An inspection by the CQC

Further to our CQC inspection recently I thought I would write about my experience and offer some tips to practices and for my own learning to share with you to the best of my knowledge, please check the regulatory advice for the latest information. Please feel free to add your own comments and notes and personalise it for your own practice.

Firstly I would urge you all to ensure that;

- All your policies are up to date
- Premises are up to standard and that
- Infection Control policy is in place and a recent audit undertaken
- All staff aware of what maybe asked and expected from them

When the CQC do call to inform you of their intention to visit it can be extremely nerve racking for everyone as firstly this is an unfamiliar organisation with generally non-clinical staff, their requirements are broad, recent negative media attention of GP practices after CQC visits, risks of being non-compliant and speed in which they wish to inspect you. In our case we had one inspector but I have heard of some practices being inspected by three of them. I was advised that in future they will have a team of around 5 people with special interests and visit those practices more likely to be classified as ‘high risk’, may add a ‘financial category’ and they may have changed their notice period to 2 weeks instead of 2 days.

[TIP] visit [http://www.cqc.org.uk/](http://www.cqc.org.uk/) read a few CQC reports both national and locally, now read a few that are non-compliant to see where they went wrong, very easy to filter, once you do this you will be thinking like an inspector and that is a good key to becoming compliant.

[TIP] Use the filter button to choose Doctors/GPs, use your area code otherwise or click here [http://www.cqc.org.uk/search/doctors-gps](http://www.cqc.org.uk/search/doctors-gps)

Now on the left hand side of the website, click on ‘CQC checks’ and you can see those that were non complaint and those that required enforcement action as well as those that met all standards. You can search your local area and find many good examples of ‘best practice’.
Apart from understanding how the CQC report and judge practices you will find a wealth of information that will help you with new ideas on become compliant and even be commended upon.

[TIP] Remember it’s not all about policies we had purchased a very expensive CQC compliance software package but didn’t really need it although it gave us a better understanding. CQC are looking to see if staff and clinicians themselves understand the standards required and deliver accordingly and patients generally satisfied with the service by talking to them. Teamwork, transparency and responding to NHS choices are essential.

CQC publish a summary on their website that looks like this, aim for those ‘green ticks’, these will be generally be green if you reported ‘no non-compliances’ and be revised accordingly upon inspection together with a summary and report.

There are 16 essential CQC standards and you are judged upon 5 of them. I’ve marked those outcomes in red that are most likely to be assessed but the CQC will cover many things in their inspections such as complaints and infection control, premises and medicines.

**Outcome 1: Respecting and involving people who use services**
People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run.

**Outcome 2: Consent to care and treatment**
Before people are given any examination, care, treatment or support, they should be asked if they agree to it.

**Outcome 4: Care and welfare of people who use services**
People should get safe and appropriate care that meets their needs and supports their rights.

**Outcome 5: Meeting nutritional needs**
Food and drink should meet people’s individual dietary needs.
<table>
<thead>
<tr>
<th>Outcome 6: Cooperating with other providers</th>
<th>People should get safe and coordinated care when they move between different services.</th>
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<tr>
<td><strong>Outcome 7: Safeguarding people who use services from abuse</strong></td>
<td>People should be protected from abuse and staff should respect their human rights.</td>
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<tr>
<td><strong>Outcome 8: Cleanliness and infection control</strong></td>
<td>People should be cared for in a clean environment and protected from the risk of infection.</td>
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<tr>
<td><strong>Outcome 9: Management of medicines</strong></td>
<td>People should be given the medicines they need when they need them, and in a safe way.</td>
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<tr>
<td><strong>Outcome 10: Safety and suitability of premises</strong></td>
<td>People should be cared for in safe and accessible surroundings that support their health and welfare.</td>
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<tr>
<td><strong>Outcome 11: Safety, availability and suitability of equipment</strong></td>
<td>People should be safe from harm from unsafe or unsuitable equipment.</td>
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<tr>
<td><strong>Outcome 12: Requirements relating to workers</strong></td>
<td>People should be cared for by staff who are properly qualified and able to do their job.</td>
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<tr>
<td><strong>Outcome 13: Staffing</strong></td>
<td>There should be enough members of staff to keep people safe and meet their health and welfare needs.</td>
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<td><strong>Outcome 14: Supporting workers</strong></td>
<td>Staff should be properly trained and supervised, and have the chance to develop and improve their skills.</td>
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<tr>
<td><strong>Outcome 16: Assessing and monitoring the quality of service provision</strong></td>
<td>The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care.</td>
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<tr>
<td><strong>Outcome 17: Complaints</strong></td>
<td>People should have their complaints listened to and acted on properly.</td>
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<tr>
<td><strong>Outcome 21: Records</strong></td>
<td>People’s personal records, including medical records, should be accurate and kept safe and confidential.</td>
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**Tuesday Morning – Two Days Before the Inspection**

The Inspector called me on Tuesday morning at 9am to give us 48 hours notice of his intention to visit on Thursday 9am-5pm, he asked for a number for someone from the PPG (Patient Participation Group). I explained that this date was not convenient and he kindly asked me to give him a call a bit later to confirm but he needed to do the visit by the end of the week, Friday was not a good day for him and so I changed my plans and called half an hour later to confirm Thursday. He sent an email detailing the 5 outcomes he would like to discuss and what may be required. He also wanted to see a ‘Statement of Purpose’ - this is typically an A4 sheet which details the services you provide and
the professional manner in which you chose to comply and ‘the Practice Leaflet’ upon the visit. He also advised us to place a sign in the waiting area that day to advise patients that he would be inspecting and interviewing some patients.

[TIP] – The last thing you need especially with all the work we are now required to do is a CQC visit so prepare now, so you are not caught by surprise and so do a dummy inspection, make a dummy CQC report for yourself to discuss with your team.

[TIP] – Dig out that Statement of Purpose, if you do not have one, Make sure your practice leaflet is up to date and includes the complaints procedure and the number and link to the CQC etc.

Email sent prior to visit:

Dear (name),

This is to confirm our earlier telephone conversation, that I will be coming to carry out an inspection of (Practice name), on (Date) under the Health and Social Care Act 2008. I appreciate you changing your arrangements to be available for this.

I aim to arrive at 9.00am, and for the inspection I will be focusing on the following outcomes under our essential standards of quality and safety:

- Outcome 1 - Respecting and involving people who use services
- Outcome 4 - Care and welfare of people who use services
- Outcome 7 - Safeguarding people who use services from abuse
- Outcome 12 - Requirements relating to workers
- Outcome 16 - Assessing and monitoring the quality of service provision

As discussed, as part of the inspection I would like to speak to Chair of and one member of the practice’s Patient Participation Group (PPG) and should be grateful if you could provide me today if possible with telephone contact details to enable me to do this. I should be grateful also if you would let them know that I aim to get in touch with them either shortly before or after the inspection. It would be helpful in addition if before the inspection you could send me a copy of the minutes of the PPG’s most recent meeting.

On the day of the inspection, I would like to speak to patients who use the practice during my visit. If they are happy to speak to me, I would aim to spend about 10 minutes with each them talking about the service they have received. I would appreciate if you or your staff could ask patients when they arrive for their appointment if they would be willing to do this and I can then speak to them either before or after their appointment, whichever is most convenient.

In addition, I would like to speak to you and any staff working on the day, including both clinical and administrative staff.

For both patients and staff, I will fit around their availability.

During my visit I will also spend some time looking at your documentation including: your statement of purpose/practice information leaflet; policies and procedures relating to the above outcomes; patient feedback including any surveys; complaints and incident/significant event records; the latest
QOF data for the surgery; any audits you carry out; staff recruitment and training records; and a sample of patient records.

If possible, it would be helpful if a room could be made available where I can be based during the inspection, so that I can speak to patients and staff in private.
I look forward to meeting you on Thursday.

If you have any queries in the meantime please feel free to contact me by email or on either of the numbers below.

Yours sincerely
(name)
Compliance Inspector
Operations
Care Quality Commission - London Region

Straight away, I informed the lead partner and we called an urgent practice meeting to inform staff and clinicians of the visit and emailed everyone else. As it was half term one GP had taken annual leave but cancelled their leave. We also discussed the areas they may look at especially with regards to safeguarding children and adults, general human resource policies, health and safety, fire awareness etc. Although we had many of these policies and procedures we understood that he would effectively ‘grill’ our staff about them. We found that some staff members were confident whilst others were naturally worried so we had to offer reassurance to them.

[TIP] – Start to discuss a potential CQC visit at every meeting and what they might ask, engage the whole team and they will take an interest. If you do not already have so, try to establish a lead for all key areas such as ‘Safeguarding Adults & Children’, ‘Infection Control’ etc. There are 16 areas so sharing the responsibility is a good way of ensuring compliance and sharing learning.

[TIP] – Staff who are confident are better than those that are nervous when being interviewed by the CQC and so make sure those on the day of the visit are up to speed with things, receptionists, admin staff and practice nurses. It was kind of like a cricket match and whilst some staff caught out early on some others hit a few sixes out of the field.

The real work began and a few staff including myself stayed back well beyond the evening and arrived before the milkman delivered his round to ensure that no stone was left unturned. Our cleaners worked extra hard to ensure that all parts of the surgery were dusted, cleaned and there was no unnecessary clutter around. I asked all staff to clear their desks and clean their work areas.

What we did:

1. Created a paper system for compliance by filing and printing all relevant information into A4 lever arch folders, we found this much easier to keep a track of rather an electronic one.
2. Deep Cleaned the Premises (our practice has a cleaning schedule from the cleaning contractor and you may fall foul of compliance if you do not have one)
   a. Visual check
   b. Clearing of clutter
c. Ensuring all areas were clear of dust and cob webs

d. Reception area and notice area were tidy

e. Glass areas wiped clean

f. Telecommunication equipment/screens wiped clean etc.

3. Identified main Key Areas

   a. PPG (Patient Participation group – reviewed all paperwork including past meetings, called PPG member to pass details to CQC)
   
b. Safeguarding  Adults & Children – We had discussed this previously in our meetings and discussed it again in our emergency meeting to ensure that everyone knew who the lead for safeguarding children was, a shortcut to Pan London Safeguarding Children Policy was placed on all desktops and everyone reminded where the paper copy was kept, all members of the team had completed their safeguarding adults training on Kwango.com, we reminded the staff about the different types of abuse and ensured our policy was updated on each clinicians wall.

c. Waiting Room – We ensured the notice board included the following:

   i. Complaints procedure including details of the Parliamentary Ombudsman at Millbank (Staff should be aware of the process)
   
   ii. Chaperone Poster – All our non-clinical staff completed an excellent online chaperone training from ECG online
   
   iii. CQC poster and notification of forthcoming inspection
   
   iv. Interpreter poster

   v. PPG poster

   vi. We also have a new feedback box and you must ensure that you regularly check it and there are no out-dated comments sitting there

   vii. We ensured that our practice leaflet was up to date

   viii. Although we have a wealth of patient information on display we ordered a patient information rack and display from a provider that will now come to the surgery and supply leaflets etc.

   ix. We provide confidentiality slips to patients for those who do not want to be overheard in reception and we also allow patients to use a room adjacent to reception for private discussion, so please make sure you allocate such a space if possible.

   x. Employers Insurance Liability certificate is on display

[TIP] – Someone will have to take clear leadership whether practice manager of GP partner. You will have to stay back, start early and take some work home to complete before the visit, 2 days may seem not like a long time but a lot can be achieved. We promptly delegated work throughout the team. I prepared a dummy CQC report a few weeks earlier based upon one I found on the CQC website and completed the information as if it were ours and went through this with the team. Remember certain themes will be the same throughout, namely.

✓ Treating people with respect and involving them in their care (what the patients think)
✓ Providing care, treatment & support that meets people’s needs
✓ Caring for people safely & protecting them from harm (Safeguarding Children & Adults)
Some simple checks:
We ensured we had the following Policies to hand in our folder, there maybe a few not mentioned here:

- Repeat Prescribing
- Safeguarding Adult
- Safeguarding children
- Business Continuity Plan
- Risk Assessment
- Staff recruitment and Induction
- Chaperone policy
- Confidentiality Policy
- Complaints & feedback
- Vaccination Fridge Cold Chain Policy
- Script Security Policy
- Information Governance
- Whistle Blowing Policy (Please ensure all staff are aware about this)
- Minutes of clinical/staff meetings
- Clinical Audits (Medicines Management stuff is very good for example)

(please add)

Premises:

Fire & Legionella

- Ensure you have a fire meeting point sign on display
- Ensure you have a fire risk assessment
- Ensure you have Legionella risk assessment

http://www.seton.co.uk

Great website for buying signs such as ‘Braile signs’ + Fire meeting Point etc.

Doors

- Ensure all doors are closed at all times such as for the filing room or those with restricted access.
- Ensure there are signs on those doors stating ‘keep closed, restricted access – do not enter’

Clinical Rooms:

Vaccination Fridges

We use Williams Medical [www.wms.co.uk](http://www.wms.co.uk) to check and calibrate our equipment on an annual basis and PAT testing (2-3 year basis), there are some other providers like [http://www.jpenmedical.co.uk](http://www.jpenmedical.co.uk)

Most CQC reports that I read were about the storage of vaccines and medicines and it is easy to fall foul of compliance if you do not regularly check your fridges.
So ensure that:

- The fridge is clean and clear from clutter
- There is an internal minimum and maximum thermometer like External temperature reading which is recorded daily in a ‘Log book’
- The fridge should have a lock and be kept locked when not in use or the room locked
- The fridge should not have any samples stored in them such as bloods, urine etc.
- The fridge should not be used to store foods
- The fridge should have no expired medicines or vaccinations
- You should keep a record of all deliveries of vaccinations such as childhood immunisations and travel immunisations with batch numbers.
- If you are keeping certain medications for patients these should only be used for them.
- Staff are aware of what to do if the temperature falls out of range, remember any temperature below 1 degrees Celsius can cause damage to vaccines

**Anaphylactic Packs, Oxygen, Defibrillator, Basic Resuscitation equipment and Doctor’s Bag**

- Keep a written log of expiry and service of all emergency equipment
- Ensure everyone is aware where the equipment is kept i.e. treatment room
- Ensure all equipment is working, medicines are not expired and there is sufficient oxygen in all oxygen cylinders – Practices have failed where they have had oxygen cylinders but they were empty.
- Practices may fall foul of compliance if they do not have a defibrillator
- Good time to check everyone has had Basic Resuscitation training

**Sharp Bins and Clinical Waste**

- Check all sharp bins are signed/dated for assembly and signed/dated for disposal etc.
- Check the correct sharp bins are used for waste and staff aware of which bins to use.
- ![Sharp Bins](image)

- Check Clinical waste yellow bins are locked and secure and appropriate clinical waste bags are used and labelled

**Single Use Items**

- Check that single use items are stored adequately without any damage to the protective wrapping
- Check that single use items are not expired

**Consulting & Nurses Rooms**

- A good tidy gives makes a great impression so please check all rooms and ask clinicians to clear clutter
- Dispose of any items that may have been left there by patients especially when sometimes they bring in their medicines to get a repeat but leave them there
Only patient files that are required should be left in the consulting room so once again ensure all paperwork is cleared.

We checked under the tables, behind the bins etc.

It’s a good time to also ensure that couches are not damaged and all items are in working order, you can always order replacements.

We have wall mounted hand sanitiser in all clinical rooms and disposable aprons and curtains, all our rooms have locks on their doors and we have blinds for privacy.

Check that your internal panic alarm system is working.

Our premises had undergone a survey by the former PCT to ensure CQC compliance and so we had carried out remedial works before hand such as replacing the carpet with vinyl etc. We also carried out a DDA audit and refurbished our toilets etc.

Nurses carry out many clinical tasks that may involve immunisations, single use items, cytology etc. so it is very important to regularly check their rooms and that they understand infection control procedures.

**Practice Manager’s Room**

As the main point of call ensure that the room is clear, files are easy to access including online access.

Allocate a different room for the inspector as they will have to interview patients.

**Staffing**

Ensure that you have a robust staffing and recruitment policy and:

- Ensure every member of the team has had a CRB check completed within the last 3 years.
  
  [TIP] Join a CRB body like ‘Ucheck’, even if you do not have a CRB you can still apply and get an application no. [https://www.dbsassist.co.uk/ucheck/](https://www.dbsassist.co.uk/ucheck/) (very fast and not too expensive for CRBs)
- Ensure you have a record of staff serology such as Hep B status
- Ensure you have a record of all staff appraisals carried out in the year
- Ensure you have a copy of the passport page for each member of staff and if they are here on a working visa etc. and that it is not expired
- For new staff you must have a record of interview, 2 references and induction training in additions to relevant professional requirements
- Ensure you have a record of professional indemnity for appropriate staff
- Ensure all nurses have signed the ‘patient group directions’ for providing immunisations to patients
- Ensure you have a written training record for staff that includes the statutory requirements such as ‘equality & diversity’, ‘Information governance’ and ‘Child protection’ etc.
- Put this all in a spreadsheet matrix and you can then easily monitor it

A list of good sites to help with training, we encourage our staff to take up face to face courses that are arranged by the CCG from time to time as well.

[https://elearning.nsahealth.org.uk/](https://elearning.nsahealth.org.uk/) (a wealth of free online NHS training that covers numerous mandatory courses such as equality and diversity)
Thursday Morning – the Day of the Visit

The day had finally arrived and the entire team arrived an hour early to prepare the formalities. I quickly popped down to Sainsbury’s local and bought a tempting array of freshly baked croissants, cakes and sandwiches for all our staff.

As he said, right on the dot the inspector appeared at 9am with his ruck sack and A4 notepad to note down all the information he was going to extract and assess us on today. He was polite, professional and understanding and as the practice manager I was his first port of call.

I gave him an introductory brief about the practice that touched upon:

- List Size
- Staff Size- Nurses, GPs, Receptionists and Administrators
- General demographics about our patients
- Appointment system – In our case generally drop-in, pre-booked and emergency slots
- Highlighted the generally positive feedback from the NHS choices website in addition to our strong beliefs and value system for strong continuity of care

I made a simple one page summary called ‘Roles & Responsibilities’ Chart detailing with all the named of employees, nurses, admin, receptionists and GPs, as below and gave it to him.

### Roles & Responsibilities Chart – (Practice Name)

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice Manager</td>
<td>Oversees the entire operation from clerical to non-clerical staff.</td>
</tr>
<tr>
<td>(name)</td>
<td></td>
</tr>
<tr>
<td>Front Line – Reception</td>
<td>These are our receptionists that regularly meet and greet patients and arrange appointments both via drop-in or pre-booked. They answer calls and deal with general queries and direct patient and other persons accordingly. They are multi-tasked and can act as chaperones and understand both safeguarding adults and safeguarding children.</td>
</tr>
<tr>
<td>(Name)</td>
<td></td>
</tr>
<tr>
<td>Administrative Staff</td>
<td></td>
</tr>
</tbody>
</table>
These people carry out a range of administrative tasks that includes secretarial and clerical duties, arranging choose & book, chasing records, summarising and answering calls. Some also can cover reception and other specific duties and all have had chaperone training.

- (Name)

**Nursing team**

These are people that provide nursing care to patients from immunisations to general health checks. All are now part of the new clinical supervision group of Lambeth CCG and have a full A4 folder, all have medical indemnity and are licensed to practice, have an annual appraisal and PDP which is now overseen by the CCG.

- (Name)

**GP team**

These are people that provide GP services to patients and our GPs include.....

I briefly introduced the inspector to our lead GP and senior receptionist and promptly described the layout of the practice so that he could acclimatise himself and get an overview of the culture of the practice. He then briefed me on what he wanted to do and how he wanted to gather his information and requested me to get some information ready such as ‘clinical audits’, he advised we could also send him further information by email if required.

The inspector will wish to speak with around 5-6 patients for around 10 minutes each, the patients can either be seen before they see the GP/Nurse or afterwards. You should generally have some input to the patients they see as you will have to ask the patient if they are willing to be interviewed in the first place. I would advise to choose wisely and try to broaden the mix of patients. You should also call a member of the PPG to attend the same day as the inspector needs to talk or chat to them.

[TIP] Assign the inspector/s a room, this is useful because it will give you some breathing space whilst they interview patients. You can brief any staff that he may later interview, others from patients to staff will feedback some of their experiences to you.

[TIP] The inspector will carry out interviews with clinical staff in their rooms though so once again all clinical rooms should be clear of clutter etc.

[TIP] No matter how hard you try the inspector/s are looking out for any non-compliances but seem to have an understanding that not all practices are the same so don’t panic too much

The inspector spoke to two of our receptionists, an administrator, both of our nurses that were on duty that morning and 2 GPs so there was a good mix of staff.

**Whistle Blowing**

The inspector asked all staff members about our whistle blowing policy and what they would do if they had any concerns – Please ensure that you have such a policy and more importantly that everybody has read and understood it, especially receptionists/admin and nurses as he will not read the policy but will ask and make notes if any member doesn’t know.

To get an idea of what the inspector was looking for I made a note of what the inspector asked our receptionists, admins staff, GPs, Nurses and patients.
Reception/Admin: time spent with inspector 10-15 minutes

1. How long have I been working here for and whether I liked my job and how was I treated here
2. Name one good thing I liked about my work
3. What it is that I do here at the practice
4. Did I have an interview when I applied for the job
5. Were references asked for
6. Do I have a CRB check
7. How did I apply
8. Have I received training in basic life support and training
9. Was there any training that was not a requirement but was allowed for ‘stress training’
10. Do I have any customer services training
11. Asked where the anaphylactic kits are, are they checked regularly
12. Asked where medicines were and are they securely kept
13. Did I know about vulnerable adults and children and what I would do for out of hours if the lead is not here, location of folders
14. Was I aware of the Whistle blowing policy
15. Do we have regular meetings as a practice or individual
16. Do we have staff appraisal
17. How do we react when read NHS choices, if there is a complaint,
18. Do I know about the Complaints procedure
19. Do we have an accident book
20. What do the patients complain about, ‘wait’, If I see any anxious or ill patients I ask GP to see them next even when list is full
21. How do we operate the appointment system, receptionist advised ‘we are very flexible and patients often seen same day’
22. Do I have any concerns
23. Do I feel supported
24. Do we have regular meetings
25. What was my Immigration status such as ‘indefinite leave’
26. Do we have an updated job role responsibility and description and contract
27. Was there any significant event that I knew about
28. Confidently and privacy slips – how do they work
29. Do we have a staff handbook

The inspector commented the following in his report:

Staff we spoke with confirmed they had received thorough induction training in essential areas. They felt the practice had the right skills mix to meet the needs of people using the service and worked well as a team in providing that service. One member of staff told us, “I love working at the surgery and think that patients are happy with the service. That is what I am here for, to ensure patients are well and are treated with dignity and respect.”
Nurses:

The nurses advised me that they asked similar questions as those to the receptionists about their roles and responsibility in the practice and the staff selection process such as interviews and training etc.

The inspector checked the fridges with the nurse, looked in the clinical storage cupboards and a brief look around the treatment room.

The inspector was interested in what the nurses did, particularly

1. Where did patients have their ‘bloods’ done
2. How did the nurses manage and treat patients with long term conditions such as diabetes – Our nurse showed him an example of a diabetic patients she say that morning who was sugar level and urine sample checked, BP taken and a QOF template completed detailing a action and care plan for the patient
3. Where the nurses aware of where the emergency medicines and equipment were kept
4. Did the nurses have any concerns about the clinicians and whether they knew whom to inform in case of any concerns such as the Practice Manager
5. Were the nurses aware of the safeguarding adults and children policies and what they would do if they had a concern and who was the lead for both adults and children.

The inspector commented the following in his report:

*People’s needs were assessed and treatment was planned and delivered in line with their individual treatment plan and in a way that ensured their safety and welfare. When registering with the service people had a new patient registration health check. This was done by the practice nurse and involved taking a person’s blood pressure, taking a urine specimen, taking their height, weight, past medical history and an optional cervical smear test if they are a female*

*Vaccines kept at the practice were securely and appropriately stored in two lockable refrigerators. Checks were maintained to ensure vaccines were in date and refrigerators were checked daily to ensure the temperature was within an acceptable range and we saw the records for this.*

Patients (time spent with inspector 10-15 minutes):

Patients reported to me that the inspector asked the following questions:

1. Asked about the service we provide
2. How was the general Quality of Care
3. What were the waiting times like
4. Were the appointments times convenient
5. Asked about the mannerism of the staff
6. Asked about the cleanliness of the place
7. Asked about length of time at the practice
8. Asked about contacting the practice via telephone
9. Asked whether they had ever contacted the practice to request a home visit
10. Were they happy with consultation
11. Asked whether there was any cause for concern
12. Was very concerned about the reception attitude towards patients including nurses

The inspector commented the following in his report:

People expressed their views and were involved in making decisions about their care and treatment. People told us that they were given sufficient time with the doctor or nurse and were able to ask questions and discuss the treatment they received. One person said, “I never feel rushed and always talk things through properly before the appointment finishes.” Staff we spoke with explained the process for people who needed to be referred to another service or specialist. They told us that people were offered choices, where these were available, for example, through the national electronic ‘choose and book’ service that lets people choose their hospital or clinic and book their first appointment. People we spoke with confirmed that when they had been referred they were able to give their preferences. One person said, “I was able to choose the hospital that was near to my home.”

People we spoke with told us that for most appointments they were able to see the same doctor but accepted that this was not always possible, especially for urgent appointments. To facilitate continuity, the practice provided extended opening hours for bookable only appointments four evenings a week, and also ran a Saturday morning surgery. The expressed wish for the continuation of the Saturday surgery was a key point in patient feedback from the 2012-13 survey conducted jointly by the practice and its Patient Participation Group (PPG).

All the people we spoke with commented positively about the current appointment system. If people required urgent medical attention they were advised to come to the surgery. People could also book non-urgent appointments. People told us that they expected a wait when they came to the surgery for an urgent appointment but valued being able to see the doctor or nurse on the day.

GPs:

GPs were asked:

1. How the appointment system worked
2. How did we inform patients with regards to their blood tests
3. Whether they read comments made in the feedback box and those on the NHS choices website and how did they respond
4. Were asked to demonstrate examples of care provided, treatment plans QOF etc.
5. What significant event reporting mechanisms did we have in place and the complaints system
6. Asked about our repeat prescribing policy
7. Asked about the emergency equipment and basic resuscitation training
8. Asked about the safeguarding Adults and Children policy

The inspector commented the following in his report:

The practice regarded continuity of care as a priority and aimed as much as possible to enable patients to see the same doctor at each appointment.

For diagnostic tests, patients were advised that if the results were abnormal the practice would contact them by phone or post. For normal results the practice would normally wait until the next
appointment to discuss the results. If people wanted to find out the results they were advised to come to the surgery or would be given the results over the phone. People who had undergone tests told us the system for the communication of test results worked well.

There were arrangements in place to deal with foreseeable emergencies. All staff were trained in basic life support and refresher training for the whole the practice had been arranged for March 2014. The principal GP was also trained to advanced level in life support. Emergency equipment was available to deal with cardiopulmonary resuscitation (CPR) and other medical emergencies such as anaphylactic shock, which included oxygen, a portable defibrillator and emergency medication. We saw the records of regular checks to ensure emergency equipment was operational and medication was in date. We were shown the oxygen supply and a sample of medication which confirmed this.

A protocol was in place for the authorisation and review of repeat prescriptions and this was monitored appropriately by the practice.

There was evidence that learning from incidents took place and appropriate changes were implemented. The practice had an incident reporting system in place and carried out investigations of serious or 'significant events'. The outcomes were reviewed at regular practice meetings.

Practice Manager:

I was asked about most of the above and focussed more on staffing issues, showing various policies, audits, risk assessments etc. I also showed him example of the good things we had done over the years which he found quite interesting. I spent most of my day running between staff, patients and the inspector and it was pretty intense for the most of it as I dug out policy after policy and showed it to him.

There is no doubt that the inspector had read many of the comments on the NHS choices website to gain a better idea of the ‘reality’ of the place. He did acknowledge that NHS Choices was often quite negative towards practices and so was looking for how we responded to it.

The inspector commented the following in his report:

There were effective recruitment and selection processes in place. We saw evidence of appropriate, non-discriminatory application and interview processes. Although no staff we spoke with had been recruited recently, they told us that these processes had been satisfactory from their point of view. Staff were provided with a full job description of the duties and responsibilities of their role and this was reviewed when appropriate, for example at the annual appraisal meeting, to take account of any changes in the role. Appropriate checks were undertaken before staff began work. Staff records showed checks for relevant qualifications and training, identity, eligibility to work in the UK and references. All staff also underwent a criminal records check and we saw that the practice had recently arranged updated checks with the Disclosure and Barring Service (DBS) and the majority of checks had been completed. The practice employed three locum doctors and we saw that appropriate checks were undertaken through the supplying agency to ensure they were suitably qualified and fit to work in the practice.

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. There were feedback questionnaires in the reception area and a comments and suggestions box. We saw the comments posted on the day of the inspection, which were all complimentary. For example, one person commented, “Everyone is very
helpful and I always get treated with professionalism by the doctors." People could also rate the service on the NHS choices website. The feedback on NHS choices was mostly positive and the practice manager responded to every comment. Where negative comments were posted, the practice had offered apologies where appropriate, and in some cases offered a meeting to allow further discussion with a view to resolving any concerns.

**NHS Choices & feedback:**

<table>
<thead>
<tr>
<th>[Top Tips]</th>
<th>Ask as many patients that are genuinely happy with the service to report it on NHS choices on a regular basis rather than leaving a few disgruntled ones to ruin your good reputation.</th>
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<tbody>
<tr>
<td></td>
<td>Make sure you respond to all comments whether negative or positive.</td>
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<td></td>
<td>For negative comments offer an apology in all circumstances, offer to meet to discuss issues even if they are anonymous.</td>
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<td></td>
<td>Do not reply with the same message to each comment.</td>
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**Other Matters:**

He advised that us that there were no non-compliances and that we would receive a draft report shortly and have to reply to it.

On an interesting note the inspector advised us that somebody had complained about us but he would not disclose who it was but merely what it was about, after much probing I pulled out a complaint from 2009 that had actually been resolved by the Parliamentary ombudsman that I’m 100% sure it was from and he smiled and said nothing more and left as he came with a firm handshake.

**On the Day tips:**

Try your best and be confident- A CQC inspection should be regarded with the highest of importance and so every member of the team should ensure that they make the extra effort to dress smartly, answer the telephones promptly and go out of their way in helping patients etc.

Ensure you are adequately staffed for the day

Ensure patients are happy and nip any patient complaints in the bud, the last thing you want is an angry patient shouting about something. We are a busy deprived inner city London practice with mostly drop-in appointments so anything is possible for us.

Provide additional nurse and GP appointments on the day so your team can spend time with the inspector

Ask your GPs and nurses to discuss the CQC visit with their patients they see on their day and ask them if they would like to be interviewed.

Don’t panic and try and make it fun by providing lunch and don’t forget it is an opportunity to show some of the good things you have done over the years. If there are any non-compliances don’t feel sad try to understand how you can improve things in the future as this will definitely not be your last inspection and there always room for improvement. Good Luck! 😊