

**Visit check list**

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| **Getting ready for your visit**  | **Tips** |
| Regulation | * Please check your regulated activities
* Are they, still right?
* If you have started or stopped something which is not listed please contact Marina immediately
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| Know your service for primary care | * Send round your teams and get a temperate check on knowledge and things yet to be understood or embedded
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| Data sources  | * PHE Fingertips
* National PCN performance dashboard
* NHS Digital GP data dashboard (QOF, access etc)
* National GP patient survey results
* Heath watch reports (as part of the health and social care act and creation of CCGs)
* Patient Feedback; Trust wide audits; PREM survey, national GP patient survey
* Serious Incidents reports, Complains and Compliments,
* Outcomes Measures; Reporting Services
* Your monthly Practice / Service Pack
* In the CQC pre visit – be sure to ask them what data sets they are using, i.e. where they are obtaining them from – this will help you to ensure you are looking at similar data.
* Outstanding practices are able to discuss any improvements made and demonstrate how and why.
* Outstanding practices will be able to take about QI and demonstrate a whole system approach to identify and making improvements
* Outstanding practices will have reviewed the national PCN dashboard and we able to consider their own performance against that of their peers in the PCN as a benchmark
* Recruitment information – how quick averages of shortlisting are, hit rates, number of roles advertised etc – obtain from people and culture
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| CQC and Peer Inspection - Visit Checklist  | The practice walk around * Ahead of the walk around – post presentation provide the inspector with a rota of who is on shift (times etc) and their role
* If you wanted to really go the extra mile you would include a photo and biography to highlight length of service, specific skills and experience – safe the inspector making enquiries by making it easy for them
* Check all corridors are clear
* Tidied away items
* Equipment checked
* Fridges checked
* Fire edits are unmarked
* Everybody has a name badge on
* Everybody has a mask on
* Check toilets are replenished
* If you have an evac chair please check this and check the staff are trained to use
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| On the day  | * Ensure the business partner is on site
* Ensure the learning and development manager is on site
* Ensure the inspector has their own room to place them in
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| More key pointers  | * Make sure you give clear examples, provide accurate and up to date evidence such as policies, schedule and minutes of the meetings, and other data such patient experience measures, PPG minutes, etc.
* Please refer to the CQC primary care Directorate handbook
* Please refer to the Primary Care Directorate Handbook
* Please ensure you have a well worked up and understood offer against the 6 population groups
* Outstanding practices are able to discuss any improvements made and demonstrate **how and why**; **Please don’t get to showcase why you do what you do**
* Outstanding practices will be able to take about QI and demonstrate a whole system approach to identify and making improvements;
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| **Visit process**  |  |
| Opening [presentation](https://www.cqc.org.uk/sites/default/files/20151111_gpintroguide_inspection_presentation.pdf)  | * Clear statement of purpose
* Showcase performance against 5 questions in relation to 6 [population groups](https://www.cqc.org.uk/guidance-providers/gps/levels-ratings-gp-practices); National GP patient survey and their outcomes and action plans
* Post presentation provide the inspector with a rota of who is on shift (times etc) and their role
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| Outstanding practice is good at **telling** you why they are outstanding and **demonstrating** this | * Outstanding practices have a full induction pack for staff which includes the policies, procedures, line management and governance structure; sets out the mandatory training for the role and any other training
* All your policies will have easy access icon on all computers and all staff will know where to find them;
* Make sure you give clear examples, provide accurate and up to date evidence such as policies, schedule and minutes of the meetings, and other data such patient experience measures, PPG minutes, etc
* Gather case studies using the template issued over the course of the years
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| Questions you will be asked on the day | * Make sure you share [key questions](https://www.cqc.org.uk/sites/default/files/20180628%20Healthcare%20services%20KLOEs%20prompts%20and%20characteristics%20FINAL.pdf) with your team and ensure they feel confident to give responses
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| More hints and tips  | * [Nigel's surgery](https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gp-practices#safe): Tips and myth busters for GP practices
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| Evidence to obtain from the service you are inspecting in advance  | * Practice Leaflet – is this up to date? Does this list the right team members? Is it available in various different languages?
* Complaint’s process – is this up to date and accurate?
* Please review the practice website for ease, up to date information such as opening hours – check these are correct with the team on the day
* Practices recent performance pack
* QI packs – anything the practice is doing with regards to QI
* Services Locum / Agency / Bank induction pack
* Incident log for the previous 12 months
* Complaints and Compliments for the previous 12 months
* National GP patient survey action plan (most recent one published)
* Mandatory and statutory compliance information
* 21/22 QOF performance
* CQC 32 posters which need to be in rooms in primary care placed in all rooms
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**Our primary care directorate ‘whys’**

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| **Domain**  | **Why**  |
| **Is it safe?** | People seek health care for many different reasons, in the simplest terms people come to us for help and to feel safe. We are lucky enough to work in one of the most highly regarded organisations in the world, an organisation that makes people feel safe. We have a responsibility to ensure we understand our processes and can be assured they are as safe as they can be. People trust us to keep them safe and we have a responsibility to ensure that trust is not misplaced |
| **Is it effective?** | Providing effective care to people should help individuals achieve good clinical outcomes, maintain a good quality of life and achieve to goals that matter to them. The effective care should be based on the best, most up to date evidence. The care we provide and the outcomes we are aiming for should be decided in partnership with each individual person we are working with.Our patients rightly expect to receive care that is based on clear guidelines and supported by effective processes in line with national standards. It is right that patients can expect to receive care that is comparable with our peers, this reduces inequalities.Our staff need to be trained appropriately to be able to deliver this care and must work in partnership with other organisations. |
| **Is it caring?** | At a time in their lives when they are seeking help, our patients can feel vulnerable. It is a gift to be working in a role that allows us to help others. If we would wish to be treated with kindness, respect and compassion this is absolutely how we should be treating every person we serve. We should do everything in our power to ensure people are treated with the same dignity and compassion we would wish for ourselves and our loved ones.Part of treating people with care is taking every opportunity to enable people to lead their own healthcare and make their own decisions |
| **Is it responsive?** | If we would want to receive care that is personalised to our needs, that responds to the difficulties we are experiencing and that takes account of our choices then this is the care we should be working to provide for the people we serve. |
| **Is it well led?** | Working in a team that strives to provide the best care to the people we serve can be really challenging. To work well as a team, we need talented leadership, to help us develop a vision for all the work we do, a plan and a strategy to bring that vision to life for our patients. We must create environments where staff feel that they, and their contributions, are valued and respected. To understand the part we play we need to have a clear understanding of our individual roles and responsibilities. If we are able to do all of this, we will have the framework we need to be delivering the very best care we can. We will also have everything we need to be able to learn from the care we deliver and safely manage risks |