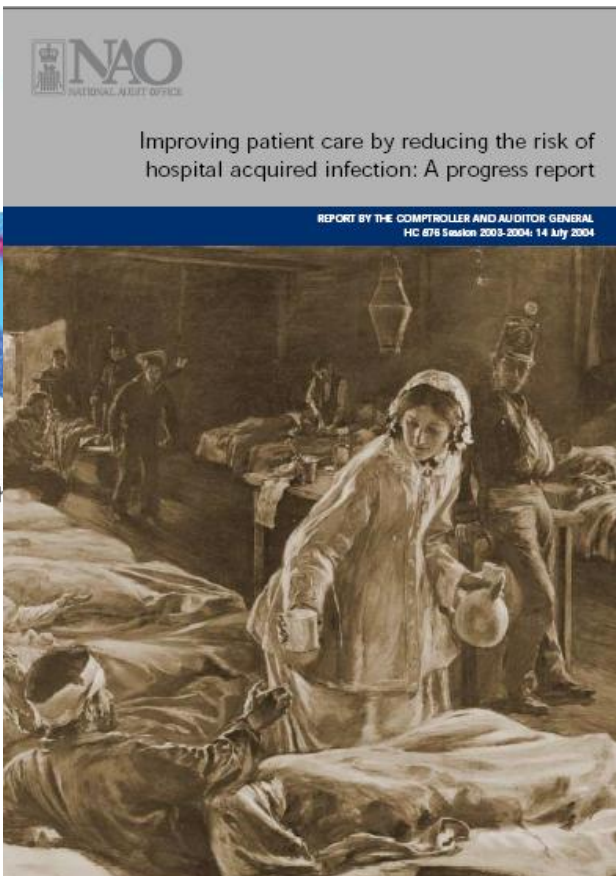
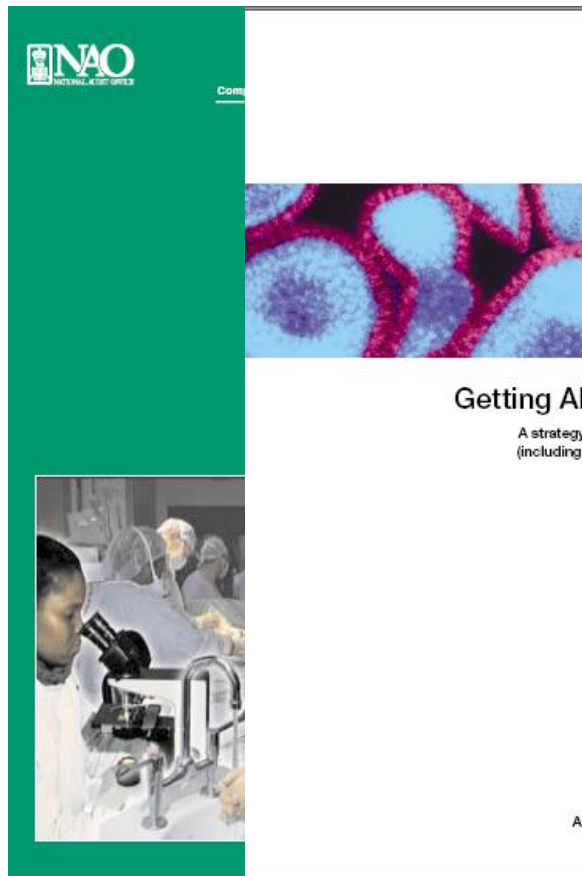


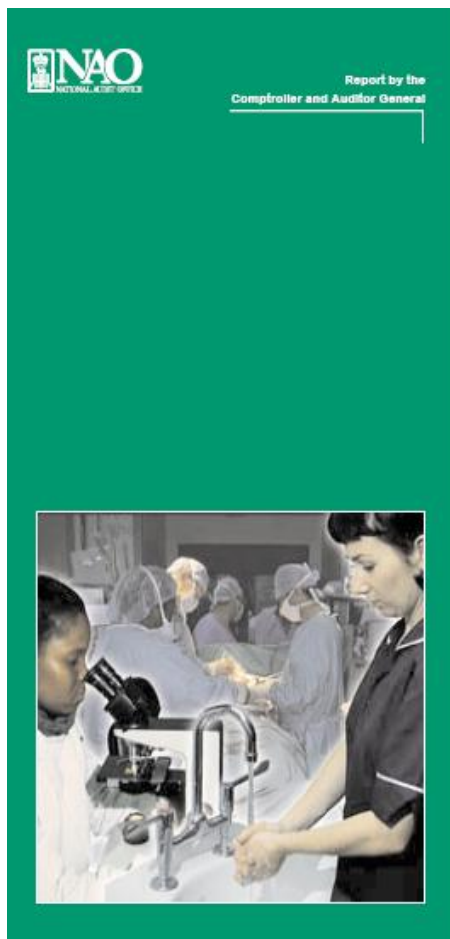


Registration and
infections: What does
it mean for you?

- **How did we get here?**
 - **Registration: what's involved and what are the benefits**
 - **Reviews of compliance, site visits and risk assessment**
 - **Focus on infections**
-

National Reports and strategies paved the way to the code

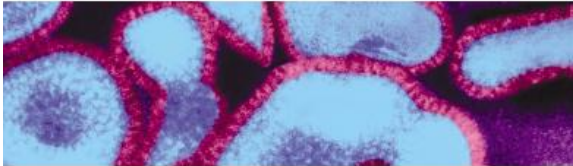




The Management
and Control of
Hospital Acquired
Infection in Acute
NHS Trusts in
England

Recommendations to DH

- **Consider the benefits of producing an infection control manual**
- **Revise existing guidance on Infection Control**



Getting Ahead of the Curve

A strategy for combating infectious diseases
(including other aspects of health protection)

A report by the Chief Medical Officer

- **A national NHS standard for infection control against which performance can be measured (Standards for Better Health published in 2004)**

Acid Tests for the new health protection service

- **Uncontrolled serious infection contracted in hospitals**



Winning Ways

Working together to reduce Healthcare
Associated Infection in England

Report from the Chief Medical Officer

December 2003

Action Area Six: Management and Organisation

- The Commission for Healthcare Audit and Inspection (CHAI) should prioritise the assessment of NHS performance in reducing HCAI.
- Introduced the concept of DIPCs and reinforced the fact that senior managers and good infrastructure were as important as good clinical care.



Care Standards Act 2000

and

National Minimum Standards

- Clean, hygienic premises
 - Free from offensive odours
 - Systems are in place to control the spread of infection
 - Follow relevant legislation and published professional guidance.
-

PART 2 PREVENTION AND CONTROL OF HCAI



Health Act 2006

CHAPTER 28

CONTENTS

PART 1

SMOKING

CHAPTER 1

SMOKE-FREE PREMISES, PLACES AND VEHICLES

Introduction

1 Introduction

Smoke-free premises, etc.

- 2 Smoke-free premises
- 3 Smoke-free premises: exemptions
- 4 Additional smoke-free places
- 5 Vehicles

No-smoking signs

6 No-smoking signs

Offences relating to smoking in smoke-free premises, etc.

- 7 Offence of smoking in smoke-free place
- 8 Offence of failing to prevent smoking in smoke-free place

Fixed penalties

9 Fixed penalties

- Enabled a Code of Practice relating to HCAI
- Outlined the effects of the act on the existing functions of the Commission for Healthcare Audit and Inspection.
- Improvement notices.
- Health and Social Care Act 2008 expanded these powers.

The purpose of the Code of Practice



The Health Act 2006

*Code of Practice for the Prevention
and Control of Health Care
Associated Infections*

- To help providers plan and implement how they can prevent and control infections
- Sets out criteria by which managers of organisations are to ensure that patients are cared for in a clean environment, where the risk of infections is kept as low as possible.
- Sets boundaries.
- DH Consultation published in 2005 stated that the code would apply to independent health care and care homes
- The Code and Regulation 12 will apply to adult social care and independent health providers from October 2010.



Objective of Registration

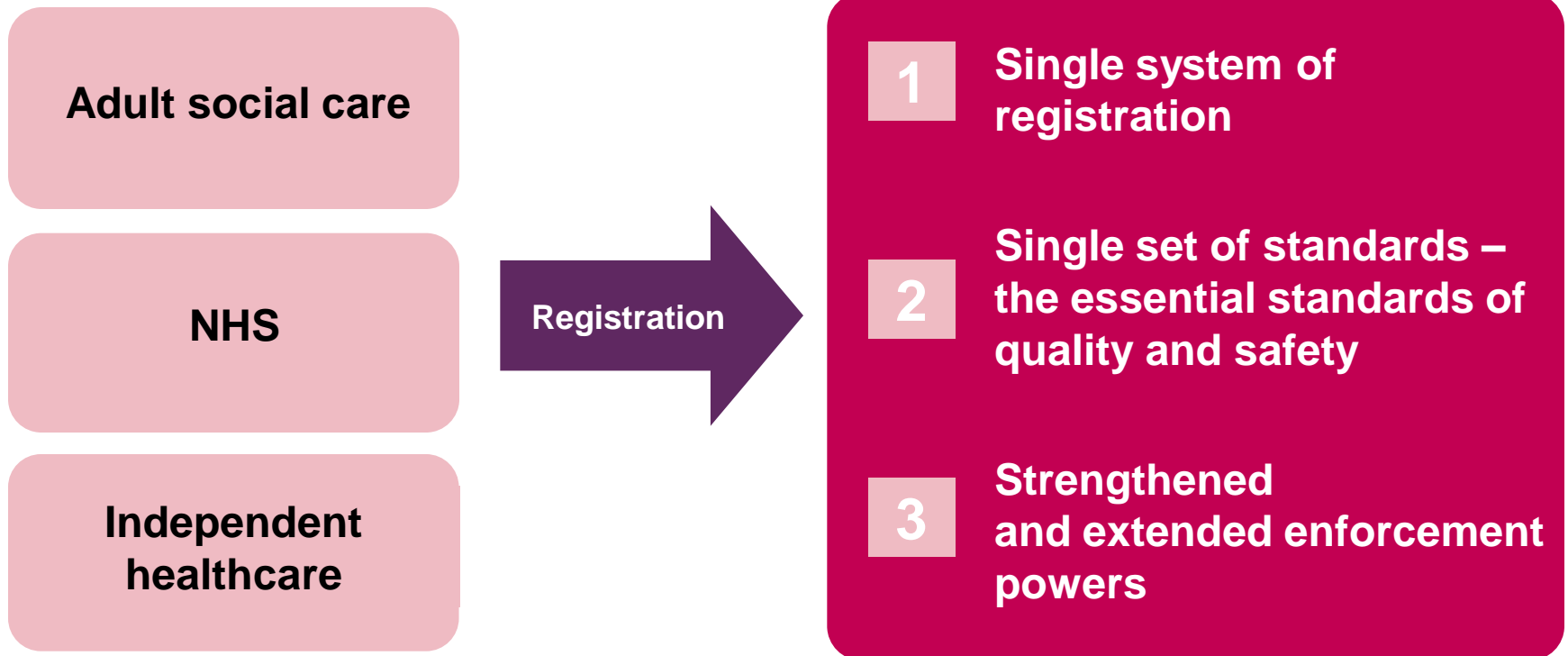


- People can expect services to meet essential standards of quality, protect their safety and respect their dignity and rights.
 - At all points of care
-

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

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



3

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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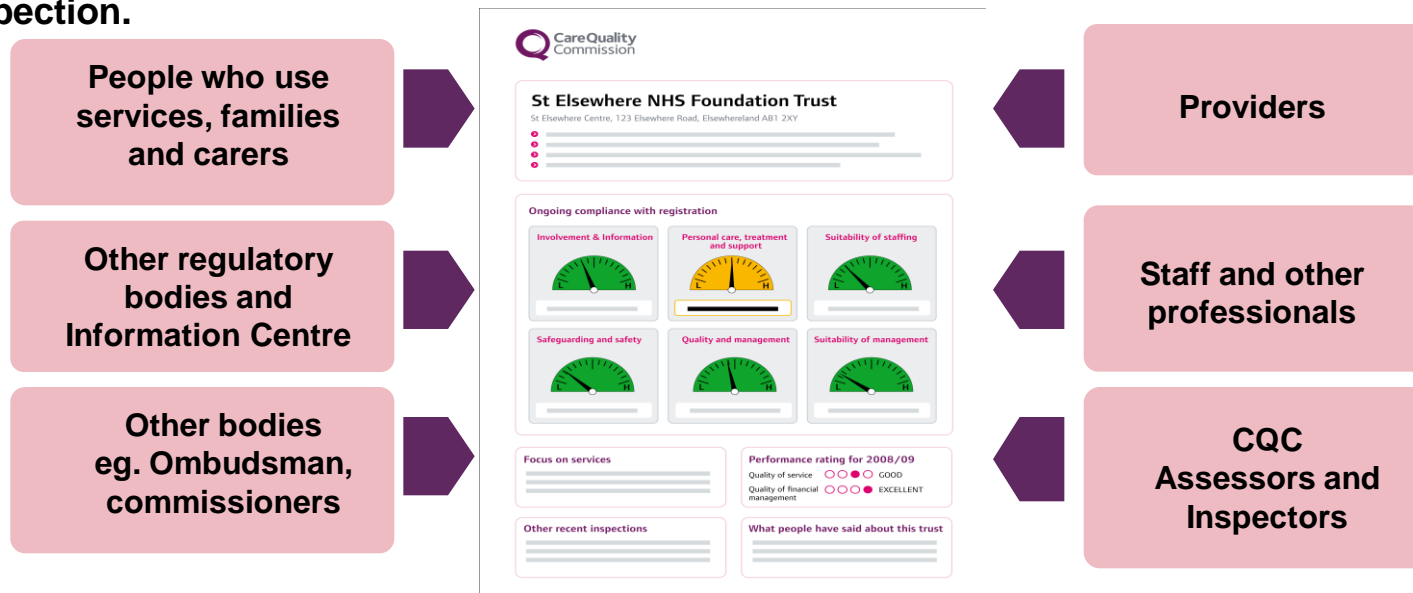
Make judgement

- 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

- 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.

Focus on infections



- 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.
- More 'nursing care' is being provided in homes traditionally providing personal care only.
- 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).

Focus on infections



- 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.

What you can do now



- Read the revised code (draft for consultation) – there's a specific annexe for adult social care.
- Read existing guidance – DH Infection control in Care Homes and DH Essential Steps (under review)
- Find out about the Infection Prevention Society audit tools.
- Evaluate what you are doing now – Identify gaps. Learn from incidents.
- Check the CQC website

www.cqc.org.uk

Questions?

