

How CQC regulates:

Community adult social care services



Provider handbook

April 2016

The Care Quality Commission is the independent regulator of health and adult social care in England

Our purpose

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

Our role

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values

Excellence – being a high-performing organisation

Caring – treating everyone with dignity and respect

Integrity – doing the right thing

Teamwork – learning from each other to be the best we can

Updates made to March 2015 version of this handbook

- Updated information about the frequency of comprehensive inspections (p21).
- Special measures section explaining how a service may go into special measures following re-inspection (p22).
- Hyperlinks changed to updated webpages and guidance for safeguarding (p30) and displaying ratings (p37).
- Clarifying that feedback at the end of an inspection will be 'verbal and written' (p30).
- Deletion of section 'Carrying out a focused inspection without visiting the premises' (p32).
- Standardised wording for ratings review requests in line with other sector provider handbooks (p40).

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Foreword

Dear colleague

Thank you for taking the time to read this handbook, setting out how the Care Quality Commission regulates community services in adult social care.

More than a year's work of careful preparation and discussion informed the development of our new approach. We started with the framework that CQC applies to all health and care services:

- **The five key questions** – is a service safe, effective, caring, responsive to people's needs and well-led?
- **The ratings** – to judge whether a service is outstanding, good, requires improvement, or is inadequate.

But the detail of our methodology (including the key lines of enquiry, the evidence we will consider and the ratings characteristics) was developed in collaboration with people who use services, carers, providers, commissioners, national partners and our staff. The external and internal co-production groups as well as the round table discussions and workshops, the outcome of consultation and two phases of testing all helped to shape the final design of the approach set out in this handbook.

I hope that you will be able to use the handbook to understand how we will regulate and inspect your services, what we are looking for, the standards we expect to see and what action we may take if necessary. We want to make sure that people using your service receive care that is safe, effective, high-quality and compassionate. Our ambition is to encourage services to improve so that they can be rated as good or outstanding.

The judgement framework – the key lines of enquiry, the ratings characteristics and the ratings principles – will not change until we have rated all of the adult social care services we regulate. However, we have produced this updated version of the handbook to take account of the introduction of the new regulations and fundamental standards, which come in to effect on 1 April 2015. These changes include the introduction of the duty of candour and the fit and proper person requirement for directors.

At the heart of what we do are the people using services, their families and carers – asking the questions that matter to them, listening to their views, taking action to protect them when that is necessary and providing them with clear, reliable information. The detail in the handbook is all about making the Mum Test real – is this a service that we would be happy for someone we love and care for to use? If it is we should celebrate that; but if not, we will do something about it.

I hope you find the provider handbook helpful and I look forward to working with you to make sure services do indeed meet the Mum Test each and every time.

Best wishes

Andrea Sutcliffe
Chief Inspector of Adult Social Care

Introduction

This document describes our approach to regulating, inspecting and rating community adult social care services. By community adult care services we mean domiciliary care services, extra care housing, Shared Lives Schemes and supported living services.

In this approach, our inspectors use their professional judgement, supported by objective measures and evidence, to assess services against our five key questions.

Our approach includes our use of Intelligent Monitoring to decide when, where and what to inspect, methods for listening better to people's experiences of care, and using the best information across the system (see [section 4](#)).

We always ask the following five questions of services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

We rate services to highlight where care is outstanding, good, requires improvement or inadequate and to help people compare them.

Our approach was launched on 1 October 2014. This approach was developed over time and through testing and consultation with the public, people who use services, providers and organisations with an interest in our work. We will continue to learn and adapt how the approach is put into practice. However, the overall framework, including our five key questions, key lines of enquiry, characteristics of ratings and ratings principles will remain the same until we have rated every adult social care service at least once.

We have produced this refreshed and updated version of the handbook to add clarity and reflect some of the changes that have taken place to our methodology since the previous version was published in March 2015.

1. Our framework

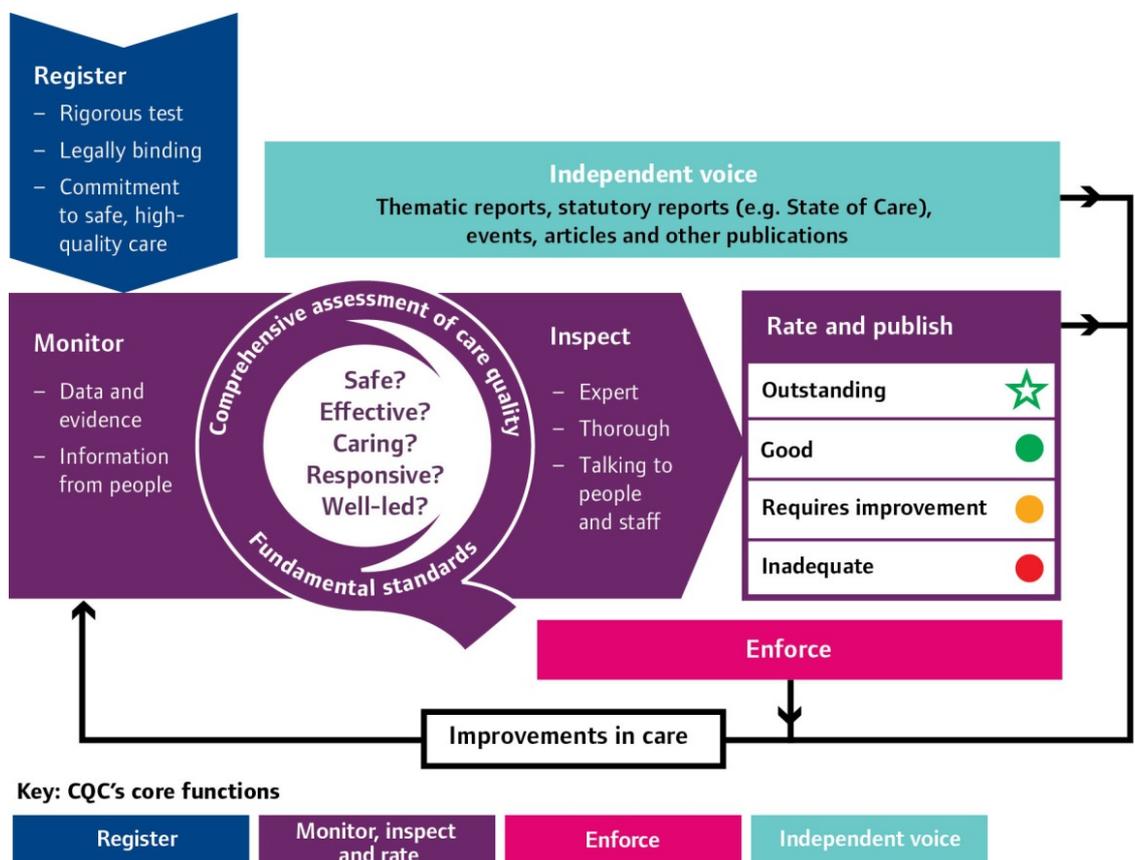
Although we inspect and regulate different services in different ways, there are some principles that guide our operating model across all our work.

Our operating model

The following diagram shows an overview of our overall operating model. It covers all the steps in the process, including:

- Registering those that apply to CQC to provide services (see [section 2](#) for more detail).
- Intelligent use of data, evidence and information to monitor services.
- Using feedback from people who use services and the public to inform our judgements about services.
- Inspections carried out by experts.
- Information for the public on our judgements about care quality, including a rating to help people choose services.
- The action we take to require improvements and, where necessary, the action we take to make sure those responsible for poor care are held accountable for it. Our enforcement policy sets out how we will do this.

Figure 1: CQC’s overall operating model



The five key questions we ask

To get to the heart of people's experiences of care, the focus of our inspections is on the quality and safety of services, based on the things that matter to people. We always ask the following five questions of services.

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

For all health and social care services, we have defined these five key questions as follows:

Safe	By safe, we mean that people are protected from abuse and avoidable harm.
Effective	By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is evidence-based where possible.
Caring	By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect.
Responsive	By responsive, we mean that services are organised so that they meet people's needs.
Well-led	By well-led we mean that the leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Key lines of enquiry

To direct the focus of the inspection, our inspection teams use a standard set of key lines of enquiry (KLOEs) that directly relate to the five key questions listed above.

Within the standard set of KLOEs we have identified a number of mandatory KLOES which inspectors must use on every comprehensive inspection. Having a set of mandatory KLOEs ensures consistency in what we look at under each of the five key questions and ensures we focus on those areas that matter most. This is vital for reaching a credible rating that allows comparison between similar services.

In addition to the mandatory KLOEs, inspectors may select any of the non-mandatory KLOEs. They make this selection by using their knowledge of the service, the information available to them before the inspection and their professional judgement. They will take into account areas of identified risk and

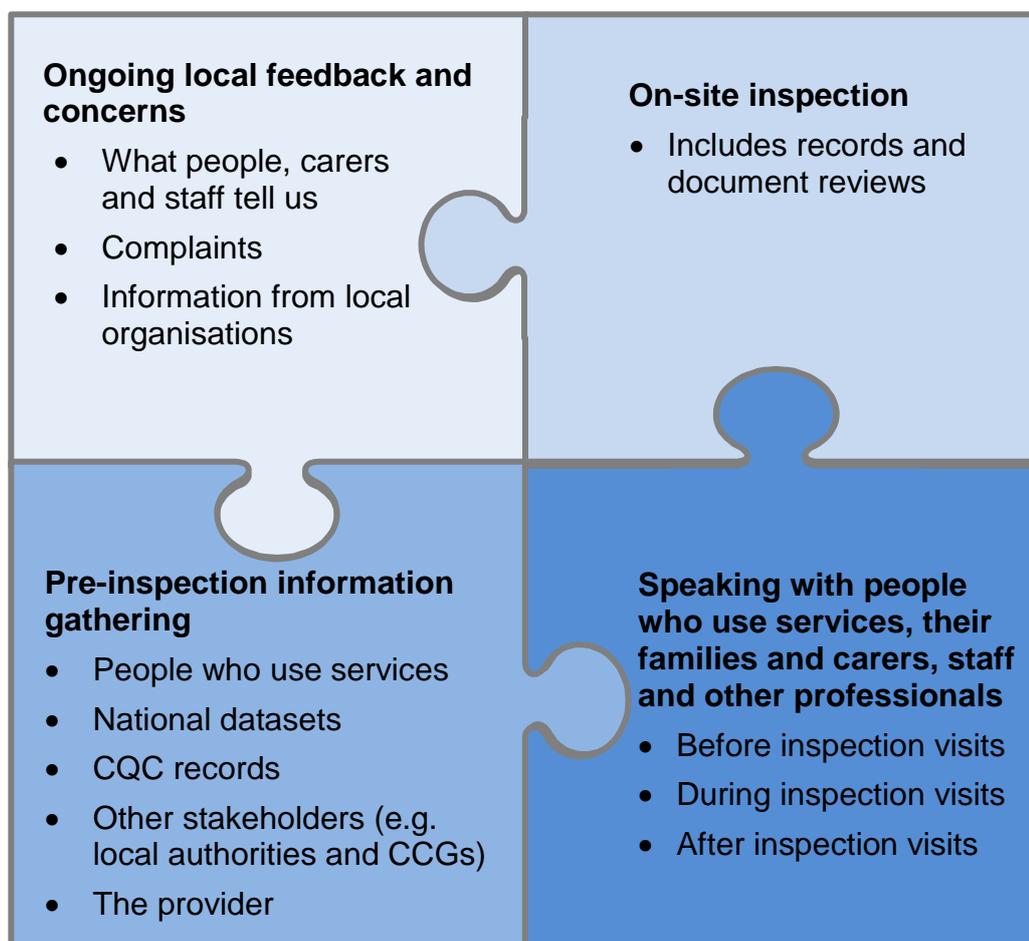
areas of good practice. If they come across an area of concern or of good practice during an inspection they may decide at that point to look at additional non-mandatory KLOEs. The KLOEs are set out in the separate document, [appendix A](#). The mandatory KLOEs are highlighted in yellow.

Each KLOE is accompanied by a number of questions that inspection teams may consider as part of the assessment. We call these prompts. The prompts are listed alongside each KLOE in [appendix A](#). They are not an exhaustive list and are not used as a checklist. Additionally we have listed potential sources of evidence for each KLOE to support inspectors in the inspection process.

Inspection teams use evidence from four main sources (see figure 2) in order to answer the KLOEs:

1. Information from Intelligent Monitoring, including information from people who use services and their families and carers.
2. Information from the ongoing relationship with the provider (including that provided in the Provider Information Return when available).
3. Information from the inspection visit itself (including reviews of records).
4. Information from speaking with people who use services, their families and carers, staff and other health and care professionals.

Figure 2: The four main sources of evidence



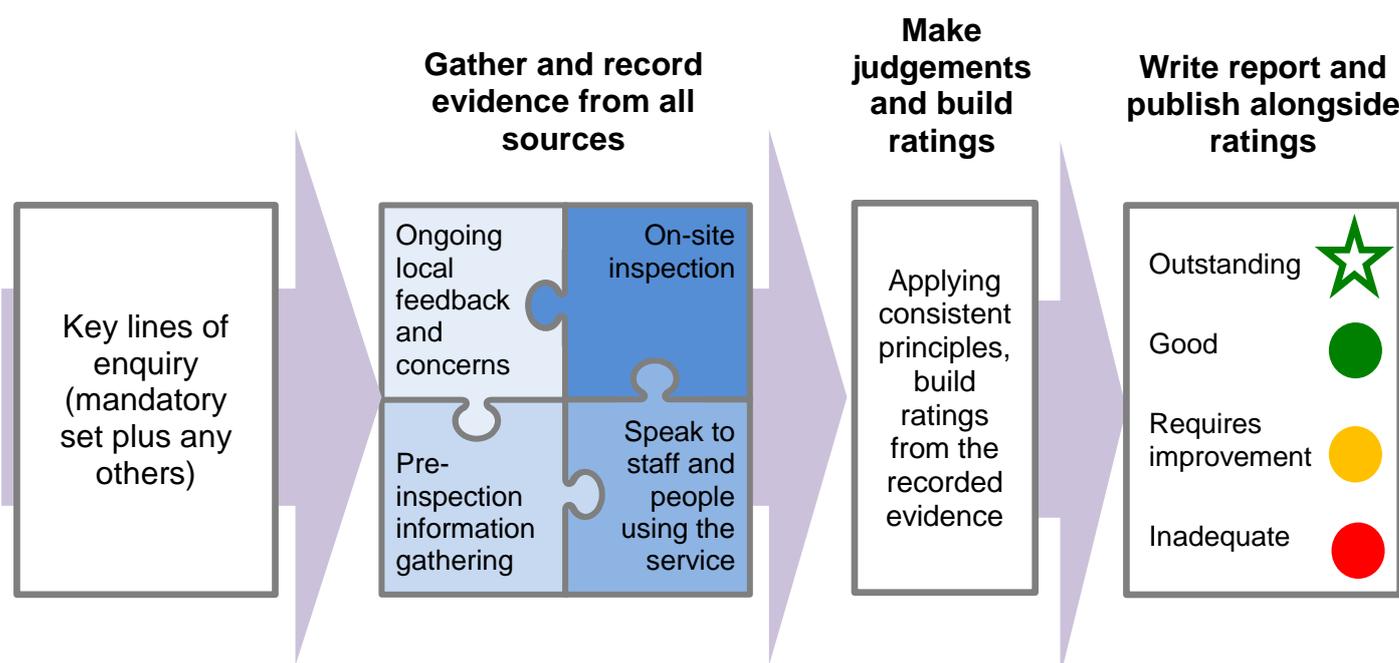
Ratings

Ratings are an important element of our approach to inspection and regulation.

As shown in figure 3 below, our ratings are based on a combination of what we find at inspection, what people tell us, our Intelligent Monitoring data and information from the service provider and other organisations.

We award ratings on a four-point scale: outstanding, good, requires improvement, or inadequate. Providers must display their ratings (see [section 10](#)).

Figure 3: How KLOEs and evidence build towards ratings



We have developed characteristics to describe what outstanding, good, requires improvement and inadequate care looks like in relation to each of the five key questions. These are in [appendix B](#).

These characteristics provide a framework which, together with professional judgement, guide our inspection teams when they award a rating. They are not an exhaustive list and are not used as a checklist. They are applied using the professional judgement of the inspection team taking into account best practice and recognised guidelines, with consistency assured through the quality control and assurance process. The starting point of the characteristics is the description of a good service. This is consistent with our approach of looking for good when we inspect services.

Not every characteristic has to be present for the corresponding rating to be given. This is particularly true at the extremes. For example, if the impact on the quality of care or on people's experience is significant, then displaying just one of the characteristics of inadequate could lead to a rating of inadequate. Even those rated as outstanding are likely to have areas where they could improve. In the same way, a service does not need to display every one of the characteristics of good in order to be rated as good.

Equality and human rights

One of CQC's principles is to promote equality, diversity and human rights. This is a means to an end and not an end in itself. The end is good quality care for all. Respecting diversity, promoting equality and ensuring human rights will help everyone using health and social care services to receive good quality care.

To put this into practice, we have developed a human rights approach to regulation. This looks at a set of human rights principles in relation to the five key questions we ask. These principles are: fairness, respect, equality, dignity, autonomy, right to life and rights for staff. We have developed definitions of these principles through public consultation and linked these to the Human Rights Act 1998 and the Equality Act 2010. People who use services have told us that these principles are very important to them.

Using a human rights approach that is based on rights that people hold, rather than what services should deliver, also helps us to look at care from the perspective of people who use services.

The positive application of human rights principles in community-based adult social care can have a great impact on people's lives. This is often the key to people being able to exercise a range of human rights in their daily lives. It is particularly important for community adult social care services to support people to exercise autonomy when the opportunity to do so falls within their contracted role and responsibility.

Our human rights approach is integrated into our approach to inspection and regulation as this is the best method to make sure equality and human rights are promoted in our work. We have integrated the human rights principles into our key lines of enquiry, ratings characteristics, Intelligent Monitoring, inspection methods, learning and development for inspection teams and into our policies around judgement making and enforcement.

You can also read our equality and human rights duties impact analysis on our website. It lays out, in more detail:

- What we know about equality and human rights for people using community based adult social care services.
- What we have done to date to put our human rights approach into practice.
- What we plan to do in the future – to ensure that we promote equality and human rights in our regulation of services.

Monitoring the use of the Mental Capacity Act 2005 including the Deprivation of Liberty Safeguards

The Mental Capacity Act 2005 is a crucial safeguard for the human rights of adults who might (or may be assumed to) lack mental capacity to make decisions, including whether or not to consent to proposed care or treatment interventions. The Mental Capacity Act (MCA) provides the essential framework for balancing autonomy and protection when staff are assessing whether people aged 16 and over have the mental capacity to make specific decisions at the time they need to be made. The MCA clearly applies where a service works with people who may have cognitive difficulties due to dementia, an acquired brain injury or a learning disability. But providers must also recognise that a person may lack mental capacity for a specific decision at the time it needs to be made because of a wide range of reasons which may be temporary. Providers must know how they should then proceed.

Any decision taken on behalf of a person lacking capacity must be made in their best interests and be the least restrictive option that can be identified to meet a specific need.

The importance of working within the empowering ethos of the wider MCA is reflected in our inspections. A specific KLOE about consent takes account of the requirements of the Mental Capacity Act and other relevant legislation.

During our inspections, we will assess how well providers are using the MCA to promote and protect the rights of people using their services.

In particular, we will look at how and when capacity is assessed, how mental capacity is maximised and, where people lack mental capacity for a specific decision, how that decision is made and recorded in compliance with the MCA.

We will look for evidence that restraint, if used to deliver necessary care or treatment, is in the best interests of someone lacking mental capacity is proportionate and complies with the MCA. If restraint is used, this must be minimised, recorded and, where required authorised by application to the Court of Protection.

Concerns, complaints and whistleblowing

Concerns raised by people using services, those close to them, and staff working in services provide vital information that helps us to understand the quality of care. We will gather this information in three main ways:

- Encouraging people who use services and staff to contact us directly through our website and phone line, and providing opportunities to share concerns with inspectors when they visit a service.
- Asking national and local partners (for example, the Ombudsman, the local authority and Healthwatch) to share with us concerns, complaints and whistleblowing information that they hold.
- Requesting information about concerns, complaints and whistleblowing from providers themselves.

We will also look at how providers handle concerns, complaints and whistleblowing in every comprehensive inspection. A service that is safe, responsive and well-led will treat every concern as an opportunity to improve, will encourage its staff to raise concerns without fear of reprisal, and will respond to complaints openly and honestly. The Parliamentary and Health Service Ombudsman, the Local Government Ombudsman and Healthwatch England have set out [standard expectations](#) for complaints handling, which are consistent with our assessment framework, and describe the good practice we will look for.

We will draw on different sources of evidence to understand how well providers encourage, listen to, respond to and learn from concerns. Evidence sources may include complaints and whistleblowing policies, indicators such as a complaints backlog and staff survey results, speaking with people who use services, carers, families and staff and reviewing case notes from investigations.

2. Registration

Before providers can begin to provide a regulated activity, they must apply to CQC for registration and satisfy us that they are meeting a number of registration requirements.

Registration assesses whether all new providers who may be organisations, individuals or partnerships, have the capability, capacity, resources and leadership skills to meet relevant legal requirements, and are therefore likely to demonstrate that they will provide people with safe, effective, caring, responsive and well-led care.

This assessment ensures that our registration inspectors gather and consider comprehensive information about proposed applicants and the services they intend to provide, including where providers are varying their existing registration, to make judgments about whether applicants are likely to meet the legal requirements of the regulations.

Judgements about, for example, the fitness and suitability of applicants, the skills, qualifications, experience and numbers of key individuals and other staff; the quality and likely effectiveness of key policies, systems and procedures; governance and decision-making arrangements; and the extent to which providers and managers understand them and use them in practice.

These judgements will not stifle innovation or discourage good providers of care services, but ensure that those most likely to provide poor quality services are discouraged and prevented from doing so.

3. How we work with others

Good ongoing relationships with stakeholders are vital to our inspection approach. These relationships allow CQC better access to qualitative as well as quantitative information about services, particularly local evidence about people's experience of care. Local relationships also provide opportunities to identify good practice and to work with others to raise standards.

Working with people who use services, families and carers

People's experiences of care are vital to our work; they help to inform when, where and what we inspect. We want people to tell us about their care at any time through our website, helpline and social media, and we are committed to engaging with the public to encourage people who use services, their carers and advocates to share their views and experiences with us.

We do this through raising awareness among the public, working with local Healthwatch, community, voluntary and other organisations, care professionals, providers, Experts by Experience and through public events and focus groups.

Working with providers

Our approach will identify, highlight and celebrate good practice and we want to inspire providers to strive to be outstanding and continuously improve the care they provide.

A CQC head of inspection, local inspection manager or inspector will be responsible for developing and maintaining relationships with registered persons at a local level. They will have primary responsibility for day-to-day communication, information exchange and management of our relationship with providers.

Our approach includes continuous monitoring of local data and intelligence and risk assessment. Where risks are identified our inspection staff will check what the provider is doing to address the risk.

Service providers also routinely gather and use information from people who use services, carers, other representatives and the public. We will make use of this information, including surveys of people who use services, visitors and staff as well as information about the number and types of complaints people make about their care and how these are handled.

Working with corporate providers

CQC defines any provider operating more than 20 locations as a 'corporate provider'. This can include smaller providers where necessary, based on individual circumstances.

Corporate providers operate services across all sectors but the majority provide adult social care services. A Deputy Chief Inspector from the Adult Social Care directorate has the lead responsibility for the CQC's strategy for working with corporate providers. The purpose is to maintain central oversight of the quality and risk profiles of corporate providers, so that we can identify risks and issues and provide timely, coordinated regulatory responses at national, regional and local levels. This includes our statutory duties in respect of Market Oversight, which came into force in April 2015. Through our relationship with corporate providers we also seek to improve our understanding of the picture of care provision across the whole country.

A relationship manager is allocated to each corporate provider. The relationship manager may be from our central Corporate Provider Team or from one of our operational regions. There are no set criteria for this: size, complexity and national interest are taken into account in deciding who should hold the relationship. Where appropriate, a relationship manager from the relevant sector (for example, mental health hospitals), will be allocated. The relationship manager will hold regular meetings with the provider to exchange information and discuss the organisation's performance. There is no set frequency for these meetings.

Market Oversight of 'difficult to replace' adult social care providers

In April 2015, CQC became responsible for a new function to oversee the financial sustainability of the most difficult to replace providers of adult social care. The aim of the new function is to give local authorities early warning of likely failure, so they can put in place plans to ensure people continue to receive care if a service needs to close because of business failure. Local authorities have a new duty from the Care Act to ensure people continue to receive care if care services need to close. This will reduce the anxiety that people who use services may feel if a service is closing, as they will know that their care needs will continue to be met.

A provider being in the scheme is not a sign that they are at risk of failure, only that they would be difficult to replace should they fail. Legislation defines which providers should be considered 'difficult to replace' due to their size, concentration within the market and/or if they provide specialist services. This includes residential and non-residential services.

To deliver the function, CQC will build on our understanding of the quality performance of corporate providers, as described above, by regularly assessing financial performance of those providers who are eligible for the scheme. Each provider in the scheme will have a named lead for financial matters in addition to the strategic and operational lead described in the section on 'Working with

corporate providers' section above. We will meet regularly with the provider to understand their quality and financial performance and what actions the provider is taking to address any risks identified.

Should we assess that business failure is likely and that services will close, we are legally required to inform affected local authorities so they can put in place plans to ensure continuity of care.

We have published [detailed guidance](#) for providers who are, or may be, subject to the scheme, so they can understand the requirements on them.

Working with local organisations and community groups

Our intention is to more actively involve local community groups and voluntary organisations in our work so they can share information and concerns about social care services. We also involve people who use services to help us to plan, monitor and evaluate our work and when we carry out our inspections.

One of the main groups we work with are local Healthwatch organisations. Local Healthwatch staff and volunteers work to make sure the voices and experiences of people who use services, carers, families and the public are heard. They also influence the planning, provision and improvement of health and social care services and represent people's views on the health and wellbeing boards set up by local authorities.

We will develop the two-way relationship our inspection staff have with local Healthwatch in every area, coordinating our programmes and giving them the opportunity to share their evidence about social care services, including their 'enter and view' reports when they have visited services themselves. We are also developing our relationships with other local groups who work with people using adult social care services. These include:

- Learning disability partnership boards
- Local learning disability groups
- Advocacy groups
- Older people and carers groups
- Groups for people living with dementia
- Volunteers and volunteer agencies who work in people's homes where personal care is provided.

Our local inspection teams will make contact with these groups to help plan inspections, using their knowledge of people's experiences of social care in the area.

We are also working with a number of national voluntary sector partners, and we have made a commitment to work with local equality groups in order to gather their views of care services.

We will consider all the information we gather from these sources, alongside the information we gather directly from people who use services, to help us to:

- Improve our approach to inspection
- Plan our inspections
- Inform our judgement about the quality of care and the ratings we give.

Working with partner organisations

Working with local authorities

We have organised our Adult Social Care Inspection Directorate in a way that reflects local authority boundaries, so that we can work effectively with every local authority on commissioning, information sharing and safeguarding. Our managers meet commissioners from local authorities to share information from contract monitoring visits, inspections and other sources. Our inspectors attend local safeguarding meetings related to regulated services and managers will attend local safeguarding boards on an annual basis to provide a CQC update as needed. We are also developing a portal that will allow the two-way sharing of information between local authorities and CQC.

We are continuing to develop our local relationships and our managers will liaise regularly with health and wellbeing boards and overview and scrutiny committees, based in local authorities. Health and wellbeing boards identify the current and future health and social care needs of local communities. Overview and scrutiny committees aim to maintain an overview of local care and health services or issues by collecting evidence and information about local care provision. Where necessary they scrutinise and challenge those who commission the care and make recommendations to achieve improvement. We will share information with them to inform commissioning and market shaping. We will also gather information from them about the picture of social care how well it works with health care providers and commissioners across an area.

Comprehensive and detailed guidance is available on our [website](#).

Working with clinical commissioning groups (CCGs)

Our adult social care staff have local relationships with CCGs who commission certain services for people in their communities. These include care in people's homes or other community settings. Our inspection managers will meet with CCG commissioners on a regular basis to share information. This is an opportunity for commissioners to tell us about the outcome of their contract monitoring visits and we can tell them about our inspections and other relevant information. The information sharing helps us both to keep up to date with developments and plan our inspections. We will also ask them for evidence to help us understand people's needs and experience of adult social care in an area, so that we can better understand the quality of care in individual services.

4. Intelligent Monitoring

Intelligent Monitoring is how we describe the processes we use to gather and analyse information about services. This information helps us to decide when, where and what to inspect. By gathering and using the right information, we can make better use of our resources by targeting activity where it is most needed.

We have always used the important information in statutory notifications in this way, alongside other information about safeguarding alerts and information provided by others such as people who use services, staff and the public. We are improving the quality of the quantitative data we collect across the sector. We have developed a more robust model which enables us to use our available information to check whether there is a risk that services do not provide either safe or quality care.

The Intelligent Monitoring tool is built on a set of indicators that relate to the five key questions we ask of all services – are they safe, effective, caring, responsive and well-led? The tool analyses a range of information including people’s experiences of care, staff experience and analysis of statutory returns to CQC (for example, notifications of serious incidents). The indicators raise questions about the quality and safety of care and provide supporting information, but they are not used on their own to make final judgements. These judgements will always be based on what we find at inspections, alongside Intelligent Monitoring data and information from the service provider.

We have developed an initial set of indicators that we will use for adult social care services. Our scoping work identified the sources of information set out in table 1 on the following page. We know there are limitations in the coverage of national datasets, but we will start by making best use of currently available information, and then determine how we will improve this over time. We will also carry out additional evaluation and engagement to determine the most useful indicators to inform our work.

Where our Intelligent Monitoring identifies risks we will follow these up as part of our inspection process.

Table 1: Example indicators for adult social care services

Outcome measures and safety events	Information from people using services and the public	Information from and about staff
<ul style="list-style-type: none"> • Notification outliers – death, serious injury and abuse. • Incidence of medication errors, missed calls, handling of accidents, incidents and emergencies. • Previous inspection judgements and enforcement actions. • Safeguarding alerts and concerns. 	<ul style="list-style-type: none"> • People’s experiences of care. • Local Healthwatch and other local groups. 	<ul style="list-style-type: none"> • Concerns raised by staff to CQC (whistleblowers). • Absence of, or frequent changes in, registered manager. • Staff to client ratio, qualifications and training of staff, turnover, vacancies (Skills for Care).

5. Inspection

Our inspections are at the heart of our regulatory model and are focused on the things that matter to people. Within our approach we have two types of inspection, both of which respond to risk (table 2).

Table 2: Inspection types

Type of inspection	Description
<p>Comprehensive (sections 6 and 7)</p>	<ul style="list-style-type: none"> • Reviews the provider in relation to the five key questions leading to a rating on each on a four-point scale. • At least every 24 months subject to available resources. • Risk-based decision about when to inspect.¹ • Frequencies will normally be:² <ul style="list-style-type: none"> - Services rated as ‘outstanding’: will normally have a comprehensive inspection within 24 months of the last comprehensive inspection report being published. - Services rated as ‘good’: will normally have a comprehensive inspection within 24 months of the last comprehensive inspection report being published. - Services rated as ‘requires improvement’: will normally have a comprehensive inspection within 12 months of the last comprehensive inspection report being published (but see ‘special measures’ on p22 below). - Services rated as ‘inadequate’: will normally have a comprehensive inspection within six months of the last comprehensive inspection report being published.
<p>Focused (section 8)</p>	<ul style="list-style-type: none"> • Follow up to a previous inspection, or to respond to a particular issue or concern. • May not look at all five key questions. • Team size and composition depends on the focus of the inspection.

¹ Our risk-based decisions will take into account the vulnerability of some people’s circumstances, the lack of any other oversight in some instances (for example, people who are self-funding their care) and the lack of robust data about the sector.

² Subject to available resources.

Planning and scheduling of inspections will be in accordance with our assessment of risk at each location. The above timescales are maximum time periods. We undertake a comprehensive inspection in response to concerns where that is needed. We will normally undertake a number of random inspections (10%) of “good” and “outstanding” services which we will bring forward within these timescales each year.

Special measures

Where a service is rated as ‘inadequate’ in any key question, but is rated as ‘requires improvement’ overall, the service will be re-inspected within six months rather than 12 months. If the service is rated as inadequate in any key question after the re-inspection the service will go into our special measures framework. Please see, ‘Responding to inadequate care’ on pbelow for more information about the special measures framework.

How we inspect

Our inspections of domiciliary care agencies and Shared Lives schemes will usually be announced 48 hours in advance. This is so we can be sure the manager or a senior person in charge is available on the day we plan to visit. We may also give 48 hours’ notice to supported living schemes and extra care housing, but this will vary depending on the way the service is organised – in particular, in relation to the location of the registered manager and people using the service.

Other inspections

We will also undertake a number of random inspections of good and outstanding services each year that are not due an inspection in accordance with the timescales above.

We will also undertake other inspection and regulation activities that are not covered in this handbook, such as thematic and combined inspections.

Combined inspections

We have developed a tailored approach to inspection for different types of health and social care services.

We recognise that some providers have a wide range of services that sit in more than one of our inspection approaches. Where such arrangements exist and the range of services are either provided from one location or to a local population, we want to assess how well quality is managed across the range of services and give ratings for the provider or the location that reflect this. Therefore, when we inspect we will use our different approaches in combination to reflect the range of services that are provided (we call this a ‘combined’ inspection).

Our overall aims in these circumstances are to:

- Deliver a comparable assessment of the five questions for each type of service, whether it is inspected on its own or as part of a combined provider.
- At provider or location level, assess how well quality and risks are managed across the range of services provided.
- Generate ratings and publish reports in a way that is meaningful to the public and people who use services, the provider and our partners.
- Be proportionate and flexible to reflect the way the services are provided and consider any benefits derived from service integration.
- Use appropriate inspection methods and an inspection team with the relevant expertise to assess the services provided.
- Wherever possible, align steps throughout the inspection process in order to minimise the burden on providers.

Between comprehensive inspections we will undertake focused inspections as necessary. These may only look at some of the services or aspects of a service. The relationship holder for a provider will have oversight of this and consider any implications for our understanding of the provider's performance more broadly.

6. Planning the inspection

To make the most of the time that we are on site for an inspection, we must make sure we have the right information to help us focus on what matters most to people. This influences what we look at, who we will talk to and how we will shape our inspection team. The information we gather during this time is also used as evidence when we make our ratings judgements.

As described in sections [3](#) and [4](#) above, we analyse information from a range of sources including information from people who use services, information from other stakeholders, and information sent to us by providers.

We collate our analysis into an ‘information pack’ for use by the inspection team. Our inspectors will use this information along with their knowledge of the service and their professional judgement to plan the inspection. Inspectors use information that is available at that time to support their planning: there is no requirement that every source of information outlined here is required for every inspection.

Gathering information from people who use services, the public, staff who work in the service and other stakeholders

Before the inspection site visit we gather a range of information. This includes:

- Comments/feedback we have received since the last inspection from people who use services, their relatives and carers and members of the public. These may be from phone calls, letters and emails or through the ‘share your experience’ page on our website. They include information about compliments, complaints and concerns.
- We consider all information from staff who raise concerns, and offer to speak to any current or former staff we know of, either before or during the inspection.
- Information from Healthwatch, overview and scrutiny committees and health and wellbeing boards – from our local liaison.
- Information from local voluntary and community groups, including equality groups.
- Safeguarding alerts.
- Feedback from questionnaires we have sent to people who use services, their family and carers, and staff.
- Comments and feedback from stakeholders involved in the care of people who use the service, such as commissioners of services, local authority teams and health professionals.
- Comments, feedback and information from other agencies.

Gathering information from the provider

To prepare for an inspection we analyse information from a range of sources, including the provider themselves. This includes:

- The Provider Information Return
- Statutory notifications
- Registration applications
- Action plans and updates provided after requirements have been made
- Any other information received.

Provider Information Return (PIR)

We use a Provider Information Return (PIR) to provide us with more information about a service. PIRs are electronic forms that providers complete and submit online. We are planning to move towards an improved PIR that will allow providers to bring them up to date at any time, to help guide our activity.

The PIR asks providers to give us information for each of the five key questions. The sections ask about what providers do to ensure that the service is safe, effective, caring, responsive, and well-led; any improvements they have identified that are needed and how they plan to make those improvements.

The PIR helps us to understand the provider's perspective and, when necessary, challenge it constructively. This will allow us to assess how providers view themselves in terms of quality against the five key questions and to understand how their improvement plans reflect this, ahead of an inspection. Providers are asked to confirm that the information they submit is complete and accurate.

Some sections ask for additional information, mostly linked to about the key questions. This includes:

- Information about the people using services – for example data about admissions, deaths, drugs and medicines, nutrition and hydration, who commissions their care, other services and professionals involved in their care.
- Information about staff – for example arrangements for their supervision and training.
- Information about the service – for example the registered manager, involvement in initiatives or any awards for the quality of care and support provided, and application of Mental Capacity Act 2005 policies and procedures.

There is guidance to help providers complete the form, and explain what information we are looking for.

Following our initial request, we may ask providers to submit additional information, particularly if the initial submission highlights areas that need to be clarified before the inspection visit.

We expect providers to be open and honest with us, sharing all appropriate information. A lack of openness and transparency will be taken into account when we assess the well-led question.

When we receive the PIRs, we use statistical tools and the expertise of our Intelligent Monitoring staff to prepare information packs for inspectors to help them plan their inspections.

Where we do not have a PIR available, inspectors can gather equivalent information during the inspection itself to inform our judgements.

We require providers to send us the PIR information under Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. If we have requested a PIR but do not receive the information we will not normally award better than 'requires improvement' for the well-led question. This is because a good provider should have the information readily available through their own internal monitoring and quality assurance information.

We will not normally take enforcement action in these circumstances, but rely on the published ratings to encourage providers to submit PIRs in the future.

Planning the focus of the inspection

All the pre-inspection information and intelligence informs our inspectors of areas of increased risk and/or where good practice has been identified. They draw on this information to focus their planning which includes:

- Considering how to best engage with people who use the service, their relatives, carers and friends to get a range of views and experiences about the services.
- Deciding on the areas of focus, and identifying any non-mandatory KLOEs for inclusion in the inspection as necessary.
- Identifying and briefing members of the inspection team based on the specific skills, knowledge and experience needed and the size and complexity of the service.
- Ensuring we follow up any outstanding improvement action such as Requirement Notices and Warning Notices, and any improvement plans for providers in special measures.
- Making an outline plan for the site visit.

The inspection team

In many cases, a single inspector and an Expert by Experience will be sufficient for most of our inspections in adult social care. However, to gather sufficient and robust evidence to support a judgement on whether a service is safe, responsive, caring, effective and well-led, there will be certain circumstances or situations where a planned inspection would be strengthened by any or all of the following:

- A larger inspection team
- Having members with specific skills
- More time being spent in the service and/or talking to people who use the service.

Our Experts by Experience are at the heart of our regulatory model and are part of our inspection team, focusing on the things that matter most to people. Our Experts by Experience are people who have had a personal experience of care, either because they use (or have used) services themselves or because they care (or have cared) for someone using services. We work with Experts by Experience on the majority of our inspections.

Experts by Experience provide will provide feedback on what they have found during an inspection, either in person or through the inspector if they are not present at the end of the site visit. They help our inspectors to make their judgements.

As well as Experts by Experience, the team may also include additional inspectors or specialists with specific skills, for example, dementia specialists or interpreters. Factors taken into account when making decisions about who is part of the team will include the size or complexity of a service, increased levels of risk or services where enforcement action is already being taken or is possible. In larger and/or complex services we may also need to spend more time at the service and/or talking to people who use the service.

7. Site visits

A visit to the service office is a key part of our inspection process. This gives us the opportunity to speak with management and staff and to examine records. Either just before, during or after the office visit we may telephone people or speak with them in their own homes with prior agreement. If an Expert by Experience is part of the inspection team they will also speak to people on the phone to find out about their experiences. If we visit people in their own homes we may have the opportunity to observe care being provided (not intimate personal care) and to review the records that are kept in the person's home to see how these are managed.

The start of the visit

At the start of the visit to the office, the inspector will explain to the senior person on duty (this could be the registered person, nominated individual or senior person in charge):

- The five key question areas
- Whether any additional key lines of enquiry will be inspected
- Whether they are following up on any previous issues
- The proposed length of the inspection
- The roles of the inspection team members
- Who they plan to speak with
- Documents they want to review
- How they will feedback about what was found during the inspection.

Gathering evidence

The inspection team use the key lines of enquiry (KLOEs) and information available during the planning stage to structure their visit and focus on specific areas of concern or potential areas of outstanding practice. They collect evidence against the KLOEs using the methods described below.

Gathering information from people who use services

People who use services are at the centre of our inspection process. We ensure that we focus on what matters to them by:

- Using the key lines of enquiry which are focused on areas important to them.
- Referring to what people have told us about their care when we make judgements about the services they are using.

Before, during or after our visit we will gather the views of people who use services, their families and carers by:

- Inviting them to fill in a questionnaire.
- Speaking with them, either by telephone or by visiting them at home. Where there are communication barriers we will use interpreters, other specialists and care staff expertise.
- Speaking with the families and carers of people who use the service, either on the telephone or in the person's home, before, during or after the day we visit the service office.

Gathering information from staff

Before our inspection, we will invite staff to complete an online questionnaire. During the visit we will speak with the staff on duty. This might include:

- Registered manager or senior person in charge.
- Care and support staff.

We may also arrange to do this after the inspection visit if we are not able to see them on the day.

Other inspection methods/information gathering

Other ways of gathering evidence will include:

- Observing care (but not intimate personal care).
- Tracking individual care pathways.
- Talking to volunteers, community professionals and other people involved.
- Reviewing records.

Throughout our information gathering we will make notes about what we see, hear and read. We will inform the people we speak to that we are doing this and that we will use the information when we are making our judgement about a service.

In some situations where we have concerns we may also need to gather evidence under the provisions of the Police and Criminal Evidence Act 1984 (PACE). This may include seizing some forms of evidence, using photographs and taking copies of documents.

If we do this, we will explain to the senior person on duty what we are doing and why.

Continual evaluation

When there is a team carrying out the inspection, the lead inspector will continually review emerging findings. For example, if an Expert by Experience identifies concerns in a key question area during a telephone call to someone using the service. The review enables the team to identify what further evidence might be needed in relation to a line of enquiry and which relevant facts might

still be needed to corroborate a judgement or, where appropriate, a rating. Additional key lines of enquiry may be followed as a result of findings at this point.

When there is a single inspector they will take the time to review their inspection plan throughout the inspection, considering what further evidence they need in order to be able to make a robust judgement.

Safeguarding

If an inspector witnesses or discovers a safeguarding issue during an inspection they follow our safeguarding protocol and bring the matter to the attention of the manager or provider of the service. If the inspector believes that a person using the service may be at risk of abuse, or is experiencing abuse at that time, they will take immediate action to stop the abuse happening, if appropriate and safe to do so. When appropriate we can make referrals directly to the local authority. Our safeguarding protocol is available on our website [here](#).

Feedback on the visit

At the end of the inspection visit to the service office, the inspector will hold a feedback meeting with the registered manager, nominated individual, or other senior person in charge on the day of the inspection. Other members of the inspection team will also be present whenever possible. At this point in the inspection the inspector will only be able to give high level feedback which will not include what the rating for the service might be.

At this meeting the inspector will:

- Give a high level verbal and written summary of what has been found during the visit.
- Highlight any issues that have emerged.
- Identify any immediate actions the provider needs to take.
- Explain that this is preliminary feedback and we cannot make a judgement until we have considered all the evidence together. Say when the report can be expected, how any factual inaccuracies can be challenged and what the publishing arrangements are.
- Answer any questions from the registered manager, nominated individual and receive their feedback on the inspection process so far.
- Say what the next steps will be.

8. Focused inspections

There will be circumstances when we will carry out a focused inspection rather than a comprehensive inspection. Focused inspections may address specific breaches of the regulations or respond to specific concerns.

Focused inspections do not look at all five key questions; they focus on the areas indicated by the information that triggers the focused inspection.

We carry out a focused inspection when we are following up on areas of concern, including:

- Concerns that were originally identified during a comprehensive inspection and have resulted in enforcement action or requirements being made. The focused inspection is normally within three months of the date the provider said they would no longer be in breach of the relevant legal requirement, or soon after the date set out in a Warning Notice.
- New concerns that have been raised with us outside an inspection through other sources, such as information from Intelligent Monitoring, people who use services, members of the public, staff or other stakeholders.

The focused inspection process

Although they are smaller in scale, focused inspections broadly follow the same process as a comprehensive inspection but without a Provider Information Return.

The nature of the concerns and the risks involved will inform decisions about the scope of the inspection, when to visit, what evidence needs to be gathered, the size of the team and which specialist advisers to involve.

Focused inspections can change ratings at the key question level, and in certain circumstances can also change an overall location rating.

To change an overall location rating, the evidence must satisfy the relevant characteristics of ratings. This includes the requirement for a consistent track record for ratings of 'good', which will usually impact on the likelihood of achieving a rating of 'good' in the weeks and months immediately after a 'requires improvement' rating. In addition, if the focused inspection is carried out more than six months after the comprehensive inspection, the revised key question ratings will not usually lead to a change of the overall rating. This is because we will not be able to make judgements about all aspects of the service at a reasonably similar time, which we must be able to do to award an overall rating.

The same ratings principles apply as for a comprehensive inspection.

When a focused inspection identifies significant concerns, it may trigger a comprehensive inspection.

9. Judgements and ratings

Making judgements and ratings

Inspection teams base their judgements on all the available evidence, using their professional judgement. For each key question rating the judgement is made following a review of the evidence under key lines of enquiry (KLOEs), drawing from the evidence coming from the four sources of information: our ongoing relationship, ongoing local feedback and concerns, pre-inspection work and from the inspection visit itself. This link between KLOEs, the evidence gathered under them, and the rating judgements lie at the heart of our approach to ensuring consistent, authoritative judgements on the quality of care.

When making our judgements, we consider the weight of each piece of relevant evidence. 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 seek additional evidence or specialist advice in order to make a judgement.

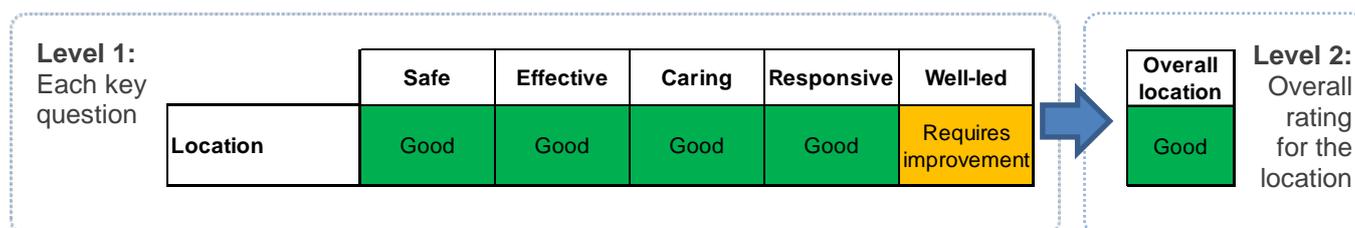
Ratings

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 'ratings principles'.

Figure 4: The levels at which services are rated



Not awarding a rating

Sometimes, we will have inspected but will not be able to award a rating. This could be because:

- The service is new or not fully operational, or
- We do not have enough evidence.

In these cases we will use the term 'inspected but not rated'.

How we decide on a rating

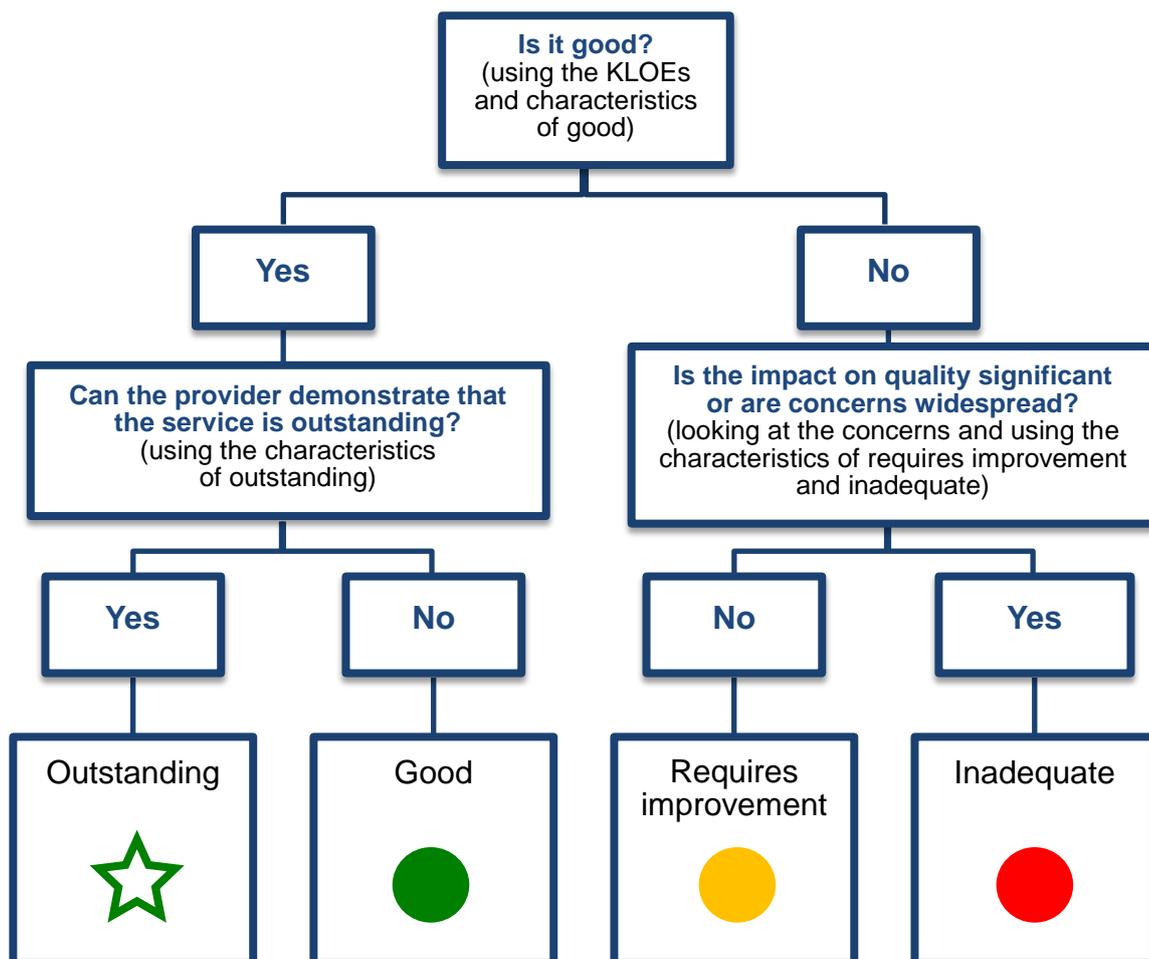
When awarding ratings for the five key questions, our inspection teams consider the evidence they have gathered for each of the KLOEs and use the guidance supplied to decide on a rating.

In deciding on a key question rating, the inspection team look to answer the following questions:

- Does the evidence demonstrate that we can rate the service as good?
- If yes – does it exceed the standard of good and could it be outstanding?
- If no – does it reflect the characteristics of requires improvement or inadequate?
- Where the rating is requires improvement or inadequate, we will consider whether any of the regulations are being breached.

The following flowchart (figure 5) shows how this works.

Figure 5: How we decide on a rating



Aggregating ratings

When aggregating ratings, our inspection teams follow a set of principles to ensure consistent decisions. Our principles are set out in [appendix C](#).

The principles will normally apply but will be balanced by inspectors using their professional judgement. Our ratings must be proportionate to all of the available evidence and the specific facts and circumstances.

Examples of when we may use professional judgement to depart from the principles include:

- Where the concerns identified have a very low impact on people who use services.
- Where we have confidence in the service to address concerns or where action has already been taken.
- Where a single concern has been identified in a small part of a very large and wide ranging service.

10. Reporting, quality control and action planning

Reporting

An inspection report is produced following each inspection. It is drafted in collaboration with members of the inspection team in a clear, accessible, format using plain English. 'Easy read' report summaries will be produced to meet the needs of the people using the service where appropriate. Our reports include our ratings judgements.

Our reports focus on what our findings about each of the five key questions mean for the people who use the service. We describe the good practice we find, as well as any concerns we have. In our reports we clearly set out any evidence about breaches of regulations along with the action that we tell the provider they need to take. In our reports we also identify where a provider could improve their service. We do this by making 'recommendations'.

Quality control

We have made a commitment to having strong internal quality control and assurance mechanisms, including national and regional panels that consider a sample of ratings judgements to check consistency.

Consistency is one of the core principles that underpins all our work. We have put in place an overall approach for CQC to embed validity and consistency in everything we do. The key elements of this are:

- A strong and agreed core purpose for CQC
- A clear statement of our role in achieving that purpose
- Consistent systems and processes to underpin all our work
- High-quality and consistent training for our staff
- Strong quality assurance processes
- Consistent quality control procedures.

We involve people who use services, their families and carers in our national assurance panels.

Following quality checks the draft report is sent to the provider for comment in relation to factual accuracy. The report is finalised following any necessary changes and sent to the provider. We also write to the provider with the overall summary of the report for them to share with each person using their service, their family and carers and the staff of the service.

Action planning

Where a provider is not meeting a legal requirement or struggles to do so consistently, but people using the service are not at immediate risk of harm, we may use our power to require a report 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.

We will follow this up by contacting the provider or visiting the service (see [section 8](#) on focused inspections).

Publication

We publish inspection reports and ratings on our website soon after completion of our quality assurance process.

Displaying ratings

From 1 April 2015, providers must clearly display their CQC ratings at each and every premises from which they provide a regulated activity, at their head office and on their website(s) if they have one. Ratings do not need to be physically displayed where providers are delivering care to someone in their own home, where that accommodation is not provided as part of their care or treatment. This is to make sure the public see the ratings, and they are accessible to all of the people who use their services.

Full details on what and how to display are included in the guidance document available [here](#). Providers must display their rating no later than 21 calendar days after it has been published on CQC's website.

We encourage providers to raise awareness of their most recent rating when they are communicating with people who use their services by letter, email or other means.

11. Enforcement and actions

Types of action and enforcement

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 and whether there are multiple and persistent breaches.

Where the concern is linked to a breach in regulations, we have a wide range of enforcement powers given to us by the Health and Social Care Act 2008. Our published enforcement policy and decision tree on our [website](#) describes our powers in detail and our general approach to using them.

We may recommend areas for improvement, even though a regulation has not been breached, to help a provider move to a higher rating.

We include in our report any concerns, areas for improvement or enforcement action taken and expect appropriate action to be taken by the provider and local partners.

We follow up any concerns or enforcement action. If the necessary changes and improvements are not made, we can escalate our response, gathering further information through a focused inspection. However, we always consider each case on its own merit and we do not rigidly apply the enforcement rules when another action may be more appropriate.

The (new) fundamental standards regulations

We have published [guidance](#) for existing registered providers and managers, and those applying for registration, to understand what they need to do to meet the regulations. These regulations include the fundamental standards below which the provision of regulated activities and the care people receive must never fall. The aim of the new regulations is to increase transparency about the quality of health and care services, encourage improvement and help people who use services to make choices about their care and to hold providers to account. In April 2015, three new regulations came into force: a statutory duty of candour (Regulation 20) a fit and proper person requirement for directors (Regulation 5), and a requirement to display their CQC rating (Regulation 20A). See [section 10](#) for further information on displaying your CQC rating.

New regulations: fit and proper person requirement and the duty of candour

Two new regulations – Regulation 5: Fit and proper persons: directors, and Regulation 20: Duty of candour – apply to all providers from April 2015.

The intention of Regulation 5 is to ensure that people who have director level responsibility for the quality and safety of care, and for meeting the fundamental standards, are fit and proper to carry out this important role. It applies to all

providers that are not individuals or partnerships. Organisations retain full responsibility for appointing directors and board members (or their equivalents). CQC may intervene where we have evidence that a provider has not met the requirement to appoint and have in place fit and proper directors, using the full range of our enforcement powers.

The intention of Regulation 20 is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, and providing truthful information and an apology. This statutory duty on organisations supplements the existing professional duty of candour on individuals.

Information on how we look at these regulations at registration and on inspection is contained [here](#).

Responding to inadequate care

We want to ensure that services found to be providing inadequate care do not continue to do so. Therefore we have introduced special measures.

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.

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

Services awarded an inadequate rating for any key question will be re-inspected within six months. If there remains an inadequate rating after six months, in any key question the service will be go into 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, further action will be taken 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.

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. And 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.

Challenging the evidence and ratings

We want to ensure that providers can raise legitimate concerns about the evidence we have used and the way we apply our ratings process, and have a fair and open way for resolving them.

The following routes are open to providers to challenge our judgements.

Before publication of the report

Factual accuracy check

When providers receive a copy of the draft report (which will include their ratings) they are invited to provide feedback on its factual accuracy. They can challenge the accuracy and completeness of the evidence on which the ratings are based. Any factual accuracy comments that are accepted may result in a change to one or more ratings. Registered persons have 10 working days to review draft reports for factual accuracy and submit their comments to CQC.

Warning notice representations

If we serve a Warning Notice, we give providers the opportunity to make representations about the matters in the notice. The content of the notice will be informed by evidence about the breach that is in the inspection report. As with the factual accuracy check, representations that are upheld and that also have an impact on ratings may result in relevant ratings being amended.

After publication of the report

Request for a rating review

Providers can ask for a review of ratings after publication of their report.

The only grounds for requesting a review is that the inspector did not follow the published process for making ratings decisions and aggregating them. Providers cannot request reviews on the basis that they disagree with the judgements made by CQC, as such disagreements would have been dealt with through the factual accuracy checks and any representations about a Warning Notice if one was served.

Where a provider thinks that we have not followed the published process properly and wants to request a review of one or more of their ratings, they must tell us of their intention to do so within five working days of the report being published. We will reply with full instructions on how to request a review.

Providers will have a single opportunity to request a review of their inspection ratings. They must request a review within 15 working days of the report being published. In the request for review form, providers must say which rating(s) they want to be reviewed and all the relevant grounds. Where we do not uphold a request for review, providers cannot submit a subsequent review of the ratings from the same inspection report.

When we receive a request for review we will explain on our website that the ratings in a published report are being reviewed.

The request for review process will be dealt with by CQC staff who were not involved in the original inspection, with access to an independent reviewer

We will send the outcome of the review to the provider following the final decision. Where a rating is changed as a result of a review, the report and ratings will be updated on our website as soon as possible. It should be noted that following the conclusion of the review, ratings can go down as well as up.

The review process is the final CQC process for challenging a rating. Providers can challenge our decisions elsewhere – for example by complaining to the Parliamentary and Health Services Ombudsman or by applying for judicial review.

Complaints about CQC

We aim to deal with all complaints about how we carry out our work, including complaints about members of our staff or people working for us, promptly and efficiently.

Complaints should be made to the person that the provider has been dealing with, because they will usually be the best person to resolve the matter. If the complainant feels unable to do this, or they have tried and were unsuccessful, they can call, email or write to us. Our contact details are on our website.

We will write back within three working days to say who will handle the complaint.

We will try to resolve the complaint. The complainant will receive a response from us in writing within 15 working days saying what we have done, or plan to do, to put things right.

If the complainant is not happy with how we responded to the complaint, they must contact our Corporate Complaints Team within 20 days and tell us why they were unhappy with our response and what outcome they would like. They can call, email or write to our Corporate Complaints Team. The contact details are on our website.

The team will review the information about the complaint and the way we have dealt with it. In some cases we may ask another member of CQC staff or someone who is independent of CQC to investigate it further. If there is a more appropriate way to resolve the complaint, we will discuss and agree it with the complainant.

We will send the outcome of the review within 20 working days. If we need more time, we will write to explain the reason for the delay.

If the complainant is still unhappy with the outcome of the complaint, they can contact the Parliamentary and Health Service Ombudsman. Details of how to do this are on the Parliamentary and Health Service Ombudsman's website.

Note: Please also see the separate [appendix](#) to this handbook, which contains important information.

Appendix A: Key lines of enquiry

Appendix B: Characteristics of each rating level

Appendix C: Ratings principles

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