

# CQC INSPECTION READINESS CHECKLIST

## GP Primary Care Practice

*Prepared for September 2026 Inspection | New Sector-Specific Primary Care Framework (Better Regulation, Better Care)*

### About This Checklist

**INSPECTION DATE:** September 2026 | This checklist is aligned to the CQC's new Sector-Specific Primary Care & Community Services Framework, published in draft March 2026 as part of the Better Regulation, Better Care reforms.

The draft framework consultation closed 12 June 2026. Full rollout is expected by end of 2026. Your September 2026 inspection may fall under this new framework OR the transitional SAF — confirm with your CQC inspector upon notification.

**KEY CHANGE:** Quality Statements (introduced 2024) are being replaced with Key Lines of Enquiry (KLOEs) and detailed Rating Characteristics. Numerical scoring has been removed in favour of professional judgement.

The five key questions remain unchanged: Safe | Effective | Caring | Responsive | Well-Led. Ratings remain: Outstanding | Good | Requires Improvement | Inadequate.

**ACTION:** Monitor [cqc.org.uk/better-regulation-better-care](https://www.cqc.org.uk/better-regulation-better-care) for the finalised GP framework before your inspection. The clinical and governance requirements in this checklist apply under either framework.

## Practice Information

|                             |  |
|-----------------------------|--|
| Practice Name               |  |
| ODS Code                    |  |
| CQC Provider ID             |  |
| Registered Address          |  |
| Registered Manager          |  |
| CQC Lead / Practice Manager |  |
| Date of Last Inspection     |  |
| Last Overall Rating         |  |
| Checklist Completed By      |  |
| Date Completed              |  |
| Review Date                 |  |

## 1. SAFE — Are people protected from abuse and avoidable harm?

Key Lines of Enquiry under SAFE (new 2026 framework): Learning Culture | Safe Systems & Pathways | Safe & Effective Staffing | Infection Prevention & Control | Medicines Optimisation

### 1.1 Learning Culture & Significant Event Analysis

| Requirement  | Evidence Required                | RAG Status   | Notes / Action Owner |
|--|----------------------------------|--|----------------------|
| Significant Event Analysis (SEA) policy is in place and up to date     | Policy document                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| SEAs are recorded, reviewed, and actioned within a timely manner       | SEA log / minutes                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Learning from SEAs is shared with all relevant staff                   | Meeting minutes / email evidence | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Near misses are reported and reviewed                                  | Incident log                     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff feel safe to raise concerns without blame (just culture)         | Staff survey / meeting notes     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patient safety alerts (NHS England / MHRA) are actioned and documented | Alert tracker / emails           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 1.2 Safe Systems, Pathways & Transitions of Care

| Requirement  | Evidence Required        | RAG Status   | Notes / Action Owner |
|--|--------------------------|--|----------------------|
| Referral processes are monitored and tracked to avoid missed referrals | Referral tracker / audit | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Test results are reviewed and acted upon in a timely manner            | Results policy / audit   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Abnormal/urgent results have a clear escalation pathway                | Protocol document        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Discharge summaries / care transfer records are reviewed               | Clinical audit           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| 2-week wait and urgent referrals are tracked                           | Referral log             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Clinical coding is accurate and regularly audited                      | Coding audit             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 1.3 Safe & Effective Staffing

| Requirement   | Evidence Required                            | RAG Status   | Notes / Action Owner |
|---|--|--|----------------------|
| All staff have valid DBS checks appropriate to their role                       | HR records / DBS certificates                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff have current registration with professional bodies (GMC, NMC, GPhC, HCPC) | Registration certificates / NHS Spine checks | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Mandatory training completion rates are $\geq 95\%$ for all clinical staff      | Training matrix                              | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff induction is completed for all new starters including locums              | Induction checklists                         | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Appraisals are completed annually for all staff                                 | Appraisal records                            | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Safeguarding training is at the appropriate level (Level 3 for clinical staff)  | Training records                             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Lone working policy is in place and staff are aware of it                       | Policy / staff sign-off                      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Supervision arrangements are in place for clinical and non-clinical staff       | Supervision logs                             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Locum induction packs are available and completed                               | Locum pack records                           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Appropriate clinical indemnity cover is in place for all clinicians             | Indemnity certificates                       | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 1.4 Infection Prevention & Control (IPC)

| Requirement   | Evidence Required           | RAG Status   | Notes / Action Owner |
|---|-----------------------------|--|----------------------|
| An IPC Lead is designated and their role is documented          | Role descriptor / HR file   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| IPC lead has completed Level 3 IPC training                     | Training certificate        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| IPC annual audit has been completed and action plan is in place | Audit report / action plan  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Hand hygiene audits are completed regularly                     | Audit records               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| PPE stocks are adequate and accessible to staff                 | Stock records / observation | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Decontamination of equipment is documented                      | Cleaning logs               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Sharps injury policy and procedure is in place                  | Policy document             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| COSHH assessments are up to date                                | COSHH folder                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

| Requirement   | Evidence Required                            | RAG Status   | Notes / Action Owner |
|---|--|--|----------------------|
| Water safety risk assessment is in place (Legionella) | Legionella risk assessment                   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Clinical waste disposal arrangements are compliant    | Waste contractor contract / disposal records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 1.5 Medicines Optimisation & Prescribing Safety

| Requirement   | Evidence Required             | RAG Status   | Notes / Action Owner |
|---|-------------------------------|--|----------------------|
| Medicines management policy is current and implemented                            | Policy document               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| High-risk medication monitoring (e.g. methotrexate, lithium, warfarin) is audited | Clinical audit / searches     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Controlled drugs register is maintained and subject to regular audit              | CD register                   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Prescription security and blank prescription procedures are followed              | Policy / pad security records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Repeat prescribing is reviewed at appropriate intervals                           | Repeat prescribing audit      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Medicines reconciliation post-hospital discharge is documented                    | Clinical audit                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Drug fridge temperatures are recorded daily                                       | Fridge temperature log        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Emergency medicines (including oxygen) are in date and available                  | Emergency drug kit check log  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| MHRA / drug alerts are monitored and actioned                                     | Alert log                     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Non-medical prescribers work within their scope and have appropriate supervision  | PGDs / supervision records    | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 2. EFFECTIVE — Does care achieve good outcomes and is it evidence-based?

Key Lines of Enquiry under EFFECTIVE (new 2026 framework): Assessing Needs | Delivering Evidence-Based Care | How Staff Work Together | Supporting People to Live Healthier Lives | Monitoring Outcomes

### 2.1 Assessing Needs & Care Planning

| Requirement  | Evidence Required        | RAG Status   | Notes / Action Owner |
|--|--------------------------|--|----------------------|
| Clinical assessment templates align with NICE guidelines and local pathways          | Clinical templates audit | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Care plans are person-centred, documented, and regularly reviewed                    | Clinical record audit    | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Frailty assessments are completed for patients aged 65+ or those clinically frail    | Frailty audit / search   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Mental health care plans are in place for patients on the SMI register               | SMI register audit       | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Annual reviews are completed for patients with long-term conditions (QOF compliance) | QOF data / searches      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Learning disability health checks are offered and recorded                           | LD register / audit      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Carers are identified and offered relevant support/signposting                       | Carer register           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 2.2 Delivering Evidence-Based Care

| Requirement  | Evidence Required        | RAG Status   | Notes / Action Owner |
|--|--------------------------|--|----------------------|
| Clinical guidelines (NICE, SIGN, local formulary) are accessible to all clinicians | Intranet / policy folder | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Antimicrobial prescribing is audited against local/national guidelines             | AMR audit                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Immunisation and vaccination rates are monitored                                   | Vaccination search data  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Cancer screening uptake (cervical, bowel, breast) is monitored and actioned        | Screening audit data     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Clinical audits are completed regularly with results fed back and acted upon       | Audit log / reports      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patient Group Directions (PGDs) are current and signed by authorised clinicians    | PGD folder               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 2.3 Multidisciplinary Working & Integrated Care

| Requirement   | Evidence Required                  | RAG Status   | Notes / Action Owner |
|---|------------------------------------|--|----------------------|
| MDT meetings are held regularly and outcomes are documented                   | MDT meeting minutes                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Relationships with social care, mental health, community teams are maintained | Meeting minutes / referral records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| PCN (Primary Care Network) collaborative working is evidenced                 | PCN documents / shared protocols   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Referrals to specialist services are appropriate and timely                   | Referral audit                     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 2.4 Monitoring Outcomes & Quality Improvement

| Requirement   | Evidence Required            | RAG Status   | Notes / Action Owner |
|---|------------------------------|--|----------------------|
| QOF performance is reviewed and improvement plans are in place where needed | QOF reports                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Exception reporting rates are reviewed and justified                        | QOF data analysis            | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| SNOMED coding is reviewed for accuracy and completeness                     | Coding audit                 | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Health inequalities data is reviewed and acted upon                         | Inequality monitoring report | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| A continuous improvement / quality improvement plan is maintained           | QI plan                      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 3. CARING — Are people treated with compassion, kindness, dignity and respect?

Key Lines of Enquiry under CARING (new 2026 framework): Kindness, Compassion & Dignity | Treating People as Individuals | Independence, Choice & Control | Responding to People's Immediate Needs | Workforce Wellbeing & Enablement

| Requirement  | Evidence Required           | RAG Status   | Notes / Action Owner |
|--|-----------------------------|--|----------------------|
| Consultation rooms provide adequate privacy and dignity for patients   | Observation / estates check | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patient feedback is actively collected (NHS Friends & Family, surveys) | FFT data / survey results   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patient feedback is reviewed and used to drive improvement             | Action plans                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

| Requirement  | Evidence Required                 | RAG Status   | Notes / Action Owner |
|--|-----------------------------------|--|----------------------|
| Patients with communication needs have reasonable adjustments in place           | Patient records / interpreter log | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Accessible information is provided in suitable formats (Easy Read, translations) | Information resource audit        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Carer and patient involvement is evidenced in service development                | PPG meeting minutes               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff training in communication, equality and diversity is up to date            | Training records                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Consent processes are documented in line with GMC and MCA standards              | Clinical audit / policy           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patient dignity is maintained in all areas of the practice                       | Staff survey / patient feedback   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Chaperone policy is in place and applied consistently                            | Policy / clinical audit           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 4. RESPONSIVE — Are services organised to meet people's needs?

Key Lines of Enquiry under RESPONSIVE (new 2026 framework): Person-Centred Care | Care Provision & Integration | Responding to Feedback | Equity in Access | Equity in Experiences & Outcomes

### 4.1 Access & Appointment Systems

| Requirement  | Evidence Required               | RAG Status   | Notes / Action Owner |
|--|---------------------------------|--|----------------------|
| Patients can access same-day urgent care when clinically needed                          | Access audit / appointment data | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Appointment availability data is monitored and action taken when access is poor          | Access data reports             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Online services (appointment booking, repeat prescriptions, record access) are available | NHS App data / system check     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Telephone answering times and call abandon rates are monitored                           | Telephony data                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Out-of-hours information is clearly communicated to patients                             | Practice website / leaflets     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Home visiting is available for patients who are unable to attend the practice            | Home visit log                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 4.2 Meeting Diverse Patient Needs

| Requirement   | Evidence Required                       | RAG Status   | Notes / Action Owner |
|---|---|--|----------------------|
| Adjustments are made for patients with disabilities, sensory impairments, and learning difficulties | Reasonable adjustments policy / records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patients from all ethnic groups experience equitable access   | Demographic data / audit                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patients with protected characteristics are not disadvantaged                                       | Equality monitoring data                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Services are available to patients who are homeless, travellers, or have no fixed abode             | Registration policy                     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Interpreter and translation services are available  | Interpreter contract / log              | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 4.3 Complaints & Feedback

| Requirement   | Evidence Required               | RAG Status   | Notes / Action Owner |
|---|---------------------------------|--|----------------------|
| Complaints policy is accessible and patients know how to complain     | Policy / website / notices      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| All complaints are acknowledged within 3 working days                 | Complaints log                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Complaints are investigated and responded to within agreed timescales | Complaints log / correspondence | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Learning from complaints is shared across the team                    | Meeting minutes                 | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Compliments and feedback are also recorded and acted upon             | Feedback log                    | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| PALS and NHS Ombudsman information is available to patients           | Practice website / leaflets     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 5. WELL-LED — Is leadership effective and does it promote an open, fair culture?

Key Lines of Enquiry under WELL-LED (new 2026 framework): Shared Direction & Culture | Capable, Compassionate & Inclusive Leaders | Freedom to Speak Up | Workforce Equality, Diversity & Inclusion | Governance, Management & Sustainability | Partnerships & Communities | Learning, Improvement & Innovation

## 5.1 Governance & Leadership

| Requirement  | Evidence Required             | RAG Status   | Notes / Action Owner |
|--|-------------------------------|--|----------------------|
| A practice business plan and strategic vision are documented                     | Business plan document        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Governance framework is in place with clear lines of accountability              | Governance framework document | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Clinical governance meetings are held regularly and minuted                      | Meeting minutes               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Risk register is maintained, reviewed, and acted upon                            | Risk register                 | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Business continuity plan is in place and tested                                  | BCP document / test record    | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Policies are reviewed at least every 2 years and version-controlled              | Policy register               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Information Governance (IG) toolkit / DSPT submission is complete and up to date | DSPT record                   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Data Protection Impact Assessments (DPIAs) are completed where required          | DPIA records                  | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| A Data Protection Officer (DPO) is appointed                                     | DPO appointment record        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 5.2 Safeguarding

| Requirement   | Evidence Required         | RAG Status   | Notes / Action Owner |
|---|---------------------------|--|----------------------|
| A named Safeguarding Lead is designated for adults and children                               | Role descriptor / HR file | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Safeguarding policies (children and adults) are current (reviewed within 2 years)             | Policy documents          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| All clinical staff have safeguarding training at the appropriate level                        | Training matrix           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Safeguarding concerns are documented and referred appropriately in line with local procedures | Safeguarding log          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Child Protection Information Sharing (CP-IS) is implemented                                   | System configuration      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Domestic abuse referral pathways are documented and staff are trained                         | Policy / training records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Female Genital Mutilation (FGM) mandatory reporting is implemented                            | Policy / training records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 5.3 Freedom to Speak Up & Staff Wellbeing

| Requirement  | Evidence Required                   | RAG Status   | Notes / Action Owner |
|--|-------------------------------------|--|----------------------|
| A Freedom to Speak Up Guardian or designated lead is in place        | Role descriptor / staff notice      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Whistle-blowing policy is accessible to all staff                    | Policy on intranet / staff handbook | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff are aware of how to raise concerns without fear of reprisal    | Staff survey                        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff wellbeing resources and support are available and communicated | Wellbeing policy / resources list   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Staff survey results are reviewed and actioned                       | Survey results / action plan        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Equality, diversity and inclusion data is monitored                  | EDI monitoring data                 | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

### 5.4 Premises, Health & Safety

| Requirement  | Evidence Required                          | RAG Status   | Notes / Action Owner |
|--|--|--|----------------------|
| Fire risk assessment is current and action plan is implemented                           | Fire risk assessment / action plan         | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Fire drills are conducted at least annually  | Fire drill log                             | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Fire marshal training is up to date  | Training records                           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Building/premises maintenance records are kept   | Maintenance log / contracts                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Medical equipment is serviced and calibrated regularly (e.g., defibrillator, spirometer) | Equipment service log                      | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Electrical safety checks (PAT testing) are up to date                                    | PAT test records                           | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Defibrillator is serviced, in-date, and staff are trained in its use                     | Service record / training records          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Emergency protocols (e.g., anaphylaxis) are displayed and practiced                      | Emergency protocol posters / drill records | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Disability access and reasonable adjustments to premises are in place                    | Access audit                               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 5.5 Patient Participation & Communication

| Requirement  | Evidence Required            | RAG Status   | Notes / Action Owner |
|--|------------------------------|--|----------------------|
| A Patient Participation Group (PPG) meets regularly (minimum quarterly)        | PPG meeting minutes          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Practice website is accessible, up to date, and meets NHS requirements         | Website review               | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Practice leaflet/welcome pack is current                                       | Leaflet review date          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Patients have access to online services (appointments, prescriptions, records) | NHS App configuration        | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Annual patient survey is conducted and results are published and acted upon    | Survey results / action plan | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## 6. Population Groups — Equity of Care Across All Groups

CQC assesses care across six population groups. Ensure you can evidence equitable care across each.

| Requirement   | Evidence Required                    | RAG Status   | Notes / Action Owner |
|---|--------------------------------------|--|----------------------|
| Older people (65+): Frailty assessments, care plans, dementia registers                 | Clinical audits / registers          | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| People with LTCs: Recall systems, annual reviews, care plans in place                   | QOF / audit data                     | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Families, children & young people: Safeguarding, immunisations, development reviews     | Safeguarding log / immunisation data | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| Working-age population: Access, health checks, NHS health checks (40-74)                | NHS Health Check data                | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| People with mental health conditions: SMI reviews, suicide prevention, IAPT pathways    | SMI register / mental health audit   | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |
| People in vulnerable circumstances: Homeless, substance misuse, domestic abuse pathways | Policy / referral records            | <input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red |                      |

## Overall RAG Summary

Use the table below to summarise your overall readiness score across each domain.

Green = Fully compliant, evidence in place

Amber = Partial compliance, action required

Red = Non-compliant, urgent action needed

| Domain        | Green Items | Amber Items | Red Items | Priority Actions |
|---------------|-------------|-------------|-----------|------------------|
| 1. Safe       |             |             |           |                  |
| 2. Effective  |             |             |           |                  |
| 3. Caring     |             |             |           |                  |
| 4. Responsive |             |             |           |                  |
| 5. Well-Led   |             |             |           |                  |