

working
with you,
for you

Stephensons



Healthcare Newsletter

February 2018

Issue 2

PROVIDING ESSENTIAL LEGAL UPDATES TO THE HEALTHCARE SECTORS

IN THIS ISSUE

Allowing patients to sleep - is it risking their safety?

by Alison Marriott, Senior Associate, Regulatory team



A midwife from Leicester has been struck off for looking up the confidential medical records of friends, ex-boyfriends, neighbours and colleagues over a period of 14 years. A panel of the Nursing and Midwifery Council found that her actions were "without clinical justification" and that she had abused her position of trust over the sustained period. The midwife in question had viewed some records several times a day.

The breaches of confidentiality were identified when a patient complained to University Hospitals Coventry and Warwickshire NHS Trust that the midwife had relayed information regarding her medical records to another person. Although this was initially denied, the breaches were admitted when she was advised it was possible to analyse the system to determine what records had been accessed. An immediate investigation was launched and the midwife referred to the NMC.

Despite the midwife expressing her shame and embarrassment and asserting that her actions were due to her "fear about health, illness and death" the panel of the NMC found the appropriate sanction was strike off. The NMC were concerned that such serious misconduct will have brought the reputation of the profession into disrepute.

As specialists dealing with NMC matters on a daily basis, our team have significant experience of assisting nurses and midwives accused of very serious misconduct and dishonesty. We have found that registrants may not always realise the seriousness of their actions, particularly if they have witnessed others carrying out similar misconduct or if the misconduct has become a routine part of their practise over a period of years. It is important that any healthcare professionals involved in investigations by their regulators seek immediate legal advice in order to best protect their position and retain their registration.

If you require assistance in dealing with concerns in respect of professional misconduct, visit our website [here](#) or call us on **0333 999 7151**.



The General Data Protection Regulation ("GDPR")

Our Senior Associate, Stuart Crook, discusses GDPR, which comes into force in the UK on 25 May 2018.

Page 3



Pre & Post CQC Inspection - the impact of a negative rating & how to challenge the CQC

Our Associate, Laura Hannah, discusses how a negative inspection rating can affect a care provider and how they can challenge the CQC following an inspection.

Page 5

GDC warning to dental practitioners about using counterfeit equipment

by Brea Carney-Jones, Graduate Paralegal, Professional Discipline team



The General Dental Council ('GDC') and the British Dental Industry Association ('BDIA') have warned dentists of the dangers of purchasing counterfeit dental equipment for the use of treating patients.

This warning comes following the suspension of a North West based dentist for three months for repeatedly buying counterfeit dental hand pieces online which was discovered after two inspections carried out by the Medicines and Healthcare Products Regulatory Agency ('MHRA'). At a fitness to practise hearing before the Professional Conduct Committee ('PCC') on 7th July 2017, Hamza Tahir Sheikh admitted to buying non-compliant and counterfeit dental equipment from an online auction website.

The GDC's most recent guidance document for use by the case examiners when considering allegations referred to them by the Registrar refers to cases of 'failing to maintain safe standards of premises, equipment or other aspects of the clinical environment or failure to ensure adequate protection for patients such that there is a real risk to the health and safety of patients or the public' as an example of where it may be appropriate for the case examiners to refer to a Practice Committee.

Jonathan Green, the GDC Director of Fitness to Practise has highlighted following the case of Mr Sheikh that non-compliant equipment endangers the health of both patients and those using it, and it is vital that all equipment meets safety requirements. The GDC are therefore taking such allegations very seriously and such cases are likely to be referred to the PCC.

In sanctioning Mr Sheikh the PCC considered his reflective statement which the PCC found demonstrated his insight. Mr Sheikh stated

that he realised his mistakes; had undertaken learning to improve his; and his staff's knowledge about compliant equipment and now keeps an inventory of all purchases. The PCC consequently found that the risk of repetition is unlikely.

The PCC also noted that no concerns had been raised about Mr Sheikh's skills and competence as a clinician. Mr Sheikh provided very positive evidence about his character and practice as a dentist. The PCC confirmed that in deciding on the period of three months for suspension, it took into account that it has no ongoing concerns about public safety.

The GDC and BDIA have subsequently warned dentists about purchasing equipment from unreliable sources and to instead ensure that they purchase from reputable suppliers whose products have been tested and comply with the relevant safety standards.

According to MHRA, which regulates all medical devices in the UK, over 10,000 individual pieces of non-compliant or counterfeit dental equipment are seized in dental practices every year.

Edmund Proffitt, Chief Executive of the BDIA, comments, "The recent GDC hearing is a stark reminder of the seriousness of using counterfeit dental devices. It may also sound alarm bells for any dentists who may have purchased from unreliable sources and emphasises the importance of purchasing from reputable suppliers."

If you are facing a fitness to practise investigation by the GDC, contact our specialist team for expert advice now.

For more information, visit our GDC page [here](#) or call 0333 999 7151.



LEGAL UPDATES

CQC UPDATE - February 2018

New guidance on assessing the financial viability of providers

Within the CQC's January 2018 email bulletin, they confirmed that from 12th February 2018, they will be "introducing a more consistent and proportionate way of assessing the financial viability of providers". More specifically, they will be asking care providers "to submit a statement of financial viability in the form of a statement letter from a financial specialist. This could be an accountancy, bank or financial services firm." The CQC state that "this has been introduced to provide high level consistency and transparency in the way we assure ourselves that providers are meeting Regulation 13 of the CQC (Registration) Regulations 2009. This also supports our proportionate risk based approach to registration."

CQC's Third Consultation Next phase of regulation for independent healthcare services

The CQC are inviting people to give their views on their third consultation before it closes on Friday 23rd March at 3.00 pm.

The consultation document sets out how the CQC plan to develop its approach to regulating independent healthcare services in England in order to achieve its aim of "a more targeted, responsive and collaborative approach", as outlined in the CQC's Strategy for 2016 to 2021.

The CQC are specifically seeking views on their proposals for independent healthcare on how to introduce quality ratings following inspections and develop how they monitor, rate and inspect those services.

The proposals relate to services offered by: diagnostic imaging, dialysis services and refractive eye surgery; hospices; independent hospitals and ambulances; independent doctors and clinics (including online healthcare); mental health care; substance misuse services; and termination of pregnancy.

UPCOMING EVENTS

Pre & Post CQC Inspection

1 March 2018, 08:45am - 10:30am

Wanderers Suite - Bolton Whites Hotel

In partnership with ACJ Risk Solutions we would like to invite you to a specialist conference which will describe the link between care home CQC inspection ratings and care home profitability improvement. Specifically, our speakers will share how to prepare effectively for CQC inspections by utilising the concept of a CQC compliance action plan. Additionally, this event will review the challenges following CQC inspections and what can be done if you receive a negative ranking.

Register for your free place [here](#).

GDPR conference for the health and social care sector

15 March 2018, 9:30am - 4:00pm

Kings Chambers, 36 Young Street, Manchester, M3 3FT

Stephensons are hosting a conference, in conjunction with Kings Chambers, are holding a specialist conference for the health and social care sector designed to assist in adequately preparing for and maintaining compliance with GDPR.

Register for your free place [here](#).



**DEMENTIA CARE
& NURSING HOME
EXPO · 2018**

25 & 26 April 2018, NEC Birmingham

Join us at the Dementia Care & Nursing Home Expo 2018 on 25th and 26th April 2018. Our specialist lawyers will be available to talk to you at **stand 12056**.

Visit the Dementia Care & Nursing Home Expo 2018 website [here](#).

MEET OUR TEAM

Stuart Crook, Senior Associate

Stuart is a Senior Associate in our Regulatory team. Stuart specialises in advising companies and other organisations on all aspects of data privacy and information law.

View his profile [here](#).

**The General Data Protection Regulation (“GDPR”) - only a few more weeks to go...**

By Stuart Crook, Senior Associate, Regulatory team

GDPR will come into force in the UK on 25 May 2018. The GDPR is a new law that significantly extends and strengthens the current law and regulatory regime in relation to data privacy and data protection. It concerns the rights of individuals and how organisations handle an individual's personal data.

The new regime is, in part, intended to force a cultural change in how organisations think about and protect the personal data of private individuals. It is also intended to bring the law up to date with advances in technology and the proliferation of internet based technology and social media. It is, therefore, much stricter than the current regime.

By now, you have probably heard of the new eye-watering financial penalties that will be available to the ICO when the GDPR comes into force. The ICO will have the power to impose fines for non-compliance of up to 4% of a company's annual global turnover for the preceding financial year or the equivalent of £17 million – whichever is greater.

How will it affect the care sector?

The GDPR presents specific challenges to the healthcare sector due to the sheer volume of sensitive personal (“special categories of”) data that most healthcare organisations process about private individuals. In fact, under the GDPR, you will be required to appoint a Data Protection Officer – either internally or outsourced – if you are engaged in large scale processing of sensitive personal data such as patient medical records and data pertaining to people's physical and mental health, race, religion and sexual orientation etc.

How can I prepare for GDPR?

Adequately preparing for the GDPR is likely to be a very significant task. As part of your preparations, you should consider whether you have conducted a thorough:-

1. Audit of your organisation's data processing activities and a review of your bases for processing;
2. Review of your contracts and service agreements with your data processors;
3. Review of your contracts with employees;
4. Review of your data protection policies and procedures as well as your systems for ensuring the security of your data – both off and on-line;
5. Review of your marketing practices to ensure that they are compliant with the new law – particularly in relation to consent;
6. Review of your privacy and fair processing notices.

You will also want to ensure that you have:-

1. Implemented an effective system for demonstrating your compliance with the new law to the regulator;
2. Conducted staff training;
3. Considered whether it is necessary for you to appoint a Data Protection Officer under the new law;
4. Implemented an effective policy and system for breach reporting in those instances where it will be mandatory for you to do so under the GDPR.

Stephensons can assist you with all aspects of data privacy law and help you to ensure that you are fully prepared for the GDPR. We can assist you with data processing audits, drafting/amending contracts and agreements, drafting policies, procedures and privacy notices, staff training, data breach management, data breach reporting and providing assistance to data protection officers. We can also assist you in dealing with Subject Access Requests, handling complaints/ICO investigations and assisting you in defending legal claims that might be brought against your organisation for a data breach.



Author: Laura Hannah, Associate Solicitor

Adult social care providers should now be aware of the new assessment framework that was introduced by the Care Quality Commission (CQC) in November 2017, following a year of consultations. The CQC published its second consultation response in October 2017 and this outlines further changes in relation to how the CQC will monitor; inspect; rate and take action to improve adult social care services.

Changes to the CQC's monitoring of adult social care services

The CQC have proposed an online process for collecting information from providers. This will be via a statement of quality about the five key questions and how providers are supporting continuous improvement, and will be in addition to the CQC's ongoing monitoring and collection of information from other sources. There is likely to be further consultation on how and when this will take place, as well as further consideration of how this information will be developed and shared. The CQC have also proposed the implementation of 'CQC Insight' which is a tool that presents all of the information collected about providers. The CQC state within the second consultation that this could help inspectors understand the context to a provider's performance.

CQC inspections and ratings

The timescales between comprehensive inspections are to be increased for providers who have previously been rated as 'Good' or 'Outstanding' from 24 months to 30 months from April 2018. Focused inspections will also be undertaken to target any areas of risk or concern and to monitor improvement. All focused inspections will focus on the well-led key question and in addition, the overall

The CQC's next phase of regulation - An update on the changes

by Laura Hannah, Associate Solicitor, Regulatory team

rating of a service acquired from their most recent comprehensive inspection will be able

to change, by aggregating the ratings obtained from these focused inspections with the remaining key question ratings from the previous comprehensive inspection. This is a key difference from the previous framework which dealt with ratings from different inspections separately.

Taking enforcement action against a care provider

For those providers who are repeatedly rated as 'Requires Improvement', the CQC now plan to request an improvement action plan, which will be required to demonstrate how and when their overall rating will improve. If a third overall rating of 'Requires Improvement' is issued, enforcement action will be considered. Emphasis will also be placed on engaging with the leadership of providers with multiple locations where more than half of those services are rated 'Requires Improvement' or 'Inadequate', or if the CQC find significant concerns in a smaller proportion.

The CQC are also currently looking at plans to publish more details about the enforcement action taken against a provider in inspection reports. At present, the CQC are not able to publish such information until the period in which the provider can make representations or an appeal has passed and the outcome given. It is reported that the CQC's approach to this change is to facilitate more transparency with the public by earlier publication of this information.

What does this mean for care providers?

The success and effect of these changes is unlikely to be clear for some time. However, what providers should be doing now is making sure that they are familiar with their new framework and the incoming changes so that they can ensure that they are compliant and fully prepared for their next inspection.

There is no doubt that there is likely to be further modifications to the new framework as the CQC assess the success of these

changes over the coming months and years. It is therefore extremely important that providers seek specialist assistance where required and make detailed and supported challenges to any findings or decisions that are not accurate or consistent with the CQC's strategy and new framework.

If you are a registered provider or manager and you need advice or representation in relation to a CQC inspection; enforcement action; or an appeal to the first-tier tribunal, we have a dedicated team of specialist lawyers who are on hand to assist you. Call us now on **0333 999 7151** or visit our website [here](#).

RATINGS REVIEW STATISTICS

Only 5.4%

of ratings review requests in the adult social care sector resulted in a ratings increase due to the correct rating process not being followed (figures taken from the rating review outcomes to 30 June 2017 on the CQC website [here](#) [updated on 5 July 2017])

INSPECTION STATISTICS

39%

of registered services inspected by the CQC in the past month were rated 'inadequate' or 'requires improvement' (figures taken from the CQC website on 1st February 2018 as below)

The past month's ratings

20	☆ Outstanding
655	● Good
357	● Requires improvement
85	● Inadequate

Pre & Post CQC Inspection - The potential impact of a negative rating & how to challenge the CQC

By Laura Hannah, Associate Solicitor, Regulatory team

Many registered care providers will no doubt agree that an inspection by the Care Quality Commission ('CQC') can be a daunting prospect. Whilst a home may have been rated as 'Good' or even 'Outstanding' at their previous inspection, there is no guarantee that the same ratings will be duplicated at the next inspection. Most inspections are unannounced and can last a number of days, during which time there are often several inspectors present at the care home observing the staff's care practices and trawling through all of the home's records. This can be quite overwhelming for the managers and staff, who are faced with answering a series of questions from inspectors under pressured circumstances. It is therefore not so surprising for those in the care sector that the ratings awarded are not always what they expect.

New Assessment Framework

Over the past few years, the CQC has radically changed its approach to regulating adult social care services. This has undoubtedly been a difficult challenge for providers, both from a financial and regulatory perspective. In particular, there has been an increase in demand in recent years as well as a reduction in funding and this has therefore put strong pressure on care providers to control costs. Most recently, the CQC introduced a new assessment framework for the adult social care sector in November 2017. Whilst the five key questions remained as the basis for the new framework, the previous 11 separate frameworks for each sector were merged into just two. As a result, a number of changes were also made to the Key Lines of Enquiry (KLOE's) which has meant that there are more KLOE's overall as well as additional KLOE's added to accommodate the CQC's new, strengthened themes throughout the new framework, particularly in relation to the use of technology and information governance and data security.

Whilst this may prove as a challenge for some care providers who have only just got to grips with the last set of KLOE's, it should be some consolation for providers that much of the

content has remained largely the same. However, it will be extremely important for providers to be fully prepared for their next inspection under this new framework to avoid any criticism from the CQC for failing to adapt to these changes and remain compliant. It is vital that care providers, managers and all of the staff within a care home have a good working knowledge of this new framework. This is bound to be a care home's first challenge for any future inspection and it may be wise for providers and managers to seek specialist practical advice from an independent care consultant or arrange for training in this area where required.

Under the current assessment framework, any inspection which results in an overall rating of 'Inadequate' or 'Requires Improvement' is deemed as a "negative" inspection, although one obviously more so than the other. Where a care home is rated 'inadequate', the CQC place the home into special measures. This means that the CQC expect the 'inadequate' care home to respond to any areas of inadequate care within a timely manner and demonstrate improvement in the quality of care provided within a set timescale; those placed in special measures will usually be inspected again within six months. If a home is placed in special measures, it is usually publicised within the inspection report and this can therefore have significant reputational damage for the care provider and the home. Providers are therefore often left with a negative inspection report, which is in the public domain for a number of months whilst the CQC decide exactly when the next inspection will take place.

Requires Improvement Ratings

Whilst 'Inadequate' ratings have always been at the very bottom of the ratings system since its introduction in 2015, we are now seeing a heavier focus on those homes rated as 'Requires Improvement' by the CQC. For those providers who are repeatedly rated as 'Requires Improvement', the CQC now plan to request an improvement action plan, which will be required to demonstrate how and



when their overall rating will improve. If a third overall rating of 'Requires Improvement' is issued, enforcement action will be considered. Emphasis is also to be placed on engaging with the leadership of providers with multiple locations where more than half of those services are rated 'Requires Improvement' or 'Inadequate', or if the CQC find significant concerns in a smaller proportion.

Enforcement Action

The CQC are also currently looking at plans to publish more details about the enforcement action taken against a provider in inspection reports. At present, the CQC are not able to publish such information until the period in which the provider can make representations or an appeal has passed and the outcome given. It is reported that the CQC's approach to this change is to facilitate more transparency with the public by earlier publication of this information.

The CQC have a wide range of civil and criminal enforcement powers, which are outlined in full within the CQC's enforcement policy. The CQC can utilise these powers against registered providers within the adult social care sector where they are in breach of the conditions of their registration or the relevant legislation, such as the Health and Social Care Act (HSCA) 2008 and the HSCA 2008 (Regulated Activities) Regulations 2014, which sets out the fundamental standards. The CQC will almost always take enforcement action against a provider where a home is placed in special measures and this is likely to include the use of its civil enforcement powers, such as the cancellation of a provider's registration and/or the imposition of restrictive conditions, for example.

What should providers do if they are facing enforcement action?

It is vital that care providers act quickly once they receive notification of any enforcement action from the CQC. There are often quite tight timescales in which they can respond to or challenge such enforcement action and it is

therefore extremely important that they use this time wisely. Any challenges made must be robust and supported with clear documentary evidence. Providers must also ensure that they fully engage with the CQC throughout this process, and ensure that any deadlines set are strictly complied to. A failure to do so could put their business and reputation at risk and lead to severe financial consequences.

What are the financial implications of negative ratings?

One example of the financial strain that a negative rating could put on a care provider is in relation to new admissions to the home. Often, the local authority, with whom most care homes have a contract with for the placement of funded residents, will invite care providers to voluntarily suspend funded admissions to the home until the necessary improvements have been made. In addition, some homes find that existing residents decide to move out of the home voluntarily; this could be due to their own concern over the negative ratings, or that of their relatives; or be the result of damaging publicity or even pressure from external parties, such as funding providers.

The local authority usually undertakes their own visits and inspections to the home during this period but they are also, more often than not, very much reliant on the CQC's guidance and further inspection findings. Where the CQC deem it necessary, because they have 'reasonable cause to believe that unless they act, any person will or may be exposed to the risk of harm', they will sometimes utilise their emergency civil enforcement powers under section 31 of the Health and Social Care Act 2008 and impose a condition on a care provider's registration certificate restricting admissions, either altogether or subject to certain requirements before an admission is made. This type of decision, under Section 31, takes effect immediately upon receipt of the CQC's notice of this decision and applies to all admissions regardless of funding. Whilst a care provider has a right to appeal against this type of decision to the First-tier Tribunal (Care Standards Chamber), a care provider is often looking at a number of weeks before this appeal can be heard at an oral hearing.

It is therefore clear to see the potential financial consequences of a negative rating in these circumstances. This delay can obviously cause a lot of strain to the continued running of the home, particularly where a home loses residents in the meantime. In some cases, this can be a contributing factor to a home closure

where it is not financially viable for providers to sustain the home during this uncertain period. This is sometimes the case where the existing number of residents within a home is already low and the home is not at, or near to, the permitted overall capacity, resulting in a very limited income. A care home with no spare beds and a consistent level of income would be in a much better position than one with several spare beds and no authority to admit, leaving their numbers to continue in decline until their next positive rating.

The closure of a care home in these circumstances is something which is becoming increasingly more common due to the continued pressure on providers to control the ever-increasing fixed costs of a care home. There are a number of factors which have and are continuing to contribute to this rise including the national living wage, which is due to rise again in April 2018; reductions in funding and care packages; and the increasingly complex needs of the residents residing in care homes today. In addition, figures published by the Nursing and Midwifery Council in July 2017 also show a reduction in the number of nurses registering to work in the UK, which will no doubt hinder recruitment in those homes providing nursing care, if these figures continue to decline in the future.

Should care providers challenge the CQC and if so, how?

It is evident how a negative rating following a CQC inspection can lead to a downward spiral of a previously compliant and positively rated care home. As such, it is vital that the CQC are robustly challenged on their actions and the contents of any draft inspection reports, where appropriate. The main challenge that a provider can make following an inspection is a factual accuracy challenge. Before the CQC's inspection report is published, providers are given the opportunity to challenge the accuracy and completeness of the information in the draft inspection report on which the ratings are based. This allows providers to submit their comments to the CQC on any typographical or numerical errors; information which they consider to be factually incorrect; or additional information regarding the position at the time of the inspection that addresses an issue not discussed in the draft report or which the provider considers has an impact on a rating judgement. At this stage, it is vital that providers make detailed and supported challenges to any findings within the draft report that are not accurate or consistent with the CQC's strategy and framework. However,

it is important to note that, for a challenge to stand any prospect of being successful, it must be supported by clear documentary evidence, which was available to the inspectors on the day of the inspection.

It is sometimes the case that providers do not submit factual accuracy comments even where they are not satisfied with the accuracy or completeness of a draft report. This may be because they do not think it will make a difference or in some cases, they do not wish to aggravate matters with their inspector. This is entirely the wrong course of action; providers should always make clear, robust challenges against draft reports, whatever the circumstances may be. If no challenge is made to a draft report and it is subsequently published, there is a presumption that the contents of the published report is entirely accurate. There is also no record that a provider has challenged any of the findings within the inspection report, which is often used as the basis for a decision by the CQC to pursue enforcement action. It is also much more difficult for providers to dispute the need for enforcement action on the basis of unchallenged inspection findings. In cases where providers feel that their inspector is acting inappropriately, the CQC's complaints process should be pursued – providers have to make a stand in such circumstances before it is too late for the home.

If a provider is not happy with the outcome of the factual accuracy process, there is subsequently an option to request a review of the ratings. The only ground for requesting a review is that the inspector did not follow the process for making ratings decisions and aggregating them. The CQC must be notified of a provider's intention to request a review within 5 working days of the report being published. The full request must then be submitted to the CQC within 15 working days of publication of the report; it cannot be made before publication. However, it is important for providers to be aware that the CQC recently limited a provider's ability to challenge ratings by capping any full challenge to just 500 words. This means that the factual accuracy process is even more important as the CQC will no doubt have to reconsider any factual accuracy challenge made when considering a ratings review.

Can challenges be successful?

Unfortunately, it has become very apparent over the past few years that it is extremely difficult for providers to successfully challenge the CQC in respect of the ratings awarded. Figures published by the CQC on

their website on 5th July 2017, in relation to the ratings review outcomes to 30th June 2017, demonstrate that out of 387 ratings review requests across the adult social care sector, only 21 resulted in a ratings increase due to the correct ratings process not being followed. Additionally, out of those 387 requests, a massive 274 requests were closed on the basis that there were no grounds for making the request.

Whilst the success rates of these challenges appear to be low, if a request is not made, the CQC will not look to consider the published ratings and they will remain unchanged. In the most serious of cases, where a negative rating escalates to enforcement action, clear challenges to the factual accuracy of a draft report and the published ratings can provide helpful evidence in any appeal against such enforcement action.

It may also be wise for providers to consider the additional sector support which is available to care homes, such as a specialist care consultants. These consultants can often assist in providing care homes with practical advice on compliance and detailed action plans, as well as carrying out audits or mock inspections of a care home prior to any CQC inspection. This provides care homes with the opportunity to identify and address any areas of non-compliance in advance of their inspection and ensure they are fully prepared for the inspectors' arrival.

Specialist legal advice may also be sought where a care provider or manager wishes to challenge a finding or decision of the CQC, including factual accuracy challenges to draft inspection reports or any proposed enforcement action. Specialist assistance is even more invaluable than ever, particularly in this ever changing regulatory environment, which is only likely to see further modification and change as the CQC test their new assessment framework during future inspections. What is clear, however, is that care home providers and managers must make detailed and supported challenges against any findings or decisions that are not accurate or consistent with the CQC's strategy and framework in order to protect their business and reputation and, where required, seek specialist assistance to strengthen their position.



SEMINAR: Pre & Post CQC Inspection

Book your place at: www.stephensons.co.uk/events

DATE: 1st March 2018

TIME: 8.45am – 10.30am

VENUE: Wanderers Suite
Whites Hotel
De Havilland Way
Bolton
BL6 6SF

We would like to invite you to a specialist conference which will describe the link between care home CQC inspection ratings and care home profitability improvement. Specifically, our speakers will share how to prepare effectively for CQC inspections by utilising the concept of a CQC compliance action plan. Additionally, this event will review the challenges following CQC inspections and what can be done if you receive a negative ranking.

During the event we will hear from legal experts in the field and also from safety management systems consultant, Jim Smith, as well as a care home owner who will share their businesses experiences. There will be a combination of presentations covering a variety of issues.

Our speakers and topics

- Being 'inspection ready' by Jim Smith, ACJ Risk Solutions Limited
- Employment law consideration by Adam Pennington, Solicitor, Stephenson Solicitors
- Challenging CQC following an inspection by Laura Hannah, Associate Solicitor, Stephenson Solicitors LLP
- Care home case study

Benefits of attending

The organisations speaking at this event are offering delegates a free half hour appointment after the seminar to discuss any further issues that are relevant to you for some initial guidance.



- Varied agenda giving a comprehensive picture delivered by experts in the field
- Training and develop specialist knowledge
- Networking opportunities

By registering for the seminar you are agreeing for your details to be shared with ACJ Risk Solutions Limited.

[Register here](#)

Healthcare
Newsletter

Regulatoryenquiries
@stephensons.co.uk

Call us on 0333 999 7151