

CQC INSPECTION PREPARATION TEMPLATE

GP Primary Care Practice

Prepared for September 2026 Inspection | CQC New Sector-Specific Primary Care Framework

A. Practice Profile

Practice Name	
ODS Code	
CQC Provider ID	
ICB / ICS	
Registered Address	
Telephone Number	
Email Address	
Practice Website	
Registered Manager Name	
Registered Manager GMC No.	
Practice Manager Name	
CQC Lead	
List Size (approximate)	
Number of GP Partners	
Total Clinical Staff (WTE)	
Total Non-Clinical Staff (WTE)	
Date of Last CQC Inspection	
Last Overall CQC Rating	
Last Safe Rating	
Last Effective Rating	
Last Caring Rating	
Last Responsive Rating	
Last Well-Led Rating	
Outstanding Actions from Last Inspection	
Date This Template Completed	
Review Date	

B. CQC Inspection Framework Overview (2024/25)

Current Framework Status

SEPTEMBER 2026 CONTEXT: CQC published draft Sector-Specific Primary Care & Community Services Framework in March 2026 as part of its Better Regulation, Better Care reforms. The consultation on this draft closed 12 June 2026.

KEY CHANGES FOR 2026: Quality Statements are being replaced with Key Lines of Enquiry (KLOEs) and detailed Rating Characteristics. Numerical scoring has been removed. Professional judgement is reinstated as the basis for ratings. Sector-specific expertise is central to inspections.

The new framework retains the five key questions (Safe, Effective, Caring, Responsive, Well-Led) and the four rating levels (Outstanding, Good, Requires Improvement, Inadequate). Patient demographics, deprivation levels and system pressures will be considered.

IMPORTANT: Full rollout is expected by end of 2026. Your September 2026 inspection may be under the new sector-specific framework or a transitional approach. Confirm with your CQC inspector upon receiving the inspection notice. Continue preparing against the requirements in this document regardless of which framework applies — the clinical and governance fundamentals are unchanged.

B.1 The Five Key Questions

Key Question	Evidence Required	RAG Status	Notes / Action Owner
SAFE — Are people protected from abuse and avoidable harm?	Safety systems, incident management, prescribing safety (KLOEs replace Quality Statements from 2026)	<input type="checkbox"/> Green Amber <input type="checkbox"/> Red	
EFFECTIVE — Does care achieve good outcomes?	Clinical outcomes, NICE compliance, QOF performance	<input type="checkbox"/> Green Amber <input type="checkbox"/> Red	
CARING — Are people treated with compassion and dignity?	Patient experience, FFT, access to support	<input type="checkbox"/> Green Amber <input type="checkbox"/> Red	
RESPONSIVE — Are services meeting people's needs?	Access, complaints, equality of care	<input type="checkbox"/> Green Amber <input type="checkbox"/> Red	
WELL-LED — Is leadership effective with an open, fair culture?	Governance, safeguarding, staff wellbeing, risk management	<input type="checkbox"/> Green Amber <input type="checkbox"/> Red	

B.2 CQC Rating Levels

Outstanding	Exceptionally high-quality care. The service goes above and beyond what is expected.
Good	Meets CQC expectations and provides good quality, safe care.
Requires Improvement	Not performing as well as expected. An action plan is required.
Inadequate	Serious concerns identified. Enforcement action may be taken.

B.3 Evidence Categories (Transitional — 2026 Framework)

Under the SAF, CQC uses six evidence categories to assess quality statements. Under the new 2026 framework, professional judgement and sector-specific expertise replace rigid scoring. The following evidence types remain highly relevant:

Evidence Category	Evidence Required	RAG Status	Notes / Action Owner
1. People's Experience	Patient feedback, FFT, surveys, complaints	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
2. Staff & Leader Feedback	Staff interviews, surveys, whistleblowing	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
3. Partner Feedback	ICB, PCN, NHSE, local authority views	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
4. Observation	What inspectors see on the day	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
5. Processes	Policies, procedures, systems, governance	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
6. Outcomes	Clinical data, QOF, audits, search results	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

C. Pre-Inspection Planning & Notification

Notification Timescales

CQC typically provides approximately 2 weeks' notice for a scheduled comprehensive inspection. For your September 2026 inspection, confirm which framework (new sector-specific or transitional SAF) applies at the point of notification.

A focused inspection may be announced with shorter notice or no notice at all.

Upon notification, CQC will request specific documents — prepare these in advance.

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C.1 Immediate Actions on Receipt of Inspection Notice

Requirement	Evidence Required Email / meeting record	RAG Status	Notes / Action Owner
Notify all partners, the Registered Manager, and key staff of the inspection date	Named lead documented	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Confirm who will be the main point of contact on the day of inspection	Action plan review	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Review the previous CQC inspection report and confirm all actions are addressed		<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Conduct a rapid internal mock inspection using the CQC checklist	Internal audit record	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Ensure the evidence folder is complete, up to date, and clearly labelled	Evidence folder review	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Brief all staff on the inspection process and what to expect	Team briefing record	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Confirm CQC data requests can be provided within the stipulated timeframe	Data request response	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Prepare a practice overview / statement document	Practice overview (see Section D)	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

C.2 Documents CQC May Request in Advance

Requirement	Evidence Required Training system / spreadsheet	RAG Status	Notes / Action Owner
Staff training matrix (mandatory training completion rates)		<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
DBS check records for all staff	HR files	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Significant Event Analysis (SEA) log (last 12 months)	SEA log	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Complaints log and responses (last 12 months)	Complaints folder	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Risk register	Current risk register	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Safeguarding referral log	Safeguarding log	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Medicine management audit results	Audit reports	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Clinical audit results and action plans	Audit folder	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Business continuity plan	BCP document	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Infection prevention and control audit	IPC audit report	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

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Requirement	Evidence Required	RAG Status	Notes / Action Owner
Patient survey / FFT results and action plans (Friends and Family Test)	Survey reports	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
QOF performance data and commentary	QOF reports	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
CQC Ardens / clinical system searches (high-risk medications, LTCs, etc.)	Clinical search outputs	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
DSPT / IG toolkit submission certificate (Data Security and Protection Toolkit)	DSPT record	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Fire risk assessment and fire drill record	Safety records	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

D. Practice Overview Statement

Complete this section before submitting to CQC or presenting to inspectors on arrival. This is your opportunity to contextualise performance data and highlight achievements and challenges.

D.1 About the Practice

Practice History	
Registered Patient Population	
Demographic Profile / Deprivation Index	
Services Provided (e.g., minor surgery, LARC (Long-Acting Reversible Contraception) enhanced services)	
Extended Access Arrangements	
PCN Membership	
Federation / Partnership Arrangements	
Key Challenges Facing the Practice	
Notable Achievements Since Last Inspection	

D.2 Self-Assessment Against the Five Key Questions

For each key question, provide a brief narrative (3–5 sentences) summarising your performance, strengths, and areas for improvement. Reference specific evidence where possible.

Key Question	Our Self-Assessment / Narrative	Supporting Evidence Reference
Safe	<i>Describe your safety culture, incident reporting, medicines management, IPC, and staffing safety arrangements.</i>	
Effective	<i>Summarise your clinical outcomes, QOF performance, NICE compliance, clinical audit programme, and MDT working.</i>	
Caring	<i>Describe patient experience, FFT results, dignity and respect arrangements, and how you respond to patient feedback.</i>	
Responsive	<i>Explain your access arrangements, how you meet diverse patient needs, complaints handling, and equity of access.</i>	
Well-Led	<i>Describe your governance structure, leadership arrangements, safeguarding, staff engagement, and quality improvement culture.</i>	

E. On the Day of Inspection

E.1 Arrival & Logistics

Requirement	Evidence Required	RAG Status	Notes / Action Owner
Designated meeting room available for inspectors (private, with power)	Room booking confirmed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Evidence folder (physical or digital) is available, organised, and indexed	Evidence folder ready	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Receptionist briefed to welcome inspectors professionally and notify the lead	Staff briefing completed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

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Requirement	Evidence Required	RAG Status	Notes / Action Owner
Practice lead available throughout the inspection day	Diary blocked	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Key clinical staff available for interviews (GPs, nurses, HCA, pharmacist)	Staff availability confirmed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
IT / clinical system access available for inspectors to review records	Access arranged	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Refreshments provided for inspectors	Arranged	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

E.2 During the Inspection

Requirement	Evidence Required	RAG Status	Notes / Action Owner
A senior GP or clinical lead is available to accompany inspectors and answer clinical questions	Named clinician confirmed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Staff are calm, professional, and answer questions honestly and without over-elaborating	Staff briefing completed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
If inspectors identify concerns, these are noted and responded to factually	Note-taking lead identified	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Patient consultations should proceed as normal — do not cancel appointments	Appointment schedule maintained	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Any additional documents requested during the inspection are provided promptly	Designated retrieval lead	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
A member of staff takes notes throughout the inspection for internal records	Note-taker identified	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

E.3 End-of-Day Feedback Meeting

Requirement	Evidence Required	RAG Status	Notes / Action Owner
All partners/leads attend the end-of-day verbal feedback session	Attendance list	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Verbal feedback is recorded in full (take notes)	Written notes / recording if permitted	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Any factual inaccuracies raised verbally are noted for the factual accuracy check	Notes	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Next steps and timeline for draft report are confirmed with the inspection lead	Notes	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

F. Post-Inspection Actions

F.1 Factual Accuracy Response

Requirement	Evidence Required	RAG Status	Notes / Action Owner
Review the draft CQC report carefully against your own inspection notes	Draft report	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Identify any factual inaccuracies or misrepresentations within the permitted timeframe (usually 10 working days)	Response deadline noted	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Submit a formal factual accuracy response where inaccuracies are identified	Written response submitted	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Retain copies of all correspondence with CQC	Correspondence file	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

F.2 Action Planning Following Inspection

Requirement	Evidence Required	RAG Status	Notes / Action Owner
Develop a formal action plan to address all 'Requires Improvement' or 'Inadequate' findings	Action plan document	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Assign named owners and target dates to each action	Action plan columns	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Share the final CQC report and action plan with all staff	Staff meeting / email	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Share the report with your ICB / PCN as required	Notification sent	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Publish the final CQC report on the practice website (legal requirement)	Website update	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Display the CQC rating poster in the practice reception area (legal requirement)	Poster displayed	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Review the action plan at regular governance meetings	Meeting agenda / minutes	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
Request a follow-up focused inspection if ratings improve substantially	Correspondence with CQC	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

G. Staff Briefing Guide — What to Expect

Share this section with all staff at least one week before the inspection.

G.1 What Inspectors Will Look At

- Patient records (anonymised) — they will look at clinical coding, care plans, referrals, and prescribing
- Staff HR files and training records — qualifications, DBS, mandatory training
- Policies and procedures — safeguarding, medicines, IPC, complaints, etc.
- Observations of the practice environment and reception interactions
- Interviews with clinical and non-clinical staff at all levels
- Patient feedback data (FFT, surveys, complaints)

G.2 Tips for Staff

- Be honest and calm — inspectors are not there to trick you
- If you do not know the answer to a question, say so and offer to find out
- Refer complex clinical or governance questions to the named lead
- Do not exaggerate or minimise — factual answers are best
- Speak about what you personally do in your role, not what others do
- If you have concerns about anything, you can speak to the inspector privately

G.3 Common Questions Inspectors May Ask Staff

Question Inspectors May Ask	Evidence Required	RAG Status	Notes / Action Owner
How do you report a concern or near miss?	Know your SEA / incident reporting process	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
What do you do if you are concerned about a patient's safety?	Know your safeguarding escalation pathway	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
How do you handle a complaint from a patient?	Know your complaints procedure	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
What training have you completed recently?	Know your mandatory training status	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
How do you know what to do in an emergency?	Know your emergency protocols and equipment location	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
How does the practice support your wellbeing?	Know your wellbeing resources and FTSU arrangements	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	
How do patients with additional needs get extra support?	Know your accessible information /	<input type="checkbox"/> Green <input type="checkbox"/> Amber <input type="checkbox"/> Red	

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Question Inspectors May Ask	Evidence Required	RAG Status	Notes / Action Owner
	reasonable adjustments arrangements		

H. Evidence Folder Index

Organise your evidence folder as follows. All documents should be labelled with section reference, version number, and review date.

Ref	Domain	Document	In Folder?	Review Date
H1	Safe	SEA log (last 12 months)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H2	Safe	Significant Event Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H3	Safe	Medicines Management Policy & Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H4	Safe	Controlled Drugs Register & Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H5	Safe	IPC Annual Audit & Action Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H6	Safe	Staff Training Matrix	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H7	Safe	DBS Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H8	Safe	Professional Registration Evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H9	Safe	Emergency Equipment Check Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H10	Safe	Legionella Risk Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H11	Effective	Clinical Audit Reports (last 2 years)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H12	Effective	QOF Performance Data	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H13	Effective	MDT Meeting Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H14	Effective	LTC Register Audits (diabetes, CHD, COPD, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H15	Effective	High-Risk Medication Monitoring Audit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H16	Caring	FFT/Patient Survey Results & Action Plans	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H17	Caring	PPG Meeting Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H18	Caring	Chaperone Policy & Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H19	Responsive	Complaints Log & Responses	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H20	Responsive	Access Data / Appointment Monitoring	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H21	Responsive	Interpreter/Translation Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H22	Well-Led	Risk Register	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H23	Well-Led	Business Continuity Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H24	Well-Led	Safeguarding Policy & Referral Log	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H25	Well-Led	Clinical Governance Meeting Minutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H26	Well-Led	DSPT / IG Toolkit Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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Ref	Domain	Document	In Folder?	Review Date
H27	Well-Led	Fire Risk Assessment & Drill Record	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H28	Well-Led	Staff Appraisal Records	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H29	Well-Led	Freedom to Speak Up Policy & Evidence	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H30	Well-Led	Policy Register (all policies with review dates)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

I. Useful Resources & References

Resource	Evidence Required	RAG Status	Notes / Action Owner
CQC Assessment Framework	cqc.org.uk/guidance-regulation/providers/assessment/assessment-framework	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
CQC GP Practice Inspection Guidance	cqc.org.uk/guidance-providers/gps	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
CQC Single Assessment Framework Review (Richards Report)	cqc.org.uk/publications/review-cqcs-single-assessment-framework-and-its-implementation	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
Better Regulation, Better Care Consultation	cqc.org.uk/about-us/how-we-involve-you/consultations	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
NHS Data Security & Protection Toolkit (DSPT)	dsptoolkit.nhs.uk	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
NICE Guidance & Evidence	nice.org.uk/guidance	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
NHS England QOF Guidance	england.nhs.uk/gp/investment/gp-contract	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
Primary Care Network (PCN) Framework	england.nhs.uk/primary-care/primary-care-networks	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
ICO – Data Protection Guidance	ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
Freedom to Speak Up Guardian Guidance	nationalguardian.org.uk	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	
CQC Better Regulation, Better Care — New Draft Frameworks (2026)	cqc.org.uk/about-us/how-we-involve-you/consultations/improving-how-we-assess-and-rate-providers	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	

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Resource	Evidence Required	RAG Status	Notes / Action Owner
CQC Draft Primary Care & Community Services Framework (2026)	cqc.org.uk/guidance-regulation/providers/assessment/assessment-framework	<input type="checkbox"/> Green <input type="checkbox"/> <input type="checkbox"/> Amber <input type="checkbox"/> <input type="checkbox"/> Red	