questions:** are services safe, effective, caring, responsive and well-led, and
- b. **Six population groups:** 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 (examples are people with learning disabilities, homeless/refugees, gypsies/travellers, sex workers etc); people experiencing mental health issues, including dementia.

Definitions of the five key questions are provided in the CQC provider handbook and of the six population groups in Appendix A of the [CQC provider handbook](#).

To direct the focus of the inspection, inspectors will use a standard set of **Key Lines Of Enquiry (KLOEs)**, which directly relate to the five key questions. Each KLOE is accompanied by a number of questions called prompts, which will be used as part of the assessment. The KLOEs and their respective prompts are set out in appendix B of the [CQC provider handbook](#).

You need to ensure that you and the entire practice team, including clinical and non-clinical staff, familiarise themselves with the KLOEs, as they will help you look at the way you deliver services with a self-critical eye and prepare for the questions you are likely to be asked.

Before the visit

The CQC will gather evidence and information from a number of sources including national and local data sets (QOF/HES, General Practice High Level Indicators and General Practice Outcome Standards on the primary care interface web tool, public health data,

patient surveys etc). They will also gather information held by other bodies such as NHS England, the CCG, the GMC, CQC's own records, information exchanged between the practice and the out of hours provider, patient complaints, serious incidents, patient comments on NHS Choices and information gathered on site from practice documentation, staff interviews, patient feedback etc.

The CQC will have a pre-inspection meeting with NHS England and the CCG to get an understanding of the practice, the team and the services offered. They will then collate this with all other information available in the public domain and shared between the different bodies.

The CQC have said that all practices receiving a scheduled or routine visit will be given a minimum of two weeks' notice of the visit which seems to be happening in most cases. However, we have heard from a small number of practices that they were given a week's notice or less (reactive or responsive visits that are triggered by complaints or serious incidents will most likely be unannounced).

Inspectors will make contact with the practice by email and by telephone prior to the visit to discuss the visit and any information required. We have been told consistently by practices that there are normally numerous contacts from the inspectors prior to the visit requesting various pieces of documentation and policies etc, sometimes as late as one working day before the visit takes place. Be prepared to be very busy in those last days leading up to your inspection!

Also, take the initiative to help the inspectors plan the day. Help them put together the programme for the day, indicating who will do the presentation, who they can speak to and when. If possible, identify a room that they can work in with a computer available, so that they can do most of their work uninterrupted, without having to keep walking around the practice. Practices who have engaged constructively with the inspectors prior to the visit have found that the day went more smoothly with the least possible disruption to patient services. They also felt more in control of the whole process.

Documentation required prior to the visit

According to the [CQC provider handbook](#), you will most likely be asked to provide the following as a minimum:

- An action plan that addresses the findings from any completed patient survey.
- 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 (eg, 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 practice's [Statement of Purpose](#).

We have also put together a list of practice policies that the CQC commonly asks to see. This is by no means an exhaustive list. The inspectors can ask to see any other practice policy or evidence they think is appropriate:

- Clinical governance policy.
- Risk assessment and management policy.
- Infection control policy.
- Sharps handling and disposal policy/needle stick injury policy.
- Health and safety policy.
- Medicines management/CD policy/cold chain/storage, handling and disposal policy.
- Drugs fridge temperature monitoring policy.
- Repeat prescribing protocol.
- Record keeping and record maintenance policy (including read coding).
- Summarising policy.
- Handling test results and hospital correspondence process.
- Complaints policy.
- Significant events policy (including incidents and near misses).
- Employment policies including recruitment and selection, induction, training, appraisal, performance/capability, disciplinary, bullying and harassment, whistleblowing.
- Patient consent policy (special focus on staff understanding of and training on DOLS and MCA).
- Patient confidentiality and data protection.
- Chaperone policy.
- Carers' policy.
- Child protection and adult safeguarding policies.
- Equality and diversity policy.
- Locum policy and information pack.
- Out of hours information sharing policy.

In addition, here is a list of other key documentation and evidence, which practices would also be expected to provide (again, this is not an exhaustive list):

- Practice leaflet and website.
- Business continuity plan.
- Patient surveys and mechanism for gathering and acting on patient feedback.
- Complaints and SEA records.
- Minutes of PPG meetings.
- Minutes of clinical, partner and practice team meetings.
- Minutes of multi-disciplinary meetings.
- Full clinical audit cycles (at least two in the past 12 months).
- Risk assessments and actions taken based on results.
- Staff training records.
- Emergency drugs and stock control system (inspectors will ask for defibrillators and oxygen).
- Drugs in doctors' bags.
- Staff employment contracts, job descriptions and supervision records/DBS checks/references.
- Appointment system details, access, appointment availability (including urgent, routine and pre-bookable appointments).
- Cleaning schedules, logs, separation and colour coding of clean and dirty mops.
- Annual equipment calibration certificates.
- Palliative care register.
- Evidence of DDA compliance, eg, ramps, hearing loops etc.
- Evidence of use of interpreters.

On the day - the practice's opening presentation

At the beginning of the visit, you will be given 30 minutes to talk to the inspection team about the practice, the demographics of your patient list, what you do well and any outstanding achievements.

It is very important that you identify a team member, most likely to be a partner, to take the lead on the presentation. Please spend time ensuring it is comprehensive, succinct, gives a genuine insight into the ethos, values, and team structure of the practice, patient outcomes and special achievements and initiatives. It also needs to describe the ways the practice collaborates with other health and social care providers (including local federation, out of hours, secondary care, social services etc), and identifies areas of difficulty and discusses how the practice addresses them in an honest, practical and constructive way.

The GPC has issued [helpful guidance](#) on how you may wish to approach your presentation and what should be included in it.

In addition, practices have told us that they received positive feedback from the inspection team when they did the following (these are just examples, you may wish to address other areas based on the particular circumstances of your practice):

- Outlined all the services they offer, including enhanced services, or specially designed services for their patient population.
- Shared their achievement on particular indicators and were able to explain any anomalies or discrepancies from the CCG or national mean.
- Identified clearly how well-led the practice is in terms of governance, staff support, mentoring, training, supervision and gathering and acting on patient feedback.
- Openly discussed patient access, the particular challenges the practice faces and how it works on addressing them.
- Gave examples of outstanding practice across the five key questions and six population groups and outlined areas where the staff go the extra mile to help and support patients.
- Discussed care plans identifying named GPs for certain patient cohorts
- identified changes made to the practice, or the services provided, as a result of clinical or other audits, risk assessments, and complaints or significant events analyses.
- Outlined improvement plans in areas where there are difficulties or where patients have shown dissatisfaction.

Staff interviews and gathering patient feedback

In addition to looking at your policies and procedures, and potentially patient records (which CQC inspectors have the legal right to do without obtaining patient consent), the inspectors will also interview your clinical and non-clinical staff. This is so they can get a sense of how the practice is run, how policies are embedded and applied in the practice, how staff are supported and services are delivered, how well-led the practice is, how risks are identified and managed and how patient views are gathered and acted upon.

Practices are often anxious about key staff members being absent on the day of the inspection, how their staff will perform at these interviews and what they should do if they don't know the answer to a question.

Similarly inspectors will not only observe what is happening in your reception area, how phones are being answered and patients are dealt with face to

face. They will also seek to speak to patients who are in the practice on the day to establish how satisfied patients are with the services provided, availability of appointments, quality and timeliness of referrals and the attitude of clinicians and staff etc.

Tips about how to prepare your clinicians, staff and patients for the inspection are included later in this document.

Close, feedback and draft report

The inspection visit is expected to last the whole day. Inspectors will feed back to the practice their general impression from the visit and are likely to highlight areas where there are good or outstanding achievements, or areas that need improvement.

Practices have reported that sometimes inspectors ask the practice to give their feedback about how the inspection was carried out but more frequently they do not actively seek that feedback. We would encourage you to offer your feedback to the inspection team, as this is a direct and powerful way of helping inspectors reflect on how they have performed as assessors and highlight any areas in which they could improve.

The CQC may take three to four months to produce your draft report, unless issues of concern are identified in which case they will most likely feed back to NHS England much more quickly. You will have only two weeks to comment on your draft report from the day it is issued – please see section 12 on page 9 for guidance on how to evaluate and challenge your draft report.

7. Preparing your policies

Practices often tell us that due to their increasing workload they find it difficult to keep on top of their policies, ensuring they are all up to date and that staff are familiar with them. This is understandable given the amount of policies any practice would normally have. Therefore, it helps to have a system in place where certain team members take the lead on identified policies and there is a scheduled plan of when main policies should be reviewed and updated.

Some tips that may help you keep your policies up to date and ready for a CQC inspection are below:

- Review and amend any policies that are out of date in a systematic manner throughout the year. Clinicians should take the lead on primarily clinical policies such as clinical governance, clinical audit, summarising, read coding, repeat prescribing etc. There should also be input from clinicians on other policies such as infection control, risk assessment, sharps handling/disposal etc. Practice managers would normally be responsible for and have

oversight of employment policies, complaints and significant events policies etc, but may wish to delegate some of these policies to other members of the administration team who wish to contribute to policy development.

- If you do not have a policy on a particular subject or work area, or it needs updating, you don't need to start from scratch. It is perfectly acceptable to use a generic policy developed for that purpose (there are websites dedicated to this kind of work that you can subscribe to), but it is essential that you adapt the policy to suit your particular circumstances so that the policy reflects the way you do things in your own practice. Ensure the policy identifies the relevant individuals (by role, not name) who are involved. CQC inspectors will compare staff answers to what is written in your policies. It is not a test, but a way of accessing if staff are aware of procedures relevant to their role and that these are applied consistently.
- Ensure each policy has a review date and clear version control.
- Ensure all staff know where policies are stored both electronically and manually.
- Have a system to record that staff have read and understood your policies.
- Have a clear, documented system for updating policies and communicating updates to all staff. This might be via email, or at a minuted staff meeting.
- Have paper copies available on the day for CQC inspectors and ensure they are also easy to find on the practice computer.

8. Preparing your GPs

We all know how busy GPs are and it is not uncommon for them to expect their practice managers to take the lead in anything to do with CQC. Practice managers will inevitably lead on and take responsibility for the majority of the preparation for a CQC inspection. However, it is ultimately the partners' duty, as the registered providers with legal responsibility for regulated activities, to ensure the practice is compliant with regulations and the fundamental standards.

Londonwide LMCs have run a number of workshops on CQC inspections and we have listened to practices sharing ideas about how they engage their GPs in this process. What seems to work is getting GPs involved from an early stage by organising CQC specific team meetings where the clinical team go through the provider handbook and KLOEs, so that everyone is clear what the inspectors will be looking for. It would also be advisable to go through the CQC guidance on compliance with the new regulations and new fundamental standards, so that clinicians are aware of

what constitutes good practice and when they would be deemed to be non-compliant.

The GPC has produced helpful [hints and tips on questions aimed at clinical staff](#).

GPs who have been interviewed as part of a CQC inspection have reported that discussion areas also included:

- Clinical governance.
- Staff training especially child protection/safe guarding vulnerable adults and BLS.
- How staff learning needs are identified.
- Communication, this may include seeing care plans, eg, Unplanned Admissions DES.
- Clinical meetings.
- Clinical audits.
- Medicines management.
- Team working, eg, all staff involved in assessing/ planning/delivering care.
- Mental capacity assessment.
- End of life care.
- Appointments, availability, running on time.
- Leadership role – this is incredibly important as inspectors place a strong emphasis on well-led services. This includes governance, accountability, support, supervision, mentorship and development of staff, ensuring people work within their scope of practice, ensuring patient feedback is collated and acted upon, complaints and serious incidents are dealt with appropriately and changes are made accordingly.

Remember that partners should expect to be asked not just about clinical matters but also the overall running of the practice, specifically their leadership role within the practice.

9. Preparing your staff

The [GPC guidance](#) makes specific reference to meeting requirements in terms of staff and workforce, eg, induction, employment policies, training and lists questions which may be aimed at non-clinical staff.

Our guidance aims to enhance this by sharing additional hints and tips from practices who have undergone their inspection:

- Well in advance of the visit and similarly to preparing your GPs, have dedicated CQC meetings with staff where you go through the CQC provider handbook, the new standards and guidance and the KLOEs for each key question.

- Once you have been notified of your inspection date, ensure key staff are going to be available on the day and plan for any staff absences. Ideally the lead partner and the practice manager should be in the practice on the day of the inspection. However, if that is not possible, ensure there is sufficient and appropriate cover for reception and deputising arrangements for the lead clinician and/or practice manager. Anyone covering for the lead partner or the practice manager should have been fully briefed on the inspection requirements and should be able to answer questions and point the inspectors to the right place in terms of policies or other documentation.
- Consider having either an in-house mock inspection, or, make an arrangement with a neighbouring practice you have a good working relationship with to do a mock inspection of each other's practice.
- Prepare your staff by going through KLOEs and doing mock interviews with them.
- Explain that CQC inspectors will observe interactions between patients and staff at reception and staff need to be particularly aware of their manner towards patients both face to face and on the phone as well as any patient confidentiality issues.
- Ensure staff are aware of all the policies that apply to them, know where policies are stored and how to practically implement them in their daily work.
- Address any staff concerns, anxiety, or uncertainty by explaining that this is about people being able to explain how they work. Being prepared about what to expect is going to help them with their inspection interview. This is not a test and the CQC is not trying to catch anyone out, they are just trying to understand how the practice works and how processes are being followed.
- Explain that nobody is expected to know everything and if there is something that staff are not sure about, it is advisable to tell the inspectors that this is not directly within their area of work and that X person or colleague normally deals with it. Also they can report that they are always able to raise queries and seek clarification and support from their colleagues, line manager etc.
- Ensure all staff have had their required training or updates as necessary (again the [GPC guidance](#) contains a list of training which staff would be expected to have undertaken) and that their HR files are as complete as possible.
- Ensure all partners and the registered manager have had a CQC countersigned DBS check and

that all other clinicians have also been DBS checked at some point during their employment. Despite what you might hear or what some CQC inspectors actually tell practices, periodic or retrospective DBS checks are **not** a legal requirement and this is clearly stated in [CQC's own guidance issued in 2013](#).

The CQC will not tell you who needs a DBS check. The onus is on the practice as the employer to carry out a risk assessment on all staff based on their roles and responsibilities and in relation to their involvement with regulated activities, and decide who needs a DBS check. If you decide that a certain staff member does not need a DBS check, you need to be able to demonstrate how your risk assessment has concluded that a DBS check is not required for that particular role.

10. Preparing your patients

- If you have a PPG, it is advisable to engage with them as early as possible, before the practice's CQC inspection. These are patients who are closely involved with the practice and should be your biggest allies. Ask your PPG chair and/or other members to drop in on the day of the inspection visit and offer their view of the practice, the team and its services to the inspectors.
- Ensure you have acted on the results of your patient survey and you can demonstrate any changes made based on your patients' feedback.
- Advertise in the waiting area that you are expecting a CQC visit, explain to patients what it means and encourage them to engage with the inspectors.
- Have a comments/suggestions box available in reception and a robust complaints policy, which should be publicised both within the surgery and also on the practice's website and in the practice leaflet.
- Make sure you respond to all NHS Choices comments, particularly the critical ones, in a prompt, consistent and constructive manner.
- Make sure your chaperone policy is clear and also publicised within the practice and ensure that all staff members that act as chaperones have had a DBS check.
- Have a hearing loop installed in reception, and if possible, have a separate room available for confidential conversations if required by patients.
- Try to have a clear and responsive appointment system which allows urgent, on the day routine, and pre-bookable appointments in advance.

11. Preparing your premises – the practice walk-round

The regulations pertaining to premises require that the premises are:

“clean, secure, suitable for the purpose they are being used, properly used and maintained, and have appropriate standards of hygiene”.

As the GPC advises, the registered manager and the practice manager or deputy should take a walk through all areas of the practice to ensure the premises are fit for inspection. [Use the practice walkthrough checklist \(Appendix A\)](#). This again is a non-exhaustive list.

- To be on the safe side, organise a deep clean at the practice before the visit. This should include steam cleaning the carpets, having fabric curtains washed and disposable curtains changed as appropriate (should be every 6 months). Ensure you have cleaning schedules/logs and contracts in place, a system of monitoring cleaning arrangements and ensure clean and dirty mops are colour coded appropriately and stored separately. Equipment should be clean and decontaminated, and there should be a documented system of managing clinical, domestic and hazardous waste. Sharps boxes should be kept off the floor and there should be wall mounted soap dispensers and paper towel dispensers, along with alcohol gel.
- Premises should be safe and accessible. Consider how you would demonstrate DDA compliance, eg, how you would ensure consultation space is available on the ground floor if there is no lift, a ramp to enable wheelchair access into the building if appropriate, a hearing loop etc.
- Premises should make provisions for patient privacy, dignity and confidentiality, eg, there should be curtains in the consulting rooms and a separate room near reception for confidential discussions if possible.
- Practices must comply with relevant legislation, eg, health and safety, fire safety, electrical, building maintenance, PAT testing etc.
- Equipment should be maintained and calibrated annually and staff need to have the appropriate training on use of the equipment. In terms of infection control, practices should have a clear and robust policy, undertake regular infection control audits and comply with the Department of Health’s Code of Practice on the prevention and control of infections and [related guidance issued in January 2015](#).

- For specific guidance on carpets, curtains, hand washing and legionella, please read Nigel Sparrow’s [mythbusters on the CQC website](#).

An important message is that you need to be able to show that you are complying with relevant legislation and guidance and have been maintaining your premises in good order. You need to show, that you have robust cleaning arrangements in place and that where it is not possible to achieve compliance with any requirements (eg, DDA), you have taken reasonable measures to mitigate the problem, or have alternative arrangements in place (eg, if there are steps to enter the property but it is not possible for you to have a ramp built, you may wish to have an arrangement in place with a buddying or neighbouring practice for disabled patients to be seen there).

12. Critically evaluating and challenging your draft report

The CQC’s inspection guidance states that they will send a copy of the draft inspection report to the provider as an email attachment and this will usually be within 10 working days of the date of the practice visit. They say it may be longer than that if there was an expert on the inspection team and they have to wait for their report first.

In reality, practices routinely report that it takes anything between three and five months for the CQC to produce the draft report after the date of the visit. We are aware of this happening even in cases where the draft report concluded that the practice’s rating was ‘Inadequate’. One would have expected that CQC would have produced the report much quicker if they had concerns about the standard of care provided by a practice, but it still took them five months to do so in this case.

Despite the fact that you may have had to wait for months for your draft report to be issued, you will only be given two weeks to comment on it once you have received the report.

The CQC website states:

‘We publish reports from all our inspections on our website. These reports set out our findings and the judgements our inspector has made. This will only happen after a period of 10 working days in which the provider has the chance to check our report for factual accuracy’.

The practice mentioned earlier requested an extension to submit their comments, but was told by CQC that they were unable to grant it because of their own publishing deadlines. The time it takes CQC to produce draft inspection reports and the fact that they

only allow two weeks for practices to comment on it are both unsatisfactory and we will be raising this with our London contacts at CQC.

Along with your draft report, the CQC says they will also send you a template that you can use to submit your comments to them. This is known as the 'factual inaccuracy checks' stage of the process and it is the only opportunity you have to comment on the content of your report before it is published on the CQC website.

It is absolutely crucial that you take the time to go through your draft report in great detail and challenge it as appropriate. If you don't, it will be published unchanged on the CQC website, which could end up being quite damaging for your practice.

We have looked at a lot of CQC reports and there are some common themes that keep coming up. We advise you to be mindful of them when you are reviewing your own draft report, so that you can spot them easily:

- Something that is good practice is often mistakenly identified as a requirement and practices are criticised for not doing or having it, when they are actually not required to do or have it, eg, CQC inspectors often criticise practices for having carpets in consulting rooms, even though the [CQC's own guidance](#) states that this should only be avoided in rooms where invasive procedures take place, (eg, treatment rooms or minor surgery rooms).
- Quite often a finding is perceived to be of a much higher risk to patients than it actually is, and usually the report provides no evidence to support such a judgement. This happens frequently around infection control, so reports claim that dust on shelves, or broken tiles above a basin present an infection risk. We are not aware of any evidence in the medical literature that dust or broken tiles in a consulting room have resulted in infections or harm to patients.
- There is no clarity around how different findings are weighted in determining the overall rating in relation to a specific key question. eg, we have seen practices receiving a rating of 'Requires Improvement' on a key question, when there are only two negative findings and more than six or seven positive ones.
- There are negative comments in reports about documentation that 'was not available' on the day of the inspection. There is often no explanation of what this means, eg, did the inspectors ask for a particular piece of evidence and it did not exist at all, did the staff say it

existed but they were unable to locate it on the day, did the staff refuse to produce it etc? This is very important as such comments can negatively affect the overall impression of inspectors and their subsequent judgement on a particular key question.

- Reports often make statements that are simply factually incorrect. A typical example of this is the assertion that DBS checks for certain staff members are 'out of date', or they should be renewed every three years. This is in complete contravention of the CQC's own guidance, which clearly states that there is no legal requirement for retrospective or periodic DBS checks. Therefore, there is no such thing as an 'out of date' DBS check, and 'there is no blanket rule such as re-checking all employees every three years'. See sections 21 and 25 of Registration under the Health and Social Care Act 2008, Disclosure and Barring Service (DBS) checks in the [CQC guidance issued in June 2013](#).
- The wording in reports can often be misleading. We know of a report that stated that 'the practice was unable to demonstrate any completed audit cycles'. This was inaccurate because:
 - a. The inspectors had not asked the practice to submit any audit cycles prior to the visit and the clinician interviewed only had access to audits that were in progress but not completed on the day of the visit.
 - b. The practice was not given an opportunity to submit any audit cycles after the visit. This was despite the fact that the clinician interviewed clearly stated that there had been completed audits which could be submitted afterwards.
 - c. GPs are required to undertake clinical audits as part of their appraisal and revalidation and trainees are required to do so as part of their training. This is a large practice with a number of doctors, all of whom had audit information in their personal GP appraisal files, which could have been submitted if the practice had been asked to do so prior to or after the visit. It is also a training practice and its trainees undertake audits regularly.
- Again this information could have been asked for prior to or after the visit if it was not physically available on the day of the visit. The practice has challenged this statement on all these counts, has submitted previously completed audits as part of their comments, and is awaiting the CQC's response.

- The CQC does not offer the opportunity for documentation to be submitted after the visit, if for whatever reason it was not available or could not be located on the day of the visit. If this documentation existed before the visit, we strongly advise you to submit it as an attachment to your response to the draft report, to counter any incorrect statement made in the report.
- This is offered as an opportunity for practices to carry out a factual accuracy check on their report. However, as we have demonstrated in the points raised here, it is not always facts that may be appropriate for practices to dispute or challenge. Often they are 'softer' statements, such as subjective observations, non-evidence based, biased or ill-informed assertions, assumptions based on misinterpretation of what is a requirement, omissions, misleading comments, unbalanced judgements etc. All these are much more difficult to challenge. However, they should not go unchallenged as small negative comments and judgements mount up and can lead to an adverse finding or negative rating for the practice.

On the basis of all of these points, we advise you to:

- Thoroughly check your draft report for factual errors or any other statements you believe are not based on or supported by evidence.
- Know what is expected of you in terms of your contractual obligations, legal requirements and CQC guidance, and challenge false or inappropriate criticisms or judgements accordingly.
- Use evidence to counter any negative or ill-informed comments in your report. Submit additional evidence if you think it is appropriate, regardless of whether CQC has invited you to do so or not.
- Do not be intimidated by the CQC! They have significant legal powers, but they are still learning about general practice. Both practices and LMCs have the opportunity to educate them through raising appropriate challenges.
- Most importantly, raising informed and appropriate challenges does work. We are aware of practices who successfully challenged their draft report. This has resulted in the majority of their challenges being accepted by the CQC which made their final report much more positive than their original version.

13. CQC's Rating System, Special Measures framework and Enforcement powers

CQC's rating system

The evidence CQC gathers before and during the inspection is set against the 'Characteristics of Ratings', to determine the rating awarded to each of the five key question areas (ie, are services safe, effective, responsive, caring and well-led). A final overall rating is then aggregated from these five ratings.

Practices will be rated as either:

- Outstanding
- Good
- Requires Improvement
- Inadequate

It is instantly noticeable that there is no 'adequate', 'satisfactory', or 'acceptable' rating for those practices who comply with minimum standards. 'Average' is not an option in the world of the CQC and their entire approach is based on driving up standards and pushing quality improvement. Either you are good or you require improvement. There is nothing in-between.

Where a key question is rated as *Requires Improvement* or *Inadequate*, the CQC will make a judgement about whether a regulation has been breached. Their [guidance for providers and managers](#) explains how to meet regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Care Quality Commission (Registration) Regulations 2009.

As suggested earlier in this document, it is really important that partners, practice managers and the entire practice team familiarise themselves with this guidance. You are also reminded that since 1 April 2015 you are required by law to display your rating in a prominent place in your practice and publicise it on your website. The CQC has made posters for physical display available for practices and will assess whether your rating is displayed conspicuously when they next inspect you. Information about how to download and print your posters is [available here](#). If you had already received a rating prior to 1 April 2015, you have 21 calendar days from that date to display your rating. Practices receiving ratings after 1 April have a maximum of 21 calendar days to display their rating from the date their inspection report is published on the CQC website.

Special Measures Framework – CQC, NHS England and RCGP

It only takes one Inadequate rating in one or more of the five key questions or six population groups for a practice to be placed into 'special measures' following consultation with NHS England. The practice will be given a maximum of six months after the initial rating is confirmed to make the necessary improvements. Being placed into special measures should be seen by the practice and NHS England as an indication that 'this is the last chance for the practice to improve, and if improvements are not made, CQC will move to cancel the registration of that provider'.

In October 2014 NHS England published the [Framework for responding to CQC inspections](#) of GP practices.

The document describes the framework that governs how NHS England will work with the CQC in ensuring that consistent and appropriate measures are taken in relation to those practices who receive Inadequate ratings. It also describes how improvements should be made and what actions will be taken against those practices, both by the CQC and NHS England if appropriate, who fail to make the necessary improvements within the given timescales.

CQC's enforcement powers

The CQC is an organisation with significant enforcement powers, backed up by primary legislation, including the Health and Social Care Act and relevant regulations.

The two purposes of their enforcement policy are to protect patients and the public and to hold providers to account for providing sub-standard care. They select the appropriate enforcement action based on two criteria: the seriousness of the concerns and evidence of multiple or persistent breaches.

The CQC can use their enforcement powers in a number of ways depending on individual circumstances:

- i. They protect people by requiring improvement by issuing:
 - **Requirement notices**, which require practices to provide a report showing the steps they will take to comply with their legal obligations. Failure to send the CQC a report within the given timescales is an offence and may necessitate further enforcement action from them.
 - **Warning notices**, which are more serious than requirement notices as they often concern serious or continuing breaches and include set timescales. If practices do not make the required improvements within the set timescales, the CQC can consider further action under civil or criminal law.

- ii. They protect people by forcing improvement through:
 - **Civil enforcement powers**, which include imposing conditions on, suspending, or cancelling a practice's registration.
 - **Special measures**, which, as we have explained in the previous section, involve a time-limited approach for improvements, and coordination with other bodies, such as NHS England.
- iii. They hold providers or individuals to account for failures through:
 - **Criminal powers**, which include cautions, penalty notices, or prosecution
 - **Applying the Fit and Proper Person Requirements**, or prosecuting individuals.

The CQC's powers are described in their [recently updated enforcement policy](#), which came into force on 1 April 2015.

14. Take control

Despite the CQC being a powerful regulator, you should not be intimidated by their powers. They are there to drive up quality and we need to work with them to ensure they understand the essence of general practice within its constraints and they follow a fair, consistent and transparent inspection process.

The vast majority of practices work hard and deliver good or excellent care to their patients. It takes the right preparation and attitude to get through your CQC inspection successfully and ensure that you continue to deliver sustainably good quality care to your patients.

- **Prepare, prepare, prepare!**

Start working on your CQC inspection now! Don't wait to receive a notification of your inspection date to start preparing. Get familiar with all the relevant regulations and guidance (and there is a lot of it!), get your clinicians and your practice team on board, assign lead areas to different individuals within the team, prepare your documentation, premises and staff, and engage with the inspectors from the beginning.

- **Evidence, evidence, evidence!**

Inspectors will want to see documentation of everything. It's not enough telling them you have done something when they can't see it. They will criticise you in the report by saying that 'this policy was not available'. They want to see completed audit cycles, your complaints files, your significant event records, infection control audits, policies and procedures, minutes of clinical and practice meetings, supervision records, staff training records... and the list goes on. Check the guidance from the CQC, the GPC and Londonwide LMCs for specific hints on what you need to have in place and what the inspectors will be expecting to see, or will be asking your clinicians, staff and patients.

Evidence is key, which is why it pays off to be organised and ensure you have everything documented and stored in a methodical and easily accessible way, where staff can easily access it.

- **Know your stuff and challenge, challenge, challenge!**

Finally, it is very important that you are aware of what is expected of you in terms of the law, regulations and relevant guidance and what patients can reasonably expect of you. That way you will be able to counter any false or inappropriate criticisms from inspectors both on the day of the visit and in your report.

Use the information we have provided you with in this guidance to comment on your draft report in an evidence-based and firm manner, which not only shows you know what you are talking about, but also gives you the best possible chance of influencing your final report that will be published on the CQC website and be accessible by your patients and the wider public.

It takes work, preparation and focus, but it will be worth it in the end.

If you have had a difficult experience with your inspection, or you have received an Inadequate rating, please get in touch with us at gpsupport@lmc.org.uk.

15. Glossary of terms

BLS – Basic Life Support

BMA – British Medical Association

CCG – Clinical Commissioning Group

CD – Controlled Drugs

CQC – Care Quality Commission

DBS – Disclosure and Barring Service (previously known as CRB (Criminal Records Bureau) checks)

DDA – Disability Discrimination Act

DES – Directed Enhanced Service

DOLS – Deprivation of Liberty Safeguards

GMC – General Medical Council

GPC – General Practitioners Committee (the national negotiating body of GPs)

HES data – Hospital Episode Statistics data

HR – Human Resources

KLOEs – Key Lines Of Enquiry

LMCs – Local Medical Committees

MCA – Mental Capacity Act

OoH – Out of Hours

PAT – Portable Appliances Testing

PPG – Patient Participation Group

QOF – Quality and Outcomes Framework

RCGP – Royal College of General Practitioners

SEA – Significant Event Analysis



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