

Mastering the new CQC  
inspection | practical steps to  
protect your rating and  
reputation

# FAQS



Questions	Answers
<p>Do you know what inspection will look like for low-risk services?</p>	<p>The CQC has not yet published how they will deal with services considered low risk. They will continue to prioritise high-risk services needing a focused review. Based on current information, they are likely to consider feedback, data held, and any requested information, then take a proportionate approach to the number of quality statements they review. For a more detailed discussion about how this may apply to your service, speaking with one of our team may be helpful.</p>
<p>Medicine is a massive issue in the community and is also not a regulated activity. My local council will no longer fund medication visits. How does this fit with being safe?</p>	<p>We cannot comment on local council policies, but as a registered provider you are still responsible for ensuring your services are safe. This includes complying with the standards and regulations relating to safety, including medicine management if you provide it.</p>
<p>What is the best way of communicating support plans and risk assessments to staff?</p>	<p>Different organisations have different ways of communicating support plans and risk assessments. Consider:</p> <ul style="list-style-type: none"> <li>• Allocating service users' plans to a lead staff member, with a second for support.</li> <li>• Discussing key points at handovers or huddles, highlighting any changes staff need to be aware of.</li> <li>• Sharing updates at team meetings to emphasise the importance of keeping plans up to date.</li> <li>• Auditing compliance and providing reflection sessions to discuss issues, share good practice, and address shortfalls.</li> <li>• Recognising good practice to help motivate staff.</li> </ul> <p>For practical tips tailored to your service, you could contact our team.</p>
<p>How do you know what regular audits and risk assessments are needed and their frequency?</p>	<p>Start by reviewing key processes. Ask yourself how you can be assured these processes are happening according to policy and best practice. Appropriate audit frequency may be influenced by incidents that occur, prompting a more frequent review.</p> <p>For guidance on setting up proportionate audits, our Health and Safety experts can help <a href="#">here</a> or call <b>0345 226 8393 quoting Care England</b>.</p>
<p>As a Phlebotomy Service, what would 'Effective' look like?</p>	<p>You should assess how you demonstrate that the service user is central to all decisions and plans about their care, including any associated risks, and that communication meets their needs.</p> <p>Ensure policies and procedures are up to date with the latest guidance, staff are appropriately skilled and trained, and supervision and appraisal systems are in place. Document consent and information-sharing procedures, consider implementing an audit programme, and use feedback mechanisms to evidence outcomes. Benchmarking, peer review, and accreditation schemes may also be helpful.</p> <p>For more tailored guidance on demonstrating effectiveness, it can be helpful to speak with our team.</p>

<p>How can staff be encouraged to be part of compliance?</p>	<p>It will help to demystify compliance and make it part of everyday practice so staff understand how their role contributes to the overall success of the service. Consider:</p> <ul style="list-style-type: none"> <li>• Regular updates at team meetings.</li> <li>• Discussion in supervision sessions.</li> <li>• Creating champion roles.</li> <li>• Using quality improvement methodology to involve staff in service development.</li> <li>• Recognising and rewarding good practice.</li> <li>• Consulting staff on how they can be more engaged.</li> </ul>
<p>Can gathering of evidence be a provisional process for start-up applicants?</p>	<p>Yes, for newly registering services, as well as mature organisations, it is always helpful to create folders aligned with the five key questions so evidence can be gathered throughout the year. Collect evidence of good practice to showcase your work as well.</p>
<p>How would you advise that policies and procedures be communicated to staff? Are read-and-sign forms still an acceptable means of communication?</p>	<p>This depends on your systems. Some systems allow electronic tracking of reads; where an electronic system is not available, read-and-sign forms are acceptable. Policy changes should be a standard agenda item at staff meetings. Remind staff to read updated policies via handovers, emails, or bulletins.</p>
<p>We still find gaining feedback difficult. We changed our surveys to six-monthly instead of annually, added a feedback option on our website, a comments book by the front door, document verbal feedback and ask people to leave a review on carehome.co.uk. Do you have any other suggestions?</p>	<ul style="list-style-type: none"> <li>• Hold service user, family, and representative meetings with opportunities for feedback, and record this.</li> <li>• Encourage staff to report feedback received – it could be an informal complement or concern in the absence of formal feedback, to show that you are listening and can learn from it.</li> <li>• Share the CQC’s “Give feedback on Care” webform on your website as a link, QR code on posters around the home and via social media channels (if you have them).</li> <li>• At admission, explain the importance of feedback and how to provide this.</li> <li>• Ask your service users/relatives/representatives what would make providing feedback easier.</li> </ul>
<p>How will ‘I’ statements be part of the inspections moving forward?</p>	<p>‘I’ statements remain important because they keep the focus on what matters to people. Consider how they apply across the quality statements to improve the quality of the care you provide and make it’s person-centred.</p>
<p>With the increased focus on infection prevention the national action plan for antimicrobial resistance, how can high-risk practices (e.g., washing bedpans or commodes by hand) be addressed?</p>	<p>These practices can be addressed at a local level if they are already recognised as high-risk and should form part of your risk assessment and management processes. Taking proactive steps in line with any national guidance demonstrates responsible risk management. For tailored advice on minimising these risks in your service, it can be helpful to <a href="#">speak with our H&amp;S team</a>.</p>

<p>How to evidence outstanding practice for delegated healthcare activities or /delegated clinical tasks?.</p>	<p>Identify what distinguishes the task from expected good, evidence-based practice so it can be shared with other staff and organisations. Collect evidence in folders ahead of an assessment so it is readily available when needed. For guidance on documenting outstanding practice effectively, <a href="#">our team can advise</a>.</p>
<p>How will the CQC increase the number of inspections?</p>	<p>They are actively recruiting additional inspectors and are looking at how they can improve their internal assessment processes.</p>
<p>What type of evidence are CQC looking for in relation to SAF? Can clients have books with pictures to show activities?</p>	<p>Evidence includes policies, record systems and reporting, care plans and risk assessments, management oversight of things like complaints, incidents and staff training, staff team meeting minutes. Feedback from service users, staff and others is also considered.</p> <p>Folders of activities are useful, but please be mindful of consent when photographing people.</p>
<p>How do we go about establishing what to audit? I called the CQC for advice on this and they weren't able to offer any so currently feel like I'm using a common-sense approach- doesn't fill me with confidence!</p>	<p>Start by reviewing the key processes you have in place - for example, infection prevention and control, fire safety, and up-to-date service user records, including relevant risk assessments.</p> <p>Then ask yourself: how do I know these processes are being followed according to policy and expected practice? Decide how often you want to check compliance. For example, you might audit hand hygiene to ensure staff are following best practice monthly, quarterly, or every six months - whichever is appropriate for your service. Apply the same principle to other identified areas.</p> <p>If you would like additional guidance on structuring audits or identifying key areas, our team can provide practical support.</p>
<p>I would like to get more information on what the CQC expects to find in an inspection.</p>	<p>Become familiar with the CQC's website. This will also be covered in one of our upcoming training sessions early in 2026. Please keep an eye on our website for dates and details.</p>
<p>How best to evidence that the service is well led?</p>	<p>It's difficult to provide a detailed answer because of the complexity of the question. However, you may want to consider:</p> <ul style="list-style-type: none"> <li>• How vision and values are embedded in the organisation (e.g., induction, staff handbooks, training).</li> <li>• Creating a safe and open culture for staff where equality of opportunity is promoted, including EDHR policies, recruitment and selection processes, training etc</li> <li>• Systems and processes that provide assurance that all parts of the service comply with regulations and fundamental standards.</li> <li>• Robust governance processes, including reporting of incidents and complaints, central monitoring logs, dashboards, and governance meeting minutes.</li> <li>• Strong risk management processes, including an up-to-date risk register and timely risk assessments with action plans for identified issues (e.g., fire safety, health and safety).</li> </ul>

	<ul style="list-style-type: none"> <li>• Evidence of effective communication with staff through meeting minutes, team-building exercises, and consultation.</li> <li>• Demonstrable learning from feedback, incidents, complaints, safeguarding, and staff consultation.</li> <li>• Evidence of feedback from service users, carers, families, staff, partners, and external agencies, showing improvements where indicated.</li> <li>• Up-to-date and robust improvement plans.</li> </ul> <p>If you are worried about how prepared you will be when the time comes speak to our team about arranging a CQC style mock inspection <a href="#">here</a> or phone us on <a href="tel:08083037627">0808 303 7627</a> referencing Care England for preferential rates.</p>
<p>If you do not provide personal care, are you obliged to be registered with CQC?</p>	<p>You can only register with CQC if you are performing a regulated activity. Personal care is one example of a regulated activity. Please see CQC's scope of registration.</p>
<p>What notice will be given? Will an inspector be visiting the office as before?</p>	<p>This is at the CQC's discretion, they may perform an unannounced visit, and some services may receive 24 hours' notice, some longer.</p> <p>If you are worried about how prepared you will be when the time comes speak to our team about arranging a CQC style mock inspection <a href="#">here</a> or phone us on <a href="tel:08083037627">0808 303 7627</a> referencing Care England for preferential rates.</p>
<p>What are the expectations when you have sponsored employees?</p>	<p>Our sister company ESPHR specialises in helping employers navigate the changes in sponsorship with employees. Find out more <a href="#">here</a>. They recently hosted a 15-minute segment in our recent webinar on Working Time Regulations in Health and Social Care which you can find <a href="#">here</a>.</p>
<p>Our last CQC inspection was over 7 years ago, we received a 'Requires Improvement' rating with no breaches. We are eager for an inspection. How common is it for CQC not to reinspect for such a long period of time?</p>	<p>The CQC is no longer committed to a frequency of inspection process. Furthermore, they do not publish their frequency. They are trying to increase the number of inspections they carry out but there are many providers in a similar position.</p> <p>If your team would like to gauge where they would rate against the CQC framework please get in touch with our team <a href="#">here</a> to arrange a CQC style mock inspection or phone us on <a href="tel:08083037627">0808 303 7627</a> referencing Care England for preferential rates.</p>
<p>I am interested to know more about HR's obligations around safe recruitment of staff and training of staff</p>	<p>Please see the regulatory guidance on safe staffing <a href="#">here</a>. It is up to your organisation to determine which elements HR are responsible for.</p>
<p>It has not been possible to answer every question received during the webinar. If you have a question that isn't covered here, please get in touch with our team for guidance.</p>	

# How Care 4 Quality can support



## Mock inspections / CQC-style audits

- ✓ **Tailored** to suit **your specific requirements**
- ✓ Backed by a **comprehensive report** focused on addressing the five key questions, ensuring all aspects of your services are operating compliantly
- ✓ Conducted by **highly-experienced consultants** based nationwide



## CQC policy creation

- ✓ **Bespoke policies** for a wide range of sectors
- ✓ **Continuously updated** in line with the latest legislative, regulatory, and best practice guidance
- ✓ Written and maintained by **sector specialists** – taking the pressure off



## CQC compliance support

- ✓ **Crucial support** through enforcement action
- ✓ **Due diligence visits** before acquisitions, often resembling mock inspections
- ✓ **Bespoke support packages** tailored to your requirements

Contact our New Business Team quoting 'Care England' for preferential rates:

08083 037629 | [c4enquiries@care4quality.co.uk](mailto:c4enquiries@care4quality.co.uk)

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