**CQC Inspection of [ ]**

**Pre inspection information required. Please follow instructions on following pages and send information in separate emails for each numbered section.**

* Practice ODS code.
* List size.

Date information should be returned by;

Email address of who to send information to;

Please title the email: **EMAIL 1 GOVERNANCE, POLICIES AND PROCEDURES**

|  |  |  |
| --- | --- | --- |
| **EMAIL 1**  **GOVERNANCE, POLICIES AND PROCEDURES**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Statement of purpose |  |  |
| Copy of Major incident/business continuity |  |  |
| Medical emergencies policy |  |  |
| Chaperone policy |  |  |
| Induction process |  |  |
| Online services policy |  |  |
| Access policy |  |  |
| Registration policy (incl access to medical records) |  |  |
| Home visits/care home protocol |  |  |
| Process for supporting carers  Number of carers identified and percentage |  |  |
| Process for bereaved patients |  |  |
| ICO registration certificate |  |  |
| Provider liability/MD insurance |  |  |
| Information leaflet for online services |  |  |
| Safety and drug alerts process and evidence of management and actions. |  |  |
| Policy and process for ensuring staff are recruited safely including DBS and registration checks. |  |  |
| Policy and process to ensure practice oversight of other staff not directly employed by the practice who have access to patients or their records. |  |  |
| Process for supervision and competency oversight of clinical staff including staff with a prescribing qualification. |  |  |
| Policy for ensuring PGDs and PSDs are appropriately reviewed and signed. |  |  |

Please title the email: **EMAIL 2 TRAINING**

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| **EMAIL 2**  **TRAINING**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Number of current staff by role and WTE. |  |  |
| List of staff and their extended role(s) eg cervical screening, diabetes, immunisations |  |  |
| Policy of training for staff and process to manage and monitor |  |  |
| Matrix of staff training which should include;  Cervical screening training  Child and adult safeguarding detailing the appropriate level undertaken  BLS and anaphylaxis  Chaperone Training  Fire safety including fire marshals  Immunisation training  Infection prevention and control  Mental capacity act training  Sepsis and emergency procedures  Evidence that staff undertaking reviews of patients with long term conditions have received appropriate\ate training.  Evidence that staff undertaking extended roles such as triage, minor illness have received appropriate training.  Other training |  |  |
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Please title the email: **EMAIL 3 SAFEGUARDING**

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| **EMAIL 3**  **SAFEGUARDING**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Safeguarding adults' policy |  |  |
| Safeguarding children policy |  |  |
| Sample of minutes of MDT meetings |  |  |
| Policy/process to ensure information is shared with others such as coding of medical records. |  |  |
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Please title the email: **EMAIL 4 RISK ASSESSMENTS**

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| **EMAIL 4**  **RISK ASSESSMENTS**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Latest fire risk assessment and any action log |  |  |
| Evidence and date of fire extinguish check |  |  |
| Evidence of latest service for emergency lights and alarm test |  |  |
| Copy of the latest fire drill and actions taken. |  |  |
| Sample of fire alarm checks undertaken in the month of March2025 |  |  |
| Latest health and safety risk assessment and any action log |  |  |
| Latest legionella assessment and water temperature checks undertaken in the month of March 2025 |  |  |
| Copy of any risk assessments the practice has taken such as wheelchair access, monitoring of waiting areas etc. |  |  |
| Equipment calibration dates and copy of certificate |  |  |
| PAT testing dates and copy of certificate |  |  |
| Evidence of immunisation status of staff. |  |  |
|  |  |  |

Please title the email: **EMAIL 5 INFECTION PREVENTION AND CONTROL**

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| **EMAIL 5**  **INFECTION PREVENTION AND CONTROL**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Name and role of IPC lead |  |  |
| Latest Infection control policy |  |  |
| Latest Infection prevention control audit and action log. |  |  |
| Copies of any meetings where IPC has been discussed, any shared learning and changes since last inspection |  |  |
| Summary of vaccine fridge management including number and location of vaccine fridges |  |  |
| Copy of the temperature recordings for March 2025 |  |  |
|  |  |  |

Please title the email: **EMAIL 6 SIGNIFICANT EVENTS, COMPLAINTS AND COMPLIMENTS**

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| --- | --- | --- |
| **EMAIL 6**  **SIGNIFICANT EVENTS, COMPLAINTS AND COMPLIMENTS**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Significant events policy |  |  |
| Complaint’s policy and leaflet available to patients |  |  |
| A summary of significant events within the last 12 months, including evidence of actions you have taken, learning you have applied, and improvements made as a result. Number of significant events (12months): |  |  |
| A summary of complaints received within the last 12 months, including evidence of actions you have taken, learning you have applied, and improvements made as a result. Number of complaints (12months): |  |  |
| Sample meetings minutes where significant events and /or complaints have been discussed in the past 6 months. |  |  |
| Sample of compliments received in the past 6 months. |  |  |

Please title the email: **EMAIL 7 EVIDENCE OF QUALITY IMPROVEMENT WORK**

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| **EMAIL 7**  **EVIDENCE OF QUALITY IMPROVEMENT WORK**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Summary of the quality of care you provide for the six population groups |  |  |
| Details of how you have monitored and improved care and treatment,   * A summary of clinical audits from the last two years. * Details of two complete full-cycle audits including actions taken and outcomes achieved. |  |  |
| Summary of any other quality improvement work undertaken over the last two years. |  |  |
| Evidence of how you have collected, analysed and responded to patient feedback during the last 12 months, including examples of actions taken. |  |  |
| If not included above – If you have undertaken your own Patient survey and not included above – results of the survey and action log |  |  |
| Evidence of how you have collected, analysed and responded to staff feedback during the last 12 months, including examples of actions taken. |  |  |
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Please title the email: **EMAIL 8 PATIENT RECORD KEEPING AND MEDICINES**

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| **EMAIL 8**  **PATIENT RECORD KEEPING AND MEDICINES**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| Discharge (medicine reconciliation) process and any audits/checks undertaken. |  |  |
| Policy and process for the management of repeat prescriptions and medicine reviews. |  |  |
| Patient summarising/coding in medical records policy/process and any audits/checks undertaken. |  |  |
| Number of patient records that have not been fully summarised. |  |  |
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Please title the email: **EMAIL 9 DATA FOR THE REPORT**

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| **EMAIL 9**  **DATA FOR THE REPORT**  **Please attach:** | **Format**  **Word, Excel etc** | **Attached Y/N**  **(Please state reason if not attached)** |
| NHS health checks data, how many eligible, how many offered, how many completed in last 12 months |  |  |
| Learning Disability check data, how many eligible, how many offered, how many completed in last 12 months |  |  |
| Cervical cancer screening and child immunisation coverage data and action to improve uptake. |  |  |
|  |  |  |