



Care Quality Commission (CQC)

**New inspection regime,
hot topics and registration issues**



New inspection regime (1)

- How CQC monitors, inspects and regulates NHS GP practices (March 2018): https://www.cqc.org.uk/sites/default/files/20180306_how-we-regulate-primary-medical-services-gp-practices_updated.pdf
- “CQC Insight” (FAQs, June 2017):
 - Practice information report
 - 31 indicators
 - Collates data from QOF, GP survey, NHSBSA, PHE etchttps://www.cqc.org.uk/sites/default/files/20170623_gp_insight_faq_final.pdf

New inspection regime (2)

- Frequency of inspections – maximum intervals:
 - Inadequate – six months
 - Requires Improvement (RI) – 12 months
 - Good/Outstanding – five years (annual provider information and annual regulatory review)
- Provider information request before visit
- Types of visit
 - Announced; comprehensive, focused, follow up
 - “Site visits” – not clearly explained in guidance
 - Unannounced

New inspection regime (3)

- Assessment framework is based on KLOEs across the five key domains:
<https://www.cqc.org.uk/guidance-providers/healthcare/key-lines-enquiry-healthcare-services>
- ALL KLOEs are available here (including changes from 2015):
<https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20showing%20changes%20FINAL.pdf>
- 30 minute presentation – our guidance:
<https://www.lmc.org.uk/visageimages/guidance/CQC/2018/CQCvisitpresentationFINAL0718.pdf>
- Medical records reviews

New inspection regime (4)

- Informal feedback at end of visit – anonymised example:
<https://www.lmc.org.uk/visageimages/Miscellaneous%20items%20/CQC%20initial%20feedback.pdf>
- Inspection report and evidence table
- Factual accuracy check (CQC guidance):
https://www.cqc.org.uk/sites/default/files/201706017_factual_accuracy_guidance-v5.pdf
- Ratings and rating reviews
- Enforcement action; Requirement Notices, Warning Notices, Conditions, Suspension of Registration

New inspection regime (5)

- NHSE's framework of responding to RI and Inadequate rated practices (2014): <https://www.england.nhs.uk/wp-content/uploads/2014/10/frmwk-respond-cqc-insp.pdf>
- Notice of Proposal and Notice of Decision to cancel registration: [https://www.cqc.org.uk/sites/default/files/20171205 Written representations against Notices of Proposal guidance for registered providers.pdf](https://www.cqc.org.uk/sites/default/files/20171205_Written_representations_against_Notices_of_Proposal_guidance_for_registered_providers.pdf)
- Potential impact of adverse CQC ratings on doctors as individual medical performers

Inspection hot topics (1)

- **SAFE DOMAIN**

- Emergency medications: out of date, no clear labelling, staff not sure where they are kept
- SEs and complaints: not discussed with whole practice team, no minutes of meetings, no evidence of lessons learned
- Staff pre-employment checks not done
- Staff training records incomplete or not available on day of inspection

**Top Tip: keep staff training matrix separate
to the staff HR files**

- Lack of chaperone and MCA training/lack of robust safeguarding protocols

Inspection hot topics (2)

- **SAFE DOMAIN (continued)**

- Lack of robust clinical governance system
- Clinical alerts: no clear protocol for disseminating, no recording of actions taken once CAS received
- No risk assessments on safety issues
- No up to date, comprehensive BCP

**Top tip: update annually and keep two copies
off site with senior management**

- HCAs working outside of scope of practice, no proper supervision arrangements

Inspection hot topics (3)

- **SAFE DOMAIN (continued)**
 - Ineffective infection control system
 - Lack of annual PAT testing and equipment calibration
 - Drugs fridges overstocked, holding out of date vaccines/drugs, no recording of out of range temperatures or action taken
 - PGDs and PSDs not signed by nurse/doctor
 - Lack of practice-specific policies, no evidence of policies being adhered to, embedded in the practice

Inspection hot topics (4)

- **SAFE DOMAIN (continued)**

- Prescriptions: lack of safe storage/monitoring of blank and signed prescriptions, lack of system for uncollected prescriptions

- **WORKFLOW – massive risk area:**

- Test results, hospital letters, Docman, tasks – not reviewed regularly, not actioned in a timely way, backlogs dating back months etc

Top tips: have a robust system used consistently by all staff including locums, promptly action results, have system to cover clinical staff on leave, offer regular training updates

Inspection hot topics (5)

- **EFFECTIVE DOMAIN**

- Lack of smear and childhood imms audits
- Lack of 2 cycles of clinical audits
- No evaluation of the service or review of clinical outcomes
- No evidence of practice discussions of QOF performance
- No evidence that patient care is delivered using up to date best practice

Inspection hot topics (6)

- **CARING DOMAIN**

- No lists of patients on palliative care register, no evidence of exchanging information with out of hours services
- Little concern for patients' dignity and privacy in waiting area
- Register of/engagement with carers

Inspection hot topics (7)

- **RESPONSIVE DOMAIN**

- Poor access, lack of appt availability
- Difficulty accessing practice by telephone
- No same-sex clinicians

Top tip: have buddying arrangements with local practices who have a female doctor if you don't, show you have thought about this and have a plan

- NHS Choices comments not responded to

Inspection hot topics (8)

- ***** WELL LED DOMAIN *****
 - Absence of vision for the practice
 - Absence of learning culture – blame culture instead
 - Lack of cohesive partnership arrangements, partnership disputes
 - Lack of clarity in staff roles and responsibilities in the day to day running of the practice
 - Lack of clear staff support and mentorship mechanisms
 - Poor visibility of leaders, absence of whole practice meetings, lack of robust communication systems

Top tip: create an annual/monthly planner of all partnership, clinical, all staff and MDT meetings to show how governance and accountability works in the practice

Why practices get into difficulty with CQC

- Lack of robust systems and processes that are regularly monitored and reviewed
- Lack of understanding how to document and embed systems and processes
- It only takes one or two key members to leave and practices can deteriorate very quickly
- Lack of strong clinical leadership
- Lack of competent management
- Attitudes

Registration issues

- Recently CQC has tightened up checks on how practices are registered
- HSCA 2008 (Regulated Activities) Regulations 2014, Regulation 4:
<https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-4-requirements-where-service-provider>
- This regulation intends to ensure that the Registered Manager and partners meet the Fit Person requirements

Regulations 4 and 5 requirements

- Apply to both individual providers and partnerships
- Registered managers and partners must be of good character, physically and mentally fit and have the necessary qualifications, competence, skills and experience to carry on the regulated activities
- Medical and financial declarations and employment history
- Criminal convictions disclosure
- Able to supply CQC with all the information required in Schedule 3 of the HSCA 2008 (Regulated Activities) Regulation 2014

Schedule 3 of HSCA 2008 (Regulated Activities) Regulations 2014

- Proof of Identity and current photograph
- DBS check
- Evidence of conduct in previous employment related to Health & Social Care or vulnerable adults
- Evidence of qualifications and CPD
- Full employment history
- Physical and Mental condition which is relevant to the person's position

Why you have been invited to a fit person interview

- Part of the registration process
- New partner joining a partnership (being registered as a provider)
- Applying to be a Registered Manager
- Partnership changes
- Practices merging
- Internal or external complaint made
- Highlighted performance issues

Fit person interview (1)

- Generally covers:
 - Information supplied in application form
 - How person meets the HSCA requirements and intends to carry on the regulated activities
 - Any criminal convictions
 - Any professional performance hearings
 - Awareness of HSCA 2008 (Section 13-15), Regulation 5 of the Regulated Activities Regulations 2014, CQC Regulations 2009

Fit person interview (2)

- Need to demonstrate awareness of roles and responsibilities of partner/Registered Manager under the regulations
- Partnership structure, leadership
- Staffing, staff roles and responsibilities
- How clinical care is provided, practice policies, clinical audits
- Access
- Diversity
- Not an exhaustive list

Why are the fit person regulations so important?

- Failure to demonstrate fitness as a Registered Manager (in partnerships) or Individual Provider (in single handed practices) can lead to cancellation of the practice's CQC registration
- First example in London in 2018

Top tips on CQC registration

- Notify CQC when partners leave or join and apply to vary your registration accordingly
- Allow approximately 10 weeks for processing of partnership change applications
- It is a criminal offence for practices to operate without proper CQC registration
- If you are making an application for a new Registered Manager (eg, previous one is leaving), this needs to be very carefully completed
- Contact gpsupport@lmc.org.uk if you are due to attend a Fit Person interview

Get in touch if... (1)

- You have received RI or Inadequate rating
- You have been placed in Special Measures
- You need help with your CQC action plan
- You have been issued with Requirement or Warning Notices
- Commissioners (NHSE/CCG) want to meet with you to discuss your CQC outcome
- You have received remedial/breach notices on the back of your CQC report

Get in touch if... (2)

- Your CQC registration has been suspended – extremely important!
- You have received a Notice of Proposal to cancel your registration (28 days)
- You have received a Court Order to cancel your registration (immediate effect)
- You have had a difficult CQC inspection or experience with CQC
- You need advice on how to handle staff or patient enquiries
- You need help with press enquiries

The GP Support team is here to help

Email: gpsupport@lmc.org.uk

Tel: 020 3818 6265

