

How CQC monitors, inspects and regulates providers of sexual assault referral centres

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Always check CQC's [website](#) for the most up-to-date guidance

Updates to this guidance since March 2019:

- CQC's rationale for accessing patient records on inspection (page 8)

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HOW WE DEFINE SERVICES

We define sexual assault referral centre services as:

A place or service whose primary or main purpose is the provision of regulated activities to people who are or may have been the victims of a sexual offence within the meaning of the Sexual Offences Act 2003.

This guidance applies to sexual assault referral services that are delivered through different organisational models, including:

- NHS organisations working from NHS premises
- combined Police and NHS providers working from private premises, NHS premises or police premises
- independent providers working from private premises but providing a service to NHS patients.

Unlike most types of service that CQC regulates, we do not currently have the legal powers to give a quality rating to providers of sexual assault referral services, although this may change in the future.

MONITORING AND INFORMATION SHARING

How we monitor providers of sexual assault referral centres

Sources of information

We gather information about your service from a range of sources, including other regulators and oversight bodies, and other stakeholders and service providers. This helps us to target our resources where the risk to the quality of care is greatest. The information influences what we look at, who we will talk to and how we configure our inspection team.

We also use this information as evidence when we make our judgements against the legal requirements that you must meet.

How we work with national partners

We share information about services and people's experiences of them with some of our national partner organisations. These partnerships help us to be more efficient by reducing duplication and making the best use of shared information and resources. Our inspection teams have an ongoing relationship with organisations including:

- [The Forensic Science Regulator](#)
- [The Faculty of Forensic and Legal medicine](#)
- [Medicines and Healthcare products Regulatory Agency](#)
- [General Medical Council](#)
- [Healthwatch England](#)
- [NHS England](#)
- [Royal College of Paediatrics and Child Health](#)
- [Nursing and Midwifery Council](#)
- [General Pharmaceutical Council](#)
- [Public Health England](#)
- [Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services](#)
- [Parliamentary and Health Service Ombudsman](#)
- [Healthcare Inspectorate Wales](#)
- [Healthcare Improvement Scotland](#)
- [Regulation and Quality Improvement Authority.](#)

How we work with local and regional partners and the public

We use people's experiences of care to help decide when, where and what we inspect.

We encourage people to share their experience of care with us so that we can understand and act on what people tell us. This includes through our national [Tell us about your care](#) partner charities.

We also work in partnership with a range of local and regional groups. We share publicly available information with these groups and ask them to share information with us.

How we manage our relationship with you

Ongoing contact with CQC

A CQC inspector or inspection manager will be designated as your relationship holder.

They should be your first point of contact with CQC. You can contact your relationship holder if you have any queries about your registration or if you need to tell us about any significant changes to your services (for example, if your service begins formally collaborating with others).

Your relationship holder may contact you for a number of reasons. For example, if our monitoring activity suggests a significant improvement or deterioration in the quality of care, your relationship holder may ask you to explain the reasons behind this. Developing an ongoing relationship enables us to have a better understanding of the background and context of your service.

Fit and proper persons requirement: directors

(NOTE: this does not apply to providers that are individuals or partnerships.)

Providers are responsible for appointing, managing and dismissing directors and board members (or their equivalents). People who have director-level responsibility for the quality and safety of care, treatment and support must meet the fit and proper persons regulation (FPPR) (Regulation 5 of the Health and Social Care Act 2008). This aims to make sure that directors are fit and proper to carry out their role.

You must carry out appropriate checks to make sure that directors are suitable for their role. Our role is to make sure that you have a proper process to make robust assessments to satisfy the FPPR.

Information of concern

CQC may intervene where there is evidence that you have not followed, or you do not have, proper processes for FPPR. Although we do not investigate individual directors, if we receive information of concern about the fitness of a director, we will pass this on to you as the provider.

We will tell you about all concerns relating to your directors and ask you to assess all the information we send. We will have the consent of the third party referrer to do this, and will protect their anonymity wherever possible. However, there may be occasions when we are concerned about the potential risk to people using services, so we will need to progress without consent. We will also inform the director to whom the case refers, but we will not ask for their consent.

You must detail the steps that you have taken to assure the fitness of the director and provide a full response to CQC.

We will carefully review and consider all information. Where we find that your processes are not robust, or you have made an unreasonable decision, we will either:

- contact you to discuss further
- schedule an inspection
- take regulatory action in line with our enforcement policy and decision tree if we identify a clear breach of the regulation.

INSPECTION

When we will inspect

Frequency of inspections

When a new provider of a sexual assault referral centre registers with CQC, we will inspect the service within 12 months of registration. For providers that are already registered, we will carry out an initial programme of inspections over a two-year period. If we find any breaches of a regulation, we will establish the frequency of inspections for that provider based on the level of risk and the significance of our concerns, and any enforcement action we have taken.

What we will inspect

Assessment framework

To direct the focus of their inspection, our inspection teams use a set of key lines of enquiry (KLOEs) that directly relate to the five key questions – are services safe, effective, caring, responsive and well-led? For inspections of sexual assault referral centres, we will use the standard [KLOEs for healthcare services](#).

Each KLOE is accompanied by a number of questions that inspection teams will consider as part of the assessment; we call these prompts. In addition to the prompts that accompany the standard KLOEs we have developed a [set of prompts](#) specifically tailored for providers of sexual assault referral centres.

Our inspection teams will consider the information and data that they gathered when preparing for the inspection to decide which of the prompts they will use to help them make judgements on the KLOEs.

Types of inspection

Comprehensive

Comprehensive inspections address all five key questions and relevant legal requirements. They ask: is the service safe, effective, caring, responsive and well-led? We will always carry out a comprehensive inspection of services that we have not yet inspected.

Comprehensive inspections will usually be announced, with two weeks' notice. We feel that this is the most appropriate way to make sure that the care you provide to people is not disrupted. It also enables us to obtain and review the information that you send us before inspection as well as any information gathered from other people. However, we may also carry out unannounced or short-notice inspections if we have concerns about a service.

Focused

In some circumstances we will carry out a focused inspection rather than a comprehensive inspection.

We will do this when we need to follow up on an area of concern. This could be either a concern identified during a previous comprehensive inspection, which has resulted in enforcement action, or concerns that have been raised with us by the public, staff, other regulators or stakeholders, or through our monitoring activity.

Focused inspections do not usually look at all five key questions. They usually focus only on the areas indicated by the information that triggers the inspection.

Although they are smaller in scope, a focused inspection broadly follows the same process as a comprehensive inspection. The reason for the inspection determines when we visit, what evidence we need to gather, the size of the team and which specialist advisors to involve.

These inspections may be announced or unannounced, depending on the focus of the inspection. When a focused inspection identifies further significant concerns, it may trigger a comprehensive inspection.

Provider information request

Before an announced inspection, we will ask you to complete a provider information request, which will help us to understand more about the service you provide.

The information we ask for is likely to include:

- Details about the services you provide.
- Information about any stakeholder groups you participate in.
- Results of any feedback you have collected from people who have used your service, and information about how you have used these findings to improve your services.
- A summary of any complaints received in the last 12 months, any action you have taken and how you implemented the learning.
- A summary of any serious adverse events in the last 12 months, any action you have taken and how you implemented the learning.

- Evidence of how you monitor the quality of the services provided and examples of quality improvement activity, including clinical audit.
- A description of how your service supports clinical staff to operate in line with professional guidance.

You will have five working days in which to complete and respond to our request.

We will tell you how to submit the information, when to send it by, and who to contact if you have any questions.

We may also ask you for some additional specific information if we need to clarify queries during an inspection. We will keep track of these extra requests to minimise duplication and to make sure that we only request information that we need, and which is not available elsewhere.

The inspection team

Each inspection team is led by a CQC inspector or inspection manager and may include additional expert advisors. The experts who join the team reflect the type of services being inspected, the areas that we want to focus on and the nature of any issues identified before inspection. An inspection team may include:

- specialist professional advisors with specific relevant expertise, for example clinicians, members of CQC's Medicines Optimisation team or people with knowledge and experience of delivering care for victims of rape and sexual assault
- staff from other inspectorates or agencies.

Teams will vary in size and composition depending on the size and complexity of the services being inspected.

Site visits

As part of the inspection, the inspection team will visit the location(s) where you provide services. They may meet with the registered manager or nominated representative, talk with staff and examine systems, documents and patients' records. This is to help them assess the quality of the health care being provided. We will try to make sure that our inspection visit does not affect the delivery of services to patients.

We recognise that medical records held in sexual assault referral centres may include sensitive private and personal information. CQC has powers under the Health and Social Care Act 2008 to access medical records to enable us to carry out our regulatory functions. These powers are always balanced against our responsibilities

under the Data Protection Act 2018, the Human Rights Act 1998 and the common law duty of confidentiality. It is also vital that we respect and protect the privacy and dignity of patients and maintain their trust in CQC and in the confidentiality of their records.

We will only use our powers to look at medical records where there is a necessary reason to do this, and where the intrusion on the privacy of that patient is justified and proportionate. We will always refer to and apply the 'necessity test' set out in our [Code of Practice on Confidential Personal Information](#).

Where we carry out an announced inspection, the lead inspector will contact you about two weeks beforehand to make any necessary logistical arrangements and to make sure that you are prepared for the visit. We will usually complete the on-site part of the inspection in two to three days. However, we may need longer for more complex services or if significant issues arise on the day.

Part of the inspection will involve interviewing one or more clinicians.

At the start of the site visit, the inspection team will meet with your registered manager, if there is one, and/or the nominated representative. This introductory session should take no longer than 30 minutes. It will introduce the inspection team and explain:

- the scope and purpose of the inspection, including CQC's regulatory powers
- how we will escalate any concerns that we identify during the inspection
- how we will communicate our findings.

You will have an opportunity to:

- tell the inspection team about the service, including the context in which you operate
- share any examples of notable practice that you think goes beyond the requirements of the regulations
- tell the inspection team about any concerns that you have identified about your ability to meet the regulations and what you are doing about it.

If we find that you have not told us about issues of concern that you are already aware of, we will reflect this when we assess and judge the quality of your leadership and governance.

Feedback on the visit

At the end of the inspection visit, the inspector will meet with you to provide summary feedback. This usually includes:

- explaining our findings to date, including any issues that we escalated during the visit
- any plans for follow-up or additional visits (unless they are to be unannounced)
- explaining how we will make our assessment against the regulations
- explaining the next steps
- answering your questions about the process.

Mental Capacity Act

If your service provides care or support for adults who have (or appear to have) difficulty making informed decisions about their care, treatment or support, you may need to refer to the Mental Capacity Act 2005. This applies to all types of service providers.

The Mental Capacity Act helps to safeguard the human rights of people aged 16 and over who lack (or may lack) mental capacity to make decisions. This may be because of a lifelong learning disability or a more recent short-term or long-term impairment resulting from injury or illness.

This includes decisions about whether or not to consent to care or treatment.

Your staff need to be able to identify situations where the Mental Capacity Act may be relevant and know what steps to take to maximise and assess a person's capacity. If a person's capacity is impaired, staff must know how to ensure that decisions made on the person's behalf are in their best interests.

See more about assessing mental capacity in the additional guidance for providers of online primary care.

Read more about the [Mental Capacity Act](#).

AFTER INSPECTION

Making judgements

Unlike many types of service that CQC regulates, we do not have the legal powers to give a quality rating to providers of sexual assault referral centres at this stage, although this may change in the future.

Our inspection team makes a judgement on whether your service is meeting the necessary legal requirements based on our assessment of the evidence we gather against our key lines of enquiry and the additional specific prompts for providers of sexual assault referral centres.

We also use information gathered from other sources as evidence when we make our judgements. This includes information that you provide, information from people who use services, other regulators and oversight bodies and other stakeholders and service providers.

When making our judgements, we consider the weight of each piece of relevant evidence. In most cases we seek to verify our evidence with other sources to support our findings. When we have conflicting evidence, we will consider its source, how robust it is and which is the strongest. We may conclude that we need to gather additional evidence or seek specialist advice to make a judgement.

Your inspection report

After each inspection we publish a report on our website. This presents a summary of our findings, judgements and any enforcement activity that we may have taken.

The report focuses on what our findings mean for the public. It gives details about our judgements on whether services are providing people with care that is safe, effective, caring, responsive and well-led, based on whether regulations are being met. If we find examples of notable practice during inspection, we describe them in the report to enable other providers to learn and improve. Reports also include information about any areas for improvement, even if the service meets the regulations. We describe any concerns we find about the quality of care and clearly set out any evidence we have found about a breach of the regulations and other legal requirements.

Quality checks

Before publishing, we carry out quality and consistency checks on all reports to ensure that our judgements are consistent. This includes internal quality panels where we discuss and ratify our reports.

Factual accuracy check

When we have checked the quality of the draft inspection report (and evidence appendix/table, if appropriate), we will send you the draft documents. We will ask you to check the factual accuracy and completeness of the information that we have used to reach our judgements and ratings, where applicable.

The factual accuracy checking process allows you to tell us:

- where information is factually incorrect
- where our evidence in the report may be incomplete.

The factual accuracy process gives inspectors and providers the opportunity to ensure that they see and consider all relevant information that will form the basis of CQC's judgements.

Inspection teams base their judgements and ratings on all the available evidence, using their professional judgement and CQC's published ratings characteristics for [health care](#) and for [adult social care](#) services. The inspection report does not need to reference all the evidence but it should include the best evidence to support our judgements.

We will send an email to the appropriate registered person. This will include:

- a copy of the draft report (and evidence appendix/table, if appropriate)
- a link to download a form to provide your response.

Download the appropriate form to submit your response, as set out in the letter in the email. Once you have received the email with the draft report, you have **10 working days from the date of the email** to submit the form with your comments.

If you do not wish to submit a response tell us immediately. We will then be able to publish the final report.

Providers are responsible for making sure that the factual accuracy of the draft report has been checked by the responsible person and that any factual accuracy comments regarding the draft report have been approved and submitted.

The factual accuracy checking process should not be used to query:

- an inspection rating
- how we carried out an inspection – see how to [complain about CQC](#)
- enforcement activity that we propose – see how to [make a representation about proposed enforcement activity](#)

The draft report includes the draft judgements (and ratings, where appropriate). If the inspector corrects any factual details in the report or accepts any additional evidence, they will amend the draft report. They will determine whether this has an impact on a judgement or rating(s) and will explain any changes on the form. We may change draft ratings if we determine that the evidence on which they are based is inaccurate or incomplete.

For more details and guidance on how to respond, see [Factual accuracy check](#).

How we publish inspection information

Every time we inspect a health or social care service, we publish information about it on our website.

This includes:

- details of current and recent inspections
- the inspection report.

We also send email alerts to people who have registered an interest in a service, location or area.

Current and recent inspections

When we are inspecting a service, we display a message on its profile webpage. We remove this when we publish the inspection report.

The inspection report

We publish your inspection reports on the appropriate web pages. The full report is available as a PDF document.

Email alerts

Visitors to our website can sign up for [email alerts](#) about our inspections related to locations.

Anybody who has signed up to receive alerts about one of your locations will get an email:

- when we have inspected the location
- when we publish the report.

We send these alerts once a week.

Enforcement action

We only publish information about enforcement action once any representations and appeals processes are complete.

The exception to this is urgent enforcement action, where we update our website with information straight away. This includes action such as:

- Suspending a provider or registered manager.
- Placing conditions on a provider's registration because of major concerns.

See the section on Enforcement. You can also read more about [enforcement action and representations on our website](#).

Informing the media

We routinely send summary information about our findings to local, national and trade media.

We will normally send more in-depth details to the media when we:

- take enforcement action
- prosecute.

Enforcement

If the care you provide harms people or puts people at risk of harm, we can take enforcement action to protect them. We do this so that you make improvements to prevent any further harm or risk of harm. If the improvements you need to make are small and low risk, we may work with you without taking enforcement action.

If you provide poor quality care you may be committing an offence. If you do commit an offence we can take criminal enforcement action to hold you to account. Our [guidance](#) helps you to understand the level of care that people should receive. If the level of care falls below this and people are harmed or put at risk, you may be committing an offence and we may take criminal enforcement action.

Types of enforcement action

The type of enforcement action we can take will depend on whether we are protecting people or holding you to account.

- We will take **civil enforcement action** to protect people; and/or
- To hold you to account we will take **criminal enforcement action** if you fail to meet prosecutable fundamental standards.

Our [enforcement policy](#) describes this in more detail.

Deciding which enforcement action to take

This will depend on a number of factors including:

- The level of harm or risk that has occurred.
- The actions you have taken to prevent harm from happening again.
- The quality of care you have provided previously.
- Whether you have had any enforcement action taken against you before.
- In respect of criminal enforcement, in accordance with the Code for Crown Prosecutors.

Our [enforcement policy](#) and [enforcement decision tree](#) explain in more detail how and when we take enforcement action.

Following up enforcement action

We will inspect your services to check whether you have made the changes needed to improve. If you have not made the necessary changes we can take more severe enforcement action. In serious cases we can cancel your registration so you can no longer provide care.

Offences

Certain regulations have offences attached to them. This means that if you breach the regulation, it is an offence and CQC can prosecute as part of our enforcement action.

The offences and our powers to prosecute are set out in the following legislation:

- Health and Social Care Act 2008 as amended
- [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#)
- [Care Quality Commission \(Registration\) Regulations 2009](#)

Our [enforcement policy](#) details the fixed penalties and fines payable for offences.

For the regulations where we cannot prosecute, we can use other regulatory actions, which are set out in our [enforcement policy](#).

Make a representation

If CQC takes civil enforcement action the relevant registered person has the right to make representations to us. You can make a representation if we:

- Issue a Warning Notice.
- Impose, vary or remove conditions of registration.
- Suspend registration, or extend the period of suspension of registration.
- Cancel registration.

Warning Notices

A registered person must make representations against a warning notice in writing within 10 working days of CQC serving the notice.

See our guidance on [making representations against a warning notice](#).

Please use this form to make representations: [Notice representations form](#)

Please note: there is no right of appeal to the First-Tier Tribunal against a warning notice; you can only make representations to us about it. Please send your representations form by email to HSCA_Representations@cqc.org.uk.

Notice of proposal

A registered person can make a representation against a notice of proposal before we decide whether to adopt it and serve a notice of decision. You must make a representation within 28 days of CQC serving the notice.

If we issue a notice of decision, a provider can appeal about it to the First-Tier Tribunal.

See our guidance about [making representations against a notice of proposal](#).

Please use this form to make a representation: [Notice representations form](#).

We will consider all representations and aim to respond to them within 20 working days.

Please note: Each form only covers one regulated activity; please specify which one in the appropriate section of the form. To make representations about more than one regulated activity, you must complete and submit a separate form for each one.

Please send your representations form by email to HSCA_Representations@cqc.org.uk.

Complain about CQC

We aim to provide the best possible service, but we do not always get it right. CQC welcomes your feedback to help us improve our services and ensure we are responding to your concerns as best we can.

Your complaint should be made to the person you have been dealing with because they will usually be the best person to resolve the matter. If you feel unable to do this, or you have tried and were unsuccessful, you can contact our National Customer Service Centre by phone, letter or email.

Post

CQC National Customer Service Centre
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA

Telephone: 03000 616161

Email: enquiries@cqc.org.uk

Opening hours: 8.30am – 5:30pm, Monday to Friday

What will happen next?

Your complaint will be forwarded to our National Complaints Team who will make contact with you to discuss your concerns and confirm how CQC will respond to them.

We will try to resolve your complaint informally within seven working days so that we can address the concerns as soon as possible. If a formal investigation is needed, we will propose a date for response (usually within 30 working days) and agree this with you. Your complaint will be investigated by someone not connected to the issues and the process will be overseen by the National Complaints Team. You will then receive a report detailing our findings and if appropriate, what we have done, or plan to do, to put things right.

What if I am still not happy?

If you remain unhappy with the outcome of your complaint, you can contact the Parliamentary and Health Service Ombudsman (PHSO) via your local Member of Parliament. Visit the [PHSO website](#) to find out how.