



Introduction

The Royal College of Nursing has kept a close eye on the Care Quality Commission (CQC) since its inception in shadow form in 2009. This is because nurses want to be able to deliver high quality care. CQC as the independent regulator is charged with reassuring the public and patients and those who it services



We also spoke to a member who works for CQC.

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Members identified a number of areas where CQC is working well, although there was not necessarily consensus across all members we talked to.

- **Essential standards** they provide a framework for members to work within.
- **Inspectors** members who had met inspectors felt that they were professional and credible. In one area, this was perhaps because of a long standing relationship as the inspector had been part of the previous inspectorate.
- **Recognising quality** members who had an inspection did note that good practice was also included in the inspection report. But others felt more needed to be done to recognise the good as well as the not so good, particularly when inspectors can only look at one or





Staffing within providers

1. The CQC ensures a clearer focus on staffing by:
 - a. providing further detail on staffing that inspectors see on their inspection visit, publicly reporting on: RN to non- RN ratios, use of an appropriate tool to determine staffing levels, actual versus establishment staffing levels and RN to patient ratios
 - b. revisiting the Quality and Risk Profile (QRP) to see how these metrics can be incorporated in regular monitoring.
2. The Department of Health (DH) to consider whether new data collections are required for the CQC to draw upon to support their monitoring of staffing within the QRP.

Inspections

3. The CQC ensures that all providers have an unannounced inspection once a year and ensures clear and transparent reporting of inspection and enforcement activity, including accurately publishing within their annual report all inspection and enforcement activity undertaken.
4. The CQC inspectors should talk to a range of staff when conducting inspections, including both senior and junior staff. They should also ensure that they speak to staff without managers present to allow staff to speak freely.
5. The CQC ensures a balance of unannounced inspections during the day and night.

Whistleblowing

6. The CQC sets out a two week target for responding to those who raise concerns (if they provide their full details so that the CQC can follow up because individuals can raise concerns anonymously). The CQC should also monitor and publish their success at meeting those targets.
7. If the CQC cannot meet a two week target then they must look again at the workload of CQC staff and whether more staff are needed.

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8. The CQC must support its own staff to maintain their nursing expertise and registration, to help counter the perception of a lack of clinical expertise which undermines the credibility of inspectors and their inspection reports.
9. The CQC continues its ongoing recruitment of inspectors and reviews their training to support them in their challenging role.



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