CQC visit: Frequently-asked questions

What is the CQC?

The CQC is the Care Quality Commission, the independent regulator of health and adult social care in England. Its role is to ensure that health and social care services provide people with safe, effective, compassionate, high-quality care.

All NHS and independent healthcare providers - including nursing and care homes, GP and dental surgeries as well as hospitals - must be registered with the CQC before they can provide healthcare. In order to register, the organisation must demonstrate that it can meet the national fundamental standards of care. For more information please see the CQC’s website http://www.cqc.org.uk/

Are they our commissioners?

No; the commissioners are local organisations known as Clinical Commissioning Groups (CCGs). They “purchase” healthcare from the Trust for the local population, and set standards of quality and performance as part of the contract. A number of commissioning groups have contracts with Pennine Acute Trust, including Bury CCG, Heywood, Middleton and Rochdale CCG, North Manchester CCG, and Oldham CCG.

Why is the Trust being inspected?

Registration with the CQC is effectively a licence to provide healthcare services, but the CQC monitors and inspects providers to make sure that standards are maintained. A new format for inspections was introduced last year, and all Trusts are being inspected under this format.

How is the Trust being inspected?

The inspectors inspect by “service” not by organisational divisions and directorates. They inspect each service in relation to five “domains” – how safe, effective, caring, responsive and well-led it is. The services it will inspect at Pennine are:

- Urgent and Emergency Services
- Medical Care (including AMUs)
- Surgery
- Critical Care
- Community Services
- Maternity and Gynaecology
- Children and Young People
- End of Life Care
- Outpatients and Diagnostic Imaging

How long is the inspection?

At this stage, we are anticipating the inspectors will be in the Trust for almost two weeks, commencing 23rd February 2016. The first week they will focus on the hospitals, the second week on the community locations. However, following the formal inspection there will be a number of unannounced visits for up to two weeks afterwards. In these, the inspectors will ‘drop in’ on wards and departments to follow up on previous findings.
How will the Trust be scored?

Each domain (safe, effective, caring, responsive, and well-led) for each service is given a rating: outstanding; good; requires improvement; or inadequate.

The ratings are aggregated across each service to give an overall service rating, and aggregated across the services and domains to give overall site and Trust-wide ratings. A final overall rating for the Trust will be awarded.

For further information on ratings, please see chapter 9 of the CQC’s document: http://www.cqc.org.uk/sites/default/files/20150327_acute_hospital_provider_handbook_march_15_update_01.pdf

How many inspectors will there be?

We are anticipating that there will be a team of 45 inspectors for the hospitals inspection, and ten for the community sites.

Who are the inspectors, and where do they work?

The inspectors come from a variety of backgrounds. Some will work solely for the CQC; some will work in other hospitals and work for the CQC on a part-time basis. Many of the inspectors have clinical roles, or have a clinical background, and they are very experienced. Some of the assessors are specialists in their field, and will assess the service relevant to their background.

How many inspectors will come to each department and how long will they stay?

That will vary depending on the size of the department: it will usually be 2-4 people, who will stay approximately 1-3 hours.

How will we know who they are?

The inspectors will wear an ID badge, which you may politely ask to see (as you would for any visiting staff) when they enter the department. The ID badge will indicate that they are inspectors, and the lanyards will be pale purple, to distinguish them from Trust staff.

Will all departments be inspected?

They will visit as many wards and departments within that service as they need to in order to form their assessments, but they may not go to all.

Will the inspectors be escorted?

The inspectors may or may not be escorted to the department by volunteers who are assisting with the coordination of the visit. Often the inspectors prefer to find their own way to the department as it is a way of them assessing how good the signage is in the hospital.
Once they are in the ward or department, they will be un-escorted. They may approach a member of staff to introduce themselves, or they may wait just inside the ward entrance until a member of staff is able to attend to them.

If you see visitors to the ward during this period, please be aware they may be CQC inspectors and you should offer your assistance – as you would for any visitor to the ward.

**Can they go anywhere?**

They are authorised to enter any department that they wish to, though of course they will not compromise patient care in any way.

**Will the inspectors visit the unit more than once on inspection week?**

They may do. They may have additional questions after their initial visit, or they may review a document or some information that they wish to follow up on. Staff must be prepared for a visit at any time during the formal inspection, or up to two weeks following it.

**Will they come on nights?**

Yes, they will almost certainly visit some wards and departments at night. Some of these visits may be during the week of the inspection; but some may be unannounced inspections that may take place for up to two weeks after the formal inspection is completed.

**Will the inspectors be visiting the unit or shadowing the staff?**

The inspectors will be visiting the unit. They will observe staffs’ interactions with patients, and may observe some procedures, e.g. medicines administration and serving meals, but this will normally be from a position at the edge of the patient area. They will observe handovers, and may watch or listen as patients are being reviewed.

**What will the inspectors be looking at on the unit?**

The inspectors will be observing the way the ward is run, the care and attention given to patients, and how staff communicate with each other and with the patients.

They are looking for evidence that the service being provided is safe, effective, caring, responsive to people’s needs, and well-led. If there is anything you are particularly proud of in your ward or department, then try to find an opportunity to show them if you can.

**What evidence will they wish to see?**

They will mainly observe care and interactions whilst they are in the clinical areas. They will want to review documentation, e.g. patients’ records, care planning documentation and care pathways /
protocols: good documentation is an essential element of safe care, and the inspectors will be making a judgement about the standard of documentation in the ward / department.

They may also wish to review local records, e.g. training and appraisal records, off duty records, etc. The inspectors will not take any documentation off the ward. If they wish to have copies of documentation, then this will be requested electronically directly to the Governance team.

**Will the inspectors be checking in cabinets/drawers/offices on the ward?**

Yes, they may. They may be looking to see if the ward is well organised and that documentation and equipment is stored appropriately and safely. They may also want to check the arrangements for storage of medicines etc.

**What if we are busy? Can we turn them away?**

No, you can’t turn them away. Politely explain that the department is busy and that you are unable to spend time with them at the moment as you need to attend to your patients. They will not need to be shown around: just ensure they know where to ‘gel’ their hands and they will find their own way round the department.

**Will the inspectors speak to staff?**

Yes, the inspectors may ask to speak to any staff member they meet, including bank and agency staff, and students. This is an essential part of their information-gathering process.

**Do we have to speak to the inspectors?**

You must speak to the inspectors and answer politely as you would for any visitor to the ward or department. They will not ask to speak to you if they can see that you are busy with patient care. If a patient’s call bell goes off or the phone rings whilst you are speaking to them, and you can see that your colleagues are unable to attend to it, you may excuse yourself.

**Will the inspectors speak to us whilst we are on our breaks?**

They may do, especially if the ward or department has been busy and they have been unable to have an opportunity to speak to staff during their shift. If you would prefer not to speak to them whilst you are eating, then it is acceptable to explain this politely to them. However, the Trust hopes that staff will be accommodating and welcoming in such a situation.

**Will the unit manager/matron be with us when the inspectors speak to us?**

The unit manager or matron may be in the department, but will not accompany you whilst you speak to the inspectors. The inspectors will probable want to ask questions of the ward manager and/or matron separately, if they are available.
Do I need a union rep when questioned?

You will not need a union rep when speaking to the inspectors. Answer their questions clearly and politely, and if you don’t know an answer then say so.

What will they ask?

They may ask staff about their experience working on the ward, e.g. training and development opportunities, staff meetings etc, or they may ask questions about patient safety and complaints. They will review patients’ records and may speak to you about your charts and record-keeping.

Will the inspectors be asking about staffing levels?

Staffing levels are fundamental to good patient care and it is one of the things that the inspectors will be looking at. They will check duty rotas to assess the numbers of planned versus actual staff on duty, and will ask about the use of agency and bank staff. They may ask about the acuity on the ward, and whether you feel that you are able to give good care when the staffing levels are as plan.

We have acknowledged staffing difficulties on our ward. Will we get in trouble if we are honest regarding staffing and dependency?

No, you won’t be in trouble. You must speak openly and honestly to the inspectors and answer their questions as accurately as you can. You can mention any plans that your ward has in place to address staffing issues, including the escalation tool. If you aren’t sure what the answers are, then politely say so.

What do staff need to know?

Staff should be aware of the main issues within the ward, and be able to talk knowledgeably about incidents and complaints that have arisen, and actions that have been put in place. Staff should know about the main risks in the department and what action is being taken to mitigate those risks.

They should be aware of how well the ward / department is performing in relation to key targets, such as infection prevention, mandatory training, appraisal and attendance levels. Staff should be aware and proud of any key achievements or improvements that have been put in place, and be able to speak to the inspectors about these.

For further information, please refer to the CQC inspection toolkits that are on the intranet. [http://nww.pat.nhs.uk/corporate-departments/Governance/chief-inspector-of-hospitals.htm](http://nww.pat.nhs.uk/corporate-departments/Governance/chief-inspector-of-hospitals.htm)

Will the inspectors be speaking to patients and relatives?

The inspectors will speak to patients and their families when they are available. They will ask about their care and their experiences, good and bad, whilst on the ward.
Is there anything that we cannot discuss/show the inspectors?

The inspectors will not observe personal care of patients, though they will be able to hear conversations behind curtains. You should answer their questions openly and honestly, and if you don’t know the answer then say so.

Can you tell me some of the “dos and don’ts?”

**Do …**

… welcome the Inspection Team and politely ask for their identification. ✓

… inform the manager or shift leader that the inspectors have arrived. ✓

… keep disruption to service to a minimum; attend to patients as you would do normally. ✓

… politely inform the inspectors if you are busy with a patient or their family. ✓

… make sure you are bare below the elbows, and wearing your uniform correctly. ✓

… follow standard infection prevention practice at all times. ✓

… find a private area to speak to the inspectors to maintain confidentiality. ✓

… ask if a colleague can be with you if you’re anxious. ✓

… ask the inspectors to clarify if you’re not sure you’ve understood the question. ✓

… answer all questions openly and honestly. ✓

… showcase all the excellent work your department is doing: be proud and positive. ✓

… try to find someone who knows the answer to a question if you don’t. ✓

… remember the inspectors may view patients’ notes in the department. ✓

… assist the inspectors to view electronic systems by logging on, and staying with them. ✓

… keep your area clean and tidy, and report spillages or maintenance issues promptly. ✓

… make sure fire exits are clear, and that fire doors not propped open. ✓

… keep drug cupboards and fridges are locked, and patients’ notes stored securely. ✓

… make sure you look, speak, and behave professionally with patients and colleagues. ✓

… ensure the care you are giving would pass the “Mum” test at all times. ✓

**Don’t …**

… refuse to allow the inspectors access to the department. ✗

… ignore patients’ call bells just because you are speaking to the inspector. ✗

… leave telephones ringing for long periods. ✗

… answer a question if you didn’t hear it properly, or if you’re unsure of the answer. ✗

… leave an inspector viewing an electronic system under your log-in unaccompanied. ✗

… use your personal mobile phone unless you are on your break. ✗
**Will we get feedback on the day?**

No, unfortunately you won’t get feedback on the day. However, in the unlikely event that the inspectors have serious concerns, these will be reported to the Chief Nurse or Interim Medical Director as appropriate, to be actioned accordingly.

**How soon will we find how we have been rated?**

The Trust directors will have a summary of findings from the CQC at the end of the inspection, and this will be reported back to staff. It will be several weeks before the Trust receives the final report and ratings from the CQC.

**If we get a bad report what will happen to us?**

The CQC are assessing to see if the services we provide are safe, effective, responsive, caring and well-led. If they identify deficits, then actions to address these will be drawn up and incorporated into our existing quality improvement framework. All staff will have a role in implementing and sustaining these improvements.

In the unlikely event that the CQC inspectors witness unacceptable professional standards by an individual practitioner, then their findings will be reviewed and appropriate action may be taken in relation to individual staff members’ professional accountability.

**When will ward standardisation be done to ensure we are compliant?**

This programme of work is on-going but is not expected to be completed by the time of the CQC’s visit. However, completion of the WOW does not ensure in itself that you will be compliant: the environment is only one of many aspects to the inspection.

It is important for staff to understand how their actions and behaviours will all contribute to the assessment process particularly in relation to the “caring” domain. Staff must ensure that they behave and communicate professionally at all times.

**Is there a corporate communication?**

There will be a number of corporate communications as the time for the inspection draws closer. This is in addition to local department or divisional information that will be provided to staff. Toolkits for staff and managers are available on the intranet, along with a video that has been made of the findings from the walkabout inspections. Please visit the intranet site: [http://nww.pat.nhs.uk/corporate-departments/Governance/chief-inspector-of-hospitals.htm](http://nww.pat.nhs.uk/corporate-departments/Governance/chief-inspector-of-hospitals.htm)