



CQC Compliance Assessment Report

demo

Assessment Date: 26 June 2025

Generated by My Practice Manager

About this report

How this assessment works

This compliance assessment was generated using artificial intelligence to help you identify potential areas for improvement in your practice.

Our AI system reviews your uploaded documents against a comprehensive collection of audit questions. These questions are designed to assess compliance across the key areas that matter most to your practice's safety and effectiveness.

Our approach and limitations

Based on CQC guidance:

Our understanding of compliance requirements is influenced by guidance published by the Care Quality Commission. However, this report is not endorsed by the CQC and reflects our interpretation of their guidance as of July 2025.

Document-based assessment:

We can only assess what we can see in your documents. If your procedures state that you check cleaning quality weekly and your checklists show this happening, we treat this as evidence of compliance. We cannot verify what happens beyond what's documented.

Your professional judgement matters:

You are a competent healthcare professional. This report is designed to support your own decision-making, not replace it. Nothing in this assessment reduces your responsibility to critically examine the safety and management of your practice.

Understanding your results

Scoring limitations:

Achieving a high score doesn't guarantee how the CQC will assess your practice. Different inspectors may focus on different areas or interpret requirements differently.

Findings may vary:

We may identify issues that the CQC wouldn't flag, or we may miss things they would notice. Our assessment is one tool among many to help you maintain high standards.

No warranty:

This report is provided as guidance only. We make no guarantees about its completeness or accuracy for your specific situation.

How to use this report

Treat this assessment as a starting point for your own investigation. Review our findings critically, consider your local context, and use your professional experience to determine what actions are right for your practice.

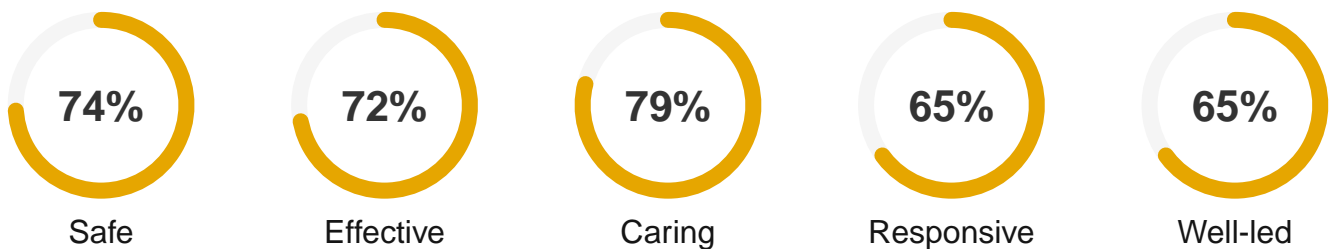
For areas where we've identified potential gaps, we recommend reviewing the relevant CQC guidance directly and considering whether additional documentation or process changes would benefit your practice.

Executive Summary

Overall Compliance Score



Performance Overview



Key Focus Areas

- 5 Critical Issues Requiring Immediate Attention

These issues should be addressed in your compliance improvement plan.



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Responsive

Assessment Domain

Performance Score



Issue Summary

Critical Issues	1
Major Issues	0
Total Actionable Issues	1

Overview

Services are organised so that they meet people's needs.

Key Insights

Significant concerns identified that require immediate attention and comprehensive action planning.

Absence of Patient Participation Group (PPG) engagement evidence

Issue Description

No documents related to a Patient Participation Group (PPG), including meeting minutes, annual reports, or 'You Said, We Did' summaries, were found. This indicates a critical gap in structured patient engagement regarding service delivery, which is essential for meeting CQC regulatory requirements and ensuring services are responsive to patient needs.

Issue Details

Domain
Responsive

Severity
Critical

Criterion
To verify that the practice actively engages its Patient Participation Group (PPG) in discussions about service delivery, consults them on changes, implements their suggestions where appropriate, and provides feedback on the outcomes of their input.

Remediation Plans

Immediately establish a functioning Patient Participation Group (PPG) with clear terms of reference. Develop a robust process for regular PPG meetings, ensuring discussions focus on service delivery, patient suggestions are formally recorded, and the practice documents actions taken and provides feedback on outcomes. Implement a system for maintaining comprehensive records of all PPG activities, including meeting minutes and any 'You Said, We Did' reports, to demonstrate ongoing engagement and compliance.



Evidence Documents

- No evidence documents specified for this finding.



Caring

Assessment Domain

Performance Score



Issue Summary

Critical Issues	1
Major Issues	0
Total Actionable Issues	1

Overview

Staff involve and treat people with compassion, kindness, dignity and respect.

Key Insights

Performance shows room for improvement. Focus on addressing the identified issues to strengthen compliance.

Absence of Patient Participation Group (PPG) documentation and evidence of formal patient engagement.

Issue Description

No documents related to a Patient Participation Group (PPG), including terms of reference, meeting minutes, or evidence of a 'you said, we did' feedback loop, were found. This indicates a critical gap in formal patient engagement and feedback mechanisms beyond general complaints or surveys, which are insufficient for demonstrating active patient partnership in service improvement.

Issue Details

Domain
Caring

Severity
Critical

Criterion
Verification of a formally constituted Patient Participation Group (PPG), active engagement, and demonstration of feedback utilization for service improvement.

Remediation Plans

Immediately establish a formally constituted Patient Participation Group (PPG) with clear terms of reference. Develop a robust process for regular PPG meetings, ensuring comprehensive minutes are recorded. Implement a transparent 'you said, we did' feedback loop, documenting how patient feedback from the PPG is actively used to drive service improvements. Ensure efforts are made to recruit a diverse and representative group of patients.

Evidence Documents



- No evidence documents specified for this finding.



Well-led

Assessment Domain

Performance Score



Issue Summary

Critical Issues	1
Major Issues	0
Total Actionable Issues	1

Overview

Leadership, management and governance assures the delivery of high-quality care.

Key Insights

Significant concerns identified that require immediate attention and comprehensive action planning.

No evidence of Senior Leadership or Governance Meeting Minutes found in the document system.

Issue Description

Despite comprehensive searches using various terms related to meeting minutes, action logs, and governance, no documents explicitly identified as senior leadership or governance meeting minutes were found within the practice's document system. This complete absence of documented meeting records indicates a fundamental failure in governance oversight, making it impossible to verify that the leadership team is actively managing the practice, overseeing quality and safety, identifying and mitigating risks, and driving continuous improvement as required by CQC.

Issue Details

Domain

Well-led

Severity

Critical

Criterion

To verify that senior leadership and governance meetings occur regularly, cover key strategic, operational, and compliance topics as required by CQC, and that decisions and actions are documented, assigned, and tracked to ensure effective governance.

Remediation Plans

Immediately establish a formal schedule for senior leadership and governance meetings (e.g., Partners' Meetings, Clinical Governance Meetings, Management Meetings). Implement a robust system for recording comprehensive meeting minutes, ensuring they capture discussions on performance data, risk, CQC compliance, finance, and external factors. Crucially, all decisions and actions must be clearly documented, assigned to specific owners, and tracked for completion in subsequent meetings. These minutes must be stored in an easily accessible and identifiable

location within the document management system. Conduct immediate training for all relevant staff on the importance and process of accurate minute-taking and document management for governance records.

Evidence Documents

- No evidence documents specified for this finding.



Safe

Assessment Domain

Performance Score



Issue Summary

Critical Issues	1
Major Issues	0
Total Actionable Issues	1

Overview

Ensures people are protected from abuse and avoidable harm.

Key Insights

Performance shows room for improvement. Focus on addressing the identified issues to strengthen compliance.

No actual safeguarding training record or matrix found, only a policy describing record-keeping.

Issue Description

The 'staff-skills-competencies-training-record.pdf' document outlines the procedure for recording staff training and mentions that a central overview (e.g., spreadsheet) is maintained. However, the actual record or matrix containing completed safeguarding training details for staff, including levels, dates, and refreshers, could not be located within the document system. This absence prevents verification of staff competence in safeguarding.

Issue Details

Domain
Safe

Severity
Critical

Criterion
Maintenance of a comprehensive and up-to-date record or matrix of safeguarding training for all staff members (clinical, non-clinical, and locums), demonstrating completion of appropriate levels (1, 2, and 3) for both adults and children, including training dates and scheduled refreshers, in line with current intercollegiate guidance.

Remediation Plans

Immediately locate and upload the comprehensive safeguarding training matrix or record for all staff (clinical, non-clinical, and locums) to the central document management system. Ensure this record clearly details adult and child safeguarding training levels (1, 2, 3), completion dates, and



scheduled refresher dates for each staff member. Implement a robust system for regular updates and accessibility.

Evidence Documents

- /hr and recruitment/staff-skills-competencies-training-record.pdf



Effective

Assessment Domain

Performance Score



Issue Summary

Critical Issues	1
Major Issues	0
Total Actionable Issues	1

Overview

Care, treatment and support achieves good outcomes, helps people maintain quality of life and is based on the best available evidence.

Key Insights

Performance shows room for improvement. Focus on addressing the identified issues to strengthen compliance.

No evidence of QOF performance data review or quality improvement activities found

Issue Description

Comprehensive searches for QOF achievement data, performance reports, meeting minutes discussing QOF, or related action plans yielded no relevant documents. This indicates a critical gap in the practice's ability to monitor and improve the quality of its clinical care, potentially leading to unaddressed areas of underperformance and impacting patient outcomes.

Issue Details

Domain

Effective

Severity

Critical

Criterion

The practice systematically reviews its latest QOF achievement data, compares it against relevant benchmarks (national/ICB), and develops/documents action plans to address any areas of underperformance or to maintain high achievement.

Remediation Plans

Immediately implement a system for tracking and reviewing QOF achievement data. This must include regular meetings where QOF performance is discussed, benchmarked against national/ICB data, and clear action plans are developed for areas of underperformance. All related documentation (reports, meeting minutes, action plans) must be systematically stored and easily retrievable. Consider assigning a lead for QOF performance monitoring and reporting.



Evidence Documents

- No evidence documents specified for this finding.

