BELOW YOU WILL SEE THE FORMAT OF THE REPORT, MAJORITY OF THE KLOE SECTIONS AND SUB-SECTIONS HAVE BEEN DELETED TO PROTECT OUR CONTENT, THE SAMPLE IS A VERY SHORTENED VERSION TO DEMONSTRATE THE FORMAT FOR PERSPECTIVE CLIENTS.

SUMMARY			
GRP	**ITEM**	**SUMMARY**	**OBSERVATION**
Key Lines of Enquiries	Compliance	We carried out the mock inspection on, Nov, the 23rd 20XX to review the compliance level of the practice in line with CQC Fundamental Standards, Key lines of enquiries and services offered to its population groups to assess if the practice meets the needs of their patients and can provide safe, effective, caring and responsive services. In addition, if the practice is well-led by its senior management team consisting of clinical and non-clinical members. The key question here is to assess if: • The practice **would not be considered fully compliant** if they had the official inspection instead of the mock or would there be any exposure of non-compliance.	**Yes**
	Evidence	In order to satisfy the CQC inspectors, the practice needs to demonstrate that the staff has the right knowledge, resources, training, policies, procedures, protocols and that the effective workflow systems are in place to provide an expected service to the members of public. The practices are also required to provide evidences on all KLOE domains meeting the fundamental standards set out for the six population groups. The key question here is to assess if: • The practices would **be fully able to provide satisfactory evidence** if they had the official inspection instead of the mock or would there be any exposure of non-compliance.	**No**
	Areas	**The major areas where the practice needs to make improvements are following:**	
		1. Human Resources	The provider needs to improve HR processes including the record keeping of relevant documents.
		2. Governance Systems	To improve on processes, which are linked with business operations & services, support to the practice management office.
		3. Clinical Governance	To improve on systems to achieve high quality standards and outcomes whilst conducting clinical audits, meetings, and reviews.
		4. Health & Safety and Premises	To improve H&S and premises which ensures safety for staff and service users
		5. Audits & Quality Assurance	To improve auditing system which should systematically help to achieve qualitative assurance for the practice.
Disclaimer		This report is prepared as a result of the visit done on Nov, the 9th 20XX in a view to access any gaps in compliance or governance systems of the practice. The observations, comments, suggestions made in this report by is a personal view of the professional carry out the tasks in line with their knowledge of compliance and experience. QMADS accepts no legal or financial responsibility. All providers are advised to refer to official guidance of respective authorities for further information and compliance. If there are any factual inaccuracies in the report, then please contact us as soon as possible.	

SAFE				
GRP	**ITEMS**	**EXPLANATION/QUESTIONS**	**EVIDENCE IN PLACE**	**OBSERVATIONS / COMMENTS**
	Defibrillators, Oxygen, Oximeters and CPR training	CQC needs to be assured that practices are able to immediately respond to the needs of a person who becomes seriously ill. **Has the risk assessment been done?**	Yes	The equipment is in place but calibration and PAT testing has not been carried out on practice equipment. The provider does not have any record of CPR training.
	DBS	Practices need to have safe recruitment procedures and need to be in line with the national policy on criminal record checks.	No	The provider informed us that they have applied for the staff DBS and awaiting outcome.
	Significant Event Analysis (SEA)	Significant event analysis can be used to show quality improvement in the 'safety' domain of provider inspection. Examples: • coping with a staffing crisis. • complaints or compliments received by the practice. • breaches of confidentiality. • a sudden unexpected death or hospitalisation. • an unsent referral letter. • prescribing error. Reviews are to be undertaken and change in practice processes or policies. Staff should be able to recall the discussion of significant events and changes in processes. Is there evidence of sharing learning points through meetings or memo?	No	There is no policy on display, there is no effective system. The policies are not centrally accessible on computer. There are two sets of policy folders which are both out of date. The provider needs to update their policy set and embed the governance system and workflow procedures to follow them.
	Hand washing	There is adequate and available hand washing facilities. All clinical staff are trained in hand washing techniques.	No	**Hot Water Warning Sign** The hot water warning sign is not displayed at all water outlets. There was no evidence available to ascertain if hand washing training has been given to staff. Some of the taps are pre-mixed so they are secure, however rest of the taps

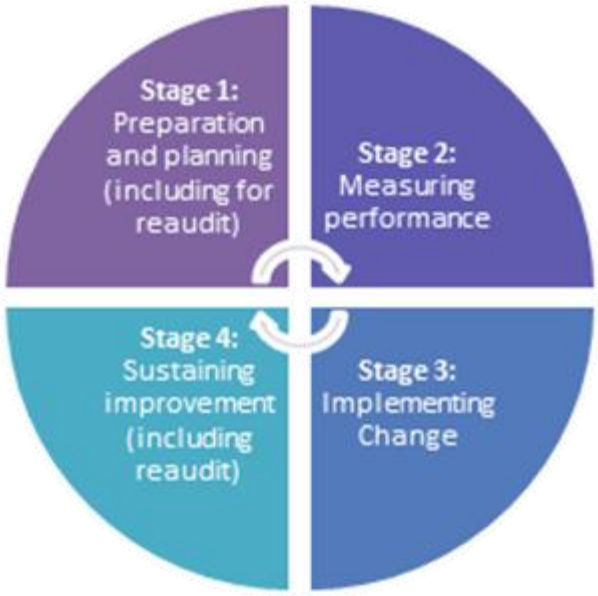
					do require the hot water sign sticker. **Hand Washing Techniques Training** This can be achieved by any nurse or GP led in-house training at the beginning or end of any meeting.
	Emergency drugs for GP practices	Adrenaline for injection	Anaphylaxis or acute angio-oedema	No	There is no maintained list of medications which are kept out of this list at the clinic.
		Antiemetic – cyclizine, metoclopramide or prochlorperazine	Nausea and vomiting		
		Aspirin soluble tablets	Suspected myocardial infarction		
		Atropine for practices that fit coils or perform minor surgery	Bradycardia		
		Benzylpenicillin for injection / cefotaxime 1g for Injection.	Suspected bacterial meningitis		
		Buccal midazolam and/or rectal diazepam	Epileptic fit		

		Chlorphenamine for injection	Anaphylaxis or acute angio-oedema		
		Dexamethasone 5mg/2.5ml oral solution	Croup (children)		
		Diclofenac (intramuscular injection)	Analgesia		
		Furosemide or bumetanide	Left ventricular failure		
		Glucagon (needs refrigeration) or Glucogel	Hypoglycaemia		
		Glyceryl trinitrate (GTN) spray or unopened in date GTN sublingual tablets	Chest pain of possible cardiac origin		
		Hydrocortisone for injection - soluble prednisolone	Acute severe asthma, severe or recurrent anaphylaxis		
		Naloxone (see section below)	Opioid overdose		

		Opiates – diamorphine, morphine or pethidine ampules for injection Severe pain including myocardial infarction Salbutamol either nebules with a nebuliser or inhaler with volumatic ipratropium bromide (children) Asthma Evidence that an **<u>appropriate risk assessment</u>** has been carried out to identify a list of medicines that are not suitable for a practice to stock, and how this is kept under review. Here should be a process and system in place to check that drugs are in date and equipment is well maintained.		
	Medication stocked	All medication stocked should be appropriate and within expiry date. Stock should be rotated to prevent the use of out of date items. **Is the provider aware of LIFO or FIFO?**	No	The medications are stocked with quantity and does not follow proper inventory template. There is no effective system for recording of medicine which has been taken from stock and issued to the patient. There is no real-time information which would be available unless the monthly or opportunistic reconciliation is done. The provider follows FIFO method for medication however no formal recording is made.
	Prescriptions	Practices need to have robust systems in place to ensure that prescriptions are produced and signed in accordance with the current	No	The provider has prescription pads kept unlocked on the desk. The

		regulations. Prescription paper is recorded and accounted for.		pads do not have traceable numerical system.
	Safeguarding children	Demonstrating their understanding of, how to identify a child in need of safeguarding Being aware of the Internal arrangements for recording a child, or young person, Level 1: all staff including non-clinical managers and staff working in healthcare settings. This includes GP practice reception staff. Level 2: minimum level required for non-clinical and clinical staff who have some degree of contact with children and young people and/or parents/carers. This includes practice nurses and healthcare assistants Level 3: clinical staff working with children, young people and/or their parents/carers and who could potentially contribute to assessing, planning, intervening and evaluating the needs of a child or young person and parenting capacity where there are safeguarding/child protection concerns. This includes GPs.	No	The provider informed us that they have had training for the safeguarding however no record has been found in HR files. The HR files do not exist.
	Safe and reliable management of test results	Is the system you have in your practice to manage test results robust, effective and safe? Can you be sure that all test results requested have been returned to the practice? We expect to see that practices have an agreed and documented approach to the management of test results that every member of the practice team is familiar with.	No	The provider does not have any formal written workflow procedure of the safe management of test results. We were verbally informed how the results are reviewed and in absence of the principle doctor the buddy doctor takes the responsibility. Again, there is no formal relationship between the buddy doctor and principle doctor neither there is any written agreement to that accord. The provider has been informed to formalise the relationship for the buddy doctor to cover the abscense of the principle.

EFFECTIVE

GRP	ITEM	EXPLANATION	EVIDENCE	OBSERVATIONS / COMMENTS
	Clinical Audit	Practices can demonstrate ongoing quality improvement and effective care through completed clinical audit cycles. Many GPs will do a 2 cycle audit for their revalidation portfolios. Ideally, a clinical audit is a continuous cycle that is continuously measured with improvements made after each cycle. The clinical audit cycle  Stage 1: Preparation and planning (including for re-audit) The topic of the clinical audit is selected, ensuring that it is a priority agreed by those involved in the audit. The standards by which the current practice is being measured needs to be measurable against best practice which is evidence based. A clear, structured project plan needs	No	The provider has done no audits. The audit systems to improve the clinical effectiveness or governance is not robust. The provider should have a clear schedule of clinical and non-clinical audits and should nominate individuals who would be responsible to carry out those audits.

		to be in place at this stage. Stage 2: Measuring performance A detailed methodology and data collection process is designed and tested, including a sufficient sample size and a clear and concise data set. Data is analysed and communicated to all stakeholders. This can be within the practice or shared more widely. Stage 3: Implementing change Once the results of the audit and recommendations for change have been communicated, an action plan should be produced to monitor implementation of these recommendations. Stage 4: Sustaining improvement (including reaudit) After an agreed period, the audit should be repeated. The same methodology should be used to ensure comparability. The re-audit should demonstrate that the changes have been implemented and that improvements have been made. Further changes may then be required, leading to additional re-audits.		
	Gillick competency and Fraser guidelines		No	The principle GP requires refresher on this.
	GPs and the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards		Yes	The provider has knowledge of MCA & DoLS however no record of recent training or refresher was found.

Miscellaneous

GRP	ITEM	EXPLANATION	EVIDENCE IN PLACE	OBSERVATIONS / COMMENTS
	CCTV	If your business uses CCTV, you must tell people they may be recorded. This is usually done by displaying signs, which must be clearly visible and readable. You must also notify the Information Commissioner's Office (ICO) why you're using the CCTV. You should control who can see the recordings, and make sure the system is only used for the purpose it was intended for. If the system was set up to detect crime, you should not use it to monitor the amount of work done by your staff.	No	The practice has CCTV but is not compliant with ICO's requirement of displaying CCTV use sign outside the door.
	Employers & Public Liability Certificate	The provider should display the certificate in an accessible place, either a communal area, hallway or room that all staff have access to. There are other documents you are legally required to show too such as Health and Safety and Fire Safety info so it would make sense to create one area to display these all together.	No	The liability certificate is not displayed.
	Staff Rota	The staff rota and responsibilities have back-up / buddy system. The essential practice workload has a capacity to perform necessary functions and there is handover between the shifts.	No	The practice employees only one staff member.