****

**Factual accuracy check form for the draft assessment report**

Complete this form and return your submission to:

* email: HSCA\_Compliance@cqc.org.uk or
* post: CQC HSCA Compliance, Citygate, Gallowgate, Newcastle upon Tyne, NE1 4PA

|  |  |
| --- | --- |
| **Assessment plan number (if known)** |  |
| **Location ID/organisation ID** |  |
| **Location name** |  |
| **Specific service that the report relates to** |  |

|  |  |  |
| --- | --- | --- |
| **What does your factual accuracy challenge relate to?** | **Use** | **Select section** |
| Typographical/numerical errors  | Section A | Yes/No |
| Accuracy of the evidence  | Section B | Yes/No |
| Additional or omitted information we should consider – ‘completeness’ | Section C | Yes/No |

|  |  |
| --- | --- |
| **Completed by name** (see our [privacy notice](https://www.cqc.org.uk/about-us/our-policies/privacy-statement)) |  |
| **Position** |  |
| **Date** |  |

|  |
| --- |
| **Section A: Typographical/numerical errors in the draft assessment report** |
| **What to list here*** typographical or numerical errors

**How to complete this section*** list each error on a separate line
* if the same error is repeated, identify the first time it appears and add ‘throughout the report’
* provide a brief explanation of the point you wish to make and specific reference to any supporting information
 |
| **Point** | **Section of report:*** **Overall service commentary? or**
* **People’s experience commentary? or**
* **Key question: Safe, Effective, Caring, Responsive or Well led?**
 | **If Key question:*** **Key question commentary? or**
* **State which quality statement and evidence category?**
 | **Correction****Please state exact section of error (include page number, if available), or we may not be able to consider a change.** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

If you wish to add more points and need extra rows, place the cursor outside of the righthand side of the last row and press enter.

|  |
| --- |
| **Section B: Accuracy of the evidence in the draft assessment report** |
| **What to list here*** corrections to factually inaccurate evidence used in your inspection report
* this must relate to the position **at the time of your inspection**

**How to complete this section*** list each correction point on a separate line
* provide a brief explanation of the point you wish to make and specific reference to any supporting information
* for each point, **you must specify exactly** where we can find the information that supports your correction
 |
| **Point** | **Section of report:*** **Overall service commentary? or**
* **People’s experience commentary? or**
* **Key question: Safe, Effective, Caring, Responsive or Well led?**
 | **If Key question:*** **Key question commentary? or**
* **State which quality statement and evidence category?**
 | **Correction****Please state exact section of factual inaccuracy (include page number, if available), or we may not be able to consider a change.** |
| B1 |  |  |  |
| B2 |  |  |  |
| B3 |  |  |  |
| B4 |  |  |  |
| B5 |  |  |  |
| B6 |  |  |  |
| B7 |  |  |  |
| B8 |  |  |  |
| B9 |  |  |  |
| B10 |  |  |  |
| B11 |  |  |  |
| B12 |  |  |  |
| B13 |  |  |  |
| B14 |  |  |  |
| B15 |  |  |  |
| B16 |  |  |  |
| B17 |  |  |  |
| B18 |  |  |  |
| B19 |  |  |  |
| B20 |  |  |  |

|  |
| --- |
| **Section C: Additional or omitted formation we should consider – ‘completeness in the draft report** |
| **What to list here*** additional information or information omitted from the draft report you think we should consider to inform our judgement of your service
* this must relate to the position **at the time of your assessment**

**How to complete this section*** list each piece of information on a separate line
* provide a brief explanation of the point you wish to make and specific reference to any supporting information
* for each point, **you must specify exactly** where we can find the information that supports it
 |
| **Point** | **Section of report:*** **Overall service commentary? or**
* **People’s experience commentary? or**
* **Key question: Safe, Effective, Caring, Responsive or Well led?**
 | **If Key question:*** **Key question commentary? or**
* **State which quality statement and evidence category?**
 | **Correction****Please state exact section of omission (include page number, if available), or we may not be able to consider a change** |
| B1 |  |  |  |
| B2 |  |  |  |
| B3 |  |  |  |
| B4 |  |  |  |
| B5 |  |  |  |
| B6 |  |  |  |
| B7 |  |  |  |
| B8 |  |  |  |
| B9 |  |  |  |
| B10 |  |  |  |
| B11 |  |  |  |
| B12 |  |  |  |
| B13 |  |  |  |
| B14 |  |  |  |
| B15 |  |  |  |
| B16 |  |  |  |
| B17 |  |  |  |
| B18 |  |  |  |
| B19 |  |  |  |
| B20 |  |  |  |