

How CQC monitors, inspects and regulates urgent care services

This includes NHS 111 and GP out-of-hours services

August 2021

Updates to this guidance:

- Link to information about our new approach to monitoring
- Removed reference to provider information request for services rated as good and outstanding, as this no longer applies
- Removed reference to Frequency of inspections as this no longer applies

Always check CQC's bulletins and [website](#) for the most up-to-date guidance

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MONITORING AND INFORMATION SHARING

How we monitor urgent care services

We are developing our how we monitor services. Read our update on [what to expect from our monitoring approach](#).

Sources of information

We collect information continuously from a variety of sources, but recognise the lack of national data about urgent care services. We will therefore look for any available information on service activity and patient experience, including from:

- Integrated Urgent Care KPIs(NHS England)
- GP Patient Survey for GP out-of-hours (NHS England)
- Local urgent and emergency care groups (local A&E delivery boards)
- Clinical commissioning groups
- NHS England and Improvement.

To develop and improve how we monitor urgent care services, we will continue to work with providers and other organisations to find out what information we need to look at. We aim to move to an online collection to support this.

How we work with national partners

We share information about urgent care services and people's experiences of them with some of our national partner organisations. These partnerships help us to be more efficient by reducing duplication and making the best use of shared information and resources. Our inspection teams have an ongoing relationship with organisations including:

- NHS England and NHS Improvement
- General Medical Council
- Nursing and Midwifery Council
- General Pharmaceutical Council
- Healthwatch England
- Parliamentary and Health Service Ombudsman.

How we work with local and regional partners and the public

We use people's experiences of care to help decide when, where and what we inspect.

We encourage people to [share their experience](#) with us so that we can understand and act on what people tell us. This includes through our national [Tell us about your care](#) partner charities.

We also work in partnership with a range of local and regional groups. We share publicly available information with these groups and ask them to share information with us.

Our inspection teams will have regular contact with people from local organisations, including:

- local urgent and emergency care groups, such as A&E delivery boards
- clinical commissioning groups
- local Healthwatch
- overview and scrutiny committees
- complaints advocacy services
- voluntary and community sector organisations (particularly those that represent people whose voices are seldom heard)
- local authorities
- local medical committees (if you are a GP practice)
- patient participation groups.

How we manage our relationship with you

Ongoing contact with CQC

One of your local CQC inspectors or inspection managers will be designated as your relationship holder.

They should be your first point of contact with CQC. You can contact your relationship holder if you have any queries about your registration or if you need to tell us about any significant changes to your services (for example, if your service begins formally collaborating with others).

Your relationship holder may contact you for a number of reasons. For example, if our monitoring of your service suggests a significant improvement or deterioration in the quality of care, your relationship holder may ask you to explain the reasons behind this. Developing an ongoing relationship enables us to have a better understanding of the background and context of your service.

Pre-inspection provider information request

We will continue to send you a provider information request before your inspection - this will support your inspection by helping us to prepare. We will use this request to gather information that is not available through other national data collections.

We have updated the information request so that we can understand more about the care and the service you provide. The information we will request is likely to include, for example:

- information on the service you provide including locations and the opening hours of your sites
- changes to your service since the last inspection
- evidence to show how you managed capacity and demand for the last 12 months, including use of agency staff
- details of the approach you have taken when things have gone wrong and how you have shared learning throughout the organisation
- evidence and examples of how your service ensures it is providing effective and responsive care
- evidence to show how you have monitored performance and the quality of care and services, including what you report to your commissioner(s), such as details of completed clinical and other audits, with evidence of actions taken as a result and outcomes achieved
- a copy of your risk register covering the last 12 months
- a summary of complaints you have received, with details of actions you have taken and any improvements made
- policies, procedures and other documentation.

This list is not exhaustive and we may ask for further information depending on the information available to us.

NHS 111 and GP out-of-hours services will have 10 working days to respond to our request. If you are providing information on another urgent care service, you will have five working days to respond to our request. We will tell you what information to send, where to send it and who to contact if you have any questions.

Fit and proper persons requirement: directors

NOTE: this does not apply to providers that are individuals or partnerships.

Providers are responsible for appointing, managing and dismissing directors and board members (or their equivalents). People who have director-level responsibility for the quality and safety of care, treatment and support must meet the fit and proper persons regulation (FPPR) (Regulation 5 of the Health and Social Care Act 2008). This aims to make sure that directors are fit and proper to carry out their role.

You must carry out appropriate checks to make sure that directors are suitable for their role. Our role is to make sure that you have a proper process to make robust assessments to satisfy the FPPR.

Information of concern

CQC may intervene where there is evidence that you have not followed, or you do not have, proper processes for FPPR. Although we do not investigate individual directors, if we receive information of concern about the fitness of a director, we will pass this on to you as the provider.

We will tell you about all concerns relating to your directors and ask you to assess all the information we send. We will have the consent of the third party referrer to do this, and will protect their anonymity wherever possible. However, there may be occasions when we are concerned about the potential risk to people using services, so we will need to progress without consent. We will also inform the director to whom the case refers, but we will not ask for their consent.

You must detail the steps that you have taken to assure the fitness of the director and provide a full response to CQC.

We will carefully review and consider all information. Where we find that your processes are not robust, or you have made an unreasonable decision, we will either:

- contact you to discuss further
- schedule a focused inspection
- take regulatory action in line with our enforcement policy and decision tree if we identify a clear breach of the regulation.

INSPECTION

When we will inspect

Frequency of inspections

For services that we rate

Our inspection activity will focus on where there is risk. Read our update on our [regulatory approach](#) and [how we will assess services](#).

Announcing inspections

Inspections are usually announced. We feel that this is the most appropriate way to make sure our inspections do not disrupt the care you provide.

When we announce inspections, we will usually give you a *minimum* of two weeks' notice. The inspector will telephone you to announce the inspection and also send a letter to confirm the date.

Throughout the inspection process, the lead inspector will support and communicate with you by letter, email and telephone to help you to prepare for the day and know what to expect.

Unannounced inspections

We may also carry out an unannounced inspection, for example if we are responding to a particular issue or concern. This may be something identified at a previous inspection that we are following up, or new information.

At the start of these visits, the inspection team will meet with a member of your management team, and will feed back at the end of the inspection if there are any immediate concerns.

The inspection team

Each inspection team is led by a CQC inspector or inspection manager and may include additional expert advisors. The experts who join the team reflect the type of services being inspected, the areas that we want to focus on and the nature of any issues identified before inspection. An inspection team may include:

- Specialist professional advisors. These are clinical and other experts with experience of working in NHS 111, GP out-of-hours or urgent care. For example, GPs, nurses, senior doctors, or professionals with telephone triage experience.
- Experts by Experience. These are people who have experienced care personally or have experience of caring for someone who has received a particular type of care.
- CQC medicines management specialists.

What we will inspect

Information from our monitoring activity helps to determine the type of inspection and what we will look at.

Types of inspection

Comprehensive

Comprehensive inspections address all five key questions, and ask is the service safe, effective, caring, responsive and well-led? We will always carry out a comprehensive inspection of services that we have not yet inspected, or if a service has an overall rating of inadequate or requires improvement.

Follow up

We will inspect when we need to follow up on an area of concern. This could be a concern identified during an inspection that has resulted in enforcement action, or concerns that the public, staff or other stakeholders have raised with us.

These inspections do not usually look at all five key questions. They usually focus only on specific areas indicated by the information that triggers the inspection. Follow up inspections may be unannounced.

Inspecting urgent care in a complex changing landscape

We recognise that many providers of NHS 111, GP out-of-hours and urgent care services are collaborating with other organisations in formal and informal ways to deliver care. We want to make sure that services provide high-quality care, and that leadership and governance at all levels support this. Our strengthened relationship management and monitoring will help us to understand where collaboration is happening and how this will affect what we inspect. We will reflect any collaborative working in your inspection report.

We will continue to work with providers and our partners to understand the new ways in which providers are delivering care so that we can continue to develop a responsive approach.

Inspecting complex providers

We know that NHS 111, GP out-of-hours and urgent care services can be provided by a range of different types of provider from different sectors across the care system, including both NHS trusts and independent providers. We are also aware that some of these providers deliver other types of service across more than one sector. We therefore try to align our inspections to be more efficient and to make the process simpler for you.

For example, some organisations may provide a combination of primary health care services, acute hospital services, mental health care, community health services and ambulance services, and may also run care homes. We will use teams of specialists to inspect each of these services. Also see [how we rate services](#).

We aim to take a consistent approach to inspecting these services. Where NHS 111, GP out-of-hours and other urgent care services are provided directly by NHS trusts, we will follow our approach for inspecting [NHS trusts](#). This is to ensure that we use a consistent inspection approach across the range of services that the trust provides. Our single assessment framework for [healthcare services](#) will support a consistent assessment of these services, regardless of who the provider is.

We will work closely with complex providers to tailor how we inspect their urgent care locations. This includes where a provider in the primary care sector is being sub-contracted to deliver urgent care services on behalf of a provider in a different sector. Our Primary Medical Services inspectors will work closely with inspectors across our different directorates, including our Hospitals inspectors, to plan and deliver a coordinated approach to inspection, rating and reporting. We will make clear which inspection approach we are following and will explain our regulatory decisions. Whichever approach we use, our focus will always be on the quality of care for the people using the services.

Site visits

Site visits give us an opportunity to talk to people using your services, your staff and other professionals, to find out about their experiences. They allow us to observe how you deliver care and to review people's records to see how their needs are managed, both within and between services.

An inspection of an urgent care, GP out-of-hours or NHS 111 service usually lasts for one day.

Where services are managed from one location across multiple sites, we are likely to visit a number of the sites during a comprehensive inspection.

Gathering evidence during the site visit

To structure the site visit, the inspection team refers to the key lines of enquiry (KLOEs) in the [assessment framework for healthcare services](#). They also look at any concerns identified beforehand through our monitoring activity. This enables them to focus on specific areas of concern or potential areas of outstanding practice. They collect evidence against the KLOEs using a variety of methods.

People who use services

We will gather the views of your patients, their family and carers, by:

- speaking with them individually
- using information from complaints and concerns sent through our website.

If we include an Expert by Experience on an inspection, they will talk to people at the premises on the day of the inspection.

Your staff

On all inspections, we are likely to speak to the following members of staff:

- members of your management team
- GPs and other members of the clinical team
- drivers
- call handlers
- administrative staff, including receptionists.

For larger providers, the inspection team may also hold focus groups with separate groups of staff.

Gathering information in other ways

We may also gather information by:

- tracking a patient's journey through their care pathway
- reviewing records
- reviewing operational policies and supporting documents.

The start of the visit

At the start of each inspection the inspector will meet with a member of your management team. Where they are unavailable, the inspector can meet with your senior manager or a senior clinician. This short introductory session will introduce the inspection team and explain:

- the scope and purpose of the inspection, including the powers we have
- the plan for the day
- how we will escalate any concerns that we identify during the inspection
- how we will communicate our findings.

We want you to be open and share your views with us about where you are providing good care, and what you are doing to improve in areas that you know are not so good.

If we find that you have not been open with us about issues of concern that you already know about, this will be emphasised and reflected when we assess the well-led key question.

The inspection team will review the emerging findings together at least once during the inspection. This keeps the team up-to-date with all issues and allows them to shift the focus of the inspection if they identify new areas of concern. It also enables the team to identify which further evidence they might need in relation to a line of enquiry and what relevant facts might still be needed to corroborate a judgement.

Feedback on the visit

At the end of the inspection visit, the lead inspector will meet with your senior manager to provide feedback. This is high-level initial feedback only, illustrated with some examples.

At the meeting, the inspector will:

- thank you for your support and contribution and tell you about any issues that were escalated during the visit or that require immediate action
- tell you if we need additional evidence or if we need to seek further specialist advice in order to make a judgement
- tell you about any plans for follow-up or additional visits (unless they are unannounced)
- explain how we will make judgements against the regulations
- explain the next steps, including how we process the draft inspection report
- answer any questions from the service.

We will need to carry out further analysis of the evidence before we can reach final judgements on all the issues and award ratings.

Mental Capacity Act

If your service provides care or support for adults who have (or appear to have) difficulty making informed decisions about their care, treatment or support, you may need to refer to the Mental Capacity Act 2005. This applies to all types of service providers.

The Mental Capacity Act helps to safeguard the human rights of people aged 16 and over who lack (or may lack) mental capacity to make decisions. This may be because of a lifelong learning disability or a more recent short-term or long-term impairment resulting from injury or illness.

This includes decisions about whether or not to consent to care or treatment.

Your staff need to be able to identify situations where the Mental Capacity Act may be relevant and know what steps to take to maximise and assess a person's capacity. If a person's capacity is impaired, staff must know how to ensure that decisions made on the person's behalf are in their best interests.

Read more about the [Mental Capacity Act](#).

AFTER INSPECTION

Your inspection report

After each inspection we publish an inspection report on our website. The report presents a summary of our findings, judgements and any enforcement activity that we may have taken.

The report focuses on what our findings mean for the public. If we find examples of outstanding practice during inspection, we describe them in the report to enable other providers to learn and improve. We also describe any concerns we find about the quality of care. The report sets out any evidence we have found about a breach of the regulations and other legal requirements.

Quality checks

Before publishing, we carry out quality and consistency checks on all reports to ensure that our judgements are consistent.

Factual accuracy check

When we have checked the quality of the draft inspection report (and evidence appendix/table, if appropriate), we will send you the draft documents. We will ask you to check the factual accuracy and completeness of the information that we have used to reach our judgements and ratings, where applicable.

The factual accuracy checking process allows you to tell us:

- where information is factually incorrect
- where our evidence in the report may be incomplete.

The factual accuracy process gives inspectors and providers the opportunity to ensure that they see and consider all relevant information that will form the basis of CQC's judgements.

Inspection teams base their judgements and ratings on all the available evidence, using their professional judgement and CQC's published ratings characteristics for [health care](#) and for [adult social care](#) services. The inspection report does not need to reference all the evidence but it should include the best evidence to support our judgements.

We will send an email to the appropriate registered person. This will include:

- a copy of the draft report (and evidence appendix/table, if appropriate)
- a link to download a form to provide your response.

Download the appropriate form to submit your response, as set out in the letter in the email. Once you have received the email with the draft report, you have **10 working days from the date of the email** to submit the form with your comments.

If you do not wish to submit a response tell us immediately. We will then be able to publish the final report.

Providers are responsible for making sure that the factual accuracy of the draft report has been checked by the responsible person and that any factual accuracy comments regarding the draft report have been approved and submitted.

The factual accuracy checking process should not be used to query:

- an inspection rating
- how we carried out an inspection – see how to [complain about CQC](#)
- enforcement activity that we propose – see how to [make a representation about proposed enforcement activity](#)

The draft report includes the draft judgements and ratings, where appropriate. If the inspector corrects any factual details in the report or accepts any additional evidence, they will amend the draft report. They will determine whether this has an impact on a judgement or rating(s) and will explain any changes on the form. We may change draft ratings if we determine that the evidence on which they are based is inaccurate or incomplete.

For more details and guidance on how to respond, see [Factual accuracy check](#).

Your ratings

We rate most providers for the quality of care overall and for our five key questions: are they safe, effective, caring, responsive and well-led?

We award ratings on a four-point scale: outstanding, good, requires improvement, or inadequate.

It is a legal requirement to [display your ratings](#). If you have an overall rating of good or outstanding, you may like to [promote](#) this to the public and the people who use your services.

We decide all ratings using a combination of aggregating the key question ratings and the professional judgement of inspection teams. We provide ratings at [different levels](#) and we use a set of [ratings principles](#) to help us to determine the final ratings.

Ratings characteristics

Your rating is based on our assessment of the evidence we gather against the key lines of enquiry in the [assessment framework for health care services](#). Inspectors refer to the corresponding ratings characteristics for the key lines of enquiry and use their professional judgement to decide on the rating.

When deciding on a rating, the inspection team asks:

- Does the evidence demonstrate a potential rating of good?
- If yes – does it exceed the standard of good and could it be outstanding?
- If no – does it reflect the characteristics of requires improvement or inadequate?

A service doesn't have to demonstrate every characteristic of a rating for us to give that rating. Inspection teams use the ratings characteristics as a guide, not as a checklist or an exhaustive list. They take into account best practice and recognised guidelines, and assure consistency through CQC's quality control process.

For example, if you demonstrate just one of the characteristics of inadequate but this has a significant impact on the quality of care or on people's experience, this could lead to a rating of inadequate. On the other hand, even services rated as outstanding are likely to have areas where they could improve. In the same way, you don't need to demonstrate every one of the characteristics of good in order to be rated as good.

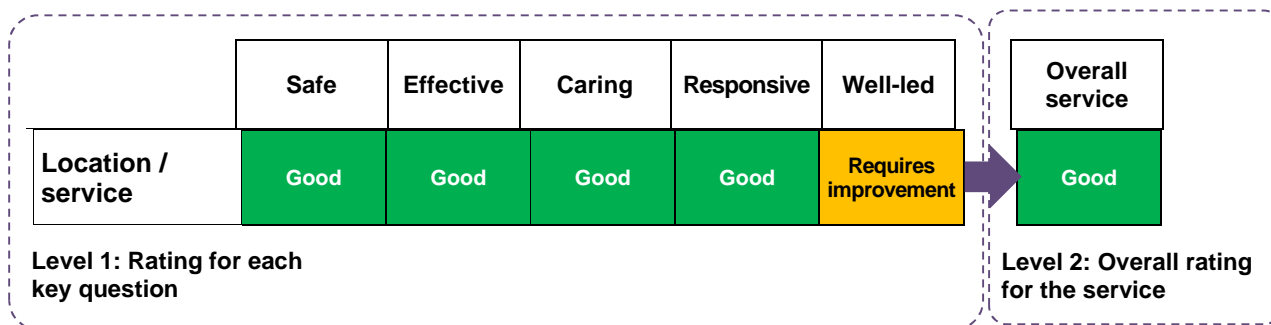
Levels of ratings

We generally rate NHS 111, GP out-of-hours and urgent care services at two levels.

Level 1: A rating for each of the key questions for the location/service.

Level 2: An overall rating for the service. This will be an aggregated rating informed by our findings at level 1.

The following example shows how the two levels work together:



Where a primary care service is part of an NHS or foundation trust, we will also rate the trust at provider level and this rating is based on an aggregation of all ratings for the provider.

You will usually receive a separate report and rating for each of your locations that provide GP out-of-hours and urgent care services. If you provide an NHS 111 service, we will usually report on all of your NHS 111 services in one report and give one rating. Where necessary, we will work closely with you to ensure we report and rate at an appropriate level. For example, if you provide NHS 111 services at geographically dispersed sites across England, it may not make sense to have one report and one rating covering all of the sites.

Sometimes, we won't be able to award a rating. This could be because:

- the service is new
- we don't have enough evidence
- the service has recently been reconfigured, such as being taken over by a new provider.

In these cases, we will use the term 'inspected but not rated'.

We may also suspend a rating at any level. For example, we may have identified significant concerns which, after reviewing but before a full assessment, lead us to re-consider our previous rating. In this case, we would suspend our rating and then investigate the concerns.

How we determine your aggregated ratings

Using professional judgement

To ensure that we make consistent decisions, we follow a set of [ratings principles](#) and apply professional judgement when rating at key question and service level. Our ratings must be proportionate to all available evidence and the specific facts and circumstances.

Before we start an inspection we will identify whether a service is delivered by a provider that we would usually rate at provider level, for example an NHS trust. If it is, the [ratings approach for NHS trusts](#) would apply at the provider level, in addition to service level rating.

If we identified concerns in the inspection we'll consider the following criteria and use our professional judgement to decide whether to depart from applying the ratings principles – particularly where we need to aggregate ratings that range from inadequate through to outstanding:

- The extent and impact of the concerns on people who use services and the risk to quality and safety, taking into account the type of setting. If concerns have a very limited impact on people, it may reduce the impact on the aggregation of ratings.
- Our confidence in the service to address the concerns, or where action has already been taken.

We can't predict what future models of care and configurations of services will look like. To enable us to be flexible and respond to change, we will base our approach to aggregation for future models of care on these principles.

Where a rating decision is not consistent with the principles, we will record the rationale clearly in the inspection report and the decision will be made using internal quality control and consistency processes.

Updating ratings

Ratings from previous inspections are carried forward and aggregated with updated ratings following any recent inspection of a key question. A change in a key question rating can result in a change in an overall rating for a provider when we apply the ratings aggregation rules.

Where there is a change of ownership or address at an existing location, CQC's website and internal systems will continue to display the provider's '[regulatory history](#)' (rating and inspection report under a previous provider).

After we have published an inspection report, you must [display your updated ratings](#) in relevant locations and on your website.

Ratings principles

Our inspection teams use a set of principles when rating services, locations and providers to ensure that we make consistent decisions. The principles will normally apply but will be balanced by inspection teams using their professional judgement. Our ratings must be proportionate to all of the available evidence and the specific facts and circumstances.

Reflecting enforcement action in our ratings

Where we are taking enforcement action we will reflect this in the ratings at the key question level.

1.	Where we have identified a breach of a regulation and we issue a Requirement Notice, the rating linked to the key question relevant to the breach will normally be limited to 'requires improvement' at best.
2.	Where we have identified a breach of a regulation and we take action under our enforcement powers, such as issuing a Warning Notice or imposing a condition of registration, the rating linked to the key question relevant to the breach will normally be 'inadequate'.

Overarching aggregation principles

The following principles apply when we are aggregating ratings.

3.	The five key questions are all equally important and should be weighted equally when aggregating.
4.	All ratings will be treated equally when aggregating unless one of the other principles below applies. Note: We can adjust the following principles for combinations where it is not appropriate to treat ratings equally, for example, where one of the key questions is rated as inadequate we would not expect the overall rating to be good or outstanding.

Aggregating ratings

There are too many combinations of ratings and the resulting aggregation to show here. However, we use the following principles as the basis of the aggregation and use our professional judgement to apply them to the specific combination of underlying ratings.

We will apply the principles in the table below when aggregating the five key questions to an overall service level.

When using the following principles, the number of underlying ratings in most instances will be five (for the key questions). However, there may be circumstances where we do not rate for one or more of these. In these instances the number of underlying ratings may be fewer.

5.	The aggregated rating will normally be ‘outstanding’ where at least X number of the underlying ratings are ‘outstanding’ and the other underlying ratings are ‘good’.
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Number of underlying ratings	Number (X) of underlying outstanding ratings
1 – 3	1 or more
4 – 5	2 or more

6.	The aggregated rating will normally be limited to ‘requires improvement’ where at least X number of the underlying ratings are ‘requires improvement’.
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Number of underlying ratings	Number (X) of underlying requires improvement ratings
1 – 3	1 or more
4 – 5	2 or more

7.	The aggregated rating will normally be limited to ‘requires improvement’ at best where X number of the underlying ratings are ‘inadequate’.
8.	The aggregated rating will normally be limited to ‘inadequate’ where at least Y number of the underlying ratings are ‘inadequate’.

Number of underlying ratings	Principle 7 Limited to requires improvement where there are (X) number of underlying inadequate ratings	Principle 8 Limited to inadequate where there are (Y) number of underlying inadequate ratings
1 – 3	Not applicable	1 or more
4 – 5	1	2 or more

Request a rating review

Grounds for review

The only grounds for requesting a rating review after completion of the factual accuracy process and publication are that we have failed to follow our process for making ratings decisions.

You cannot ask for a review of your ratings on the basis that you disagree with our judgements. Any dispute over ratings judgements should be raised during the factual accuracy stage.

Any request for a review must relate solely to your latest final inspection report. We can't consider references to previous reports or those for other providers.

How to request a review of ratings

All rating review requests must be submitted using our online form by one of:

- the registered manager
- the nominated individual
- the chief executive (NHS trusts only).

You must submit the request **within 15 working days** of the publication of the report, and you can only submit one request for an inspection report.

Note: There is a limit of 500 words for a request for review across all the ratings you wish to challenge.

You will find the link to the online form in the letter we send with your final report.

The review process

We will first consider whether your request meets the grounds for review.

If it does not meet these grounds then we'll refuse the request and write to you to explain why.

If it does meet the grounds, CQC staff not involved in the original inspection will review the aspects of the process that were not followed correctly.

As well as our own staff, we may use independent reviewers if their expertise is relevant to your request.

Our review may extend to ratings that you did not challenge. All ratings can go down as well as up as a result of a review.

During the review, we will display a message on the relevant profile page on our website to show it is taking place. The report will remain published on the website.

Complaints and appeals

If you are making a complaint against us or challenging our enforcement action, we will pause the review until these are complete.

We will let you know when we start to consider your request – this is usually once the complaint or challenge is complete (including any appeal to the First-tier Tribunal).

The review decision

Where the grounds for a rating review are met, CQC's Chief Inspector of Primary Medical Services and Integrated Care, Chief Inspector of Hospitals or a Deputy Chief Inspector of Adult Social Care makes the final decision.

Once the review is complete, we'll let you know the outcome. We aim to complete all reviews within 50 working days.

We'll make the appropriate changes to your report and ratings as a result of the review on our website as soon as possible.

The review is the final CQC process for challenging a rating. However, you can challenge the ratings elsewhere, such as by applying for a judicial review.

How we publish inspection information

Every time we inspect a health or social care service, we publish information about it on our website.

This includes:

- details of current and recent inspections
- the inspection report.

We also send email alerts to people who have registered an interest in a particular service, location or area.

Current and recent inspections

When we are inspecting a service, we display a message on its profile webpage. We remove this when we publish the inspection report.

The inspection report

We publish your inspection reports on the appropriate profile webpages. The ratings and summaries appear on the webpage, and the report is available as a PDF document.

Email alerts

Visitors to our website can sign up for [email alerts](#) about our inspections related to particular locations.

Anybody who has signed up to receive alerts about one of your locations will get an email:

- when we have inspected the location, and
- when we publish the report.

We send these alerts once a week.

Enforcement action

We only publish information about enforcement action once any representations and appeals processes are complete.

The exception to this is urgent enforcement action, where we update our website with information straightaway. This includes action such as:

- suspending a provider or registered manager
- placing conditions on a provider's registration because of major concerns.

Read more about our [enforcement action and representations](#).

Informing the media

We routinely send summary information about our findings to local, national and trade media.

We will normally send more in-depth details to the media when we:

- publish inspection reports with overall outstanding or inadequate ratings
- take enforcement action
- prosecute.

Enforcement

If the care you provide harms people or puts people at risk of harm, we can take enforcement action to protect them. We do this so that you make improvements to prevent any further harm or risk of harm. If the improvements you need to make are small and low risk, we may work with you without taking enforcement action.

If you provide poor quality care you may be committing an offence. If you do commit an offence we can take criminal enforcement action to hold you to account. Our [guidance](#) helps you to understand the level of care that people should receive. If the level of care falls below this and people are harmed or put at risk, you may be committing an offence and we may take criminal enforcement action.

Types of enforcement action

The type of enforcement action we can take will depend on whether we are protecting people or holding you to account.

- We will take **civil enforcement action** to protect people; and/or
- To hold you to account we will take **criminal enforcement action** if you fail to meet prosecutable fundamental standards.

Our [enforcement policy](#) describes this in more detail.

Deciding which enforcement action to take

This will depend on a number of factors including:

- the level of harm or risk that has occurred
- the actions you have taken to prevent harm from happening again
- the quality of care you have provided previously

- whether you have had any enforcement action taken against you before
- in respect of criminal enforcement, in accordance with the Code for Crown Prosecutors.

Our [enforcement policy and enforcement decision tree](#) explain in more detail how and when we take enforcement action.

Following up enforcement action

We will inspect your services to check whether you have made the changes needed to improve. If you have not made the necessary changes we can take more severe enforcement action. In serious cases we can cancel your registration so you can no longer provide care.

Offences

Certain regulations have offences attached to them. This means that if you breach the regulation, it is an offence and CQC can prosecute as part of our enforcement action.

The offences and our powers to prosecute are set out in the following legislation:

- Health and Social Care Act 2008 as amended
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [Care Quality Commission \(Registration\) Regulations 2009](#)

Our [enforcement policy](#) details the fixed penalties and fines payable for offences.

For the regulations where we cannot prosecute, we can use other regulatory actions, which are set out in our [enforcement policy](#).

Special measures

Responding to services rated as inadequate

We want to ensure that services found to be providing inadequate care do not continue to do so. We have therefore introduced special measures. The purpose of special measures is to:

- Ensure that providers found to be providing inadequate care significantly improve.
- Provide a framework within which we use our enforcement powers in response to inadequate care, and, working with other organisations, ensure that services make improvements and are aware of the support available.
- Provide a clear timeframe within which providers must improve the quality of care. If they do not, we will take action to cancel their registration.

Services rated as inadequate overall will be placed straight into special measures.

Services that are rated as inadequate for a key question will be re-inspected within six months. If there is still a rating of inadequate for any key question after six months, the service will be placed into special measures.

Once a service is placed in special measures we will re-inspect within six months to check that it has made sufficient progress to improve. After this inspection, if we feel the service has made sufficient progress, we will remove it from special measures.

If sufficient progress has not been made when we re-inspect, and we give a rating of inadequate for any key question, or overall, we will take further action to prevent the service from operating, either by proposing to cancel its registration or vary the terms of its registration. There will then be a further inspection, normally within six months. If sufficient progress has still not been made, and there is a rating of inadequate for any key question, or overall, we are likely to proceed to cancel the registration or to vary the terms of registration. This will mean that the provider's registration will be cancelled.

Special measures does not replace CQC's existing enforcement powers: we are likely to take enforcement action at the same time as placing a provider into special measures. In some cases, we may need to take urgent action to protect people who use the service or to bring about improvement, in accordance with our enforcement policy.

See our [detailed guidance](#) about our approach to special measures.

Services rated as requires improvement

Where services are rated as requires improvement on more than one consecutive inspection, it shows that they cannot demonstrate the necessary leadership or governance processes to assure and improve quality. In these cases, we will consider whether this may represent a breach of Regulation 17 (good governance). We may also ask the provider for a written report to set out how it will assess, monitor and improve the quality and safety of its services. This improvement action plan needs to be agreed with the provider's commissioners.

If we rate a service as requires improvement for a third time, we will hold a formal management review meeting (MRM) to consider the next steps and the potential use of our enforcement powers.

Where we register larger primary care providers, we will monitor quality across all their services. Where there are concerns across the group, we may consider taking action to hold the provider to account, for example by using our enforcement powers.

Make a representation

If CQC takes civil enforcement action the relevant registered person has the right to make representations to us. You can make a representation if we:

- issue a Warning Notice
- impose, vary or remove conditions of registration
- suspend registration, or extend the period of suspension of registration
- cancel registration.

Warning Notices

A registered person must make representations against a warning notice in writing within 10 working days of CQC serving the notice.

See our guidance on making representations against a warning notice:

[Representations against warning notices](#)

Please use this form to make representations: [Notice representations form](#)

Please note: there is no right of appeal to the First-Tier Tribunal against a warning notice; you can only make representations to us about it.

Please send your representations form by email to

HSCA_Representations@cqc.org.uk.

Notice of proposal

A registered person can make a representation against a notice of proposal before we decide whether to adopt it and serve a notice of decision. You must make a representation within 28 days of CQC serving the notice.

If we issue a notice of decision, a provider can appeal about it to the First-tier Tribunal.

See our guidance about making representations against a notice of proposal:

[Representations and appeals guidance](#)

Please use this form to make a representation: [Notice representations form](#).

We will consider all representations and aim to respond to them within 20 working days.

Please note: Each form only covers one regulated activity (please specify which one in the appropriate section of the form).

To make representations about more than one regulated activity, you must complete and submit a separate form for each one.

Please send your representations form by email to HSCA_Representations@cqc.org.uk.

Complain about CQC

We aim to provide the best possible service, but we do not always get it right. CQC welcomes your feedback to help us improve our services and ensure we are responding to your concerns as best we can.

Your complaint should be made to the person you have been dealing with because they will usually be the best person to resolve the matter. If you feel unable to do this, or you have tried and were unsuccessful, you can contact our National Customer Service Centre by phone, letter or email.

Post

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Phone: 03000 616161

Email: enquiries@cqc.org.uk

Opening hours: 8.30am – 5:30pm, Monday to Friday

What will happen next?

Your complaint will be forwarded to our National Complaints Team who will make contact with you to discuss your concerns and confirm how CQC will respond to them.

We will try to resolve your complaint informally within seven working days so that we can address the concerns as soon as possible. If a formal investigation is needed, we will propose a date for response (usually within 30 working days) and agree this with you. Your complaint will be investigated by someone not connected to the issues and the process will be overseen by the National Complaints Team. You will then receive a report detailing our findings and if appropriate, what we have done, or plan to do, to put things right.

What if I am still not happy?

If you remain unhappy with the outcome of your complaint, you can contact the Parliamentary and Health Service Ombudsman (PHSO) via your local Member of Parliament. Visit the [PHSO website](#) to find out how.