

How we do our job

Although we inspect and regulate different care services in different ways, there are some things we do that apply across all services.

The way we regulate care services involves:

- registering people that apply to us to provide services
- using data, evidence and information throughout our work
- using feedback you've given us to help us reach our judgements
- inspections carried out by experts
- publishing information on our judgements. In most cases we also publish a rating to help you choose care
- taking action when we judge that services need to improve or to make sure those responsible for poor care are held accountable for it.

Related information

- [Equality and human rights](#)
- [How we help protect your rights under the Mental Health Act](#)

Registering and monitoring services

Before a care provider can carry out any of the activities that we regulate, they must register with us and satisfy us that they meet a number of requirements.

Why do care providers need to register with us?

We use registration to check whether care providers can meet a number of legal requirements. These include [fundamental standards](#) of quality and safety.

How do we assess the people who apply?

When we look at information about applicants and the services they intend to provide, we make judgements about:

- whether we think they're suitable
- whether there are enough staff and whether they've got the right skills, qualifications and experience
- the size, layout and design of the places where they intend to provide care
- their policies, systems and procedures and how effective we think they'll be
- how they're run and how they plan to make decisions.

[Search for services that have registered with us.](#)

Monitoring services

Once a service has registered with us, we monitor them continuously. The information we gather helps us to see how services are performing between our assessments.

Find out more about [how we use information and data to monitor services](#).

Planning assessments

Making sure we have the right information before we carry out an inspection helps us to focus on the right things. It influences what we look at, who we talk to and how the team is put together.

Gathering information before the inspection

The ways we collect information about services depend on the type of service we are inspecting. The information we collect includes:

- comments we have received through phone calls, letters and emails or through our [form to give feedback on care](#)
- information from [local Healthwatch and other organisations](#)
- feedback from activities we've planned to encourage you to give feedback on care
- information from staff who raise concerns
- information from the care provider.

The inspection team

Many of our inspection teams include specialists such as clinicians or pharmacists. They may also include Experts by Experience. These are people who have personal experience of care, either because they have used care services or because they have cared for someone who has.

The size of the inspection team and how it's made up depends on the type of service we are inspecting.

For example, when we inspect an NHS trust, the inspection team can have up to 50 members, including clinical and other experts. When we inspect a care home, a single inspector and an Expert by Experience is often enough.

Where do we get our evidence?

To answer the key lines of enquiry, our inspection teams use evidence from four main sources:

- Local information that we collect continuously. This includes complaints and the things we're told by staff, carers and people who use services.
- Information that we collect just before the inspection, such as information from the service provider or from our own records.
- Local and national data.
- Our inspection, which includes observing care and looking at records and documents.

For adult social care services – such as care homes and home care companies – our four sources are slightly different. This is because less data is available for adult social care than for other services.

For adult social care services, we use:

- a [range of data](#), including local information
- information that we collect just before the inspection
- information from [speaking with people](#) who use services, their families, carers, staff and other professionals
- our inspection.

The 5 key questions we ask

Our [new assessment framework](#) applies to providers, local authorities and integrated care systems. It is made up of the 5 key questions and, under each key question, a set of quality statements. Our 5 key questions are central to our approach. There are the things we ask of all care services.

Quality statements are the commitments that providers, commissioners and system leaders should live up to. Expressed as 'we statements', they show what is needed to deliver high-quality, person-centred care.

The quality statements show how services and providers need to work together to plan and deliver high quality care. They directly relate to the regulations listed.

"I statements are part of our assessment framework. They reflect what people have said matters to them. We have set a clear definition of quality and safety based on what people say matters to them, and this is used consistently by people who use services, and at all levels of health and social care."

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They have a key role in the People's experience evidence category to help us gather, listen to and act on people's experiences. Their experience of care will inform our decision-making and lead us to take appropriate action. This applies to all our work.

Find out more about [what to expect from a good care service](#).

Are they safe?

Safe: you are protected from abuse and avoidable harm.

Are they effective?

Effective: your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

Are they caring?

Caring: staff involve and treat you with compassion, kindness, dignity and respect.

Are they responsive to people's needs?

Responsive: services are organised so that they meet your needs.

Are they well-led?

Well-led: the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

Our ratings and scores

Overall ratings

Most of our assessment reports include an overall rating. You can use these to help compare services and make choices about care.

There are 4 ratings that we give to health and social care services:



Outstanding

The service is performing exceptionally well.

**Good**

The service is performing well and meeting our expectations.

**Requires improvement**

The service is not performing as well as it should and we have told the service how it must improve.

**Inadequate**

The service is performing badly and we've taken action against the person or organisation that runs it.

Key question and core service ratings

In addition, we give a rating for each of [the 5 key questions we ask](#).

We also give ratings for the types of services that acute hospitals, specialist mental health services and community health services provide. This includes both NHS and private or independent services.

For example, as well as giving an acute hospital an overall rating, we will give them ratings for services such as maternity or critical care.

Other types of providers may receive ratings for the different services they deliver, but not an overall rating. For example, a care home that also provides homecare in the community will not be given an overall rating.

Services without ratings

Not all the services listed on our website have ratings.

This is because:

- we don't have the legal power to rate some kinds of services, such as dental practices
- some services may have registered with us, but have not been assessed yet
- some old reports were written before the ratings were introduced.

How we score

We give percentage scores as well as ratings in our newer assessment reports. This is to help show whether a service is at the upper end of a rating or nearer the lower end.

The scores for each rating are:

- 88 to 100% - Outstanding
- 63 to 87% - Good
- 39 to 62% - Requires improvement
- 38% or lower - Inadequate

How we publish our findings

We use the evidence we collect to reach judgements about the quality of care. We publish [reports about the services we inspect](#) on our website.

After each inspection, we produce a report. In most cases our reports include ratings, which show our overall judgement of the quality of care.

Our reports set out what our findings on each of the five key questions mean for the people who use the service. We describe the good practice we find, as well as any concerns we have. We clearly set out any evidence about breaches of regulations.

We also make recommendations to help the care provider improve their rating.

Quality control

We aim to be consistent in everything we do. To help us achieve this we set up quality assurance panels to look at samples of our rating judgements to check consistency.

Action planning

The care provider must respond to areas of concern that we have identified, develop an action plan to address them and make improvements. We will follow up on any action we tell care providers to take. We may follow up by contacting the care provider or visiting the service to carry out a focused inspection.

When we inspect acute hospital trusts, specialist mental health services and community health services, our inspection findings are discussed at a quality summit. This is a meeting with the care provider and partners in the local health and social care system.

Publication

We publish [reports about the services we inspect](#) on our website.

Contact us to request reports published by the health and social care regulators before CQC.

Taking action

Everybody has the right to receive safe, high-quality care. If we find that care has fallen short of this, we use our powers to take action against those responsible.

Why we take action

We use our powers to:

- protect you from harm and make sure you receive care that meets [the standards you have a right to expect](#)
- make sure services improve if the standard of care they provide has fallen below acceptable levels
- hold care providers and managers to account for failures in how care is provided.

What action we take depends on how the problems we've identified affect the people who use the service and how serious they are.

Our powers

The action we can take includes:

- using requirement notices or warning notices to set out what improvements the care provider must make and by when
- making changes to a care provider's registration to limit what they may do, for example by imposing conditions for a given time
- placing a provider in special measures, where we closely supervise the quality of care while working with other organisations to help them improve within set timescales
- hold the care provider to account for their failings by:
 - issuing simple cautions
 - issuing fines
 - prosecuting cases where people are harmed or placed in danger of harm.
Find out about [prosecutions we've brought](#).

If we reach a final decision not to prosecute, you may be able to [ask us to review this decision](#).

Keeping you informed

We will include details of the action we take in our inspection reports and clearly show on the care provider's pages on our website when we are using our powers.

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