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**HELPING TO SHAPE CQC INSPECTIONS OF
SPECIALIST CHILDREN'S TRUSTS**

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Aim To participate in a pilot Care Quality Commission (CQC) inspection of a specialist paediatric hospital and to provide feedback to improve further inspections.

Method To meet the CQC's regulatory requirements, the methodology of the inspection process had been improved and refined. A 'peer-review' model of inspection was now employed, utilising larger more inclusive teams to deliver a more in-depth inspection in a shorter time-frame (2 days). The inspection team consisted of general and specialist paediatricians, general and specialist children's nurses, pharmacists and other Allied Healthcare Professionals (AHPs), play therapists, managers and experts by experience (parents), supported by experienced CQC inspectors and data analysts.

A training day prior to the inspection enabled the team to meet, become acquainted, learn about the CQC, understand individual roles and establish an inspection schedule. The inspection itself took the form of ward visits, individual interviews with key personnel, small group interviews, staff focus groups, observing care and speaking to service users and a public listening event was also held.

Results The inspection-pharmacist was tasked with interviewing the chief pharmacist, leading a peer focus group of AHPs, conducting informal interviews with service staff, recording ward and service-provision observations, and providing expert advice to team members on medicines management issues. To ensure a consistent approach to inspections, all Trusts are assessed against the CQC's five domains (safe, effective, caring, responsive and well-led); for each domain there is a generic set of 'Key Lines of Enquiry' (KLOE).

During the inspection, twice daily corroborative meetings were held to allow team members to discuss emerging findings and any common themes causing concern. All collected pieces of evidence were rated against the KLOEs as objectively as possible. All aspects of medicines management were viewed: pharmacy work force, governance, error reporting, information provision to staff and parents, storage and procurement, safe practice and patient perception. At the end of the inspection the team was debriefed and feedback was collated and assimilated. This would be used as evidence in the inspection report.

Conclusion The CQC inspection was fast-paced and very intensive with a huge amount to cover in a very short space of time. In addition to the feedback given during the inspection, a pharmacist's summary report was submitted which documented the positive aspects of the investigation, but also made suggestions for further improvement. It was noted that medicines management should be inspected across the hospital as a speciality in its own right as it impacts on many aspects of hospital service. The inspection team could have benefitted from having two pharmacists, each focussing on different aspects of medicines management.

The paediatric pharmacist proved to be a valuable member of the inspection team, providing expert advice on medicines management issues in children, as well as identifying and highlighting areas normally associated with the greatest risk within the paediatric population.