

# Regulation and registration: roles and responsibilities



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Care Quality Commission

**Q Care Quality Commission** Overview

**CQC overview – values and regulatory framework**

**Registration of care homes and the status of the Care Standards Act and National Minimum Standards - what's changing and what's staying the same.**

**Application of the hygiene code in social care settings and some thoughts on priorities for the future.**

**Q Care Quality Commission** What is CQC?



**Q Care Quality Commission** CQC's Distinct Values

**Users, patients, carers and families at the heart of what we do**

**Health and social care**

**Responsive and flexible**

**Outcomes focus**

**Independence**

**Improvement – not the Care Failure Commission**

**Collaborative and open – working with others**

**Q Care Quality Commission** Guiding principles



**Make sure people get better care**

- Driving improvement
- Putting people first and championing their rights
- Acting swiftly to remedy bad practice
- Gathering and using knowledge and work with others

**Q Care Quality Commission** A new way of looking at care

**“We need to change the way we look at care and take a broader view. Where does social care stop and health care begin? It should all be seen as part of a continuum of care and support – and the overall quality should be viewed from the individual's perspective.”**

*Carer of husband with Dementia*

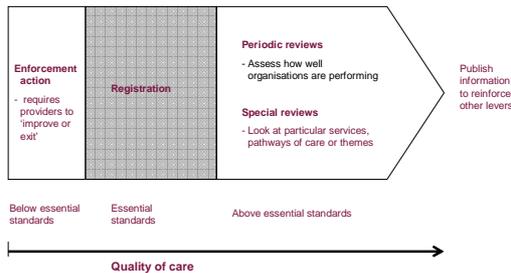
Infections don't observe boundaries between health and social care

We need to concentrate efforts where the risks are highest and ensure that attention is paid to high quality care at all points in a person's journey through the care system.

- Registration
- Enforcement
- Mental Health Act visiting
- Secondary Opinion Appointed Doctors
- Periodic review
  - providers
  - commissioners including Comprehensive Area Assessment
- Special reviews & investigations
- Studies on economy, efficiency & effectiveness; reviews of data
- Accessible information
- Co-ordination of regulatory activity

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CQC will monitor performance of all providers (poor to excellent) against registration requirements



- Registration is one of the main tools for CQCs regulatory approach.
- Conditions may be applied or registration revoked. This will apply across a number of regulations – not just infection prevention and control.
- Registration will be linked to services or activities, not organisations.

### Current list of regulated activities

- Personal care
- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment for substance misuse
- Accommodation and nursing or personal care in the further education sector
- Treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the 1983 [Mental Health] Act
- Surgical procedures
- Diagnostic procedures
- Management and supply of blood and blood derived products etc
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Termination of pregnancies
- Services in slimming clinics
- Nursing care

### Registration

- NHS Trusts in relation to HCAI – April 2009
- Full registration for NHS providers – April 2010
- **Adult social care and independent healthcare – October 2010**
- Primary medical and dental care from April 2011
- The requirements of the Care Standards Act and national minimum standards continue to apply until care homes are registered.

• Intended to give a richer picture of performance and practice and measure improvement over and above registration requirements.

Applicable to

- Providers of care
- Commissioners including Comprehensive Area Assessment

• Intended to provide a detailed examination of a particular area.

• Reviews to be carried out in 09/10 which had a focus on care homes included:

- **Meeting the healthcare needs of people in care homes**
- The pathway of care for people who have a stroke and their carers.
- Meeting the physical health needs of people with mental health problems and learning disabilities in hospital and residential settings
- Support for families with disabled children and young people

### OLD SYSTEM

- Each sector assessed against different standards and in different ways
- Lack of flexibility
- Fit with other regulators and ratings engineered after initial design of standards and methods

Regulator	Registration	Standards	Enforcement
Commission for Social Care Inspection	Adult social care and independent healthcare registered under Care Standards Act	Multiple sets of regulations and national minimum standards under Care Standards Act	Enforcement powers under Care Standards Act
Healthcare Commission			NHS standards not enforced other than for HCAI
Mental Health Act Commission	NHS not registered	Standards for Better Health	
Care Quality Commission	Inclusion determined by risk of activity regardless of provider's ownership, sector or configuration	Single set of enforceable requirements, with guidance about compliance set by CQC	Single, strengthened set of enforcement powers for all sectors

### NEW SYSTEM

- Single approach to assurance across all services
- Flexible definition of scope by activity, with ability to update, and guidance about compliance set by regulator
- Potential to build in fit with other regulators from the outset

• Care homes need to continue to provide clean safe care

• The requirements of the Care Standards Act and the National Minimum Standards continue to apply until October 2010 when care homes will be required to register with the Care Quality Commission.

• National Guidance for example – DH Essential Steps, DH Infection Control Guidance for Care Homes

• Approach in health has been a combination of inspection and standards for better health as well as in depth investigations.

• All acute trusts have been inspected along with a small number of non acute trusts. However, there are over 20, 000 care homes.

• The code will be applied pragmatically and will be risk based – a small care home providing accommodation only presents a different magnitude of risk to a larger one providing nursing care.

• CQC will develop a system that can assess risk and identify poor performance by using information intelligently.

• Focus will be on areas of greatest risk and or poor performance – concentrate on bottom 10% of poor performance

➢ Preparing care homes for registration and the application of the code

➢ Developing the regulatory framework regarding infection prevention and control across health and social care settings – robust risk assessment and focus on poorest performers.

➢ Encourage improvement through use of existing guidance

➢ Working with others – service users, patients, carers and families

➢ Working with others – regulators and other government bodies and agencies

- Read the existing code – bearing in mind it's written for healthcare settings.



This documents contains:

- The full wording of the draft regulation
- the revised Hygiene Code

- Read the existing code – bearing in mind it's written for healthcare settings.
  - Read the revised code when it's issued for consultation
- Read existing guidance – Infection control in Care Homes and Essential Steps
- Evaluate what you are doing now – Identify gaps. Learn from incidents.
- Read the consultation documents used to register healthcare settings
  - Check the CQC website for updates on the registration process

[www.cqc.org.uk](http://www.cqc.org.uk)