

### **CQC Registered Manager Interview Toolkit**

Produced by: Public Health Ltd

Supporting safe, compliant, and effective healthcare operations.

### Introduction

Becoming a **CQC Registered Manager** is a major step in demonstrating your ability to lead and oversee regulated health services. The CQC interview is a formal assessment of your competence, leadership, and understanding of regulatory compliance.

This toolkit is designed to help you prepare effectively. It contains practical checklists and reminders to ensure you are confident and ready to succeed.

The interview will typically explore:

- Your knowledge of CQC's five key questions: Safe, Effective, Caring, Responsive, Well-led.
- How you manage and support your team.
- Your approach to governance, risk, and quality assurance.
- Your knowledge of the Health and Social Care Act 2008 (Regulated Activities)
  Regulations 2014.

**Tip:** Treat the interview as a professional conversation. The CQC is not trying to catch you out, they want to see how you ensure safe, compliant care.

# **Preparation Checklist**

- **Up-to-date CV** highlighting management and leadership experience.
- Knowledge of your service: type of care, patient profile, size, risks, and staff structure.
- Statement of Purpose for your service (accurate and up to date).
- Policies and procedures: safeguarding, incident reporting, governance, medicines, complaints handling.
- **☑** Understanding of **CQC Regulations and Fundamental Standards**.
- Quality assurance systems: audits, patient feedback, risk assessments.
- Leadership approach: be ready to describe your style, supervision methods, and staff support.
- **Emergency planning knowledge:** how you manage incidents and business continuity.
- **Examples of improvement**: show how you've identified risks and improved services.

**▼ Tip**: Don't just gather documents, practice explaining them clearly. The CQC is looking for your understanding, not just paperwork.

### Leadership & Governance

As a Registered Manager, you set the tone for safety, quality, and professionalism. Be ready to **explain how you lead people**, **run governance systems**, and **assure ongoing compliance**.

#### **Leadership in Practice**

- Clear vision and values: articulate how these are communicated and embedded.
- Structure and accountability: org chart, roles, RACI for key processes.
- **Supervision and appraisal**: frequency, quality of notes, development plans, revalidation where applicable.
- **Competence and training**: role-based matrices, mandatory training compliance, clinical skills sign-off.
- **Safe staffing**: rostering model, escalation for gaps, use of acuity/risk to inform cover.
- Wellbeing and culture: open-door ethos, psychological safety, zero tolerance for poor behaviours.
- Fit and Proper Persons (Directors/Leaders): assurance checks and ongoing declarations.

#### **Governance Systems**

- **Policy management**: controlled documents, versioning, review cycles, dissemination.
- **Risk management**: maintained risk register with owners, scores, controls, and review dates.

- Audit programme: annual schedule (clinical, IPC, medicines, safeguarding, information governance).
- **Performance**: KPIs and dashboards (safety, effectiveness, responsiveness, workforce).
- Information governance: UK GDPR compliance, DPIAs, data security, access control, incident reporting.
- Clinical effectiveness: evidence-based guidance, SOPs/PGDs, peer review and case discussions.
- Committee/meeting structure: agenda, minutes, actions tracked to closure.
- Learning and improvement: how themes from incidents/complaints feed into training and policy updates.

**Tip**: Show how your leadership style creates a **positive culture** where staff feel supported and accountable.

## Safeguarding & Duty of Candour

You must be able to demonstrate **robust safeguarding** arrangements and an **open**, **transparent approach** to care when things go wrong.

#### Safeguarding

- **Training**: level-appropriate safeguarding training compliance for all roles (adults and children).
- **Reporting pathways**: Designated Safeguarding Lead (DSL), deputy, and escalation flow.
- Thresholds and referrals: when and how to contact local authority/MASH and the police.
- Safer recruitment: DBS checks, references, probation, ongoing checks.
- **Record-keeping**: timely, factual notes; incident linkage; confidentiality and consent.
- Mental Capacity and consent: capacity assessments, best-interest decisions, documentation.
- **PREVENT/Exploitation**: awareness and reporting routes for radicalisation and modern slavery concerns.

#### **Duty of Candour (Regulation 20)**

- **Trigger**: incidents causing moderate harm or above (or where prolonged distress is likely).
- **Process**: prompt notification to the person/representative, a sincere apology, and explanation of next steps.

- Written follow-up: provide findings, actions, and contact details; keep copies in the record.
- **CQC notifications**: where applicable, ensure timely statutory reporting is completed.
- **Assurance**: audit compliance with candour steps and the quality of written communications.

**▼ Tip**: Always emphasise the importance of being **open, honest, and timely** when safeguarding concerns or incidents arise.

### **Managing Risks & Incidents**

Effective risk and incident management demonstrate a **proactive safety culture** and **continual learning**.

#### **Risk Management**

- **Risk register**: identification, scoring, controls, action owners, and review cadence.
- **Top risks**: be able to discuss your top 3–5 risks and current mitigations.
- **Business continuity**: plans for staffing loss, IT failure, estate issues, and surge demand; test exercises.

#### **Incident Management**

- **Reporting**: simple access for staff, no-blame culture, and timely triage of incidents/near-misses.
- **Immediate actions**: safety-first response, duty of candour checks, safeguarding screens.
- Investigation: proportionate approach (RCA where needed), evidence collation, analysis of contributory factors.
- Action plans and Learning loop: specific actions with owners, deadlines, and effectiveness reviews, share lessons and updated policy and training as required.
- External reporting: RIDDOR/HSE, MHRA (medicines/devices), and other statutory notifications when applicable.

Tip: Be ready to describe a **recent risk or incident** and how you used it to improve learning and safety.

### **Quality Improvement**

Quality improvement (QI) shows how you turn data and feedback into **sustained**, **measurable change**.

#### **Approach & Methods**

- Model for Improvement aims, measures, and PDSA cycles.
- **Measurement**: outcome, process, and balancing measures aligned to risks and priorities.
- Visibility: run charts or dashboards to track progress and variation.

#### **Sources of Insight**

- Audits and spot checks: IPC, medicines, record-keeping, safeguarding, equipment.
- Patient experience: feedback cards, surveys, compliments/complaint's themes.
- Workforce intelligence: supervision themes, training compliance, turnover, sickness.
- **Benchmarking**: external standards, peer review, and participation in networks where relevant.

**∀ Tip:** Keep an example of a **successful change project** ready — something that clearly improved patient care or staff experience.

# **Service Snapshot**

This section is for your personal preparation. Complete it with information specific to your service so you can recall key facts quickly during the interview.

Service Name:	
Regulated Activities:	
Statement of Purpose Summary:	
Top 3 Service Risks:	
Key Audits Completed Recently:	
Current Quality Improvement Focus:	
Governance Framework:	