

Draft provider guidance

Purpose: this document is draft provider guidance as part of the pilot on changes CQC is making to how they monitor services. The pilot starts on 15 June with general practices in Central regions.

Monitoring approach: what to expect

1. What to expect

As we move into the next phase of the COVID-19 pandemic we are moving on from our transitional monitoring approach. We're continuing to develop our approach and building on what we know works well.

From June 2021 we're introducing a new monthly check of the information and data we have on most of the services we regulate. To start with, this will not include primary care dental services or NHS trusts.

This approach will:

- help us to prioritise our activity
- involve publishing a statement on our website for low risk services. This 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.

For all the services we regulate, including primary care dental services and NHS trusts, we will continue to:

- focus on safety and how effectively a service is led
- have structured conversations with providers that focus on safety and leadership
- use our specific existing key lines of enquiry (KLOEs) to monitor a service
- use digital methods and our local relationships to have better direct contact with people who are using services, their families and staff in services
- target inspection activity where we have concerns.

2. How we prioritise risk

From June 2021 we will introduce a new monthly check of the information and data we have on most of the services we regulate. This will not include primary care dental providers or NHS trusts at first.

The monthly check will help us to prioritise our activity and guide how we respond.

Services we consider to be lower risk: we will publish a statement on our website.

These will be services:

- rated good or outstanding
- that meet all the regulations
- where we are not undertaking any regulatory activity
- where we have not found evidence that tells us we need to reassess the rating or quality at that time.

Services we consider to be higher risk: we will make additional checks. This will include gathering peoples experience of care and contacting the provider.

For those services we consider to be very high risk we will carry out an inspection.

We will continue to prioritise and respond to risk and changes in quality or safety of NHS trusts and Primary care dental providers

To ensure that our approach is working we will carry out a random sample of inspections on a number of services with public statements published.

3. Public statements

We will publish a statement on this website for those services we consider at the time of the review to be lower risk. These will appear on the reports tab for each service. This statement will be refreshed every month, as long as our information review does not find any risks or concerns.

The public statement will tell providers and people who use services we have not found evidence that tells us we need to reassess the rating or quality of care at that service at that time.

We will send providers an email to confirm when a public statement is published and refreshed.

Where we do find risks or concerns, we will not publish the statement and we will respond appropriately. This could include contacting the provider or carrying out an inspection.

Although we will refresh statements on a monthly basis, we will continue to monitor all services and could take urgent action if serious information is shared with us.

4. The information we consider

Information we have about your service

We consider:

- previous inspection reports and ratings
- monitoring information we collect through our usual data sources
- our inspector's knowledge of your service.

People's experience of care

We also consider the views of people who have used the service. We get these from responses to our online give feedback on care service, enquiries, and information from other agencies such as Healthwatch or local authorities.

If we do not have up-to-date evidence, we will ask for further information. For example, we may ask if you have a patient or user group we could contact, or use our Experts by Experience programme to contact people or local groups.

5. Gathering and collecting information

When we have considered all the information we have about your service we will arrange a call with you.

How we will call you

After reviewing the information that we have about your service, we will have a conversation with you either online or by telephone. This is not an inspection and we do not rate services following a call.

This call will help us to decide whether we need to take further regulatory action at this time, for example an inspection.

Our calls may take an hour or two, although some will be shorter. Where we can, we will call you using Microsoft Teams. Any service with a computer and internet connection can join a Teams call. Inspectors will email you an invitation for the agreed date and time, which includes a link for joining the call. If you can't use Teams, we can telephone you instead.

What the call will cover

Our inspector will focus the call around the specific key lines of enquiry for your type of service. We will publish these so you can look at them beforehand.

During the call, our inspector will note details of:

- the discussion around the questions raised within the key lines of enquiry
- specific risks identified
- examples of good practice and improvements to the service.

We will not make an audio recording of the calls apart from in exceptional cases. If we think a recording is necessary, we will obtain your consent at the start. We do not expect you to record the call.

After the call, our inspector will prepare an overall monitoring summary of their findings.

Requests for evidence

During the call, our inspector may need to ask for evidence about specific issues. They can ask you to 'share your screen' during a call or to send an email attachment. We will only do this where it is necessary.

If you need to send evidence as an email attachment, it should be encrypted or protected with a password. We will explain how to do this. If you cannot send it during the call, you must send it to the inspector within 24 hours of the call.

6. What happens next?

This depends on what the monitoring activity shows us.

If it indicates that there may be a risk to the safety of people using the service, we will take further regulatory action.

For adult social care and primary care services, if we do not need to consider an inspection or take any other regulatory action, we will send you a copy of the monitoring summary record.

Regulatory action

This could include:

- help to find additional sources of support for your service
- inspection
- enforcement processes.

Monitoring summary record

This record is not an inspection report, and there is no rating as a result. This means that usual steps such as the factual accuracy process do not apply.

We will not publish summary records on our website.