

Getting Ready for your Initial Visit as a Registered Manager and your Official Inspection to gain your Rating

Contents

Inspection Visit	Page 2
What the Inspector will likely ask	Page 2
CQC Video to share with your team and clients	Page 5
Interviewing your Staff and Colleagues	Page 5
Gathering information in other ways	Page 6
How to help Support Workers be Inspection Ready	Page 6
Provider Information Request	Page 7
CQC Checklist	Page 8
When CQC Inspects Independent Healthcare Services	Page 10
How the CQC Manage Relationships with you	Page 12

Inspection Visit

Usually around 10 weeks following your initial application

The inspector will want to check every client under your care, who has support workers and a care plan in place.

The Registered Manager interview normally takes around 1 - 1 ½ hours.

They will come to your home office (not every Case Manager has official office premises). Due to current Covid-19 circumstances they may carry out the interview over the telephone.

The Inspector may request information in advance of their visit, to look at:

- Records of complaints
- Serious untoward incidents
- Details of staff and training
- Policies you have in place

What the Inspector will likely ask you as part of your Registered Manager Interview

Experience and Qualifications

Your experience, knowledge and background.

They will want to know what qualifications and skills you have. If you haven't got a management qualification, they will ask if you would be willing to attend a training course.

The Service you provide

They will ask about the service you provide. They will be keen to see that you are passionate about your service and the quality of support your team provides.

You should expand on what you as a team do brilliantly, what outcomes you have achieved for your clients and what support and care your team provides. Emphasise the amazing work your support workers do and what extra miles they have gone to achieve a caring, person-centred approach for your clients.

Principals of Care

It would be good practice to mention highlight how you have:

- Promoted choice
- Provided dignity
- Encouraged respect
- Complied with Data Protection

Link each of these areas back to your organisation and how you evidence this.

CQC Notifications

You will need to have familiarised yourself with current CQC Statutory Notification guidance, which includes notifications for:

- Death notification
- Manager being away more than 28 days
- Serious injury
- DoLS Deprivation of Liberties - Provision of Liberties (new name)

Ensuring Quality Care - How do you ensure quality care?

An opportunity to really expand and tell the Inspector about the great work your organisation is providing. Make sure you can evidence continuous quality improvement, to show them that your clients are getting the very best care in line with up to date guidance, legislation and best practice.

Staffing and Recruitment

What is your staffing and recruitment process?

How are you recruiting the right people to provide the care?

What values your organisation hold dear to them and how they have been communicated to your team.

What Quality Monitoring Systems do you have in place?

- Talk about the care plan
- Health and safety audit
- Infection control audit
- Medicines management audits
- Recruitment and Selection audit
- Training Audit
- Recording of MDT notes
- Clinical governance meetings
- Lessons learned
- Talk about anything you have put in place to ensure the care that is being provided is of a high quality.

Information Governance

- How do you protect information both electronically and paper based
- Talk about the GDPR and confidentiality
- Talk about the none sharing of passwords with staff members
- All paper-based records are locked away and secure from theft or damage
- Making sure the computer is locked before leaving the office
- Relate it to the different policies e.g. social media policy

Deprivation of Liberties (DoLS) – Liberty Protection Safeguards (LPS). The new Liberty Protection Safeguards are due to come into force in October 2020 via the Mental Capacity (Amendment) Act 2019. The LPS will replace the Deprivation of Liberty Safeguards (DoLS) as the system to lawfully deprive somebody of their liberty.

- How do you manage effective safeguarding processes?
- How do you manage abuse or allegations of abuse within your organisation?
- What reporting/escalation processes do you follow to alert the local authority?
- How have your team been trained on this area?
- Explain that your care plans are patient centred.
- If a client lacks capacity, how do you make sure the person has a say in their individual care? Are best interest decisions taken? Do you take advantage of using Independent Mental Capacity Advocates [IMCAs](#)?

Client Feedback

The Inspector will want to see up to date information, feedback gathered from clients and staff in the last year on how the service is meeting their needs/outcomes and on how it could be improved.

Explain how you gather this information, either by a regular feedback form, an online survey, family/carer/client meetings etc.

They want to hear about any new opportunities and different approaches you've taken, or are hoping to take with community stakeholders, what you've achieved, what's worked well and not so well.

Inform your whole team and your clients of the CQC Inspection with this video

When the CQC Inspector is due to visit your home office, they will likely want to speak to some of your team members, support workers and clients and ask them questions.

This is a great video for them to watch beforehand – we suggest you ask everyone to watch it and answer any questions they may ask.

<https://www.youtube.com/watch?v=oxCXNURV3DM>

The lead inspectors' names are now different.



Interviewing your Staff and Colleagues

The inspector will want to interview staff at all levels. They will usually interview the following people or their equivalents:

- Director of the company
- Clinical Director, Operations Director
- Person who deals with complaints
- Person who deals with human resources
- Person who deals with training of support workers

Where appropriate, the inspector may wish to gather feedback from other members of staff/colleagues, which may include:

- Employed and Associate Case Managers
- Allied Health Professionals – Neuropsychologist, Occupational Therapist, Physiotherapist, Speech and Language Therapist – in relation to the client(s)
- Architect working on the client's new home
- Administrative and support staff

They may also seek the views of staff/colleagues through an online survey or email.

Gathering information in other ways

The CQC may also gather information by:

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

They will expect a certain amount of knowledge and awareness about the CQC inspection process from your:

- Employed and Associate Case Managers
- Support Workers / Care Workers
- Case Manager Assistants
- Administration team

This will include how they can demonstrate that the organisation is: Safe, Caring, Responsive, Effective and Well Led.

How to help your Support Workers be ready for the CQC Inspection

Make sure your Support Workers receive their Staff Handbook during the induction/onboarding and training period.

Arrange as part of their supervision sessions to discuss a policy from the Staff Handbook, make sure the Support Worker understand the policy. Ask them questions, especially those around safeguarding and medicines management.

Go through each of the policies in the Staff Handbook as part of their supervision sessions, and if appropriate as part of team meetings to keep their knowledge current and up to date.

Encourage questions, feedback and suggested changes.

Put their minds at rest and make sure they're ready to be asked questions by the CQC Inspector.

Discuss the 5 Key Questions with the team, how is their practice Safe, Caring, Responsive, Effective and Well Led.

Provider Information Request from the CQC before your official Inspection takes place to gain your Rating

Before a comprehensive inspection the CQC will ask you to provide information to help the CQC to plan the inspection and to understand more about the care and the service(s) you provide.

The CQC will request:

- information about your staff, training records etc.
- details of significant events and serious incidents
- how you ensure that your service is safe, effective, caring, responsive, and well-led
- information on complaints
- policies, procedures and other documentation

This list is not exhaustive as the information they request will be relevant to the type of service(s) you provide.

You have three weeks in which to complete and submit the provider information request. The CQC will tell you how to submit the information, when to send it by, and who to contact if you have any questions.

The CQC may also need to ask you for some additional specific information. For example, they may need extra information to clarify queries during an inspection. They will keep track of these extra requests to minimise duplication and to make sure that they only request information that they need, which is not available elsewhere.

As other national data collections develop, the CQC will update their own systems so that if they can access specific information from another source, they will not request the same information directly from yourself.

To monitor services between inspections, the CQC plan to move to a more routine information request from providers, which they will include in CQC Insight. They will work with providers like yourself to develop an online system to collect this information.

CQC Checklist

Make sure you have all these areas in place and revisit them regularly.

Policies and Process Documents

- How often do you review and update your policies?
- Are all processes correct and up to date e.g. dealing with new enquiries flowchart, your recruitment and selection process flowchart?
- Are all staff up to date on their training?
- How is this monitored?
- Do you get feedback on the training courses from staff after completion?
- Business continuity planning – when did you last update this document?

Human Resources

- Are HR folders up to date for employed staff? (Do they have everything in place, right to work in the UK, DBS check, colour photographic identification, mandatory training).
- If using a specialist recruitment agency for Support Workers, again are all these checks and balances in place?
- Do all staff have up-to-date mandatory training records?
- How do you encourage new learning opportunities?

Complaints and Significant Events

- Gather together your evidence that complaints and significant events are documented, monitored for themes and trends, effectively and promptly discussed and escalated and action plans have been put in place.
- Carry out a review of all complaints and significant events that have happened in the year to identify common themes and learning points. These should be used to facilitate quality improvement.

Clinical Meetings

- Look at the minutes of your clinical and MDT meetings. Minutes should be promptly typed, clearly archived, easy to read with limited abbreviations and job titles for all attendees should be recorded.
- The CQC will want to see evidence of MDT notes. These provide valuable insight in how you support, inform and value your team and clients.
- Have 'lessons learned' as an agenda item on your meeting notes.

Clinical Audit

The CQC will want to see evidence of two full audit cycles of your policies, your procedures, care plans, staff handbook etc.

To ensure that these are kept on track we devised a calendar to put on your office wall.

AUDIT TIMETABLE - Twice Yearly Reviews											
JAN	FEB	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
Policies											
	GDPR Data Protection										
		Care Plans									
			Recruitment Procedure								
				Training Procedure							
					Staff Handbook						
						Business Continuity Plan					
							Policies				
								GDPR Data Protection			
									Care Plans		
										Recruitment Procedure	
											Training Procedure

Premises (if you have Case Management Premises)

- Are your risk assessments up to date at your office premises, in relation to health and safety, fire risks, evacuation points etc.
- Infection control – if you have premises, are rooms clean and tidy.
- Is your room(s) secure, is there any patient identifiable information in plain sight when leaving your room?

When the CQC will Inspect Independent Healthcare Services

Some of the information on this page taken from the CQC website..

The CQC will prioritise inspections of the following independent healthcare services:

- Services that they have not previously inspected but now have the powers to rate
- Services that they have inspected but not yet rated
- Services that pose a higher risk
- Newly registered providers

If you are registering with CQC as a new provider, the CQC will normally aim to inspect within 6-12 months of registration. For services that are rated, you will receive your initial rating at this inspection. The CQC will use your initial rating to determine when next to inspect your service.

For all subsequent inspections, the maximum intervals for re-inspecting depend on your rating as follows:

Previous Overall Rating	Maximum Interval Between Inspection
Inadequate	Normally within 12 months of publishing the last comprehensive inspection report
Requires improvement	Normally within two years of publishing the last comprehensive inspection report
Good	Normally within three and a half years of publishing the last comprehensive inspection report
Outstanding	Normally within five years of publishing the last comprehensive inspection report

These are maximum inspection intervals therefore, we may inspect more frequently, particularly if there is a risk.

This flexible approach reflects CQC's commitment to deliver an intelligence-driven approach to regulation.

Notice periods

To enable the CQC to observe normal practice in a service, they will introduce more unannounced inspections as part of our comprehensive inspection methodology for independent healthcare services. Because they request information from providers beforehand, they will carry out the inspection within three months of the provider submitting its provider information request. However, they will not announce the day on which they intend to inspect.

For practical reasons, the CQC may need to give a short notice period of an inspection to some providers. This will usually be 48 hours' notice.

CQC's lead inspector may decide to carry out a short notice inspection for any of the following reasons:

- where an unannounced inspection is likely to have a detrimental impact on the people who use the service and the quality of care they could receive
- where the availability of the service is variable and it opens on different days or times of the week
- where the service is dispersed and delivered across a large geographical area.

The inspection teams will continue to ensure that in all instances the impact on the staff delivering the service, as well as the people using them, is kept to a minimum.

How the CQC Manage Relationships with Independent Healthcare Services

Some of the information on this page taken from the CQC website.

Our relationship with you will contribute to our monitoring activity.

The CQC will allocate a relationship holder to every provider (Case Manager/Company) to develop a consistent understanding of your organisation and strengthen their relationship with you.

Your CQC relationship holder will either be an Inspector, Inspection Manager or Head of Hospital Inspection. We will try to keep the same person as far as possible. They should be your first point of contact with CQC.

You can contact your relationship holder if you have any queries about your registration or if you need to tell the CQC about any significant changes to your services (for example, change in Registered Manager contact details).

Your relationship holder may contact you for a number of reasons. For example, if their monitoring of your service suggests a significant improvement or deterioration in the quality of care, your relationship holder may ask you to explain the reasons behind this.

Relationship Meetings

You and your relationship holder will maintain contact through relationship management meetings. They will hold these meetings at least annually at provider and location level, either in person or by telephone. For larger organisations they will likely want to meet more frequently.

Before a relationship management meeting, your relationship holder will review information they hold about your service, including from CQC Insight where available. If it suggests an improvement or deterioration in the quality of care for a service, they may ask you for further information, or to explain the reasons for this during the meeting.

If a provider has any significant concerns about quality, the CQC will expect you to raise them with your relationship holder, either as part of regular contact or at any time where a concern arises, and to tell them about the action you are taking to address them. If the provider has commissioned any external reviews, you should also disclose these to the CQC as a matter of course.