STANDARD OPERATING PROCEDURE FOR TRUST STAFF ON CARE QUALITY COMMISSION (CQC) INSPECTIONS

Reference number	SOP/ OPERATIONAL /0656		
Version:	1		
Ratified by:	Policy Assurance Group		
Ratification Date:	05.08.2026		
Approval Committee	CQC Readiness Group		
Date Approved:	30.07.2026		
Date Issued:	05.08.2026		
Executive Owner:	Chief Nurse and Director of Allied Health Professionals		
Name of Author(s) and Job Title(s):	Niamh Murphy, CQC Prep Support Matron Pauline Milne, Well-Led Preparation Lead Pilar P Beristain, Compliance and Quality Improvement Manager		
Target Audience:	All staff		
Review date:	05.08.2027		
Procedural document linked to/Tagged:	**Tick as appropriate**		
	Regulatory Compliance	√	
	Organisation-wide	√	
	Directorate/ICSU		
	Service		
	Shared document		
Keywords	Care Quality Commission (CQC) Inspection		

Dissemination and Implementation

Responsible person for coordinating dissemination and implementation		Pilar Penagaricano Beristain, Compliance and Quality Improvement Manager	
Methods of dissemination	Intranet	Other	Email to key Stakeholders
(Delete as appropriate)	Yes	N/A	Yes

Consultation

List of those consulted	Care Quality Commission Readiness Group
Period of consultation	01/06/2026- 03/07/2026

Version Control Summary

Version No	Description of change	Author	Date
1	New SOP	Niamh Murphy, CQC Prep Support Matron Pauline Milne, Well-Led Preparation Lead Pilar P Beristain, Compliance and Quality Improvement Manager	

Contents

1.0 INTRODUCTION

This SOP provides an overview of the process to be followed in response to the Trust being notified of the arrival of a Care Quality Commission (CQC) team for unannounced inspection.

2.0 PURPOSE

This SOP details the actions to take if the CQC inspectors arrive in the organisation during Monday to Friday daytime hours as well as out of hours and weekends.

3.0 SCOPE

The SOP is intended to be a useful resource for members of the Trust Management Group and their teams.

4.0 DUTIES (Roles and Responsibilities)

The Chief Nurse and Director of AHPs, the Chief Medical Officer, and the Chief Operating Officer are collectively responsible for ensuring that all Trust staff are aware of this SOP and comply with the protocols and requirements set out within it.

The SOP provides details of the actions to be taken by a range of different members of Trust staff to welcome the CQC inspection team, verify their identity and facilitate their review of Trust services.

Roles and responsibilities vary according to the timing of the inspection (during working hours or out of hours) and the service area being inspected (hospital or community services).

5.0 PROCEDURE

Action cards are provided with instructions and identified leads for managing a CQC inspection, both during normal working hours and out of hours. These instructions are intended to guide the initial response should CQC inspectors arrive at a hospital site or community service location. They are not intended to provide an exhaustive list of actions but rather outline the immediate steps required to support an effective and coordinated response.

A list of contact details for key personnel is also provided.

In the event of a CQC inspection, staff who are working from home or remotely are expected to come into the Trust (unless there are special circumstances which will be agreed by relevant manager on a case-by-case basis).

5.1 ACUTE SERVICES - HOSPITAL

5.1.1 In hours Process

CQC arrive at the hospital and report to reception desk

Action	Lead	Complete √
Request to see the inspection team members' CQC identification	Reception staff	
Explain to inspection team that you will contact someone to assist them	Reception staff	
Contact the Chief Nurse and Director of Allied Health Professionals office to inform that a CCQ inspection team is on site Also refer to Appendix I	Reception staff	
Contact the Compliance and Quality Improvement Manager and / or Deputy Chief Nurse	Executive Assistant to Chief Nurse and Director of AHPs	
Verify the identity of the CQC inspection team	Compliance and Quality Improvement Manager or Deputy Chief Nurse	
Escort inspection team to Whittington Education Centre or other central agreed location	Executive Assistant to Chief Nurse and Director of AHPs or Compliance and Quality Improvement Manager	
Collect the 10 CQC Inspector ID badges from the CQC Inspection Resources Box located in the cupboard in the office of the Chief Nurse and Director of AHPs. Note: These ID badges do not provide security access. Access permissions will be assigned by Security as required after Chief Nurse's approval. Always ensure the resources box contains all required materials, including ID badges and all necessary printed documentation.	Executive Assistant to Chief Nurse and Director of AHPs	
Issue ID badges to the inspection team and complete the security badge log sheet (Appendix IV)	Executive Assistant to Chief Nurse and Director of AHPs	

Action	Lead	Complete √
Establish the clinical services the CQC inspectors would like to visit	Chief Nurse and Director of AHPs	
Establish the resources the CQC team will require for example the number and size of meeting rooms and car parking spaces (if needed). Appendix III - notice for meeting rooms	Executive Assistant to Chief Nurse and Director of AHPs	
Access to specific clinical areas must be approved by the Chief Nurse and Director of AHPs. Following approval, ask Security to assign the required access to the relevant ID badge(s).	Chief Nurse and Director of AHPs Executive Assistant to Chief Nurse and Director of AHPs	
Car parking spaces are arranged via the security team	Executive Assistant to Chief Nurse and Director of AHPs	
Provide copies of the *Welcome to Whittington Health NHS Trust* booklet to inspection team. These can be emailed or printed.	Executive Assistant to Chief Nurse and Director of AHPs	
Contact WEC Business Manager / Assistant Director to identify meeting rooms for inspection team's requirements	Executive Assistant to Chief Nurse and Director of AHPs	
Notification of key individuals in organisation of the presence of CQC in the trust	Chief Nurse and Director of AHPs to notify Chief Executive and Executive Director colleagues, Chair and Non-Executive Directors, the Trust Board Secretary and the Director of Communications and Engagement	
	Chief Nurse and Director of AHPs to notify Deputy Chief Nurses and Chief AHP	
	Chief Operating Officer to notify Deputy Chief Operating Officer and Divisional Directors of Operations	
	Chief Medical Officer to notify Deputy Medical Directors, Associate Medical	

Action	Lead	Complete √
	Directors and Divisional Clinical Directors	
	Chief Finance Officer to notify Director of Estates, Facilities and Capital Projects	
	Deputy Chief Nurses and Chief AHP to notify Director of Midwifery, Associate Directors of Nursing, Therapy Leads, Education and Patient Experience teams and Heads of Safeguarding	
Issue Trust wide communication to all staff and signpost to relevant CQC information [for example the education bulletins and the electronic version of the well-led booklet available at Fit for the Future Hub]	Director of Communications and Engagement	
Trust staff to be advised of central point of contact for any CQC related enquiry: Compliance and Quality Improvement Manager or Deputy Chief Nurse (see section 6 for contact details)	Director of Communications and Engagement	
Clinical services and individuals to be notified if CQC have identified that they wish to visit a particular clinical area / service or meet with individual staff members	Compliance and Quality Improvement Manager or Deputy Chief Nurse	
Divisional / department checklist to be followed (as detailed in Appendix VI)	Divisional Leads (triumvirate)	
Key themes from CQC meetings to be reported to trust central point of contact who will log, summarise and report back to daily debrief (Appendix VII feedback template)	Compliance and Quality Improvement Manager or the Deputy Chief Nurse (see section 6 for contact details)	
Daily debrief meeting on MS teams where learning can be shared	Chief Nurse and Director of AHPs to lead with Trust Management Group, Deputy Chief Nurse and Compliance and Quality Improvement Manager	

5.1.2 Out of Hours Process (including weekends)

CQC arrive at the hospital and report to reception desk

Action	Lead	Complete √
Request to see the inspection team members' CQC identification	Reception staff / security staff	
Explain to inspection team that you will contact someone to assist them	Reception staff / security staff	
Contact the Clinical Site Manager to inform them that a CCQ inspection team is on site Also refer to Appendix I	Reception staff / security staff	
Contact the silver on-call to inform them that a CCQ inspection team is on site [via switchboard]	Clinical Site Manager	
Contact gold on-call via switchboard to inform them that a CCQ inspection team is on site	Silver on-call	
Verify the identity of the CQC inspection team	Clinical site manager / silver on-call	
Instruct security team to issue CQC Inspector ID badges from the pre-pared stock of ten held in the security office. These ID badges have no security access. This access will be updated by security as required after approval by gold on-call	Silver on-call	
Always ensure the resources box kept with the Security team contains all required materials, including ID badges and all necessary printed documentation.	Security team	
Issue ID badges to the inspection team and complete the security badge log sheet (Appendix IV)	Security team	
Escort inspection team to meeting room at the rear of N19 (key n. 86 in security key cupboard if locked)	Security team	
Establish the clinical services the CQC inspectors would like to visit, and the resources required for example the number and size of additional meeting rooms and car parking spaces (if needed) Appendix III notice for meeting rooms	Silver on-call	

Action	Lead	Complete √
Car parking spaces are arranged via the security team	Silver on-call	
If security access to specific clinical areas is required, this should be approved by the gold on-call and then arranged with security who can update the relevant ID badge(s) on an as required basis	Silver on-call	
Once in working hours		
Notify Chief Nurse and Director of AHPs, that a CQC inspection team are on-site and provide update on the areas / teams they are visiting	Gold on-call	
Contact WEC Business Manager / Assistant Director to identify meeting rooms for inspection team's requirements	Executive Assistant to Chief Nurse and Director of AHPs	
Provide copies of the Welcome to Whittington Health NHS Trust booklet to inspection team. These can be emailed or printed. (Printed copies are kept in the resource box in the Security Office)	Executive Assistant to Chief Nurse and Director of AHPs	
Notification of key individuals in organisation of the presence of CQC in the trust	Chief Nurse and Director of AHPs to notify Chief Executive and Executive Director colleagues, Chair, Non-Executive Directors, the Trust Board Secretary, the Director of Communications and Engagement, Deputy Chief Nurses and Director of AHPs	
	Chief Operating Officer to notify Deputy Chief Operating Officer and Divisional Directors of Operations	
	Chief Medical Officer to notify Deputy Medical Directors, Associate Medical Directors and Divisional Clinical Directors	
	Chief Finance Officer to notify	

Action	Lead	Complete √
	Director of Estates, Facilities and Capital Projects	
	Deputy Chief Nurses and Chief Allied Health Professions to notify Director of Midwifery, Associate Directors of Nursing, Therapy Leads, Education and Patient Experience teams and Heads of Safeguarding	
Issue Trust wide communication to all staff and signpost to relevant CQC information for example the education bulletins and the electronic version of the well-led booklet. Available at: Fit for the Future Hub	Director of Communications and Engagement	
Trust staff to be advised of central point of contact for any CQC related enquiry: Compliance and Quality Improvement Manager or Deputy Chief Nurse (see section 6 for contact details)	Director of Communications and Engagement	
Clinical services and individuals to be notified if CQC have identified that they wish to visit a particular clinical area / service or meet with individual staff members	Compliance and Quality Improvement Manager or Deputy Chief Nurse	
Divisional / department checklist to be followed (as detailed in Appendix VI)	Divisional Leads (triumvirate)	
Key themes from CQC meetings to be reported to trust central point of contact who will log, summarise and report back to daily debrief (Appendix VII feedback template)	Compliance and Quality Improvement Manager or the Deputy Chief Nurse (see section 6 for contact details)	
Daily debrief meeting on MS teams where learning can be shared	Chief Nurse and Director of AHPs to lead with Trust Management Group, Deputy Chief Nurse and Compliance and Quality Improvement Manager	

5.2 COMMUNITY SERVICES

5.2.1 In hours Process

Inspectors arrive at a community base or clinic.

Action	Lead	Complete √
Request to see the inspection team members' CQC identification	First Contact Staff (e.g. receptionist, etc)	
Explain to inspection team that you will contact someone to assist them	First Contact Staff (e.g. receptionist, etc)	
Inform team / site lead	First Contact Staff (e.g. receptionist, etc)	
Verify the identity of the CQC inspection team	Team Lead or Manager based at the community site	
Escort inspection team to an appropriate meeting room, if available	Admin / Support staff	
Establish the services the CQC inspectors would like to visit	Clinical Lead / Manager (if no clinical lead or manager available, the most senior person on site)	
Contact the Chief Nurse and Director of Allied Health Professionals office to inform that a CCQ inspection team is on site	Clinical Lead / Manager (if no clinical lead or manager available, the most senior person on site)	
Provide copies of the *Welcome to Whittington Health NHS Trust* booklet to inspection team. These can be emailed or printed.	PA to ACS or PA to CYP Directors	
Notification of key individuals in organisation of the presence of CQC in the trust	Chief Nurse and Director of AHPs to notify Chief Executive and Executive Director colleagues, Chair, Non- Executive Directors, Director of Communications and Engagement, the Trust Board Secretary, and ACS and CYP Directors	
	Chief Nurse and Director of AHPs to notify Deputy Chief Nurses and Chief AHP	
	Chief Operating Officer to notify Deputy Chief Operating Officer and Divisional Directors of Operations	

Action	Lead	Complete √
	Chief Medical Officer to notify Deputy Medical Directors, Associate Medical Directors and Divisional Clinical Directors	
	Chief Finance Officer to notify Director of Estates, Facilities and Capital Projects	
	Deputy Chief Nurses and Chief AHP to notify Director of Midwifery, Associate Directors of Nursing, Therapy Leads, Education and Patient Experience teams and Heads of Safeguarding	
Issue Trust wide communication to all staff and signpost to relevant CQC information [for example the education bulletins and the electronic version of the well-led booklet available at Fit for the Future Hub]	Director of Communications and Engagement	
Trust staff to be advised of central point of contact for any CQC related enquiry: Compliance and Quality Improvement Manager or Deputy Chief Nurse (see section 6 for contact details)	Director of Communications and Engagement	
Clinical services and individuals to be notified if CQC have identified that they wish to visit a particular clinical areas / service or meet with individual staff members	ACS or CYP Associate Director of Nursing	
Divisional / department checklist to be followed (as detailed in Appendix VI)	Team Leads	
Key themes from CQC meetings to be reported to trust central point of contact who will log, summarise and report back to daily debrief (Appendix VII feedback template)	Compliance and Quality Improvement Manager or the Deputy Chief Nurse (see section 6 for contact details)	
Daily debrief meeting on MS teams where learning can be shared	Chief Nurse and Director of AHPs to lead with Trust Management Group, ACS / CYP Directors, Deputy Chief Nurse and Compliance and Quality Improvement Manager	

5.2.2 Out of Hours Process (including weekends)

Inspectors arrive at a community base or clinic.

Action	Lead	Complete √
Request to see the inspection team members' CQC identification	First Contact Staff (e.g. receptionist)	
Explain to inspection team that you will contact someone to assist them	First Contact Staff (e.g. receptionist)	
Inform team / site lead	First Contact Staff (e.g. receptionist)	
Verify the identity of the CQC inspection team	Clinical Lead/ Manager	
Escort inspection team to an appropriate meeting room if available	Staff working on site	
Establish the services the CQC inspectors would like to visit	Clinical Lead /Manager	
Contact the silver on-call to inform them that a CCQ inspection team is visiting the service	Clinical Lead / Manager	
Contact gold on-call via switchboard to inform them that a CCQ inspection team is on site	Silver on-call	
Once in working hours		
Notify Chief Nurse and Director of AHPs that a CQC inspection team are on-site and provide update on the areas / teams they want to visit	Gold on-call	
Provide copies of the Welcome to Whittington Health NHS Trust booklet to inspection team. These can be emailed or printed. (Printed copies are kept in the resource box in the Security Office)	PA to ACS Directors or CYP Directors	
Notification of key individuals in organisation of the presence of CQC in the trust	Chief Nurse and Director of AHPs to notify, Chief Executive Officer, Executive Team, Chair, Non-Executive Directors, Trust Board Secretary, Director of Communications and Engagement, Deputy Chief Nurses, Director of AHPs and ACS /CYP Directors	
	Chief Operating Officer to notify Deputy Chief Operating Officer and	

Action	Lead	Complete √
	Divisional Directors of Operations	
	Chief Medical Officer to notify Deputy Medical Directors, Associate Medical Directors and Divisional Clinical Directors	
	Chief Finance Officer to notify Director of Estates, Facilities and Capital Projects	
	Deputy Chief Nurses and Chief Allied Health Professions to notify Director of Midwifery, Associate Directors of Nursing, Therapy Leads, Education and Patient Experience teams and Heads of Safeguarding	
Issue Trust wide communication to all staff and signpost to relevant CQC information for example the education bulletins and the electronic version of the well-led booklet. Available at: Fit for the Future Hub	Director of Communications and Engagement	
Trust staff to be advised of central point of contact for any CQC related enquiry: Compliance and Quality Improvement Manager or Deputy Chief Nurse (see section 6 for contact details)	Director of Communications and Engagement	
Clinical services and individuals to be notified if CQC have identified that they wish to visit a particular clinical areas / service or meet with individual staff members	ACS or /and CYP Director	
Department checklist to be followed (as detailed in Appendix VI)	Team Leads	
Key themes from CQC meetings to be reported to trust central point of contact who will log, summarise and report back to daily debrief (Appendix VII feedback template)	Compliance and Quality Improvement Manager or the Deputy Chief Nurse (see section 6 for contact details)	
Daily debrief meeting on MS teams where learning can be shared	Chief Nurse and Director of AHPs to lead with Trust	

Action	Lead	Complete √
	Management Group, ACS / CYP Directors, Deputy Chief Nurse and Compliance and Quality Improvement Manager	

Community-Specific Considerations

- Multi-site services and remote working
- Patient home visits require consent
- Lone worker safety
- Out-of-hours response should prioritise
  - Safe escalation
  - Verification
  - Service continuity

6. CONTACT LIST

6.1 In-office hours

Name	Job Title	Contact Details
Sarah Wilding	Chief Nurse and Director of Allied Health Professionals	sarah.wilding10@nhs.net 0207 288 3588 07789 923446
Rantimi Ayodele	Chief Medical Officer	rantimi.ayodele@nhs.net 020 3299 9000 07957100747
Carolyn Stewart	Executive Assistant to Chief Nurse and Director of Allied Health Professionals	carolyn.stewart2@nhs.net 0207 288 3589
Nikki Sands	Deputy Chief Nurse	nicola.sands1@nhs.net 0207 288 3063 07384876730
Deborah Clatworthy	Deputy Chief Nurse	deborah.clatworthy@nhs.net 0207 288 3687 07795506758
Mark Livingstone	Chief Allied Health Professional	mark.livingstone2@nhs.net 020 7288 3838 073923152713838
Sharon D'Souza	Interim Clinical Director, CYP	sharon.d'souza@nhs.net 02072883201
Rhonda Flemming	Joint Clinical Director, ACW	rhonda.flemming@nhs.net 02072885432
Stuart Richardson	Joint Clinical Director, ACW	stuart.richardson2@nhs.net 07884188504
Duncan Carmichael	Clinical Director, EIM	duncan.carmichael@nhs.net 02072883863 07801819623
Chetan Parmar	Clinical Director, S&C	cparmar@nhs.net 02072885372 07737268243
Nadine Jeal	Clinical Director, ACS	nadine.jeal@nhs.net 07920235807 02072885565
Betty Njuguna	Associate Director of Nursing & Islington Borough Lead	bnjuguna@nhs.net 07442410967
Lorraine Patel	Associate Director of AHP Lead & Haringey Borough Lead	lorrainepatel@nhs.net 07748610955
Vanessa Cooke	Director of Operations CYP	vanessa.cooke@nhs.net 07881805784

Name	Job Title	Contact Details
Joanne Flannagan	Associate Director of Nursing, CYP	joanneflanagan@nhs.net 020 7288 5528 07425396103
Matthew Minter	Associate Director of Quality Governance	matthew.minter3@nhs.net 07917 555408
Pilar P Beristain	Compliance and Quality Improvement Manager	pilar.beristain@nhs.net 0207 288 5589
Niamh Murphy	CQC Prep Support Matron	niamh.murphy8@nhs.net 0207 288 3696
Rahat Ahmed	Head of Security, Crime and Violence Reduction	rahat.ahmed@nhs.net 07584442350
Priscilla Lathbridge	Soft Services Manager	priscilla.lathbridge1@nhs.net 0207 288 3760 07827095598
Liam Triggs	Director of Estates, Facilities & Capital Projects	Liam.triggs1@nhs.net 07436194082
Ewerton Soares	Head of Facilities	ewerton.soares1@nhs.net 02072883396 07919358604
Chinyama Okunuga	Chief Operating Officer	Chinyama.Okunuga@nhs.net 07909572794 020 7288 5255 (Delia Mills)
Isabelle Cornet	Director of Midwifery	Isabelle.Cornet2@nhs.net 020 7288 5509 074 6927 4998
Stuart Richardson	Chief Pharmacist & Clinical Director ACW	stuart.richardson2@nhs.net 07884188504
Jana Smith	Assistant Director for Integrated Care Education Whittington Education Centre (WEC)	jana.smith@nhs.net 0207 288 5185 0207 288 5160
Povenjit Kaur	Education Centre Business Manager Whittington Education Centre (WEC)	povenjit.kaur@nhs.net or 020 7288 5160.
Andrew Sharratt	Director of Communications and Engagement	andrew.sharratt@nhs.net 0207 288 3096
Swarnjit Singh	Trust Company Secretary and Joint Director of Inclusion	Swarnjit.singh@nhs.net 0207 288 5983

6.2 Out of Hours

Name **Job Title**	**Contact Details**
Clinical Site Manager	Ext. 0207 288 5423 07789 868 189 Bleep: 3340
District Nurse Lead	07887987971
Silver On-Call	07919575654
Gold On-Call	Via switchboard
Security Team	0207 288 5566 07766205333
Facilities on-call manager See also Appendix V for out of hours escalation	07979638153

7. REFERENCES

Care Quality Commission Single Assessment Framework available at: Assessment framework - Care Quality Commission

8. ASSOCIATED DOCUMENTS

Title	Intranet Hyperlink
Whittington Health Fit for the Future resources	Fit for the Future Hub

9. APPENDICES

- Appendix I - Guidance for reception staff
- Appendix II – Guidance for community services staff
- Appendix III - Notice for meeting rooms
- Appendix IV- Security sign-in sheet for ID badges
- Appendix V - Facilities out of hours escalation process
- Appendix VI - Check list for Divisions
- Appendix VII - Template for feedback following interview / meeting with inspectors
- Appendix VIII – Interview Log

10. Equality Impact Analysis

1. **Name of Policy or Service**

Standard Operating Procedure (SOP) for Care Quality Commission Inspection of Trust

2. **Assessment Officer**

Pauline Milne, Well-Led Preparation Lead

3. **Officer responsible for policy implementation**

Chief Nurse and Director of Allied Health Professionals

4. **Completion Date of Equality Analysis**

27 May 2026

5. **Description and aims of policy/service**

This SOP provides guidance for staff on the actions to take in the event of a CQC inspection both during daytime hours and out of hours

6. **Initial Screening**

An initial analysis has been carried out to explore whether the SOP is likely to have a detrimental impact in terms of people included in one or more of the following equality categories:

- *Race*
- *Disability*
- *Gender*
- *Age*
- *Sexual orientation*
- *Religion and belief*
- *Gender Reassignment*
- *Marriage and civil partnership*
- *Pregnancy and maternity*

7. **Outcome of initial screening**

No changes. However, if anyone in the CQC inspection team has special access requirements then this will be addressed on a case-by-case basis depending on individual needs.

8. **Monitoring and review/evaluation**

To be reviewed in 12 months

9. **Publication of document: Trust Intranet**

Appendix I

Whittington Health NHS Trust

CQC Inspectors: Guidance for Reception Staff (for inspections in the hospital during normal working hours)

If the CQC arrive at Main Reception, Whittington Health.

- Be welcoming and smile
- Ask to see their CQC Inspector photographic ID badge
- Contact Carolyn Stewart EA to Sarah Wilding, Chief Nurse on 0207 288 3589
- Ask the CQC to wait at reception; a staff member will come asap to collect them, provide their Trust ID (yellow lanyards) and a room to use for the course of the inspection

If no answer from the above numbers, then contact:

- Nikki Sands, Deputy Chief Nurse 07384876730
- Pilar Beristain, Compliance and Quality Improvement Manager 0207 288 5589
- Matthew Minter, Associate Director of Governance 07917555408
- Mark Livingstone, Chief Allied Health Professional 07392315271
- Debs Clatworthy, Deputy Chief Nurse 07795 506758

OUT OF HOURS – CALL CLINICAL SITE MANAGER
0207 288 5423 / 0207 288 5781, Bleep 3340 - 07789868189

Keep ringing until you get confirmation that a staff member is on route to meet the CQC inspectors

Whittington Health NHS Trust

CQC Inspectors: Guidance for Staff (for inspections in the community services during normal working hours)

If the CQC arrive at a community site

- Be welcoming and smile
- Ask to see their CQC Inspector photographic ID badge
- Contact the team manager or clinical lead on site to let them know the CQC have arrived
  Contact Carolyn Stewart EA to Sarah Wilding, Chief Nurse on 0207 288 3589
- Contact the ACS or CYP Director
- Ask the CQC to wait at reception; the team manager or clinical lead will come asap to meet them

If no answer from the above numbers, then contact:

- Nikki Sands, Deputy Chief Nurse 07384876730
  Pilar Beristain, Compliance and Quality Improvement Manager 0207 288 5589
- Matthew Minter, Associate Director of Governance 07917555408
- Mark Livingstone, Chief Allied Health Professional 07392315271
- Debs Clatworthy, Deputy Chief Nurse 07795 506758

OUT OF HOURS – CALL CLINICAL SITE MANAGER
0207 288 5423 / 0207 288 5781, Bleep 3340 - 07789868189

Keep ringing until you get confirmation that a staff member is on route to meet the CQC inspectors

Appendix II

Appendix III

PLEASE DO NOT DISTURB

CARE QUALITY COMMISSION (CQC) INSPECTION

MEETING IN PROGRESS

Appendix IV
CQC Inspector's Security Sign-In Sheet

DATE BADGE ISSUED	ID BADGE NUMBER	INSPECTOR'S NAME (PLEASE PRINT)	INSPECTOR'S SIGNATURE	DATE BADGE RETURNED	TRUST STAFF NAME (PLEASE PRINT)	TRUST STAFF SIGNATURE

Appendix V

Facilities Escalation Process

Step 1

HELPDESK - 02072883600
All requests must come via the Facilities Helpdesk - (Monday-Friday 08:00-17:00)

	Cleaning	Portering & Waste	Patient Catering	Transport / Pest Control / Linen	Beds/Mattresses	Security
Step 2	Domestic Duty Team Leader whh-tr.housekeepingservices@nhs.net Number: 07917921135 Ext-5585	Portering Team Leader Kelvin Bediako kelvin.bediako@nhs.net Number:07477351093	Catering Support Manager Marvin Diomampo Marvin.diomampo@nhs.net Number: 07919525034	Facilities Operations Manager Ali Shammat: Ali.shammat@nhs.net Number: 07825531224	Contract Officer: Johnny Tran johnny.tran@nhs.net	Security Office whh-tr.SecurityTeam@nhs.net Extension:5566 Mobile :07766205333
Step 3	Domestic Manager Andrew Odiaka Andrew.odiaka1@nhs.net Number: 07826999323	Portering Manager Haxhi Rrapi H.rrapi@nhs.net Number: 07767008317	Catering Manager Pamela Latawan Pamela.latawan1@nhs.net Number: 07717720695	Contracts Manager Deanna Bisnar deanna.bisnar@nhs.net 07501619982		Head of Security Rahat Ahmed rahat.ahmed@nhs.net 07584442350
Step 4	Soft Services Manager Priscilla.lathbridge1@nhs.net Number: 02072883760 /07827095598					

Out of hours – please contact Facilities On-Call Manager - 07979638153

Further Escalation – please contact Head of Facilities
Ewerton Soares - Ewerton.Soares1@nhs.net / 07919358604

Major Incident → Director of E&F / Gold Command

Appendix VI

Divisional / service / team check list

Action	Lead	Complete √
Inform managers and team leaders that CQC are on site and may wish to visit services, speak to patients and staff	Clinical Director, Director of Operations, and Associate Director of Nursing	
Remind staff of the resources available on the trust intranet including the well-led manager's guide Fit for the Future Hub	Clinical Director / Director of Operations/ Associate Director of Nursing	
Identify a divisional lead for CQC who will liaise with the trust CQC lead and provide information as requested	Clinical Director / Director of Operations/ Associate Director of Nursing	
All CQC information requests need to be approved within the division by the Director of Operations, Clinical Director or Associate Director of Nursing	Divisional CQC lead	
All information should be provided by the division to the trust CQC lead who will release it to the CQC. This to ensure a coordinated response	Divisional CQC lead	
Logs should be maintained of all information supplied to CQC	Compliance and Quality Improvement Manager	
To ensure consistency, information should not be provided directly to CQC inspectors during meetings or interviews. Please follow the agreed process for providing information.	Clinical Director, Director of Operations, Associate Director of Nursing to cascade to all staff	
Following meetings, interviews or visits to clinical areas, staff are encouraged to record and share key discussion points with the Divisional or / and Trust CQC Lead	All staff report back to Divisional CQC lead	
Daily divisional de-brief meetings should be held to share key lessons learned	Clinical Director, Director of Operations, Associate Director of Nursing	

Appendix VII

Interview / visit feedback form

Please complete the following:

CQC Well-led category / categories 1. Shared direction and culture 2. Capable, compassionate, and inclusive leaders 3. Freedom to speak up 4. Workforce equality, diversity and inclusion 5. Governance, management and sustainability 6. Partnership and communities 7. Learning, improvement and innovation 8. Environmental sustainability	
Date of Interview	
Questions for Review	**Summary Response**
What was asked?	
What went well?	
Areas of concern	
Information requested or offered	

Key area of focus	
Were any Health and Safety issues raised?	
Any other key information	

Completed by:

Name	Job Title	Division

Please return completed form to pilar.beristain@nhs.net and nicola.sands1@nhs.net

Appendix VIII

Time	*[Insert Room No]*	*[Insert Room No]*	*[Insert Room No]*	*[Insert Room No]*
[Insert time]	*[Insert Name of staff member + Job Title]*	*[Insert Name of staff member + Job Title]*	*[Insert Name of staff member + Job Title]*	*[Insert Name of staff member + Job Title]*
	BREAK			

Date of interviews*: [insert date]*

Time	***[Insert Room No]***	***[Insert Room No]***	***[Insert Room No]***	***[Insert Room No]***
[Insert time]	*[Insert Name of staff member* *+ Job Title]*	*[Insert Name of staff member* *+ Job Title]*	*[Insert Name of staff member* *+ Job Title]*	*[Insert Name of staff member* *+ Job Title]*
	BREAK			