Tips from Practices who have had a CQC Inspection Feb – March 2015

(this list will continue to be added to)

- Ensure everybody is up to date with safeguarding training.
- Compliant with DSQS is you are a dispensing practice.
- Practices need to have everything written down and recorded by the way of evidence - e.g. an audit cycle, good medicines management processes, including doctors bags and nurses / treatment rooms (not just ensuring everything is in date but logged correctly). Health and safety audits including legionella (make sure your HSE poster is clearly on display) carpet cleaning, chair cleaning etc.
- Make sure you have an up to date fire drill and evidence of regular system checks is also a must.
- It goes without saying ALL staff need to be fully up to date on mandatory training, receive regular supervision and have a current appraisal in place. These should also be reviewed as best practice. (we were pretty much there on this) Pay specific attention to BLS and safeguarding training for all staff and ensure safeguarding processes are on display i.e who to contact if you have a concern.
- Practices need to show how MHRA alerts are acted on and shared in the practice.
- One of the inspectors (The PM) said something about an alert for cords on roller blinds and the risk of strangulation for children.
- Consider preparing an ‘evidence box’ ready to hand over to the inspection team for them to look through.
- CQC made a comment regarding a clinical waste bin that was locked but not anchored to the ground and therefore could be wheeled away.
- Follow the BMA Tips on how to prepare for your presentation (Appendix B) "in which the CQC will ask the GP practice to present 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. The BMA format for the presentation is comprehensive, will answer many of their questions and get the day off to a good start. CQC inspectors' feedback was emphatic: "This is your chance to sell the practice and take as long as you need." "Many practices do not do this and it is an opportunity missed."
- CQC inspectors comment that on inspection day it is their experience that the manager is usually running around frantically collecting evidence. You can reduce this stress dramatically by having a comprehensive folder of evidence prepared.
- Significant events - They said that most complaints should be recorded as a significant event, in addition to any other abnormal event. They would expect several 10s per year. They wanted to see more evidence of learning from events and learning being shared and acted on.
Safety alerts (e.g. drugs, equipment etc.) – They wanted a clinical lead to oversee these to ensure any clinical actions were taken.

GP contact – They are after evidence of plenty of day to day contact between GPs and staff from to show both clinical leadership and business ownership.

Fridges - nurses fridges should be locked when the nurse is not in the room as there are drugs with patient’s names on, and other people use the nurses rooms.

Staff files – ensure appraisals, mandatory training, induction, DBS checks etc. are all in place.

Emergencies – ensure all staff know what to do in an emergency and that all emergency drugs are in date.

Business continuity – Check you plan is up to date and fit for purpose.

Risk register – ensure you have one and that risks have been identified – even if you haven’t had the opportunity to address them

Clinical audits –See GP Myth buster No 4 on CQC website. They want evidence of clinical audits. Two cycles must be undertaken per year and learning must be shared and acted on.

Meetings – Ensure you have regular meetings for individual teams and (nurses, data, reception etc.) and overall practice meetings.

Consent – all clinicians, GPs and nurses need to understand how to ascertain mental health capacity and parental responsibility.

Patient feedback – Ensure you can demonstrate that you seek patients feedback, discuss with the partners and act on it to address issues or improve care.

Security – Ensure all doors are kept closed and no documents with patient identifiable information are left lying around.

Patient care and support, especially during bereavement – ensure you can demonstrate this.

Complaint handling – Complaints need to be responded to appropriately. However, you also need to demonstrate that they are reviewed, learning is disseminated and there is clear evidence of action being taken when needed. They felt that most complaints should be treated as significant events.