

CQC Sustainable healthcare FAQs



This information from answers from the CQC is to help support your practice to make more sustainable choices and keep to guidance. Should you need more information please also refer to [CQC Regulations](#) which review if practices are safe, effective, responsive, caring and well led. The [GP mythbusters](#) can also hopefully clear up some common myths about CQC inspections of GP services, independent doctors and clinics and out-of-hours services. Please see [GP mythbuster 99 on Infection prevention and control](#) in General Practice for more information.

Clinical curtain washing

CQC do not set mandatory frequency for changing or laundering curtains or screens. The frequency of cleaning is covered in the [National standards of healthcare cleanliness document](#).

This guidance also does not specify set timeframes but detail the risk categories and standards for functional areas. The [guidance state](#) that this risk and decision making process must be locally decided. CQC would expect practices to assess the risk attached to curtains, and follow their own protocol.



Laminating everything that goes on walls

CQC do not require practices to laminate all posters and information displays. We would expect practices to risk assess their environment in relation to Infection Prevention and Control and manage their environment appropriately.

Plants

CQC do not prevent practices having any plants in their premises. Where practices choose to, we would expect them to have considered and mitigated material risks associated with them.



Monthly medicines returns

The [CQC new assessment framework](#) retains 5 key questions and will assess services against [quality statements](#). These have replaced our key lines of enquiry (KLOEs), prompts and ratings characteristics. The [medicines optimisation quality statement](#) sets out expectation for the safe management of medicines. CQC do not routinely check monthly medicine returns. However, may look at such detail should assessment be responsive to information of concern. For example, if CQC are told that a care home was returning medicines unnecessarily or over ordering. In all assessments, CQC will be flexible and may expand the scope of an assessment if they need to. CQC have produced guidance on care home [medicine disposal](#) which may be helpful.



Cleaning product labelling

The [national standards of healthcare cleanliness guidance](#) does not refer to specific cleaning brands or materials including antibacterial or bleach. The guidance suggests that the choice of cleaning/disinfecting agent should be agreed by local policy. CQC do not specify what products are used but expect providers to adhere to [COSHH and cleaners](#) legislation and associated guidance.

