Disclaimer

These resources are intended to support practices with improving quality and assist in meeting the key lines of enquiry in the safe key question and the CQC regulations. Using them will not, on its own, ensure you are compliant with Health and Social Care Act (2008) and The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Practices should evaluate their own level of compliance with the law and seek competent advice if appropriate.

Evidence Table Sections – these questions should be reviewed in conjunction with the key lines of enquiry/prompts in the CCQ assessment framework - Assessment framework: Healthcare services (cqc.org.uk)

Safety systems and processes

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

Safeguarding		
Evidence Table Questions	**Links to Key line of enquiry/prompt in assessment framework**	**Examples of Evidence & Links to Resources**
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	S1.1 S1.2 S1.3	• SG Policies/Procedures including details of practice SG leads (see example Practice Leads template on Safe page on CLMC website). • Meeting minutes. • CQC discussions with staff & CQC staff questionnaires.
Partners and staff were trained to appropriate levels for their role.	S1.5 E3.1	• Training records (this must include GPs) – in line with Intercollegiate guidance: • Intercollegiate Guidance Safeguarding Children.pdf • Intercollegiate Guidance Safeguarding Adults.pdf • GP mythbuster 25: Safeguarding adults at risk | Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
There was active and appropriate engagement in local safeguarding processes.	S1.1 S1.6	• Safeguarding Policies – to include information on local SG procedures and contact details for Local Authority SG teams. • Reports provided to local SG protection meetings. • Minutes of SG protection meetings that practice staff have attended or that the LA SG team have shared with the practice. • CQC discussions with staff & CQC staff questionnaires.
The Out of Hours service (OOHs) was informed of relevant safeguarding information.	S1.1 S1.6	• If applicable documents used to share SG information with OOHs. • Relevant information in patient clinical records.

	S1.7	• CQC discussions with staff & CQC staff questionnaires.
There were systems to identify vulnerable patients on record.	S1.1	• Patient records with alerts. • SG register for adults and children in the practice clinical system which staff can demonstrate awareness of and access. • CQC discussions with staff & CQC staff questionnaires.
Disclosure and Barring Service (DBS) checks were undertaken where required.	S1.4	• Recruitment policy outlining practice DBS process. • Risk Assessment for staff who haven't had a DBS carried out. • GP mythbuster 2: Who should have a disclosure and barring service (DBS) check? | Care Quality Commission (cqc.org.uk)
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.	S1.1 S1.6 S1.7	• Minutes of practice SG meetings or meetings where SG concerns are discussed. Minutes should record who attended the meeting, apologies and staff who are invited but did not attend and didn't send apologies – (see example meeting minutes template on Safe page on CLMC website). • Records of discussions with other professionals and referrals made in patient clinical records. • CQC discussions with staff & CQC staff questionnaires.

Recruitment		
Evidence Table Questions	**Links to Key line of enquiry/prompt in assessment framework**	**Examples of Evidence & Links to Resources**
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	S1.4 S2.3	• Recruitment Policy. • Staff files to contain evidence of recruitment process in line with NHS Employment Check Standards (the evidence can be in paper files or stored electronically– includes - Application form or CV/Interview record/References/Proof of ID – one piece to be photographic/Confirmation of professional registration if applicable/Evidence of professional qualifications/Employment history – including explanation of any gaps in employment/Confirmation of DBS check if applicable/Right to work in UK checks. • GP mythbuster 41: SMARTcards | Care Quality Commission (cqc.org.uk) • Links to NHS Employers guidance: • Background information on the employment checks standards | NHS Employers

		• [Summary of updates to pre-employment check standards	NHS Employers](#)
Staff vaccination was maintained in line with current Public Health England (PHE) guidance if relevant to role.	S1.4	• Staff vaccination records in line with the 'Dept of Health Green Book.' – (see advice on staff immunisations on Safe page on CLMC website). • [GP mythbuster 37: Immunisation of healthcare staff	Care Quality Commission (cqc.org.uk)](#) • [Immunisation against infectious disease - GOV.UK (www.gov.uk)](#) • [Introducing NHS Health at Work - NHS Health at Work Network](#) • CQC discussions with staff & CQC staff questionnaires.

Safety systems and records		
Evidence Table Questions	**Links to Key line of enquiry/prompt in assessment framework**	**Examples of Evidence & Links to Resources**
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment	S1.9 S1.10	• Health & Safety Policy. • Risk Assessments i.e Manual Handling/Slips,Trips & Falls/Use of electrical equipment/COSHH/Security/DSE. • Records showing actions to address any remedial action required following risk assessments.
There was a fire procedure.	S1.9 S1.10	• Fire Policy/Procedure. • Fire drill records (carried out at least once a year). • Records of maintenance for fire safety systems. • Records of regular checks of fire systems i.e alarms/extinguishers/emergency lighting. • CQC discussions with staff & CQC staff questionnaires.
Date of fire risk assessment Actions from fire risk assessment were identified and completed.	S1.9 S1.10	• Fire risk assessment. • Records showing actions to address any remedial action required following risk assessments.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

Evidence Table Questions	Links to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
Staff had received effective training on infection prevention and control.	S1.8 E3.2	• Training records (including records for all groups of staff – GPs/Nurses/Allied HCPs/Reception/Admin/Domestics.
Infection prevention and control audits were carried out. Date of last infection prevention and control audit:	S1.8	• Infection prevention and control audits.
The practice had acted on any issues identified in infection prevention and control audits.	S1.8	• Action plan to address any actions identified.
The arrangements for managing waste and clinical specimens kept people safe.	S1.8 S1.11	• Waste management procedure. • Waste Consignment Records. • Area for keeping clinical waste secure whilst awaiting collection – i.e locked area for yellow bins or yellow bins locked and secured to a stable structure. • Procedure for handling clinical specimens. • Disposable gloves & hand gel available for staff at reception desk. • CQC discussions with staff & CQC staff questionnaires.
		Examples of additional evidence & resources • CQC discussions with staff & CQC staff questionnaires. • Infection prevention and control policies. • IPC risk assessment. • IPC annual statement. • Cleaning schedules. • Equipment cleaning procedures. • Legionella assessments - GP mythbuster 27: Legionella	Care Quality Commission (cqc.org.uk) • Records of regular checks of IPC systems i.e Equipment cleaning/ Hand hygiene/ Hot water outlets/standards of cleaning • Records showing actions to address any remedial action required following IPC system checks/risk assessments. • Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK (www.gov.uk) • Covid procedures and risk assessments. • Records of enhanced cleaning i.e frequently touched points – door handles etc.

		National Standards of Healthcare Cleanliness 2021 - NHS England » National Standards of Healthcare Cleanliness 2021 - new standards that practices should comply with.

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

Evidence Table Questions	Links to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
There was an effective approach to managing staff absences and busy periods.	S2.1 S2.2	• Procedure for ensuring adequate staffing levels. • Staffing rotas. • Clinic schedules. • CQC discussions with staff & CQC staff questionnaires.
There was an effective induction system for temporary staff tailored to their role.	S2.3	• Induction procedure. • Role specific induction records for individual staff. • GP mythbuster 58: Practice induction packs | Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	S1.5 S1.8 S2.6 S3.3 E3	• Emergency equipment and medicines in line with GP Mythbusters - GP mythbuster 1: Resuscitation in GP surgeries | Care Quality Commission (cqc.org.uk) • GP mythbuster 9: Emergency medicines for GP practices | Care Quality Commission (cqc.org.uk) • Records for checks of emergency equipment and emergency medicines. • Training records for BLS and Sepsis awareness - GP mythbuster 88: Sepsis | Care Quality Commission (cqc.org.uk) • GP mythbuster 34: Maintenance of medical equipment | Care Quality Commission (cqc.org.uk) • GP mythbuster 52: Portable appliance testing and calibrating medical equipment | Care Quality Commission (cqc.org.uk) • Patient information displayed re Sepsis Awareness. • CQC discussions with staff & CQC staff questionnaires.

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.	S1.5 S2.6	• Procedures/flowcharts for receptionists to support them in directing patients to appropriate care. • CQC discussions with staff & CQC staff questionnaires.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence & Links to Resources
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	S3.1 S3.4	• Records Management Policy. • CQC GP SPA review of clinical records - GP mythbuster 12: Accessing medical records during inspections | Care Quality Commission (cqc.org.uk) • CQC Clinical Searches Webinar (Primary Medical Services) - YouTube • Observation of records storage & use of smartcards i.e do staff remove smartcards when they leave their computer. • Audits of Clinical Records. • CQC discussions with staff & CQC staff questionnaires.
There was a system for processing information relating to new patients including the summarising of new patient notes.	S3.2 S3.4	• Procedure for summarising records. • Number of records waiting to be summarised.
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	S3.2 S3.4	• Procedure for sharing information with staff and other agencies. • CQC GP SPA review of clinical records. • CQC discussions with staff & CQC staff questionnaires.
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	S3.3 S3.4	• Procedure for dealing with referrals. • CQC GP SPA review of clinical records. • Audits of referrals made, including review of any delays. • CQC discussions with staff & CQC staff questionnaires.
There was a documented approach to the management of test results, and this was managed in a timely manner.	S3.2 S3.4	• Procedure for managing test results and clinical correspondence. • GP mythbuster 46: Managing test results and clinical correspondence | Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires...
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	S3.2 S3.4	• Audits of managing test results and clinical correspondence procedure. • CQC discussions with staff & CQC staff questionnaires.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	S4.1	• Policy for Management of Medicines. • Observation of medicines storage facilities. • CQC discussions with staff & CQC staff questionnaires.
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	S4.1	• Procedure for dealing with blank prescriptions. • Review of processes for receipt and storage of blank prescriptions. • Risk assessment with rationale if practice is not following national guidance on storage of blank prescriptions. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 23: Security of blank prescription forms | Care Quality Commission (cqc.org.uk)
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	S4.2	• Procedure or guideline for use of PGDs/PSDs. • Training & Competency records for staff administering medicines using PGDs/PSDs. • Review of PGDs to ensure they are in date and appropriate sections have been signed by practice staff. • Review of PSDs to ensure they are meeting national guidelines. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 19: Patient Group Directions (PGDs)/Patient Specific Directions (PSDs) | Care Quality Commission (cqc.org.uk)
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.	S4 E3	• Policy/Procedure for training, supervision and competency of non-medical prescribers. • Evidence of Non-medical prescribing qualification & appropriate indemnity cover. • Competency & supervision documents for non- medical prescribers. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 95: Non-medical prescribing | Care Quality Commission (cqc.org.uk) • prescribing-competency-framework.pdf (rpharms.com)

There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	S3.1 S4.2 S4.3 S4.4 S4.6 S4.7 R3.1	• Policy/Procedure for repeat prescribing. • Quality assurance reviews of the repeat prescribing process. • CQC GP SPA review of clinical records. • GP mythbuster 11: Electronic prescribing | Care Quality Commission (cqc.org.uk) • GP mythbuster 84: Managing high risk medicines in general practice | Care Quality Commission (cqc.org.uk) • See 'Advice regarding medicines reviews' summary on Safe page on CLMC website. • CQC discussions with staff & CQC staff questionnaires.
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.	S3.1 S4.2 S4.5 S4.6 E1.7	• Procedure for dealing with correspondence and changes to a patients' medication. • Audits of managing clinical correspondence procedure. • CQC GP SPA review of clinical records. • GP mythbuster 46: Managing test results and clinical correspondence | Care Quality Commission (cqc.org.uk) • CQC discussions with staff & CQC staff questionnaires.
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.	S3.1 S4.2 S4.6 S4.7 E1.7	• Process for monitoring patients' health in relation to use of medicines including high risk medicines. • CQC GP SPA review of clinical records. • GP mythbuster 11: Electronic prescribing | Care Quality Commission (cqc.org.uk) • GP mythbuster 84: Managing high risk medicines in general practice | Care Quality Commission (cqc.org.uk) • GP mythbuster 92: Anticoagulant monitoring in primary care | Care Quality Commission (cqc.org.uk) • Anticoagulation - oral | Health topics A to Z | CKS | NICE • GP mythbuster 12: Accessing medical records during inspections | Care Quality Commission (cqc.org.uk) • See 'Advice regarding medicines reviews' summary on Safe page on CLMC website. • CQC discussions with staff & CQC staff questionnaires.
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	S4.8 E2	• Evidence of monitoring of prescribing of controlled drugs. • GP mythbuster 28: Management of controlled drugs | Care Quality Commission (cqc.org.uk)

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	S4	• Evidence that staff know how to contact the NHS England lead controlled drugs accountable officer (CDAO) for the area. • Management of Medicines policy. • CQC discussions with staff & CQC staff questionnaires.
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	S4.2	• Standard operating procedure for safe management of controlled drugs. • Documentation for ordering and receipt of controlled drugs. • Controlled drugs register showing usage and periodic stock checks. • Observation of controlled drugs storage arrangements (incl DRs bags). • CQC discussions with staff & CQC staff questionnaires.
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	S4.2 E2	• Evidence of monitoring of antimicrobial prescribing (incl audits and CCG reports). • Meeting minutes where antimicrobial prescribing has been discussed. • CQC GP SPA review of clinical records. • Patient information displayed re antibiotic prescribing. • CQC discussions with staff & CQC staff questionnaires. • Antimicrobial stewardship overview - NICE Pathways • Course: TARGET antibiotics toolkit hub (rcgp.org.uk)
For remote or online prescribing there were effective protocols for verifying patient identity.	S4.2 S4.3	• Procedure for verifying patient identity for remote or online prescribing. • Discussions with staff. • Patient Online Toolkit: About the toolkit (rcgp.org.uk)
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.	S2 S3 S4	• List of emergency medicines held based on current practice guidance in myth buster. • Risk assessment if practice doesn't keep all recommended emergency medicines or equipment. • Checklists to monitor stock levels and expiry dates of medicines. • Observation of storage and accessibility of emergency medicines and completed checklists. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 9: Emergency medicines for GP practices | Care Quality Commission (cqc.org.uk)
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	S2 S3 S4	• Checklist to monitor oxygen levels and expiry dates and other emergency equipment.

		• Observation of storage and accessibility of oxygen cylinders, emergency equipment and completed checklists. • Staff training records. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 1: Resuscitation in GP surgeries | Care Quality Commission (cqc.org.uk)
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	S4.1 S4.2	• Policy/procedure for ordering, receipt, storage and use of vaccines. • Records for ordering and receipt of vaccines. • Records for medicine refrigerator temperature checks. • Cold chain records. • Observation of storage and accessibility of vaccines (incl bags for transporting vaccines outside of the practice). • Staff training records. • PHE updates and green book. • GP mythbuster 17: Vaccine storage and fridges in GP practices | Care Quality Commission (cqc.org.uk)

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events		
Evidence Table Questions	**Link to Key line of enquiry/prompt in assessment framework**	**Examples of Evidence Required & Links to Resources**
The practice monitored and reviewed safety using information from a variety of sources.	S5.1 S5.2 S5.3 S6.4	• Incident log. • Meeting minutes where incidents were discussed, actions identified, and lessons learned shared. • CQC discussions with staff & CQC staff questionnaires.
Staff knew how to identify and report concerns, safety incidents and near misses.	S6.1	• Incident policy. • Incident report forms. • CQC discussions with staff & CQC staff questionnaires.
There was a system for recording and acting on significant events.	S6.2	• Incident policy. • Incident report forms and investigation reports using a Root cause Analysis approach. • CQC discussions with staff & CQC staff questionnaires.

		• GP mythbuster 3: Significant event analysis (SEA) | Care Quality Commission (cqc.org.uk) • Patient safety toolkit: Introduction (rcgp.org.uk)
Staff understood how to raise concerns and report incidents both internally and externally.	S6.1 S6.2	• Incident report forms. • Statutory notifications sent to CQC. • Records of incidents reported to SIRMs. • CQC discussions with staff & CQC staff questionnaires. • GP mythbuster 24: Reporting patient safety incidents to the National Reporting and Learning System (NRLS) for GP practices | Care Quality Commission (cqc.org.uk) • GP mythbuster 21: Statutory notifications to CQC | Care Quality Commission • GP mythbuster 32: Duty of Candour and General Practice (regulation 20) | Care Quality Commission (cqc.org.uk)
There was evidence of learning and dissemination of information.	S6.3 S6.4	• Meeting minutes. • Staff newsletters. • CQC discussions with staff & CQC staff questionnaires.
Number of events recorded in last 12 months:		• Incident log.
Number of events that required action:		• Incident investigations and incident log.

Safety alerts		
Evidence Table Questions	Link to Key line of enquiry/prompt in assessment framework	Examples of Evidence Required & Links to Resources
There was a system for recording and acting on safety alerts.	S6.5	• Procedure for receipt, recording and acting on safety alerts – (see 'Advice on managing safety alerts on Safe page on CLMC website). • Safety alerts log – (see example safety alerts log on Safe page on CLMC website). • Meeting minutes where safety alerts are discussed and monitored. • CQC discussions with staff & CQC staff questionnaires.
Staff understood how to deal with alerts.	S6.5	• CQC discussions with staff & CQC staff questionnaires.