CQC INSPECTIONS

LLMC ADVICE TO PRACTICES

To prepare for your CQC inspection, you are strongly advised to read the CQC provider handbook

This handbook, called “How CQC Regulates: NHS GP practices and GP out-of-hour services; provider handbook (October 2014)”, is essential reading and can be found here:


The advice here is not a substitute for the handbook, but a few practical pointers to help practices that have been gleaned from our experience at Londonwide LMCs in helping dozens of practices through their CQC inspections.

CQC ASSESSMENTS ARE FOCUSING ON 5 KEY QUESTIONS:

These are the 5 Key Lines of Enquiry (KLOE) for practices:

- **Are they safe?** People are protected from abuse and avoidable harm.
- **Are they effective?** People’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.
- **Are they caring?** Staff involve and treat people with compassion, kindness, dignity and respect.
- **Are they responsive?** Services are organised so that they meet people’s needs.
- **Are they well-led?** The management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

FOR EACH YOU WILL BE GIVEN A RATING:

The CQC four point rating scale is:

- Outstanding
- Good
- Requires Improvement
- Inadequate
CQC ASSESSMENTS ARE FOCUSING ON 6 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
- People experiencing poor mental health (including people with dementia).

Again for each of these you will be given a rating on the four point scale.

The inspection teams will include an inspector, a GP, a nurse and/or a practice manager and a GP Registrar. Teams may also include an expert by experience – someone who uses a GP practice or has a particular experience of care that the CQC wishes to look at.

**HOW DOES CQC BUILD EVIDENCE TOWARDS A RATING?**

**Pre-inspection information gathering**

Some of the data the CQC uses is compiled in the “Intelligence Monitoring” report the CQC has published, which categorises practices into 6 bands numbered 1 to 6 with 1 being the worst, and there is also a “No Band” category. This banding is used by CQC to prioritise practices for inspection. It is really important to know in which band your practice sits. If you haven’t yet done so, we would encourage you to find the Intelligent Report for your practice, which is available at this link: http://www.cqc.org.uk/download/a-to-z/gp-imonitoring-november-2014

You should also examine the data that the CQC has used in compiling your practice report to check whether it is accurate and up to date. The banding is based on the following data:

- National datasets (e.g. selected Primary Care Web-tool information)
- Information received by the CQC from people, carers and staff
- Complaints
- Information from stakeholders (e.g. CCG and NHS E)
- Local and national data
- Patient surveys
- Clinical quality and activity (QOF/HES)
- Contextual information (population/public health data).

**On-site inspection**

- Observation of care
- Information from patients, relatives, carers and staff
- Care environment and facilities
- Record and document review
THERE ARE TWO TYPES OF INSPECTION:

1) Comprehensive
Reviews providers on the 5 key questions leading to a rating of each on the four point scale.
Assesses all 6 population groups
A number of practices in a CCG area are inspected at the same time
Usually 1 day on site & usually announced
At least once every three years

2) Focused
Is a follow up to a previous inspection, or in response to a particular issue of concern
May not look at all 5 key questions and 6 population groups
The inspection team size and composition depends on the focus of the inspection
The inspection may be unannounced.

DOCUMENTATION REQUIRED FOR THE INSPECTION

The Provider handbook lists the following:
Action plan addressing patient survey results
Complaints of last 12 months, with actions & learning
Serious incidents of last 12 months, as above.
Two completed clinical audits in last 12 months.
Number of WTE staff by role.
Recruitment policies.
Staff training records.

Preparation for the visit:
You will need to prepare for the inspection under the following headings:

- Policies.
- Staff, including GPs (particularly the lead GP).
- Premises and equipment.

Preparing the policies:
You will need to:
Review and amend any policies that are out of date.
Have paper copies available on the day for CQC inspectors.
Ensure all staff know where policies are stored electronically and manually.
Have a system to record that staff have read and understood them.
Make sure your policies are a true reflection of the way you work – CQC inspectors will compare staff answers to what is written in your policies. It is not a test but a way of assessing if staff are aware of procedures relevant to their role.
Have a clear system for updating policies and communicating updates to all staff.
Documentation commonly requested before or during the visit:

Information about the service (e.g. key patient and local population demographics, statement of purpose/practice leaflet, treatment options, how to make comments and complaints, health promotion) – available in different formats/languages.

Care planning and assessment protocols, including process of individual patient risk assessment and planning – meeting equality and diversity needs.

Details of any specific policies, plans or projects/health promotion and other initiatives to meet the needs of the 6 population groups.

Policies on consent (including mental capacity), patient confidentiality, safeguarding of children and vulnerable adults, chaperoning, complaints and incident handling - evidence of relevant training e.g. safeguarding and level of training 1, 2 or 3;

Any internal audits/quality assurance checks of the practice done in-house or by external bodies, e.g. QOF, H&S risk assessments

HR Policies and procedures and staff handbook.

Staff records on recruitment and selection, pre-employment checks (including DBS), induction, supervision, appraisal, training and CPD.

Records of clinical & staff meetings/action notes

Medicines management policies including storage, stock management, handling, recording and disposal; prescribing policies and protocols

Medication audits/error reporting and action plans, checks on emergency drugs

Dealing with foreseeable emergencies, including emergency equipment checks and training in handling emergencies, fire evacuation drills, business continuity plan etc.

Clinical audit cycle - clinical audits and action plans and action plan monitoring, including follow up audits

Clinical governance processes, including meetings minutes and related policies and procedures, and practice vision and values

Performance reviews and action plans to address issues identified from external monitoring

Action plans in response to patient feedback, including PPG outcomes and action plans, national patient survey, F&F Test and NHS Choices comments.


Evidence of multidisciplinary meetings and approach to integrated care.

Infection control policy, cleaning regimes, infection control audit and action plans.

PREMISES AND EQUIPMENT:

The Regulations state that all premises and equipment used by the service provider must be clean, secure, suitable for the purposes for which they are being used, and properly used and maintained.

The practice must follow premises legislation and guidance.

• Clean.

Premises & equipment should be ‘visibly clean’

Evidence of suitable cleaning schedules and monitoring.

Evidence of cleaning contracts (including such things as the separation of clean and dirty mops, appropriate storage of materials)
Protocols for the management of domestic, clinical and hazardous waste.
Comply with DH’s Code of Practice for health and adult social care on the prevention and control of infections and related guidance
Equipment must be decontaminated
Single use equipment must not be re-used
No autoclaves
  • Secure

Practices still need to ensure they have arrangements protecting staff and patients’ personal safety and property.

When using CCTV – it must be made clear to patients it is in use, and ensure it is used in the interests of patient/public safety and relevant legislation is observed.

  • Suitable for the purpose for which they are being used
Size, layout & design of premises to meet current legislation and guidance.
Safe and accessible premises – ‘reasonable adjustments’ and alterations where possible
Patient privacy, dignity and confidentiality should not be compromised.
The needs of patients with disabilities are catered for as required by the Equality Act 2010.

  • Properly used and maintained.
Comply with legislation, e.g. Health & Safety, fire safety, electrical, building maintenance, PAT testing etc.
Evidence records relating to maintenance of premises, facilities and equipment including electrical wiring tests, PAT tests, fire risk assessment and checks and testing of equipment, gas boiler checks, check on emergency equipment.
Records of the maintenance & calibration of equipment
Staff training on use of equipment as necessary.

PREPARE YOUR STAFF:
The inspecting team will interview members of staff so make sure staff are aware of the visit and that they may be asked questions.
If possible know staff availability in case a member of staff phones in sick.
Staff will need to demonstrate:
  • Understanding of policies and protocols relevant to their role.
  • Recognition and reporting protocols for possible child/vulnerable adults’ protection issues
  • Ability to provide appropriate help to people with Learning difficulties and mental health problems including dementia.
  • Participation in team meetings.

PREPARING THE GPs
As soon as you know when the visit is (for Comprehensive inspections you will have 2 weeks’ notice), identify the lead GP (usually a partner) with whom there will be an in depth interview.
In this interview, the inspection team will want to discuss the following:
Clinical governance
Training - especially child protection/ safe guarding vulnerable adults, BLS
Communication, this may include the inspection team wanting to see care plans (e.g. as required by the Avoiding Unplanned Admissions DES)
Clinical meetings
Audits
Medicines management
How staff learning needs are identified
Team working e.g. how all staff are involved in assessing/planning/delivering care
Mental capacity assessment
End of Life care
Appointments: availability, means to ensure they run on time etc.
Leadership role.

CQC ENFORCEMENT POWERS:
The CQC have considerable powers and the action they can take includes:

- “Warning notices” issued for non-compliance with legislation, regulations etc.
- “Enforcement action”, including suspension of services in cases of serious or persistent non-compliance. Suspension of services puts practices immediately in breach of contract with NHS E.
- “Special measures” - a framework decided between CQC and NHS E.

THE CQC REPORT:

You have two weeks to make comments on the factual accuracy of your draft report. Despite being the regulator, CQC is not an expert on all the legal and contractual requirements for general practice. Commonly “Good practice” recommendations are mistaken for “requirements”.

Challenging any inappropriate, unfounded, biased, ill-informed findings is extremely important – your report will be in the public domain and a negative CQC rating could seriously damage your practice. You CAN influence your final report. So do NOT be intimidated by CQC! If in doubt about what can and cannot be challenged, contact GP Support at LLMCs. gpsupport@lmc.org.uk

Guidance on other important elements of the CQC inspection
There are a number of myths circulating about what the CQC inspection demands on issues such as carpets, curtains, DBS checks, infection control and many of us have fallen victim to these. The Senior National GP advisor for CQC, Nigel Sparrow, has provided CQC’s position and guidance in a series of articles posted on the CQC website entitled “GP Myth busters” and we recommend you read this to avoid unnecessary worry and expense: http://www.cqc.org.uk/content/gp-and-out-hours-mythbusters-nigel-sparrow

The CQC website includes current guidance on issues specific to GP and OOH services so keep an eye on this regularly.
SUPPORT FROM THE LLMC:
For any queries, problems, adverse findings in your CQC report etc. please contact the GP Support team at Londonwide LMCs at: gpsupport@lmc.org.uk

Regular workshops on CQC inspections are held by the GP Support team at Londonwide LMCs and can be held for you locally if there is sufficient demand. Contact Londonwide Enterprises Ltd for further details: LEL@lmc.org.uk

A list of helpful resources is attached to this guidance – please refer to them for more details