



REGISTRATION



INSPECTION



What to expect from a CQC inspection

ENFORCEMENT



PUBLICATION



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Introduction

If you provide health care or adult social care services that are regulated activities under the Health and Social Care Act 2008, you must be registered with us, the Care Quality Commission (CQC).

Our focus is always on the impact of care on patients, and we must ensure that all patients receive safe and good quality care, wherever it is provided.

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and social care services have a right to expect. They are included within our *Guidance about Compliance: Essential standards of quality and safety*.

This booklet is designed to help you understand how we check your compliance with the regulations and what to expect from an inspection.

Although CQC is responsible for regulating providers and informing the public about the quality and safety of services, other parts of the system also play an important role in making sure people receive good care:

- Providers of care and individual professionals must ensure they deliver care that meets the essential standards.
- Local authorities, the NHS Commissioning Board and clinical commissioning groups should make sure that the services they commission provide good quality care.
- Professional regulators have a responsibility to ensure that care professionals provide care in line with their codes of conduct.
- The public can report poor care to staff and those providing services, to commissioners, to CQC and to professional regulatory bodies.



The focus of our inspections

We base the focus of our inspections on the experiences people have when they receive care and the impact the care has on their health and wellbeing. We make our judgements against the regulations, and the judgements we make are informed by these experiences. This is why inspectors spend a lot of their time on an inspection talking to patients. They will check their findings in a number of ways, including speaking with staff, to reach their judgements.

2.



What to expect from an inspection

Under each of the following headings there is a section called *You may want to consider*, which provides some points that may help you prepare for our inspections.

Before an inspection

Our inspectors and analysts continually assess and review the information we hold and receive about the services we regulate.

This information includes the **notifications** we receive from you, concerns, complaints and safeguarding alerts, contract monitoring reports and where applicable, your last inspection report. It also includes information from stakeholders including LINKs (soon to be local Healthwatch) and members of the public. We hold this information centrally for each service, to help our inspectors to assess where risks lie.

Our inspectors use this information to decide which of the essential standards we will inspect. For example, certain standards may be particularly relevant to your service, or we may have received some concerning information.

We will also decide whether we need to be accompanied by an 'expert by experience' (a person with in-depth experience of using services) or a professional advisor, to help us gather information from patients.

Your inspector will call you at least 48 hours before a **scheduled** or **themed** inspection to let you know they will be visiting and what theme they are looking at.

Responsive inspections, where we have concerns about a service or the care of patients, are likely to be unannounced.

As our inspections are carried out at short notice, we won't ask you to send us any information before an inspection, but we may ask you for some during or after our visit.

You may want to consider:

- ✓ Making sure you **submit notifications** as soon as possible after an event or incident so that we have a clear picture of your service.
- ✓ Ensuring that your notifications give us **clear information** about each event and what action you have taken to learn from them, minimise risk and ensure good outcomes for your patients.

- ✓ Encouraging patients who use your service to be aware of the **'Please tell us your experience'** forms on your profile page on our website, as this helps us understand how people experience your service.
- ✓ Make sure you read our *Guidance about compliance* and have information available to help you **demonstrate your compliance**.
- ✓ Consider how you **assess and monitor the quality of your care**, to assure yourself you're meeting the essential standards. For example, you might review and act on people's feedback through comment cards and surveys, or audits of your service's performance.

When we arrive

We will introduce ourselves and show our identification. CQC identification badges include a photograph of the inspector on the front and a copy of our warrant on the reverse, signed by our chief executive. If you are unsure about the identity of an inspector please contact our enquiries team on 03000 616161 who can verify details for you before allowing access.

We will ask to speak to the registered person or the nominated individual. If they are not available, we will ask to speak to a partner and/or a practice manager.

We will let you know if our inspection is a scheduled, themed or responsive inspection. A scheduled inspection is our regular check that you are meeting the standards. We carry out responsive inspections when we have concerns and a themed inspection looks at a specific area in health and social care.

We will tell you which of the essential standards we will be inspecting. If we decide to check additional standards during our visit we will let you know.

We will ask you to organise a suitable room or place for us to use for the duration of our visit. We may use this room to interview staff*, patients, their relatives, advocates or carers. If you wish to, you may want to give inspectors access to refreshments.

We will usually give you some time to organise yourselves after we arrive. However, sometimes we may need to start the inspection before a senior person is contacted, for example if we have specific concerns and are carrying out a responsive inspection.

How long an inspection takes will depend on many factors, such as the size of your practice or the range of the services you provide. In most cases it is unlikely to be more than one working day.

** The term 'staff' includes self-employed people engaged by the service and volunteers.*

You may want to consider:

- ✓ Identifying a **'suitable area'** in your service – for example, you may have a room that can be used temporarily.
- ✓ Identifying a person who can introduce the inspector to patients and staff, and for **someone to be available** to accompany the inspector if needed.
- ✓ How you ensure that patients and your staff **understand what may happen during an inspection**. You may want to put a notice up letting your patients know an inspection is taking place.
- ✓ How you would **contact the registered manager** if they are not available at the time of the inspection.
- ✓ How you would continue your usual activities so that **care is not disrupted** more than is avoidable during our inspection.

During the inspection

During the inspection, we will talk to patients and to staff. We will cross-check what we see and hear against other evidence such as records, or other information. We will look for evidence that the regulations are not being met. However, where we see, hear or find evidence to show that the care being provided is what we expect people to experience, or where we see excellent or innovative practice, we will include this in our report.

We use a variety of different methods to gather evidence during an inspection. Our inspectors may use all of them, or only some; some of them may not be relevant to your service.

We will also spend time speaking with patients, their carers, family members or advocates. We may also speak with members of your Patient Participation Group. This is so that we can understand patients' experiences.

We will speak with managers and members of staff of all levels. We don't expect all staff to have the same knowledge, but we do expect them to understand their role in providing good outcomes for people and know what to do if they have concerns.

We may spend time carrying out 'pathway tracking'.

This is when we follow a person's route through the service and get their views on it. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care or treatment.

We might ask to look at specific areas of your service (e.g. how you involve people in their care) and we may ask you to show us information such as training records. We won't be prescriptive in what we expect from, for example, training records. We recognise the differences in settings in which care is provided. However, we will expect training to be appropriate for the staff working in the practice and for the regulated activities you provide.

There may be times when it is not appropriate or possible for our inspectors to speak to patients or staff. Where this is the case, we may ask you for information about how you gather feedback, such as patient surveys and ask to see this, or we might ask you to help us arrange to contact patients after we have left.

We won't normally spend a great deal of time reading policy or procedure documents, unless we need to look at them to substantiate other evidence or what staff or patients have told us about their experiences.

For example, we may ask a member of staff what training they had completed, how they use it in their role, and we may verify their responses by checking the training records.

You may want to consider:

- ✓ Making staff aware of the **methods we use to gather evidence**.
- ✓ Making it clear that we don't expect all staff to have the same **level of knowledge and understanding**.
- ✓ How you will be **ready to produce documentation during the visit**. If there is a valid reason why you can't locate documents during the visit we will usually allow you 24 hours to produce them. We don't expect you to produce new documentation specifically for our visit – this should be evidence you already have to hand to assure yourself you are meeting the standards.
- ✓ **Keeping your records up to date**, including medical and training records

What does looking for evidence of non-compliance actually mean?

Our inspections focus on identifying non-compliance, although where we see compliance, we will describe it to provide a balanced view when reporting our findings and judgements.

For example, when we check your compliance with safeguarding, we will focus on following up areas such as a lack of understanding from staff about what to do if they identify that a child or vulnerable adult may be at risk. We will always check evidence of non-compliance with other evidence, unless the evidence is so strong that it can be used on its own. For example, when we find that staff are not sure what to do when they have safeguarding concerns, this may lead us to check staff training records and policies, to confirm our findings and inform our judgements.

The end of the inspection

To make sure that our judgements are robust, we may ask you for additional information to confirm evidence we have gathered during the inspection. We may be able to tell you this at the end of the visit or we will contact you and ask for it. If we do ask you, it must be provided within 48 hours.

Before we leave we will meet with you to give you feedback and update you about our inspection. This is also an opportunity for you to give us feedback and ask any questions. There may be occasions when we don't do this, for example if a number of inspectors or experts are involved in the visit and we need to group our findings together to reach a judgement.

You may want to consider:

- ✓ **Checking with the inspector before they leave** that they have been provided with all the documents they have asked for, and spoken to everyone they needed to.
- ✓ **Ask the inspector any questions you have** and ensure you understand what happens next.

3.



How we make our judgements

The inspector will use a document called the Judgement framework to help make a judgement about whether or not your service was meeting each regulation that we inspected, and to decide CQC's response where you were not.

We always make sure we have sufficient evidence to reach our judgements, and we will take a proportionate approach to reaching these judgements.

You can read more about how we do this in our [Judgement framework](#).

4.



Your inspection report

The inspection report sets out our findings and judgements from the inspection. It explains why and how we carried out the inspection, our findings from the inspection and our judgements.

If we make a judgement that you were not meeting one or more of the regulations, we describe the level of impact (minor, moderate or major) of that judgement on patients and the action we are taking. The action will be proportionate to the impact that the breach of the regulation has on patients (and other people, where appropriate).

When you will see the report

We will send a copy of the draft inspection report to the registered person as an attachment by email*. This will usually be within 10 working days of the date of our visit. It may be longer, for example if we have been accompanied by an expert by experience or professional adviser and we need to wait for their report so that we can include their evidence and findings.

You have 10 working days to check the report for factual accuracy and send us comments on a template that we will send out with the email. This is the only opportunity you have to comment on the content of the report before it is published on our website. The judgements we have made will also update your profile page on our website.

You may want to consider:

- ✓ Regularly **checking your emails** after the inspection.
- ✓ Checking the factual accuracy of the inspection report and **if necessary, co-ordinating sending us one set of comments**

* If you are registered to receive communications by post, the report will be posted to you

Your profile page on our website

Every provider registered with us has a profile page on our website. These pages include a summary of our latest judgement on whether they are meeting each of the 16 essential standards. The standards are grouped under five chapters, as they are in our [Guidance about compliance: Essential standards of quality and safety](#).

The tick or cross for each chapter is determined by the worst judged standard within that chapter. A green tick shows compliance; a grey cross shows non-compliance (with improvements required); and a red cross shows non-compliance (enforcement action taken).

When visitors click on a chapter, the panel opens up to show our latest judgment for each of the standards, along with a summary and the date of when the standard was last checked.

Once we have completed an inspection, we will publish our findings and update our judgments on the website accordingly. Each profile page has PDFs of all inspection reports relating to that location. Reports will be published on the website within 14 days of the factual accuracy check being finalised.

What action we can take if you are not meeting the regulations

We generally use **compliance actions** in response to breaches of the regulations with a minor impact on people, or where the impact is moderate but it's happened for the first time. The registered person will need to submit a report showing how your service intends to meet the regulations and any action needed to do so. We will send a template that you can use along with the copy of the final inspection report, and let you know when you must return the report (we will set a timeframe of either 7, 14 or 28 days from the date we sent you the report). We will check the robustness of the report using the 'SMART' approach (Specific, Measurable, Attainable, Realistic and Timely).

You may want to consider:

- ✓ Identifying **who will take the action and by when.**
- ✓ How you will make sure you **submit the report within the deadline.**
- ✓ How you will **monitor progress** against the report.
- ✓ How you will let us know when you have **completed your report.**

We take **enforcement action** where the breach of a regulation is more serious, or where a compliance action has not been effective. Not sending us a report can also lead to enforcement action. When we exercise these powers, we do so in a proportionate way, considering the effect on the public and those who use services. There are a range of enforcement actions we can take under the Health and Social Care Act 2008 and associated regulations, so that we can take the appropriate action to eliminate poor quality care. More information about enforcement action can be found in our [enforcement policy](#).

There are circumstances in which you can appeal or make written representations about any enforcement action we may take, which you can find [here](#).

How we follow up compliance and enforcement actions

Compliance actions: Once you are sure that you are now meeting the regulation(s) for which we set a compliance action **and** you are able to evidence this, you should tell us that you are fully compliant with all the compliance actions that were published in your inspection report.

We will check this within three months of the date you tell us you have become compliant. We may follow up with a visit, or we may be able to review the information you send us and confirm this with a telephone call. If our judgement confirms that you are now meeting the regulation, we will publish this judgement in a report and your page on the website will show a green tick next to the appropriate regulation. If you are still not meeting the regulation(s), we will consider what to do next. We can escalate our actions by taking enforcement action where this is necessary.

Enforcement action: we will always follow up enforcement action with an inspection visit to make a judgement about whether or not you are now meeting the regulation(s). The timescales vary dependent on the type of enforcement action we have taken.

You may want to consider:

- ✓ How you will **monitor progress** against your report (for compliance actions).
- ✓ What **evidence you can provide** to confirm you are now meeting the regulation(s), for compliance actions and enforcement actions.

5.



More information

If you would like to know more about how we regulate visit our website. There you will find details about our inspection process as well as the steps of registration, enforcement and publication.

www.cqc.org.uk

If you have any questions you can contact our National Customer Service Centre on **03000 616161** or email **enquiries@cqc.org.uk**

If you have a complaint about your inspection, you should raise this with your inspector in the first instance. If you feel unable to do this, or you have tried and were unsuccessful, you can contact our National Customer Service Centre to make a complaint.

How to contact us

Telephone: **03000 616161**

Website: **www.cqc.org.uk**

Email: **enquiries@cqc.org.uk**

Write to us at:

Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Please contact us if you would like this document in other formats or languages.

