



# CARE QUALITY COMMISSION (CQC) INSPECTIONS

## Update for Sheffield GPs

LMC and Practice Manager representatives recently met with this region's CQC Inspection Manager to address a number of concerns raised by Sheffield GP practices.

The main issues to report back on are as follows:

### Provision of Supporting Information

Concerns were raised regarding the volume of information to be provided to CQC in advance of the visit and during the visit. At times, it had appeared that information provided in advance had not been reviewed, and there had been reports of inadequate attention being paid to the compulsory presentation. In addition, some inspection teams had requested copies of the same documents from several members of staff during a visit. The frustration this must cause for practices was acknowledged. It was noted that the inspection team members are a pool of staff across the region; they have often not worked as a team until the day of the inspection, which could account for this perception of duplication of effort. This would be discussed with the teams.

### Disruption to Clinical Services

We highlighted the disruption that visits had caused for clinical services within practices, often taking a significant amount of GPs' time on the day of the visits, which need to be planned for in order to enable surgeries to adequately cover their clinical workload. This was acknowledged and timetabling issues and the availability of GPs for visit days would be reviewed.

### Practice Manager Input

Whilst GP input could be better managed and streamlined, it was noted that it was inevitable that the process would take up a significant amount of Practice Manager time. This was accepted, but examples had been shared with the LMC of widely varying approaches and attitudes of inspecting teams, with the experience ranging from an intense but generally acceptable process to a demoralising and distressing experience. It was agreed that no Practice Manager should be left feeling distressed and, again, this would be discussed with the teams.

## Disclosure & Barring Service (DBS) Checks

We highlighted the inconsistent approach taken by CQC teams in relation to DBS checks. Whilst agreeing that the approach needed to be consistent, we were given examples of practices not complying with the law or their own employment/risk assessment policies. It was highlighted that DBS checks are only transferrable between employers for doctors. It was suggested that practices should have an adequate risk assessment policy in place, which is implemented and adhered to correctly and consistently, such that all staff that must have a DBS check have one, and those that do not have one have gone through the risk assessment process (and documentation clearly demonstrates this).

Another area that had caused considerable concern was that of receptionists being used as chaperones, but not having a DBS check, on the basis that they are never left alone with the patient. Again, this should form part of the risk assessment policy and be adequately documented.

## Feedback after the Visit

We were updated on the governance and assessment processes for the reports prior to being forwarded to the practice, which involves peer review and local scrutiny. All reports that rate a practice as *Inadequate* or *Outstanding* have to then also be reviewed at a national level.

There should be a 14 day period between the draft report being sent to the practice and it being published, although this timescale is discretionary where agreement cannot be reached on the accuracy of the report. On receipt of their draft report practices are given the opportunity to feedback any concerns and challenge any content they feel is factually incorrect. On occasions this had proved to be a time consuming process, with inadequate communication and reassurance from the CQC that concerns had been received and would be acted on prior to reports being published. It was agreed that practices having to chase up the CQC for a response or being unsure of whether their concerns were being acted on was unacceptable. This process would be reviewed to ensure that clearer information is given to practices about how they can raise concerns about the factual content, the timescales involved and what communications to expect from the CQC during the process.

The importance of practices scrutinising their reports and raising concerns immediately was stressed, as it is much more difficult to address these issues after a report has been published, when the only basis for a challenge is that the CQC has not followed the correct process.

## Subsequent Inspections

Once all practices had been inspected according to the current process, practices that had been rated as *Good* or *Outstanding* would have a much more light touch approach the next time around.

## Ongoing Feedback

We were helpfully given a contact name for any future concerns with the inspection process and, as such, we agreed to liaise with practices and collate feedback as and when issues arose. Therefore, it would be appreciated if any further comments or concerns could be emailed to the LMC via [manager@sheffieldlmc.org.uk](mailto:manager@sheffieldlmc.org.uk).