

The Care Quality Commission and Healthwatch: working together

A guide for local Healthwatch

October 2022

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Part 1 – About this guide

This guide describes how the Care Quality Commission (CQC) works with local Healthwatch. It has been produced by CQC in conjunction with Healthwatch England, and local Healthwatch.

This guide includes information about:

- Our role
- How we work
- What we can offer to local Healthwatch
- What local Healthwatch can offer to us

Our commitment to you

We will work with the Healthwatch network to make sure that the views and experiences of local people gathered by you:

- Inform the development, design and monitoring of our new approach to regulating health and care services.
- Inform the planning and delivery of our inspections across all sectors.
- Are coordinated with CQC's other partnerships with the wider voluntary and community sector.
- Inform Healthwatch England in advising CQC's Board.

UPDATED Part 2 – Aspirations for our working relationship

Below you'll find some of the ways that we aspire to work together. We believe working in this way will bring the greatest benefits to both organisations, and members of the public. They focus on four areas:

- Relationship
- Intelligence
- Inspection
- Improvements

Relationship	Intelligence
<ul style="list-style-type: none">• Every local Healthwatch should have an effective two-way relationship with their local inspection team. Although the primary medical services (PMS) inspection manager is the overall relationship holder, it is expected that teams from all our directorates will have a relationship with	<ul style="list-style-type: none">• We want more real-time submissions of experiences by local Healthwatch, including encouraging public submissions through the Give Feedback on Care service.

<p>local Healthwatch. CQC and local Healthwatch should be liaising on an ongoing basis but talk or meet at least quarterly.</p> <ul style="list-style-type: none"> • During inspection activity the relevant inspection team (primary, hospital, social care) should engage directly with local Healthwatch where appropriate. • Local Healthwatch and CQC should share work plans to avoid duplication, including potential concurrent inspection and enter and view activity. • CQC inspection teams should consider the capacity and role of their local Healthwatch when involving them in engagement work. • Local Healthwatch can sign up to receive information from CQC about services in their area, including press releases, statements and a round-up of published reports. 	<ul style="list-style-type: none"> • Local Healthwatch can share their data and reports of people's experiences, such as enter and view reports, to help us inform inspection activity and direct resources. You can share these directly with inspection teams or via our national contact centre enquiries@cqc.org.uk • CQC and Healthwatch England will continue to work together to create and improve systems for intelligence sharing. The Healthwatch National Reports Library development supports this. • CQC and Healthwatch will continue to explore ways to demonstrate where local Healthwatch intelligence has had an impact on CQC's work.
Improved health and care services for the public	
<p>Inspection</p> <ul style="list-style-type: none"> • Local Healthwatch should be invited to contribute evidence and advise on inspections where appropriate. • Local Healthwatch should be invited to advise and support CQC in how it undertakes community engagement. • CQC inspection and regional engagement teams should keep local Healthwatch informed of anything that is of interest to the public in their area, such as the suspension of a service. • Local Healthwatch may be involved in events where feedback is given to trusts following hospital sector inspections. 	<p>Improvements</p> <ul style="list-style-type: none"> • CQC will actively involve local Healthwatch in thematic reviews of user groups or care pathways. • CQC will develop tools for local Healthwatch to show how inspection reports can be used to drive improvements in care locally • Local Healthwatch should receive feedback from inspection teams on action taken as a result of intelligence they have provided. • Local Healthwatch can inform us where improvements have been made to services through their reports.

Part 3 – About CQC and how we work

UPDATED 3.1 CQC's purpose and role

CQC is the independent regulator of health and adult social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

We monitor, inspect and regulate services. Then we publish what we find, including performance ratings, to help people choose care. Where we find poor care, we will use our powers to take action.

Healthwatch England is an independent sub-committee of the Care Quality Commission, which operates under an independent brand but is supported by CQC infrastructure.

CQC's new strategy from 2021

UPDATED 3.2 **How CQC works**

Health and adult social care services must be registered with CQC to provide care in your local area. When a service registers with us they have to specify what 'regulated activities' they offer. We are then required to monitor and inspect these services. Find out more about what the regulated activities are and who must register.

Services we regulate

We monitor, inspect and regulate services that provide health and social care.

Activities we regulate include:

- Treatment, care and support provided by hospitals, GPs dentists, ambulances and mental health services.
- Treatment, care and support services for adults in care homes and in people's own homes (both personal and nursing care).
- Services for people whose rights are restricted under the Mental Health Act.

NEW Types of services:

- ✓ **Ambulances:** We inspect both NHS and independent ambulance services.

[Reports on ambulance services](#)

- ✓ **Care homes:** We inspect care homes across England including residential and nursing homes. [Reports on care homes](#)
- ✓ **Clinics:** Services we inspect include family planning and slimming clinics. [Reports on clinics](#)
- ✓ **In the community:** We inspect community-based services including services for people with learning disabilities and substance misuse services. [Reports on community services](#)
- ✓ **Dentists:** We inspect more than 10,000 dental services. [Reports on dentists](#)
- ✓ **GPs and doctors:** We inspect GP practices, walk-in centres and out-of-hours services. [Reports on GP services](#)
- ✓ **Hospices:** We inspect hospice services that provide care for people who have life-limiting conditions or are at the end of their lives. [Reports on hospices](#)
- ✓ **Hospitals:** We inspect both NHS trusts and independent hospitals. [Reports on hospitals](#)
- ✓ **Mental health:** Mental health services that we inspect include those for detained patients. [Reports on mental health services](#)
- ✓ **Services in your home:** We inspect home care agencies, mobile doctors and services over the phone. [Reports on services in your home](#)

Cross sector inspections

Sometimes we work with other inspectorates to carry out joint inspections of services:

Children's services: We work in partnership with other inspectorates to inspect health services for children. [About children's services and reports](#)

Defence medical services: We work with the Defence Medical Services Regulator (DMSR) to inspect defence medical treatment facilities. [About defence medical services](#)

Secure settings: We carry out joint inspections with HM Inspectorate of Prisons (HMIP) and other inspectorates. [About services in secure settings and reports](#)

Urgent and emergency care systems: We carry out localised system-wide inspections across urgent and emergency care services. [About urgent and emergency care systems](#)

3.3 CQC's monitoring and inspection programmes and teams

On all inspections, we ask [five key questions](#) about a service:

Is it safe?

Is it effective?

Is it caring?

Is it responsive to people's needs?

Is it well-led?

During inspections, we check on different aspects of care, the environment, the staff and how the service is run. Our teams observe care being delivered, where appropriate, talk to people using the services and their family or carers, and talk to staff, and check policies, records and care plans to decide on the quality of the care.

We have specialist inspection teams for hospitals, adult social care and primary and integrated care throughout England.

UPDATED: We know that the health and social care landscape is changing and, in response to this, we are currently testing [new ways of regulating health and social care](#). We are developing a [new framework](#) for providers, local authorities and Integrated Care Systems.

We will continue to rate services and the five key questions remain. Until we introduce this new assessment framework, we will continue our current methods to monitor, assess and rate providers.

UPDATED 3.4 Experts by Experience

Our [Experts by Experience programme](#) involves the public in inspections and activities.

What do Experts by Experience do?

During inspections, Experts by Experience speak to people using services and their family or organisations that support them. They may also observe how the service is delivered and speak to staff. Their findings are used to support the inspectors' judgments on services and may be included in inspection reports.

Experts by Experience also take part in our other activities such as assisting in training inspectors and taking part in working groups.

Who could be an Expert by Experience?

Experts by Experience are people who have recent personal experience (within the last eight years) of using or caring for someone who uses health, mental health and/or social care services that we regulate.





- Person with experience of detention under the Mental Health Act
- Family carer of adult relative who has a learning disability and high support/complex needs
- Family carer of child or young person (CYP) who uses health services
- Family carer of older person
- Family carer of person living with dementia/older person
- Person who has used maternity services in the past 4 years
- Person with a learning disability / autism
- Person with a physical impairment
- Person with a sensory impairment
- Person living with Dementia
- Person with experience of mental health services
- Person with experience of substance and misuse services
- Young Person with experience of using health services
- Person with a learning disability / autism who has experience of detention under the MHA
- Person who has an acquired brain injury
- Family carer of a person who has an acquired brain injury

- Person who has an eating disorder
- Person with experience of mental health services, within a forensic setting
- Family carer who has supported a person through end of life care

From 1 April 2020, [Choice Support](#) delivers Expert by Experience services through a new, single national contract across England. For more information contact expertsbyexperience@choicesupport.org.uk

3.5 Post inspection – ratings and reports

After every inspection, we publish a report explaining what the inspection team found. This includes examples of good practice as well as areas for improvement. The report includes the rating given to the organisation and its services:

Outstanding	
Good	
Requires improvement	
Inadequate	

We don't currently rate all services that we inspect. You can read our published reports on our website www.cqc.org.uk.

3.6 Acting against poor care

We have several powers if we find services are not meeting the regulations for care set out by the government. These range from warnings and fines, to cancelling a service's registration so it can no longer provide care, through to prosecuting those responsible for the service.

You can read more about the action we can take, [here on our website](#).

3.7 What we don't do and who to contact instead

We don't investigate complaints made about a provider. Instead we'll use information given to us about providers to make an informed decision about where to direct our resources. We can use this intelligence to bring forward or start the inspection process if we think it necessary. Below are the steps for complaints of different types of services.

Complaint Step 1	Complaint Step 2	Complaint Step 3
Adult social care services		
To the home or service manager	If it is council funded care you should contact the local authority involved. Although please note arrangements may be different if your local authority commissions another organisation such as an NHS to handle these.	If unhappy with the response from the council, you can approach the Local Government and Social Care Ombudsman
Primary medical services		
To the practice manager or the commissioner (NHS complaints advocacy services can help make these complaints, the local authority for your area can tell you who this)	If unhappy with the response following their complaints procedure the next step is to contact the Parliamentary and Health Service Ombudsman .	
NHS hospital services		
Most hospitals will have a PALS (Patient Advice and Liaison Service) who can guide you through their complaints process. Again NHS Complaints Advocacy can help with this process.	If unhappy with the response following their complaints procedure the next step is to contact the Parliamentary and Health Service Ombudsman .	

If you're worried about somebody's immediate safety you should contact your local authority safeguarding team. Details will be available on individual council websites.

Part 4 – Our publications

UPDATED 4.1 Special reviews

We also have powers to run special reviews looking at how care is provided for people with particular health needs or across different services. For example, our [Provider Collaboration Reviews](#) looked at how health and social care providers worked together in local areas and [Protect, respect, connect – decisions about living and dying well during COVID-19](#) reviewed 'do not attempt cardiopulmonary resuscitation' decisions during the coronavirus (COVID-19) pandemic.

During these special reviews we may do co-production work with local Healthwatch and ask you to tell us about the experiences people are having in that area.

4.2 Evaluation work to drive improvement

We also publish reports with findings of best practice to help providers continually improve patient care. These reports can be used by you to spot areas for improvement in your own patch and to have conversations with providers and commissioners about how your engagement work might help them.

Part 5 – The CQC – Healthwatch relationship

5.1 Statutory obligations

CQC has a duty in law to take account of the views and experiences of local Healthwatch. As part of our approach to inspections, we want to build on and continue to strengthen the relationships with all local Healthwatch, the Healthwatch network and Healthwatch England.

As well as our statutory obligations, there are much wider benefits to having a close working relationship. Both organisations have a lot to share with each other that can lead to service improvement. In this section you'll find some advice on how to make, strengthen and maintain the relationship.

UPDATED 5.2 Contact with your local inspection teams

Although you'll have contact from inspectors across all CQC directorates, it's usually your local primary care inspection manager or inspector who will be the coordinator for the relationship. You should expect to be invited to meet with local inspectors at least four times per year as well as be contacted for intelligence gathering as part of the inspection process.

Local Healthwatch will also be invited to any quality summits that are held to discuss hospital trusts.

If you don't currently have any CQC inspection team contacts, you can find out who these are by emailing regional.comms@cqc.org.uk.

If you're having trouble establishing or maintaining a relationship with your local inspection team you can contact engagementandinvolvement@cqc.org.uk. Alternatively, [your Healthwatch England regional lead](#) can also provide support.

5.3 Engagement work

Inspectors are expected to engage local Healthwatch and the public as part of their everyday work. To make best use of our resources and the public's time, we'll try to make use of the networks and events already organised by you to hear about people's experiences of care. You can let your local inspection team know what you have planned.

When we do plan public or community engagement work we will consult local Healthwatch to avoid duplication and may invite them to be involved in the planning.

People and communities are one of our ambitions in our new strategy from 2021. We want regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services.

At a national level, CQC representatives meet with Healthwatch England (HWE) every three months to discuss opportunities to collaborate, to update each other on business plans and work to continuously improve the relationship between the two organisations and the network.

We will also support Healthwatch activity via our social media channels and encourage Healthwatch England and local Healthwatch to do the same.

Part 6 – What CQC offers local Healthwatch

6.1 Data to inform your work

We publish reports on our website at www.cqc.org.uk. You can sign up to receive all the inspection reports published on a service in your area by visiting their page on our website and clicking the button highlighted in the image below.



If you would like to receive a weekly roundup of reports in your area you can email regional.comms@cqc.org.uk specifying which region you'd like to hear about.

We also publish thematic reviews and reports to give you a better understanding of certain topics, and evidence that can be used in your work.

If you want to find out the wider picture of care quality, including ratings, in your area you can use our [data directory](#) which is updated once per month. The data directory is a filterable spreadsheet. It shows all services and their current rating, and can be broken down into areas such as:

- All care homes in the Newcastle upon Tyne local authority area
- All home care services rated as Inadequate in the Leeds local authority area
- All GP surgeries rated as good in the North of England
- All forensic inpatient wards rated as Outstanding in England (for example could be used in local improvement work to learn from others)

We also have local area data profiles which give a picture of the health and social care system in each local authority area.

They bring together data to give an indication of how different services work together, focusing on the care pathway for people aged 65 or over

You can visit our website to [read more and download your local area data profile](#).

6.2 We'll keep you informed on news locally

Press releases

We issue press releases on significant reports publishing locally and will send this to you in advance of publication. We also circulate national press releases about reports or CQC news. If you would like to receive these press releases you can email regional.comms@cqc.org.uk

Bulletin

Once a month we send out a bulletin to local Healthwatch with a roundup of what's been happening at CQC, opportunities to work together, and any other important information from the health and social care sector. You can email engagementandinvolvement@cqc.org.uk to sign up.

UPDATED CQC/Healthwatch Webinar

In response to feedback from local Healthwatch on our information webinars, in June 2022 we set up a reference panel made up of representatives from each Healthwatch network to support the development of the webinar content. Healthwatch will now co-chair the webinars.

6.3 How local Healthwatch can use CQC reports to drive improvement

We encourage local Healthwatch to use our reports, including national thematic improvement reports to have conversations with providers, commissioners, and other local stakeholders about care quality.

Our reports are a tool you can use to identify areas where meaningful engagement work can help a provider to improve their care.

We created a process with the help of three local Healthwatch, and a hospital trust that can be replicated by any local Healthwatch for any service. This structured process also provides a great opportunity to build links with inspection teams and providers.

To download the process you can visit our [website](#).

6.4 Closing the feedback loop

In feedback shared with us by Healthwatch England you said you ‘weren’t always sure what we do with the information you provide to us, and it didn’t always feel like a two-way relationship’ for this reason.

It’s worth noting that feedback or action from the information you provide may not come back in the same format it was supplied, and it may take several months for us to publish how it’s been used. Although the inspection team might not tell you directly, exactly how your information has been used, it will be used in other publicly available formats. It might be used:

- In an inspection report
- To contribute to a CQC thematic review
- To bring forward an inspection date.

During your regular meetings with inspection teams you can also ask them how they have used the information that you’ve provided.

Members of the public who contact us, to share concerns about care or give positive feedback about a service, **and provide contact details** (email, telephone, address), will receive:

- Acknowledgement that thanks them for taking the time to give us information.
- Information that describes the potential actions we may take in response.
- Signposting information on how to make a complaint.
- Signposting information to the whistleblowing helpline (if applicable).
- Invitation to sign up to an email alert which will tell them when the care service they shared feedback on has been inspected.

In response to information from individuals about their experiences of care we will:

- Give them an enquiry reference number so that individuals can use this if they want to make further contact with us about the information they have shared.
- The name of the inspector who the information has been passed to.

- Information that advises a CQC inspector may choose to contact them if they need to seek further information but not to be surprised if they do not hear further from us.

No other form of feedback about what happened as a result of the information received will routinely be provided by CQC.

NEW: We recognise that people may expect to receive more feedback from us about what we've done in response to information they've shared with us - CQC are currently carrying out further research into how we can improve our feedback loop. We will provide a further update in Winter 2022.

Part 7 – What Healthwatch can offer CQC

7.1 Intelligence – What we want to hear from you

We want to hear what you're hearing from people, year-round not just when we're on inspection.

We want to hear when the quality of care at a service has changed, that could be for the better or where there may be deterioration.

There are various ways that you can submit feedback to us:

- **Give Feedback on Care form** – You can encourage people to submit information using the Give Feedback on Care services on our [website](#). This is our preferred method as it includes all of the information, we need to gather in order to action feedback.
- **Contact centre** – You can call our contact centre on 03000 61 61 61
- **Inspection teams** – You can report any feedback about a service through your local inspection team.

Healthwatch Enter and View reports are a great resource for CQC inspection teams to use and you can share them directly you local inspection teams.

Our inspection teams do a lot of public engagement work through the course of their normal inspection work, but may struggle to get access to feedback from seldom heard groups. If you do any engagement work with these groups as part of your work, our inspectors would love to hear about it to bring that insight back into CQC.

Inspectors aim to gather information about people's experiences of equality and human rights issues. We also report on specific equality characteristics, where we have examples of them during inspections.

7.2 Help to publicise our work

If you have an event you would like a CQC speaker at, you can contact your local inspection team.

You can also help to publicise our work by engaging with us on our social media channels.

Twitter: [@CareQualityComm](https://twitter.com/CareQualityComm)

Facebook: <https://www.facebook.com/CareQualityCommission/>

Instagram: [@CareQualityComm](https://www.instagram.com/CareQualityComm)

We will be updating this document regularly. If you would like any further information on anything in this guide or have any comments or suggestions for improvement, you can contact engagementandinvolvement@cqc.org.uk