

Newsletter



Sefton Local Medical Committee

16th April 2015

Preparing for CQC Inspection



The General Practitioner Committee has recently published guidance to help practices prepare for a Care Quality Commission (CQC) inspection. This guidance can be accessed via the following link. It also provides useful links to other documents and websites:

[GPC - preparing for a scheduled CQC inspection – a guide for GP practices](#)

CQC learning event for LMCs

The Care Quality Commission itself, recently held a learning event to help LMCs and GP practices understand the CQC inspection process. This newsletter provides a summary of the learning outcomes and a few informal, but useful tips, as recommended on the day, by the CQC to help you prepare for a successful CQC inspection:

Types of CQC visit:

CQC visits are classed, either as being “Routine” or “Responsive”. The routine visits are carried out under the normal schedule of inspections and responsive visits are instigated following concerns or complaints - for example by NHS England, who would have to cite the reasons for a responsive inspection.

CQC data gathering prior to a visit:

The CQC has now dispensed with its Intelligent Monitoring scorecard but does, however, look at retrospective NHS data provided by CCGs. The CQC does not make judgements based on a GP practice’s data prior to an inspection - they enter an inspection based on the assumption that all practices are “good”. However, in viewing the data, they would expect a practice to be aware of their strengths and limitations and be able to demonstrate that they are working on these - for example, a practice may be able to demonstrate that they have completed an audit to show data and results or evidence of work that is more up to date.

The practice presentation:

As part of the inspection process, it is recommended that practices provide a 30-minute presentation to introduce the practice. This presentation has the potential to provide 80% to 90% of information to the inspection team and thereafter the inspection team would look for evidence to support what was said in the presentation.

The presentation should provide a good introduction about the context and the demographics of the practice, how many patients and what type of population is served, staff and team structures. The presentation should be delivered positively, citing the challenges and identifying the risks. Bear in mind that the inspection team will be assessing Key Lines of Enquiry (KLOE), as to the whether the practice is:

1. **Safe** – what evidence do you have for this?
2. **Effective** – as shown by the following...
3. **Caring** – as shown by the following...
4. **Responsive** – for what reasons?
5. **Well-led** – what evidence do you have for this?

Make reference, wherever possible to the systems you have in place and evidence what you do. Some practices provide a folder containing policies and processes or reference to where this can be found or evidenced.

The inspection team will be meeting with other practice team members and people that use the service and they would expect to get the same or similar messages and consistency in responses. This demonstrates team coherence and a well-organised, well-managed team.

Key Lines of Enquiry

The Key Lines of Enquiry (KLOE) are the key standards, against which practices are inspected. The CQC provides a leaflet to help practices prepare for a CQC inspection and within this leaflet, there is a recommendation that the practice should apply the Provider Handbook and its Appendices. These can be found via the following links:

[CQC's new style inspections: "what to expect when we inspect"](#)

[CQC Provider Handbook](#)

[Appendices to the Provider Handbook](#)

When the CQC makes an assessment against the KLOE, these relate to the Regulations contained in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended) and the Care Quality Commission (Registration) Regulations 2009 (Part 4) (as amended). The guidance to the Regulations was updated on 31st March 2015 and can be found here:

[Guidance for Providers on Meeting the Regulations](#)

When assessing the KLOE, the CQC makes its judgements through evidence provided, through observation and through talking to patients and staff to ensure that your processes documented, do work in practice.

Organising for the inspection

Once your CQC inspection has been notified to you, it is advisable to keep in contact with your lead-inspector. You can provide information in advance of the visit. It is helpful to the CQC if the practice manager can provide a timetable or a schedule of when people are available to be interviewed during the day of the inspection.

The practice manager is seen by the CQC as being one of the key-personnel to access on the day of the inspection but equally, would expect the practice to function well in his or her absence. Documents can be provided in advance, on the day or following the visit if requested by the inspection team.

And finally....

- Do check that emergency drugs (including those in the doctor's bag), vaccines, oxygen, etc. are in date.
- Do not store your sharps boxes on the floor, where children can access them.
- Do check your infection control and cold-chain processes.
- Do check that you are meeting all statutory checks and requirements and that you are up-to-date on current issues such as safeguarding and Mental Capacity Act Deprivation of Liberty Safeguards (DOLS), etc.
- Do ensure that your policies have your name on them and not someone else's.
- Do ensure that your DSB checks have been completed for appropriate practice members.
- Do show that your staffing policies and processes are in place and that these are used.

You will have the opportunity to view a draft of the CQC's inspection report. You are advised to check and double check the content for accuracy, as this is your one opportunity to provide feedback prior to publication.