Care Quality Commission

General Practice staff feedback form

Inspection date: TBC

Dear staff member			
Thank you for taking the time to complete this form, it is important to us that we hear from you. If you wish/prefer to speak with the inspector directly please call Inspector on TBC or email TBC			
feedback and practice name' i	questionnaire by email directly to TBC by TBC quotin n the subject line. All responses are treated in confidented eted questionnaire to anyone else.		
Practice name:			
Your Name (Optional):			
Date you started working at the practice:			
Number of hours worked a week:			
Role:			
What are your mains duties and lead roles?			
Has your role changed in the last 12 months? If so, how?			
What is good about working for this practice or what do you think the practice does well?			
Is there anything you would like to see improve or change?			
Safeguarding		Yes/No	
Have you received training in sa	feguarding adults?		
What level was this training?			
Have you received training in sa	feguarding children?		
What level was this training?			

Do you think you have a good understanding of safeguarding?	
Do you feel confident in responding to safeguarding concerns?	
Who is the safeguarding lead within the practice?	I
Please add any further comments:	
Recruitment systems	Yes/No
Have you had a disclosure and Barring (DBS) check?	
If known, was this an enhanced or standard check?	
Have you had to provide evidence of your own immunisation status? (if relevant to role) For example, hepatitis, COVID-19 vaccine.	
Please add any further comments:	
Safety systems and records	Yes/No
Do you have the equipment required to perform your role?	
Are you satisfied with the health and safety arrangements within the practice?	
Please add any further comments:	
Infection prevention and control	Yes/No
As a result of COVID-19, do you feel enough changes are in place to ensure infection control arrangements are sufficient to protect staff and patients?	
Please add any further details if required.	
Have you received training on infection prevention and control, relevant to your role, including training related to COVID-19?	
How do you handle clinical specimens and where are they stored, if this is part of your roll	le?
Who is the infection prevention control lead?	
Please add any further comments:	
Risks to patients	Yes/No
Do you think there are enough staff to provide safe, high quality care? (when everyone who should be on duty is at work)	

Where would a patient find information on how to make a complaint?	
Complaints	Yes/No
Please add any further comments:	
Please describe any event (no matter who reported it) where learning has been shared wi changes made as a result.	th you and
Does the practice share incidents, significant events and learning with staff?	
Are you invited to meetings where significant events and incidents are discussed?	
Please describe how you would report an incident or significant event?	
Significant events and Incidents	Yes/No
Please add any further comments:	
If relevant to your role, how do you ensure that care and treatment is delivered following e guidelines? Please give examples of use.	vidence-based
What is your role in ensuring patients, including vulnerable and children, are followed up in attend appointments?	f they fail to
What is your involvement in arranging routine care/monitoring (such as for long-term cond medicines) for patients, including housebound patients?	litions/high risk
Safe care and treatment	
Please add any further comments:	
All staff: Do you receive appraisals and/or supervision?	
Clinical staff: How are the competencies of your role assessed?	
Equality and Diversity Have you received enough specific training for your role?	
Chaperoning Formality and Disprains	
Confidentiality and information governance	
Sepsis awareness	
Fire safety	
Anaphylaxis	
Basic first aid CPR	
Have you received any of the following training in the last 18 months:	
Are you able to access the emergency equipment and emergency medicines easily?	
What systems are in place for e.g. sickness, busy periods, bank holidays?	
Do you have any comments about staffing levels?	

Are you made aware of any complaints made regarding the practice? Have you any examples of improvements made following a complaints investigation?	
Have you been involved in any complaint investigation?	
Please add any further comments:	
Leadership	Yes/No
Do you feel supported by team leaders, managers, higher level management?	
Can you please give some examples to demonstrate your answer?	
Are team leaders and managers visible and approachable?	
Are you provided with enough guidance, written procedures and/or policies to perform your role?	
Please add any further comments?	
	Yes/No
Do you think your practice has a clear vision for the future?	
How have you been involved in developing the strategic planning (mission statement/vision the practice?	n, values) of
Please add any further comments:	
Please add any further comments: Culture	Yes/No
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Culture How would you describe the culture of the service? What is the work atmosphere like?	Yes/No
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Please give an example of a change made as a result of patient feedback	
Is there anything else you would like to tell us?	

Thank you for completing this questionnaire.