1. Introduction

1.1 Providers of Health and Social Care are regulated under the Health and Social Care Act 2008 by the Care Quality Commission (CQC). These regulations describe the essential standards of quality and safety that people who use health and social care services have a right to expect.

1.2 Under their inspection regime, the CQC can carry out an inspection of any services provided by the Trust at any time, day or night.

1.3 This Standard Operating Procedure provides information to staff relating to what to do when CQC Inspectors present at the Trust for an announced or unannounced visit/inspection of services within the Trust.

2. Scope

2.1 This Standard Operating Procedure applies to all medical, all registered clinical, all unregistered clinical and non-clinical staff employed by the Trust, including bank, agency and locum staff.

2.2 This Standard Operating Procedure is intended to provide guidance for staff during a CQC Inspection.

3. Recommendations, Standards and Procedural Statements

3.1 Unannounced Inspections

3.1.1 The CQC can arrive at any time, day or night and request to inspect services provided by the Trust.

3.1.2 Most inspections will be unannounced and may only provide the Trust with advanced notification of up to thirty minutes that they will be arriving at one of the hospital sites. This will be a telephone call to the Chief Executive/Chief Nurse.

3.1.3 CQC inspectors may not provide advance notice and present themselves at the Main Reception of the site they will be undertaking an inspection.

3.1.4 On arrival, reception staff should be welcoming and request to see the inspector's photograph identification badge. This should include a photograph of the inspector on the front and a copy of the CQC warrant on the reverse. This will be signed by the CQC Chief Executive.

3.1.5 The receptionist should ask the inspectors if they have been in contact with the Chief Executive/Chief Nurse to notify them of their arrival.

3.1.6 If the CQC have not provided prior notification, the receptionist should ask switchboard to contact the Chief Nurse during hours (Monday-Friday 08:00-17:00) or to contact the Director On-Call out of hours via switchboard.

3.1.7 The Chief Nurse or Director On-Call will notify the Leadership Team and attend reception to greet the inspectors, accompanying them to an identified room to brief the Leadership Team on the inspection schedule and the essential standards they will be inspecting.

3.1.8 The service/area being inspected will need to allocate a room for the CQC to work from and identify a local lead to be available to the CQC and to liaise with the Head of Quality Assurance .

3.1.9 The Head of Quality Assurance will inform the Communications Team of any unannounced inspections, who will support with Trust wide communication announcement to keep staff briefed.

3.2 Planned Inspections

3.2.1 The CQC will provide the Trust with 48 hours' notice of a planned inspection. They will provide information of areas they will be inspecting.

3.2.2 The Head of Quality Assurance will make arrangements for the inspection and liaise with the inspectors where to go upon arrival.

3.2.3 The service/services being inspected will be notified of the intended inspection. It will be their responsibility to notify their teams of the inspection.

3.2.4 The Head of Quality Assurance will inform the Communications Team of the planned inspection, who will support with Trust wide communication announcement to keep staff informed.

3.3 During an Inspection

3.3.1 Please ask to see the CQC inspectors' identification when they arrive in the clinical area.

3.3.2 Ask if there is anything specific, they would like to see or someone they would like to speak with.

3.3.3 The CQC inspectors will want to talk to patients, families, and carers about their experiences of care and to staff at all levels.

3.3.4 The CQC inspectors may follow a patient's route through a service to gather their opinion relating to the service and their personal experience.

3.3.5 The CQC inspectors may want to look at and review patient records, both paper and electronic. A member of staff can log onto a patient's Nerve Centre record at the request of the inspectors. Staff must not walk away whilst the inspector is reviewing the record and if they need to leave to attend to a patient, they must sign out of the device. Inspectors must not be left unaccompanied with electronic records.

3.3.6 If during the inspection an inspector escalates an immediate concern, this should be actioned immediately. If staff do not know the answer, let them know it will be escalated to a senior member of staff and they will receive an update when the action has been completed.

3.3.7 Inspectors may take photographs during the inspection; however, they will not take photographs of staff or patients.

3.3.8 Inspectors may ask to see staff records for example competency and training records.

3.3.9 Any requests for data, policies, audits, or other information by the CQC Inspectors should be directed to the Head of Quality Assurance (07977371376 or Ext 13117) who will log the requests and liaise with services to collect the requested information. Staff should not give any documentation to the CQC until the request has been logged, this ensures we have a record of information requests.

3.3.10 Further Information for staff on what to expect during a CQC Inspection is available at [CQC Preparation Poster.pdf (sharepoint.com)](#) and [CQC During Inspection Poster.pdf (sharepoint.com)](#)

3.4 After an Inspection

3.4.1 The CQC inspectors usually provide brief verbal feedback to the Senior/Trust Leadership Team at the end of the inspection and explain the next steps.

3.4.2 The Head of Quality Assurance will coordinate with the services inspected any requests for information submitted by the CQC following their Inspection. Requests for information have to be returned to the CQC within three working days unless they state otherwise.

3.4.3 The Head of Quality Assurance will collate the information for members of the Leadership Team to sign off prior to submitting to the CQC via the provider portal.

3.4.4 Any and all subsequent information requests will be managed through the same process.

3.4.5 The CQC will communicate any concerns identified during the inspection, or from the post-inspection information request to the Chief Executive.

3.4.6 Draft copies of the inspection report will be sent to the Trust for factual accuracy. The Trust has ten days to respond and provide evidence of any inaccuracies to the CQC.

3.4.7 Working groups will be established in services, initiating action plans to implement improvements where an inspection leads to an enforcement notice from the CQC.

3.4.8 Final reports will be shared with the service and action plans will be monitored through the RI 2 Good Steering Group.

3.4.9 Learning from inspections will be shared through the RI 2 Good Steering Group and CMG representatives will cascade to their teams.

3.4.10 The Communication Team will publish CQC Inspection reports, changes in the Trust's CQC rating and respond to all media enquiries.

4. Education and Training

4.1 Advice and resources on CQC inspections are available online for staff.

5. Monitoring and Audit Criteria

All guidelines should include key performance indicators or audit criteria for auditing compliance.

If this template is being used for associated documents (such as procedures or processes) that support a policy, this section is not required as all audit and monitoring arrangements will be documented in Section 8 of the Policy.

Key Performance Indicator	Method of Assessment	Frequency	Lead
CQC enquiries will be monitored for themes and trends that may indicate where inspection activity is indicated	Audit of enquiries	Quarterly	Head of Quality Assurance
CQC inspections will improve quality for patients	Completion of action plans Presentation to RI 2 Good Steering Group	Post inspection	Service Leads

6. Supporting Documents and Key References

[CQC_Preparation_Poster.pdf_(sharepoint.com)](#) and [CQC_During_Inspection_Poster.pdf (sharepoint.com)](#)

7. Key Words

CQC

Inspections

Factual Accuracy

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