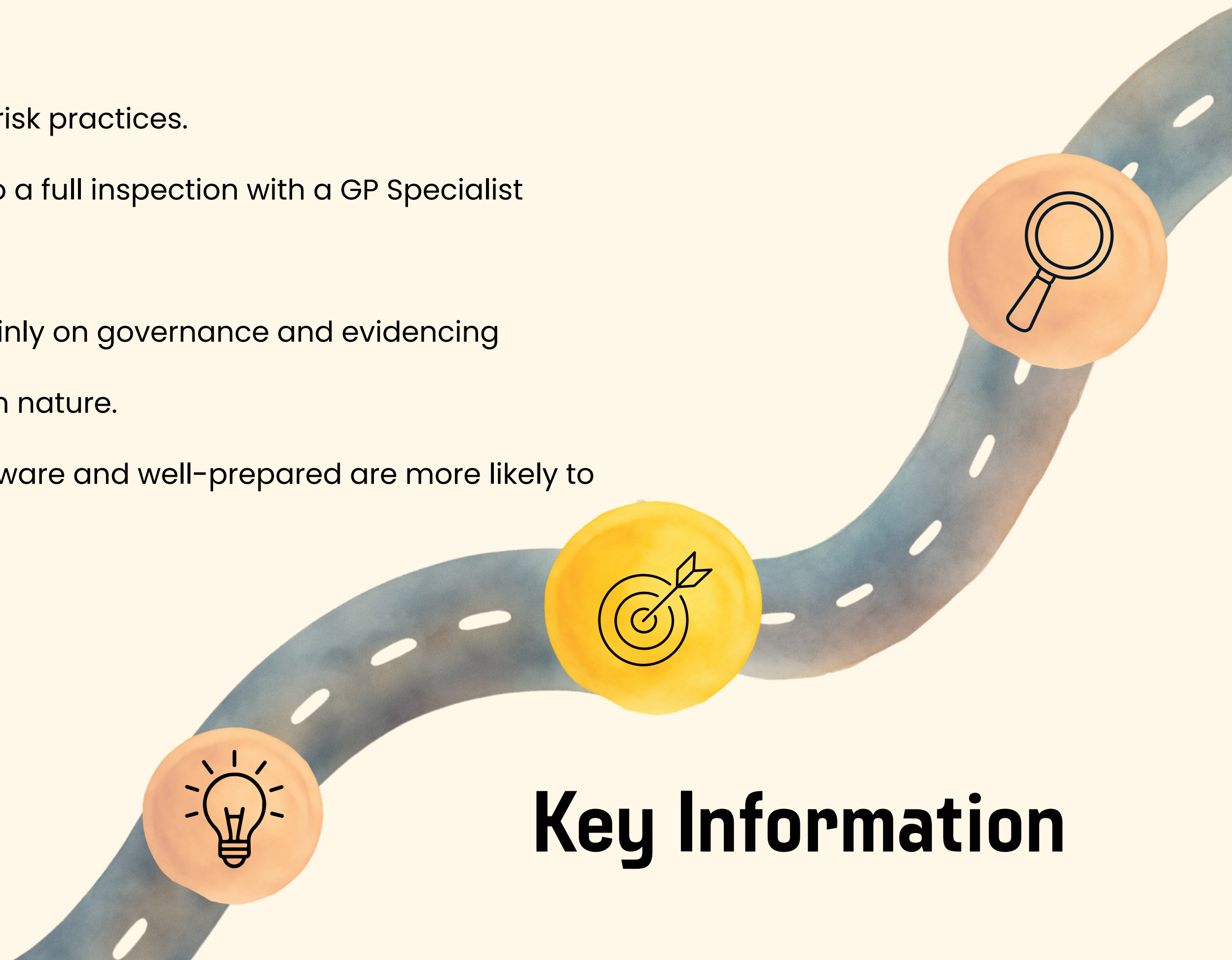




Roadmap to being CQC Ready!

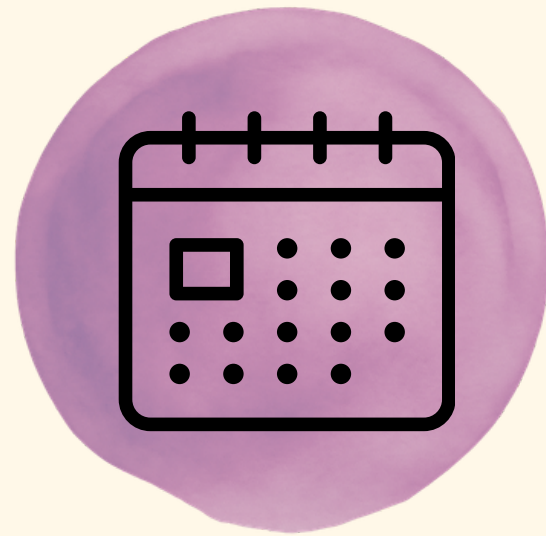


- CQC – active assessment of lower-risk practices.
- Any concerns identified may lead to a full inspection with a GP Specialist Advisor.
- The 10 quality statements focus mainly on governance and evidencing compliances and are non-clinical in nature.
- Practices that are organised, self-aware and well-prepared are more likely to achieve positive outcomes.

A winding road with white dashed lines curves from the bottom left towards the top right. Three circular icons are placed along the road: a lightbulb in an orange circle at the bottom left, a target in a yellow circle in the middle, and a magnifying glass in an orange circle at the top right.

Key Information

Key Information



25 March 2026

CQC issued
communication to all
GP practices



5 Working Days

Minimum notice
before an
assessment visit



10

Non-clinical
quality
statements
assessed



No GP Spa

No GP
Specialist
Advisor
routinely

The CQC Programme

WHAT IS BEING ASSESSED?

- Focused, targeted assessment
- Not a full inspection
- 10 confirmed non-clinical quality statements only
- No clinical record review in these assessments
- Structured evidence review + staff conversations
- Outcome may escalate to full inspection



HOW DOES IT WORK?

- Minimum 5 working days' notice given in advance
- Remote and on-site
- Inspector will speak with clinical and non-clinical staff individually
- Evidence reviewed:
 - policies
 - records
 - registers
 - matrices
- CQC will escalate to a full inspection if concerns are identified during the assessment

Do not wait until you receive your 5 days' notice. Policies and procedures should already be embedded in practice and not prepared at the last minute..

The Confirmed 10 Quality Statements

SAFE

Safe Environments

Safe and Effective Staffing

Infection Prevention and Control

EFFECTIVE

Supporting People to Live Healthier Lives

Monitoring to Improve Outcomes

CARING

Kindness, Compassion and Dignity

RESPONSIVE

Equity in Access

Equity in Experience and Outcomes

WELL-LED

Shared Direction and Culture

Governance, Management and Sustainability

All quality statements are non-clinical and focus on governance, evidence and culture.

Safe Environments

*Risks within the care environment are identified and controlled.
Equipment, facilities and technology support safe care delivery.*

-
- 
- Premises risk assessments and maintenance records
 - Fire safety: fire risk assessment, fire drills, staff fire training
 - Legionella risk assessment and water safety flushing logs
 - COSHH assessments where applicable
 - Equipment servicing, calibration and maintenance records
 - Electrical Installation Condition Report (EICR)
 - Business continuity and disaster recovery plan

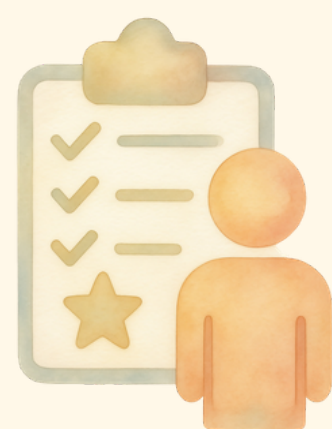


-
- Walk your premises in the days before the assessment as if you are the inspector.
 - Check every notice is current, fire exits are unobstructed, equipment is serviced and logs are in order.
 - A monthly premises checklist completed routinely is compelling evidence of proactive safety management.

Safe and Effective Staffing

Adequate numbers of suitably qualified and skilled staff are available and properly supported.

-
- Recruitment records: DBS checks, references, right-to-work checks for all staff Mandatory training completion for all staff –clinical and non-clinical
 - Annual appraisal records for all staff
 - Evidence of ongoing supervision and professional support including documented clinical supervision
 - Induction records for new starters
 - Appropriate governance for locum, temporary staff and PCN staff



-
- A comprehensive training matrix is a powerful piece of evidence –one spreadsheet, every person, every training item, every date.
 - Gaps with an action plan demonstrate self-awareness and good governance. Gaps with no plan are a significant red flag.

Infection Prevention and Control

Infection risks are assessed, managed and controlled, with learning shared appropriately.



- IPC policy —current, reviewed and accessible to all staff (2025 Standards not 2021) Named IPC lead with defined responsibilities, knowledge and skills
- IPC audit records: clinical areas, hand hygiene, decontamination, waste management
- Annual IPC audit and action plan with evidence of completed improvements
- Staff IPC training including hand hygiene, PPE use and waste disposal
- Sharps and clinical waste management procedures in place and evidenced
- Cleaning schedules and records maintained



- IPC is a common area where evidence exists but is not easily locatable on the day. Compile your IPC folder in advance: policy, lead, audit, action plan and training records —all in one place.
- Inspectors will expect to see a continuous cycle of audit, action and improvement, not a one-off exercise.

Supporting People to Live Healthier Lives

Infection risks are assessed, managed and controlled, with learning shared appropriately.

-
- Evidence of health promotion activity: smoking cessation, weight management, alcohol screening
 - Social prescribing pathways —links to community services and voluntary sector
 - Proactive identification of patients who would benefit from health coaching or self-management support
 - Evidence of personalised care and support planning for patients with long-term conditions
 - Patient-facing information on healthy lifestyles: accessible and in appropriate formats
 - Integration with PCN-level services to support population health needs



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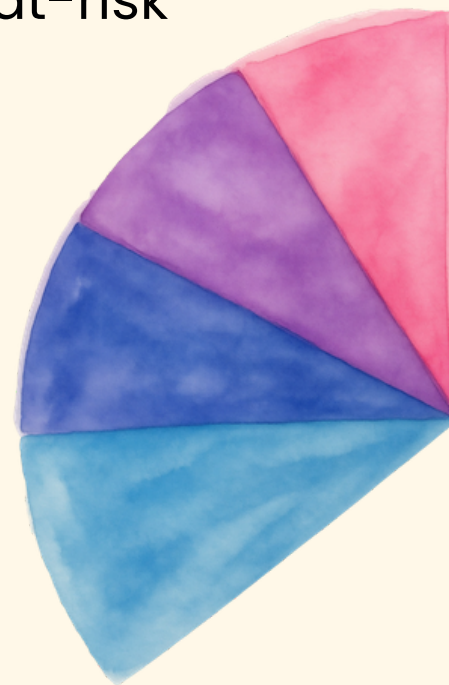
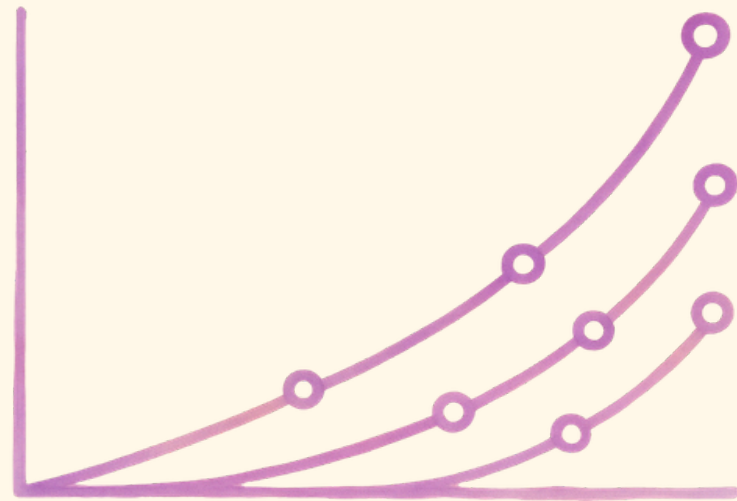


-
- This quality statement is about demonstrating that the practice actively supports patients to stay well, not just treats illness. Think about how your clinical and non-clinical teams signpost, refer and follow up.
 - Document your pathways and gather examples of patient outcomes where proactive support has made a difference.

Monitoring to Improve Outcomes

Care and treatment are routinely monitored to drive continuous improvement and achieve positive outcomes.

- QOF performance data: reviewed, discussed and acted upon at governance level Exception reporting reviewed and justified –not used to mask underperformance
- Evidence that clinical audit cycles are completed: plan, audit, change, re-audit
- Use of SNOMED coding and READ codes to support accurate monitoring and reporting
- Long-term condition management: recall systems, care plans and review completion
- Evidence that outcomes data is used to identify at-risk populations and reduce health inequalities



- Inspectors will look for a clear link between data, discussion and action. QOF data on its own is not enough –the practice must be able to demonstrate that it reviews performance, identifies gaps, takes action and measures improvement.
- Governance meeting minutes that reference data discussions are essential supporting evidence.

Kindness, Compassion and Dignity

People are treated with kindness, empathy and respect, with their privacy and dignity maintained.



- Friends and Family Test and patient feedback showing patients feel respected and listened to
- Complaints and concerns handled in a way that acknowledges patient experience
- Staff training on communication, dignity and person-centred care
- Evidence that patient feedback is used to improve the experience of care
- Safeguarding arrangements in place —staff know how to identify and respond to abuse or neglect
- Privacy and dignity maintained in clinical and non-clinical spaces



- Inspectors will speak to patients and staff about how care feels —not just how it is documented.
- Culture cannot be faked in a conversation.
- Make sure your team understands that kindness and dignity are not soft extras —they are core to your CQC rating and your patients' experience every single day.



Equity in Access

- GP Patient Survey access scores —particularly for harder-to-reach groups
- How the practice identifies and reduces barriers to access
- Opening hours, extended access, online consultation availability
- Telephone access management: wait times and abandoned call rates
- Actions taken in response to access complaints or poor GP Patient Survey scores



Everyone can access the care, support and treatment they need when they need it.



- If your GP Patient Survey access scores are below average, do not wait for the inspector to raise it. Prepare a written action plan showing you have analysed the causes and are taking steps to improve.
- Proactive self-awareness is always viewed far more favourably than being caught unprepared. Even better if your PPG are involved.



Equity in Experience and Outcomes

Understand and respond to the diverse needs of the population and tailor services accordingly.

- Evidence of understanding the practice population: demographics, deprivation, protected characteristics
- Reasonable adjustments for patients with disabilities — documented and consistently applied
- Patient information available in accessible formats and languages
- Evidence that health inequalities are identified and acted upon
- Monitoring of outcomes for different patient groups to identify and address disparities
- Engagement with patients from under-served groups to understand and improve their experience



- This quality statement requires evidence that equity is active, not passive. Inspectors want to see that you know who your disadvantaged populations are, that you monitor whether they receive equitable care and that you take concrete steps to close gaps.
- Data from your patient population combined with action plans is a powerful combination.



Shared Direction and Culture

Maintain a shared, person-centred, sustainable and inclusive vision and culture understood by all staff.



EMPOWERING

- A clear, documented practice vision or strategy known to all staff
- Practice values that are visible, lived and understood –not just displayed on a wall Evidence of shared direction between partners, clinical and non-clinical staff
- A culture of openness –staff feel able to contribute to the direction of the practice
- How new staff are introduced to practice values and culture during induction
- Evidence that vision and values are reviewed with staff involvement



- Inspectors will ask staff what the practice stands for and how they know. If staff cannot articulate the practice values or have never seen a strategy document, this signals a culture gap.
- A clear, simple one-page vision shared at every team meeting is far more powerful than a lengthy document nobody reads.

VALUES

STRATEGY

Governance, Management and Sustainability

- Governance lead and meeting structure: clinical governance, partners, staff meetings –regular and minuted
- Risk register: current, reviewed, with owners and mitigating actions
- CQC notifications submitted accurately and on time (statutory duty –Reg 16, 17, 18)
- Policies index: all key policies current, reviewed as stated by the practice
- How the practice uses quality data to monitor and drive improvement
- Information governance: DSP Toolkit complete, Caldicott Guardian identified
- Business continuity plan reviewed and tested; business plan in place



Clear responsibilities, accountability and governance arrangements support sustainable, high-quality care.



- Governance is the foundation that everything else rests on. An empty risk register, out-of-date policies or irregular governance meetings will
- stand out immediately and risk escalation to a
- full inspection. Organised, evidenced
- governance is your single most powerful tool in
- this assessment.



A Real Inspection: Before the Visit

DOCUMENTATION REQUESTED PRIOR TO VISIT

- Organisational structureList of staff employed and their roles
- Latest infection prevention and control audit
- Business Continuity Plan
- Contact details of PPG or similar patient group
- List of significant events
- Summary of complaints Statement of Purpose

REMOTE TEAMS MEETINGS (PRIOR TO VISIT)

- Teams meetings arranged to reduce time the inspector needed to be on-site
- Meeting 1 —Practice Manager: approx 1 hour 40 minutes
- Meeting 2 —Admin team member: approx 30 minutes
- Screen sharing used throughout to walk the inspector through the practice management system Items shown remotely included: cleaning logs, fridge temperature logs, risk assessments
- Discussion also covered how the practice operates day-to-day and staff roles



Remote meetings can significantly reduce on-site inspection time



A Real Inspection: On the Day

Evidence reviewed during the on-site assessment – a practical guide to what inspectors actually examine

Having all documents on a practice management system was invaluable. The inspector spent ~30 mins with the IPC Lead and did not speak with GP partners beyond a greeting. Good preparation meant the conversation was open and confident.

**4+ hrs
on site**



STAFFING & HR

- Team, clinical and admin meeting records
Appraisals and 1-2-1 records
- DBS checks, photo ID, right-to-work evidence
- Clinical supervision
- Full recruitment files and process
- Staff immunisation logs
- Professional registration proof
- Insurance and indemnity records



INFECTION CONTROL & SAFETY

- IPC policies, procedures and logs Emergency drugs (dates and stock checked)
- Physical check: lino, seals, clinical room surfaces
- Sharps policy and sharps removal records
- Cleaning audits and schedules
- Legionella logs
- Fire Risk Assessment
- H&S policy
- Emergency lighting and fire alarm checks



GOVERNANCE & RECORDS

- Clinical audits (completed cycles)
- Mandatory training records
- All equipment checks and logs
- Building and room security
- Prescription policy, procedure and tracker
- Confidential waste certificates
- Oxygen and defibrillator checks
- Significant events log + learnings
- Complaints summary + learnings
- GP National Survey + recent FFT results Signage (clinical and non-clinical areas)



Preparation Plan!

IMMEDIATELY

- Identify the lead responsible for this preparation
- Run a gap analysis against all 10 quality statements
- Check your risk register, policies index and training matrix are current

THIS WEEK

- Compile your IPC folder, governance minutes and complaints log Walk your premises—fire exits, notices, equipment logs, fridge charts
- Brief the whole team: what to say, how to raise concerns



BEFORE NOTICE

- Prepare a welcome folder: policies, training matrix, governance schedule, risk register
- Write action plans for any known gaps — proactive self-awareness is viewed positively
- Consider a CQCFIT mock assessment for independent assurance

Solid, well-organised non-clinical governance is your strongest protection against escalation to a full inspection.



Disclaimer: Responsible Use of AI

- Understand how and where AI is being used within your practice.
- Ensure appropriate governance, oversight and staff awareness are in place.
- With AI becoming increasingly embedded across healthcare, consider appointing an AI Clinical or Governance Lead to support safe and effective adoption.



Key message: AI is evolving rapidly—be proactive in understanding and governing its use.

