

Green	Amber	Red	Not started
0	0	0	10

## Safe environments

The premises are safe, clean and well-maintained. Risks are identified and acted on. Equipment, emergency kit, IPC and cold chain controls are all in order.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Walk the premises now: are fire exits clear, signage in place and emergency kit accessible and in date?	Not checked	—
Is the IPC audit present, dated, signed and are all actions completed — not just recorded?	Not checked	—
Are cleaning schedules current, signed and monitored for completion?	Not checked	—
Are vaccine fridge temperature logs complete, with a documented process for out-of-range readings?	Not checked	—
Are all remedial actions from previous risk assessments or inspections completed and evidenced?	Not checked	—
Is the legionella risk assessment current and are water flushing logs maintained for infrequently used outlets?	Not checked	—

## Safe and effective staffing

Recruitment checks, training, immunisation, induction, appraisals and clinical supervision are all in place and evidenced — including for zero-hours and ARRS staff.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Can you produce a live training compliance percentage for ALL staff right now — including zero-hours and ARRS?	Not checked	—
Are immunisation records held for all staff — including zero-hours and recently joined staff?	Not checked	—
Are recruitment files complete for all staff — especially zero-hours and recent joiners?	Not checked	—

Sub-question	Status	Notes
Is clinical supervision documented for nurses, ANPs, pharmacists and trainees?	Not checked	—
Is training tracked with verified evidence — not just self-reported completion?	Not checked	—
Are annual appraisals completed and documented for all clinical and non-clinical staff, including the practice manager?	Not checked	—

## Infection prevention and control

IPC governance, training, audits, PPE, hand hygiene, decontamination and clinical waste are all in place and evidenced.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Is there a named IPC lead with current IPC training and a clear, documented remit?	Not checked	—
Is the IPC audit completed at least annually, with a signed action plan and all actions closed?	Not checked	—
Are all clinical and non-clinical staff trained in standard infection control precautions?	Not checked	—
Are PPE supplies adequate, accessible and correctly used — with evidence of monitoring?	Not checked	—
Is hand hygiene monitoring conducted and results recorded and shared with staff?	Not checked	—
Are sharps, clinical waste and decontamination processes documented, audited and followed in practice?	Not checked	—

## Supporting people to live healthier lives

Patients are proactively supported with prevention, health promotion, care planning and social prescribing.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Are patients with long-term conditions proactively identified and do they have up-to-date care plans?	Not checked	—
Are health promotion campaigns (smoking, alcohol, weight, mental health) actively offered to patients?	Not checked	—
Is social prescribing available and are staff trained to identify patients who would benefit?	Not checked	—
Is there evidence of proactive outreach to patients overdue health reviews, screening or immunisations?	Not checked	—

Sub-question	Status	Notes
Is the NHS Health Check programme running and is uptake tracked?	Not checked	—
Is population health data reviewed to identify unmet need in your practice area?	Not checked	—

## Monitoring and improving outcomes

Performance is tracked against national benchmarks. Clinical audit, quality improvement and screening and immunisation uptake are monitored and acted on.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Do you know your current GP Patient Survey scores and how they compare to the national average?	Not checked	—
Are screening and immunisation uptake rates tracked, with named actions where rates fall below target?	Not checked	—
Can you show at least one documented quality improvement project with measurable outcomes?	Not checked	—
Is clinical audit used to drive improvement and are results shared with the whole clinical team?	Not checked	—
Is there evidence of improvement over time in at least one clinical area?	Not checked	—
Do you benchmark your outcomes against national data or peers on a regular basis?	Not checked	—

## Kindness, compassion and dignity

Patients are treated with kindness, empathy and dignity by all staff. Patient experience scores are known, discussed and acted on.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Do you know your current GP Patient Survey scores for kindness, dignity and overall experience — and the national averages?	Not checked	—
Are patient experience scores discussed with the whole team — including reception and admin staff?	Not checked	—
Are staff trained and supported to handle difficult conversations with compassion and sensitivity?	Not checked	—
Is there a process for supporting patients in distressing situations — bereavement, serious diagnosis, end of life?	Not checked	—

Sub-question	Status	Notes
Can you show specific patient feedback that mentions kindness or dignity, and how it was responded to?	Not checked	—
Is there evidence that staff treat each other with kindness and respect — visible in meeting culture and management style?	Not checked	—

## Equity in access

All patients can access care. Access performance, barriers and patient survey scores are reviewed and improvements made.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
What are your current GP Patient Survey scores for overall experience and positive phone contact? Do you know the national benchmarks?	Not checked	—
Is appointment availability visible and adequate on the day of inspection — the inspector may check live during the visit?	Not checked	—
Have you reviewed access arrangements against your local demographic profile?	Not checked	—
Are specific access arrangements in place for patients with additional needs — carers, housebound patients, learning disabilities?	Not checked	—
If any access scores fall below the national benchmark, is there a documented improvement plan with milestones and progress?	Not checked	—

## Equity in experiences and outcomes

Patient experiences and outcomes are reviewed across different groups. Reasonable adjustments are applied and underserved populations are actively supported.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Do you collect and review data on patient experiences and outcomes across different patient groups?	Not checked	—
Are reasonable adjustments consistently applied for patients with disabilities or communication needs?	Not checked	—
Are there targeted interventions for underserved or vulnerable patient populations in your area?	Not checked	—
Is patient feedback from different demographic groups reviewed and does it inform service changes?	Not checked	—

Sub-question	Status	Notes
Is the GP Patient Survey broken down by patient group and discussed at team level?	Not checked	—
Is the person-centred care ethos embedded across all staff — not just clinical?	Not checked	—

## Shared direction and culture

A clear vision and values are known by all staff. There is shared direction across clinical and non-clinical teams, with staff involved in shaping how the practice works.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Ask a member of admin or reception staff now: can they state the practice vision without prompting?	Not checked	—
Can every member of staff describe their individual role in delivering the practice's values?	Not checked	—
Is the practice vision visible in day-to-day decisions and communications — not just on a poster?	Not checked	—
Are staff involved in shaping how the practice operates, with examples they can point to?	Not checked	—
Are the practice values reflected in recruitment adverts, induction packs and appraisal frameworks?	Not checked	—
Is there evidence of shared direction between clinical and non-clinical teams — not just a management-led strategy?	Not checked	—

## Governance, management and sustainability

Governance meetings, risk registers, policy control, professional registration and improvement tracking are in place and demonstrate grip.

Overall RAG	Evidence notes
Not started	—

Sub-question	Status	Notes
Are governance meeting actions shared with ALL staff — not just the management team?	Not checked	—
Are all current policies published on the practice website and kept up to date?	Not checked	—
Is evidence of professional registration checks retained on file — not just checked and noted?	Not checked	—
Is there a live risk register with named owners, risk ratings and action dates, reviewed at every governance meeting?	Not checked	—

Sub-question	Status	Notes
Can you produce governance meeting minutes from the last month showing actions completed, owned and followed up?	Not checked	—
Is the practice website up to date — including policies, opening times and patient-facing information?	Not checked	—

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## Action Tracker

The following sub-questions were marked **Partial** or **No**. Use this tracker to record the specific action required, who owns it, and the target completion date. A statement cannot be marked Green until all its sub-questions are resolved.

**No partial or failing items identified** — all assessed sub-questions are Yes or N/A. Well done!

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