

Preparing for a CQC inspection

A toolkit for team leaders

Further information and resources are available from
[www.southernhealth.nhs.uk](http://www.southernhealth.nhs.uk/knowledge/corporate/cqc/)
[/knowledge/corporate/cqc/](http://www.southernhealth.nhs.uk/knowledge/corporate/cqc/)



Introduction

This toolkit gathers together information and guidance to help your team prepare for visits from the Care Quality Commission (CQC). It's the CQC's job to make sure health and social care services provide people with safe, effective, compassionate, high quality care and encourage services to improve.

CQC inspections will focus on the quality and safety of services. The inspectors ask themselves five questions about all services they visit:

Is it safe?

People are protected from abuse and avoidable harm.

Is it effective?

People's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best evidence.

Is it responsive?

Services are organised so they meet people's needs.

Is it caring?

Staff involve and treat people with compassion, kindness, dignity and respect.

Is it well-led?

The leadership, management and governance of the organisation makes sure the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture.

The inspection team will combine the evidence from the inspection with a range of other information including:

- What people, carers and staff say
- Complaints
- Information from stakeholders
- Service users and staff surveys
- Peer review schemes
- National databases

This will allow the CQC to decide on a rating for the organisation. These will be:

- Outstanding
- Good
- Requires improvement; or
- Inadequate

This pack contains:

- Experiences from our staff who are also CQC inspectors
- Questions for you to work through to help articulate your team's strengths and areas for improvement
- Frequently asked questions
- Various checklists around medicines management, infection control, and how well your team is doing
- An outline of Southern Health's aim, values, goals, and principles

If you have further questions or concerns about the CQC visiting your place of work, please give us a call:

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There are more resources available on our dedicated CQC webpages:
www.southernhealth.nhs.uk/knowledge/corporate/cqc

Our CQC Experience



Anne Harms, Ward Manager at Willow Ward, tell us about her experience when the CQC came to inspect her place of work

“There was a lot of preparation but, what was most interesting is, how much the team already knew.”

Preparing for the CQC

“As we didn’t know what to expect, we did a lot of preparation. I was in charge of helping make sure that everyone knew what to do so that we felt ready for an inspection. Our manager helped identify areas that the CQC inspectors may ask questions on.

There is lots of information available on our staff intranet; we particularly found the self-assessment tools really helpful. We created a folder of all the key information about our service, and the Trust, including the recent exec structure, our vision and values, our LD structure and how it links into the rest of the organisation and much more. We still have this folder on the ward and make sure it is kept regularly updated; in fact we are using it to prepare for the upcoming inspection.

There was a lot of preparation but, what was most interesting is, how much the team already knew. We quickly began to realise that we were able to answer the questions asked in the ‘time to shine’ self-assessment tools which helped us feel more confident. We also made sure we focused on areas where we felt we needed to know more about.”

When the CQC arrived

“Before the CQC arrived we were very nervous! We still had no idea what they were going to ask us. We were also a little nervous about escorting inspectors through our wards, as some of the patients have challenging behaviours, and we had no idea how patients would react on the day of the inspection.

When the inspectors arrived they were very polite, friendly and put us at ease straight away. The great part of it was they understood we still had our day job to do and they worked around us as much as they could.

I spoke to an inspector for over two hours discussing the Mental Health Act (MHA). We went through all the MHA paper work and I explained how it applies to our patients. We talked about DOLs, what they are and how we use them. My colleague was also interviewed about epilepsy.

They walked through the wards, spoke to staff and also went through RIO and some of our secondary files – again they didn’t ask anything that we didn’t already know and if there was a question we were unsure of we just let them know that we would get back to them with the information they required.”

What happened after the visit

“The CQC highlighted areas where we were working well and they also identified areas where we could make improvements? These recommendations have helped to improve our service. We now have excellent epilepsy guidance in place, we made some adjustments in regards to some ligatures points, that have made the environment safer for patients, and we have made changes to our business continuity plan.

Being inspected is always going to feel daunting but it is nowhere near as scary as you think it is going to be, in fact a lot of the staff, who experienced it for the first time in 2014, are still here now and they are making the staff who haven’t experienced a CQC inspection before feel more at ease.”

My biggest advice is:

- Make sure you are well prepared- use the information on our intranet, it really helps!
- Use the inspections as an opportunity to showcase what you do
- If you don’t know the answer to a question always be honest and let the inspector know that you will get back to them with the information they need
- Finally, the CQC are not here to catch you out and, no matter how daunting it may seem, you know more than you think you do - this is this is what you do every day!

You can contact Ann Harms or any of the team on Willow Ward via e-mail for any additional tips or advice on preparing for a CQC inspection.

Your time to shine

The CQC will want to see how good your services are at delivering high quality, safe care. This is your opportunity to show them all the great things you do and how you are working with patients to improve their care. As a team, you should try and answer the following questions as these are the things the CQC will be looking for.

How good is the service you provide?

What are you proud of?

What do your service users like best about your service?

These questions and more are available as a modular self-assessment tool. It can be downloaded from the CQC pages on the Southern Health website.

What quality improvements have you made in the team this year?

What new ways of working have your team tried?

**What areas are your team trying to improve?
Why and how are you doing this?**

Frequently asked questions

Is there anything we should be doing to prepare for the inspection?

The inspection week should not be treated any differently than any other week – continue all the good work you are doing with the people who use your service – Its business as usual.

We know that you are always striving to improve the quality of care for your patients / services users but below are a few things for you to think about before the inspection:

- Are all patient records up to date with care plans reflecting the needs of the individual patient and evidence that the patient has been involved in developing their plan of care?
- Are your service premises clean and tidy with all records, equipment, products and medicines etc. stored correctly?
- Do all trust documents, leaflets, posters etc. have the correct Southern Health NHS Foundation Trust logo and details on them?
- Is all information on notice boards in public and staff areas relevant and up to date?
- Are you wearing your ID badge and following the dress code for the area you work in?
- Are you aware of the incidents, SIRIs, complaints, audits, peer reviews etc. which have happened in your service in the past six months and what improvements have been made as a result of them?
- Are you up to date with all your training as indicated on the LEaD system?

Will we know whether CQC will be coming to our service and when?

We are expecting a focused CQC inspection towards the end of March 2017. This is a great opportunity for

you to showcase your brilliant services and demonstrate the progress you have made since the 2014 Trust-wide inspection. As this is a focused inspection they will be looking at three particular areas:

- Community Services – 2014 recommendations and current CQC compliance
- MH/LD – follow up from recent inspections
- Well led domain – across all services including corporate

What time will CQC arrive and how long will they stay?

There is no set answer for this - it all depends on how big the service is and what they want to look at. They could spend as little as 30mins just walking through a ward in a multi-ward unit or spend a whole day with a service. They may also carry out some out of hours inspections either during the inspection week or in the following two weeks.

What should I do when CQC arrive at my service?

- Ask to see their ID and ask them to sign in. Introduce yourself and welcome them to the unit/ service, show them somewhere to wait then go and find the person in charge on the unit that day.
- Contact the Quality and Governance Team on 02380 874323. Also contact your line manager, area manager, divisional director etc.
- If there are safety or security procedures required for the unit CQC should be briefed and given personal safety alarms etc. They should be escorted at all times when on the unit and briefed if there are certain patients / service users who should not be approached – giving them the reasons why.
- Find somewhere for them to work and offer regular refreshments (no harm in getting the cakes & biscuits out!).

“You do not need to just answer the questions that CQC pose. You should be promoting and showing off the services you provide.”

Do I have to speak with CQC?

We would encourage all staff to speak to CQC if they have the opportunity to.

Let CQC know:

- How good the service is that your team provides
- What you are proud of
- What your service users like best about your service
- The quality improvements you have made in the team this year
- The new ways of working your team have tried
- The areas your team are currently trying to improve, including why and how you are doing this

You do not need to just answer the questions that CQC pose. You should be promoting and showing off the services you provide. You should show them how passionate and caring your team is. If you have introduced something new and it has been recognised internally or externally – show it off!

Should I stop what I am doing with my patients / service users to speak with CQC?

No. CQC being there should not affect what you have planned with your patients / service users.

If you are with a patient / service user you should politely ask CQC to wait or suggest someone else they may be able to speak with.

If your unit has protected meal times or medication rounds etc., CQC should be made aware of these when they arrive, told what time they are and asked to respect them.

If you have a planned team meeting that day you are not expected to cancel it, just let CQC know. Why not invite them to sit in to hear you discuss things like incidents, SIRIs, complaints, audit results etc. and what you have learnt from these.

CQC fully respect that ward routines have to continue but they still need to speak with staff and will be observing staff interactions with the people on the unit. If we know when CQC are coming to your service we will let you know in advance and we may be able to pre-arrange some time for you to speak with them.

Visits to community teams will also be pre-arranged so that CQC have someone to speak with when they arrive but they will be arranged to fit in with the team to cause as little disruption as possible.

What should I do if the CQC inspector keeps me talking and I need to get back to my patients / service users?

When you start talking with CQC let them know how long you have before you need to get back to your patients / service users. You may find that they keep you talking as they are interested to find out all the good things you are doing in your team. If you have run out of time and need to get back to your patients / service users politely let them know but give them a time that you could continue the conversation if they would like.

What do I do if I can't answer their question?

Do not make things up or guess - if you don't know an answer – be honest and tell them that. But let them know who you would ask. CQC do not expect everyone to know everything but they expect you to know who to go to if you are unsure of something.

If you are unsure what they mean by a question do not be afraid to ask them to explain – different people use different terminology and you may find you actually do know the answer when they phrase it a different way.

If the CQC inspector is speaking to you on your own and you are finding answering their questions difficult or you are getting a bit flustered you can always ask them if a colleague can join you for support. CQC want to make the experience a good one for staff but do understand that some staff may be a bit nervous with them being there so will be happy for a colleague to join you.

What sort of things will they be looking at?

To get to the heart of patients' experiences of care, the focus of CQC inspections is on the quality and safety of services, based on the things that matter to people. The CQC will always ask the following five questions of services:

- **Are they safe?**
Are people protected from abuse and avoidable harm?
- **Are they effective?**
Does people's care, treatment and support achieve good outcomes, promote a good quality of life and is it based on the best available evidence?
- **Are they caring?**
Do staff involve and treat people with compassion, kindness, dignity and respect?
- **Are they responsive to people's needs?**
Is the service organised so that it meets people's needs?
- **Are they well-led?**
Does the leadership, management and governance of the organisation assure the delivery of high-quality person-centred care, supporting learning and innovation, and promoting an open and fair culture?

Examples of the types of things they will look for to answer these questions can be found in the Peer Review and Self-assessment tools can be found via www.southernhealth.nhs.uk/knowledge/corporate/cqc

Are CQC allowed to go anywhere they want in my service?

Yes - CQC inspectors are permitted to look at any areas of your service. However, in our secure units they must be accompanied at all times and you should explain to them when they arrive the safety procedures within your service. Do not be afraid to remind them if they try and wander off - they may be used to working on secure units and forget they are in another trust.

Can CQC speak with any of my service users?

Yes – but only if the person wants to speak to them. On in-patient units tell your patients / service users who the visitors are and why they are there. Explain that they are finding out what it is like to be on that unit and would they be willing to chat with them. If you know when

CQC are coming speak to the patients / service users in the weeks before CQC arrive and have posters up in patient areas explaining why they are coming and that they would like to speak with them.

For community services CQC should let us know in advance which teams they would like to visit. You can then write to or speak with the services users you are visiting that day in advance to ask their consent for CQC to accompany you. You should also contact the service user on the morning of the visit to double check they are still happy for CQC to go with you.

What if CQC are unable to see any of my service users?

If CQC are unable to speak to any in-patients but there are activities going on during their visit they will observe the interactions between the staff and the service users. They use an observational tool called Short Observational Framework for Inspection (SOFI) where they record every interaction they see every five minutes for a set period. They use this to see whether service users receive care which meets their individual needs.

They will also arrange telephone calls with some service users, either those who have recently been discharged or those being seen in the community. Sometimes they also speak with relatives, carers or patient advocates.

What should I say if CQC ask me about training that I have not done?

Be honest and tell them that you have not had the training. If you have booked on to a course let them know when you are due to attend it. If you can do some on-line training tell them when you are planning to have done it by.

If whilst you are waiting to attend the course you have had any on-the-job training, peer support, read the policy/procedure, discussed it in a team meeting: let CQC know. Or if you have had training in a previous organisation and are just awaiting a SHFT refresher: let them know.

They are looking to see that we have a capable and competent workforce so if you don't know something but can demonstrate that training has been organised and you are aware of the processes then that will give them some assurance.

Check out the CQC webpages for the most up-to-date FAQs: www.southernhealth.nhs.uk/knowledge/corporate/cqc

About Southern Health

“Our aim is to improve the health, wellbeing and independence of the people we serve.”

Our principles

Internal redesign

Doing everything we can to redesign our services to provide better quality and better value for money.

Integration

Working with our partners to develop an integrated health and social care system.

People development

Enabling the continued growth and development of our most valuable resource.

Our Goals



Our values

Person and Patient Centred: Everything we do is driven by what our patients and service users need.

Valuing Achievement: Success is celebrated. Making you feel valued and proud to work for Southern Health.

Driving Innovation: Using our imagination to provide better care. Finding solutions quickly and without getting bogged down.

Delivering Value: Providing value for money. Freeing you from unnecessary red tape, allowing you to focus on the things that matter. Making sure that time and money are spent wisely.

Forging Relationships: Providing the best by breaking down barriers and working in partnership with other organisations.

Releasing Ambition: Insisting on the highest standards; OK is not good enough. We constantly challenge what we do, and set ourselves ambitious, yet realistic goals. Problems are never ignored and people are given freedom to do what they need to do.

Checklists

Go through these checklists in your team to see how well you are doing and whether there is anything you could do to improve the quality of care you provide for your service users

'How is our team doing?' checklist

- We have had our appraisals this year
- We are all up to date with our statutory and mandatory training
- Our team leaders know how to access development opportunities
- We know who the executive team are for the Trust and what they do
- We have completed the staff survey and seen the results for our area
- We all take part in regular one to one meetings/ clinical supervisions with our line managers
- If we have concerns (safeguarding, fraud) we know how to raise this and who to talk to
- If an 'incident' or 'near miss' occurs, we know how to report this
- We know what 'Safer Staffing Levels' means for our team

For more detailed information regarding this checklist please visit: www.southernhealth.nhs.uk/knowledge/corporate/cqc

Electronic versions of these checklists are available to download: www.southernhealth.nhs.uk/knowledge/corporate/cqc

Cleanliness and infection control checklist

All teams

- Do staff know how to contact the Infection Prevention and Control (IP&C) team?
- Is infection prevention and control discussed within your teams? Is there evidence in team minutes? Is IP&C a dedicated agenda item at your team meetings?
- Does the IP&C link advisor provide regular updates to your team? This could be at team meetings, via email or a communication book. Do you keep any evidence of this in your Link folder
- Does the IP&C link/ dept manager keep evidence of completed audits and action plans – this could be in the IP&C Link folder, or on an IT shared drive
- Have all staff attended IP&C training or passed the on line e-assessment
- Do staff know how to access IP&C policies and procedures eg hand hygiene policy?
- Do staff know what to do in the event of a needle stick injury/bite/deep scratch/body fluid splash to the eye, nose or mouth?
- Do staff know how to access the 24hr sharps helpline?
- Are products for hand hygiene available at the point of care?
- Is everyone bare below the elbow when delivering physical care?
- Is a Sharps Injury poster (laminated) on display with the correct tel. number for Occupational Health (People Asset Management (PAM) OH Solutions)?
- Do staff know how to report concerns with cleanliness and obtain additional cleaning?

Inpatient areas

- Are cleaning schedules on display for your area
- Is there assurance that re-usable medical equipment is cleaned between each patient eg cleaning book or cleaning schedule, use of device stickers (Clinell tape)
- Do you have any IP&C leaflets for visitors / service user's
- Are staff bare below the elbows
- Are hand hygiene compliance scores up on display (if appropriate for your area)
- Are posters (laminated) reminding of how to clean hands displayed?
- If a service user no longer requires isolation, is the isolation room 'terminal clean check list' completed (and kept) by both nursing and housekeeping staff? For additional assurance ask to see the folder containing the terminal clean forms.
- Are washing machines used for patient laundry sited in a designated area away from dirty items e.g. macerator, commodes, bedpan washer?

Medicines management quality checklist

Ward/Team:

Date:

Time:

am / pm

Page 1/2

Clinic Room	Yes	No	N/A	Comments	Actions
Are there any medicines left out in the clinic room?					
Are the trolley and drug cupboards locked?					
Is the fridge locked?					
Is the drug trolley attached to a wall when not in use?					
Are the fridge temps (minimum and maximum) being recorded daily (working days only)?					
Is the fridge thermometer reset daily?					
Are the room temperatures being recorded daily?					
Are medicines in date? (check 5 in each cupboard/ trolley)					
Do medicines have the date opened on them if needed? (e.g. oral liquids, eye drops, creams - check 5)					
Do all patients' own drugs have the patient's name on?					
Are there any loose tablets/ strips?					

Medicine Waste Bins	Yes	No	N/A	Comments	Actions
Is there a blue waste bin?					
Does the blue bin have ward name and date started on it?					
Is the blue bin locked away?					
Does the blue bin contain correct waste?					
Is there a purple bin?					
Does the purple bin have ward name and date started on it?					
Is the purple bin locked away?					
Does the purple bin contain correct waste?					
Are denaturing kits available for Controlled Drug destruction?					

Controlled Drugs (CDs)	Yes	No	N/A	Comments	Actions
Has a stock check been completed in the past week?					
Are there separate entries for stock, patient's own & TTOs?					
Are all CDs in date?					
Are errors annotated correctly? (bracket/sign/date/witness/ no crossing out)					
Have CD orders been completed correctly? (including sig/qualification)					
Have stock receipts been documented in the CD register correctly? (including order no./pharmacy name)					



Want to learn more about the CQC?
Check out the video here: vimeo.com/95968274

Ward/Team: _____ **Date:** _____ **Time:** _____ **am / pm** _____ **Page 2/2**

Prescription Charts (include insulin/warfarin/ infusion) (review 10)	Yes Record as tally e.g. IIII	No Record as tally e.g. III	N/A Record as tally e.g. II	Comments	Actions
Patient's name					
Date of birth					
NHS number					
Allergy status complete?					
Is the chart in good condition?					
Have there been any omissions in the last week? Blanks/un-coded only					
If yes, has this been followed-up or an incident form completed?					
Are all prescriptions complete? (signed, dated, dose, dose interval, max dose)					
Have prescription(s) been stopped correctly – crossed out clearly, signed and dated by prescriber					
Is a copy of the MHA T2 or T3 with the prescription? Where appropriate					
Does the T2/T3 cover all prescribed drugs? Where appropriate					

General Questions	Yes	No	N/A	Comments	Actions
Are the gas cylinder(s) in date?					
Are the gas cylinder(s) stored appropriately? i.e. large cylinders secured in rack/trolley.					
Is a BNF available, which is no older than one year?					
Do trained staff (ask 3) know how to access: 1. MCAPP (SH CP1)? 2. Medusa? 3. Choice & Medication website?					
Are trained staff up-to-date with the following training: 1. Medicines Management Day A/B? (MH and LD only) 2. Rapid Tranquilisation? (MH and LD only) 3. Buccal Midazolam? 4. Medication Administration Competency? 5. Medicines policy training? (community and school nurses only)					

Name of reviewer:.....

Comments:

Useful contacts

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Useful links

Southern Health's CQC webpages:

www.southernhealth.nhs.uk/knowledge/corporate/cqc

CQC's website:

www.cqc.org.uk



Quality care, when and where you need it