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Registration

What does it mean
for you?



Objective - at all points of care



People can expect services to meet essential standards of quality, protect their safety and respect their dignity and rights.

The difference registration is making



- All health and adult social care providers are meeting a single set of essential standards of quality and safety



- Standards are focused on what is needed to make sure people who use services have a positive experience - a direct result of what people said they wanted

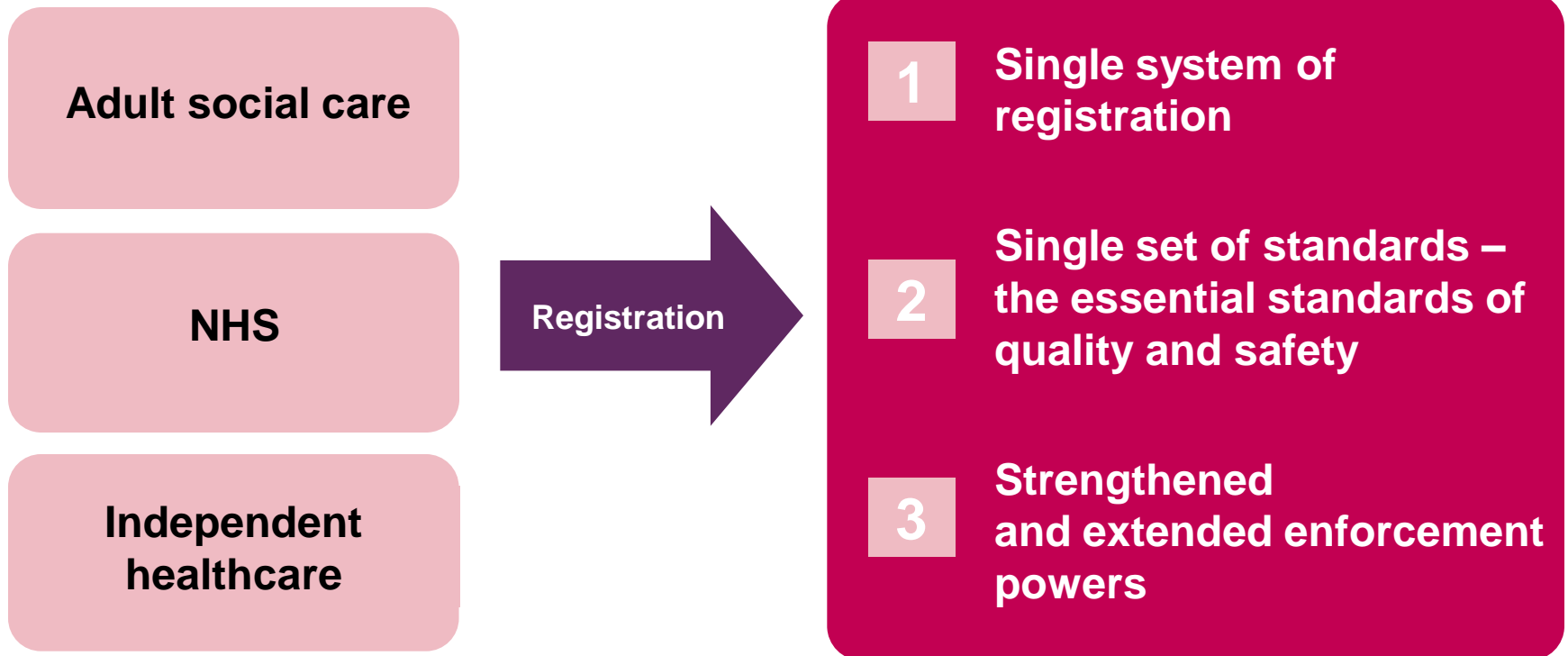


- A single regulatory framework across health and adult social care; people receive safe and quality care no matter which part of the care system they experience and where

Objective - at all points of care



People can expect services to meet essential standards of quality, protect their safety and respect their dignity and rights.



Benefits of registration



- **Outcomes** - More outcome-based registration that protects and promote equality, diversity and human rights and makes providers accountable
- **Information** - Improved access to timely, relevant and reliable information enabling consistent comparisons and promotion of joined up care
- **Enforcement** - Earlier identification and swifter action to follow up concerns including enforcement action where necessary
- **Burden** - Reduced unnecessary regulatory burden and associated costs of demonstrating compliance
- **Compliance** - Increased compliance by health and adult social care providers
- **Process** - Improved transparency, speed, consistency and reliability of registration

What's changed? A single way of judging quality



	Organisations	Standards/ requirements	Enforcement
Old system	Providers of adult social care (ASC) registered	National Minimum Standards (ASC and PVH) - different regulation and NMS for each setting	Care Standards Act enforcement action limited to statutory notices and closures
	Private and voluntary healthcare (PVH) providers registered	Standards for Better Health considered as part of annual health check	Limited enforcement powers for NHS providers
	NHS providers were not registered (HCAI in 2009)		
New system	All providers of health and adult social care registered with CQC	Single set of essential standards of quality and safety for all settings	Strengthened and extended range of enforcement powers for providers from all sectors

The regulations are mapped to six outcomes:

- Involvement and information
- Personalised care, treatment and support
- Safeguarding and safety
- Suitability of staffing
- Quality and management
- Suitability of management

Our focus:

People focused

Outcome based

Plain English

Applying for registration: what CQC will do



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Assess applications

- Screen for **completeness** and absence of confidential information
- **Cross check** declaration of compliance with other available information
- Request or seek **further information** if there is a risk of non-compliance

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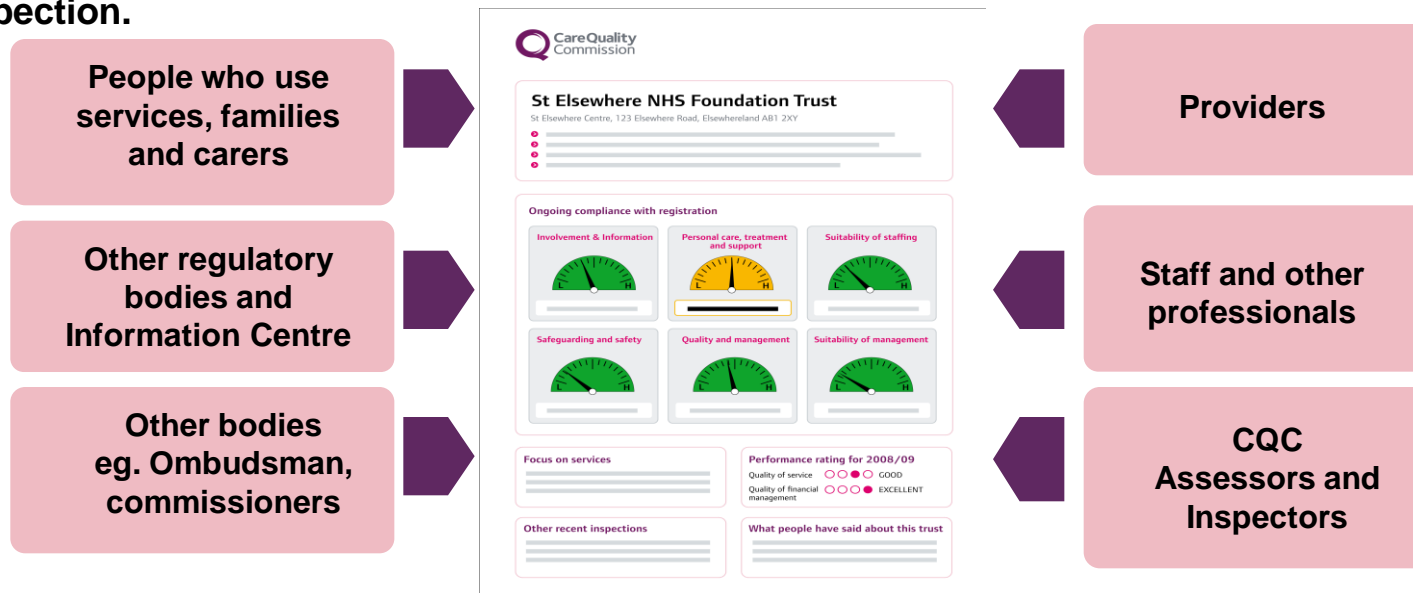
Make judgement

- Using the *Guidance about compliance - Essential standards of quality and safety* and *Judgement framework* - to decide to:
 - **register with conditions** or
 - **refuse** all or part of your registration
- We will notify you of your decision (in a Notice of Decision) and provide you with information about right to make representations and appeals
- Once registered, we will issue a Certificate of Registration
- We will publish our register

Information capture



A Quality and Risk Profile on each provider summarises all relevant information so that we can assess risks lie and prompt appropriate front line regulatory activity, such as inspection.



Limited regular information flows mean that gaps in our quality and risk profiles will need to be filled by gathering information from providers and through site visits

Reviews of compliance



Responsive

A responsive review of compliance:

- is triggered when specific information, or a gap in information raises concern about compliance
- is not a full check of all 16 core quality and safety outcomes
- is targeted to the area(s) of concern
- May include a site visit
- All findings will be published

Planned

A planned review of compliance:

- is a scheduled check that looks across all regulated activities (at a location) to assess compliance with all 16 core quality and safety outcomes
- Will take place at intervals of 3 months to no less frequent than 2 years
- Will be proportionate, with additional activities focused on gaps on information
- May include a site visit
- All findings will be published

Out –of- hours challenges:

- **Identified risks of out-of-hours services need to inform the frequency of planned reviews**
- **We need to be able to conduct site visits to provider that operate outside ‘office hours’**

- The aim of site visits is to gather **evidence** of compliance
- We will have **short, focussed unannounced site visits**, rather than set piece inspections that require the provider to spend a lot of time in preparation
- Site visits will **primarily centre on the assessment of outcomes** - the experiences people have as a result of the care they receive
- Site visits will be **direct checks of compliance** rather than assessing compliance through the assurance systems the organisation has in place.
- Therefore site visits will always include **direct observation of care** and we will **spend time with people who use the service**, their families and carers, unless not appropriate to do so. We may also talk to managers and staff. Experts by experience will join us on some site visits to help us engage with people who use services.
- Site visits will **take place as often as required** to ensure that providers are meeting essential standards of quality and safety. This is likely to lead to more frequent site visits but shorter duration and more focused.

The code of practice and related guidance does not need to be followed to the letter – alternative measures can be adopted but these must be equivalent to, or better than, the measures contained in the code.

The code of practice contains specific guidance for care homes to help them understand how they can demonstrate that they are following the code of practice.

Helpful guidance is available from other sources such as trade associations, professional bodies, the Department of Health and the Health Protection Agency.

CQC will consider the findings of its report ‘Working Together to Control and Prevent Infections’ and the findings from a small number of informal visits to care homes carried out in January 2010 to inform its approach in this area.

Care homes are just that: people's homes.

CQC recognises that care homes are not the same as many clinical settings in terms of the risk of infection and the resources available for infection prevention and control. However, they must comply with the law.

We will focus on services that present the greatest risks of infection. For example, where care is routinely provided for people with indwelling catheters, open wounds and gastric feeds.

We will also focus on management, training, information sharing and management of clients with infections (including outbreak management).

Wherever possible, CQC will use information from other sources to judge risk (for example the HSE, local authorities and the HPA).

Questions?

