**A screenshot of a computer

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**A bespoke guide for our staff at [insert practice name]**

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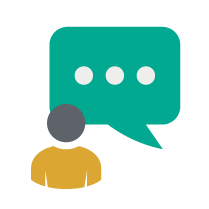
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**Introduction**

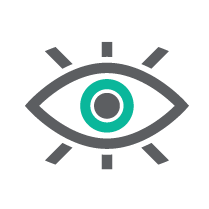
The aim of this handbook is to provide you with a go-to guide to help you understand the CQC assessment process and what to expect on the day of an assessment.

The handbook provides a range of useful information about this organisation and will ensure that we are all aligned on all key topics.

You should all be proud of the effort and commitment you offer our patients to ensure they always receive the highest standard of care. We should use the CQC assessment as an opportunity to showcase our services and to demonstrate the standards we uphold.

Any CQC assessment should be approached with calmness and confidence, seizing the opportunity to shine. It is with your collective focus, determination and professionalism that we continue to succeed.

Don’t forget, more detailed information about the CQC assessment process can be found in the organisation’s CQC Handbook.



# **Our vision and values**

# **Overview of the CQCOur vision and values**

**Our vision**

*[To provide unparalleled care for all our patients, driven by our aspiration to be a leading provider of primary care services]*

**Our values**

* ***[People focused****: The patient is at the centre of all that we do, providing a safe and caring experience at all times.*
* ***Respect***: *We always treat our patients with dignity and respect.*
* ***Innovation:*** *We strive for quality improvement and innovation, to enhance patient experience and healthcare outcomes.****]***



# **Overview of the CQC**

# **CQC key questionsOverview of the CQC**

The CQC is the independent regulator of health and adult social care in England. The CQC ensures that health and social care services provide people with safe, effective, compassionate, high-quality care, and they encourage care services to improve.

The CQC has four key roles:

● To register care providers

● To monitor, inspect and rate services

● To take action to protect people who use services

● To speak with an independent voice, publishing its views on major quality issues in health and social care

Ratings are awarded on a four-point scale:

**Outstanding** – the service is performing exceptionally well

**Good** – the service is performing well, meeting expectations

**Requires improvement** – the service is not performing as well as it should be and the CQC has told the service how it must improve

**Inadequate** – the service is performing badly and the CQC has taken action against the person or organisation that runs it



## **CQC key questions**

## **CQC assessment processCQC key questions**

The CQC asks all service providers five key questions. These questions are at the heart of the way the CQC regulates providers, and they help the CQC to make sure it focuses on the things that matter to people.

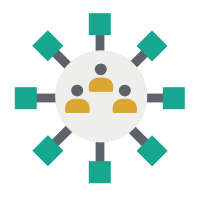
|  |  |
| --- | --- |
| Question | Meaning |
| Are they safe? | Patients are protected from abuse and avoidable harm. |
| Are they effective? | Care, treatment and support achieve good outcomes, help patients maintain quality of life and are based on the best available evidence. |
| Are they caring? | Staff involve and treat patients with compassion, kindness, dignity and respect. |
| Are they responsive to people’s needs? | Services are organised so that they meet patient needs. |
| Are they well-led? | The leadership, management and governance of the organisation make sure it is providing high-quality care that is based around patients’ individual needs, they encourage learning and innovation, and promote an open and fair culture. |



## **CQC assessment process**

## **Responsible personsCQC assessment process**

The infographic below illustrates the assessment process.

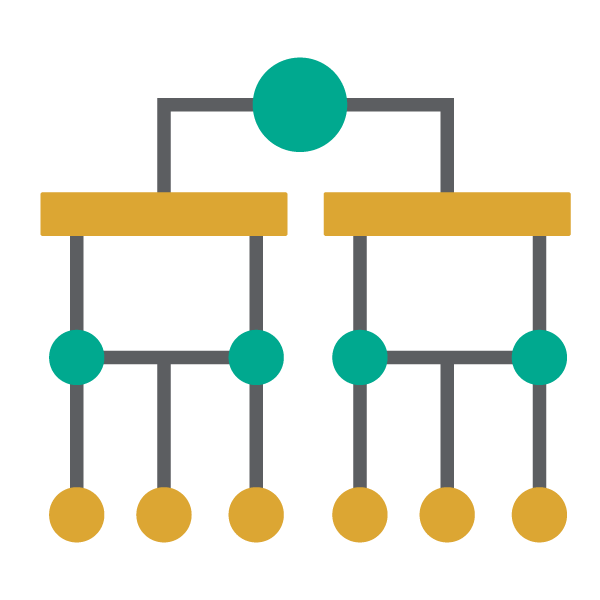


# **Responsible persons**

# **Leadership structureResponsible persons**

The table below details individuals with key responsibilities.

|  |  |
| --- | --- |
| Area of responsibility | Responsible person(s) |
| Audit / quality improvement lead |  |
| Caldicott / confidentiality lead |  |
| Carers’ champion / lead |  |
| Clinical governance lead |  |
| Complaints lead / manager |  |
| CQC registered manager |  |
| Dementia champion |  |
| Freedom to speak up guardian |  |
| Health and safety lead |  |
| Infection prevention and control lead |  |
| Learning disabilities lead |  |
| Palliative care lead |  |
| Patient safety champion / lead |  |
| Patient Participation Group coord |  |
| Prescribing lead |  |
| QOF lead |  |
| Resuscitation lead |  |
| Safeguarding lead |  |
| Safeguarding deputy |  |
| Significant events lead |  |
| Smoking cessation lead |  |
| Training coordinator / lead |  |
| Veteran’s champion / lead |  |
| [edit as required] |  |



# **Leadership structure**

# **Leadership structure**

The diagram below details the organisation’s leadership team. [Edit to reflect your own organisational leadership team]

Partner

Partner

Partner

Partner

Partner

Partner

Partner

Partner

Practice Manager

Practice Manager

Ops Manager

Ops Manager

Finance Manager

Finance Manager

Reception Supervisor

Reception Supervisor

Admin Supervisor

Admin Supervisor

Nursing Lead

**Example questions**Nursing Lead



# **Example questions**

# **Safe key questionExample questions**

This section of the handbook provides you with examples of questions that may be asked under each of the five key questions. There is one page for each key question, containing a number of example questions that the CQC may ask staff.

There are **five key questions** (Safe, Effective, Caring, Responsive and Well-led), along with **34 Quality Statements**.

**Quality statements** are the commitments that this organisation should live up to. Expressed as ‘we statements’, they show what is required to deliver high-quality, person-centred care, for example:

*We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the safe delivery of care.*



## **Safe key question**

## **Effective key questionSafe key question**

**Are you involved in the significant event process?**

All staff are permitted to raise a significant event and can seek guidance from their line manager, ops manager or practice manager.

**Can you explain how lessons are learned from such events?**

Think about the practice meetings that have significant events as a standing agenda item. Try to recall changes that have been implemented because of a significant event.

**Where is the emergency equipment held?**

The emergency equipment and drugs are held [insert location].

**Who is the organisation’s safeguarding lead and is there a policy?**

The safeguarding lead and deputy are detailed on pg.7 of this booklet, and the organisation has a Safeguarding Handbook.

**What is meant by the term ‘duty of candour’?**

It’s about being open and transparent when things go wrong and offering a sincere, timely apology. Think Duty of Candour Policy.

**Who is the infection prevention control lead?**

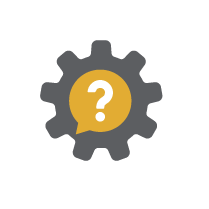
The IPC lead is detailed on pg.7 of this booklet.

**What training have you received?**

Think about your mandatory training and any role-specific training.

**How do you respond to a medical emergency?**

Staff must know the procedure and their role in responding.



## **Effective key question**

## **Caring key questionEffective key question**

**How are patients’ communication needs recorded?**

Flagged on the clinical system. Think Reasonable Adjustment Digital Flag Policy.

**How are clinicians kept up to date with evidence-based good practice?**

New information/updates are discussed at [clinical meetings]. Who is responsible for sharing this information and how is it received?

**How are patients supported to live healthier lives?**

Patients are empowered by staff during consultations and encouraged to remain involved in monitoring their own health. Think how this information is shared with patients, i.e., [health promotion noticeboards, leaflets, organisation website, etc.]

**How are carers supported?**

Carers are identified opportunistically and through self-identification. There is a carers champion (see pg.7), and carers register.

**How is information shared between teams/services to enable continuity of care?**

Think about multidisciplinary team (MDT) meetings, the frequency of MDT meetings, and who is involved. The minutes of such meetings are saved [insert location].

**Do you have a consent policy?**

There is a Consent guidance document. Staff must understand the importance of obtaining and recording consent. Clinical staff may be asked about Gillick competency and Fraser guidelines.



## **Caring key question**

## **Responsive key questionCaring key question**

**How do you maintain patient privacy?**

Doors to consultation rooms are kept closed, no patient discussions take place in corridors, and information is shared appropriately (with the consent of the patient).

**How are people treated as individuals?**

Staff respect individuals’ personal, cultural, social and religious needs, such as offering same-sex consultations.

**How are patients signposted to services/support groups?**

Care navigators use a directory of services to direct patients to the most relevant service/group that meets their specific needs.

**How are patients involved in their own care?**

Clinicians work with patients to develop bespoke care and support plans.

**Do you feel your wellbeing is monitored and support is available?**

There is a nominated wellbeing champion, and information is available about internal/external support services for staff who are struggling.

**As a member of staff, can you offer suggestions for change?**

[There is a staff suggestions noticeboard/box], with all suggestions reviewed and considered. If not implemented, the individual is advised as to why the change(s) could not be made in a timely manner. Staff are always encouraged to give feedback and share ideas.



## **Responsive key question**

## **Well-led key questionResponsive key question**

**How is information tailored to meet patients’ individual needs?**

Interpreting and translation services are offered, a hearing loop is available. Information can be provided in a range of languages and the organisation’s website is inclusive for all users. The organisation has an Accessible Information Standard Policy.

**How can service users give feedback?**

Information displayed in [waiting areas/reception and on the organisation’s website. Patients receive an SMS asking them to complete the Friends and Family Test (FFT) post-appointment].

**What is the process for making a complaint?**

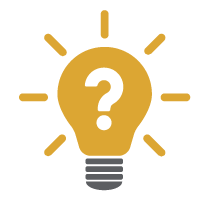
Staff follow the organisation’s Complaints Procedure. All staff must know how to deal with complaints effectively and understand the need to aim for low-level resolution. All complaints (written and verbal) are recorded [insert location]. There is a nominated complaints manager (see pg.7).

**What is the process for accessing out of hours care?**

‘What to do when we are closed’ information is displayed [insert location] and this information is also on the [practice website]. Patients are directed to ring 111 unless it is a medical emergency, then it’s 999. See pg.25 for additional information.

**How are patients supported to make informed choices about their current and future care?**

Clinicians work with patients to develop bespoke care and support plans. The organisation has a DNACPR Policy and Palliative care and end of life care guidance document.



## **Well-led key question**

## **General guidanceWell-led key question**

**What is the vision statement for your organisation?**

See pg.3 of this booklet.

**Is your job description correct for the role you do?**

Job descriptions for staff should include any additional responsibilities individuals have, i.e., chaperone, carers champion, veterans lead, safeguarding lead, deputy, fire marshal, etc.

**Who is the freedom to speak up guardian?**

See pg.7 of this booklet. There is a Freedom to Speak Up Policy, and all staff must understand the process of speaking up and know they can do so without fear of retribution.

**What quality improvement activity have you been involved in?**

Records of audits and other quality improvement activities are saved [insert location]. The CQC will expect all staff to participate in QIA/audit.

**What is your role in the event of the business continuity plan being activated?**

The organisation has a Business Continuity Plan (BCP). Staff must know their individual and collective roles and responsibilities should there be an incident.

**Have you completed a staff survey in the last 12 months?**

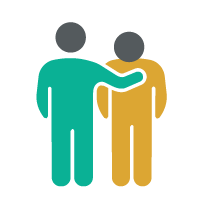
The CQC may ask to see the results of a staff survey and will also ask if change(s) have been implemented because of the information provided in the survey.



# **General guidance**

# **ChaperonesGeneral guidance**

This section of the handbook provides general guidance on a range of subjects, providing a synopsis of the subject with key points.



## **Chaperones**

## **ComplaintsChaperones**

The [CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-15-chaperones) explains that a chaperone is an impartial observer present during an intimate examination of a patient. However, the CQC further advises that all patients should routinely be offered a chaperone, ideally at the time of booking the appointment.

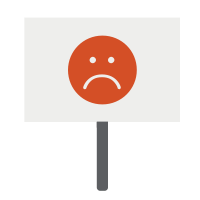
**All staff should understand the role of the chaperone.**

Staff who undertake a formal chaperone role must have been trained so they can develop the competencies required. Chaperones should:

* be sensitive and respect the patient’s dignity and confidentiality
* reassure the patient if they show signs of distress or discomfort
* be familiar with the procedures involved in a routine intimate examination
* stay for the whole examination and be able to see what the doctor is doing, if practical
* be prepared to raise concerns if they are concerned about the doctor’s behaviour or actions.

At this organisation, only clinical staff are used as chaperones.

Further detailed information can be found in the organisation’s Chaperone Policy.



## **Complaints**

## **Duty of candourComplaints**

The complaints manager for this organisation is detailed on pg.7. The process for dealing with a complaint is illustrated below.

Further detailed information can be found in the organisation’s Complaints procedure.

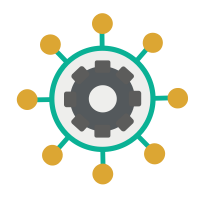
A person with a white robe

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## **Duty of candour**

## **Primary Care NetworkDuty of candour**

The duty of candour is a general duty to be open and transparent with people receiving care from this organisation. We must be honest with patients and families when something goes wrong with their treatment or care, and causes, or has the potential to cause, harm or distress. The process to be followed is detailed below.



## **Primary Care Network**

## **Quality improvement activityPrimary Care Network**

[Insert organisation name] is part of [insert network name], which has the following member practices:

* [insert name of practice]
* [insert name of practice]
* [insert name of practice]
* [insert name of practice]
* [insert name of practice]

[There are staff employed by the PCN who work at all member practices, including but not limited to pharmacists, mental health practitioners, physiotherapists, dieticians, podiatrists, and health and well-being coaches.]

The Clinical Director for [insert PCN name] is [insert name], and the following members of our team represent our practice at [insert PCN name]:

* [insert name and role]
* [insert name and role]

Further detailed information about [insert PCN name] can be found online at [insert link].



## **Quality improvement activity**

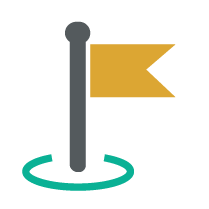
## **Reasonable Adjustment Digital FlagQuality improvement activity**

The [CQC](https://www.cqc.org.uk/guidance-providers/gps/gp-mythbusters/gp-mythbuster-4-quality-improvement-activity) explains that there are many different types of quality improvement activity (QIA) including, but not limited to:

Clinical audit is a key element of good governance and is a type of QIA; it is a cycle that is continuously measured, with improvements made after each cycle. During an assessment, the CQC will want to see evidence that QIA is being undertaken.

At this organisation, all staff are required to participate in QIA and audit (clinical and non-clinical), and both topics will be discussed during practice meetings.

For further detailed information, see the organisation’s Quality Improvement and Clinical Audit P[olicy](https://practiceindex.co.uk/gp/forum/resources/quality-improvement-and-clinical-audit-policy.864/).



## **Reasonable Adjustment Digital Flag**

## **Safeguarding adultsReasonable Adjustment Digital Flag**

Reasonable Adjustment Digital Flag is a national record that indicates that reasonable adjustments are required for an individual and optionally includes details of their significant impairments, key adjustments that should be considered and underlying conditions.



## **Safeguarding adults**

## **Safeguarding childrenSafeguarding adults**

The safeguarding lead and deputy are detailed on pg.7.

An adult at risk is someone over 18 years old who has care and support needs, is experiencing, or is at risk of, abuse or neglect, or who, because of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it.

Indicators of abuse include:

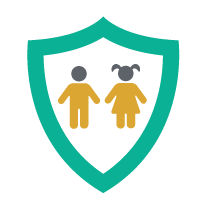
|  |  |
| --- | --- |
| Unexplained injuries | Bruising, burns, marks, etc. |
| Low self-esteem | Resentment, anger, distress |
| Fear of help with personal care | Unkempt appearance |
| Poor personal hygiene | Withdrawn appearance |
| Lack of available funds | Malnutrition |
| Untreated injuries | Unexplained falls |

**See something – say something!**

If you see something which concerns you, or a person discloses that they are being abused/neglected, you should:

1. Speak to the safeguarding lead
2. In their absence, to the deputy safeguarding lead
3. In the absence of both, to the senior clinician present

For further detailed information, see the organisation’s Safeguarding Handbook.



## **Safeguarding children**

## **SepsisSafeguarding children**

The safeguarding lead and deputy are detailed on pg.7.

A child at risk is someone under 18 years old who has care and support needs, is experiencing, or is at risk of, abuse or neglect, or who, because of their care and support needs, is unable to protect themselves against abuse or neglect, or the risk of it.

Indicators of abuse include:

|  |  |
| --- | --- |
| Bruises, burns, scalds, bites | Self-harm |
| Overly affectionate towards strangers | Bed-wetting |
| Inadequate clothing | Untreated injuries |
| Unexplained injuries | Isolation from parents |
| Hunger and tiredness | Lack of social skills/friends |

**See something – say something!**

If you see something which concerns you, or a person discloses that they are being abused/neglected, you should:

1. Speak to the safeguarding lead
2. In their absence, to the deputy safeguarding lead
3. In the absence of both, to the senior clinician present

For further detailed information, see the organisation’s Safeguarding Handbook.

A person with a stethoscope around their neck

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## **Sepsis**

## **Significant eventsSepsis**

The CQC will expect that all staff can recognise the acutely unwell/deteriorating patient and that they also understand and can recognise the signs of sepsis.

**Sepsis is the body’s life-threatening response to infection. It can be catastrophic if undetected and untreated, leading to tissue damage, multiple organ failure and death.**

**Just ask “Could it be sepsis?”**

A yellow and red sign with black text

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Should a non-clinical staff member be concerned about a patient, they are to seek advice from a clinical member of the team **immediately**.



## **Significant events**

## **When we are closedSignificant events**

The [General Medical Council](https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-revalidation/significant-events#:~:text=A significant event is any,event should have been prevented.) (GMC) defines a significant event as any unintended or unexpected event which could or did lead to the harm of one or more patients. This includes incidents when the event should have been prevented.

All staff at this organisation are permitted to raise and complete a significant event (SE). Examples include:

Significant event analysis (SEA) acts as a learning process for the whole practice; it helps the team understand what went well/what went wrong and what is required to prevent future instances and improve patient care/outcomes.

For further detailed information see the organisation’s Significant Event and Incident Policy.



## **When we are closed**

When we are closed, our patients can access the following services:

For non-urgent matters: NHS 111: Go online to [111.nhs.uk](https://111.nhs.uk/) or call 111. This service is available   
24 hours a day, 7 days per week

For minor injuries or acute illness: The local walk-in centre is [insert location]

For medical emergencies dial 999. The local emergency department is [insert location]

The local pharmacy is [insert location]

