



CQC and Clinical Supervision

Contracts and Regulations

Following CQC inspection a number of practices have received comments on inadequate supervision of their non-doctor staff. The LMC sought guidance from the CQC as to what level of supervision is required to satisfy the CQC.

Staff should be managed well both in terms of day by day work and supervision and support and also in terms of appraisals and development. They should be acting within their role, and if they are taking on extended roles they should know they are doing this, and be trained for this. In a good team there should be openness for asking questions, rather than for struggling on alone. Doctors should follow GMC guidelines and NMC guidelines for nurses.

The CQC has stated that in poorer practices they see weak supervision of staff, unmanaged and unmonitored training relying on individual initiative rather than good systems, gaps in training and staff working beyond their role (sometimes leaving practice nurses at risk of NMC referral). There may also be ineffective governance, lack of team discussions, and lack of mutual support for each other. Often outcomes are lower as an ineffective team struggles as a group of individuals rather than as a cohesive team.

To gain an “outstanding practice” rating CQC are looking to see:-

“All staff is actively engaged in activities to monitor and improve quality and outcomes. Opportunities to participate in benchmarking, peer review and accreditation are proactively pursued. High performance is recognised by credible external bodies. The continuing development of staff skills, competence and knowledge is recognised as integral to ensuring high-quality care. Staff are proactively supported to acquire new skills and share best practice. Staff, teams and services are committed to working collaboratively, people who have complex needs are supported to receive coordinated care and there are innovative and efficient ways to deliver more joined-up care to people who use services.”

To gain a “Requires Improvement” rating CQC would probably find:-

“Not all staff have the right qualifications, skills, knowledge and experience to do their job. The learning needs of staff are not fully understood. Staff are not always supported to participate in training and development or the opportunities that are offered do not fully meet their needs. There are gaps in management and support arrangements for staff, such as appraisal, supervision, professional development and support for revalidation. There is limited participation in multidisciplinary working, and care is not coordinated. There may be delays or poor coordination when people are referred or discharged from other services. There are delays in sharing information about people’s care, this information has some gaps or staff are not clear what information should be shared.”

The LMC is happy to assist any practice that has any matters to discuss with regard to their CQC inspection arrangements



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