

**CQC Support
Self-Assessment Risk Profile**

XX Practice Name xx

Date xxx

CQC Domain – SAFETY	Notes	Supportive Evidence	Current Risk/s identified to form action plan	Action Plan & Timescales	RAG rating
Patient Safety					
Health & Safety <ul style="list-style-type: none"> - Lead roles for staff? Premises <ul style="list-style-type: none"> - Maintenance and service contracts – record keeping - Checks on equipment – PAT testing, equipment calibration - Risk assessments (Health & Safety, COSHH, Fire, Environment - Legionella) - Fire procedures in place – fire marshalls, fire drills (logs in place), checks on alarms & extinguishers - Staff awareness of above 	Include dates of all last assessments Include actions identified and when completed.				
Incident Reporting <ul style="list-style-type: none"> - Practice Lead - Policy - System for recording, reporting, investigating and actioning - Evidence of sharing and learning (across practice staff) 					

<ul style="list-style-type: none"> - Annual log – how many incidents logged in last 12 months (any patterns emerging?) 					
<p>Patient safety alerts/updates (medicines/medical devices)</p> <ul style="list-style-type: none"> - Process for cascading & acting on - Responsibilities - Evidence of actioning last 3 alerts - MHRA 					
<p>Safeguarding (Adults & children)</p> <ul style="list-style-type: none"> - Practice lead - Policies (consistent with Leeds policy) - Systems, processes implemented and communicated to staff - System for highlighting vulnerable patients' records. - Staff awareness & training (consistent with Leeds policy) - Staff DBS checks 	<p>Including review date(s) of latest updates</p>				
<p>Safe staffing levels</p> <ul style="list-style-type: none"> - Actual v planned – identify gaps - Issues dealing with holidays, sickness, seasonal fluctuations - Appropriate checks in place for locums and agency staff - Recruitment checks – documented in staff files - Staff vaccinations in line with PHE guidance 					

<ul style="list-style-type: none"> - Systems in place to ensure registration and Medical Indemnity of clinical staff (including monitoring) 					
<p>Safety of prescribing & medicines</p> <ul style="list-style-type: none"> - Process for management of changes to patient medicines (including changes made by other services) - Clear processes in place for medication reviews - Security & monitoring of prescription stocks (compliance with regulations) - Process in place for management & monitoring of high risk medicines - Monitoring of unusual prescribing of controlled drugs & arrangements for raising concerns with NHS England - any controlled drugs stored on the premises? – procedures in place? - Appropriate emergency medicines stored? (Risk assessed) - Monitoring of stock levels including GP bags - PGD & PSD in place. - Are oxygen & defib on site? (Monitoring procedures) 	<p>Appropriate authorisation for staff, documented with dates</p>				
<p>Cold chain</p> <ul style="list-style-type: none"> - Appropriate storage, monitoring and transportation in line with PHE 	<p>Evidence of records to demonstrate compliance</p>				

guidance to ensure they remain safe & effective in use					
<p>Standards of hygiene and cleanliness</p> <ul style="list-style-type: none"> - Infection control lead - Policy (consistent with H&SC guidance) - Risk assessment completed - Environmental Cleaning policy - Any incidents in the last year? - Procedures for Waste management, including clinical waste disposal - Date of last audit & demonstration of action of any issues 					
<p>Risk to patients</p> <ul style="list-style-type: none"> - Effective approach to managing staff absences & busy periods - Staff awareness/training in responding to emergency situations, including acutely unwell patients (e.g. sepsis, MI etc) - Process in place for urgent clinical review of such patients - Practice has a system and equipment to assess patients with presumed sepsis in line with NICE Guidance - Systems to ensure confidentiality & compliance with Data Protection and IG - Evidence of systems for managing results, acting on patient 					

information, including referrals - safe & timely?					
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Business Continuity Plan - Current plan in place? - Staff awareness					
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CQC Domain EFFECTIVE	Notes	Supportive Evidence	Current Risk/s identified to form action plan	Action Plan & Timescales	RAG rating
Clinical Effectiveness					
Compliance with NICE/Local guidelines <ul style="list-style-type: none"> - Evidence of access and adherence to evidence based guidelines - Evidence of discussion of guidance at clinical meetings 					
Prescribing [see also safety section] <ul style="list-style-type: none"> - Evidence of annual medication reviews - Evidence adherence to local and national prescribing guidance - Antimicrobial stewardship - Participation in local prescribing schemes 					
Management of LTC's & CCSP <ul style="list-style-type: none"> - Staff responsibilities - How is this delivered? - Evidence of effective recall systems 					
Involvement in Screening programmes <ul style="list-style-type: none"> - Cervical screening - Bowel screening - Breast screening - Evidence action plans if rate is below national or CCG average 	PQI dashboard (from CCG)				
Immunisations uptake rates for;					

<p>--- childhood primary courses [action plan to address if rate is below WHO target 95 %</p> <p>NHS health checks</p> <p>-Uptake</p>	<p>Screening & Immunisation team – NHS England</p>				
<p>QoF scoring</p> <ul style="list-style-type: none"> - Evidence of action plan if achievement is below CCG or national average - Exception reporting – policy in place, QOF exception rates for LTCs and evidence of audit if higher than CCG or national average 	<p>https://digital.nhs.uk/services/quality-and-outcomes-framework-qof-online-database</p>				
<p>How is performance (e.g. QOF, surveys, outcome data) used to drive Quality Improvements?</p>					
<p>Multi-disciplinary working e.g.</p> <ul style="list-style-type: none"> - Palliative care (use of GSF) - Care Planning and co-ordination – monitoring of unplanned admissions - Examples of care plans/templates for specific patient groups (e.g. mental health, dementia, frail) - Examples risk profiling eg frail elderly 	<p>Minutes of meetings as evidence, sharing of learning</p>				
<p>Consent/DNAR</p> <ul style="list-style-type: none"> - Procedures for informed & written - Guidelines used 					
<p>Processes for dealing with consent and best interest issues e.g. Gillick, Fraser guidelines, MCA and DoLS</p>					

<ul style="list-style-type: none">- Evidence of training- Documentation of decision making process in clinical records					
<p>Evidence of at least 2 recent clinical audits</p> <ul style="list-style-type: none">- Complete cycles including reaudit- Evidence of better outcomes for patients- Evidence discussion clinical meetings					

CQC Domain CARING	Notes	Supportive Evidence	Current Risk/s identified to form action plan	Action Plan & Timescales	RAG rating
Evidence of compliance with Accessible Information Standards	https://www.england.nhs.uk/ourwork/accessibleinfo/				
Availability of Interpretation services - Availability of information to access support					
Evidence of support for Carers - Numbers on register as % of population - How does the practice support Carers and those recently bereaved?					
<ul style="list-style-type: none"> - National GP Patient Survey results - Overall experience - Patients being treated with care & concern - Confidence & trust in healthcare professional - Being listened to - Involvement in decisions about care & treatment 	https://gp-patient.co.uk Action plan to address any deficiencies				
Dignity & respect - Staff training - Chaperone policy - Arrangements					
Feedback & engagement with patients - Day to day					

<ul style="list-style-type: none">- NHS Website (formerly NHS Choices) including practice responses - HealthWatch- PPG- FFT	<p>https://www.nhs.uk/service-search/GP/LocationSearch/4</p> <p>http://www.england.nhs.uk/ourwork/pe/fft/friends-and-family-test-data</p>				
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CQC Domain RESPONSIVE	Notes	Supportive Evidence	Current Risk/s identified to form action plan	Action Plan & Timescales	RAG rating
Access <ul style="list-style-type: none"> - Process for patients to access appointments - Process for assessing urgency - Process for routine appointments - Availability of telephone appointments - Take up of on line appointments 					
National GP Survey <ul style="list-style-type: none"> - Overall experience of making an appointment - Satisfaction with GP appointment times - Ease of getting through on the phone - Satisfaction that needs were met 	https://gp-patient.co.uk Action plan to address any deficiencies				
Home visits <ul style="list-style-type: none"> - System for assessing urgency 					
Complaints or concerns received by Practice, CCG, NHS England <ul style="list-style-type: none"> - Policy in place - Complaint log - Evidence that investigated in a timely manner and of sharing & learning with staff Any referred to Ombudsman?					

How does the practice meet the needs of the 6 population groups? (older people, people with LTC's, Families children & young people, working age people, people whose circumstances may make them vulnerable, people experiencing poor mental health)	Separate document to provide narrative for each group				
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CQC Domain WELL-LED	Notes	Evidence supplied	Current Risk/s identified to form action plan	Timescale	RAG rating
Leadership and Management					
Practice Leadership <ul style="list-style-type: none"> - Is there a shared vision /values for the practice? Is there a mission statement? - How would staff describe the culture - approach to team/multidisciplinary working at practice and locality level 					
Governance Arrangements <ul style="list-style-type: none"> - Division of responsibilities - Systems & processes - Evidence to demonstrate learning from SE's & complaints - Evidence that practice policies and procedures are easily accessible to staff & are reviewed & updated - Are staff clear on their roles & responsibilities? - Approach to clinical supervision 					
Registration with professional bodies & indemnity <ul style="list-style-type: none"> - Evidence of certification for all partners & staff - Evidence of indemnity 					
Partners & Staff <ul style="list-style-type: none"> - Induction 					

<ul style="list-style-type: none"> - Support & opportunities for feedback - Are regular meetings held/ minutes? - Evidence of compliance with mandatory training - Evidence of appraisals/PDP - Record of revalidation dates for clinicians - opportunities for staff to network with colleagues outside the practice 					
<p>What are you proud of?</p> <ul style="list-style-type: none"> - Examples of areas of excellence / innovation; data to demonstrate impact if possible 					