



Healthcare-associated infection

The CQC's activities 2009/10

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Who is the CQC?





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



The CQC's distinct values

- Put people who use services first, listen to them, stand up for their rights & dignity
 - Independence
 - Expert and have authority, based on high quality evidence
 - Health and social care across services
 - Work with service providers and professions to agree what quality is
 - Be visible, open, transparent and accountable
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Our vision of quality care

- Is safe
 - Has the right outcomes, including clinical outcomes
 - Is a good experience for people who use services, and their carers and families
 - Is supportive of healthy independent living
 - Is available to those who need it, when they need it
 - Provides value for money
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- Is safe  **HCAIs**
 - Has the right outcomes, including clinical outcomes
 - Is a good experience for people who use services, and their carers and families
 - Is supportive of healthy independent living
 - Is available to those who need it, when they need it
 - Provides value for money
 - 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
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OLD SYSTEM

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



NEW SYSTEM

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

Registration

Adult social care and independent healthcare registered under Care Standards Act

NHS not registered



Inclusion determined by risk of activity regardless of provider's ownership, sector or configuration

Standards

Multiple sets of regulations and national minimum standards under Care Standards Act

Standards for Better Health



Single set of enforceable requirements, with guidance about compliance set by CQC

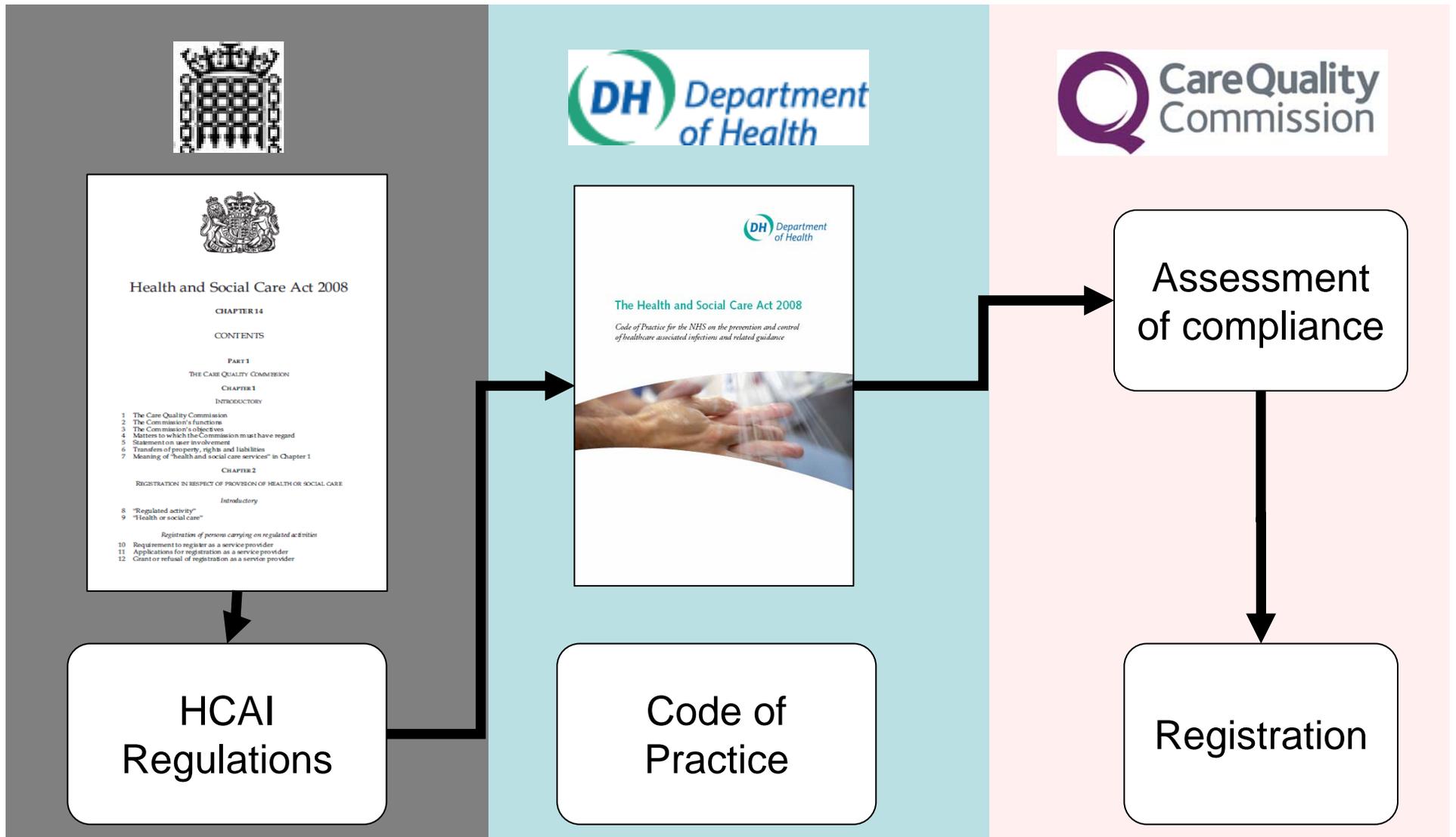
Enforcement

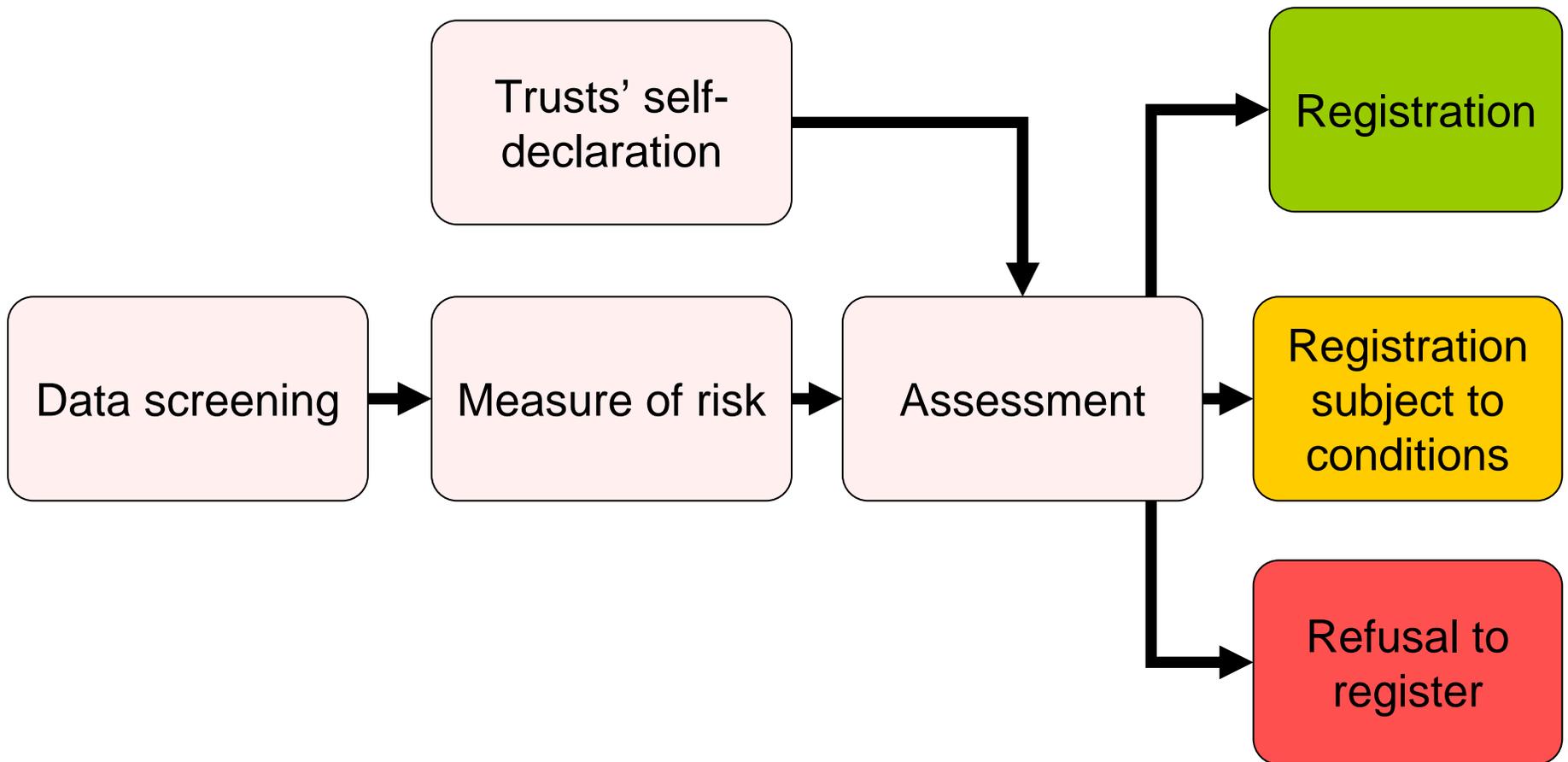
Enforcement powers under Care Standards Act

NHS standards not enforced other than for HCAI

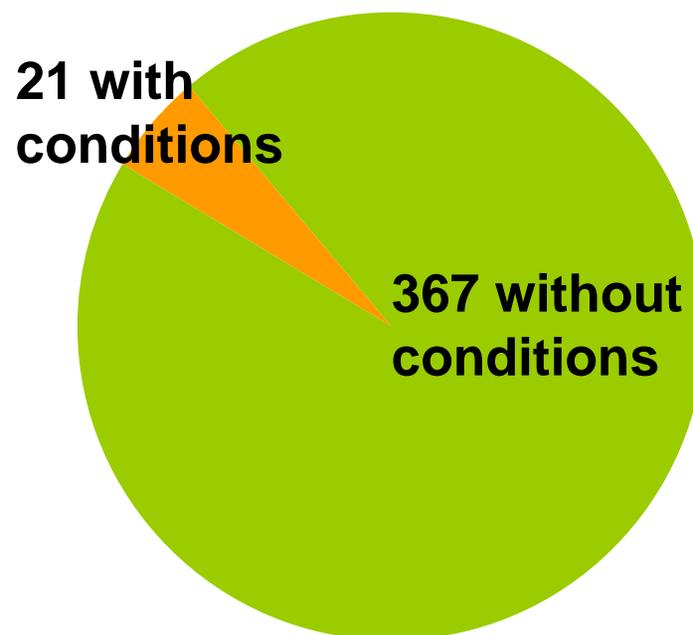


Single, strengthened set of enforcement powers for all sectors





- 21 trusts registered with conditions
 - In 13 cases, the trust declared non-compliance with some registration criteria that CQC used for judgement.
 - In eight cases, the CQC had evidence that the trust had:
 - Failed to achieve required standards for infection control on repeated occasions;
 - A high infection rate;
 - and/or the Healthcare Commission identified substantial issues that represented a potential risk to patients' safety at an inspection last year.



- April 2009 – NHS trusts in relation to HCAI
 - April 2010 – Full registration for NHS providers
 - October 2010 – Adult social care and independent healthcare
 - The requirements of the Care Standards Act and national minimum standards continue to apply to those providers previously registered with predecessor conditions, including any NMS relating to infection prevention and control
 - from April 2011 - – registration for primary medical and dental care
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NHS inspection programme 2009/10

A service provider must, so far as is reasonably practicable, ensure that patients, workers and others are protected against the identifiable risks of acquiring a healthcare-associated infection.

The means by which they should do this are:

- The **effective operation of systems** to assess the risks of infection and prevent, detect, treat and control infection.
- The **maintenance of appropriate standards** of design, cleanliness and hygiene for premises and equipment.

Simplified wording from *The Health and Social Care Act 2008 (Registration of Regulated Activities) Regulations 2009*



Health and Social Care Act 2008

CHAPTER 14

CONTENTS

PART 1
THE CARE QUALITY COMMISSION

CHAPTER 1
INTRODUCTORY

- 1 The Care Quality Commission
- 2 The Commission's functions
- 3 The Commission's objectives
- 4 Matters to which the Commission must have regard
- 5 Statement on user involvement
- 6 Transfers of property, rights and liabilities
- 7 Meaning of "health and social care services" in Chapter 1

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

Regulations



Part 3: Code of Practice for the prevention and control of healthcare associated infections

Compliance by a provider with the statutory requirement set out in Part 2 will be judged against the following criteria and the Annex.

Compliance criteria	What a service provider will need to demonstrate
1	Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.
2	Provide and maintain a clean and appropriate environment which facilitates the prevention and control of HCAI.
3	Provide suitable and sufficient information on HCAI to the patient, the public and other service providers when patients move to the care of another healthcare or social care provider.
4	Ensure that patients presenting with an infection or who acquire an infection during their care are identified promptly and receive appropriate management and treatment to reduce the risk of transmission.
5	Gain the co-operation of staff, contractors and others involved in the provision of healthcare in preventing and controlling infection.
6	Provide or secure adequate isolation facilities.
7	Secure adequate access to laboratory support.
8	Have and adhere to appropriate policies and protocols for the prevention and control of HCAI.
9	Ensure, so far as is reasonably practicable, that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that all staff are suitably educated in the prevention and control of HCAI.

**Criteria –
Code of Practice**

Part 4: Supporting guidance for implementation

In order to achieve compliance with the registration requirements relating to HCAI, service providers would normally be expected to demonstrate that they have in place the policies and procedures given under each criterion listed in Part 3 and have taken account of the following guidance. This guidance is not mandatory but is considered to represent the basic steps to ensure that the criteria can be met.

There may be additional or alternative strategies that a service provider is able to justify as equivalent or more effective in achieving compliance in their circumstances. Providers are free to decide to use alternative approaches but should be prepared to justify to the Care Quality Commission how the chosen approach is equally effective or better in ensuring that the criteria are met.

Management, organisation and the environment

Guidance for implementation of compliance criterion 1

Have in place and operate effective management systems for the prevention and control of HCAI which are informed by risk assessments and analysis of infection incidents.

Appropriate management systems should normally include:

- a. a board-level agreement outlining the board's collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks;
- b. the designation of an individual as Director of Infection Prevention and Control (DIPIC), to be accountable directly to the chief executive and the board (but not necessarily a member of the board);
- c. the mechanisms by which the board intends to ensure that sufficient resources are available to secure the effective prevention and control of HCAI. These should include implementing an appropriate assurance framework, infection control programme and infection control infrastructure and information systems;

ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient information on, and training and supervision in, the measures required to prevent and control risks of infection:

- e. a programme of audit to ensure that key policies and practices are being implemented appropriately

Related guidance

- We select organisations to be inspected per quarter
- To plan the inspection and target the areas most at need we:
 - evaluate data we hold
 - seek local intelligence from patient and public groups and consider any information from individuals
 - analyse the local press for stories

Trusts are not notified that they have been selected and no longer need to submit information to us before the inspection

“[I’m writing] to let you know how impressed we were with the two inspectors...”

“They were straight forward, thorough and demanding.”

At all times when interviewing staff they were courteous and understanding.

... I can only say that our experience here was entirely satisfactory.”

Chief executive of an acute NHS trust, 2009

Which measures do we assess?

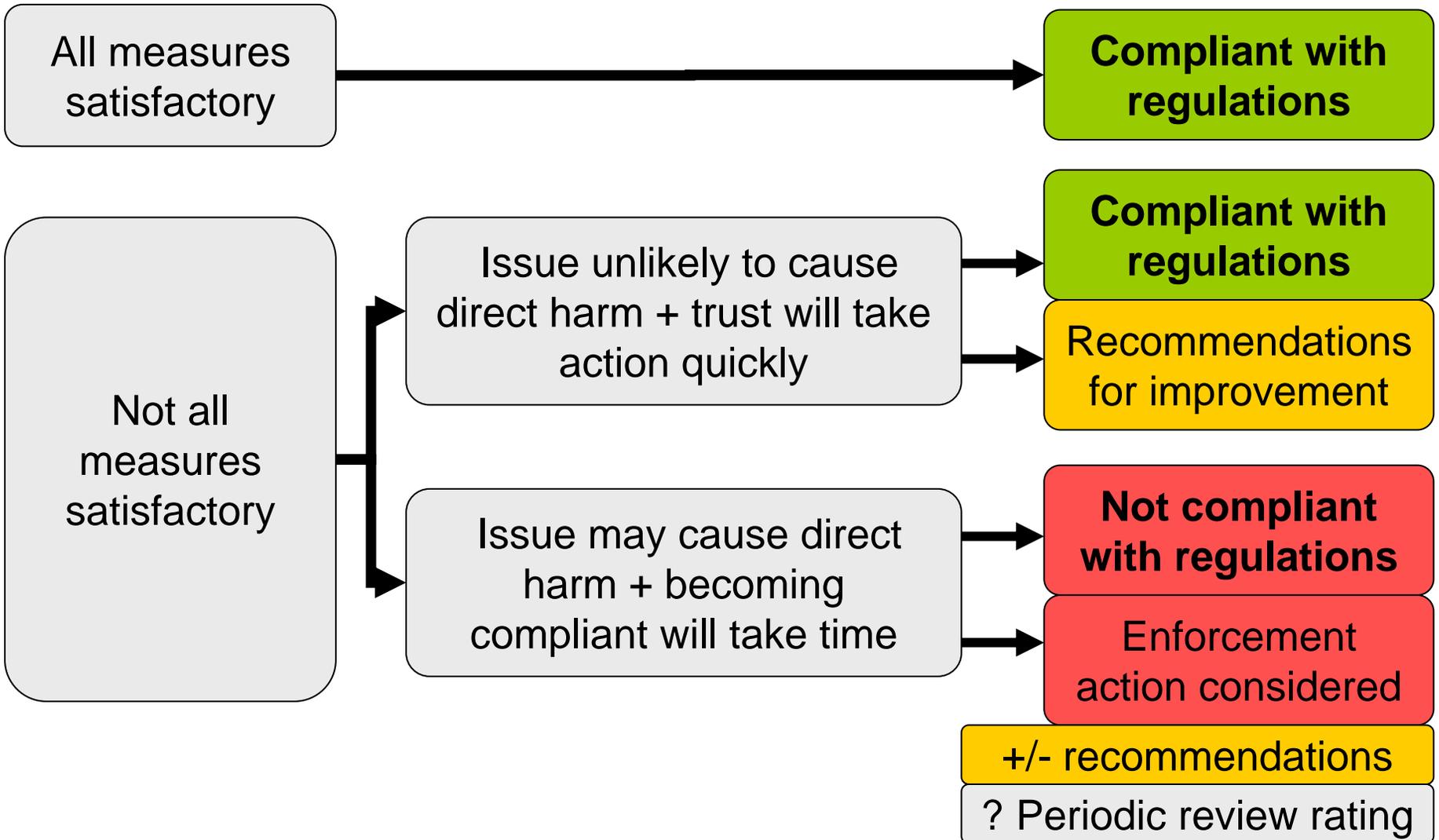
**Management
systems for prevention
and control of infection**
(1-3 measures)

**Clean and appropriate
environment**
(5-7 measures)

Information on HCAIs
(1-3 measures)

Isolation
(1 measure)

**Policy on antimicrobial
prescribing**
(1 measure)



Non-statutory actions

- Draw the issue to the provider's attention (recommendations)
- Place the provider under closer scrutiny (follow-up visits)

Statutory actions

- Issue a warning notice
 - Alter registration status - impose or alter conditions of registration
 - Suspend registration
 - Issue a penalty notice, in lieu of prosecution (fine of up to £4,000)
 - Prosecute for specified offences (fine of up to £50,000)
 - Cancel registration
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Onwards and outwards

- The Department of Health is developing a Code of Practice on HCAs that will be applicable to the NHS, independent healthcare, and adult social care (consultation Summer 09)
 - let's work together?
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