



ITEM	EXPLANATION
1. Registered Manager	Is the practice registered correctly, including all partners? Ensure the availability of the Registered Manager on day of inspection, along with practice manager and senior nursing staff. Inspectors may speak to any staff present along with patients in the building at the time.
2. Statement of Purpose	The Practice has published a clearly defined statement of business purpose – a mission statement which has been submitted to the CQC.
3. Business Plan	The Practice should have a Business Plan setting out its aims and objectives demonstrating 'leadership'.
4. Practice Agreements	A copy of the Partnership Agreement, the NHS Contract (GMS/PMS) Agreement and any Company Registration documentation should be available – if applicable.
5. DBS Checks (policy)	The Practice should have a clearly defined policy of carrying out DBS checks. The practice should have clear evidence of DBS checks available for Inspectors to view. The Practice should be clear about which staff require a DBS check.
6. Staff Recruitment	Staff files should show at least two formal references and evidence of appropriate checks to ensure entitlement to work in UK and where appropriate confirmation of professional membership registration.
7. Staff Contracts	Staff files should be available for inspection. Files should contain a signed copy of the staff contract and be tidy and in date order.
8. Staff Terms and Conditions of Service	Staff contracts or manuals should set out the pay arrangements, terms and conditions of service under which staff are employed. It should cover such areas as annual leave, maternity and paternity leave, jury service, etc. Are all staff paid in excess of the National Minimum Wage?
9. Employers and Medical Indemnity Cover	Evidence of professional indemnity (insurance) cover in the form of annual certificates should be available along with the Employers Indemnity Certificate. Evidence of sickness insurance cover might also be requested.
10. Staff Appraisals	Records of staff appraisals should be available to view. A central file of documents should be kept.
11. Confidentiality Policy	The Practice should have a clearly defined Confidentiality Policy with which all staff should be familiar. A manual of all policies could be prepared and signed by staff when read. The Practice should have a named Caldicott Guardian.
12. Access to Records Policy	Practice Staff should be aware of the procedure involved in allowing access to records. The Practice should be able to provide evidence of registration with the Information Commissioner under the Data Protection Act.
13. Disciplinary and Grievance Procedures	As part of a raft of personnel policies the Practice should include these procedures in its personnel manual which should be available to staff.



14. Bullying and Harassment Policy	As part of a raft of personnel policies the Practice should include these procedures in its personnel manual which should be available to staff.
15. Equal Opportunities Policy	As part of a raft of personnel policies the Practice should include these procedures in its personnel manual which should be available to staff.
16. Duty of Candour Policy	As part of a raft of personnel policies the Practice should include these procedures in its personnel manual which should be available to staff.
17. Equality Policy	Staff policy setting out employers approach to equality of employees no matter gender, age, sexual orientation and religious beliefs. The policy should be available to staff.
18. Working Hours Policy	Staff policy setting out duty of care toward employees to monitor their health (stress) in relation to extended working hours. Both employers and staff should be aware of the obligations.
19. Whistleblowing Policy	Staff should have no fear of reporting irregularities of any type during their employment. Staff should be aware of the policy.
20. GP & Nurse Registration	A central file should be kept to demonstrate that the national registration of GPs and Nurses has been checked annually. In addition GPs should be included in NHS England's Performers List. NHS England carry out CRB checks on GPs.
21. Staff Training Records	Personnel records should show the internal and external training certificate of attendance records for each member of staff. Training matrix should be available for Inspectors to view.
22. Practice Staff Training	Records of attendance for Safeguarding, Resuscitation and Anaphylaxis training for all staff should be available. This should include all clinicians; including locums and registrars.
23. Training Needs Assessments	Evidence of Personal Development Plans or Learning Plans should be available. Assessments might cover the use of computers.
24. Staff Name Badges	The Inspectors may ask to speak to any member of staff and as such a name badge would be very useful. Staff will be expected to have read practice policy documents.
25. Staffing (Manpower)	The Practice should have a policy setting out how it intends to maintain adequate staffing levels at all times, particularly where the need to employ locums arises. It may also look at the financial management of the Practice.
26. Staff Induction Handbook	An induction handbook for new clinical and practice staff is highly recommended. A Handbook for Trainee GPs is also suggested.
27. Infection Control Lead	Ensure that the Practice has nominated an Infection Control Lead and that person is available to see Inspectors.
28. Cleanliness and Infection Control Inspection	Make sure that the most recent Infection Control report carried out independently is available.



29. Cleanliness and Infection Control Policy	The Practice should have a Policy document and provide evidence of its review.
30. Decontamination Policy	The Practice should have a Policy document and provide evidence of its review. What type of steriliser is used? Are minor surgery instruments pre-packed?
31. Vaccine Refrigerator	The Practice should have regular records kept of temperatures found in the vaccine fridge.
32. Legionella Testing	Inspectors have recently asked for evidence of legionella testing.
33. Health and Safety Policy	The Practice should have a Policy document and provide evidence of its review.
34. Health and Safety Risk Assessment	Records should be available setting out the results of a Health and Safety Risk Assessment carried out within the Practice (at all surgery locations). What action if any was taken as a result of any negative findings?
35. Waste Disposal	The Practice should have in place a policy for disposing of business waste and clinical waste including 'sharps'. Evidence of collection for clinical waste should be kept. The practice should include their systems for Waste Collection Procedures for clinical and business waste.
36. COSHH	The Practice should have a Policy document and provide evidence of its review. Hazardous substances should be marked or labelled. If an independent cleaning service is used the Practice should ensure that legislation is complied with.
37. RIDDOR	The Accident Book should be available for inspection along with evidence of action taken if any entries occur.
38. Fire Precautions and Evacuation Procedure	Inspectors may 'walk around' both inside and outside the surgery and check for fire extinguishers, alarm points and exit signs. Ensure that fire exits are not blocked and surfaces are clear.....
39. Equipment Maintenance	Ensure that records of equipment maintenance and PAT testing of electrical equipment are available. Equipment might include scales, ECG machine, and spirometry machines and also include kettles, refrigerators, televisions, telephone systems and computer equipment.
40. Medical Alerts Policy	Ensure that there is a policy/system in place for the dissemination of medical, drugs and equipment safety alerts. This may include having a single point of contact for incoming alerts and then evidence of circulation.
41. Registration of New Patients Policy	A policy should describe whether the practice has an Open List, the extent of the practice area and the approach toward temporary and out of area patients.



42. Violent and Abusive Patients	The Practice should have an alert system in place for disseminating information about patients reported to be violent or abusing drugs. Information available for Violent Patient Scheme (as appropriate).
43. Appointments System	Any 'examination' of the appointments system should reveal that same day and immediate appointments are available, that continuity of care is feasible and that there is not an undue wait for regular appointments with a named doctor.
44. Telephone Services	The Practice should be accessible via a local geographical telephone number and that such number should be clearly 'advertised' to patients.
45. Texting/Messaging Services	The Inspectors may express interest in the development of texting services to remind patients of appointments and to seek health data from patients.
46. Home Visits	The Practice should maintain records of requests for home visits either by computer or in diaries and ensure that patient records are updated.
47. On Call Arrangements	The Practice should be able to explain the daily on-call arrangements within the surgery. There may be a notice board displaying the names of duty clinicians and duty manager.
48. Out of Hours Arrangements	The Practice should be able to explain what Out of Hours arrangements are in place and this should be demonstrated by Notices in the surgery, the practice leaflet and web site. Patients should be aware of the '111' service or the local alternative. The inappropriate use of A & E services should be highlighted and attention drawn to Minor Injury Units.
49. Absence Records	The Practice should keep a 'business diary' setting out records of absence and cover provided for all clinical staff. It should record holidays, sickness and training absences. It should also record internal and external meetings (eg CCG) and who attended.
50. Practice Leaflets	The Practice is required to have an up to date Practice Leaflet and copies should be available for the Inspectors. A Safeguarding Leaflet should be available for patients. The Leaflet displays should be in a tidy condition.
51. Practice Web Site	The Practice web site should reflect the Practice Leaflet and offer contact points for making complaints, making appointments and ordering prescriptions.
52. NHS Choices Web Site	The NHS Choices web site should be kept up to date at all times.
53. Consent Procedure	The procedure for seeking consent to treatment in the Practice should be set out in a policy along with sample consent documents. Patient's clinical records should show evidence of consent sought and consent given.



54. Chaperone Policy	The Practice policy/procedure for arranging a chaperone should be visible in the practice and the offer and use of a chaperone recorded in the patients notes.
55. Identification of Minors	The Practice should have a procedure in place to identify patients who are minors.
56. Choose and Book Procedures	Information should be available to patients about the Choose and Book system. Patient's clinical records should show evidence of treatment referrals offered.
57. Palliative Care	The Practice should keep a Palliative Care register and ensure that out of hours service providers are notified of new patients added to the register.
58. Vulnerable Patients	The Practice should have clearly defined policies for dealing with vulnerable patients (children and adults). Staff should have had Safeguarding Training and be aware of the name of the Practice Lead.
59. Computer Security Policy	This policy deals with passwords and access rights as well as back up routines.
60. Computer Housekeeping	There should be evidence of support system for all computer hardware and software used in the Practice.
61. Use of Social Media Policy	This policy sets out rules about the use of social media such as Facebook and Twitter whilst at work and in relation to colleagues and practice business.
62. Patient Access to Online Services Policy	This policy sets out arrangements for patient access to online prescriptions, appointments and contact with the surgery. The arrangements for issuing 'usernames' and 'passwords' should be set out.
63. NHS Smart Card Policy	This Policy sets out the arrangements for issuing Smart Cards to NHS Staff, and for authorising and managing their use in the Practice.
64. Repeat Prescribing Policy	This policy sets out the procedures for issuing and monitoring and reviewing repeat prescriptions.
65. Prescribing Practice	This policy sets out arrangements for issuing prescriptions such as the period of supply and any agreed restrictions or limitation of drugs prescribed.



66. Drug Formulary	This policy sets out the arrangements for drug formularies in the practice including personal or practice based formularies and the arrangements for monitoring and review.
67. Controlled Drugs Policy	The Practice should have a clearly defined controlled drugs policy and evidence of a system of checking and updating the content of doctor's bags. It is unusual for controlled drugs to be kept in a surgery unless it has a dispensary.
68. Dispensing Policy	A Dispensing Practice may need to provide an explanation of the dispensing service provided.
69. Record Keeping	This policy sets out the arrangements for ensuring the quality of medical records. Records should be timely and accurate. There should be evidence of regular case review. (e.g. Minutes of Practice Meetings) Records should demonstrate that patient choice has been offered.
70. Summarising Records	The Practice should have a system in place to summarise all records kept in the practice including those newly received. Who is responsible for summarising records?
71. Allergy Recording Protocol	The Practice should have a protocol which sets out the procedure for ensuring the allergies are recorded in patient's computer records and that any allergies shown on manual records are transferred to the computer record.
72. Clinical Letters Procedure	The Practice has in place a procedure to deal with the receipt of clinical letters, and reports to ensure that action is taken when and where appropriate. The procedure should provide for deputies to act in the absence of the patients own doctor. The procedure should cover both manual and computer reports.
73. Quality Outcomes Framework, (CQRS)	This policy sets out the arrangements for maintaining, updating and reviewing the QOF/CQRS records.
74. Clinical Audit	Is there evidence of regular clinical audit in the practice and in particular case review of patient notes, particularly of cancer referrals? (e.g. Minutes of Practice Meetings)
75. Death Reporting	The Practice should have a protocol setting out how deaths should be reported in the Practice. A death occurring in the practice premises will



	need to be reported to the CQC. The protocol should set out whom in the primary care team and in secondary care should be informed that a patient has died.
76. Transfer of Medical Records	This policy sets out the arrangements for ensuring the medical records are transferred when patients leave or join the Practice List using the GP2GP transfer system where and when available.
77. Continuity of Care	This protocol should include the arrangements for deputies and for dealing with out of hours reports.
78. Choose and Book	What are the arrangements for processing referrals under the Choose and Book service? Can the Practice demonstrate that choice is offered and the referrals are managed?
79. Referral letters	What steps are taken to ensure that the standard and quality of referral letters is adequate and that sufficient information is provided in the letter to enable an efficient, effective and appropriate referral to be made?
80. Health Checks	The Practice has in place procedures to offer health checks to newly registered patients and patients aged 40 and over.
81. Emergency Plan	The Practice should have set down in a policy document the procedure for dealing with a medical emergency such as an epidemic. (e.g, Ebola, Asian Flu etc)
82. Lifestyle Information Protocol	The Practice should set out its policy on providing lifestyle information for patients and managing their care.
83. Complaints Procedure	The Practice has a practice based complaints policy (Local Resolution) and the options to make complaints are clearly explained in the practice leaflet and on the practice web site.
84. Complaints Lead Manager	The Practice has appointed a lead person to manage the complaints process.
85. Annual Complaints Review	There is evidence available of an annual complaints review, complaints outcomes and learning points if any.
86. Significant Events	There is evidence of significant events recording system in operation and records can be provided to show events over at least the past year including action taken, review and learning outcomes – if any



87. Patient Survey	The Inspectors may wish to see the results of any Patient Survey carried along with a report of any action taken. Remember information is already available to Inspectors online.
88. Friends and Family Test	The Practice should be able to show what steps are being taken to carry out the Friends and Family Test and show the results so far.
89. Patient Participation Group	The CQC Inspectors will ask to speak to members of the PPG. Keep a list of contact names available. Have copies of minutes and reports available. (These should be online on the practice web site.
90. Standing Financial Instructions	The Practice should have a policy setting out how the finances of the practice are managed. The CQC expect practices to demonstrate that there are financially viable and able to provide the services they are contracted to provide.
91. Payroll Management	The procedure for undertaking the payroll operation and recording NHS Superannuation payments should be set down in a policy. Are annual returns issued to staff?
92. Practice Accounts Management	The procedure for managing the practice accounts should be set out in a policy documents. A copy of the most recent annual accounts should be available. (They may ask!)
93. Petty Cash Control	The procedure for handling petty cash in the practice should be documented and staff should be aware of such procedures.
94. Private Fees and Charges	The Practice should have a clear and visible policy on charging patients for private non-NHS Services. A poster should be on display in the surgery.
95. Disaster Recovery Plan	The Practice should have in place a business continuity, disaster and recovery plan to activate should there be a major disaster such as a fire or maybe the sudden loss of a senior member of the practice, such as a partner or practice manager. It does happen!
96. Ownership or Tenancy	The Practice should be able to provide information about the ownership of the premises. If leased a copy of the lease should be available along any evidence of building maintenance that is required to be provided under such a lease.



97. Disabled Access	The Practice should be able to demonstrate that access to the premises for disabled people has been provided along with suitable toilet facilities and accessible treatment and consulting rooms.
98. Nursing Mothers	The Practice provides facilities for nursing mothers who wish to breast feed.
99. Clinical Commissioning Group	There is evidence of involvement and interaction with the local Commissioning Group (and Federation if one exists) and with NHS England
100. Directed and Locally Enhanced Services	The Practice can provide copies of any current agreements to provide enhanced services along with evidence of activity and claims.