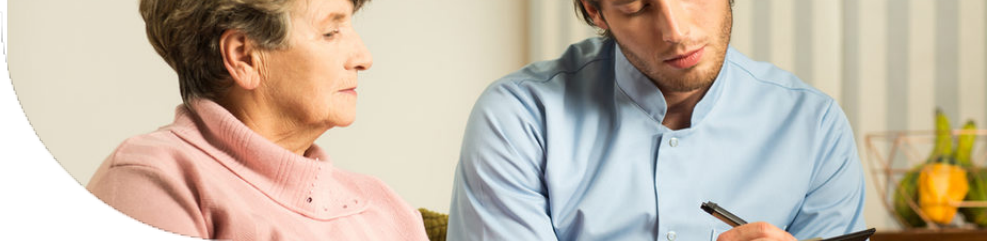

An Inspector Calls…Changes to CQC's Monitoring Approach

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On 7 July 2021 CQC announced an update to their monitoring approach. Starting this month CQC has introduced monthly reviews of the information it holds for most of the services it regulates (initially this does not include primary care dental services of NHS trusts). CQC will review the information it already holds about a service and will use it to help prioritise its activity and guide its response.

Providers should consider what information CQC holds about their service. CQC has indicated it will consider a number of factors, including the current rating; ongoing or planned regulatory activities; information about safeguarding, whistleblowing, or statutory notifications; and the presence of a Registered Manager. CQC will also consider other information including feedback from people including those who use services, their family and friends; other agencies and local authorities; and national data sources.

Where CQC determines a service is a lower risk it will publish a statement on the report tab for the service on its website. CQC has indicated that these services will be rated as Good or Outstanding, meeting all the regulations, not subject to any regulatory activity and show no evidence that indicates the need to reassess the rating or quality. Only services rated Good or Outstanding will be eligible for a monthly public statement to be issued. An email will be sent to providers confirming when a public statement has been published or refreshed. CQC explains that the published statement for services CQC considers lower risk *"… will let providers and the public know that we have not found any evidence that tells us we need to re-assess the rating or quality of care at that service at that time."*

Although statements will be refreshed monthly, monitoring is ongoing and CQC could take urgent action at any time if it receives information about a serious risk. This may lead to the removal of a public statement in exceptional cases. CQC also explains *"Similarly, if a service has a public statement one month, there is no guarantee that will remain in place the following month as new information may indicate higher risk."*

CQC uses digital methods and its local relationships to have direct contact with people who are using services, their families and staff in service. Where CQC requires up to date comments, it will contact the provider or patient or user groups to obtain feedback, this may be completed by Experts by Experience or local groups. Where CQC determines a service is a higher risk, it will undertake additional checks including gathering people's experience of care and contacting the provider.

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If the outcome of the monitoring information review is that CQC requires more information the inspector may arrange a call with the service, ordinarily via Microsoft Teams or by telephone. The monitoring call may take a couple of hours, although some may be shorter. CQC has indicated it will continue to focus on safety and how effectively a service is led and these conversations will be structured. CQC has published a list of questions for the specific key lines of enquiry (KLOE) for each type of service. These can be found on the right-hand side of this page.

It would be advisable to inform staff that these calls are to be expected and what action they should take if the inspector calls and they answer the telephone. Providers should review the questions and prepare responses including any evidence they may like to have to hand.

Every page of the CQC website includes the 'Tell us about your care' function which has the heading "Your information helps us decide when, where and what to inspect. Let's make care better together." Providers may like to objectively review their internal compliments and complaints collection methods and have any evidence available to share with CQC when an inspector calls.

The monitoring call will not be recorded, but should this be deemed necessary by CQC consent will be obtained at the start. CQC does not expect providers to record the call. During the call, the inspector will note details of the discussion around the KLOE's, specific risks identified and examples of good practice and improvements. Having evidence available to proactively share with the inspector and demonstrate the attention you have afforded the service and the KLOE's is likely to give the inspector greater assurances about the service. This can be done as part of mock inspections or quality monitoring and should be available for a monitoring call or an inspection. Part of this could be a review of complaints, lessons learnt and reflective practice, to demonstrate that value has been taken from an experience traditionally seen as negative.

If the inspector deems it necessary, providers may be asked to share their screen or send evidence, so again it would be wise for providers to be prepared and have evidence to hand, if possible. If providers are unable to provide evidence during the call they will have 24 hours within which to send it to the inspector.

After the call, the inspector will prepare an overall monitoring summary of their findings. If the monitoring activity has assured the inspector of the quality of care in a setting that is not currently rated as Good or Outstanding, CQC will keep this on record for three months and prevent further monitoring calls unless there is new information indicating serious risk. Where an inspection or other regulatory action is not needed for adult social care and primary care services, providers will be sent a copy of the monitoring summary record. As this is not an inspection, there will be no rating and there will be no applicable factual accuracy process. Summary records will not be published.

CQC has indicated that this new approach will help it to prioritise its activity and so, whilst the monitoring call itself is not an inspection, it is reasonable to conclude that if the monitoring call left CQC unsatisfied, that it may lead to an inspection. CQC is still inspecting in person and has indicated that they will continue to *"..target inspection activity where we have concerns."* If CQC finds risk or concerns, it will not publish a statement,

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instead, its response will be determined by the risk. If CQC considers there to be a very high risk, CQC will inspect. Other regulatory action includes helping to find additional sources of support for the service and enforcement processes.

If you would like assistance from one of our experienced care home solicitors to support your preparation for a monitoring call, to support you to review the KLOE's or to discuss the outcome of a monitoring summary, clarify your understanding of what is required or need assistance with any other matter please contact our specialist CQC solicitors by email: laura.guntrip@la-law.com or telephone: 01202 786187.

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