



Inspection Guidance



Inspection Guidance

Section 1

**Services which are rated
as “Outstanding”**

The CQC website celebrates and provides detailed explanations of how some homecare services became to be rated as “outstanding.” Here are some random examples which we hope will inspire you.

“This is an excellent care agency, delivering outstanding care to people with learning disabilities, physical disabilities, older people, people with dementia and people experiencing mental health issues.

“One of the outstanding characteristics of the service was the time spent developing ways to accommodate the changing needs of the people who used the service, using innovative and flexible ways to support people to move forward. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential.

“People who used the service and their relatives spoke of the outstanding care delivery. They told us the provider and staff of the service went above and beyond to ensure they received person centred care, receiving regular assessments, participating in personal development programmes and benefitting from input from a range of professionals to help them to live in their community, access treatment and support.

“Service users and their relatives were high in their praise about the staff. People’s achievements were celebrated and their views were sought and acted on. They were supported by staff that were compassionate and treated them with dignity and respect.”

“The service is clearly committed to promoting it’s ethos of putting people at the very heart of its operations and ensuring there is a strong focus on encouraging people to become independent and live fulfilling lives. The vision and values of the service which centre around providing care that improves the quality of people’s lives, is strongly embedded throughout the organisation.

“The service was rated Good overall after our previous inspection in October 2015 and I am delighted that the provision of compassionate, high quality, individualised care has continued to improve. The staff and management should be proud of their achievement in attaining our highest overall rating of Outstanding and I would like to extend my congratulations to them”.

Some of the key findings from the inspection included:

Inspectors found the service outstanding in the way it responded to people's changing needs and put people first at all times. There was a strong focus on encouraging people to become independent and supporting people to live as able a life as possible by trying out new hobbies, activities, interests and form community links. People and staff felt a sense of well-being when this was achieved.

People's care and support was well planned, with comprehensive plans in place to guide staff. Care was personalised and individual to meet people's differing needs. Staff showed passion and commitment to providing the best support to enable people to have full lives and people were overwhelmingly positive about the way they were treated with kindness, dignity and respect while receiving care and support from the staff.

Staff were encouraged to develop innovative ideas to measure and show success and the management recognised and celebrated staff good practice by publicising these in prominent areas throughout the service. This also contributed to the emphasis on continuous improvements which again proved beneficial to the people using the service.”

“The care being provided by this domiciliary care agency was of a very high standard. Amongst some of the excellent practice, we could see that the service promoted a philosophy of care, where people who used the service were included, and were enabled to be part of decision making about their support, as well as the service. We found people received outstanding personalised care and support, telling us they were involved in all decisions about their care and the service had developed creative means of enabling people to lead as full a life as possible. “The service was extremely well-led. The registered manager was focused upon improving the quality of the service and there was a strong emphasis on continuous improvement”.

“The quality of care which our inspectors found here was exceptional and I am very pleased that we can celebrate the service’s achievements.”

“An outstanding service is the result of a tremendous amount of hard work and commitment. I would like to thank and congratulate everyone involved.”

Some of the key findings from the inspection include:

The service was exceptionally caring. Staff went above and beyond expectations to ensure that people were treated with kindness and compassion.

Friendships developed between people and staff and the focus from staff was on ensuring that people's emotional as well as personal needs were being met.

Care was centred on people's individual needs. Staff maintained kind and caring relationships with people.

People felt safe using the service with one person telling inspectors "I feel safe and I am treated well." Relatives had no concerns about the safety of their family members”.

“This is clearly a service that has placed providing consistent, high quality person-centred support that enables people live independently at the very heart of it’s operations.”

“The service was rated Outstanding in all areas during our previous inspection in 2015 and I am delighted that the high standard of care has remained consistent and enabled the service once again achieve our highest rating across all services after this recent inspection.”

“People and relatives were overwhelmingly positive about the service they received. Inspectors were told "The standard of care is very close to home, that’s the best compliment I can pay them" and "They are almost unrecognisable in their independence since being supported by this service”.

“To receive consecutive overall Outstanding ratings is a commendable achievement and the staff and management at the service should be very proud of this and the consistent high quality, compassionate and person-centred support they are providing”.

“CQC inspectors rated the service as Outstanding for being effective, responsive and well-led. It was rated Good for being safe and caring.

The service provided outstanding support to people and was very responsive to people's needs. The service also provided outstanding support to staff.

One person said: "This is as good a service as it can be. I would be very happy to recommend it to anyone" and a relative commented "My relative now has a regular core of carers who know her very well. They treat her very kindly and speak to her with great respect, upholding her dignity and they are always very polite to other relatives in the house."

People continued to be extremely well supported by carers to engage in activities to stimulate and promote their overall wellbeing.

There was an extremely positive culture within the service, the management team provided strong leadership and led by example. The registered manager had developed a new structure to the office team which enabled the service to develop and grow.

Staff support had been enhanced through a buddy system, effective training, systems to keep staff safe and recognition of staff's dedication to the care of people.

The registered manager was an excellent role model who actively sought and acted on the views of people. Staff said Home Instead was 'like being part of a family and we all really like one another.'

Staff we spoke with described the management as very open, approachable, positive and easy to get on with. Systems were in place to monitor and improve the quality of the service.

A healthcare professional commented: "The management is experienced, caring and well-regarded locally, and we know that many clients' lives are considerably better off thanks to the services they provide. We are fortunate to have them."

"This is a family run service which is committed to changing the face of ageing by providing a bespoke and individual service for each person and ensuring staff (who prefer to be called caregivers) are matched to the personality and needs of those being cared for.

"Caregivers are positive and enthusiastic about their jobs and inspectors observed them conducting their duties with an emphasis on compassion, respect and dignity, often going above and beyond these duties to provide exceptional care including accompanying someone who had been injured to hospital and ensuring there was appropriate after care before the person was eventually discharged.

"People described the service they received as wonderful and said they consider the caregivers to be personal friends with one person who enjoys outings telling us "They are my friends. We go places".

"People were encouraged to be independent and caregivers were highly supportive and used their knowledge and experience to promote this. In one case a person with dementia whose diet and nutrition had been affected by their condition was assisted with preparing healthy shopping lists and food preparation and their health and well-being improved as a consequence.

"To receive an Outstanding rating overall is a commendable achievement and all the caregivers and management at the service should be very proud of the high quality, person-centred care they are providing."

"The service demonstrated an excellent commitment to providing outstanding care, which put people at the heart of everything. The provider and registered manager led the staff to deliver person-centred care, which had achieved consistently outstanding outcomes for people."

“Staff continuously went the 'extra mile' to ensure that people remained living in the comfort of their own home. They respected people's individuality and empowered people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.”

“There was a culture of openness and transparency; the registered manager continually encouraged and supported the staff to provide the best possible person centred care and experience for people and their families.”

“All of this meant people received a high standard of care, which is why it has been rated Outstanding.”

“It's great to see an already Good service improve to be Outstanding. We found that the management team had a strong focus on learning and developing best practice, and continuous improvement. Keeping a record of their research was an excellent way to reflect on their work and drive it forward.

“We also found robust systems in place to keep people safe and an understanding of how technology could be used to improve people's lives. It was clear that the service wanted people to be involved in their care and actively encouraged collaboration. The people receiving care told us how much they had achieved, because of the caring relationships that had been formed.

“Dedicated, skilled and motivated staff led by very strong management are some of what makes this service an Outstanding example. Well done.”

“The people we spoke to about this service were unreservedly positive about the care they received and how much of a positive impact it had made to their lives. We saw how the service created a safe environment and constructively challenged people to achieve their goals.

“We also saw how the service helped people engage with technology to record their healthcare information and needs. This allowed people to express their needs in a different way, promoting effective communication.

“Staff were led by a passionate and dedicated manager. They were able to demonstrate an excellent and accurate understanding of each person and their needs, showing us they truly cared for them. An Outstanding achievement, everyone involved should be very proud of their work.”

“This service has worked hard since our last inspection to improve the care it provides. We found the leadership was often critical of its own performance, which enabled them to identify and embed improvements. They also supported staff in creative ways to help them deliver the best care possible, and celebrated their successes.

“Through well supported staff, people received high quality care that helped them to develop their personal interests they previously thought were not possible, such as employment, and were empowered to live independently.

“We found themed party nights, charity work and social enterprises were undertaken and encouraged through the service, all to help people live their lives. Fantastic work and strong improvements, well done to everyone at the service.”

“When we spoke to the people that used the service, and their families, they gave us many examples of how caring it was and explained how it had made a real difference to their lives. It was clear to us that providing high quality safe care was paramount to everyone at this service.

“We saw how the staff and management involved and worked with the people they cared for, to provide bespoke person-centred care. One of the ways staff did this was finding creative solutions to reengage people in their personal hobbies and interests, whilst supporting their care needs.

“The service really took the time to get to know the people they cared for and recognised that people’s personalities mattered. We found the leadership had embedded this caring culture and fully supported their staff to deliver it. Outstanding at their first inspection, a fantastic achievement well done.”

“The provider made sure people received personalised care that met their needs and interests. This was delivered by staff who had skills to provide high quality care. Both the provider and staff should feel proud of the work they do and of the outstanding support they provide.

“People should always be cared for by services that are safe, effective, caring, responsive to their needs and well-led. Our inspectors’ full findings are detailed in our published report which demonstrates how remarkable care can be achieved.”

The report highlights a number of areas of outstanding practice, including:

Health and social care professionals told inspectors the service was one they would recommend to people: it was described as "first rate." The service worked closely with professionals to alert them promptly to people's changing needs. A GP told informed inspectors this had helped avoid a number of hospital admissions

Staff were found to be well trained and motivated to provide a high quality service to people.

They informed inspectors they were very well supported by the registered manager and could easily access the training they needed. Staff were found to be encouraged to become 'champions' of a specific topic, such as diabetes, and then take on the role of lead carer for people with that particular health issue.”

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and flexible ways to support people to move forward. The registered provider was seen to constantly adapt and strive to ensure people who used the service were able to achieve their full potential.

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Inspection Guidance

Section Two

Types of Inspection and their Frequency

Comprehensive inspections

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions to consider if the service is

- Safe;
- Effective;
- Caring;
- Responsive; and
- well-led.

Inspectors give a rating of

- Outstanding;
- Good;
- requires improvement; or
- inadequate;

for each key question, as well as an **overall rating for the service.**

CQC will carry out comprehensive inspections:

- within certain timescales (see below);
- where they believe there is a risk to the safety or wellbeing of people who use the service, or there has been a significant deterioration in the quality of that service;
- where they believe there is a substantial improvement in quality that could increase the overall rating.

CQC report that:

“Our inspections of domiciliary care agencies and Shared Lives schemes will usually be announced 48 hours in advance. This is so we can be sure the manager or a senior person in charge is available on the day we plan to visit.”

(However it cannot be assumed that CQC Inspectors will never arrive unannounced)

Focused inspections

Focused inspections are more **targeted** than comprehensive inspections: they are a response to specific information CQC have received or to follow up findings from a previous inspection. They do not look at all five key questions. However, they can expand a focused inspection into a comprehensive inspection, which does look at all five key questions, if the scope needs to be broadened in the light of new concerns.

Focused inspections:

- are structured according to the reason why they need to be conducted, including the risks or concerns raised, the timing, evidence and engagement required, and the resources they will involve, including Experts by Experience and Specialist Advisors;
- always look at the **well-led key question**, plus any other key question that is relevant to the information that triggers it;
- are smaller in scale than a comprehensive inspection;
- broadly follow the same process as a comprehensive inspection;
- are normally unannounced;
- may expand to a comprehensive inspection in response to findings.

Focused inspections tend to be unannounced, but not always.

Combined inspections

Some providers deliver services across the health and social care sectors; for example, mental health, community health, and care homes. These services are inspected in different ways. Where possible, CQC align their inspection process to minimise unnecessary burden on providers. Each service is inspected by specialist inspectors.

CQC Inspectors report on and rate each type of service in a comparable way. They do this by using their different inspection approaches in combination. They call this a 'combined inspection'. Overall ratings are aggregated from the ratings for all of the services that are inspected.

When will an Inspection take place?

A service will have a **comprehensive inspection** at the following frequencies:

- **Services rated as good and outstanding** – normally within 30 months of the last comprehensive inspection report being published.
- **Services rated as requires improvement** – normally within 12 months of the last comprehensive inspection report being published.
- **Services rated as inadequate** – normally within 6 months of the last comprehensive inspection report being published.
- **Newly registered services and those no longer dormant – the first comprehensive inspection will normally be scheduled between 6 to 12 months from the date of registration.**

The above timescales are maximum time periods in which CQC would normally return to inspect; **services may be inspected at any time**. The planning and scheduling of inspections will be informed by what CQC Insight is telling them and their assessment of risk at each location.

Services that are rated as requires improvement overall, but have at least one key question rating of inadequate, will normally have a comprehensive inspection within six months of the last comprehensive inspection report being published.

Bringing forward a comprehensive inspection

Where CHQ have information of risk or concern about a service, or information that indicates a service has improved, they may carry out a comprehensive inspection sooner than originally scheduled within the maximum timescales shown above. Alternatively, depending on the nature of the issue, they may carry out a focused inspection instead.



Inspection Guidance

Section Three

Getting Ready

Preparation for inspection embraces your day to day activities, demonstrating the quality and commitment of your service and is a year-round activity rather than a short-term process.

Your peace of mind will be greatly enhanced if you feel you are always ready for an inspection at short notice.

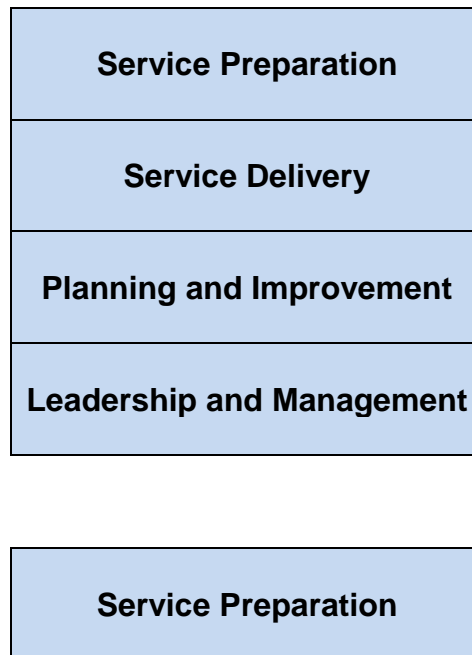
- As well as continually **monitoring the quality of your service** and **supporting your staff**, you need to build into your day to day practice the habit of **thinking ahead to your next inspection** by **collecting evidence, keeping policies and procedures up to date and ensuring staff are well informed about the process of inspection.**
- You need to be considering how you will demonstrate to CQC that you are providing a service that meets [CQC's Key Lines of Enquiry](#).
- It is advisable to look through inspection reports on CQC's website for services similar to yours that have been rated as 'outstanding'. You can use those as a **benchmark** to review the service you provide. It will also be useful to look at reports from other services which indicate there has been poor practice as this will help you to develop your service and deliver better care.
- Another useful resource is **Care Improvement Works**, a practical resource developed for managers, owners, quality improvement leads and others involved in reviewing practice and delivering the highest standards of care.
- [Care Improvement Works](#) is a collaboration between SCIE, NICE and Skills for Care aimed at helping CQC-regulated services in England. It is supported by [Think Local Act Personal](#).

What is your objective? What rating in respect of your service, overall, is your goal? May one assume it is Outstanding? Let's consider what an outstanding service will look like –

<p>'outstanding'</p>	<p>Your staff are delivering an exceptional and innovative service with a culture that considers imaginative ways to manage risk and increase people's opportunities.</p> <p>You are exceeding the requirements of the fundamental standards and constantly monitoring and reviewing your performance.</p> <p>Careworkers are supported to find creative ways to support people to live a full life and can build strong relationships with service users and their families.</p>
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Keep all of the above in mind as you run your operation on a day to day basis.

We suggest that you consider how you prepare for inspection under the following topic headings:



Accessible Information Standard

During the inspection, CQC will check your service is meeting the [Accessible Information Standard](#).

The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services.

The Standard tells organisations how they should make sure that patients and service users, and their carers and parents, can access and understand the information they are given. This includes making sure that people get information in accessible formats.

The Standard also tells organisations how they should make sure that people get support from a communication professional if they need it, and about changing working practices to support effective communication.

By law ([section 250 of the Health and Social Care Act 2012](#)), all organisations that provide NHS care or adult social care must follow the Standard in full from 1st August 2016 onwards.

Organisations that commission NHS care and / or adult social care, for example Clinical Commissioning Groups (CCGs), must also support implementation of the Standard by provider organisations.

What does the Standard tell organisations to do?

As part of the Accessible Information Standard, organisations that provide NHS care or adult social care must do **five things**. They must:

1. **Ask** people if they have any information or communication needs, and find out how to meet their needs.

2. **Record** those needs clearly and in a set way.
3. **Highlight or flag the person's file or notes** so it is clear that they have information or communication needs and how to meet those needs.
4. **Share information** about people's information and communication needs with other providers of NHS and adult social care, when they have consent or permission to do so.
5. **Take steps to ensure** that people receive information which they can access and understand, and receive communication support if they need it.

Take a look at Mencap's [information booklet](#).

Keep examples for the Inspector of the occasions where you have provided or arranged for support for a person with particular communication needs, such as a signer, large print documents or braille reader.

Consent to Care

People giving consent to care and for the support they receive is an area that CQC inspectors are increasingly looking at.

- It is a general principle that valid consent must be obtained for a person before starting treatment or physical investigation, or providing personal care;
- This principle reflects people's right to determine what happens to their own bodies, and is a fundamental part of good practice;
- For consent to be valid, it must be given voluntarily and freely, without pressure or undue influence being exerted on the person either to accept or refuse treatment;
- The consent must be given by an appropriately informed person who has the capacity to consent to the intervention in question.

Consent to care and treatment

This could include the client, someone with parental responsibility, the court, someone authorised under a Lasting Power of Attorney (LPA) or someone who has the authority to make treatment decisions as a court appointed deputy.

Where a person lacks the mental capacity to make a decision for themselves, any decision must be made in that person's best interests. The Mental Capacity Act (MCA) set out the duties that providers should follow, in cases when serious medical treatment decisions are made for a person who lacks mental capacity to make such a decision for themselves.

CQC Inspectors will be looking for evidence that people receiving homecare are giving their consent to the initial care plan and to all subsequent reviews where they have the capacity to do so.

Where the service user is unable to consent to care, you should refer to the [Mental Capacity Act Code of Practice](#).

Where a person is unable to give consent because of lack of capacity, CQC will want to know whether you have checked if the person has Lasting Power of Attorney (LPA) or a Court Appointed Deputy. You should also check whether the person has made an Advance Decision to Refuse Treatment (ADRT).

If there is no LPA, Court Appointed Deputy or ADRT in place, you will need to show CQC that decisions about care have been made in line with the provisions of the Mental Capacity Act 2005, that is, in the person's best interest. A formal risk assessment will be helpful in showing that any risks have been identified and mitigating actions put in place.

Next of kin, family members and family carers can be consulted about the content of care plans, but they do not have an automatic right to consent to a care plan on a person's behalf without the appropriate LPA in place.

Risk Management

Risk management is the process of identifying risk, assessing risk, and taking steps to reduce risk to an acceptable level and is part of your normal day to day business in providing a homecare service.

CQC will expect to see that you have well developed risk management policies and procedures. All five of CQC's key questions require that you consider risk to your service users, staff, the day to day running of the business and longer term development plans. CQC will examine evidence that your service appropriately manages risk without placing inappropriate restrictions on freedom, choice and control.

You should be able to demonstrate:

- you know the risks you face;
- the information you considered to assess the risk;
- actions you have taken to avoid or reduce the chance of a risk occurring;
- who and how you have informed people about the risks, and the measures needed to reduce them;
- evidence that the risk has been reassessed at regular intervals.

As part of your quality assurance processes, make sure your risk assessments are reviewed periodically and note when a new risk arises. Keep a record of the outcome of reviews so you can show CQC that you are successfully managing risks.

Service Delivery

Clinical Governance

Care providers who are providing complex care should be able to demonstrate to CQC that they are monitoring their service in order to improve the quality and safety through a system of clinical governance.

They will also need to show their clinical governance procedures are fit for purpose and reviewed regularly.

Complex health care covers a range of care services, including:

Stoma care

For people who have a stoma bag fitted and require support in emptying and changing their bag.

Bowel management

For people who require help with toileting, or who have undergone stoma, ileostomy and colostomy surgical procedures.

Tracheostomy care

Suction to mouth, nose or tracheostomy for people who are unable to clear secretions from their airways, or have an artificial airway such as tracheostomy tube, in place.

Gastronomy (PEG), Jejunostomy (PEJ) and Naso-gastric (NG) feeding

For people who have difficulty swallowing foods, liquids or medication.

Home oxygen therapy

For people with acute diseases, such as pneumonia, or chronic long-term conditions, such as COPD or cystic fibrosis.

Complex medication

Including controlled drugs and 'sliding scale' substances such as insulin where dose is dependent on the result of blood tests.

Mobilisation

Mobilisation for people who have significant impairment of gait, posture or weight bearing capacity that may have arisen from degenerative neurological or circulatory diseases

You may find [this set of articles](#) an interesting read.

Deprivation of Liberty

Deprivation of liberty normally arises in the context of Deprivation of Liberty Safeguards (DoLS) which apply in residential and healthcare settings, and **DoLS do not usually apply in homecare.**

Sometimes there may be a situation where your workers are providing care to someone in their own home, which could amount to what is called a deprivation of their liberty;

- **typically this might happen where live-in care is provided.**

Supported living

Supported living is a general term that refers to people living and receiving care in the community. This can apply to someone who lives in their own home or in rented accommodation, and receives care and support directly from, or organised by, their local authority.

The purpose of supported living is to give the person more control over their care. A person with dementia who is living in supported living can still be deprived of their liberty. This will usually only apply to people who receive a lot of care and support, as they must be under 'continuous supervision and control'. If a person is living in supported living, a deprivation of liberty will still need to be authorised. The purpose of the authorisation is the same as in a care home or hospital, and the same criteria apply. However, the process is slightly different. In order to authorise a deprivation of liberty, the local authority will need to take the case to the Court of Protection, rather than authorise the deprivation of liberty themselves

Useful [guidance](#) from the Alzheimer's Society.

Fundamental Standards

The fundamental standards are the standards below which the care you provide must never fall.

CQC have provided guidance which describes how providers and managers can meet the fundamental standards which are also set out in regulations. The fundamental standards are:

- care and treatment must be appropriate and reflect service users' needs and preferences;
- service users must be treated with dignity and respect;
- care and treatment must only be provided with consent;
- care and treatment must be provided in a safe way
- service users must be protected from abuse and improper treatment;
- service users' nutritional and hydration needs must be met;
- all premises and equipment used must be clean, secure, suitable and used properly;
- complaints must be appropriately investigated and appropriate action taken in response;
- systems and processes must be established to ensure compliance with the fundamental standards;
- sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed;
- persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed;
- registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

More information about the fundamental standards and the relationship to the regulations is available from [CQC's website](#).

Infection Control

Infection control is an area where CQC could ask to see evidence of how your service and staff control the spread of infection in the context of home-based care.

Carrying out regular audits will provide evidence for the regulator showing how infection prevention and control is being managed within the organisation. The following is a list of topics that could form part of the audit.

- Risk assessments undertaken for the prevention and control of infection;
- Any outbreaks of infection that have occurred;
- Any audits undertaken;
- Actions taken following an outbreak of infection;
- Training carried out by relevant staff;
- Reviews and updates of policies and procedures.

See the [Department of Health's Code of Practice on infection control](#). See also the [NICE guidelines on infection control](#).

Key Lines of Enquiry

The Key Lines of Enquiry (KLOEs) provide the framework CQC inspectors will use to assess your service. CQC have also published the sources of evidence you can gather to demonstrate you meet the KLOEs.

Make sure you have read both these documents:

[Key Lines of Enquiry](#)

[Sources of Evidence](#)

The KLOEs are intended as a guide for inspectors and providers alike. Not all the prompts apply to domiciliary care as the KLOEs cover both residential and non-residential services. CQC will be looking for evidence that your service is:

- Safe
- Effective
- Caring
- Responsive
- Well-led.

Mental Capacity Act 2005

CQC place a great deal of emphasis on how well providers are implementing the Mental Capacity Act 2005 in terms of effectiveness as a provider and the safety of people receiving a homecare service.

It will be very difficult to achieve an overall rating of 'good' or 'outstanding' unless you can show that your service is following the [Mental Capacity Act Code of Practice](#).

You will need to provide evidence to the inspector that your staff understand the principles underlying the Mental Capacity Act and that, in their day to day practice, care staff can show that they are acting in a person's 'best interests' when they make a decision for a person who lacks capacity.

[CQC have also provided guidance for providers on the Mental Capacity Act.](#)

Nice Guidelines

In looking at effectiveness, CQC will consider whether care is being delivered in line with legislation, standards and evidence-based guidance, including NICE guidelines.

If you choose not to adopt NICE guidelines, you must be able to show CQC a different course of action. Although the guidelines are not a statutory requirement, they are considered to be the 'Gold Standard', and there must be evidence-based reasons for not using them.

[NICE have produced a number of guidelines for social care. NICE also have a number of quick guides for social care.](#)

NICE have collated all of the NICE quality statements and managing medicines recommendations that are relevant to adult social care, and mapped them against CQC's key lines of enquiry in a [Quality Improvement Resource](#). While this resource is not part of any formal CQC requirement, providers might find it a helpful tool for quality assuring and auditing their service.

- Make sure you have copies available of NICE guidelines to show the inspector that you are aware of them – they could be in either paper or electronic form
- Choose some examples which show you are implementing NICE guidelines in your day to day practice.

Planning and Improvement

Business Continuity

Business continuity is an objective – the continuation of business in what might be extreme and adverse circumstances. Disaster recovery is an element of business continuation and concerns the ability to recover data stored on computers, which, otherwise, if lost completely, might result in serious consequences for the business

CQC may ask whether you have developed and regularly review your business continuity plan.

A business continuity plan is about identifying those parts of your organisation that you can't afford to lose – such as information, stock, premises, staff – and planning how to maintain these, if an incident occurs. Local authorities may require you to complete a business continuity plan where you provide services under contract to them.

You can find advice about completing business continuity plans using these links:

- [From the Government website](#)
- [From the Local Government Information Unit:](#)

Continuous Improvement Plan

Continuous improvement is an ongoing effort to improve the quality of your service or improve your processes. You might be seeking “incremental” improvement over time or a “breakthrough” improvement all at once.

Outstanding homecare providers will have a continuous improvement plan they can show the CQC Inspector.

It will be a live document which is periodically reviewed and outlines what the service wants to achieve, how the quality of care is improving, how they intend to improve care, and whether this has been completed. Among the most widely used tools for continuous improvement is a four- step quality model—the plan-do-check-act ([PDCA cycle](#)), also known as Deming Cycle or Shewhart Cycle:

- Plan: Identify an opportunity and plan for change.
- Do: Implement the change on a small scale.
- Check: Use data to analyse the results of the change and determine whether it made a difference.
- Act: If the change was successful, implement it on a wider scale and continuously assess your results. If the change did not work, begin the cycle again.

As well as plans for improvement it will be important to be able to provide evidence to the inspector that improvements have made a real difference to people's lives.

Discuss positive changes in people's lives, whether big or small, in team meetings, or in supervision with individual careworkers and keep records of any 'good news' stories. Make sure your service is always thinking about improvement, and learn from other services, events, articles and organisations.

Experience of Care

CQC inspectors want to get to the heart of people's experience of care, **so the focus of their inspections** is on the quality and safety of services, based on the things that matter to people.

CQC will want to talk to service users about their experience, particularly about whether they are cared for with compassion, dignity and respect, and whether they are listened to and their choices respected.

- **Prepare a list of service users** who would be willing to talk to an inspector, and arrange for any signers, interpreters or family members they may need to be present during the visit.
- A good source of data about the experience of care can be obtained from carrying out a user survey. CQC will expect that you have collated responses from surveys and taken action to resolve any issues that may have arisen.

Surveys of Service Users and Families

As part of your quality assurance processes, you should be carrying out **regular surveys** of service users and their families or carers.

Some example survey questions -

Existing customers

- Are they generally content with the service?
- What particular aspects of the service do they perceive to be important or valuable?
- Are they content with the service on these important aspects?
- How could the service be delivered better?
- What additional services would they like to be offered?

Departing customers

- Why are they leaving?

Enquirers who did not use your service?

- Why did they choose not to do so?

User representative groups

- How could the service better meet the needs of those they represent?

If service users have had their care purchased for them by a council or an NHS commissioner, seek views from both the service user and the council or NHS commissioner, as the paying customer. It is important that you know whether the paying customer and the end user are content. In your survey, make clear any aspects of the service for which you are not responsible, such as the volume or frequency of care when purchased by a council or the NHS. Ask the service user or family member whether they would be prepared to talk to a CQC inspector when the next inspection is due. This can be followed up when you receive a notification of an inspection.

Leadership and Management

Access to the manager

CQC inspectors may ask about how accessible the manager is to telephone calls or other means of contact from care staff and from people who use the service or their families, including times outside normal office hours.

- Make sure there is a record of who is available to take calls from staff or resolve any problems from service users about the nature of the care or the time when care is due to be delivered.

Care Certificate

During an inspection, CQC will look at evidence that staff have the right qualifications, skills, knowledge and experience to do their job.

CQC expects providers employing care workers to follow the Care Certificate standards to make sure staff are supported, skilled and assessed as competent to carry out their roles.

Note that the Care Certificate is not a statutory requirement and CQC do not have any enforcement powers if you choose an alternative to the Care Certificate. You will, however, need to demonstrate to CQC that the training scheme you have used is as good as, if not better than the Care Certificate.

[Free Resources to support the Care Certificate implementation](#)

Complaints and Compliments

Inspectors will examine your complaints policy and procedures and will want to see that you are monitoring your complaints over time and looking for trends and areas of risk that may be addressed.

It is the trends that are important; CQC will differentiate between a one- off incident and a trend that establishes a pattern of breakdown in some aspect of the care process. As a provider, you need to make sure there is evidence to substantiate how serious notifiable events occurred - such as those specified in [Regulation 18 of the Registration Regulations](#).

- Keep a folder containing the written compliments you receive from service users and/or their families.
- Ask staff to write down the occasions when they are given a verbal compliment and include these in your folder.
- CQC will also look to see what improvements you have made to your service as a result of any complaints. Make sure that on the day of inspections, you have information to hand about complaints you have received and any action taken.

Data Protection and GDPR

It is not CQC's role to directly assess compliance with the General Data Protection Regulation (GDPR), but you should be able to demonstrate that you understand the principles of data protection and the General Data Protection Regulation (GDPR).

As a data controller, you have a legal obligation under the General Data Protection Regulation (GDPR) to notify people who use your service, your staff, and other people whose personal data you hold, that their personal data may be disclosed to third parties.

As the regulator, CQC has powers to access information held by your service. This includes the power to access personal and medical records, personnel files and other confidential records. Where you inform inspectors that a person does not want CQC to access their personal data, CQC will accommodate their wishes so far as is possible but may still access these records if it is necessary to do so for the effective conduct of the inspection.

Make sure your policy is kept up to date and staff understand their obligations to keep information about service users safe and confidential.

A new Data Protection Act 2018 puts the GDPR into domestic legislation but also includes other areas specific to the UK context.

More information is available from the [Information Commissioners Office](#).

Engaging with the Local Community

CQC inspectors may ask for evidence that shows your service engages with local groups, takes part in local community activities and how your organisation knows what is available in your local area. Keep records of all activities with local groups or activities undertaken with individuals outside their home.

Keep records of activities care staff undertake or arrange outside a person's home. It could be for example:

- Arranging a group activity to an attraction or place of interest;
- Taking a service user shopping or to a café;
- Connecting a service user to a local gym, book club or befriending service.

Equality and Human Rights

CQC place a great deal of emphasis on [equality and human rights](#). A common factor CQC found in 'outstanding' services was that they used equality and human rights approaches in their development, and they had a focus on equality for staff as well as for people who used their services.

For homecare provision, equality means ensuring dignity and security, autonomy and choice, providing support for decisions about care, ensuring privacy and enabling social and civic participation. An equality and human rights approach provides an ethical framework for 'person-centred' decision-making by ensuring that rights are only restricted where proportionate and necessary. It can also provide guidance on how to balance competing rights and duties in situations where they conflict.

A current objective for CQC concerns person-centred care and equality. Through inspection and monitoring, CQC assess how well providers ensure person-centred care for people with protected characteristics.

The Equality Act 2010 sets out the protected characteristics listed below:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief

- sex
- sexual orientation.

Make sure you have read and understood CQC's document:

['Human rights approach for our regulation of health and social care services' \(September 2014\)](#)

As part of a quality assurance exercise, examine whether equality, diversity and a human rights approach to supporting people's privacy and dignity is well embedded in your service. Prepare a range of good practice examples to demonstrate to CQC that your approach to equality and human rights has produced positive outcomes for people who use services and also for how you manage your staff.

Frequency of Inspection

CQC carry out comprehensive inspections as follows:

- Services rated as 'good' and 'outstanding' normally within 30 months of the last comprehensive inspection report being published;
- Services rated as 'requires improvement' – normally within 12 months of the last comprehensive inspection report being published;
- Services rated as 'inadequate' – normally within 6 months of the last comprehensive inspection report being published;
- Newly registered services and those no longer dormant – the first comprehensive inspection will normally be scheduled between 6 to 12 months from the date of registration.

CQC may inspect your service at any time. The inspection frequencies above are the maximum time period CQC would normally undertake an inspection. An 'early' inspection may occur because CQC receive information about your service that leads them to a conclude service users may be at risk.

Services that are rated as 'requires improvement' overall, but have at least one key question rating of 'inadequate', will normally have a comprehensive inspection within six months of the last comprehensive inspection report being published.

Inspection Notification

Generally speaking, the first indication that a comprehensive inspection is due has been receipt of an email from CQC with a link to the Provider Information Return (PIR). (See paragraphs on Provider Information Collection and Provider Information Return).

You will not always be notified that CQC intend to carry out a comprehensive or focused inspection. However it would be in their interest to ensure (unless the inspection was urgent) that the Registered Manager of the service would be available on the day.

CQC will not normally postpone an inspection because the timing may be bad for you, i.e. because of holiday plans.

CQC are changing the way information is provided to them - when the new system is fully implemented, you will be expected to update your information at least annually – so the email asking for the PIR to be completed is likely to disappear.

In the days before an inspection CQC will ask you to send **(via an encrypted email)** a list of all your service users together with their contact details. This is your opportunity to tell CQC which of your service users are willing to be visited as part of the inspection

Leadership

CQC's data shows that if a service is rated as 'good' or 'outstanding' in well-led, it's more likely to be rated as 'good' or 'outstanding' overall, compared with any other key questions.

You will need to make sure you can demonstrate to CQC clear leadership within the business and across the team and workforce:

- **Conduct regular meetings** with your staff with a shared agenda and minutes;
- Make sure all staff have read and understood the **values and vision** of your company and can explain how they put them into practice;
- Make sure your workforce feels **supported and valued** and you have the appropriate employment policies, procedures and systems in place;
- Carry out **regular supervision** of care staff; record the discussion points and any agreed actions for the organisation and the individual;
- Be aware that CQC may well ask your care staff about your **whistleblowing** policy;
- Be ready to demonstrate to CQC that all care staff and managers alike are able to **identify and learn from mistakes** when appropriate.

Meetings

- Including CQC as an agenda item for appropriate meetings is a practical way of making staff aware of the inspection process and what might be expected of them. Taking notes of the meetings will provide evidence to inspectors that meetings have taken place.
- Add Managing Risk and Improving Quality as agenda items for all staff meetings.

Notifications

Inspectors will check that you have sent CQC any relevant notifications. Notifications are required by the regulations so not submitting them at the right time will limit the rating you will receive for the well-led key question.

If you do not send a notification, it could be interpreted as an attempt to conceal information which could have severe implications for contract compliance, your insurance and your registration as a homecare provider. **Failure to send notifications to CQC at the appropriate time constitutes a criminal offence.**

It could also limit the rating for the well-led key question to 'requires improvement'.

[CQC have published guidance explaining which notifications are required and how to send them.](#)

A full list and a search facility for notifications is available on [CQC's website](#).

Policies and procedures

Inspectors will expect to see a range of up to date policies and procedures. These can be in a paper or electronic format. Make a note on each policy, procedure or protocol of the date when the document will be reviewed, amended and approved to demonstrate your processes are under continuous monitoring. Check to see the review date has not expired at the point of inspection by CQC. As well as being able to show the inspector written documents, you need to provide evidence that they are being implemented. It is important that your staff understand what the policies and procedures mean when they are delivering care to your service users.

- Some homecare businesses have found it helpful to save their policies, procedures and records on a shared drive which can be accessed by nominated individuals within the organisation. This allows the documents to be seen by CQC in the event that inspectors call when the registered manager is not available

- Consider sharing policies that reflect what the workforce do on a day to day basis on a secure intranet site that can be accessed at any time by all staff.

Preparing your staff for inspection

Make sure your staff are aware of the inspection process and that they could be asked a series of questions by CQC, including how they access documents, how they are trained to use them and how they are informed about changes to policies and procedures as they are updated. (Be aware, that CQC will ask you for evidence to support the answers staff have given).

Preparation can be done during staff meetings or individual supervision. Reassure staff that CQC are looking for evidence about how the organisation is performing and not inspecting their own personal performance.

CQC will expect all staff to be aware of current policies and procedures, regardless of the hours they work or how infrequently they attend the office.

Check staff are up to date with the latest versions of your policy documents and are using the correct terminology. For example, care staff may still be referring to 'protection' rather than 'safeguarding'. **Consider making your policy documents available to all care staff via a shared drive which is accessible from their own devices or computers through a secure portal.**

Questions CQC might ask staff:

Please note the inspector may ask entirely different questions, but these are the types of questions care staff should prepare for:

- How long have you been working for this organisation?
- What is your role and can you explain the sort of tasks you carry out in your role?
- Do you have a written description of your job role, your responsibilities and contract?
- Do you have a copy of the staff handbook?
- Do you feel supported by your manager/supervisor?
- How did you apply for the job?
- Did you have an interview when you applied for the job?
- What references were taken when you were appointed?
- What do you like about your current role?
- Is there anything that worries you about your role?
- Did you have a DBS check when you started?
- What training have you received and can you describe it?
- Do you have regular meetings with your manager/supervisor?
- Does your manager/supervisor have meetings with groups of carers?
- Tell me what you do to prevent spread of infection?
- What would you do if you suspected a service user was being abused or neglected?
- What would you do if you were worried about how another care worker was treating a service user?
- Can you explain how a service user would make a complaint to the manager?
- What do you do to protect information about your service users?
- What does "treating people with dignity and respect" mean to you?
- What do you do when you are running late for a service user?
- Tell me about what you do when a service user is not able to make decisions about how their care is provided?
- What would you do if there was a serious incident in a person's home, for example if you found them on the floor, or there was an accident that caused bruising or a break in the skin?
- Do you know which tasks you are able to do and which you are not trained to do?

Previous inspections

Where you have had an inspection previously, make sure you review the report and check that any areas for improvement have been successfully addressed.

Prioritise any areas CQC identified for improvement and invest time and resources in resolving any issues as soon as possible after the inspection.

CQC will not accept reasons such as 'being too busy', or being 'short-staffed' as reasons for not improving the quality of care for service users.

Identify from the previous inspection where you could have provided evidence showing improvement in the service and in people's lives, but were unable to during the inspection. Make sure careworkers understand the importance of reporting and documenting improvements in health and wellbeing, not just for the sake of the inspector, but also to show how well they are doing their job.

Provider Information Collection

Over time, the Provider Information Return (PIR) will be replaced by the Provider Information Collection (PIC).

The PIC assists with monitoring services in addition to inspection planning. When the PIC is introduced, you will have three months for completion.

Thereafter it must be updated at least annually, but it can be updated at any time.

If you don't complete the PIC annually, you cannot receive more than a rating of "requires improvement" for the well-led key question.

Provider Information Return (PIR)

The Provider Information Return (PIR) is a pre-inspection questionnaire which assists CQC with planning their inspection. It can take up to two weeks to complete the PIR which needs to be informative, accurate and concise.

Don't underestimate the level of detail that is expected by CQC in the PIR. Each free text answer limits you to 500 words so preparation in advance of receiving the PIR will help you.

- Keep your PIR up to date throughout the year so that it is easy to revise before you are inspected
- Give examples of good and innovative practice from your service
- List the evidence you have collected to support your comments
- Make sure that you save or print off a copy of the Provider Information Return so that you can keep the information updated.

The PIR is being phased out and will be replaced by the Provider Information Collection. If you have been sent a PIR for completion, [read the CQC document on how to complete the return.](#)

Records

CQC will be looking in your records for evidence of how your service is being delivered. If you and members of your team do not make a record either on your computer system or in your paper files, the inspector cannot verify your actions. If you do not keep your records up to date, then this can be seen as a failure on your part and you may be marked down under effective and/or well-led. Records should be clear on who they relate to; who made the record; the date the record was made; and (where appropriate) whether anyone else agreed, approved or commented on the record.

While keeping official records up to date is important, they will not tell you about the story of people's lives, their activities, hobbies, outings or achievements. Keeping a scrapbook for each service user can help fill the gaps. It could include photographs, tickets, programmes, certificates, birthday cards or anything that can help prompt conversation, bring back memories or bring a smile to the face of service user as they celebrate their lives. A list of suggested records to be kept by the provider is below. CQC may ask to see any or all of these.

- Appraisal
- Accidents at work (RIDDOR)
- Care plans
- Compliments and complaints
- Contact details of organisations that commission care from you. (Record how many service users from each commissioner).
- COSHH
- Duty rotas
- If you are a branch, number of visits from senior management/internal quality auditors from the head or regional office
- Insurance
- Legal cover notes
- Medication administration and medication errors
- Mental Capacity Act – number of services users affected including any subject to Deprivation of Liberty
- Notifications to CQC
- Number of people using your service. Separate out figures for service users who receive a domestic service from those who receive personal care
- Number of people with a valid advance decision to refuse treatment (ADRT)
- Number of people with a Court appointed deputy
- Number of people with a valid and active Lasting Power of Attorney
- Pay roll
- Payment for the care
- How many pay for all of their care How many pay for some of their care
- How many are funded wholly by the local authority How many are funded wholly by the NHS
- Recruitment
- Supervision
- Survey results
- Training, including induction

This list is not intended to be exhaustive.

Regulations

If you are required to register with CQC, then you must comply with various sets of regulations. Those that relate to inspection by CQC include:

[Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) [Care Quality Commission \(Registration\) Regulations 2009 \(Part 4\)](#)
[CQC has produced guidance on meeting the regulations.](#)

Make sure you are familiar with these regulations and understand what is required of your organisation by law.

Relationships with other organisations

Prior to your inspection, CQC may have acquired information about your relationships with other organisations. This might include (but is not limited to) local authority or NHS Commissioners, adult safeguarding teams, local voluntary groups, community nursing or pharmacy services.

On the day of the inspection, they could ask for evidence to support any assertion you have made that you have positive working relationships with other organisations.

Keep your directory of local contacts up to date.

Suggestions of contact details to include in your internal directory

- Admiral nurses
- Advocacy services
- Audiologist
- Bereavement Counselling Service
- Chiropodist/Podiatrist
- Churches/mosques/temples
- Community Psychiatric Nurses
- Continence advisor
- Councillor with cabinet responsibility for adult social care
- Day services
- Dentist
- Dial a bus/Dial a ride service
- Dietician
- Disability aids supplier
- District/community nurse service
- Electrician
- Emergency numbers for gas, electricity and water providers
- Emergency out of hours number for adult social care
- Fire safety officer
- GP practice managers
- GPs (Including out of hours services)
- Health visitor
- Healthwatch
- Heating engineer
- Home improvement agency/handyman service
- Launderette
- Leisure centre/swimming pool
- Local authority commissioner
- Local authority contracts manager
- Local authority provider reference group
- Local care association
- Local care homes
- Local hospitals
- Local library
- Local voluntary groups and services, including befriending services
- Locksmith
- Macmillan nurses
- Manager of social work team for your area (Daytime)
- Meals on wheels service
- Memory Clinic
- Mental health services
- Mobile hairdresser
- Mobility service
- Occupational therapist
- Optician
- Orthotist and prosthetist
- Pharmacist
- Physiotherapist
- Plumber

- Psychiatrist
- Psychologist
- Rapid response team
- Reablement team
- Sexual health service
- Shops who offer a delivery service
- Social worker
- Speech and language therapist
- Spoken books service
- Taxi service
- Tissue Viability Nurse

Keep your own notes of any meetings you have attended with local voluntary or other groups and record what actions you have taken following those meetings.

Should my homecare service be inspected

Providing personal and nursing care to people in their own homes is a service regulated and inspected by the Care Quality Commission (CQC) in England. Employment businesses and introductory agencies are generally exempt from registration, however, these expressions have specific meanings and the boundary of the types of service that do not require registration must be verified correctly to reduce the risk of running an unregistered (and therefore unlawful) service.

You can check on [CQC's website](#) on whether your service should be registered and inspected.

See also CQC's [quick reference guide](#).

It is your responsibility to review the regulated activities regulations, and decide which regulated activities you are carrying out in your service. You then apply to CQC to register for those activities. If you carry on a regulated activity without being registered for it, you may be prosecuted and liable to a fine

Skills for Care National Minimum Data Set – Social Care

If you have completed the National Minimum Data Set for Social Care (NMDS-SC) and given permission for information to be shared with CQC then you may not need to complete some questions about staffing on your PIC/PIR.

If you do not have to complete these questions, they will not appear in your PIR form. If you have not completed the NMDS-SC, or have not given permission for information to be shared with CQC, then you need to complete all the questions on the PIR.

More information about the NMDS-SC can be found at the [Skill for Care website](#)

Staff and Workforce

CQC will wish to discuss recruitment processes including your processes for employing agency or bank staff when unplanned staff absences or vacancies occur.

You will need to show that you have a robust recruitment and selection policy that embeds equalities requirements and minimises risks to people who use services.

Keep evidence of your recruitment process including any adverts, shortlisting and interview notes.

Make sure you can demonstrate evidence of your workforce induction programme and what it covers; in the case of careworkers and senior careworkers, it will include the Care Certificate. Make sure annual performance appraisals are undertaken and documented.

Make sure your service holds personnel folders for the entire workforce with an index of up to date key information which may be held in hard copy, electronically or both.

List of suggested contents for personnel folders for staff

- Appraisal and supervision records
- Copy of contract of employment (signed by the employee)
- Details of any professional indemnity insurance
- Details of any professional registration (for example with HPC, NMC)
- Emergency contact details/Next of Kin
- Evidence that an enhanced DBS check has been undertaken for staff working with adults or children.
- Evidence that health care professionals, social workers or other registered professionals continue to meet the standards of the
- profession which are a condition of their ability to practice or are a legal requirement
- Evidence of skills, competence and experience gained
- Job description
- Name and current address, telephone numbers
- Notes of equality issues taken into account or reasonable adjustments made to employment because of disability or caring responsibilities
- Photo ID – CQC inspectors may wish to see in each personnel folder
- that photo ID has been seen, or at least, a record of its type and serial number
- Records of any disciplinary action taken
- References
- Training undertaken
- Where the DBS reveals criminal conviction(s) or cautions, a record of a risk assessment
- showing how any identified risks are being managed.

This is not an exhaustive list

Website

Keep your website up to date and make sure you have information about your registration and the outcome of your most recent inspection. Include information on your website about the plans you have to improve your service.

Make sure your CQC rating is displayed in a prominent position on your website. [See more information from CQC's website.](#)





Inspection Guidance

Section Four

When the Inspector Calls

Preparing for the inspector's arrival

If you know which day the inspector is expected to visit, it's a good idea to tidy the office as much as possible and reduce any clutter that may be around.

Even if you don't know the date of inspection, it is important to keep your office safe; free from hazards and conducive to a positive working environment. An office which is untidy and chaotic could give the impression of a service which is unlikely to be safe.

Arrange for care staff to be available for interview on the day of the inspection.

Check that cabinets with any confidential paper records are kept securely and passwords to computers are set at the appropriate level.

Make sure your CQC rating is displayed prominently where the inspector will see it.

Make a space available for the inspector to work in private and without disturbance. It will need to be large enough for the inspector to comfortably interview staff.

Prepare for your interview by the inspector. Make sure you can answer questions such as the examples below and that you can, if necessary, provide the relevant documentary evidence for your answers:

- What is the history and ethos of your service?
- What has been your greatest achievement at the service?
- What is the biggest challenge you are facing at the moment and what are you doing to overcome those challenges?
- What risks to people's safety or wellbeing have you identified and what actions have you taken?
- What type of complaints have you received in the last 12 months and how has your service changed as a result?
- What are your plans for developing the service and improving health and wellbeing overall?
- What sets your service apart from that of other providers?
- What does your service do well in each of the five key questions?

On the day of inspection

The inspector should be greeted by the Registered Manager, or if that is not possible, a senior member of staff who has access to the records and policies of the service.

- Ask for the inspector's identity document, and the identity documents of any members of the inspection team, such as the Expert by Experience;
- Make yourself available throughout the inspection;
- Offer assistance and clarification;
- Ask for periodic feedback;
- Email the inspector any documents you consider they should have reviewed but did not ask for. For example, you may recently have reviewed your policy on (say) induction training but not completed updating your policy document. Tell the inspector the policy has been reviewed, email the review and say what changes you are planning;
- Note the time of arrival of the inspector, which staff and service users they spoke to, and time of departure;

Interview

This is an opportunity for you to talk about how 'good'/'outstanding' your service is and how your role contributes to providing quality, safe services and where the experience of people who use your services is maximized.

Put the service user at the centre of all your answers. Highlight past situations or cases where you can to clearly illustrate your point.

- Take notes during the interview and during any subsequent conversations you have with the inspector;
- Make a note of which documents and files the inspector looks at;
- Give examples of how your staff go the extra mile in meeting the assessed needs of people being cared for;
- Talk about any training and resources you have accessed or used;
- Give examples of how you are continually looking to improve your service;
- Tell the inspector about any awards your service or staff members have received whether local, regional or national awards;
- Tell the inspector about quality standards your business has been awarded or is working to achieve (such as ISO standards);
- Tell the inspector what you have learned from audits, complaints or any safeguarding events and how you are improving the lives of individuals or the service as a result;
- Tell the inspector how you share information across the workforce and with other organisations and agencies;
- Explain how your business is part of a network of services and which parts of the system in your area can create disruption and delays. Say what you are doing to minimise the system disruptions and how staff understand what to do;
- Tell the inspector about any updates to the information in the PIR/PIC made since you submitted it if you have recently made any changes;
- If a question from the inspector does not seem to be relevant to your service, ask them which key question and/or KLOE it relates to.

When you answer a question, assume the inspector does not know all the details about your service.

It is possible that the inspector has made an incorrect assumption about your service which they have drawn from the PIR and other evidence they have collected. Make sure you take this opportunity to correct any misconceptions. Refer to any legislation, guidance, policies, NICE and any other best practice in relation to the questions asked. Be open about the challenges your service is facing – it is better to highlight these openly and be able to say what is being done to address the challenges.

Feedback session

The inspector will be able to share their initial findings but will not be able to give you a full statement or the quality rating. They will however inform you of any concerns that need to be addressed immediately. Be aware that this is not the time or place to challenge the inspector's findings, but you can register any disagreement during the feedback session.

Have a designated note taker present at the feedback so there can be no misunderstanding about what was said.

You can ask for a copy of the notes the inspector made during the inspection, but you are unlikely to receive them unless you make a focussed request where you may have been unclear about the basis for any specific part of the feedback.

[Read more about asking CQC for information.](#)



Inspection Guidance Section Five The Report



Receiving the inspector's draft report

The registered manager and the nominated individual will be sent the draft inspection report which includes the draft ratings.

Factual accuracy check

- The draft report is sent to you for a factual accuracy check which gives you the opportunity to challenge the accuracy and completeness of the evidence CQC has used.
- There is a tight deadline to do this of only 10 working days and CQC do not take into account your personal holidays or other reasons for being absent from the office.
- If your comments are accepted, it could lead to a change in one or more ratings. However, if you fail to respond within the deadlines, any additional information or challenge you provide is unlikely to be taken into account.

Read the draft inspection report in detail and begin writing up issues you consider do not meet your expectations and that you might challenge.

It is essential that you critically analyse the draft inspection report. Once the final report has been signed off, it is unlikely that CQC will make any further changes. Remember that the final report will be in the public domain for a long time, even if it contains factual inaccuracies or conclusions which you consider are unfounded.

Check the draft report for logic.

Ask yourself whether the ratings for each category are consistent both within the categories and with the overall rating. For example, if your service has three ratings of 'good' or better, then it does not seem logical for an inspector to give a rating of 'inadequate' for well-led unless there is a specific finding which they have described in detail. Similarly, if your service has made substantial improvements that can only have come about because it is well-led, a rating of 'inadequate' for effective would not seem justified.

You may need to refer back to the [KLOEs, prompts and ratings](#) to check your understanding of the inspection report.

If you disagree with the ratings given by the inspector, the opportunity to challenge the ratings is at the factual accuracy check. You will need to say why the rating is incorrect referring to the evidence the inspector was provided. You will not be able to ask for a review of the rating on the basis that you disagree with the judgements made by CQC. [See paragraphs on Ratings Review.](#)

The factual accuracy check is also your opportunity to challenge the inspector if you consider they are not working to the regulations. As far as possible, check the conclusions reached by the inspector are based on verifiable evidence accumulated during the inspection. If not, ask the inspector to produce the evidence that led to a conclusion about a possible regulation breach, or ask the inspector which regulation is being referred to if a judgement about your service appears unreasonable.

Please note that CQC take the view that low fees paid to providers by local authorities are not an excuse for poor care and are unlikely to change the draft report on the basis that you cannot meet the standards on the rates you accepted in the tendering process. They consider that acceptance of a contract to provide registered care is a business decision made by your service and it is for you to determine how to meet the fundamental standards with the funding available to you.

You can make a complaint about the inspection and how it has been carried out, however, the factual accuracy response has to be completed first before a formal complaint can be raised. [See paragraph on making a complaint about the inspection/inspector.](#)

Read the Factual Accuracy Check guidance on [CQC's website.](#)

CQC advise that you use the factual accuracy comments form provided with the draft inspection report cover letter if you wish to challenge the accuracy or completeness of the report. Follow the accompanying instructions carefully.

You only have 10 working days to check the draft report. Make sure you know when the report comes into your office and that you deal with it straight away.

Rating limiters

Be aware that there are a small number of events and circumstances that are sufficiently serious to limit a rating for the well-led question. You cannot normally be rated better than 'requires improvement' in the following circumstances:

- When the location has a condition of registration that it must have a registered manager but it does not have one, and satisfactory steps have not been taken to recruit one within a reasonable timescale;
- There is a breach of regulations or a condition of registration that is not being met without good reason;
- Statutory notifications were not submitted in relation to relevant events at the location without good reason;
- The PIR/PIC information has not been supplied to CQC, or the information has not been supplied in another format, indicating that the service is unable to demonstrate an understanding of the importance of keeping and using management information to deliver a good, safe service.

When the PIC is introduced, you will be required to update it at least annually. If you do not do so, the rating for the well-led key question will be no better than 'requires improvement' at the next inspection.

Ratings - Key questions

After an inspection, CQC rate services for the quality of care across the five key questions: are they Safe, Effective, Caring, Responsive and Well-led? Ratings are awarded on a four-point scale: 'outstanding', 'good', 'requires improvement' or 'inadequate'.

Inspectors should make proportionate judgements as to whether any of the ratings limiters apply. [See paragraph on Ratings Limiters.](#)

Ratings are based on an assessment of the evidence CQC gather using the key lines of enquiry (KLOEs) in the [assessment framework](#) for adult social care. Inspectors refer to the ratings characteristics for each key question and use evidence gathered from:

- CQC's relationship with your service
- local feedback and concerns
- pre-inspection planning and evidence gathering
- evidence from the inspection visit.

Read more about how ratings are decided in CQC's guidance, '[How CQC monitors, inspects and regulates adult social care services.](#)'

Ratings – Overall

CQC produce overall location ratings on the basis of the following principles:

The overall rating for a service cannot be better than 'requires improvement' if there is a breach of regulations.

- The five key questions are all equally important and are weighted equally when aggregating. Please note: for focused inspections, the new ratings for the key questions inspected will be aggregated with the existing ratings from the last comprehensive inspection for the key questions not inspected;
- At least two of the five key questions would normally need to be rated as 'outstanding' and three key questions rated as 'good' before an aggregated rating of 'outstanding' can be awarded;
- There are a number of ratings combinations that will lead to a rating of 'good'. The overall rating will normally be 'good' if there are no key question ratings of 'inadequate' and no more than one key question rating of 'requires improvement';
- If two or more of the key questions are rated as 'requires improvement', then the overall rating will normally be 'requires improvement';
- If two or more of the key questions are rated as 'inadequate', then the overall rating will normally be 'inadequate'.

Ratings review

You can only submit a request for a ratings review once your inspection report has been published on CQC's website. Your request must be submitted within 15 working days of the date of publication of your report, as shown on the CQC's website.

A review can be requested on the grounds that CQC did not follow their published process for making ratings decisions and aggregating them. You cannot request a review because you disagree with the judgements made by CQC.

If you disagree with the ratings given by the inspector, the opportunity to challenge the ratings is at the factual accuracy check. You will need to say why the rating is incorrect referring to the evidence the inspector was provided. See paragraphs on [Factual Accuracy Check](#).

You only have one opportunity to request a review of your inspection ratings

You must use the online form provided by CQC to request a ratings review. You must say which rating(s) you want to be reviewed and the relevant grounds. Where CQC do not uphold a request for review, you cannot submit a further request for a review of the ratings from the same inspection report.

The online form and guidance is available from [CQC's website](#).

Requirement Notices

Where CQC concludes that your service has breached the regulations or is unable to maintain compliance, but people using the service are not at immediate risk of harm, they may use their powers to require a report (action plan). CQC do this by serving a Requirement Notice.

Your response to the Requirement Notice must show how you will comply with your legal obligations and must explain the action you will take or plan to make.

If you are served with a Requirement Notice you must send CQC a report in the timescale set. Failure to meet CQC's deadline in the Requirement Notice is an offence and could lead to CQC using other enforcement powers.

Warning Notices

CQC can serve Warning Notices about past failures to meet legal requirements or about a continuing breach of a legal requirement.

Where a Warning Notice concerns a continuing breach of a legal requirement, it will include a timescale by when improvements must be achieved. If a registered person has not made the necessary improvements within the timescale, CQC will consider further enforcement action. This could lead to further action under civil or criminal law. CQC aim to follow up every Warning Notice through an appropriate form of check (including unannounced focused inspections where that is proportionate) within three months of the date set in the warning notice. CQC can publish the fact that a warning notice has been issued on their website after you have been given the opportunity in advance to make representations about the proposed publication. (See paragraph below on representations about warning notices).

Read more about warning notices in CQC's enforcement policy in their [Enforcement policy](#) and the [Enforcement Decision Tree](#).

Representations about warning notices

If CQC decide to issue a warning notice, you will have 10 working days to make written representations. Read more about making representations on [warning notices](#).

Special measures

The purpose of Special Measures is to ensure that services found to be providing 'inadequate' care significantly improve. They provide a framework within which CQC uses its enforcement powers and provides a clear timeframe within which services must improve the quality of care - or CQC will seek to cancel registration.

There are two routes into special measures:

- Services rated as 'inadequate' overall go straight into special measures;
- Services rated 'inadequate' for one of the five key questions are inspected again within six months of the report being published. If the service remains 'inadequate' in any key question at the second inspection, it will enter special measures.

Once a service is in special measures, CQC re-inspect within six months to check that sufficient progress has been made. If, following inspection, CQC conclude sufficient progress has been made, the service will be removed from special measures. If sufficient progress has not been made when CQC re-inspect and there are 'inadequate' ratings for any key questions, CQC will begin to take action to stop your service from operating or will place limits on the registration.

Where CQC puts limits on the service, it will be closely monitored until it either closes or substantial and rapid improvements are made.

[Read more from CQC's guidance on special measures.](#)

Prosecution

CQC will generally prosecute providers where there are serious, multiple or persistent breaches of the fundamental standards and may do so without issuing a warning notice first. More information about the offences that can lead to prosecution is available in [CQC's enforcement policy document](#).

Fixed penalty notice

CQC may decide to serve a fixed penalty notice as an alternative to a prosecution. They will do so:

- Where they have enough evidence of an offence to bring a criminal prosecution;

- If they consider improvements could be achieved without a prosecution;
- The offence in question does not have a substantial impact on people using the service.

CQC define the fixed penalty notice as “an offer to the provider to discharge their liability for an offence by paying the fine”. If you don’t accept the fixed penalty notice, then CQC will decide whether or not to prosecute where you could face a fine of up to £50,000.

Making a complaint about the inspection or the inspector

You can make a complaint about the inspection process or the inspector once the factual accuracy stage is complete.

CQC has a National Complaints Team which deals with complaints from anyone directly affected by the way they carry out their work, including complaints about CQC staff.

Examples of what you can complain about include where you think CQC has:

- made an administrative mistake (such as providing the wrong information or taking longer than they said they would to do something);
- behaved in an unprofessional way, including to staff who were interviewed;
- not followed the proper procedures; or
- not met the standards CQC are supposed to work to.

For example, a provider made a point of reading inspection reports from other homecare providers locally. When their inspection report arrived, it was noticed that paragraphs were very similar to inspection reports already published on CQC’s website. A complaint was made and the investigation established the inspector had been copying and pasting from one providers inspection report to another.

CQC’s National Complaints Team cannot deal with complaints about the following:

- Evidence from the inspection and the ratings given to services. These complaints are handled under separate processes, which are explained on CQC’s website at www.cqc.org.uk/ratingreview;
- The action CQC take if they find that a care provider or manager is not meeting the standards expected of them. These complaints are also handled under separate processes, which are explained on CQC’s website at www.cqc.org.uk/enforcementrepresentations.

[Read more about how to complain about CQC.](#)

Parliamentary and Health Ombudsman

If your complaint to the CQC has not been upheld, and you consider the issue is of sufficient gravity, you have the option to have your case considered by the Parliamentary and Health Ombudsman.

Be aware that the decisions by the Ombudsman are published on their website and may be picked up by local and regional news outlets.

[Read more about making a complaint to the Ombudsman.](#)



Inspection Guidance

Section 6

CQC Ratings - Explanations

CQC's descriptions of ratings of services according to the KLOE's

Key Line of Enquiry	Rating	CQC Description
Safe	Outstanding	People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
	Good	People are protected from avoidable harm and abuse. Legal requirements are met.
	Requires Improvement	There is an increased risk that people are harmed or there is limited assurance about safety. Regulations may or may not be met.
	Inadequate	People are not safe or at high risk of avoidable harm or abuse. Normally some regulations are not met.
Effective	Outstanding	Outcomes for people who use services are consistently better than expected when compared with other similar services.
	Good	People have good outcomes because they receive effective care and treatment that meets their needs.
	Requires Improvement	People are at risk of not receiving effective care or treatment. There is a lack of consistency in the effectiveness of the care, treatment and support that people receive. Regulations may or may not be met.
	Inadequate	People receive ineffective care or there is insufficient assurance in place to demonstrate otherwise. Normally some regulations are not met.
Caring	Outstanding	People are truly respected and valued as individuals and are empowered as partners in their care, practically and emotionally, by an exceptional and distinctive service.
	Good	People are supported, treated with dignity and respect, and are involved as partners in their care.
	Requires Improvement	There are times when people do not feel well-supported or cared for or their dignity is not maintained. The service is not always caring. Regulations may or may not be met.
	Inadequate	People are not treated with compassion or involved in their care. There are breaches of dignity and significant shortfalls in the caring attitude of staff. Regulations are not met. Normally some regulations are not met

Responsive	Outstanding	Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.
	Good	People's needs are met through the way services are organised and delivered.
	Requires Improvement	Services do not always meet people's needs. Regulations may or may not be met.
	Inadequate	Services are not planned or delivered in a way that meets people's needs. Normally some regulations are not met.
Well Led	Outstanding	The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.
	Good	The leadership, governance and culture promote the delivery of high-quality person-centred care.
	Requires Improvement	The leadership, governance and culture do not always support the delivery of high-quality person-centred care. Regulations may or may not be met
	Inadequate	The delivery of high-quality care is not assured by the leadership, governance or culture. Normally some regulations are not met.

Ratings - Generalised

<p>‘outstanding’</p>	<p>Your staff are delivering an exceptional and innovative service with a culture that considers imaginative ways to manage risk and increase people's opportunities.</p> <p>You are exceeding the requirements of the fundamental standards and constantly monitoring and reviewing your performance.</p> <p>Careworkers are supported to find creative ways to support people to live a full life and can build strong relationships with service users and their families.</p>
<p>‘good’</p>	<p>Your service is performing well and meeting CQC's expectations by delivering an effective and consistent level of care.</p> <p>You are meeting the requirements of the fundamental standards and make sure that your service is effectively resourced.</p> <p>You have a robust quality assurance system which helps your service to focus on quality, learn lessons and hold staff to account.</p> <p>You have enough trained care workers to meet the needs of service users.</p>
<p>‘requires improvement’</p>	<p>Your service is not performing as well as it should and CQC have told you how you must improve.</p> <p>You have not identified quality issues or taken action to rectify these, for example, you are unaware that the quality of care is not consistently safe or caring.</p> <p>You may not be challenging unsafe practice and care isn't provided in-line with the latest legislation, guidelines and good practice. You may be in breach of one or more regulations.</p>
<p>‘inadequate’</p>	<p>Your service is performing badly and CQC has taken action against the person or organisation that runs it. You are in breach of one or more regulations and you are not meeting some of the fundamental standards.</p> <p>Service users are receiving care that maybe unsafe. Careworkers are not supported by the leadership team, and there are no checks being carried out on how care is being delivered.</p>