

Induction handbook for Specialist Advisors in the hospital directorate

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1. Welcome message

Dear Colleagues,

I am delighted to welcome you as a specialist advisor for CQC. Congratulations on your appointment! I very much hope that you will find the experience both interesting and rewarding. This was certainly my experience when I started as a specialist advisor a while back and of many specialist advisors I have talked to over the last three years. Specialist advisors have a crucial role in ensuring the credibility of our inspections, working alongside our inspectors. They have a real opportunity to contribute to the improvement of clinical services beyond their normal working environments. The aim of this handbook is to outline the background and functions of CQC and your role within the inspection process.

We have recently completed the first round of inspections of all acute, mental health, community and ambulance trusts, all independent sector mental health providers and all acute independent hospitals. This has given us a unique view of the quality and safety of care across secondary health care services.

In the next phase of our inspections we will build on this foundation, undertaking more targeted and tailored inspections driven by intelligence and our prior insights into individual providers. Your role in this will be extremely valuable.

Best Wishes

A handwritten signature in blue ink that reads "Ted Baker". The signature is written in a cursive style and is underlined with a single horizontal line.

Ted Baker

Chief Inspector of Hospitals,
Care Quality Commission



2. Background to the Care Quality Commission (CQC)

CQC was formed in 2009 under the Health and Social Care Act, 2008; bringing together the previous functions of the Healthcare Commission, the Commission for Social Care Inspection and the Mental Health Act Commission.

When CQC was first established, the task of regulating so many different service types was supported by a generic regulatory model, based mainly on whether services were complying with the law. However, in 2013, following the Francis Report on Mid Staffordshire and the Keogh Review of the 14 trusts with the highest mortality rates, concerns were raised that there were inherent problems in the system, which were not being uncovered. Therefore, CQC responded by developing a strategy to 'raise standards and put people first.' This involved a complete transformation of our ways of working and moved to our new approach, with three different inspection directorates:

- **Hospitals**
- **Primary Medical Services (PMS) and Integrated Care**, and
- **Adult Social Care (ASC)**

In addition to the inspection directorates, the **Strategy and Intelligence** directorate works to enable CQC to deliver its purpose, and the **Customer and Corporate Services** directorate works to provide consistently high standards of support.

CQC has now developed sector-specific approaches to inspection with specialist inspection teams operating under each of our directorates.

Within the hospitals directorate, the first round of comprehensive inspections for all NHS trusts and independent mental health providers was completed in July, 2016. Going forward to the 'next phase' of inspections there is going to be considerable change in the regulatory model; however the role, purpose and values of CQC will remain constant.

Specialist Advisor corporate induction video

For further information about CQC please watch our [Specialist Advisor Corporate Induction Video](#).

3. CQC's role and purpose

The role of CQC is to act as an independent regulator of health and adult social care in England; we have no power to act in Scotland, Wales or Northern Ireland.

CQC regulates the quality of services in both the public and independent sector, looking to ensure that health and social care services provide people with safe, effective, compassionate and high-quality care.

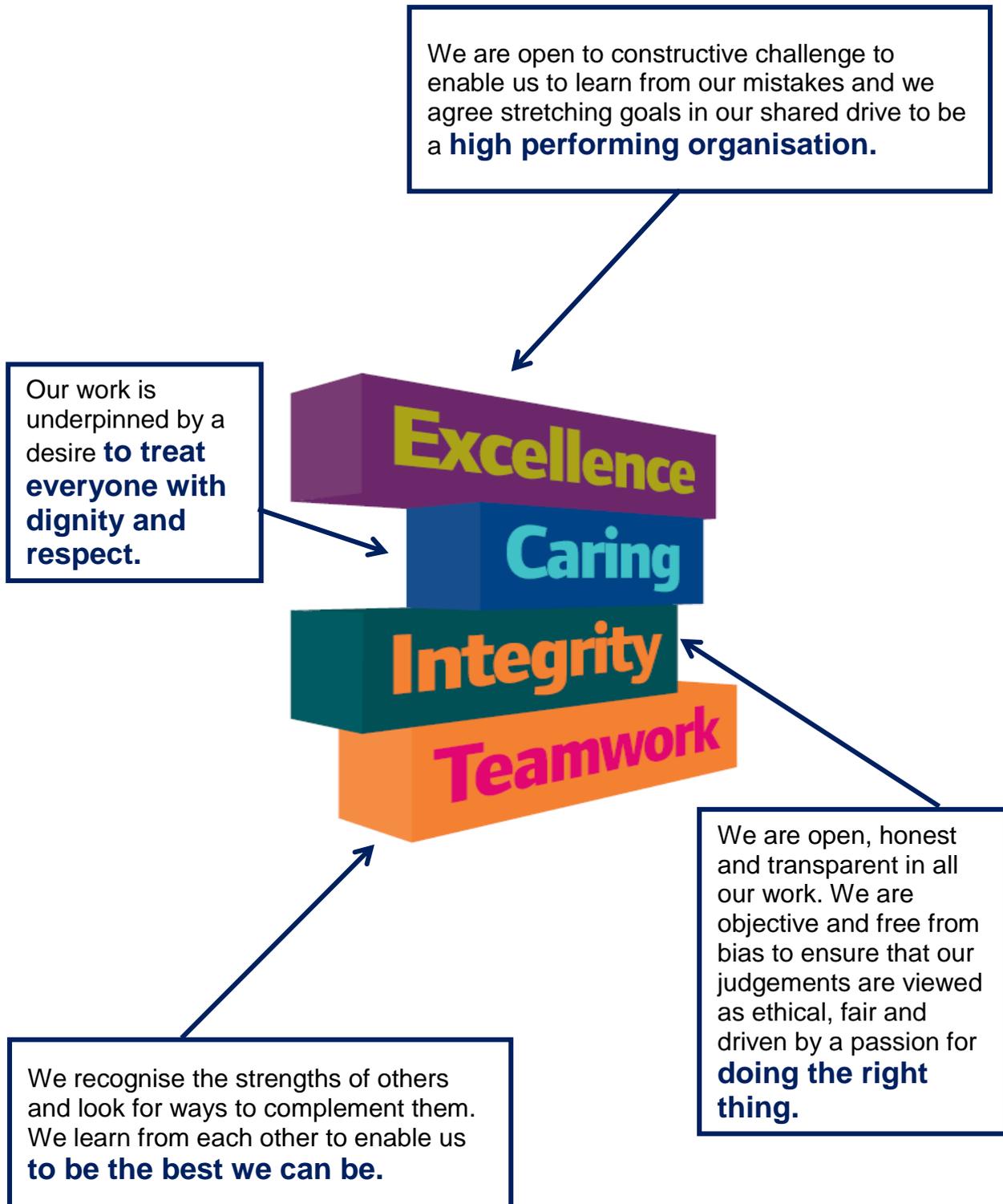
CQC is specifically a government regulator, which means that:

- **CQC is sponsored by, but independent of, the government.** In our case, our 'sponsor' is the Department of Health. We work closely with that department to develop policy, allocate resources, and review and revise legislation. However we make our own independent judgements about the quality of health and adult social care services, and it is our decision about what course of action we take when we find poor care.
- **CQC is a statutory body.** This means that we exist only because we were established by an Act of Parliament and so we can only do the things that are described in that Act. In our case, our 'parent' Act is the Health and Social Care Act 2008. This includes the regulations made under it.
- **CQC cannot step outside of its prescribed functions and powers.** Although the functions that the Health and Social Care Act 2008 gives us are quite widely defined, we cannot do other things. As a simple example, we could not just decide to regulate chiropodists, or to be funded by a health provider. CQC may only spend money on the activities that it was established to do. It would be unlawful for CQC to act outside its statutory powers, and if we did we might have to compensate anybody who suffered as a result. Ultimately, the Department of Health may choose to take away the powers that Parliament has given us if we act unlawfully in serious ways.
- **CQC is a public body.** This has many implications. For example, to be employed by CQC is to hold public office. This means we must observe codes of conduct for public employees. As an organisation, CQC must act fairly, and in accordance with public law, so we must always be transparent and accountable to the public who fund our work. The Human Rights Act 1998 applies to us,

meaning that it is unlawful for us to act in a way which is incompatible with any person's Convention right under the European Convention on Human Rights.

- **CQC exercises its powers on behalf of the public.** We make sure that health and adult social care services are being delivered to an acceptable standard. We have the power to ask those who provide and manage those services to change the way they operate. We must exercise our powers, but we must only act where necessary, and in the interests of people who use services.

4. CQC's values– what is important to us?



5. Key questions



When we are monitoring, inspecting and rating providers we look to align what we find with our five key questions.

The key questions look to answer whether services are:

- **Safe:** Are people protected from abuse and avoidable harm?
- **Effective:** Does people's care, treatment and support achieve good outcomes, promote a good quality of life, and is it based on the best available evidence?
- **Caring:** Does the service involve people and treat them with compassion, kindness, dignity and respect?
- **Responsive:** Are services delivered to meet people's needs?
- **Well-led:** Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, support learning and innovation, and promote an open and fair culture?

Having a standard set of questions ensures consistency in regards to what we look at and helps inspections to focus on those areas that matter most. This is vital for reaching a credible, comparable rating.

For each key question, we ask a number of questions, called key lines of enquiry (KLOEs); each KLOE is also supported by a number of prompts to help guide the questions.

6. The hospitals directorate



The hospitals directorate regulates acute hospitals, mental health services, ambulance services and community health services within both the NHS and independent sectors.

The hospitals directorate inspects over 30 different types of core services. Whilst there is an overarching set of KLOEs, prompts and ratings characteristics for Healthcare services, there are also additional core service frameworks and brief guides on specific services to support the inspection process.

6.1. Core services

Core services are the ones that most trusts provide. They are typically services that people use the most, or in some cases, the ones that may carry the greatest risk.

➤ Acute core services

CQC inspect 8 core services in acute hospitals

- Urgent & emergency services
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity
- Services for children and young people
- End of life care
- Outpatients and diagnostic imaging

Of note, when we inspect acute trusts we will now closely scrutinise how they provide mental health care and support for patients with mental health needs across all the core services we inspect.

➤ **Ambulance core services**

CQC inspect 3 ambulance core services

- Emergency operations centre
- Emergency and urgent care services
- Patient transport services

➤ **Community health services**

CQC inspect 4 core services within community health.

- Community health services for adults
- Community health services for children, young people and families
- Community health inpatient services
- Community end of life care

➤ **Mental health core services**

CQC inspect 11 core services with Mental Health services.

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay or rehabilitation mental health wards for working age adults
- Forensic inpatient or secure wards
- Child and adolescent mental health wards
- Wards for older people with mental health problems
- Wards for people with a learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Specialist community mental health services for children and young people
- Community-based mental health services for older people
- Community mental health services for people with a learning disability or autism

6.2. Additional services

An additional service is a service that we do not inspect routinely for all providers as a core service.

We may choose to inspect an additional service for an individual provider because:

- it represents a significant proportion of the provider's range of services
- we have identified it as potentially being rated outstanding
- we have identified it as being high risk

In line with CQC's approach to date, an additional service selected for an individual provider will normally be inspected, reported and rated in the same way as the core services.

Examples of additional services that we may inspect in an individual provider include:

Acute

- gynaecology (including termination of pregnancy)
- diagnostic imaging
- rehabilitation
- spinal injuries

Mental health

- substance misuse services
- specialist mental health eating disorder services
- personality disorder services
- perinatal mental health services
- specialised mental health services for people who are deaf
- specialist mental health services for people with acquired brain injury
- gender identity services

Community health

- community dentistry
- sexual health services
- urgent care

For specialist acute trusts we may adapt core services from other types of provider where they better reflect the trust's portfolio.

Core services and additional services

For further information on the Core and Additional Services CQC inspect, please refer to the 'Provider Handbook', which can be accessed via the CQC website or [here](#).

7.1. Role of a SpA

Your role as a SpA while on inspection is vital. You are there to:

- **Support the inspection team**
- **Provide specialist advice**
- **Ensure that CQC's judgements are informed by up-to-date and credible clinical and professional knowledge and experience.**



7.2. Responsibilities of a SpA

To be able to successfully fulfil your role as a SpA you will need to take on the following responsibilities:

- **Understand CQC's role and purpose** (See Section 3)
- **Uphold CQC's values** (See Section 4) **& reflect expected attitudes and behaviours whilst on inspection**

Whilst you are out on inspection you are acting as a representative of the CQC. It is therefore important that you uphold CQC values and that your behaviour aligns with them.

As a CQC representative it is important that you:

- **Dress appropriately.** The dress code on inspection is smart office wear, but you may need to modify this to suit the environment and type of the inspection you are going on. Footwear should be smart but comfortable as you may have to walk significant distances around the site. Please avoid wearing clothing with bold branding. In clinical areas you need to be 'bare below the elbows' and therefore wear a shirt/top, which will allow for this.

Whilst jewellery can be worn, this should be limited to stud earring only and a single wedding band.

- **Communicate effectively.** It is important that as a CQC SpA, you are seen to treat everyone with dignity and respect. Communication with staff and patients during inspection should be sensitive and empathic. The tone of questioning must try and put people at ease and get the best out of them.
 - **Respect patient and staff confidentiality.** Whilst on inspection you will be given access to information relating to the provider, staff and patients. It is important that you respect confidentiality at all times; if you have any queries regarding sharing information beyond your immediate inspection team then you should speak with the inspection manager.
-
- **Prepare adequately for inspection**

Prior to going on inspection, it is important that you familiarise yourself with the following sources of background information:

- **CQC 'Insight'.** This is the data system used by CQC (see Section 9.1.1.), which monitors potential changes in the quality of care being provided by services. Information found on CQC Insight is included in the evidence appendices, which support the CQC reports. Prior to going on inspection you can ask the inspection manager to send you this information to enable you to have a better understanding of the background of the Provider.
- **Previous CQC inspection reports.** It is important to have an understanding of what performance was judged to be on previous inspections to help assess for improvement/deterioration in the quality of care. Previous inspection reports are publicly available and can be accessed via [CQC's website](#)
- **Information within the Provider Information Request (PIR)** (see Section 9.1.2.) Prior to going on inspection you can ask the inspection managers to send you the relevant information within the PIR; this will help to give you a better understanding of the Trust's self-reflection and of key information sources at core service level.
- **Core service inspection framework and/or guidance.** As a Specialist Advisor you should familiarise with the relevant inspection framework and associated guidance before starting an inspection. The inspection manager will be able to send you the most recent framework and guidance in advance of on-site inspection activity.

The inspection manager will often schedule a **'briefing call'** prior to on-site inspection activity. It is important that you try to join this call as it will give you an opportunity to further familiarise yourself with the background of the provider and to ask any questions in advance of inspection.

- **Record evidence gathered during inspection clearly**

It is important that you record all evidence gathered during an inspection clearly and concisely as this will be used by the inspectors to help form their reports; make judgements and provide ratings. (See Section 10.2.1.)

- **Provide specialist input to guide ratings**

As a SpA, whilst it is not your role to provide ratings, your specialist input is vital to ensuring that judgements are informed by up-to-date and credible clinical and professional knowledge and experience. Therefore, it is important that you attend corroboration during the onsite inspection, to discuss the provisional ratings which will be given to providers.

- **Seek feedback**

Participating in inspection activity can be used as an important part of professional and personal development; for both continuous professional development (CPD) and appraisal.

At the end of the inspection it is essential that you receive feedback, via the **SpA feedback form**, from the Inspection Lead.

The feedback provided will concentrate on the following areas:

- Your ability to work effectively with colleagues and other team members
- Your ability to appropriately communicate and behave in line with our values
- Your ability to follow instruction from the inspection lead
- Your ability to show appropriate respect for colleagues roles in the inspection team
- Your ability to demonstrate expertise in your specialist field
- The quality of the evidence you have gathered and production of clear detailed notes
- Your ability to keep to the inspection timetable
- You demonstrate a professional appearance and demeanour in line with CQC's values

If concerns are raised in any of the above areas and you fail to meet reasonable expectations this will be discussed with you and could prevent you from attending further inspections.

Of note, SpAs are also encouraged to submit feedback on their experience of inspection; either via the online form or by emailing SpAFeedback@cqc.org.uk.

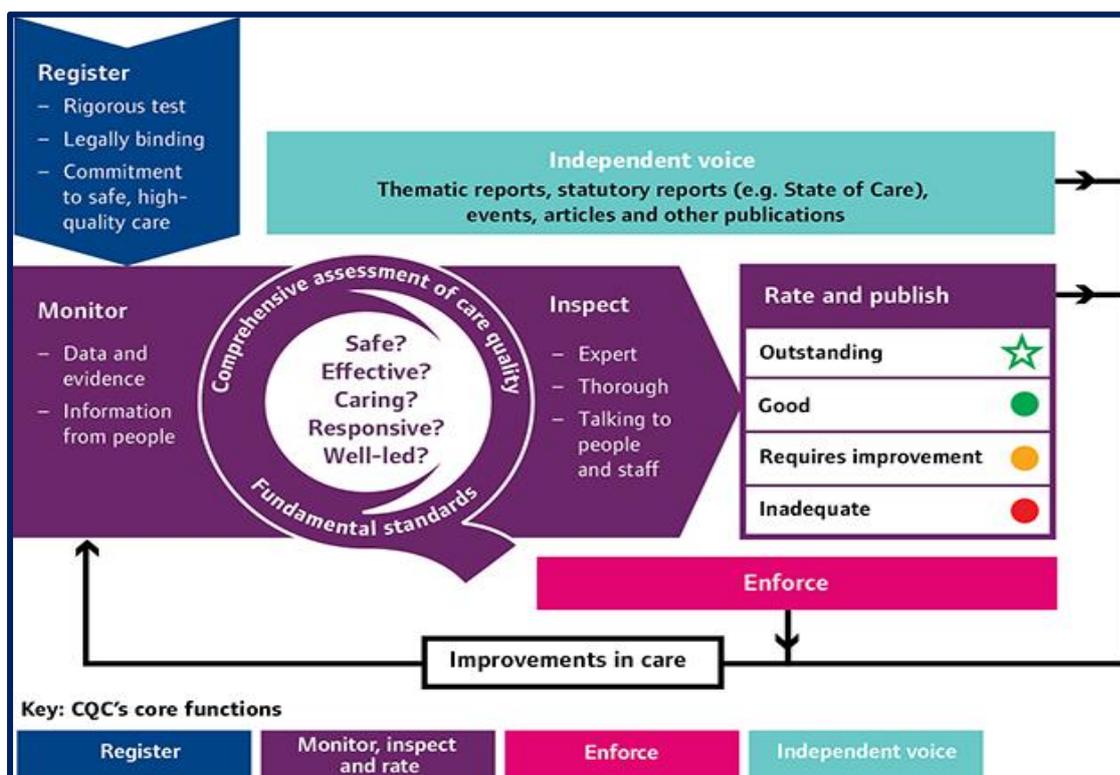
SpA feedback form

Follow the [link](#) for the SpA feedback form, which is available through CQC's homepage.

8. CQC's current operating model and 'Next Phase'

CQC has four core functions, which are outlined in the current operating model displayed below:

- **Registration.** CQC registers those who apply to provide health and social care services in England.
- **Monitoring, inspection and rating.** CQC monitor and inspect services to ensure that they are safe, effective, caring, responsive and well led. CQC then give overall ratings, which are published and made publicly available.
- **Enforcement.** CQC is a statutory body and was established by an Act of Parliament, The Health and Social Care Act. When CQC identifies poor care it uses its legal power to take action. However, it is worth noting that CQC can only do things, which are described in the Act and it cannot act outside of its statutory powers.
- **Independent voice.** CQC looks to speak independently and publish regional and national views of major quality issues within health and social care; looking to encourage improvement by highlighting good practice



Going forward into the 'next phase' of inspections, whilst the four core functions will remain the same, the strategy for 2016-2021 sets out the vision for a **more targeted, responsive and collaborative approach to inspection**:



- Building on the baseline information that we hold to enable us to identify risks and trends as well as improvements to enable us to target our inspection activity

- Developing our working relationship with providers to achieve a level of maturity so providers are open and transparent when sharing their own view of quality

- Developing a framework that is flexible enough to accommodate new models of care working effectively across sector boundaries

- Aligning our approach with NHS Improvement to prevent any duplication of work for providers and enabling us to

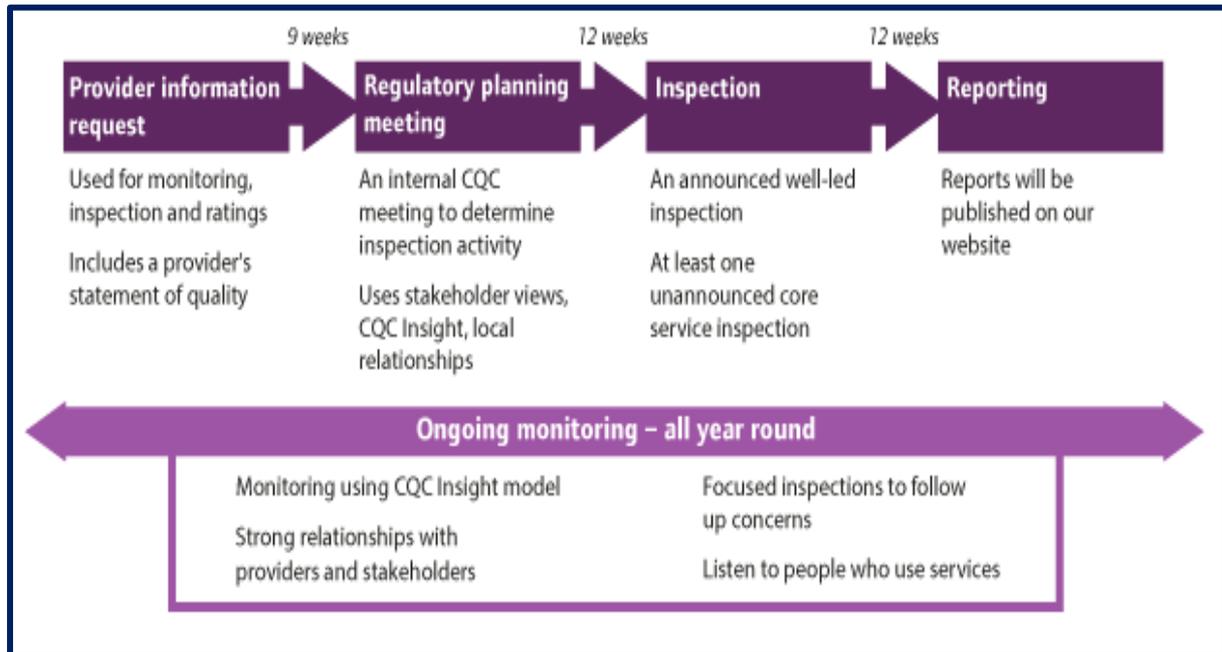
reach robust judgements across the well-led key question and the use of resources

CQC's strategy for 2016-2021

If you want to know more about CQC's strategy for 2016 to 2021, please follow the [link](#)

9. Monitoring, inspecting and rating

As a SpA you will be involved in the process of monitoring, inspecting and rating providers. The illustration below outlines the proposed timelines for this process.



CQC aims to inspect each trust at least once between June 2017 and spring 2019, and approximately annually after that.

9.1. Monitoring and information sharing

Prior to going on inspection, you may wish to familiarise yourself with the following components of the operating model:

- **9.1.1. CQC 'Insight'**

CQC 'Insight' is the new data monitoring system, which replaces what was previously known as Intelligent Monitoring. It is used to monitor potential changes to the quality of care that a service provides. It brings together in one place information we hold about services, and analyses it to monitor services at provider, location, and core service level. This **helps us to decide what, where and when to inspect** and provides analysis to support the evidence in our inspection reports.

Inspectors and inspection managers are expected to check CQC 'Insight' regularly as part of monitoring the quality of care. If CQC 'Insight' suggests an improvement or decline in the quality of care for a service, this will be followed up as part of the quarterly relationship management meetings (see Section 9.1.5.) If there are significant concerns CQC may carry out a focused inspection.

Examples of the information held on CQC Insight include:

- **Contextual and descriptive information** such as levels of activity, staffing and financial information.
- A **ratings overview**: the trust's latest CQC ratings with information about the direction of potential change
- **Intelligence overview**: this is a summary of the analysis of indicators selected to monitor performance. It is presented at provider, key question and where available, core service level.
- **Performance monitoring indicators**: these show performance compared with national standards or with the performance of other providers. These also indicate changes in a trust's performance over time, and whether its latest performance is an improvement, decline, or about the same as its performance in the equivalent period 12 months before. All indicators are mapped to CQC's five key questions and key lines of enquiry (KLOEs).
- Featured **data sources**: key data sources such as the findings from national surveys, incident reports, mortality ratios and outliers are also included.

Information found on CQC Insight is included in the evidence appendices, which support the CQC reports.

❖ SpA responsibility

As a SpA it is important that you familiarise yourself with the relevant information found on CQC 'Insight'; this can be requested from the

- **9.1.2. The Provider Information Request (PIR)**

CQC send a PIR to the nominated individual within a trust approximately once a year. They have four weeks in which to return the information and any supporting documents through our online portal. The PIR is made up of two parts:

1) Trust level request.

This is the main request, which asks the nominated individual to provide a statement about the quality of their services against the CQC's five key questions. This will include any changes in quality or activity since the last CQC inspection.

Within the trust level request, there is a **'well-led' section**, which asks the nominated individual to use the key lines of enquiry to tell us about the trust's leadership, governance and organisational culture; this information is used to support our assessment of 'well-led' for the trust.

2) Sector request.

The sector request asks the nominated individual to report on a limited number of key information items for each core services provided by the Trust. There are different requests for different sectors, for example Community or Acute.

The sector request is used to gather key information, which is not available through other national data sources.

The long-term goal is to reduce the burden we put upon Trusts and therefore as national data sources become available we will look to edit the PIR to help avoid repeated information requests.

The PIR is coordinated for complex providers that operate across more than one sector, to ensure that the information requested reflects all services provided and that it helps us to understand any changes they propose to make.

❖ **SpA responsibility**

As a SpA it is important that you familiarise yourself with the relevant information found within the PIR: this can be requested from the inspection

• 9.1.3. Working with national partner organisations

CQC works in partnership with other national organisations to share information about services and peoples' experience of them; this helps to make the best use of shared information and resources. Partner organisations include:

- NHS England
- NHS Improvement
- Healthwatch England
- National Guardian
- General Medical Council
- Nursing & Midwifery Council

9.1.3.1. Trust wide 'well-led' review

For the 'next phase' of inspections, CQC has worked jointly with **NHS Improvement**, to develop an updated framework to judge whether a healthcare provider is well led. The **well-led framework** for healthcare providers has a stronger emphasis on ensuring that services are sustainable through good management of finances and resources.

• 9.1.4. Working with local and regional organisations and the public

People's experiences of care are vital to CQC's work. We work in partnership with local and regional groups representing communities, people who use services and public representatives, to share people's experiences of care; this helps to inform when, where and what we inspect.

Engagement with local and regional stakeholders includes:

- Local Healthwatch
- Clinical Commissioning Groups
- Local NHSI
- Foundation Trust Council of Governors

We will also work with:

- Overview & Scrutiny Committees
- Local Authorities
- Independent NHS Complaints Advocacy

- Voluntary and Community Sector Organisations
- Independent Mental Health Advocacy
- Independent Mental Capacity Advocates
- Parliamentarians
- Schools
- Police Services
- Fire Services
- Local Medical Committees
- Coroners
- Environmental Health

❖ **SpA responsibility**

As a SpA it is important that you familiarise yourself with the information shared with CQC by national, local and regional partner organisations and the public.

• **9.1.5. Relationship management**

For the 'next phase' of inspections the local CQC inspector or inspection manager is designated as a relationship holder for a provider. They will be key in developing a consistent understanding of an organisation; their role ensures that contact with trusts is both frequent and targeted.

The main way for a relationship holder to maintain regular contact will be through relationship management meetings. These meetings facilitate important discussion about services and inform decisions about the scope of inspection required.

Face-to-face **relationship management meetings** will usually happen at least every three months, however, they may be more frequent if there is cause for concern.

• **9.1.6. The Regulatory Planning Meeting (RPM)**

For scheduled inspections we determine our inspection activity for each trust at an internal RPM, where we review all the information including CQC Insight, the PIR and that gathered from external national and local stakeholders. The planning meeting happens within nine weeks of sending out the PIR to the nominated individual.

Our approach to inspection varies, and includes:

- **Core service inspections with well-led inspections**

This will be the main approach going forward into the 'next phase' of Hospital inspections. These are annual and involve inspecting the five key questions in at least one core service, followed by an inspection of how well-led a provider is.

Most core service inspections will be unannounced to enable us to observe routine activity. In some cases a short notice period may be given, for example when the service is delivered over a large geographical patch.

The **inspection of the well-led key question** at trust level will follow the core service(s) inspection. This will be announced in advance to give us time to schedule the appropriate interviews. A small team of inspectors and specialist advisors with appropriate experience will look at a range of evidence applicable at the overall trust board level. This includes interviews with board members and senior staff, focus groups, analysis of data, strategic and trust-level policy documents, and information from external partners. The scope and depth of our assessment of the well-led question varies for each provider. Our approach depends on factors such as the size of the trust, the findings of previous inspections, and information gathered from the provider, external partners and other sources on performance and risks in the trust across our five questions.

Frequency of inspections

The trust's previous ratings are used as a guide to setting maximum intervals for re-inspecting its core services alongside their well-led inspection:

- one year for core services rated as inadequate
- two years for core services rated as requires improvement
- three and a half years for core services rated as good
- five years for core services rated as outstanding

- **Comprehensive inspections**

Comprehensive inspections will only be triggered where we have significant concerns, for example if a trust is in special measures or where there has been significant change in the provision of services.

Comprehensive inspections will look at all core services and all five key questions for each core service followed by an inspection of how well-led a provider is. The visit is announced and will usually last between one and four days.

There will also be an unannounced visit(s) following the main announced inspection done by smaller inspection teams if further evidence needs to be gathered.

- **Focused inspections**

CQC carry out focused inspections when responding to information about a concern or to follow up on the findings of a previous inspection. The inspection doesn't always look at all five key questions, but is focused on specific areas of concern.

Focused inspections will normally be unannounced.

- **Inspecting complex providers and combined trusts**

Where possible, CQC aligns the inspection process to minimise the complexity and increase efficiency for providers that deliver services across more than one sector e.g. mental health, community health and care homes. We will use teams of specialists to inspect each of the services. For example, some trusts may provide a combination of acute hospital, mental health care, community health services and ambulance services, and may also run care homes or provide primary health care services. We deliver a comparable assessment for each type of service, regardless of whether it is inspected on its own or as part of a complex provider.

❖ **SpA responsibility**

As a SpA it is important that you are familiar with the format of the inspection which you are joining; this should be made clear by the Inspection Manager in advance of inspection activity.

10. Inspection

The inspection planning stage is led by the Inspection Lead who ensures that all available information gathered is used in the most effective way.

10.1. The inspection team

Each inspection team is led by a CQC member of staff and includes SpAs, such as clinicians and pharmacists. Where appropriate, an inspection team will also include Experts by Experience. These are people who have personal experience of care or they have experience of caring for someone who has received a particular type of care.

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 concerns identified before inspection. This will also influence the size of the inspection team. An inspection team may include:

- CQC head of inspection
- CQC inspectors and inspection managers
- SpAs (clinical and other experts such as nurses, doctors, psychiatrists, psychologists, social workers, GPs, physiotherapists, occupational therapists, health service managers; we will also include SPAs with appropriate experience of organisational leadership and governance to support our trust-level inspections of well-led, such as relevant directors and heads of governance)
- Mental Health Act (MHA) Reviewers
- Experts by Experience/patient and public representatives (people with experience of health services or relevant caring experience)
- CQC inspection team support staff (where appropriate)

Beyond the immediate inspection team, CQC has recruited National Professional Advisors (NPAs), who can be contacted if there are inspection-related queries. Please see Appendix 1 for a list of the current NPAs and their contact details.

Of note, [there are 9 Mental Health National Professional Advisors](#) for whom further information can be found on the website

10.2. Site visits

Site visits are a key part of the inspection. They will involve a range of activities including interviews, pathway tracking and visits to clinical areas to observe and gather evidence. The onsite inspection should be managed by the Inspection Lead and it normally takes between two to four days to make a thorough assessment of care.

The Provider often gives a presentation about their service; this allows them to have an opportunity to provide an overview of the background of the service; its' approach to ensuring good quality care; areas of good/outstanding practice and areas of concern.

Methods of gathering evidence

We may use the following methods to gather evidence through the onsite inspection process:

- **Focus groups**
 - With people who use services and their carers; ideally this should always include Experts by Experience.
 - With separate groups of staff including consultants, junior doctors, registered nurses, student nurses, allied health professionals, administrative and other staff. These will often be peer to peer focus groups involving specialist advisors.
- **Interviews with individuals**
 - Staff at all levels
 - With senior / executive leaders including chief executive, medical director, nursing director and director of finance
- **Speaking with people who use services.**

This may be on the telephone as well as face to face, particularly in the case of smaller independent hospital locations where there may not be patients using the service at the time of the inspection.
- **Small group meetings with leaders of key services**
- **Drop in sessions for staff and patients**
- **Observing how care is provided**
- **Pathway tracking** - we will track the experiences of people by a combination of patient and staff feedback and a review of patient notes and records.

- **Review of documentation** including policies, risk registers, protocols and guidance
- **Checking equipment for cleanliness and maintenance**
- **Review of medical / care records**
- **Review of complaints files** (Appendix 3 using the case note review tool)

❖ **SpA responsibility**

As you gather information on inspection it is your responsibility to complete the note taking templates; examples are listed as Appendix 2.

It is extremely important that your notes are presented clearly and concisely. Try to be contemporaneous when recording your findings and ensure that there is clear documentation of the date, time, location and modality of the evidence you are collecting (i.e. note review, interview, focus group etc.); when interviewing staff, record the title, grade and initials of the interviewee.

Collecting evidence against each of the KLOE's can prove to be extremely helpful for the inspectors when they come to write their reports.

Appendix 2 shows examples of good and bad note taking to help guide you further on what is expected.

If you wish to copy documents or take digital images whilst on inspection, please speak to the Inspection Lead before doing so and they will give you further guidance.

10.3. Mental Health Act (MHA) review

The MHA, 1983, and its Code of Practice (2015) applies to all providers that are registered with CQC to assess and treat patients who are detained under the Act.

We are responsible for reviewing and monitoring how these organisations apply the Act when providing services.

Our MHA activities are aligned and integrated with our inspections of specialist mental health services under the Health and Social Care Act. When we inspect a provider we will use the overall assessment framework for health care services and the specific prompts for specialist mental health care. Inspection teams will assess how the provider applies the MHA and review the way the provider discharges its duties under the MHA overall. During an inspection, we will take account of any such activity under the MHA in reaching judgements about a provider.

As well as this focus on the MHA during our inspections, we will continue to carry out additional MHA monitoring visits to meet with patients, which take place separately. The frequency of these varies, up to a maximum of two years

➤ 10.3.1. Mental Capacity Act (MCA), 2005 and Deprivation of Liberty Safeguards (DOLS)

If a service provides care or support for an adult who has (or appears to have) difficulty making informed decisions about their care, treatment or support, you may need to refer to the MCA. This applies to all types of service provider.

The MCA 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.

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

The Deprivation of Liberty Safeguards (DOLS) are part of the MCA. CQC has a duty to monitor the use of DOLS in all hospitals and care homes in England. If we see that a person has been deprived of their liberty during an inspection, we will check that the provider has the correct authorisation and met any conditions that the authorising body imposed. We look for evidence that the

provider has tried to minimise restrictions on the person's freedom to a level that ensures their safety and wellbeing.

Read more about the [MCA and DOLS here](#).

❖ **SpA responsibility**

There may be a **MHA reviewer** on your inspection, with the relevant expertise to assess implementation of the MHA and DOLS. If you have a MHA concern or query you should discuss this directly with them or escalate your concerns to your core service lead inspector.

10.4. Media & public engagement

10.4.1. Media engagement

Inspection team members should not speak directly to the media unless this has been agreed with CQC's media team. If approached by the media they should state that CQC and the provider are working closely with the press during the visit and all information is published on CQC's website. Refer any journalist's to CQC's media team on 020 7448 9401 during office hours or 07789 876508 out of hours. Email: media.team@cqc.org.uk

10.4.2. Public engagement

CQC recognises that in the course of your regular work outside of CQC you may be asked to speak at conferences or make presentations to various groups. In these presentations you may wish to use your experiences of participating in CQC inspections to illustrate your talk. In such circumstances you must:

- notify the conference organisers that you are not speaking on behalf of CQC;
- not purport to be appearing and/or speaking for or on behalf of CQC;
- anonymise any data from which an individual could be identified; and
- not breach the confidentiality provisions as set out in your SpA Agreement or any relevant CQC policy on confidentiality.

You are advised to seek guidance from CQC if you are unsure as to your obligations around this and how they apply to a given set of circumstances.

Occasionally you may be asked to speak on behalf of CQC and this would be through our "speaker bids" coordinator. In these circumstances your title and the title and content of your talk would be agreed by CQC.

❖ **SpA responsibility**

It is important to remain responsible when using **social media** around the time of inspection. Some inspections are unannounced and information surrounding the inspection is strictly confidential.

10.5. Briefing and core service corroboration

Over the course of the inspection, the Inspection lead will review the emerging findings with the team at briefings and corroboration meetings.

Usually two corroboration meetings will take place each day. The first will be short and concise focusing on high level findings across each of the core services. This meeting should involve the Core Service leads and when necessary SpA support may be needed.

The second corroboration meeting will look at inspection findings in more detail; considering whether enough information has been gathered under each key question to allow assignment of ratings. It is expected that all inspection team members attend the second corroboration meetings to ensure cooperation and information sharing between teams and to avoid duplication of effort.

❖ **SpA responsibility**

It is important that you participate in the briefing and corroboration meetings; as a SpA you are there to provide specialist advice and to ensure that judgements are informed by up-to-date and credible clinical and professional knowledge and experience.

10.6. Closing the inspection

In normal circumstances, the Inspection lead will close the inspection visit with a feedback meeting with the Chief Executive, Chair and other members of the provider's board. This will look to provide high level feedback based upon inspection findings; although there may be matters where detailed feedback for urgent action needs to be given.

11. After inspection

11.1. Ratings

After an inspection, we rate 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

We provide ratings at different levels, depending on the type of trust inspected.

- **NHS acute trusts**

For each acute hospital location we inspect, we rate the quality of care at four levels:

Level 1: A rating for every core service inspected against every key question

Level 2: An aggregated rating for each core service

Level 3: An aggregated rating for each key question, except for NHS trusts with one location (hospital). For these trusts, the rating for well-led will be determined by the assessment of the well-led key question

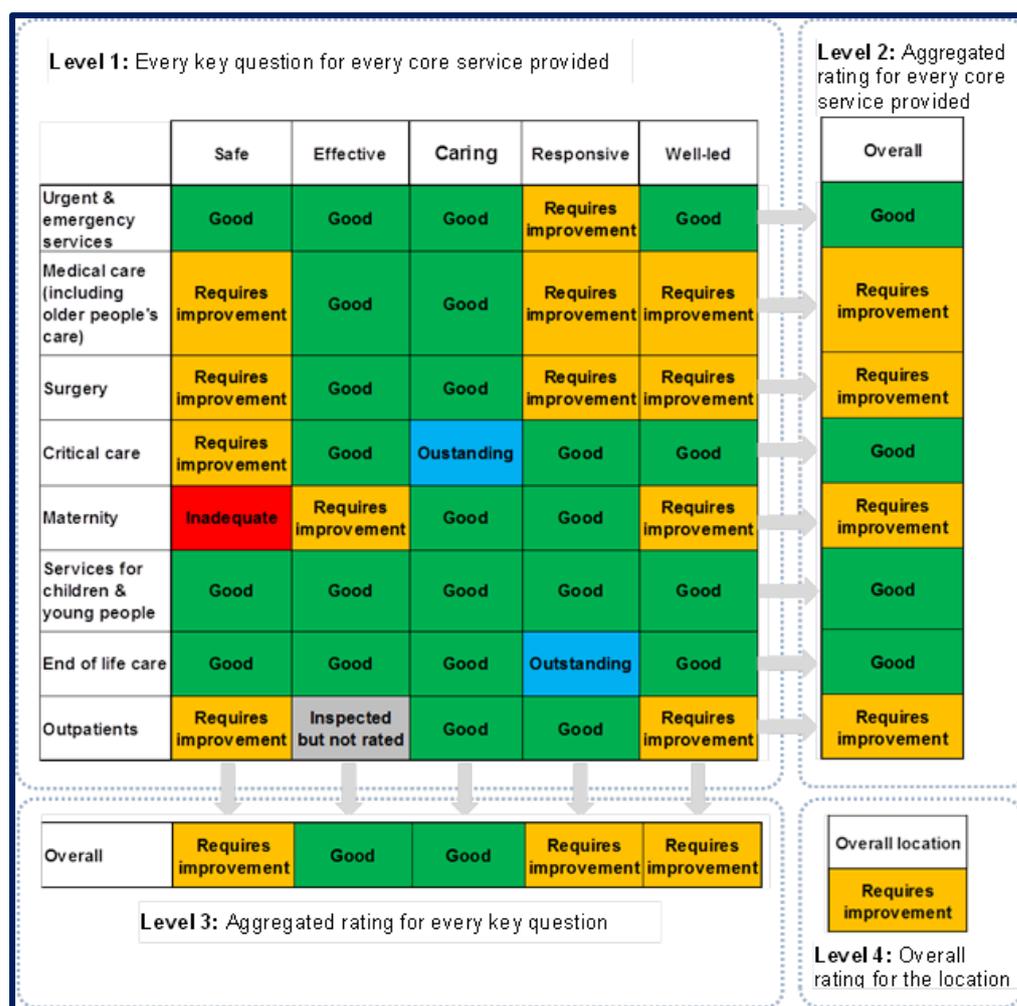
Level 4: An aggregated overall rating for the location as a whole

For NHS acute trusts with multiple locations, we also rate quality at the following two levels to reflect the additional aggregation:

Level 5: A rating for each of the key questions overall. For trusts with multiple sites, this is informed by our findings at level 3 for safe, effective, caring and responsive. The rating for well-led is determined by the assessment of well-led at trust level. For a trust with only a single site, this is equivalent to a rating at level 3.

Level 6: A rating for the NHS trust as a whole. For a single-site trust, this is equivalent to level 4.

The ratings grid below demonstrates how Levels 1-4 work together:



Aggregated ratings are determined by using our ratings principles and the professional judgement of inspection teams to balance them. We don't aggregate the rating for the well-led key question at overall trust level. We award this rating based on our separate assessment of this key question at trust level.

- **Mental health, ambulance and community health service trusts**

Mental health, ambulance and community health services are frequently delivered from multiple locations. Therefore, we don't give a rating at location level. The levels of ratings for these trusts are:

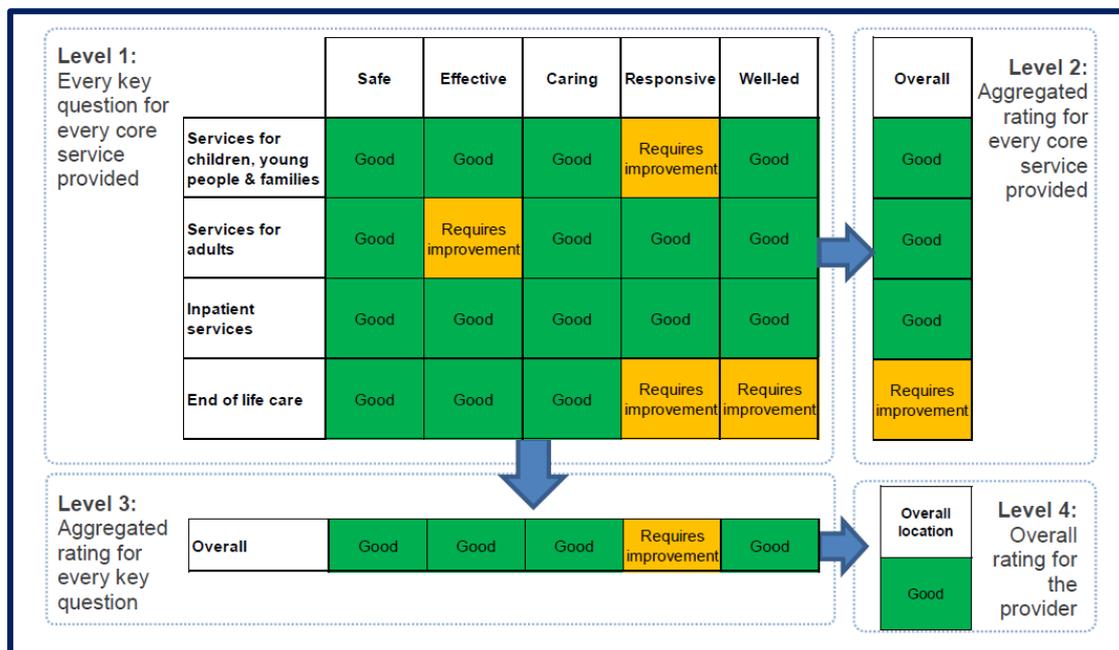
Level 1: A rating for every core service against every key question

Level 2: An aggregated rating for each core service

Level 3: An aggregated rating for each key question

Level 4: An aggregated overall rating for the provider as a whole

The ratings grid below shows how Levels 1-4 work together in a community health trust:



11.2. Inspection reports

Following inspection the inspectors will draft reports, which present a summary of the inspection findings, contextual information and any enforcement activity that we have taken.

The inspection report aims to focus on what our findings mean for the people who use the service. 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.

❖ Ratings principles & aggregation

For further information on the ratings principles and aggregation of ratings, please refer to the 'Provider Handbook', which can be accessed via the CQC website or [here](#).

- **11.2.1. Quality assurance**

Factual accuracy check

When we have completed our quality checks on the inspection report, we send the draft reports to the nominated individual and chief executive. For NHS providers we will also share the draft report with NHS Improvement and NHS England as appropriate.

At this stage, we ask providers to comment on the factual accuracy of the draft; allowing providers to challenge the accuracy and completeness of the evidence that we have used to reach the findings and decide the ratings. The draft report will include the draft ratings, so if changes are made as a result of factual accuracy comments, this may result in a change to one or more rating.

The factual accuracy process does not deal with complaints about CQC or representations about proposed enforcement activity.

The provider has 10 working days in which to check the factual accuracy of a draft report and submit comments to CQC.

Internal quality assurance process

CQC has an internal quality assurance process, which each report will go through prior to publications. The inspection managers should have oversight of this process. This involves:

- **Corroborating and triangulating evidence**
The internal quality assurance process involves senior review; the draft report and ratings are scrutinised; looking to ensure that the information gathered and included in the report is fair and accurate.
- **Peer-review of reports**
Prior to publication of the report, it will often be shared with other members of the inspection team to ensure it fairly represents the information which was gathered.
- **Involvement of CQC's report writing team**
The report writing team at CQC provide support to the inspectors to ensure that the content of reports is of high quality and the language used is accessible to the public.
- **Management Review Meeting (MRM)**

When there are concerns regarding potential breaches of regulation the inspection manager will arrange a MRM to help evaluate the risk; and need for enforcement action.

- **11.2.2. Publishing reports**

Once the draft report has gone through the quality assurance processes it is finalised and then published on CQC website.

The published report is publicly available and includes:

- Details of the current and recent inspections
- The inspection report, and
- Evidence appendices; including supporting data and information

11.3 Enforcement action

If the inspection findings demonstrate that the care provided puts people at harm or potential harm then CQC may take **civil enforcement action**.

The CQC provides guidance for Providers, outlining the expected standards of care people should receive. If the level of care falls below this and people are harmed or put at risk, they may be committing an offence and CQC may take **criminal enforcement action** against the Provider.

❖ Enforcement action

The CQC provides [guidance](#) on the expected standards of care that people should receive and an [enforcement policy](#), which outlines the CQC's enforcement action in more detail. Follow the links for further information.

11.4. Special measures

CQC may recommend that NHS trusts and NHS foundation trusts are placed in to special measures when there have been **serious failures in the quality of care** provided. This is normally reflected in the ratings grid as inadequate ratings in at least two out of the five key questions at trust level; with one rating of inadequate for well-led; and where we have concerns that the existing management cannot make the necessary improvements without extra support.

The aim of placing services into special measures is to:

- Ensure that providers found to be providing inadequate care make significant improvement.
- Enable CQC to use our enforcement powers in response to inadequate care and to work with NHS Improvement to ensure that care improves.
- Provide a clear timeframe for providers in which to improve the quality of care. (Of note, if providers fail to do so, CQC will take further action. For example, CQC have the power to require NHS Improvement to place a foundation trust in special administration, or to recommend to the Secretary of State that an NHS trust be placed into special administration.)

❖ Special measures

CQC developed its approach to special measures in collaboration with NHS Improvement; the guide can be found via the CQC website- follow the link [here](#).

12. Practical information

12.1. Point of contact

As part of CQC's People Directorate, The Flexible Workforce Office is the central point of contact for Specialist Advisors. Please contact this team if you need to tell us about any changes to your personal details, it's essential that you also inform us of any updates in relation to your professional registration, employment or DBS check.

The team will contact you from time to time with any updates to contractual agreements, policies or processes, and will also send you the quarterly SpA bulletin. Engagement colleagues are available to listen to and discuss any concerns or feedback to ensure that you feel fully supported in your role.

Email: flexibleworkforce@cqc.org.uk; Tel: 0191 233 3591

We also have a dedicated Webpage for SpAs www.cqc.org.uk/SpAInfo

12.2. Clinical Practice and Professional Registration

SpAs in clinical roles are required to be in or within 2 years of clinical practice and registered with the appropriate professional body. As agreed by the Responsible Officer within CQC, due to the casual nature of the work CQC is unable to act as the designated body for SpAs who are GMC registered.

12.3. Scheduling

SpAs are allocated to inspections by the Flexible Workforce Team. The team will contact you primarily using the Cygnum online resourcing tool but also may contact you by email/telephone. If you have questions regarding any of our inspections please use the contact details below:

Email: fwoscheduling@cqc.org.uk

Phone: 0191 2333591

12.4. Cygnum

Cygnum is our national resource planning system and supports us in the way we plan, manage and schedule our work. This includes registration, inspection and the other activities CQC undertakes.

Cygnum offers a range of functionality accessible through the Cygnum self-service portal - this access will enable both us and you to communicate directly with each other in relation to scheduling you on CQC activities using the following functionality:

- Non-availability - you can use Cygnum to let us know when you are not available to work with CQC so that when we are planning we can include you in these plans, subject to your acceptance.
- Accept/reject allocations to CQC activities - You will receive automatic emails advising that we want you to attend an inspection and you will be able to see the details of each of these activities in Cygnum. You will also be able to accept or reject these invitations to work with us so that your allocation in our plans can be quickly confirmed.
- Conflicts of Interest - you will be able to maintain your declarations of conflicts of interest in Cygnum so that we can use these to plan effectively and ensure you are not asked to attend an inspection where you have previously declared a conflict.
- Timesheets - You will be able to confirm your attendance on an inspection using the online timesheets which are then authorised by the Lead Inspector.

As part of your recruitment process you should receive full login details and a guide on how to use the system. Please contact the Flexible Workforce team if you experience any issues or need further support with the system.

12.5. Conflicts of interest

All SpAs should complete a record of their conflicts of interest on Cygnum. All CQC staff are required to identify and disclose activities and relationships that might give rise to conflicts of interest or the perception of conflicts and to ensure that such conflicts are seen to be properly managed or avoided.

It is the responsibility of each individual to recognise situations in which he or she has a conflict of interest, or might reasonably be seen by others to have a conflict, to disclose that conflict and to take such further steps as set out in this policy. If in doubt the individual should declare the activity or relationship in the interests of transparency and CQC will take a view on whether this constitutes a conflict.

If an individual is uncertain about a potential conflict of interest might affect his or her activities or has any questions about this please discuss the matter with the Flexible Workforce Office, who can advise accordingly.

A conflict of interest arises where the commitments and obligations owed by a SpA to the CQC are likely to be compromised, or may appear to be compromised. This may include:

- A SpA has competing interests or loyalties that are, or could potentially be, at odds with each other.
- A SpAs private affairs or financial interests (or those of a person with whom the person has a close personal relationship) are in conflict, or could result in a perception of conflict with those of CQC.
- A staff member's actions could give rise to an appearance of bias or favouritism towards another person or body within or outside CQC

There can be situations in which the appearance of conflict of interest is present even when no conflict actually exists. It is important for all staff when evaluating a potential conflict of interest to consider how it might be perceived by others. Conflicts of interest may be financial or non-financial or both. Failure to disclose any potential conflict of interest may lead to an investigation and potential disengagement from the role of SpA.

You will be asked at the point of acceptance of an inspection opportunity to declare that you have no conflicts of interest in accepting the offered inspection.

We recognise that there may be exceptional occasions where a conflict of interest could not be foreseen prior to arrival at inspection. In such situation please ensure that you alert the lead inspector to the situation as soon as this comes to light so they are able to manage the conflict accordingly and ensure that it does no impact on the inspection activity.

Please see our Declaration of Interest and Resolution of Conflicts Policy for further details which can be found on our [SpA Webpage](#)

13. Contractual arrangements – terms, conditions and payments

We offer two contractual agreements to SpAs, details of which are provided below. Please note you can only have **one** type of contract in place at any time.

13.1. Casual worker agreement (CWA)

A casual worker agreement is between the individual and CQC; the SpA attends inspections outside of any other employment they may undertake.

Casual workers are issued a Payroll Assignment Number and paid directly by CQC. The day rate is £268 (+12.07% Holiday Pay). Workers are automatically enrolled into the NHS Pension Scheme, and all income is subject to PAYE deductions and NI contributions. The standard CQC pay date is the 19th of each month. If you wish to opt out of the pension scheme the Flexible Workforce team can provide you with details of how this can be arranged.

At the end of an inspection, please complete claim forms as detailed on our [SpA Webpage](#) below (including your Payroll Assignment Number) and submit these to the lead Inspector at the end of the inspection. These should be submitted to the SpA payment team either by the SpA following authorisation or the inspection lead may submit these on your behalf.

Email SPApayments@cqc.org.uk for claims queries.

13.2. Secondment agreement

A secondment agreement is between the SpA, their current employer and CQC. The employer releases the SpA for the inspection, and CQC reimburses the seconding organisation at the rate of £300 per day, plus approved expenses. The payment process is detailed below.

Please submit any pay and mileage claims to your employer. These claims **must** be countersigned by a CQC Head of Inspection or an Inspection Manager; it is recommended that you do this at the end of your final day on inspection.

Form can be found on our [SpA Webpage](#)

Email SPAsecondedclaims@cqc.org.uk for queries about claims.

13.3. Policies and procedures

Whilst undertaking an assignment, you are required to provide the relevant services with all due care, skill and ability.

You must comply at all times with all relevant CQC policies and procedures and the required values and behaviours and you must make yourself familiar with these. In particular, your attention is drawn to the following policies and procedures:

- Alcohol and drug misuse
- Bullying and harassment
- Code of conduct
- Code of practice on confidential personal information
- Counter fraud policy
- Declaration of interest and resolution of conflicts
- Equality, diversity and human rights
- Gifts and hospitality
- Health and safety
- Information security and governance
- Manual handling
- Social media and twitter
- Speak up policy
- Travel and expenses – Specialist Advisors

CQC may notify you about other applicable policies and procedures from time to time. To avoid doubt, CQC's policies and procedures are not incorporated into this handbook and CQC has the discretion to withdraw, vary or replace them from time to time.

CQC recognises that in the course of your regular work outside of CQC, you may be asked to speak at conferences or make presentations to various groups. In these presentations you may wish to use your experiences of participating in CQC inspections to illustrate your talk. In such circumstances you must:

- notify the conference organisers that you are not speaking on behalf of CQC
- not imply that you are appearing and/or speaking for or on behalf of CQC;
- anonymise any data from which an individual could be identified; and

- not breach the confidentiality provisions as set out in this Agreement or any relevant CQC policy on confidentiality.

We advise you to seek guidance from CQC if you are unsure about your obligations around this and how they apply to a given set of circumstances.

13.4. Travel and accommodation

The National Customer Service Centre (NCSC) Support Team is responsible for booking all travel and accommodation required for inspections. You **must** request all rail travel and accommodation in advance, using the form below. Only in exceptional circumstances can NCSC Support arrange for a rail ticket on departure.

Form can be found on our [SpA Webpage](#)

Email: TravelandAccommodation@cqc.org.uk; Tel: 0191 556 2289.

13.5. Expenses

Please see the CQC Expenses Policy as detailed on our webpage; please ensure any receipts are included with all claims.

Please see full details on our [SpA Webpage](#)

13.6. Cancellation policy

CQC recognises the impact of short notice cancellations and we work hard to avoid these wherever possible. When a cancellation is unavoidable and we are unable to offer an alternative inspection to the SpA we will offer a £300 fee for cancellations which occur within 24 hours of the inspection starting, and £150 for those cancellations that take place 24-48 hours prior to the inspection starting.

13.7. Sickness or injury

In the event of sickness or injury when you have agreed to undertake activity for CQC, you must inform the Scheduling Team as soon as possible and aim to give a minimum of 2 weeks' notice where possible. For the avoidance of doubt, no fee will be paid to you in respect of any period during which you are not providing services to CQC and you are not entitled to receive sick pay.

Appendix

Appendix 1: National Professional Advisors

Name	Specialist Area	Contact
Margaret Murphy	CAMHS	Margaret.mmurphy@cqc.org.uk
James Warner	Older people (MH)	James.Warner@cqc.org.uk
Theresa Joyce	Learning Disability	Theresa.Joyce@cqc.org.uk
John Devapriam	Learning Disability	John.Devapriam@cqc.org.uk
Jonathan Warren	Nursing (MH)	Jonathan.Warren@cqc.org.uk
Vanessa Ford	Nursing (MH)	Vanessa.Ford@cqc.org.uk
Helen Killaspy	Rehab Services	Helen.Killaspy@cqc.org.uk
James Walker	Maternity	James.Walker@cqc.org.uk
Kevin Kelleher	Medicine	Kevin.Kelleher@cqc.org.uk
Mike Zeiderman	Surgery	Mike.Zeiderman@cqc.org.uk
Prem Premachandran	Emergency Department	Prem.Premachandran@cqc.org.uk
Gillian Hooper	Well Led	Gillian.Hooper@cqc.org.uk

Appendix 2: Examples of Note Taking

'The Bad'

Note taking template for acute hospital inspections

Name of provider:	St Elswhere NHS FT		
Name of location:	St Elswhere		
Date:	15/05/2015		
Time (if applicable):			
Method: <i>(cross through/circle as appropriate):</i>	Interview Focus group Observation Listening event Other (write in here):.....		
Name of recorder:	A Plaud.		
Relevant core service <i>(cross through/circle as appropriate):</i>	Urgent and emergency services	Medical care including older people'	Critical Care
	Surgery Ward 6	Outpatients	Maternity and family planning
	Other core service (write in below)		Children & young people
			End of life care
CQC Inspection Team attendees:	F Bloggs E Dover J Smith		
Attendees:	E Dover. Interview of patient 1		

<p>Summary Please summarise key points from your notes below.</p>	<p>No summary provided. Notes below are limited and have not been expanded with details.</p>
<p>Notes (please include supporting information)</p>	
<p><i>In the Key question score column enter the codes S, E, C, R or W with the KLOE number to map key messages to one of the five domains with "+" for a positive comment, or a "-" for a negative comment.</i></p> <p><i>Where a comment is neutral do not enter a modifier. E.g. "S6+" for a positive comment on staffing in relation to safety, or "E2" for a neutral observation of effectiveness in relation to multi-disciplinary staffing.</i></p> <p><i>You may want to do this after the interview / focus group.</i></p>	<p>Key question score</p>

<p>Feels safe with staff. Nice staff. "They are caring." "Dignity and respect, oh yes, all the time." Am happy. Food ok. I have had to wait for staff at times. No pain. Don't have my tablets always. I don't think it is very clean on the ward.</p> <p>There isn't much information. Not sure what is going on. Don't know what plans are.</p> <p>Doctors ok but I don't like the physio.</p>	
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Note taking template for acute hospital inspections

Name of provider:	St. Elswere NHS Foundation Trust		
Name of location:	St. Elswere		
Date:	15/05/2015		
Time (if applicable):			
Method: <i>(cross through/circle as appropriate):</i>	Interview Focus group Observation Listening event Other (write in here):.....		
Name of recorder:	F Bloggs		
Relevant core service <i>(cross through/circle as appropriate):</i>	Urgent and emergency services	Medical care including older people'	Critical Care
	Surgery Ward 15	Outpatients	Maternity and family planning
	Other core service (write in below)		Children & young people
			End of life care
CQC Inspection Team attendees:	F Bloggs. E Dover. J Smith.		
Attendees:	Patient- M Jones		

<p>Summary</p> <p><i>Please summarise key points from your notes below.</i></p>	<p>Positive patient experience. Information provision and involvement each step of the way. Staff have treated this person with dignity and respect and involved NOK. Consent sought by staff. Pain relief good. Food satisfactory. Knowledgeable staff sometimes not enough. Good involvement of MDT.</p>
<p>Notes (please include supporting information)</p>	
<p><i>In the Key question score column enter the codes S, E, C, R or W with the KLOE number to map key messages to one of the five domains with “+” for a positive comment, or a “-” for a negative comment.</i></p> <p><i>Where a comment is neutral do not enter a modifier. E.g. “S6+” for a positive comment on staffing in relation to safety, or “E2” for a neutral observation of effectiveness in relation to multi-disciplinary staffing.</i></p> <p><i>You may want to do this after the interview / focus group.</i></p>	<p>Key question score</p>

<p>First experience of using the hospital. I came through A&E. Staff were very good, although I did have to wait a while, which was to be expected. Had an x-ray and saw the Dr, who said I needed to be admitted for surgery. I was given information about the plan and knew when I would be having my operation.</p>	<p>E, R</p>
<p>Staff on the ward were excellent, very kind and caring. They made sure I knew what was going on, such as that I couldn't eat or drink before surgery. They took my details and asked me about my preferred name of address. My husband was present and he was encouraged to ask questions, and we both had our questions answered fully. We understood what was happening.</p>	<p>C, E</p>
<p>I have always had my privacy respected, they shut the curtains around the bed. "Staff treat me with dignity and respect, nothing is too much trouble." They have come quickly when I called and helped me to the toilet. They made sure I was not exposed to others. It's very clean, even the toilets. I see the cleaners coming round all the time. They are very cheerful too.</p>	<p>C, S,</p>
<p>The staff ask permission before they do anything, even when they check my temperature or blood pressure. "I think it is very good." The doctor talked me through the operation and told me about the risks and benefits. He explained things fully. I did not sign a consent form until this information had been discussed with me.</p>	<p>S, E, C</p>
<p>I saw a physiotherapist before my surgery and they told me what I could expect and how they would help with my mobility. They were very good to me and "really helped me with my confidence in walking again."</p>	<p>S, C, E</p>
<p>I remember having lots of checks on the way to theatre and was asked several times about my name and what I was having done. "I think this was for safety reasons." I also had a pen mark on my right hip.</p>	<p>S,</p>
<p>I did have some pain when I got back from theatre but I must say staff were very good at bringing me pain relief. They kept asking me about my pain. They didn't always check if the pain relief had worked though. Sometimes it wasn't as good but maybe that was to be expected.</p>	<p>C, E</p>
<p>I see them write information on the charts on my bed but don't know what all those are. I do hear the nurses handover my care between shifts, as they come to the bedside. Always introduce themselves and ask me how I am, "which is very nice."</p>	<p>C, S</p>
<p>I have not really felt much like eating but they do ask me what I would like and there is a choice. I am diabetic so I must have special diet and need to monitor my blood. The food I have had has been reasonably pleasant, there is enough and it is usually served at the right temperature. I have seen staff helping some patients who need help but I have been ok.</p>	<p>E,</p>
<p>I am hoping to go home in a couple of days and staff have been making some arrangements for that to happen. I know I need some adaptations and the occupational therapy person came to me to talk about those. We have talked about practicalities and what I can do, plus any restrictions. My partner has been involved too.</p>	<p>C, R</p>
<p>Staff have given me some leaflets to take home and I have a follow up appointment. I have been very satisfied and if I had a complaint I would talk to staff. No I haven't seen any instructions about raising a concern but I haven't had any. I would certainly recommend the hospital. The staff have been great, very skilled and competent. They know what they are doing and there is good team work. Sometimes they seem a bit short staffed, particularly at nights and weekends. I have felt safe at all times and know staff will help me at any time.</p>	<p>R, S,</p>

Appendix 3:

Review of complaints files using the complaints review tool – NHS acute trusts

Key line of enquiry:

R4: How are people's **concerns and complaints** listened and responded to and used to improve the quality of care?

Background

The **complaints review tool** is designed to support a review of complaints files whilst on a comprehensive inspection of a provider and can also be used to review a provider's complaints policy. It is based on work with the Patient Association and is updated to reflect the vision in the 'My expectations' for raising concerns and complaints, produced jointly by PHSO, LGO and Healthwatch in November 2014.

The tool has been adapted for use in mental health services and primary medical services.

Methodology

- The tool should be applied at the level at which the provider manages complaints. For many providers this will be at the provider level but in some providers this might be at a unit level. The tool might provide learning about complaints handling in specific core services and this can be fed into the broader assessment of that core service.
- **CQC inspection staff should make a random selection of 4 or 5 complaints files from the last year** that have been concluded. Where there are less than this number of complaints, then inspectors need to exercise their discretion. Where possible, the complaints should include a patient/service user in vulnerable circumstances such as someone with learning disabilities.
- The tool can then be used to assess the following:
 - how well people were supported
 - whether the process is simple,
 - whether risk assessments are carried out

- whether investigations are thorough
 - whether formal records are kept
 - whether the outcome is explained to the person
 - whether complaints make a difference as to how services are delivered
- **Ideally, interview the complaints manager prior to reviewing the files.** Where the complaints manager provides examples of changes resulting from complaints, request a copy of a relevant file to check whether the learning has been embedded.

Reporting

- This framework is designed to support the overall rating for KLOE R4: How are people’s concerns and complaints listened and responded to and used to improve the quality of care? It is not designed to provide a separate rating for complaints handling.
- The findings elicited from using the tool should be reported under **Responsive**, “Listening to and learning from concerns and complaints”.

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Complaints review tool: overview

The review of complaints files can be used to support the assessment of the responsive domain for the handling of concerns and complaints (the wording below is from the Provider Handbook for NHS acute hospitals published in September 2014)

In the responsive domain the characteristics for concerns and complaints in each of the ratings:			
Outstanding	Good	Requires Improvement	Inadequate
There is active review of complaints and how they are managed and responded to, and improvements are made as a result across the services. People who use services are involved in the review.	It is easy for people to complain or raise a concern and they are treated compassionately when they do so. There is openness and transparency in how complaints are dealt with. Complaints and concerns are always taken seriously, responded to in a timely way and listened to, improvements are made to the quality of care as a result of complaints and concerns.	People do not find it easy to, or are worried about raising concerns or complaints. When they do, they receive a slow or unsatisfactory response. Complaints are not used as an opportunity to learn.	People who raise concerns are not taken seriously and feel ignored. Complaints and concerns are handled inappropriately. There is a defensive attitude to complaints and a lack of transparency in how they are handled. People's concerns and complaints do not lead to improvements in the quality of care.

Key line of enquiry R4: How are people's concerns and complaints listened and responded to and used to improve the quality of care?

1. Do people who use the service know how to make a complaint or raise concerns, are they encouraged to do so, and are they confident to speak up?
2. How easy is the system to use? Are people treated compassionately and given the help and support they need to make a complaint?
3. Are complaints handled effectively and confidentially, with regular updates and a formal record kept?
4. Is the outcome explained appropriately to the individual? Is there openness and transparency about how complaints and concerns are dealt with?
5. How are lessons learned from concerns and complaints and is action taken as a result to improve the quality of care? Are lessons shared with others?

Complaints review grid

For each of the complaints files reviewed (numbers 1 to 5 shown in the columns) score each row either:

3	Outstanding: clear description that the measure has been met and more
2	Good: clear description that the measure has been met
1	Requires improvement: where there is partial evidence that the measure has been met
0	Inadequate: no clear description or evidence that the measure has been met

Measure/Complete a column for each case	1	2	3	4	5	Total score	Comments
1 Support and raised awareness							
2 Making a complaint is simple							
3 Risk Assessed							
4 Investigation is thorough							
5 Records and updates for people							
6 Outcome and making a difference							
Total score							

The prompts below can be used to fill in the Complaints review grid.

Measure	Prompts	Outstanding	Good	Requires Improvement	Inadequate
1. Support and raised awareness	How were people supported to be confident to speak up?	<p>Clear evidence that in all cases people are supported through:</p> <ul style="list-style-type: none"> • It is made clear that people have a right to complain • Reminded that their care would not be compromised by making a complaint • People are made aware of support available to help them make a complaint 	Clear evidence that in most cases people are supported	There is some evidence that people are supported but not all the elements are present.	No clear evidence of the elements being met.
2. Making a complaint is simple	Extent that making a complaint is simple? Are people treated compassionately and given the help and support they need to make a complaint?	<p>Clear evidence that in all cases that the complaint is managed appropriately from its initial receipt which includes:</p> <ul style="list-style-type: none"> • Person making a complaint was offered support to help them make the complaint e.g. availability of an advocacy service • People are able to communicate their concerns in the way they want • People are able to make a 	Clear evidence that in most cases the complaint is managed appropriately and people are treated compassionately and supported.	<p>There is some evidence that the complaint has been managed appropriately but not all the elements have been relayed to the complainant.</p> <p>The tone of correspondence is not compassionate.</p>	No clear evidence of the elements of the measure being met, the timescales have not been met and the tone is not appropriate.

		<p>complaint at a time that suits them</p> <ul style="list-style-type: none"> • Acknowledgement within 3 days • Agreed mechanism for communicating • How the complaint will be managed including timescales <p>The tone of correspondence is appropriate and compassionate treating the individual/s respectfully.</p>			
3. Risk assess	Are complaints handled effectively and confidentially, with regular updates and a formal record?	Clear evidence that in all cases the complaint is risk assessed by an appropriately skilled individual (clinician if it is a clinical complaint) and where relevant the Board member responsible for complaints is informed	Clear evidence that in most cases the complaint is risk assessed by an appropriately skilled individual (clinician if it is a clinical complaint) and where relevant the Board member responsible for complaints is informed	Meets some of the measure but not all elements have been met.	The Board member has not been alerted where necessary or an appropriate risk assessment completed.
4. Investigation	Are complaints investigated thoroughly and confidentially?	Clear evidence that in all cases the complaint is investigated thoroughly and: <ul style="list-style-type: none"> • Is proportionate to the risk of the complaint • People are offered the choice to keep the details of a complaint anonymous 	Clear evidence that in most cases the complaint is investigated thoroughly.	Meets some of the 'Good' criteria but lacks the detail to fully judge	Lacks investigation expertise, relevant clinical, managerial input and independence. Or cannot be judged due to lack of clarity in the

		<p>and confidential</p> <ul style="list-style-type: none"> • Involves individuals with the necessary expertise / knowledge (such as Root Cause Analysis training) • Has appropriate independence • Includes all necessary information to reach a conclusion • Staff handling the complaint are empowered to resolve it 			records.
5. Records and updates	Are formal record kept? How do people stay informed?	<p>Clear evidence that in all cases that the complaint is formally recorded with accurate information including:</p> <ul style="list-style-type: none"> • Details of the complaint • Outcome for the patient/s • Initial risk assessment • Background, context and scope • Information /evidence gathered • Any contributory factors or root causes which led to the complaint • Recommendations • Mechanisms for sharing learning/implementing recommendations 	Clear evidence that in most cases the complaint is formally recorded with accurate information.	The full set of records kept and regular updates to the complainant and at least 50% of the 'Good' characteristics.	The record lacks sufficient detail about the complaint, its outcomes and recommendations and regular communication to the complainant.

		<ul style="list-style-type: none"> • There is a record of regular updates to the complainant to keep them informed of progress and findings • Responses are personal to the person and the specific nature of the complaint 			
6. Outcome	Do complaints make a difference? Is the outcome explained appropriately to the individual?	<p>Clear evidence that in all cases people feel that their complaint made a difference:</p> <ul style="list-style-type: none"> • received a resolution in a time period that was relevant to the particular case and complaint • the outcome directly addresses the complaint • people felt that their views on the outcome had been taken into account • the outcome is explained in an appropriate manner (e.g. a face to face meeting if required), in an appropriate place, by an appropriate person • any individual needs are accommodated to ensure the complainant is able to understand the outcome 	Clear evidence that in most cases that people feel that their complaint made a difference.	The outcome is explained to the individual in a format that they understand and broadly meets their needs. At least 50% of the 'Good' characteristics are met.	The complainant does not understand the outcome and they are offered no information about second stage complaints.

		<p>and the information being shared with them.</p> <ul style="list-style-type: none"> • Where the complainant is not satisfied with the outcome they are informed of all alternative options available to them. 			
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Suggested questions for interview with Complaints manager

Structure

- What is their role?
- Who do they report to?
- Who has responsibility for overseeing complaints at Board level?

Complaints handling

- How are complaints handled within the organisation?
- What types of complaints are handled centrally as opposed to at local level?
- Who investigates complaints?
- What support is available to complainants?
- Is there a policy relating to complaints management?
- What are the strengths of the way that complaints are handled in your organisation? What could be improved?

Management information

- What KPIs are there relating to complaints handling?
- Is there any relevant management information (e.g. on adherence to KPIs) that they could share with you regarding complaints?
- Have there been any audits/reviews of the complaints handling process?

Files review

- Explain that you would like to review 4 or 5 complaints files from the last year and to pick these at random for inspection. Where possible, at least one of these should involve a patient in vulnerable circumstances e.g. a person with learning disabilities
- Ask specifically about examples where complaints have led to change in service provision and ask for the relevant files (these should be in addition to the 4 or 5 files mentioned in the point above).