CQC registration: What should practices do ahead of April?

CQC registration is an ongoing process, and now practices have their initial registration what else do they need to do? Richard Banyard has some advice.

Most GP practices in England will have recently received their initial CQC registration approval. However, obtaining the CQC certificate is actually only the start of the process. Below are 14 practical steps that practices need to take in order to meet the requirements of being CQC registered.

1. Checking the registration certificate

Double-check that the CQC registration certificate is correct. Does it include all the ‘regulated activities’? Have there been any changes in the practice partners? Without getting these basic details correct, the practice cannot operate legally.

2. Completing a statement of purpose

A statement of purpose summarises for the CQC details about the practice and what services it offers. Every practice needs to have their CQC statement of purpose ready from 1 April 2013.
3. Budgeting for CQC registration fee

Expect the annual fee of around £1,000 to arrive soon after CQC registration beings in April 2013.

4. Updating compliance checks against the CQC standards

The CQC has a statutory duty to check practice compliance against the wide range of outcome standards. Practices also need to comply with the 12 ‘non-core’ standards (in addition to the 16 ‘core’ standards mentioned in the original CQC application).

5. Preparing for a CQC inspection

Inspections can be at any time, and may be unannounced - although the CQC will normally give advance 48 hours notice. The CQC inspector(s) will focus on ensuring that the practice is offering safe services, and that it is meeting the CQC standards.

6. Disclosure and barring service (DBS) checks (formerly known as CRB checks)

Practices are required to demonstrate to the CQC that new staff are not a risk to patients. So, systems need to be in place for DBS/‘barring’ checks for new staff treating patients, especially children and vulnerable adults.

7. DBS checks for existing staff

Each practice needs to make its own judgement as to which existing staff need to have had a DBS check – but without such a check, it may be difficult to provide the evidence that the CQC may need that there are no risks to patients.

8. Training/briefing staff about the CQC

Don’t forget that practice staff may well be interviewed by the CQC during any inspection. The CQC standards need to be met by all staff, not just the practice manager and the registered manager. Therefore it is advisable to properly brief staff about CQC registration and what the practice has done to comply with standards.

9. Training/briefing the registered manager
The CQC registered manager(s) has a legal responsibility for ensuring that services are meeting the CQC’s standards. So any registered managers will need to understand fully what this entails.

10. Setting systems for notifications to the CQC

All CQC registered organisations are required to notify the CQC in the event of the situations listed below.

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<tr>
<th>When practices should notify the CQC</th>
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<tr>
<td>• Death of a patient (note that there are exclusions from notifying the CQC about some deaths e.g. expected deaths)</td>
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<td>• A serious injuries to a patient using the service</td>
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<tr>
<td>• Changes affecting a registered person (e.g. partnership change, a change in registered manager, etc)</td>
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<td>• Events that prevent or threaten to prevent the practice from operating ‘safely and properly’ (including temporary closures)</td>
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<td>• Abuse and allegations of abuse involving patients that occur directly as part of the patient receiving care/treatment from the practice</td>
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<td>• An absence of more than 28 days (and return from absence) e.g. of a registered manager or a single-handed GP</td>
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<td>• Incidents reported to or investigated by the police</td>
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<tr>
<td>• Any changes to a practice’s CQC statement of purpose</td>
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There are strict time-limits within which the practice will need to submit notifications reports to the CQC (usually 28 days maximum). There are also a variety of forms needed to be completed, dependent upon the type of notification, so the practice must ensure it has systems in place to cover all of these issues.

11. Updating the practice partnership or board

All practice partners need to be aware of the level of CQC compliance in their practice, and understand what being legally accountable means, because they hold legal liability for their CQC registration.

12. Checking for new communication from the CQC
Keep up to date with any new communications sent to practices from the CQC. For example, the CQC issue monthly updates for practices via online bulletins, as well as other communications, it is advisable to sign up for these.

13. Contacting the CQC about any changes since the original application

Approval from the CQC is needed before some changes can take place, for example:

- Providing a new ‘regulated activity’ or service.
- Appointing a new registered manager.
- Operating from a new location.
- Changes in a partnership.

14. Informing patients about the CQC

Make sure that patients are aware of the CQC, and that the practice is now registered. The CQC may wish to interview patients and to discuss their views about the services being provided.

Meeting all these tasks may challenge even the more organised practices. And for all practices, this will inevitably add further pressures at a time when many other changes are also impacting upon primary care across England.

- Richard Banyard is director at CQCassist which provides support to GP practices for all aspects of their CQC registration. Email Richard@cqcassist.co.uk for a free copy of more detailed guide to how to meet these CQC requirements.