

Responding to an Unannounced CQC / CCG Inspections

1. What to do when there is an unannounced inspection

The following sets-out the process to follow when a CQC/CCG Unannounced Inspection takes place:

1.1 Inspectors arrive on site:

- When the inspector/s arrive on site, the person greeting them must:
- Check the Identification and credentials of the Inspectors to confirm they are who they claim to be
- Ask the inspector/s to sign in
- Contact the ward/team to advice that the inspector/s are in reception and what organisation they are from and request staff member to escort them to the ward/team requested.
- If the visitor is unable to provide or refuses to provide valid credentials, staff must contact the Compliance Team on [REDACTED]

The inspector/s should not be allowed to directly access a ward/team without the staff being informed and having someone to escort them to the clinical area.

1.2 Arrival on the Ward/Team:

The staff member escorting the inspector/s must:

- Confirm the type of the inspection being undertaken (Comprehensive, Focused, MHA, Quality Visit)
- Offer the use of hand sanitizer and to sign in/offer alarm where appropriate/relevant to area
- Offer the inspectors a drink and use of facilities
- Introduce the inspector/s to the Ward Manager / Person in Charge or take them to a quiet area for the Ward Manager / Person in Charge to attend.
- Once the member of staff has handed over the inspector/s to the relevant person, contact should be made to the following people to confirm the inspection taking place:
 - Matron/ Service Manager/Integrated Lead
 - Compliance Team ([REDACTED] or [REDACTED])
 - Associate/Assistant Director for service
 - Director for service
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The Matron should check and ensure that each relevant person is contacted as above, and ensure that they remain contactable if the staff member is having any issues with the visit.

Senior Operational Managers should then undertake a check of all the wards/teams on site in the event that the inspector/s move on to other areas to confirm if there are any areas of concern. This should be sent to the Compliance Team who can then use the information to focus any support from the Clinical Lead for Compliance.

Remember to inform the patients that a visit is taking place and that they will be offered the opportunity to speak with the inspectors if wanted/consented to do so.

1.3 During the visit

Keep calm and use this opportunity to talk about the quality of your team - what you do well and what you are proud of. Remember to showcase your Quality initiatives.

Access to patient records

- A staff member must remain with the inspector(s) at all times to ensure requested information is located.
- For electronic records access to Mobius can be via guest logins
- For SystmOne the clinician must identify the access to the records is for an external CQC Inspection.
- For PARIS a member of staff should remain with the inspector when accessing records from staff logins. If the inspector refuses to allow a member of staff to remain while records are being reviewed, staff must contact the Compliance Team on [REDACTED] or [REDACTED]
- For all records the clinician supporting the access to the records must ensure a record is kept of the NHS number for all of the patient's records accessed by the inspector. If the inspector questions the need to record NHS numbers, staff should explain it is to ensure any issues identified can be followed up with the patients to ensure quality care is provided.
- Information requests must come through the Compliance Team to coordinate. This is to ensure the same information is not being requested by multiple inspectors and that accurate information is provided.
- The inspecting team are not permitted to take evidence away that has not been formally requested and this will be forwarded accordingly by the compliance team – however do visually show them evidence i.e. supervision tracker, team minutes etc.

2. After the visit

Once the Inspectors have left the service a staff member should contact the Compliance Team to confirm that the Inspection team has left. The Service Lead/Matron should ask the inspectors for some initial feedback at the end of the visit and will ensure that this information is circulated via email to the Compliance Team: [REDACTED]. Feedback should be provided to the Compliance Team by 5pm on the day of the inspection, even if the CQC are still on site. This is to allow any feedback to be fed into any meetings taking place that evening.

Any feedback to the Compliance Team should focus on any positive or negative areas identified by the Inspection team, rather than what was reviewed.

3. Compliance Team Initial Response:

The Senior Emergency Planning & Compliance Officer will take responsibility to co-ordinate and communicate about the inspection. This is to prevent multiple emails and phone calls being undertaken to different people, which could cause confusion.

Following notification the Head of Compliance & Emergency Planning and Senior Emergency Planning & Compliance Officer need to ensure that:

- Type of visit being undertaken is established (if it is an MHA inspection, please see section below)
- Contact the relevant Clinical Lead for Compliance to attend to provide support.

- Circulate an email to the following staff, confirming a CQC Inspection is underway, including location, number of inspectors (where possible) and type of inspection:
 - Chief Executive
 - Chief Operating Officer
 - Executive Nurse
 - Operational Directors
 - Associate Directors
 - Matron/ Service Manager / Integrated Lead
 - Director of Compliance and Assurance
 - Deputy Director of Compliance and Assurance
 - Members of the Compliance Team

The email should confirm that updates will be provided throughout the day. Individual people listed above are responsible for cascading this information to other relevant people within their area. The Compliance Team must ensure the Senior Emergency Planning & Compliance Office is always covered for the duration the CQC are on site.

4. CCG and MHA Inspections

If there is a CCG visit, the Compliance Team will contact the relevant ward to offer support. If support is required, a Clinical Lead for Compliance will be contacted to attend the ward where possible. An email will be sent to the following people confirming an inspection is underway:

- Operational Executive Director
- Executive Nurse
- Operational Director
- Associate Director
- Matron / Service Manager / Integrated Lead
- Compliance Team
- MHA Team

No further action will be taken unless directed by operational services.

5. MHA Inspection (Inpatient MH only)

If the CQC visit is an MHA inspection, the Compliance Team will contact the relevant ward to offer support. If support is required, a Clinical Lead for Compliance will be contacted to attend the ward or to be available for telephone support. An email will be sent to the following people confirming an inspection is underway:

- Operational Executive Director
- Executive Nurse
- Operational Director
- Associate Director
- Matron / Service Manager / Integrated Lead
- Compliance Team
- MHA Team
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No further action will be taken unless directed by operational services.

a. During the Inspection:

Any access to patient records must be supervised by staff with the CQC inspector.

- For electronic records access to Mobius can be via guest logins
- For SystemOne the clinician must identify the access to the records is for an external CQC Inspection.
- For PARIS a member of staff should remain with the inspector when accessing records from staff logins.
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If the inspector refuses to allow a member of staff to remain while records are being reviewed, staff must contact the Compliance Team on [REDACTED] or [REDACTED]

Any information requests will be sought directly from the MHAO team

Any issues identified that can be addressed on the spot should be i.e. issues with T2/T3 Doctor to be called to rectify.

Advise patients that the inspectors are on the ward and establish if any patients detained under the MHA would like the opportunity to meet with the inspectors.

b. End of the Inspection:

Make a note of the feedback comments and ensure an initial report feedback is sent out to;

- Operational Executive Director
- Executive Nurse
- Operational Director
- Associate Director
- Matron / Service Manager / Integrated Lead
- Compliance Team
- MHA Team