Getting prepared for the CQC inspection

CQC Staff Handbook
Getting prepared for the CQC inspection

The Care Quality Commission (CQC) has changed the way it inspects NHS services. This handbook will:

- Help you to understand the CQC’s approach
- Explain the five key questions the CQC will ask
- Suggest how best to prepare

Reviewing this handbook should not only assist in preparing you for a CQC inspection, but also offer best practice points for life beyond the CQC visit and business as usual.

"I welcome the CQC’s inspection, it’s our opportunity to showcase how we get it right!" Claire Murdoch

Our approach

‘Getting it right first time every time’

We welcome the CQC’s inspection. This is our opportunity to:

- Showcase our good work, and the improvements we have made
- Demonstrate that we know where our improvement areas are and what we are doing about them
- Demonstrate how we gain feedback about the care we provide, how we learn and share lessons to make changes for the better for our patients.

The CQC doesn’t expect services to all be tip-top perfect, as long as you show you know these three points.

What’s expected:

- Patients’ needs come first at all times - this will be expected and understood by the inspecting team
- Be honest, polite and helpful - answer any questions you are asked to the best of your ability

- Be proud and positive - you should be proud of the excellent work you do
- Be ready and able - familiarise yourself with your environment and working practices so that you are able to provide the inspectors with evidence to demonstrate the good work you do (see also ‘How best can I prepare’)
- Be prompt and responsive - if an issue is raised, rectify it as soon as you can, or where this isn’t possible, log it and report it with your line manager as soon as possible; provide additional information requested as promptly as you can
- Feedback problem areas as soon as you notice them; leaving things until the inspection could mean patient care is compromised - raise issues with your line manager now
- Act in line with our values of Compassion, Respect, Empowerment and Partnership.
What will happen in a nutshell?

On Monday, 23 February 2015, approximately 100 inspectors will span all Trust services in smaller teams over five days. They will visit all inpatient services, and a selection of clinics and community teams, but we don’t know which ones, day or night.

The inspectors will be your peers from other Trusts around the country, and represent a variety of relevant disciplines/specialties. Inspectors will be well-informed about CNWL services: we will be asked to provide a lot of information before their visit, as well as during, as they follow key lines of enquiry/questioning and triangulate information.

The CQC will visit teams, talk to managers, clinicians, administrators, receptionists and cleaners/porters. They will observe care and review patient notes. They will distribute feedback cards/comment boxes around the Trust and host listening events with you, patients and carers to gain further feedback too.

The CQC will ask questions about the quality of services based on what matters most to patients. It is these 5 questions that we should ask ourselves at all times:

1. **Is it safe?**
   - Patients are protected from physical, psychological or emotional harm or abuse.

2. **Is it effective?**
   - Patients’ needs are met and care is in line with national guidelines and NICE quality standards, and promote best chance of getting better.

3. **Is it caring?**
   - Patients are treated with compassion, respect and dignity and that care is tailored to their needs.

4. **Is it responsive?**
   - Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to.

5. **Is it well-led?**
   - There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.

To understand these 5 key questions further and for practical prompts in preparation, see Appendix A.

In the weeks after the inspection, the CQC may visit sites unannounced.

Once satisfied, they will write a report based on their findings and will rate the Trust and its services as ‘Outstanding’, ‘Good’, ‘Requires Improvement’, or ‘Inadequate’. Action plans and their progress will be tested by subsequent unannounced inspections.

How best can I prepare?

There is a lot you can do to ensure you are prepared for the CQC’s visit, probably things you already do and know!

- **Keep informed:** Attend briefing sessions, talk to your team/manager, look out for updates via the Weekly bulletin email and Talking Trust email newsletter.
- **Share best practice and learnings** with your team and other colleagues.
- **Review Appendix A:** This will give you a good overview of the 5 key questions and useful prompts for you to consider personally and as a team.

General house-keeping for everyone:

- **Wear your name badge** at all times.
- **Check notice boards** are up-to-date, information leaflet stands are current and stocked – the CQC may ask you about information that is displayed.
- **Ensure alcogel availability and use on entering the premises**.
- **Make sure all areas including offices/reception areas are clean and tidy**.
- **Replace broken furniture or remove items no longer used**.
- **Make sure your appraisal and mandatory training are up-to-date**.
- **Know how to find Trust policies and be aware of the content of those pertinent to your role**.
During an inspection

The inspecting team will divide into smaller groups and begin their visits. They will want to talk to patients, carers, and staff (at all levels) about their experiences of care provided, and will also observe everyday activities and the environment. They will visit during the day or night, and will want to review a selection of patient notes to check they are accurate and up-to-date. They will assess if systems and processes operate as laid out in policy, and follow the patient pathway through the service.

If the CQC arrive, what should you do?

- Welcome the inspecting team and ask to see their identification badges. Do not allow anyone access without the proper authorisation/identification. (If in any doubt, contact the CQC on 03000 616161).
- Sign them in and ensure the most senior member of your team is called to meet and accompany the inspecting team, to introduce them to the service area and facilitate their visit.
- Notify us of their arrival at your team by contacting:
  - Your local service manager, as well as one of the following:
    - Chief Operating Officer’s Office: 020 3214 5758
    - Chief Executive’s Office: 020 3214 5760
    - CNWL Quality Directorate: 020 3214 5907 (8.30am – 7.00pm) or the on-call number if out-of-hours

How to interact with the inspecting team

- Remember, patients and their carers/families come first - the inspecting team will know this. If you are busy with a patient, let the inspector know and that you will be with him/her in five minutes or when your appointment is over. Together, try to keep disruption to the service to a minimum.
- If you are asked for a chat, we have requested that these last no longer than 45 minutes to minimise impact on care delivery.
- Inspectors are not allowed to take away any patient notes (or photocopies)
- Inspectors are allowed to see and review patient notes on your patient information systems (RiO/JADE etc): See ‘What if an inspector wants to access patient notes?’ on page 8.
- Be open and honest and as helpful as you can.
- Be proud and positive of the excellent work you do – this is an opportunity to demonstrate how you meet patients’ individual care needs in partnership with them and their families/carers.
- Be mindful that you keep conversations away from public areas to avoid disruption or breaching confidentiality; and encourage patient/carer participation in the chat where appropriate/possible.
- Respect patient privacy and dignity: always check with patients first if the inspectors want to observe your interactions with patients.
- Be mindful of where you know improvements are needed and what is being done about it. In preparing, make sure you know both the positives and where improvements are taking place before the visit, and have evidence to demonstrate these.
- If you don’t understand the question or don’t know the answer, don’t panic – ask for clarification or state where you will go for the information.

What if an inspector asks for some additional information or documentation?

- Familiarise yourself with where your team’s documentation is held e.g. staff rota access, policies, procedures and protocols, information leaflets, close observation monitoring sheets etc.
- Act promptly: Any local information that is requested should be provided via the team manager. The team manager should keep a log of requests and responses.

- Your local service manager, as well as one of the following:
  - Chief Operating Officer’s Office: 020 3214 5758
  - Chief Executive’s Office: 020 3214 5760
  - CNWL Quality Directorate: 020 3214 5907 (8.30am – 7.00pm) or the on-call number if out-of-hours
of all items requested and provided to the CQC.

- If the information requested is of a corporate nature, or for further support, contact your manager, Service Manager/ Matron, Divisional Governance Lead or Quality Directorate on 020 3214 5907.

What if an inspector wants to access patient notes?

- During the visit the inspecting team will want to review patient notes. They are allowed to ‘view only’, and no patient information can be taken away with them.
- Inspectors are allowed to access patient notes via your staff log-in and access is to be strictly supervised at all times. Ask to see their ID prior, lock your screen if you get called away.

What if the inspecting team pick up an issue?

- We need to act promptly and responsively
- Where issues are raised, these need to be logged by the team manager
- Issues should be rectified before the inspecting team leave, or where possible before the inspection week is complete. Where this isn’t possible, actions need to be put in place
- Issues raised need to be fed back to the Service Manager, Divisional Governance Lead and cc. inspection.cnwl@nhs.net directly after the visit (See ‘After the inspection’ below).

Later:

- Once the CQC have ended their visit they will analyse the information they have been provided, messages they have heard and what they have observed. This may prompt further unannounced inspections in the weeks post 27 February 2015
- The CQC will then decide on ratings for both services and the Trust as a whole (including: “Outstanding”, “Good”, “Needs improvement” or “Inadequate” for each of the 5 areas of Safe, Effective, Caring, Responsive and Well-led)

• Our ratings get published on the CQC website
• Note: Although the CQC will have regular updates on our action plans, they may return unannounced to assess progress for themselves.

Don’t worry!

Prepare as far as you can:

- Review the tools/prompts enclosed which give you a good idea of what the inspecting team will look out for/what you will be asked (it represents business as usual and things you will already be doing);
- Talk to your team and line manager for support. If you still feel anxious contact your Divisional Governance Lead/team for further information or support
- Look out for updates published on Trustnet, posters, attend briefing sessions, and read the Trust-wide Weekly bulletin and Talking Trust newsletter which are sent to you by email. These will contain very useful updates
- For further specific support (in place at all times), see My Key Contacts at Appendix B.

After the inspection

Immediate:

- Where possible, have a team brief and pull all the key messages together, issues raised and documentation provided.
- On the same day, the team manager has the responsibility of forwarding this information (by phone or email) to the Service Manager, Divisional Governance Lead and email feedback to inspection.cnwl@nhs.net
For further reading:
See Appendix A; and for the CQC handbooks:

For community (physical) services:
• http://www.cqc.org.uk/sites/default/files/20140925_community_health_provider_handbook_main_final.pdf (also see Appendix B and C for CQC’s Key Lines of Enquiry during inspection and “what good and outstanding look like”)

For mental health and allied services:
• http://www.cqc.org.uk/sites/default/files/20140925_mental_health_provider_handbook_main_final.pdf (also see Appendix B and C for CQC’s Key Lines of Enquiry during inspection and “what good and outstanding look like”)

Appendix A
The CQC’s key focus is good patient care.
Ask ‘Is my service Safe, Effective, Caring, Responsive, and Well-led?’
The following provides you with additional practical prompts to consider within each of these 5 key questions. They are not exhaustive; add to them and follow up with your team or manager for where you feel improvements are needed, or for more information.

Safe
Patients are protected from physical, psychological or emotional harm or abuse

• Is patient safety my main concern?
• Are patients kept safe in my team/on my ward because we maintain the correct staffing levels, do not rely heavily on bank staff and have effective handovers?
• Do I use eRostering effectively?
• Where bank staff are used, are they properly inducted and trained?
• Have I been trained in safeguarding specific to the area I work in (e.g. older people, children or adult services)?
• Do I know how to report an incident, near miss or allegation of abuse/safeguarding issue? Do I act promptly and are concerns addressed in a timely way?
• Do I make sure the clinical environment is safe before seeing a patient?
• Are medical devices I use well maintained before use? Are they decontaminated before and after use? Am I trained and competent to use them?
• Do I know where to locate resuscitation equipment?
• Do I know how to obtain advice on medicines?
• Do I know the procedures for controlled drugs? And safe handling/securing of drugs?
• Do I always check a patient’s allergy status and note this?
• Do I know what do if a patient has an adverse reaction or if their health deteriorates? Do I know what to do in an emergency?
• Do I always follow the hand hygiene procedures before and after touching a patient
• Do I know who to contact for advice on infection control?
• Have I had my flu jab?
• Do I continually risk assess and monitor my patients (for both physical and mental health), ensure notes, care plans and alerts are updated accordingly and act promptly to changes?
• Have I been trained in control and restraint? Do I report incidents and update the MDT notes and have a staff debrief?
• Do I know how to raise day to day concerns or make a complaint or whistleblow internally?
• Is data from audit reports, safety incidents and patient feedback (complaints, survey etc.) discussed at our local team meetings, with lessons shared with colleagues and improvement actions decided and acted upon?

Effective
Patients’ needs are met and care is in line with national guidelines and NICE quality standards, and promote best chance of getting better

• Am I aware of NICE guidance relevant to my work; do I follow it?
• Do I get involved in clinical audits and can I show resulting improvements?
• Do I assess the patient holistically and consider
all their care needs? Are these reflected in care/treatment plans and regularly reviewed?

• Do I undertake the necessary risk assessments, keep them current and reflect them in care/treatment plans?

• Do I involve patients to design their own care/treatment plan and offer them a copy?

• Do I involve and support carers to best be able to care for their loved one?

• Do I ensure multidisciplinary involvement in patient care and participate in handover and multidisciplinary meetings?

• Do I ensure people who are approaching end of life are identified and care delivered according to their care plan?

• Are patients supported with smoking cessation?

• Do I ensure patients’ nutrition and hydration are met?

• Do I support pain management in a timely way?

• Do I maintain my personal knowledge by attending training/conferences or reading guidance and journals?

• Do I attend regular meaningful clinical supervision (group or individual) and feel supported in personal development?

• Have all my competencies been assessed and signed-off this year?

• Do I ensure people who are approaching end of life are identified and care delivered according to their care plan?

• Do patients supported with smoking cessation?

• Do I ensure patients’ nutrition and hydration are met?

• Do I support pain management in a timely way?

• Do I maintain my personal knowledge by attending training/conferences or reading guidance and journals?

• Do I attend regular meaningful clinical supervision (group or individual) and feel supported in personal development?

• Have all my competencies been assessed and signed-off this year?

• Do I always introduce myself and wear my NHS ID badge at all times?

• Do I always give my service’s contact details to patients/carers, and where to get support out-of-hours?

• Do I give patients/carers information about the services available to them, about their treatment or medication, and where to gain further support?

• Do I always involve patients/carers in decisions about their care or treatment and take a personalised, co-productive approach?

• Do I promote self-management and independence?

• Do I always consider the patient’s personal, cultural, religious needs?

• Do I understand discrimination and equality and diversity?

• Do I always treat patients/carers with dignity, respect and kindness, provide privacy and confidentiality at all times?

• Do I report any disrespectful, discriminatory or abusive behaviour towards patients?

• Do patients/carers know how to make a complaint/compliment?

• Is the environment clean and comfortable?

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• Do I give patients/carers information about the services available to them, about their treatment or medication, and where to gain further support?

• Are notice boards and information leaflets up-to-date and stocked?

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• Do I report any disrespectful, discriminatory or abusive behaviour towards patients?

• Do patients/carers know how to make a complaint/compliment?

• Is the environment clean and comfortable?

• Patients are treated with compassion, respect and dignity and that care is tailored to their needs

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Patients get the treatment or care at the right time, without excessive delay, and are involved and listened to

• Do I always introduce myself and wear my NHS ID badge at all times?

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• Do I understand discrimination and equality and diversity?

• Do I always treat patients/carers with dignity, respect and kindness, provide privacy and confidentiality at all times?

• Do I report any disrespectful, discriminatory or abusive behaviour towards patients?

• Do patients/carers know how to make a complaint/compliment?

• Is the environment clean and comfortable?
Do I encourage patients to feedback their experiences of the service and provide means to do this? Like the friends and family test.

Do I know what patients are feeding back about the service, and do I act on patient/carer feedback? Do I know what improvements are being made?

Are patients informed about how to make a complaint/ compliment? Are complaints dealt with within timescale?

Does the team share lessons and learn from clinical audits, incidents or complaints/ compliments? Can I think of some examples?

Am I aware of our “learning walks” or “peer reviews” and do I know the outcome and issues raised? Do I know what actions have resulted?

Am I aware of any previous CQC inspections to my service? Do I know the issues raised and what actions are in place and progress? And how the team manages its compliance against CQC standards and outcomes?

There is effective leadership, governance and clinical involvement at all levels, and a fair, open culture exists which learns and improves listening and experience.

Did I have a corporate and local induction when I started work here?

Do I know the Trust’s values are Compassion, Respect, Empowerment and Partnership?

Have I had my appraisal and on-going supervision with my manager?

Do I have a personal development plan?

Is my mandatory and statutory training up-to-date?

Do I have access to reflective practice groups (where relevant)?

Appendix B | Contacts

**Quality Directorate for all CQC enquiries**
Tel: 020 3214 5907
Email: inspection.cnwl@nhs.net

**Communications Team**
Tel: 020 3214 5764
Email: communications.cnwl@nhs.net

**Mental Health Act**
Tel: 020 3214 5872
or 07855 252 340

**Mental Capacity Act**
Tel: 020 3214 5967
or 07714 953 253

**Information Governance Team**
Tel: 020 3214 5938 / 5852

**Health and Safety Team**
Tel: 020 3214 5780

**Infection Prevention and Control Team**
Tel: 020 3214 5314

**Emergency Planning**
Tel: 020 3214 5848

**ICT Service Desk**
Tel: 03330 142 457

**Milton Keynes IT Service Desk**
Tel: 07908 500 085

**CNWL Occupational Health Service**
Tel: 020 3317 3350

**Maintenance**
Tel: 0808 108 2408

**Safeguarding contacts:**

**Paul Byrne**
Named Nurse, Safeguarding Children (London Mental Health and Allied Services)
Tel: 07957 595 912
Email: paul.byrne@nhs.net

**Tracy O’Brien**
Named Nurse, Safeguarding Children (Milton Keynes)
Tel: 01908 243 622
Email: tracy.o’brien@nhs.net

**Jane Thorogood**
Named Nurse, Safeguarding Children (Camden)
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**Lisa Crawshaw**
Named Nurse, Safeguarding Children Team Leader (Hillingdon)
Tel: 01895 484941
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Trust Adult Safeguarding Lead
Mobile: 07968 128 447
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**Barbara North**
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Clinical Effectiveness Manager - Adults at Risk
Mobile: 01908 243533
Email: mark.easter@mkchs.nhs.uk