

CQC Update:

- CQC Inspection Approach from April 2021
- Collaborative Working
- New CQC Registrations
- DNACPR Concerns

CQC Inspection Approach from April 2021

The CQC provided a special update to explain how their approach will change from April 2021. Whilst they will continue to inspect remotely where possible, and undertake face to face inspections in response to COVID-19 or a risk of harm to the public, they will be:

- Resuming inspections of independent primary care providers focusing on high/medium risk providers who have never been inspected or where no rated inspection has taken place
- Resuming inspections of GP, out of hours and 111 services that have breaches of regulations including those rated as inadequate, requires improvement and good with breaches of regulation, along with services rated as requires improvement where there are no breaches of regulation
- Inspecting services that are newly registered and have not been inspected during the 12 months since registration, or the 3 months since registration for online services

These will be focused inspections looking at three key questions (safe, effective and well-led), as well as any other key questions rated as requires improvement/inadequate and any other areas identified as a concern from previous inspections.

Collaborative Working

The CQC will continue to review how providers have worked together throughout the pandemic to deliver positive outcomes and experiences for people using their services. They are regularly informed by feedback and intelligence from stakeholders, other providers and the public so it's important that you review your quality data as well as documenting and acting on patient feedback and complaints.

The CQC will also review their approach to inspections of services for people with a learning disability and autistic people, as part of their regulation transformation work.

New CQC Registrations

For new registrations, they will continue to prioritise registration applications that are critical to the COVID-19 response and focus on improving the registration service so providers experience a faster and more efficient process.

The update on the CQC's regulatory approach is published on their [website](#).

DNACPR Concerns

Last week, the CQC published a 'Protect, respect, connect – decisions about living and dying well during COVID-19' [report](#) which found disturbing variations in people's experiences of do not attempt cardiopulmonary resuscitation (DNACPR) decisions during the pandemic. While there were some examples of good practice, the CQC also heard from people who were not properly involved in decisions, or were unaware that such an important decision about their care had been made. Their findings showed there needs to be a focus on three key areas:

1. Information, training and support
 - Clinicians, professionals and staff must have the knowledge, skills and confidence to speak with people about, and support them in, making DNACPR decisions
2. A consistent national approach to advance care planning
 - People need to have more positive and seamless experiences of care, including DNACPR decisions, when moving around the health and care system
3. Improved oversight and assurance
 - Staff must understand how to speak up, feel confident to speak up and are supported and listened to when they speak up