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**Factual accuracy check form for the draft inspection 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

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| **\*Inspection number**  |  |
| **\*Location/organisation ID** |  |
| **Location name** |  |

**\*This is on your letter with the draft inspection report. You must record these details correctly so we can identify you and consider your comments**

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| **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 |

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

**CQC use only**

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| **Response prepared by name** |  |
| **Position** |  |
| **Date** |  |

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| **Response reviewed by name** |  |
| **Position** |  |
| **Date** |  |

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| **Section A: Typographical/numerical errors in the draft inspection 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** | **Hospitals only:****Location or core service** | **Page no** | **Correction** | **For CQC use** |
| **Decision**Yes/No/Partial | **Response** |
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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.

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| **Section B: Accuracy of the evidence in the draft inspection 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** | **Hospitals only:****Location or core service** | **Page no** | **Correction** | **For CQC use** |
| **Decision**Yes/No/Partial | **Response** |
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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.

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| **Section C: Additional or omitted information 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 inspection**

**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** | **Hospitals only:****Location or core service** | **Page no** | **Additional/omitted information** | **For CQC use** |
| **Decision**Yes/No/Partial | **Response** |
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