

How CQC monitors, inspects and regulates adult social care services

September 2020

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

Updates since June 2020 version

- Information to clarify our position on rating limiters (p20)

Updates since August 2019 version

- New information about targeted inspections (p11)

Updates since April 2019 version

- New information on the frequency of the provider information return (PIR) (p4)

Updates since January 2019 version

- Checking the factual accuracy of your draft inspection report (pp 15/16)
- More information about continuing regulatory histories added to 'When we inspect' (p9) and 'How we aggregate ratings...' (p20)
- Ratings review section updated to align with web version (p21)

Updates since May 2018 version

- Updated information about our Provider information return (pp 4/5)

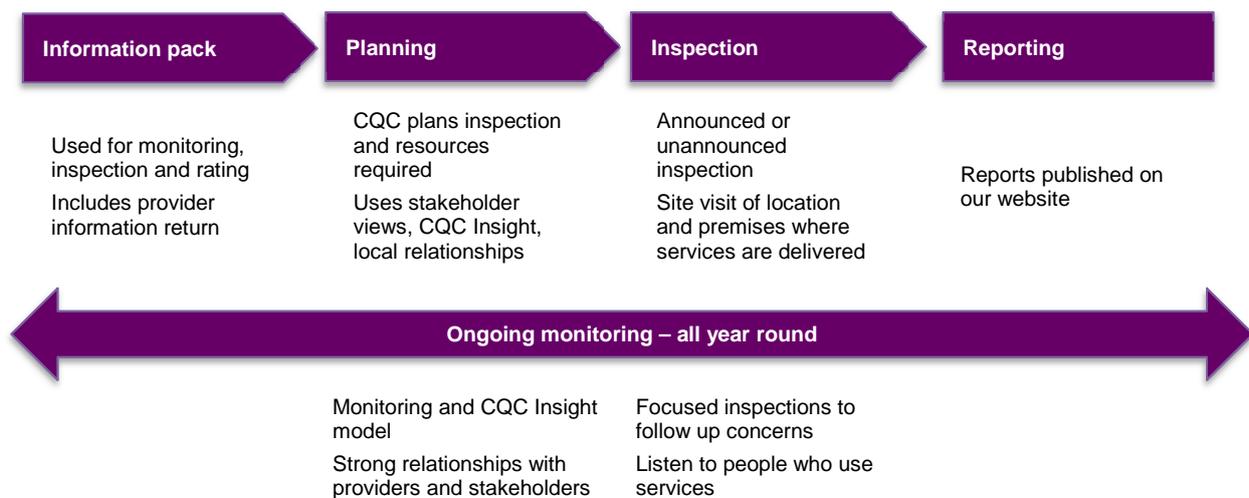
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MONITORING AND INFORMATION SHARING

How we monitor and inspect adult social care services

This diagram shows how our ongoing monitoring and inspections work for adult social care services.



CQC Insight

We use CQC Insight to monitor potential changes to the quality of care. CQC Insight brings together the information we hold about services in one place and analyses it. This helps us to decide what, where and when to inspect and provides analysis to support the evidence in our inspection reports.

Changes in the quality of care

Our inspectors will check CQC Insight regularly. If it suggests that the quality of care in a service has improved or declined, we may follow this up between inspections or ask providers to give us further information or explain the reasons for this change. We may also decide to re-inspect that service. If there are significant concerns, we may carry out a [focused inspection](#) or bring forward a [comprehensive inspection](#).

What CQC Insight shows us

CQC Insight gives inspectors:

- Facts and figures: contextual and descriptive information about services including registration details.

- [Ratings](#): current and historical ratings indicating performance over time.
- Registered managers: a history of the registered managers at the service and their length of absence where applicable.
- Performance monitoring indicators: a service's performance compared with comparable services based on a range of different data sources.

We will coordinate our monitoring activities for complex providers that operate across sectors and, where possible, combine information about each of their services within our CQC Insight model.

Sources of information

CQC Insight for adult social care services analyses information from a range of sources. These include statutory notifications, safeguarding incidents and staffing information, as well as information we receive from people who use services, the public and other external data sources, such as Skills for Care and Food Hygiene Rating Scores. When new data becomes available we will refresh the data in CQC Insight as soon as possible.

Provider information return

We will need you to send us information about your service every year, including any changes you have made and how you make sure that your service is safe, effective, caring, responsive and well-led.

This is to help us monitor the quality of care you provide.

We'll email you when it's time to fill in your return

We ask you to send us the information by filling in a web form. This is called a 'provider information return' (PIR).

We will send you a request to complete your PIR during the anniversary month of your first site visit from a CQC inspector.

You must fill in the form and submit it within four weeks from the date we email you.

If you do not submit your PIR in time, the highest rating we can give you for the 'well-led' key question is requires improvement.

The type of information we ask for

We ask about people who use your service, your staff and the way you run your service. This includes things like:

- admissions and new clients
- drugs and medicines management
- nutrition and hydration
- who commissions care from you
- how you work with other services and professionals
- staff training and supervision
- your registered manager
- awards you've won or initiatives you're involved in that help show the quality of care you provide
- how you apply the Mental Capacity Act 2005.

Some questions only apply to certain types of service.

The PIR process

We have listened to feedback on improving the PIR. We have revised the questions and how we are using the information. We will continue to use the PIR as part of any inspections that we may carry out.

Working with others

Our relationships with providers, local and national organisations, and the public help us to understand peoples' experience of care, how services are performing and what the local issues are. We use the information we receive from them to help us to decide when and what we will inspect.

Working with the people who use services and the public

People's experiences of care are vital to our work – we use what people tell us about their experiences of care to help us decide what and when we inspect. We encourage people who use, or have used, services to [share their experiences](#) with us. They can do this through our website, helpline and CQC's social media outlets. People can also share their experiences through our national [Tell us about your care](#) partner charities.

People's carers, relatives and friends and members of the public can also share their experiences of services with us.

Working with local and national organisations

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

As well as local commissioners of services, such as local authorities or clinical commissioning groups, our inspectors and inspection managers are in regular contact with people from groups such as:

- local health and social care professionals
- local Healthwatch
- overview and scrutiny committees
- independent complaints advocacy groups
- voluntary and community sector organisations (particular those representing people whose voices are seldom heard)
- Shared Lives Panels
- independent mental health advocacy
- Independent Mental Capacity Act advocacy.

We also work with:

- Parliamentarians
- schools
- police, fire services and local medical committees
- coroners
- environmental health teams
- Office of the Public Guardian.

Further information about CQC's work with local and national groups is available [on our website](#).

Working with providers

CQC has committed to developing and maintaining an open, transparent and challenging relationship with providers. Our approach to inspection starts by looking for good practice. We want to highlight and celebrate good practice where we find it

and inspire providers to strive to be outstanding and continuously improve the care they provide.

We will allocate a relationship owner to each service. In most cases this will be a local CQC inspector, though in some cases it may be an inspection manager or head of inspection. These relationship owners will develop a consistent understanding of services and will be responsible for day-to-day communication and information sharing with providers. Where risks are identified through our monitoring, relationship owners check with providers what action they are taking to address these.

Relationship owners will carry out inspections of services, unless they are unavailable.

CQC's approach to relationship management with corporate providers

CQC inspection staff work at location level to improve the quality of care. All providers with more than one location will be allocated a corporate relationship lead to encourage improvement from a corporate perspective. Normally, providers with:

- 2-3 locations will be allocated an inspector.
- 4-19 locations will be allocated an inspector or inspection manager.
- 20 or more locations, that are not in the Market Oversight scheme, will be allocated an inspection manager or head of inspection.

Providers in CQC's [Market Oversight scheme](#), which assesses the financial sustainability of the most difficult to replace providers in adult social care, are already allocated a corporate relationship manager in our Corporate Provider Team.

Corporate relationship leads will oversee providers' quality and risk profiles across their care locations, so that we can identify trends, risks and issues, and respond in a timely and coordinated way at national, regional and local levels.

Fit and proper persons requirements

The intention of the fit and proper persons regulation (FPPR) is make sure that people who have director-level responsibility for the quality and safety of care, treatment and support are fit and proper to carry out their role. It does not apply to providers that are individuals or partnerships.

Providers are responsible for the appointment, management and dismissal of their directors and board members (or their equivalents). They must carry out appropriate checks to make sure directors are suitable for their role. Our role is to make sure providers have a proper process in place to make robust assessments to satisfy the FPPR.

FPPR information of concern

CQC may intervene where there is evidence that proper processes have not been followed, or are not in place for FPPR. While we do not investigate individual directors, we will pass on all information of concern that we receive about the fitness of a director to the relevant provider.

We notify providers of all concerns relating to their directors and ask them to assess all of the information received. This is done with the consent of the third party referrer, whose anonymity is protected wherever possible. There may be occasions when we are concerned about the potential risk to people using services, so we will need to progress without consent. The director to whom the case refers will also be informed, but their consent will not be sought.

Providers must detail the steps they have taken to assure the fitness of the director and provide us with a full response.

Action we may take

We will carefully review and consider all information. Where we find that a provider's processes are not robust, or an unreasonable decision has been made, we will either:

- contact the provider for further discussion
- schedule a focused inspection
- take regulatory action in line with our enforcement policy and decision tree if a clear breach of regulation is identified.

INSPECTION

When we will inspect

A service will have a [comprehensive inspection](#) at the following frequencies:

- **Services rated as good and outstanding** – from April 2018, normally within 30 months of the last comprehensive inspection report being published. Until April 2018, these are normally within 24 months.
- **Services rated as requires improvement** – normally within 12 months of the last comprehensive inspection report being published.
- **Services rated as inadequate** – normally within 6 months of the last comprehensive inspection report being published.
- **Services that are no longer dormant** – the first comprehensive inspection will normally be scheduled between 6 to 12 months from the date the service starts operating again.
- **Newly registered services** – for brand new services, the first comprehensive inspection will normally be scheduled between 6 to 12 months from the date of registration. If a service was previously operated by another provider or at a different address, the inspection will be normally be scheduled based on the location's last inspection report publication date and rating **OR** within 12 months of registration, whichever is the later date. For more information on why and when we continue the regulatory history (report and rating) of a service, see the [guidance on our website](#).

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

Services that are rated as requires improvement overall, but have at least one key question rating of inadequate, will normally have a comprehensive inspection within six months of the last comprehensive inspection report being published. This is in line with the [adult social care approach to special measures](#).

Bringing forward a comprehensive inspection

Where we receive information of risk or concern about a service, or information that indicates a service has improved, we may carry out a comprehensive inspection sooner than originally scheduled within the maximum timescales shown above.

Alternatively, depending on the nature of the issue, we may carry out a focused inspection instead.

The inspection team

Adult social care inspection teams are led by a CQC inspector. They will often include an [Expert by Experience](#). An Expert by Experience is a person who has experienced care personally or has experience of caring for someone who has received a particular type of care. They provide feedback to the inspector on what they have found on inspection, which helps the inspectors to make their judgements.

The inspector leading the inspection will either be the CQC relationship owner for that service or another inspector or inspection manager with appropriate knowledge of that service.

The size and membership of the inspection team is based on the individual requirements and circumstances of the inspection, including the size and complexity of the service, levels of risk, and whether enforcement action is being taken or is anticipated. An inspection can be supported in any or all of the following ways:

- a larger inspection team
- team members with specific skills, such as dementia specialists (Specialist Advisors), pharmacy inspectors or interpreters
- more time being spent at the service.

Types of inspection

Comprehensive inspections

Comprehensive inspections take an in-depth and holistic view across the whole service. Inspectors look at all five key questions to consider if the service is safe, effective, caring, responsive and well-led. We give a rating of outstanding, good, requires improvement or inadequate for each key question, as well as an overall rating for the service.

We will carry out comprehensive inspections:

- within the [timescales](#) above
- where we believe there is a risk to the safety or wellbeing of people who use the service, or there has been a significant deterioration in the quality of that service
- where we believe there is a substantial improvement in quality that could increase the overall rating.

Comprehensive inspections are usually unannounced, although there are circumstances where we may let the provider know we are coming. For example, we may contact a small residential service within 48 hours of the start of our inspection to check that people are at home, or give up to a week's notice to very complicated community services where careful planning is needed.

Focused inspections

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

Focused inspections:

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

Targeted inspections

Targeted inspections have a narrower focus than focused inspections. They are intended to assess a particular risk or concern, for example whether a Warning Notice has been met or to look at tangible concerns about specific risks to people's safety.

They do not look at an entire key question, just the KLOEs within the key question we are concerned about. Inspectors don't need to look at the well-led key question unless the concerns are under that domain.

Targeted inspections are usually unannounced and can take place before a focused or comprehensive inspection. They will not lead to a change of ratings or the timing of the next scheduled comprehensive inspection. If we find further concerns or

significant improvement during a targeted inspection, it can be expanded into a focused inspection.

Combined inspections

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

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

How we inspect services

Residential services

[Comprehensive inspections](#)

The inspector reviews the information we hold about the service and contacts relevant stakeholders and professionals for their feedback before carrying out an inspection site visit. During the site visit, the inspector speaks with people using the service and their visitors, staff, volunteers and visiting professionals to assess all of the key questions. They also review relevant records and inspect the layout, safety, cleanliness and suitability of the premises, facilities and equipment.

[Focused inspections](#)

Focused inspections broadly follow the same process and use the same methods as a comprehensive inspection, but focus on one or more specific key questions (always including well-led) rather than all of them.

Community services

[Comprehensive inspections](#)

The inspector reviews the information we hold about the service. They contact people who use the service, care staff, relevant stakeholders and professionals for their feedback. They do so by telephone, or by visiting them in person. The inspector also visits the service's office and reviews relevant records.

[Focused inspections](#)

Focused inspections broadly follow the same process and use the same methods as a comprehensive inspection, but focus on one or more specific key questions (always including well-led) rather than all of them.

Feedback on the visit

At the end of the inspection visit, the lead inspector (and inspection team) will meet with the registered manager and/or other appropriate members of staff to provide feedback. This is high-level initial feedback only, illustrated with some examples.

At the meeting with the registered manager and/or other staff, the inspector will:

- thank them for their support and contribution and tell them about any issues that were escalated during the visit or that require immediate action
- tell them if we need additional evidence or if we need to seek further specialist advice in order to make a judgement
- tell them 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 provider.

This feedback will not include information about ratings. We will carry out further analysis of the evidence before we can reach final judgements on all the issues and award ratings. The site visit is one element of the inspection, and information may be received after the site visit which we may report on.

Equality, diversity and human rights

During inspections we will check:

- whether services work in a person-centred way to meet the needs of people from all equality groups, for example lesbian, gay, bisexual and transgender people
- whether services are meeting the [Accessible Information Standard](#), which looks at how providers identify, record, flag, share information about, and meet the information and communication needs of people relating to disability, impairment or sensory loss
- how leaders and managers are promoting equality, diversity and human rights in their service, including for their staff

- whether people from different groups have equal access to care pathways and all parts of the service.

CQC has published equality objectives for the period 2017-19. You can read more about them [on our website](#).

You can also read more about our overall approach to human rights in our regulation of care services [on our website](#).

Mental Capacity Act

Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care or treatment.

This includes decisions about restricting people's liberty and depriving people of their liberty so that they get the care and treatment they need where they do not have mental capacity to make decisions about this. If the location is a care home or hospital, CQC is required by law to monitor how the Deprivation of Liberty Safeguards are being used, and to report on what we find.

You can read more about the Mental Capacity Act, including the legal definition of a 'care home' and 'hospital' in our [web pages](#). Providers of care homes and hospitals are required to submit applications to a 'supervisory body' for authority to deprive people of their liberty. Other providers must submit their applications to the Court of Protection.

Inspectors look at restriction and deprivation of liberty during CQC inspections. This can be appropriate but must be undertaken lawfully; inspections will check whether the [Mental Capacity Act code of practice](#) was followed properly. A Supreme Court judgement has clarified the scope of restrictions that may amount to deprivation of liberty. You can read more about this [on our website](#). Multiple restrictions of liberty can together amount to deprivation of liberty. Inspectors will consider this during inspections, and whether providers are monitoring practice to ensure that people's rights and associated legal requirements are being recognised and met.

AFTER INSPECTION

The inspection report

After each inspection, we publish an inspection report on our website. The report is written by the lead inspector. We describe the good and outstanding practice we find, as well as any concerns we have. Our reports focus on our findings about the key questions we have inspected and what this means for the people who use the service.

Our reports include:

- contextual information about the service and the inspection
- a description of the inspection team's findings
- ratings for each key question inspected and the overall rating given
- evidence about any breaches of the regulations, the action we told the provider to take, and any [enforcement activity](#) that we have taken
- recommendations we made to the provider about improvements to their service
- a summary section for the provider to share with each person using their service, their family and carers, and staff.

Where needed we also prepare easy read report summaries to meet the needs of people with a learning disability.

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](#).

Quality checks

Before publishing, we quality assure each report by peer review. This is to check the quality and consistency of our findings and check that our judgements are consistent nationally. We also review reports at internal ratings approval meetings. The factual accuracy process is part of this quality check and means that provider responses are considered independently. We publish inspection reports and ratings on our website soon after completion of our quality assurance process.

Ratings

After an inspection, we rate services for the quality of care across 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 for providers to [display their ratings](#).

Ratings characteristics

Our rating is based on an assessment of the evidence we gather using the key lines of enquiry (KLOEs) in the [assessment framework](#) for adult social care. Inspectors refer to the ratings characteristics for each key question and use their professional judgement to decide on the rating, drawing evidence from four sources of information:

- our ongoing relationship with the provider
- ongoing local feedback and concerns
- pre-inspection planning and evidence gathering
- evidence from the inspection visit.

When deciding on a rating at key question level, 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 ratings characteristics for requires improvement or inadequate?

This link between KLOEs, the evidence gathered under them, and the rating judgements lie at the heart of our approach to ensuring consistent, authoritative, robust judgements on the quality of care. A service does not have to demonstrate every rating characteristic in the assessment framework for us to give a rating. This

is particularly true for outstanding and inadequate. For example, if we find just one of the characteristics of inadequate, and it has a significant impact on the quality of care and people's experiences, this could lead to a rating of inadequate. Even services rated as outstanding are likely to have areas for improvement. In the same way, providers do not need to demonstrate every one of the characteristics of good to achieve 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.

With the introduction of the revised assessment framework in November 2017, some key lines of enquiry have moved to different key questions. This means that key question and overall ratings for a service may change at the next inspection, even if no significant changes are found. Any change in a rating is consistent with improvements made to our assessment framework, and give a better picture of the quality and safety of the service.

How we determine aggregated ratings

Using professional judgement

When making our judgements, we consider the weight of each piece of relevant evidence. Underpinning this is the experience of people who use the service, and the impact it has on them. In most cases we need to corroborate our evidence with other sources to support our findings and enable us to make a robust judgement.

When we have conflicting evidence, we will consider the weight of each piece of evidence, its source, how robust it is and which is the strongest. We may conclude that we need to gather additional evidence or specialist advice in order to make a judgement.

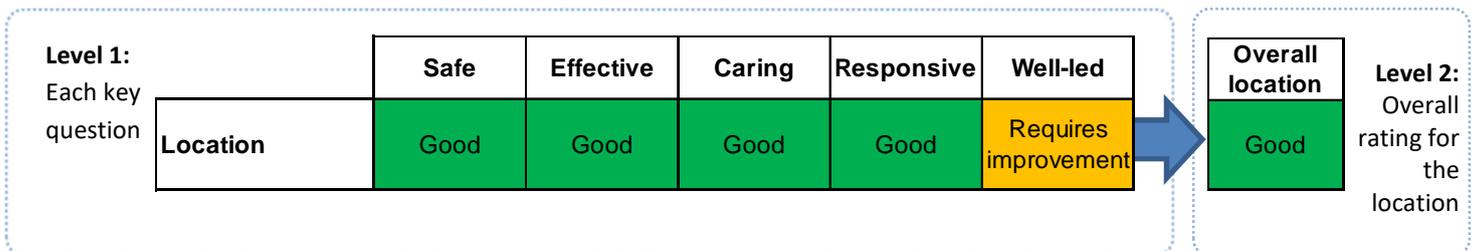
If we identified concerns in the inspection, we will consider the following criteria and use our professional judgement to decide whether to depart from the application of the [ratings principles](#) – particularly where we need to aggregate ratings that range from inadequate through to outstanding:

- 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 and the population group. 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.

What do we give a rating to?

We rate services at two levels.

- **Level 1:** we use our rating methodology and professional judgement to produce separate ratings for each of the five key questions.
- **Level 2:** we aggregate these separate ratings up to an overall location rating using the ratings principles.



How we aggregate ratings using the rating principles

Overall location ratings are produced on the basis of the following principles:

1. In line with our enforcement policy, the overall rating for a service cannot be better than requires improvement if there is a breach of regulations.
2. The five key questions are all equally important and are weighted equally when aggregating. **Please note:** for focused inspections, the new ratings for the key questions inspected will be aggregated with the existing ratings for the key questions not inspected.
3. At least two of the five key questions would normally need to be rated as outstanding and three key questions rated as good before an aggregated rating of outstanding can be awarded.
4. There are a number of ratings combinations that will lead to a rating of good. The overall rating will normally be good if there are no key question ratings of inadequate and no more than one key question rating of requires improvement.
5. If two or more of the key questions are rated as requires improvement, then the overall rating will normally be requires improvement.
6. If two or more of the key questions are rated as inadequate, then the overall rating will normally be inadequate.

Where a regulatory history has been continued

For newly registered services that were previously operated by another provider, we continue the previous regulatory history (rating and report) on our website. We use this history to take a proportionate, risk-based approach to planning the first inspection after a registration change. The first inspection will make new judgements and produce new ratings. Ratings from the previous provider are not used to produce a new aggregated rating. For more information on why and when we continue the regulatory history (report and rating) of a service, see the [guidance on our website](#).

Rating limiters

There are a small number of events and circumstances that are sufficiently serious to limit a rating for the well-led question. These circumstances are set out below and describe when well-led can never be rated better than requires improvement.

1. The location has a condition of registration that it must have a registered manager but it does not have one, and satisfactory steps have not been taken to recruit one within a reasonable timescale.
2. The provider has any other condition of registration that is not being met without good reason.
3. Statutory notifications were not submitted in relation to relevant events at the location without good reason.
4. The provider has not returned PIR information where requested by CQC, or has not supplied the information in another format, indicating that the service is unable to demonstrate an understanding of the importance of keeping and using management information to deliver a good, safe service.

In addition, the overall rating for a service cannot be better than requires improvement if there is a breach of regulations. This is because providers rated as good are meeting the standards set out in the regulations and display the characteristics of good care (i.e. to be rated as good means more than just meeting the standards set out in the regulations – [CQC enforcement policy](#), page 9).

Inspectors should use their judgement about whether to treat any incident as a breach of regulations in the normal way, considering the impact on people, the history of the service regarding any previous incidents, and how it responded to them. Where an incident has a low impact, inspectors should consider the proportionate action to take – this may include making a recommendation – and reflect this in their report.

When we would not rate

Sometimes we will not be able to award a rating after an inspection. 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 suspend a rating if we identify significant concerns that lead us to re-consider our previous rating. The rating will be suspended until we have investigated the concerns and/or re-inspected the service.

Request a rating review

Grounds for review

The only grounds for requesting a rating review after 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 request for a review must relate solely to the latest final inspection report. We cannot consider references to previous reports or those for other providers or locations.

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 can only submit one request for an inspection report.

Providers must limit the request for review to 500 words across all the ratings they wish to challenge.

The link to the online form is included in the letter we send to providers with their final report.

The review process

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

If it does not meet these grounds, we will refuse the request and write to the provider 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 the request.

Our review may extend to ratings that the provider 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.

[See our website for more information about requesting a review of ratings](#)

Complaints and appeals

Where providers are making a complaint against us or challenging our enforcement action, we may pause the review until these are complete.

We will inform providers when we start to consider their 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, a deputy chief inspector makes the final decision.

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

We will make the appropriate changes to the 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, providers can challenge the ratings elsewhere, such as by [applying for a judicial review](#).

Display of ratings

The public has a right to know how care services are performing. To help them to do this, the Government has introduced a [requirement for providers to display CQC](#)

[ratings](#). The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of care provided. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.

The guidance details the following points:

- Providers that have been awarded a CQC rating (outstanding, good, requires improvement or inadequate) must display it where people will be sure to see it: in each and every premises where a regulated activity is being delivered, in the main place of business and on any website(s). This is a legal requirement from 1 April 2015.
- Ratings must be displayed at the premises where a service is being provided, unless care is delivered to someone in their own home.
- CQC will assess whether or not ratings are displayed legibly and conspicuously – not doing so may result in a fine and may impact on future inspection ratings.
- CQC will make posters for physical display of ratings available to download from our website. Using our posters will ensure that all the information is included, as set out in the regulation.
- Providers must display their rating online if they have a website(s), and can use the CQC templates. These are available from our [Ratings display toolkit](#) page.
- Services regulated by CQC, but which are not awarded a rating (for example dentists), are exempt from this requirement.
- Providers have a maximum of 21 calendar days to display their ratings from the date their inspection report is published on the CQC website.

This guidance describes how providers can meet the regulation. However, providers are ultimately responsible for meeting the regulation and deciding how to do this. If registered providers and managers do not follow this guidance, we will ask them to provide evidence that their alternative approach still enables them to meet the requirements of the regulation.

Enforcement

If the care provided by a service harms people or puts people at risk of harm, we can take enforcement action to protect them. This applies to anyone who provides regulated activities without registration, or registered persons or managers who breach conditions of registration or relevant sections of the Health and Social Care Act 2008, the Care Quality Commission (Registration) Regulations 2009 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where we have identified concerns, we decide what action is appropriate to take. The action we take is proportionate to the seriousness of the concern, including the impact on people who use the service, and whether there are multiple and persistent breaches of the regulations.

Inspectors follow the enforcement handbook, in conjunction with the [enforcement policy](#) and [decision tree](#), in the decision making process when considering if and/or what enforcement action is needed.

Action planning

Where people using a service are not at immediate risk of harm but the provider is not meeting a legal requirement, or struggles to do so consistently, we will use our power to require a report (action plan) from the provider. We will do this by serving a requirement notice. The report must explain the action the provider is taking or proposes to take to meet the relevant legal requirement(s). Providers should inform us in writing when they have completed the actions.

Where a service is repeatedly rated as requires improvement, we will use our power to require a report (improvement action plan) from the provider. The plan must explain what the provider will do to make the improvements needed to achieve a better overall rating.

Types of enforcement action

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

- We will take **civil enforcement action** to protect people.
- To hold providers to account we will take **criminal enforcement action** if they fail to meet prosecutable fundamental standards.

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

Special measures

People who use adult social care services have the right to expect high-quality, safe, effective and compassionate care. We want to ensure that services providing inadequate care do not continue to do so. Where care is judged to be inadequate, it is essential that the service improves quickly for the benefit of people who use it.

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 work with, or signpost to, other organisations in the system to ensure improvements are made.
- Provide a clear timeframe within which providers must improve the quality of care they provide, or we will seek to cancel their registration.

How special measures works

There are two routes into special measures.

Route 1: Services rated as inadequate overall will go straight into special measures.

Route 2: If a service is rated inadequate for one of the five key questions, we will inspect it again within six months of the report being published. If the service remains inadequate in any key question at the second inspection, it will enter special measures.

Once a service is in special measures, we will re-inspect within six months to check that sufficient progress has been made. If, following inspection, we feel sufficient progress has been made, we will remove the service from special measures.

If sufficient progress has not been made when we re-inspect and there are inadequate ratings for any key questions, we will begin to take action to prevent the service from operating, either by proposing to cancel their registration or to vary the terms of their registration. We will then closely monitor the service until it either closes or substantial and rapid improvements are made. We will carry out a further inspection within six months and, if an inadequate rating remains in any key question, we will take action to stop or limit the operation of the service.

Special measures does not replace CQC's existing enforcement powers: it is likely that we will take enforcement action at the same time as a service going 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.

We have published detailed guidance about our approach to [special measures for adult social care services](#).

Services repeatedly rated requires improvement

Good care is the minimum that people receiving services should expect and deserve to receive. Providers should therefore aim to achieve and sustain an overall rating of 'good' or 'outstanding'. From 1 November 2017, for services rated requires improvement (RI) on one or more occasions, we will take proportionate action to help

encourage prompt improvement from the provider, to achieve and sustain a rating of good. This includes services already rated as RI before 1 November.

Inspectors will use their judgement to take proportionate and flexible action to encourage the service to improve. They will take the following steps, depending on the risks or issues they identify and the circumstances of the service:

- At the first rating of RI, we will write to inform the provider that subsequent ratings of RI may constitute a breach of Regulation 17 (good governance) and suggest sources of help for the provider to seek improvement. The letter will be copied to the lead commissioner at the same time, where appropriate.
- Where there is a breach of the regulations, we will consider proportionate enforcement action, as stated in our published enforcement policy and guidance.
- We may request the provider to complete and return (within 28 days) an improvement action plan to demonstrate how and by when they will make improvements to the quality and / or safety of their service to achieve an overall rating of at least good. This will be requested under Regulation 17(3) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- We may also request a meeting with the provider, registered manager and commissioner to discuss our concerns, improvements needed and support that may be available. After the meeting we will send a letter to the provider, confirming the points agreed. This may include requesting the completion of an improvement action plan.

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.

Anyone directly affected by the way in which we have carried out our functions, or anyone acting directly on their behalf (such as a carer or relative) may submit a complaint. This includes groups or individuals with appropriate consent.

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.

The complaints procedure cannot deal with complaints about evidence, ratings from inspections or enforcement action. These should be raised via factual accuracy, ratings review or representation processes. Further information can be found at <http://www.cqc.org.uk/content/complain-about-cqc>.