CQC Auditor

CQC INSPECTIONS

CQC key lines of enquiry (KLOEs) for GP practices explained

CQC AI Auditor team · Published 10 November 2026 · 16 min read
Read online: https://www.cqcaudit.ai/blog/cqc-key-lines-of-enquiry-kloes-gp-practices

In short: CQC plans to replace the 34 quality statements in its current framework with key lines of enquiry (KLOEs), bring back rating characteristics and remove scoring. Its draft framework for primary care and community services has 26 key lines of enquiry: 7 for Safe, 5 for Effective, 3 for Caring, 4 for Responsive and 7 for Well-led. It is still a draft. CQC collected views on it until 12 June 2026, planned pilots from June to October 2026 with final evaluation in November, and had not published a start date when we checked on 10 November 2026. GP practices are still assessed against the current framework and its quality statements. This guide lists all 26, compares them with today's 34 and sets out what your practice can sensibly do now.

Everything below comes from CQC's own pages and its draft framework document, read on 10 November 2026, with links to each. Where we compare the draft with today's framework or suggest what to do, that is our reading and we say so. The draft may change before CQC publishes a final version. Our glossary of CQC terms explains any unfamiliar terms.

What are CQC key lines of enquiry (KLOEs)?

Key lines of enquiry are the questions CQC plans to ask under each of its 5 key questions: is the service safe, effective, caring, responsive and well-led? CQC describes them in its guide to the purpose of its assessment frameworks as "Key lines of enquiry that indicate what we will assess within each key question. Each key question has between 3 and 7 of these supporting questions, which replace the current quality statements."

The name is not new. CQC's earlier approach to inspection also used key lines of enquiry, and its earlier KLOE guidance for healthcare services, last updated in July 2022, is still on its website. So if you search for CQC KLOEs today, there are three different things you might find:

- **The earlier KLOEs**, from the approach CQC used before quality statements.
- **Quality statements**, which are what CQC uses now. CQC's assessment framework says it "is made up of 5 key questions and, under each key question, a set of quality statements." There are 34, and our guide to the 34 CQC quality statements for GP practices covers each one.
- **The new draft key lines of enquiry**, written separately for each sector. These are the subject of

this guide and they are not yet in use.

Has the new CQC framework started?

No. CQC's June 2026 update says: "We want to get our new assessment approach right before it goes live across all services." It planned a programme of pilots and testing to "run between June and October 2026, with final evaluation in November 2026."

CQC said pilot assessments would run alongside existing inspections, not replace them, and that taking part was voluntary. It also said: "Pilot judgements have no legal standing and will not affect regulatory status or rating."

Its August 2026 update, the most recent on its Improving how we work page when we checked, says its Board approved plans that include "developing new sector-specific assessment frameworks, guidance and methods", and adds: "Looking ahead to the autumn, we plan to undertake a programme of bespoke, sector-specific engagement to explore areas of our assessment frameworks, guidance and methods in greater detail."

We could not find a start date for the new framework on CQC's website on 10 November 2026. Until CQC confirms one, your practice is assessed against the current framework and its quality statements.

What CQC has decided so far

CQC consulted on its plans in Better regulation, better care, which opened on 16 October 2025 and closed on 11 December 2025. Its initial response to the consultation reports 1,703 responses and says: "Around 95% of respondents agreed or strongly agreed with each of our proposed changes to the assessment framework". It sets out five changes that matter for general practice:

- **Separate frameworks for each sector.** "we are planning to re-introduce separate assessment frameworks for each main health and care sector". There are four drafts: adult social care, mental health care, primary care and community services, and hospitals.
- **Key lines of enquiry in place of quality statements.** "Rather than using quality statements, our assessment frameworks will include a set of new supporting key lines of enquiry, which will clearly indicate the areas we look at during assessments and inspections."
- **Rating characteristics return.** "We will re-introduce rating characteristics within each sector-specific assessment framework." These describe what outstanding, good, requires improvement and inadequate look like.
- **Scoring goes.** "We will remove scoring from our assessment approach. Future rating judgements will be made holistically using the professional judgement of our inspection teams, informed by evidence and with reference to the rating characteristics and supporting guidance."
- **Ratings at key question level.** "We will no longer make formal judgements below the level of our 5 key questions (safe, effective, caring, responsive and well-led). We will award ratings directly at key question level based on a review of evidence across the whole question, using structured professional judgement."

CQC also says it will publish a full response to the consultation during 2026.

The draft primary care and community services framework at a glance

For general practice, the relevant draft is the draft Primary care and community services assessment framework, a Word document linked from CQC's page on its draft sector-specific assessment frameworks. The version we read is marked "DRAFT V6.0". The draft does not list the services it covers. CQC stopped collecting views on the drafts on 12 June 2026.

The draft keeps the 5 key questions. Under them it has 26 key lines of enquiry. Each one has a question, a list of topics in scope, and rating characteristics for outstanding, good, requires improvement and inadequate. Four of the five key questions also open with I statements, which reflect what people say matters to them.

One thing may still change the shape of it. In its initial response CQC said it was considering "whether some frameworks such as that for primary care and community services would work better as 2 separate frameworks".

The 26 draft key lines of enquiry, by key question

The names and questions below are quoted from the draft. The notes on topics are our summary of what the draft lists as in scope.

Safe: 7 key lines of enquiry

- **Safety culture.** "Is there a positive and equitable safety culture where risks are proactively managed, concerns are listened to, incidents are thoroughly investigated, and lessons are learned to improve care?"
- **Managing risks during care and treatment.** "Is care and treatment planned and monitored to identify and manage risks, emergencies, and deterioration?"
- **Safe systems, pathways and transitions.** "Are there systems to enable collaborative working across care pathways and services, to ensure that safety and continuity of care are prioritised?"
- **Safeguarding.** "Are there systems and processes in place to safeguard people from abuse and improper treatment and support their right to live safely?"
- **Safe environments and infection prevention and control.** "Are the premises and equipment suitable and safe for delivery of care, and are potential risks within the environment detected and managed appropriately to keep people and staff safe?"
- **Safe staffing.** "Are there enough qualified, skilled and experienced staff to keep people safe and meet their needs, with strategies to manage demand and capacity safely?"
- **Safe delivery of treatments and medicines.** "Are medicines and treatments delivered safely and in a timely way, in line with people's needs and preferences?"

Topics in scope that GP practices will recognise include duty of candour and incident management, clinical records, referrals and delegation of clinical activities, safe recruitment including DBS, supervision and appraisal, prescribing, controlled drugs and antimicrobial stewardship.

Effective: 5 key lines of enquiry

- **Assessing needs.** "Are people's needs holistically assessed and reviewed with them to maximise the effectiveness of their care, treatment and support?"
- **Delivering evidence-based care and treatment.** "Is care and treatment delivered in line with current legislation, standards, evidence-based guidance and good practice?"
- **Outcomes.** "Does the service monitor outcomes and compare performance to improve the effectiveness of care for all?"
- **Supporting people to live healthier lives.** "Are people supported to manage their own health and wellbeing and, where the service is responsible, how does it improve the health of its population?"
- **Consent to care and treatment.** "Are people supported to understand and exercise their right to consent to care and treatment?"

Topics in scope include care planning, carer assessments and support, clinical audits, benchmarking, quality improvement initiatives, capacity to consent and DNACPR.

Caring: 3 key lines of enquiry

- **Kindness, compassion and dignity.** "Are people treated with kindness, empathy, compassion and respect, and is their privacy and dignity maintained?"
- **Person-centred care.** "Is care and treatment delivered in a person-centred way?"
- **Independence, choice, and control.** "Are people empowered to maintain their independence and to make choices about their care and plans for their future, where they are able to?"

Topics in scope include privacy and confidentiality, personal, cultural, social and religious needs, and end of life and palliative care planning.

Responsive: 4 key lines of enquiry

- **Care provision, integration, and continuity.** "Is care co-ordinated and delivered in a flexible, joined-up way that reflects diverse needs and promotes choice and continuity?"
- **Listening and responding to feedback.** "Are people supported to give feedback and raise concerns, and are they confident that action will be taken as a result?"
- **Timely and equitable access.** "Does the service ensure that everyone can access equitable and timely care, treatment and support?"
- **Equity in experience.** "Does the service tailor people's care, treatment and support effectively, to ensure equity in experience?"

Topics in scope include feedback and complaints, waiting times, delays and cancellations, out-of-hours arrangements, reasonable adjustments, digital exclusion, and translation and interpretation.

Well-led: 7 key lines of enquiry

- **Strategic direction.** "Is there a clear vision and strategy that addresses the changing needs of the population and communities served?"
- **Workforce equity and culture.** "Is there an inclusive and fair culture that prioritises the safety and wellbeing of staff, supports speaking up and addresses workforce inequalities?"

- **Capable and compassionate leaders.** "Do leaders at all levels have the capacity and capability to effectively deliver high quality care with accountability and empathy?"
- **Governance.** "Are there clear roles, responsibilities and systems of accountability to support good governance?"
- **Management of risk, performance and issues.** "Are there clear and effective processes for managing risks, performance and issues?"
- **Partnerships and communities.** "Is the service working effectively with its population and partners to deliver high quality care and treatment that meet the diverse needs of the people who use them?"
- **Improvement, innovation and learning.** "Are there effective systems that enable continuous improvement, innovation and learning to drive high-quality, sustainable services?"

Topics in scope include speaking up culture, the Freedom to Speak Up Guardian and whistleblowing, staff safety including sexual safety, succession planning, business continuity, data protection, cyber security, statutory notifications and environmental sustainability.

How the 26 compare with today's 34 quality statements

This section is our reading of the two documents side by side. CQC has not published a map from one to the other, and the draft may change.

- **Safe goes from 8 to 7.** Safe systems, pathways and transitions and Safeguarding keep their names. Safe environments and Infection prevention and control become one key line of enquiry. Learning culture appears as Safety culture, Involving people to manage risks as Managing risks during care and treatment, Safe and effective staffing as Safe staffing, and Medicines optimisation as Safe delivery of treatments and medicines.
- **Effective goes from 6 to 5.** Four keep their names. Monitoring and improving outcomes becomes Outcomes. How staff, teams and services work together has no key line of enquiry of its own, and multi-disciplinary team working is a topic under Safe systems, pathways and transitions.
- **Caring goes from 5 to 3.** Person-centred care moves in from Responsive. Treating people as individuals, Responding to people's immediate needs and Workforce wellbeing and enablement are no longer separate. Support and wellbeing of the workforce is a topic under Workforce equity and culture in Well-led.
- **Responsive goes from 7 to 4.** Equity in access appears as Timely and equitable access, and Listening to and involving people as Listening and responding to feedback. Equity in experiences and outcomes appears as Equity in experience, with inequalities in outcomes a topic under Outcomes in Effective. Providing information and Planning for the future are no longer separate. End of life and palliative care planning is a topic under Independence, choice, and control in Caring.
- **Well-led goes from 8 to 7.** Freedom to speak up and Workforce equality, diversity and inclusion appear to come together in Workforce equity and culture. Environmental sustainability becomes a topic under Strategic direction. Governance, management and sustainability appears to split into Governance and Management of risk, performance and issues.

Our view: very little of the substance disappears. Fewer headings cover much the same ground, and most of what moved is still listed as a topic somewhere else. Evidence you hold for today's quality statements should still have a home if the draft is adopted as it stands.

What good looks like in the draft: details GP practices will recognise

> The rating characteristics are where the draft gets specific. These lines are all from the characteristics for a good rating unless we say otherwise:

- **Safety alerts.** Under Safety culture: "Risks of harm, including those highlighted in alerts and recalls, are proactively identified and mitigated to reduce harm."
- **Recruitment and temporary staff.** Under Safe staffing: "Recruitment practices are rigorous and safe to make sure that all staff, including agency staff and volunteers, are suitably qualified, experienced, competent and able to carry out their role."
- **Staff fatigue.** Also under Safe staffing: "Leaders understand the impact of fatigue on staff and how it affects the safety of people who use services."
- **Clinical audit.** Under Outcomes: "Where relevant, the service participates in local and national clinical audits and other monitoring activities such as reviews of services, benchmarking and peer review."
- **Telephone access.** Under Timely and equitable access: "The service takes action to minimise the length of time people wait for care, treatment and support. This includes monitoring call abandonment rates."
- **Digital exclusion.** Under the same heading: "Staff identify people who may be digitally excluded and offer alternative ways of accessing care."
- **Learning from complaints.** Under Listening and responding to feedback: "Staff analyse feedback for themes (such as a disproportionate number of complaints from people with protected equality characteristics) and make changes, where needed."
- **Business continuity and cyber security.** Under Management of risk, performance and issues: "Emergency preparedness and business continuity plans are routinely tested and sufficient for the size and capacity of the service." And: "There are resilient and reliable cyber security arrangements and systems to protect people's data and maintain secure data services."

Artificial intelligence is named too. One of the outstanding characteristics for Timely and equitable access reads: "The service uses innovative technology, such as artificial intelligence and online services appropriately to ensure people have timely access to care, treatment and support." Our post on AI in general practice covers what CQC says about it today.

Two points from CQC on how to read these. First, it says the rating characteristics "are intended as a guide, rather than a comprehensive list of everything that might be relevant under each key question or key line of enquiry", and that "services do not need to demonstrate every characteristic to meet a particular rating." Second, it sets the bar for good above bare compliance: "to be rated as good, providers need to demonstrate that they are doing more than the minimum requirements set out in regulations."

How ratings would be decided without scores

> Today, CQC scores evidence under each quality statement and turns those scores into a rating for each key question. Our guide to how CQC scores GP practices explains how that works, and the free

> CQC score calculator lets you try it with your own numbers. That is still the system in use.

Under the new approach, CQC says scoring will go and inspection teams will rate each key question directly, using professional judgement and the rating characteristics. CQC also says its "approach to ratings aggregation has not changed", which is how ratings are combined into an overall rating. One aim of the pilots was to test "whether providers can clearly understand how ratings and judgements have been reached."

Timeline: what has happened and what comes next

- **16 October 2025.** CQC opens its Better regulation, better care consultation.
- **11 December 2025.** The consultation closes with 1,703 responses.
- **March 2026.** CQC publishes its initial response and says it plans to bring back sector frameworks, key lines of enquiry and rating characteristics, and to remove scoring.
- **12 June 2026.** CQC stops collecting views on the four draft frameworks.
- **June to October 2026.** Pilots and testing planned, alongside existing inspections.
- **August 2026.** CQC's Board approves plans for rebuilding its regulatory approach and digital services, including new sector frameworks, guidance and methods.
- **November 2026.** Final evaluation of the pilots planned.
- **Still to come.** CQC's full consultation response, the final frameworks, supporting guidance and a start date. CQC says it will publish supporting guidance separately from the frameworks so it can update it more quickly.

What GP practices can do now

> Our suggestions:

- **Keep working to the 34 quality statements.** They are what CQC assesses against today, and CQC has said pilot judgements under the draft do not affect ratings.
- **Read the draft once, as a gap check.** Go through the 26 questions and the topics in scope with your leadership team, and note anything you could not evidence today. Treat it as a reading exercise, not a project, because the wording may change.
- **Organise evidence by topic, not by statement number.** A folder called Safety alerts or Complaints works under either framework. A folder named after a quality statement may need renaming later.
- **Look at the details the draft spells out.** Call abandonment rates, how you identify people who are digitally excluded, whether your business continuity plan has been tested, and how you check the impact of fatigue on staff are all named in the draft and are worth having an answer for anyway.
- **Do not rebuild your systems around a draft.** Wait for CQC's final framework and supporting guidance before changing templates, policies or software.
- **Watch CQC's updates.** Its Improving how we work page carries each update, and our monthly round up for GP practices will report any start date CQC announces.

Where the CQC AI Auditor fits

The CQC AI Auditor is a CQC audit for GP practices. It reads the evidence you already hold, questions you on it the way an inspector would, and scores what you can actually show against the Single Assessment Framework, which is the framework CQC assesses practices against today. How it works explains the steps, the sample report shows what you get, and How we score sets out the method. As that page says: "When CQC changes its approach, we will change with it." It is not a prediction of your CQC rating.

In our view, the best preparation for any change of framework is the same as the best preparation now: knowing what your own documents can and cannot show. That is what a CQC audit of your evidence tells you. The topics in the draft key lines of enquiry, from safety alerts and recruitment checks to complaints and governance, rest on the same policies, logs, audits, training records and minutes that practices hold today.

Frequently asked questions

What are CQC key lines of enquiry (KLOEs)?

They are the questions CQC plans to ask under each of its 5 key questions in its new sector frameworks. CQC says each key question has between 3 and 7 of them and that they replace the current quality statements. CQC's earlier inspection approach also used key lines of enquiry, so older lists you find online are not the new ones.

Are CQC KLOEs replacing quality statements?

That is CQC's plan. Its response to the Better regulation, better care consultation says its frameworks will include new supporting key lines of enquiry rather than quality statements. The new frameworks are still in draft, and CQC had not published a start date when we checked on 10 November 2026, so the 34 quality statements still apply.

How many key lines of enquiry are in the draft primary care framework?

26 in the version we read, marked DRAFT V6.0: 7 under Safe, 5 under Effective, 3 under Caring, 4 under Responsive and 7 under Well-led. CQC has said it is considering whether primary care and community services would work better as 2 separate frameworks, so the final number may differ.

When does the new CQC framework start for GP practices?

CQC has not said. Its pilots were planned to run from June to October 2026, with final evaluation in November 2026, and it has said it wants to get the approach right before it goes live across all services. Pilot judgements have no legal standing and do not affect ratings.

Will CQC still score GP practices under the new framework?

CQC says it will remove scoring. Ratings would be awarded at key question level using the professional judgement of inspection teams, with reference to the rating characteristics and supporting guidance. Until the new approach starts, the current scoring still applies.