

# CQC Fundamentals for Administration Staff

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# Welcome to the PMA

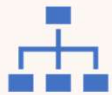
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- The PMA offers education, support and career development to all those involved in the Health & Care sector. When you join you get 12 months for the price of 11 and you'll benefit from all we have to offer (*and there's plenty*)
  - to find out more, please visit:
    - [www.pma-uk.org/pma-professional-membership/](http://www.pma-uk.org/pma-professional-membership/)



## Introducing me

- Ground rules for today:
  - Microphones on mute, cameras on if you can
  - Hand up for questions or type in the chat box

# Agenda today....



The CQC – role and function



What is happening – the new framework



The “Key questions”



The quality statements



Why CQC want to talk to staff



The admin team – what you need to know



Some of the things they may ask you....

# Who is in the room today?

Manager?

Admin?

Receptionist?

Secretary?

What do you  
want to get  
out of today?

Any burning  
questions?

# The Care Quality Commission - CQC



Care Quality Commission are the  
regulator of healthcare

Register providers  
Ensures quality and safety of care



GPs, Hospitals, Dentists, Ambulances, Care Homes are registered



Powers under Health and Social  
Care Act 2012

Power of entry  
Anywhere in the building  
Action when quality and safety are impacted  
Warning notices, seek conditions, termination of registration  
Can undertake unannounced inspections

# What has changed?

## New single assessment framework

- 34 quality statements
- New scoring system - Percentage score

## Ongoing monitoring of practices

- Data e.g. QOF, smear targets, imms targets, prescribing
- Information from other providers e.g. care homes, ICB
- Complaints received from patients by CQC
- Whistleblowers contacting CQC

## Reports

- Shorter, more consistent
- [www.cqc.org.uk](http://www.cqc.org.uk)

## Inspections

Have you  
been through  
an inspection?  
What has  
changed?

#### Before

- Every 5 years if Good or Outstanding
- Full day, comprehensive, on site inspections
- Shift to partially remote with site visit since COVID
- Monitor.... Inspect..... Rate

#### New Framework

- More frequent assessment for all
- Planned and responsive assessments
- Reviewing of information from various sources
- Identifying and prioritising risk in practices
- May lead to “Assessment activity”
  - Contact the service
  - Discussion
  - Asking for further information
  - Speaking to staff
  - Site visit – but not always
  - Could be a comprehensive



What has  
stayed the  
same?

### Key questions

- Safe
- Effective
- Caring
- Responsive
- Well-led

### Ratings

- Outstanding
- Good
- Requires Improvement
- Inadequate

# The key questions

## Safe

- Premises safety – fire, legionella, health and safety
- Safeguarding
- Learning culture – significant events, learning events, lessons learned
- Infection prevention and control – risks of infection, flooring
- Medicines – monitoring of high-risk medicines, safety alerts

## Effective

- How effective is the care provided - QOF
- Based on best evidence e.g. NICE guidance
- Consent to care

# The key questions

## Caring

- Kindness, compassion and dignity
- Responding to people's immediate needs
- Workforce wellbeing and enablement

## Responsive

- Care provision for your population – specific needs
- Access to services
- Listening to patients – complaints, PPG

## Well-led

- Positive culture – leadership, teamworking
- Capable leaders
- Freedom to speak up

# Single Assessment Framework

# Quality Statements (Safe)

## **Learning culture**

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

## **Safe systems, pathways and transitions**

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

## **Safeguarding**

We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## **Involving people to manage risks**

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

## **Safe environments**

We detect and control potential risks in the care environment. We make sure that the equipment, facilities and technology support the delivery of safe care.

## **Safe and effective staffing**

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

## **Infection prevention and control**

We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

## **Medicines optimisation**

We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.

# Quality Statements (Effective)

## **Assessing needs**

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## **Delivering evidence-based care and treatment**

We plan and deliver people's care and treatment with them, including what is important and matters to them. We do this in line with legislation and current evidence-based good practice and standards.

## **How staff, teams and services work together**

We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.

## **Supporting people to live healthier lives**

We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future needs for care and support.

## **Monitoring and improving outcomes**

We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.

## **Consent to care and treatment**

We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.

# Quality Statements (Caring)

**Kindness, compassion and dignity**

We always treat people with kindness, empathy and compassion and we respect their privacy and dignity. We treat colleagues from other organisations with kindness and respect.

**Treating people as individuals**

We treat people as individuals and make sure their care, support and treatment meets their needs and preferences. We take account of their strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

**Independence, choice and control**

We promote people's independence, so they know their rights and have choice and control over their own care, treatment and wellbeing.

**Responding to people's immediate needs**

We listen to and understand people's needs, views and wishes. We respond to these in that moment and will act to minimise any discomfort, concern or distress.

**Workforce wellbeing and enablement**

We care about and promote the wellbeing of our staff, and we support and enable them to always deliver person centred care.

# **PMA** Quality Statements (Responsive)

## **Person-centred care**

We make sure people are at the centre of their care and treatment choices and we decide, in partnership with them, how to respond to any relevant changes in their needs.

## **Care provision, integration, and continuity**

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

## **Providing information**

We provide appropriate, accurate and up-to-date information in formats that we tailor to individual needs.

## **Listening to and involving people**

We make it easy for people to share feedback and ideas or raise complaints about their care, treatment and support. We involve them in decisions about their care and tell them what's changed as a result.

## **Equity in access**

We make sure that everyone can access the care, support and treatment they need when they need it.

## **Equity in experiences and outcomes**

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## **Planning for the future**

We support people to plan for important life changes, so they can have enough time to make informed decisions about their future, including at the end of their life.



# Quality Statements (Well-led)

## **Shared direction and culture**

We have a shared vision, strategy and culture. This is based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and understanding challenges and the needs of people and our communities in order to meet these.

## **Capable, compassionate and inclusive leaders**

We have inclusive leaders at all levels who understand the context in which we deliver care, treatment and support and embody the culture and values of their workforce and organisation. They have the skills, knowledge, experience and credibility to lead effectively. They do so with integrity, openness and honesty.

## **Freedom to speak up**

We foster a positive culture where people feel that they can speak up and that their voice will be heard.

## **Workforce equality, diversity and inclusion**

We value diversity in our workforce. We work towards an inclusive and fair culture by improving equality and equity for people who work for us.

## **Governance, management and sustainability**

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

## **Partnerships and communities**

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## **Learning, improvement and innovation**

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

## **Environmental sustainability – sustainable development**

We understand any negative impact of our activities on the environment and we strive to make a positive contribution in reducing it and support people to do the same.

# Why do CQC want to talk to staff?

Feedback from  
staff

Do you have any  
concerns or  
issues?

Test knowledge of  
key areas – things  
you should know?

Make sure what  
we are told by  
others is true

To further explore  
any issues that  
have come up –  
digging deeper

Observing staff in  
action

Not to catch you  
out or put you  
under pressure

A normal day at  
the office asking  
about what you do  
in your role

# The inspector wants to talk to me?



May be in a group



May be on your own



Inspector may choose the staff



The practice may be able to suggest some staff



May be face to face



May be on teams



Could be filling in a questionnaire

# Interview rules



Inspection team know you are nervous and don't want to cause you distress



Tell them how you are feeling....



If you don't know the answer to a question say you don't know and perhaps who would or where you would go for the answer



Don't exaggerate!



Don't guess!



Don't lie!



The inspection team try to keep information confidential or non- identifiable



Serious issues raised must be reported to the inspector so confidentiality cannot be guaranteed

# What sort of questions will they ask me?

Key closed questions they expect staff to know:

- Have you done training in safeguarding?
- Who is the safeguarding lead?

Open questions:

- What is it like to work here?

The team are looking for evidence and impact

Inspectors love an anecdote - If you have some great examples ready then give it to them!

Take a few  
minutes to  
think about....

*You are at reception, a patient comes in and thrusts a full stool sample bottle towards you... what do you do?*

*As he leaves he tells you a child has been sick on the waiting room floor... what do you do?*

## Chaperoning

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*Are you a chaperone?*

---

*Have you done some training?*

---

*Do you have a recent DBS check?*

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*Tell me about the last time you acted as a chaperone*





# The fire alarm is ringing

- What do you do?
- Are you a fire marshal?
- Do you know how to use the extinguishers?
- Where is the assembly point?
- Have you had a fire drill?
- Is there a register of which staff are in the building?



# Responding to patient needs

Tell me how you help patients with additional needs, for example:

- Patients with a learning disability
- Those whose first language is not English
- Those who are visually impaired
- A patient with mental health needs who is in distress?

Any specific patient examples?

# Confidentiality



How do you ensure patient confidentiality in your role?



A husband asks you if his wife has been seen yet as he has come to collect her. What would you do?



A mother calls up and asks for her daughter's test results. What would you do?



# Safeguarding

Are you up to date with your safeguarding training?

Who is the child and the adult lead in your practice

If you were at reception, what observations might you make that you would raise as a safeguarding concern?

Can you think of an example of a safeguarding concern you or another staff member has raised? What was the outcome?

# Customer Feedback...



An angry patient comes to the reception desk. He calls you a \*\*\*ing old bag and says that this practice is a load of \*\*\*ing \*\*\*\*\*.



What do you do?



What would the practice do?



Any examples?

# Significant / Learning events



What does the term significant event or learning event mean to you?



How would you report an event?



Can you tell me about a recent event?



What changed as a result?

# Safety netting



Is there a system to follow up two week rule referrals in your practice?



How does it work?



Have you had to follow up any patients?

# Well-led



What is it like to work here?



Are leaders/managers approachable?



What is the relationship between staff and management like?



Does the team work well together?



Do you have regular meetings?

# Hot Topics!

Clinical  
searches

Patient access

Quality  
improvement

Patient  
outcomes

Recruitment &  
Training

Health &  
Safety

Governance

Patient  
feedback and  
involvement



# Q&A



Your inspection  
questions answered



Areas of concern



Prioritising action



Evidence required

Thank you for attending



Any questions:  
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