Provider, Governance & Quality Solutions Ltd
trading as PGQ Solutions
Confidence for Today. Assurance for Tomorrow.

PGQ SOLUTIONS PROFESSIONAL INSIGHT | INSPECTION READINESS

Unannounced Inspections:

Are You Really Ready - or Just Hoping You Are?

A practical governance and assurance guide for care providers, boards and transaction partners

"Unannounced activity does not create weak governance. It reveals it."

Prepared by Provider, Governance & Quality Solutions Ltd

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IMPORTANT SCOPE STATEMENT

This publication is professional governance guidance. It is not a CQC inspection report or rating, legal advice, financial advice, a valuation or a substitute for the regulator's current guidance. PGQ Solutions is independent of CQC and cannot guarantee a regulatory outcome.

Trading name and intellectual property

1 | Readiness is a daily state of assurance

THE POSITION

The words “CQC are here” can reveal, within minutes, the difference between a service that understands its current position and one that is relying on assumption.

CQC can gather evidence in several ways. A provider may be contacted when an assessment starts, while unannounced on-site activity remains possible. That is why readiness must be embedded in governance, culture and daily practice rather than activated by an inspection alert.

Regulatory anchor: CQC - How we gather evidence

Ready - or merely hoping?

YOU KNOW YOU ARE READY WHEN	YOU KNOW YOU ARE NOT READY WHEN
• Evidence is live, current, accessible and used. • Staff can explain why they do what they do and how it affects people. • Audits, meetings and action plans operate continuously. • The registered manager can show: what we found, what we did and what changed. • The nominated individual knows the material risks because they have tested the assurance themselves.	• Information is collated only because an inspection may happen. • Staff cannot connect their actions to outcomes or relevant quality statements. • Audits record completion but do not analyse themes, risk or impact. • Provider assurance and improvement plans are static, incomplete or absent. • Confidence is expressed as “I think we are fine” without supporting evidence.

PGQ Solutions - PROFESSIONAL CHALLENGE

Could the service defend its confidence today using current evidence, professional explanation and demonstrable outcomes - without preparing a special inspection pack?

2 | Warning signs of superficial readiness

The strongest warning signs are rarely a single missing document. They are patterns showing that evidence, leadership oversight and improvement are disconnected.

Theme	What it looks like	Inspection and assurance implication
Leadership blind spots	Managers cannot explain current risks, controls, residual exposure or who is accountable.	Confidence in well-led oversight is weakened.
Disconnected evidence	Audits, incidents, complaints, safeguarding, workforce information and actions are held separately.	Themes are missed and improvement cannot be demonstrated.
Stale documentation	Care records, audits or risk assessments rely on historic dates, generic wording or repeated copy.	Records may not reflect people's current needs or the service's current risk.
No reflective learning	Meetings and supervision record activity but not challenge, learning, decisions or follow-through.	The service appears reactive rather than self-correcting.
Dependence on individuals	Only one manager can locate evidence or answer material questions.	Assurance is fragile and continuity risk is high.
Defensive culture	Leaders explain away concerns instead of acknowledging, investigating and evidencing action.	Transparency, insight and improvement capability are questioned.

PGQ Solutions - EVIDENCE STANDARD™

Evidence must be current, sufficient, triangulated and owned. It must show not only that an activity happened, but what leaders learned, what changed and whether the action was effective.

Evidence created for inspection, rather than through governance, is unlikely to withstand scrutiny.

3 | Improvement is credible when it is visible

A service can be on an improvement journey and still demonstrate effective leadership. The issue is not whether every problem has already been eliminated; it is whether the provider knows the position, controls immediate risk and can evidence sustained movement.

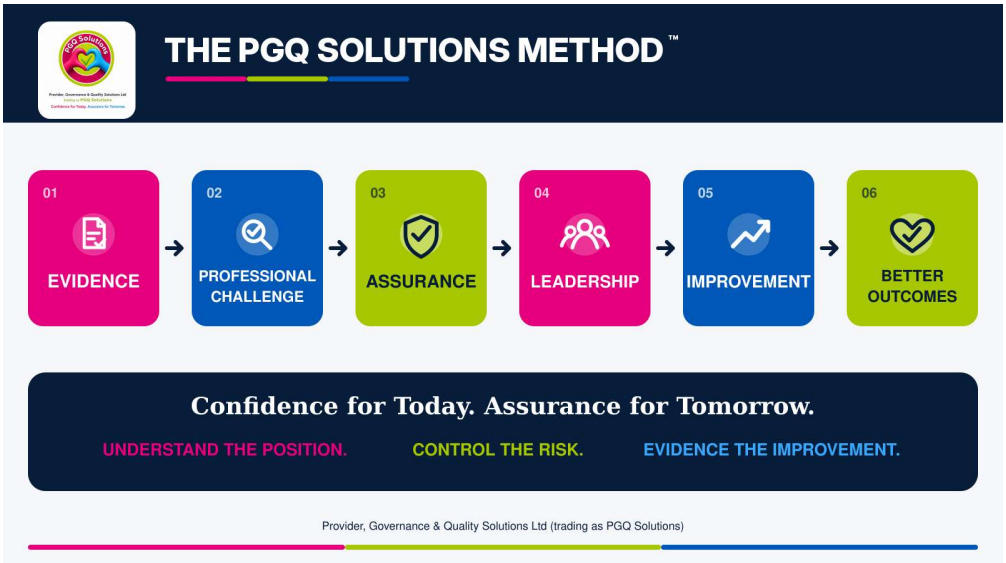
Positive indicators while improvement is under way

- A live, dated service improvement plan with clear owners, timescales, evidence requirements and review dates.
- Known issues are risk-rated, owned, escalated where necessary and addressed systematically.
- Leaders can explain what has changed since the last review and what still requires action.
- Completed actions are supported by evidence, effectiveness checks, residual-risk decisions and closure approval.
- Learning is shared across teams or services instead of remaining with one individual.

Confidence without evidence is weak assurance

Inspectors and other assurance stakeholders will test what leaders believe against what the service can prove. Where evidence is absent, stale or inconsistent:

- governance assurance may be judged unreliable;
- regulatory and operational risk can increase; and
- leadership credibility may be weakened.



REFLECTIVE QUESTION

Can the service evidence movement - not merely maintenance?

4 | The layered model of readiness

Inspection readiness must be visible at every level. Assurance becomes unreliable when one layer assumes another has checked the position.

Assurance layer	Primary focus	Readiness looks like	Lack of readiness looks like
Frontline staff, seniors and deputies	Daily practice, records, handovers and staff confidence	Current records, consistent practice, confident explanation and prompt escalation	Inconsistent recording, reliance on memory and weak handover detail
Registered manager	Culture, governance, risk and operational oversight	Live improvement plan, data triangulation, visible leadership and effectiveness review	Outdated audits, reactive responses and explanations unsupported by evidence
Nominated individual / provider	Organisational assurance and regulatory accountability	Independent challenge, provider visits, thematic analysis and system learning	Unknown material risks, weak escalation and no evidence of cross-service learning
Board / ownership	Strategic accountability, risk appetite and investment decisions	Clear dashboards, independent assurance, active follow-up and recorded decisions	Limited visibility, assurance by assumption and no coherent governance narrative

> **GOVERNANCE PRINCIPLE**
>
> Responsibility does not stop at the registered manager. Each layer must understand its own evidence, challenge the layer below and escalate material risk to the layer above.

The result should be one coherent governance narrative: what matters, what the evidence shows, what has been challenged, what leaders decided and whether outcomes improved.

5 | Readiness is not an event - it is a mindset

True readiness is built into daily routines. It is visible in:

- how staff speak about and with people receiving care;
- how evidence is recorded, stored, analysed and used;
- how leaders respond to mistakes, challenge and whistleblowing;
- how improvement is documented, shared, tested and sustained; and
- how the provider and board maintain oversight between formal reviews.

6 | The real cost of not being ready

PEOPLE AND SAFETY Unrecognised or uncontrolled risk can lead to avoidable harm and poor experience.	**WORKFORCE AND CULTURE** Staff confidence can fall when leadership becomes defensive or reactive.
REPUTATION AND CONFIDENCE Referrals, commissioner confidence, funding and transaction confidence can be affected.	**REGULATORY AND IMPROVEMENT BURDEN** Monitoring, enforcement and urgent remedial action can consume significant leadership time.

FINAL REFLECTION

If the service could speak, would it say: “Our own leaders test our evidence every day” - or “We are waiting for CQC to tell us how we are doing”?

Readiness is authentic when inspection day does not require a different version of the service.

How PGQ Solutions supports inspection readiness

PGQ Solutions helps providers build a culture in which inspection readiness is a daily state of assurance, not a short-term exercise. Support is independent, director-led and proportionate to the provider's size, risks and priorities.

- Independent Inspection Readiness Reviews, including evidence triangulation and professional challenge.
- Regulation 17 and provider-assurance visits with clear risk, improvement and escalation pathways.
- Retained governance, quality and regulatory assurance support for providers, nominated individuals and boards.
- Care Compass™, an enabling digital auditing and governance platform supporting audit, improvement, risk and board oversight.
- Regulatory due diligence and independent assurance for buyers, lenders, investors and professional advisers.

WORKING WITH CHANDLER & CO

PGQ Solutions and Chandler & Co work together to support providers, buyers, investors and operators through acquisition, funding, growth and governance - connecting operational evidence with commercial and transaction confidence.

Regulatory sources reviewed

- CQC: Assessment framework
- CQC: Assessing quality and performance
- CQC: How we gather evidence
- CQC: What to expect during an inspection
- Regulation 17: Good governance
- CQC: Notices of Proposal and Notices of Decision

Regulatory frameworks and terminology may change. Providers should always confirm the current CQC position and obtain specialist advice where required.