The key lines of enquiry (KLOEs), prompts and sources of evidence in this section help the CQC inspectors to answer the five key questions: is the service safe, effective, caring, responsive and well-led?

https://www.cqc.org.uk/guidance-providers/healthcare/assessing-needs-delivering-evidence-based-treatment-healthcare

http://www.cqc.org.uk/guidance-providers/gps

Is it safe?
Safeguarding and protection from abuse
Managing risks
Safe care and treatment
Medicines management
Track record
Learning when things go wrong

Is it effective?
Assessing needs and delivering evidence-based treatment
Monitoring outcomes and comparing with similar services
Staff skills and knowledge
How staff, teams and services work together
Supporting people to live healthier lives
Consent to care and treatment

Is it caring?
Kindness, respect and compassion
Involving people in decisions about their care
Privacy and dignity
Is it responsive?
Person-centred care
Taking account of the needs of different people
Timely access to care and treatment
Concerns and complaints

Is it well-led?

Leadership capacity and capability
Vision and strategy
Culture of the organisation
Governance and management
Management of risk and performance
Management of information
Engagement and involvement
Learning, improvement and innovation
Where we refer to 'people', we include adults, young people and children, where applicable.

Safe – Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguard from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	
Policies were in place covering adult and child safeguarding.	
Policies and procedures were monitored, reviewed and updated.	
Policies were accessible to all staff.	
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	
There was active and appropriate engagement in local safeguarding processes.	
Systems were in place to identify vulnerable patients on record.	
There was a risk register of specific patients.	
Disclosure and Barring Service (DBS) checks were undertaken where required.	
Staff who acted as chaperones were trained for their role.	
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	
Systems were in place to ensure the registration of clinical staff (including nurses) was checked and regularly monitored.	
Staff who required medical indemnity insurance had it in place.	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	
There was a record of equipment calibration. Date of last calibration:	
Risk assessments were in place for any storage of hazardous substances for example, medical gases, and the storage of chemicals.	
There was a fire procedure in place.	
There was a record of fire extinguisher checks. Date of last check:	
There was a log of fire drills. Date of last drill:. Fire drills were undertaken twice a year. The most recent evacuation included patients.	
There was a record of fire alarm checks. Date of last check:	

There was a record of fire training for staff. Date of last training: Staff had undertaken the training on different dates. Staff received fire training annually as part of the practice's mandatory training programme.	
There were fire marshals in place.	
A fire risk assessment had been completed. Date of completion:	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	

Infection Prevention and Control

Appropriate Standards of Cleanliness and hygiene were met	Y/N/Partial
An infection risk assessment and policy were in place	
Staff had received effective training on infection prevention and control	
Date of last infection prevention and control audit	
The practice acted on issues identified in infection and prevention control audits	
The arrangements for managing waste and clinical specimens kept people safe	

Risks to patients.

There were adequate systems to assess, monitor and manage risks to patient safety.	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	
There was an effective induction system for temporary staff tailored to their role.	
Comprehensive risk assessments were carried out for patients.	
Risk management plans for patients were developed in line with national guidance.	
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	
Clinicians knew how to identify and manage patients with severe infections including sepsis.	
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	
There was a process in the practice for urgent clinical review of such patients.	
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	
There were systems in place to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	
When there were changes to services or staff the practice assessed and monitored the impact on safety.	

Information to deliver safe care and treatment

Staff had the information they need to deliver safe care and treatment	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	
There was a system for processing information relating to new patients including the summarising of new patient notes.	
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	
Referral letters contained specific information to allow appropriate and timely referrals.	
Referrals to specialist services were documented	
There was a system to monitor delays in referrals.	

There was a documented approach to the management of test results and this was managed in a timely manner.	
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with the relevant protocols.	

Appropriate and safe use of medicines – the practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Indicator	Practice	CCG Average	England Average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)				No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)				No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff	
Blank prescriptions were kept securely and their use monitored in line with national guidance	
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines	

reviews for patients on repeat medicines.	
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	
For remote or online prescribing there were effective protocols in place for verifying patient identity.	
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	

Track record on safety and lessons learned and improvements made - the practice learned and improvements made.

Significant Events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of courses	
Staff knew how to identify and report concerns, safety incidents and near misses.	
There was a system for recording and acting on significant event's	
Staff understood how to raise concerns and report incidents both internally and externally	
There was evidence of learning and dissemination of information	
Number of events recorded in the last 12 months:	
Number of events that required action:	

Safety Alerts	Y/N/Partial
There was a system for recording and acting on safety	
Staff understood how to deal with alerts	

EFFECTIVE

Effective needs assessment, care and treatment

Patients' needs were assessed and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	
We saw no evidence of discrimination when staff made care and treatment decisions.	
Patient's treatment was regularly reviewed and updated.	
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	
Patients were told when they needed to seek further help and what do if their condition deteriorated	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	
The learning and development needs of staff were assessed.	
The practice had a programme of learning and development.	
Staff had protected time for learning and development.	
There was an induction programme for new staff. This included completion of the Care Certificate for Health Acre Assistant's employed since April 2015.	
Staff had access to regular appraisals, one to ones, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example nurses.	
There was a clear and appropriate approach for supporting an managing staff when their performance was poor or variable.	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.	Y/N/Partial
The contractor has regular multidisciplinary case review meetings where all patients on the palliative care register were discussed.	
We saw records that showed that all appropriate staff, including those in different teams and organisations, who were involved in assessing, planning and delivering care and treatment.	
Care was delivered and reviewed in a coordinated way when different teams, services or organsations are involved.	
Patients received consistent, coordinated, person-centered care when they moved between services.	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant service's. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers	
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	
Staff discussed changes to care or treatment with patients and their carers as necessary.	
The practice supported national priorities and initiatives to improve the populations health, for example, stop smoking campaigns, tackling obesity	

Consent to care and treatment

The practice always obtained consent to care and treatment in line with legislation and guidance	Y/N/Partial
Clinicians understood the requirement's of legislation and guidance when considering consent and decision making. We saw that consent was documented.	
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	

Also covered in this section

The five population groups

CARING

Kindness, respect and compassion.

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	

CQC comment cards	
Total cards received	
Number of cards which were positive about the service	
Number of comment cards which were mixed about the service	
Number of CQC comments received which were negative about the service	

Privacy and dignity

The practice respected patients privacy and dignity	Y/N/Partial
Curtains were provided in consulting rooms to maintain patient's' privacy and dignity during examinations, investigation's and treatments.	
Consultation and treatment room doors were closed during consultation's	
A private room was available if patients were distressed or wanted to discuss sensitive issues.	
There were arrangements to ensure confidentiality at the reception desk.	

Also covered in this section

GP National Survey

RESPONSIVE

Responding to and meeting people's needs

The practice organised and delivered services to meet patients needs	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	
The facilities and premises were appropriate for the services being delivered.	
The practice made reasonable adjustments when patients found it hard to access services	
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services	

Also covered in this section

Practice Opening Times
National GP Patient Survey
Population groups in relation to responsiveness

WELL LED

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability	
They had identified the actions necessary to address these challenge's	
Staff reported that leaders were visible and approachable	
There was a leadership and development programme in place, including a succession plan.	

Vision and strategy

The practice had a vision and strategy to provide quality and sustainable care	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability	
There was a realistic strategy in place to achieve their priorities	
The vision, values and strategy were developed in collaboration with staff, patients and external partners	
Staff knew and understood the vision, values and strategy and their role in achieving them	
Progress against delivery of the strategy and was monitored	

Culture

The practice had a culture which drove quality and sustainable care	Y/N/Partial
There were arrangements to deal with any behavior inconsistent with the vision and values	
Staff reported that they felt able to raise concerns without fear of retribution	
There was a strong emphasis on the safety and well being of staff	
There were systems to ensure compliance with the requirements of the duty of candor	

The practice's speaking up policies were in line with the NHS improvement raising concerns (whistleblowing) Policy	

Governance arrangements

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed	
Staff were clear about their roles and responsibilities	
There were appropriate governance arrangements with third parties	

Managing risks and performance issues

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved	
There were processes in place to manage performance	
There was a systematic programme of clinical and internal audit	
There were effective arrangements for identifying, managing and mitigating risks	
A major incident plan was in place	
Staff were trained in preparation for major incidents	
When considering service developments or changes, the impact on quality and sustainability was assessed.	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making	Y/N/Partial
Staff used data to adjust and improve performance	
Performance information was used to hold staff and management to account	
Our inspection indicated that information was accurate, valid, reliable and timely	
Staff whose responsibilities included making statutory notifications understood what this entails	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to sustain high quality and sustainable care	Y/N/Partial
Patient views were acted on to improve services and culture	
Staff views were reflected in the planning and delivery of services	
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population	

Continuous improvement and innovation

There was evidence of systems and process for learning, continuous improvement and innovation	Y/N/Partial
There was a strong focus on continuous learning and improvement	
Learning was shared effectively and used to make improvements	

Also included is:

Patient Participation Group feedback

Examples of continuous improvement