Dr Stephen Bennett
Area Manager
North West

- CQC came into being on 1 April, 2009.
- Integrating the work of 3 former Commissions:

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.

RISK

REGISTRATION

Care Quality Commission

Health and Social Care Act 2008

CHAPTER 14

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THE CARE QUALITY COMMISSION

CHAPTER 1

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1 The Care Quality Commission
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CHAPTER 2

REGISTRATION IN RESPECT OF PROVISION OF HEALTH OR SOCIAL CARE

Introductory

8 "Regulated activity"
9 "Health or social care"

Registration of persons carrying on regulated activities

10 Requirement to register as a service provider
11 Applications for registration as a service provider
12 Grant or refusal of registration as a service provider

Registration: who and when

CareQuality Commission

NHS Trusts

Adult social care and independent healthcare providers (CSA)

Primary dental care (dental practices) and independent ambulance services

Primary medical services (GP practices and out of hours)

The difference registration makes

- 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

Which regulated activities?
They include:

Draft Regulations laid before Parliament under section 162(3) of the Health and Social Care Act 2008, for approval by resolution of each House of Parliament.

DRAFT STATUTORY INSTRUMENTS

2009 No. XXXX

NATIONAL HEALTH SERVICE, ENGLAND

SOCIAL CARE, ENGLAND

PUBLIC HEALTH, ENGLAND

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

Made - - - - *000*

Coming into force - - *1st April 2010*

The Secretary of State makes the following Regulations in exercise of the powers conferred by sections 8(1), 20(1) to (5), 35, 86(2) and (4), 87(1) and (2) and 161(3) and (4) of the Health and Social Care Act 2008(**a**).

In accordance with section 20(8) of the Act, the Secretary of State has consulted such persons as he considers appropriate.

A draft of these Regulations was laid before Parliament in accordance with section 162(3) of the Health and Social Care Act 2008 and approved by resolution of each House of Parliament.

PART 1

GENERAL

Citation and commencement

1. These Regulations may be cited as the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 and come into force on 1st April 2010.

Interpretation

2. In these Regulations—

"the Act" means the Health and Social Care Act 2008;

"the 1983 Act" means the Mental Health Act 1983(**b**);

(a) 2008 c. 14. "Prescribed" and "regulations" are defined in section 97(1) of the Act.
(b) 1983 c.20.

- **Treatment of Disease, Disorder or Injury**
- **Surgical procedures**
- **Diagnostic procedures**

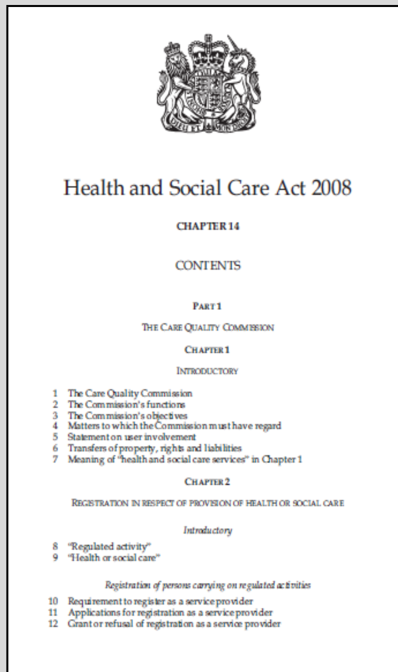
Application for each activity, with regard to location from which provided.

RISK

STANDARDS

The essential standards of quality and safety

Parliament



Health and Social Care Act 2008

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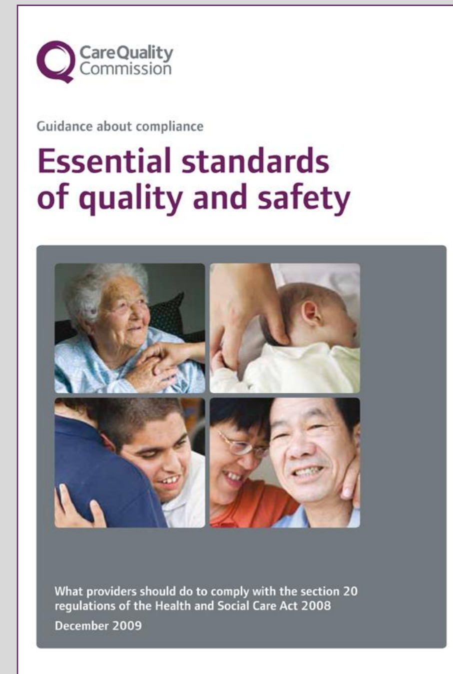
Dept of Health

Care Quality Commission (Registration) Regulations 2009

Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

CQC



CQC's guidance about compliance documents

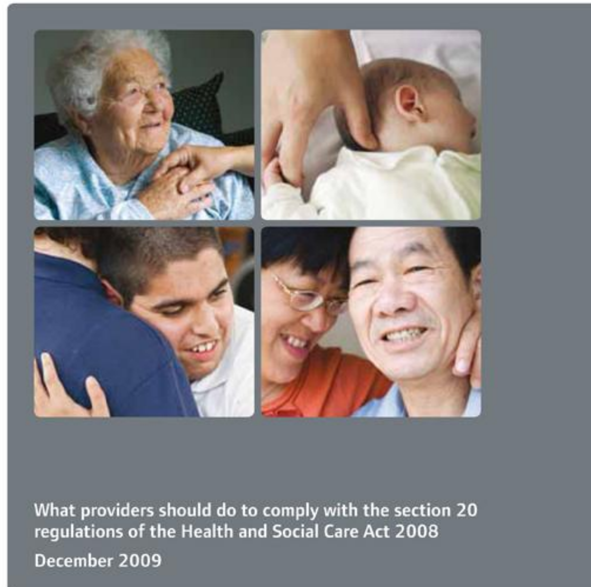
Guidance about compliance

Summary of regulations, outc and judgement framework

December 2009

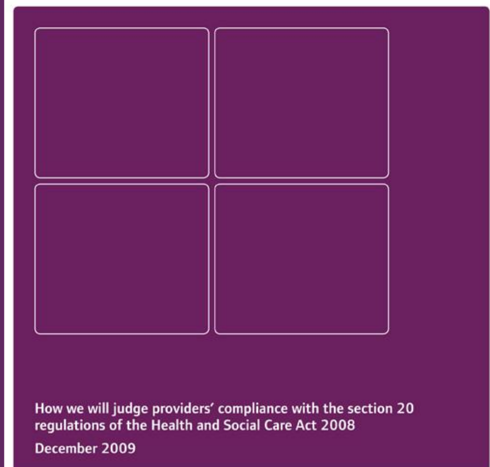
Guidance about compliance

Essential standards of quality and safety



Guidance about compliance

Judgement framework



Essential standards of quality and safety

1	**Respecting and involving people who use services**	15	Statement of purpose
2	**Consent to care and treatment**	16	**Assessing and monitoring the quality of service provision**
3	Fees	17	**Complaints**
4	**Care and welfare of people who use services**	18	Notification of death of a person who uses services
5	**Meeting nutritional needs**	19	Notification of death or unauthorised absence of a person who is detained
6	**Cooperating with other providers**	20	Notification of other incidents
7	**Safeguarding people who use services**	21	**Records**
8	**Cleanliness and infection control**	22	Requirements where the service provider is an individual or partnership
9	**Management of medicines**	23	Requirements where the service provider is a body other than a partnership
10	**Safety and suitability of premises**	24	Requirements relating to registered managers
11	**Safety, availability and suitability of equipment**	25	Registered person: training
12	**Requirements relating to workers**	26	Financial position
13	**Staffing**	27	Notifications - notice of absence
14	**Supporting workers**	28	Notifications - notice of changes

CQC's guidance about compliance: example of an OUTCOME

Plain English

People focused

Outcome Based

Safeguarding people who use services from abuse

OUTCOME 7

What should people who use services experience?

People using the service:

- Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld

That is because providers who are compliant with the law will:

- Take action to identify and prevent abuse from happening in a service
- Respond appropriately when it is suspected that abuse has occurred or is at risk of occurring
- Ensure that Government and local guidance about safeguarding people from abuse is accessible to all staff and put into practice
- Make sure that the use of restraint in a way that respects dignity and protects human rights, and where possible respects the preferences of people who use services
- Protect others from the negative effect of any behaviour by people who use services

Care Quality Commission

RISK

INSPECTION

Care Quality Commission

Ongoing monitoring

Reviews of compliance

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Responsive

A **responsive review** of compliance:

- is triggered by specific information that raises concern about compliance
- is not a full check of compliance for all 16 outcomes (for the core 16 quality and safety standards)
- is **targeted** to the area (s) of concern

Depending on the concern, may focus on:
- the whole provider
- one or more locations
- one or more regulated activities
- a particular service
- one or more outcomes

- May include a site visit
- All findings will be published

Planned

A **planned review** of compliance:

- Looks across all regulated activities at a location to assess compliance with all 16 outcomes (for the core 16 quality and safety standards)
- 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

Site visits

Care Quality Commission

- 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.

RISK

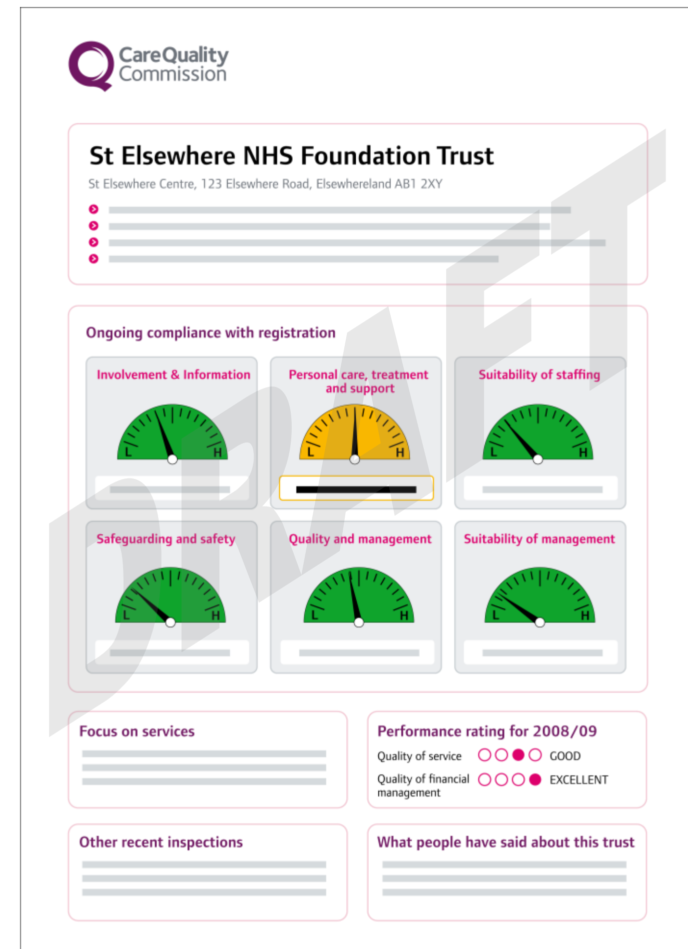
KNOWLEDGE

How we capture information

We will hold a **Quality and Risk Profile** on each provider summarising all relevant information.

The Quality and Risk Profile will enable us to **assess where risks lie** and **prompt front line regulatory activity**, such as inspection.

As **new information** arrives, it will be added to the profile and assessors and inspectors will be alerted and will **take action proportionate to the risk.**



Information capture

New information can come from a variety of sources:

People who use services, families and carers

Other regulatory bodies and Information Centre

Other bodies eg. Ombudsman, commissioners

CareQuality Commission

St Elsewhere NHS Foundation Trust

St Elsewhere Centre, 123 Elsewhere Road, Elsewhereland AB1 2XY

Ongoing compliance with registration

Involvement & Information

Personal care, treatment and support

Suitability of staffing

Safeguarding and safety

Quality and management

Suitability of management

Focus on services

Performance rating for 2008/09

Quality of service GOOD

Quality of financial management EXCELLENT

Other recent inspections

What people have said about this trust

Providers

Staff and other professionals

CQC Assessors and Inspectors

Information analysis and judgement about risk

Quality and Risk Profile

The QRP is a **prompt** not a judgement:

- Gathers all we know about an organisation
- Builds over time
- Organises information into relevant classification system
- Manages flows
- Applies risk model to **calculate risk** and present findings in a way frontline staff can use

Judgement about Risk

Using the QRP:

- Inspectors will interpret the information and decide whether further action is needed
- Using the Judgement framework
  - **Stage 1**: Is there enough evidence?

Additional Information Capture

Depending on the nature of the possible concern, the type of provider and the service, or if there are gaps in information, inspectors will seek further information from:

- People who use services, their families and carers
- Other regulators, commissioners and others
- The provider themselves
- A site visit

Regulatory judgement and response

Care Quality Commission

Judgement framework

Stage 1: *Is there sufficient evidence?*

Stage 2: Does the evidence show compliance?

Stage 3: What is the impact on people who use services and the likelihood of this happening? Is there:

- No concern
- Minor concern
- Moderate concern
- Major concern

Stage 4: Validation

Regulatory judgement

- Judgement of compliance or concerns
- Translates minor, moderate or major concerns into regulatory judgement
- Takes account of the provider's capability to improve
- Action will be **proportionate**

Regulatory response

Maintain registration - no further action

Improvement actions:

eg improvement letter

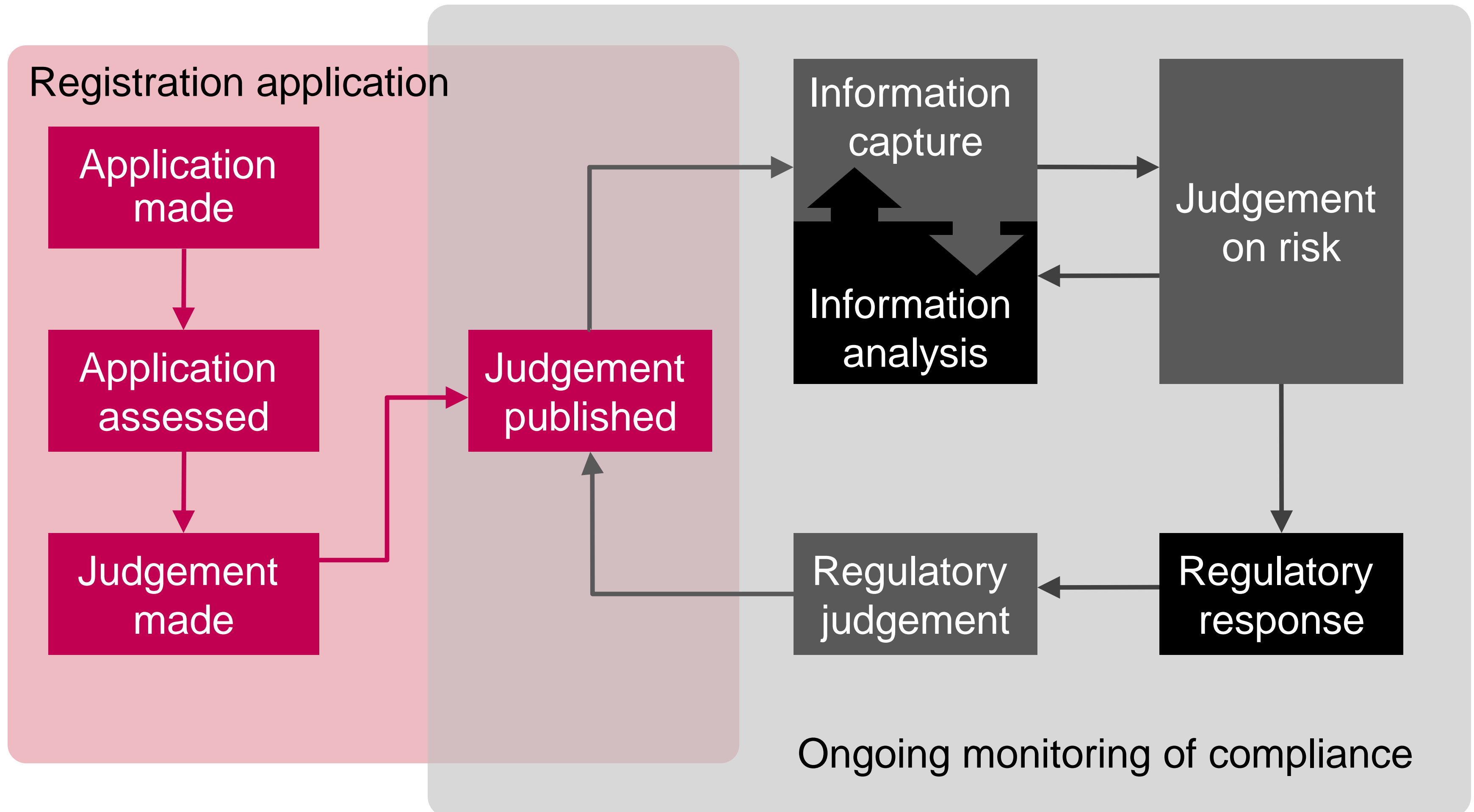
Enforcement actions:

- Statutory warning notice
- Imposition or variation of conditions
- Fines
- Prosecution
- Suspension of registration
- Cancellation of registration

Impact:

Likelihood:	Low	Medium	High
Unlikely	Minor Concern	Minor Concern	Moderate Concern
Possible	Minor Concern	Moderate Concern	Major Concern
Almost Certain	Moderate Concern	Major Concern	Major Concern

RISK: the cycle



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.