

# Registration

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Job Title: Compliance Manager



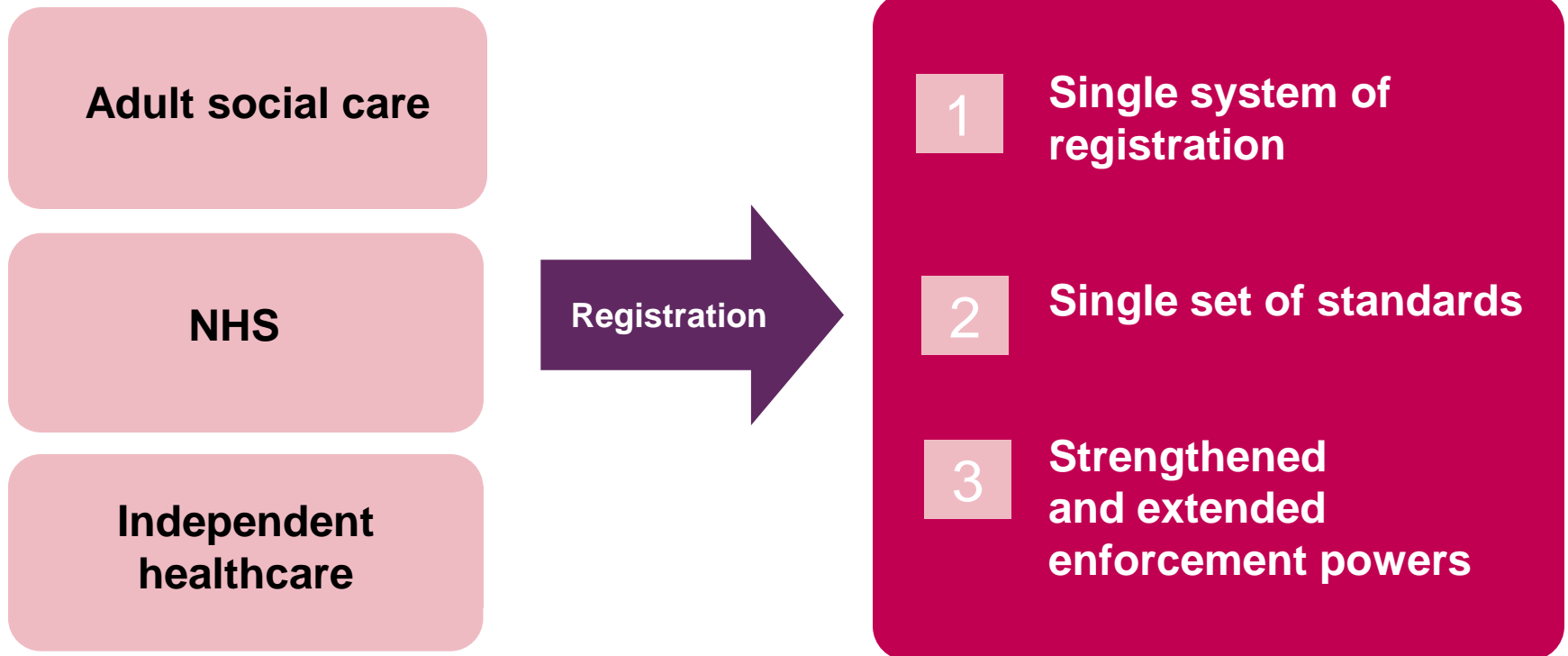
What is registration?



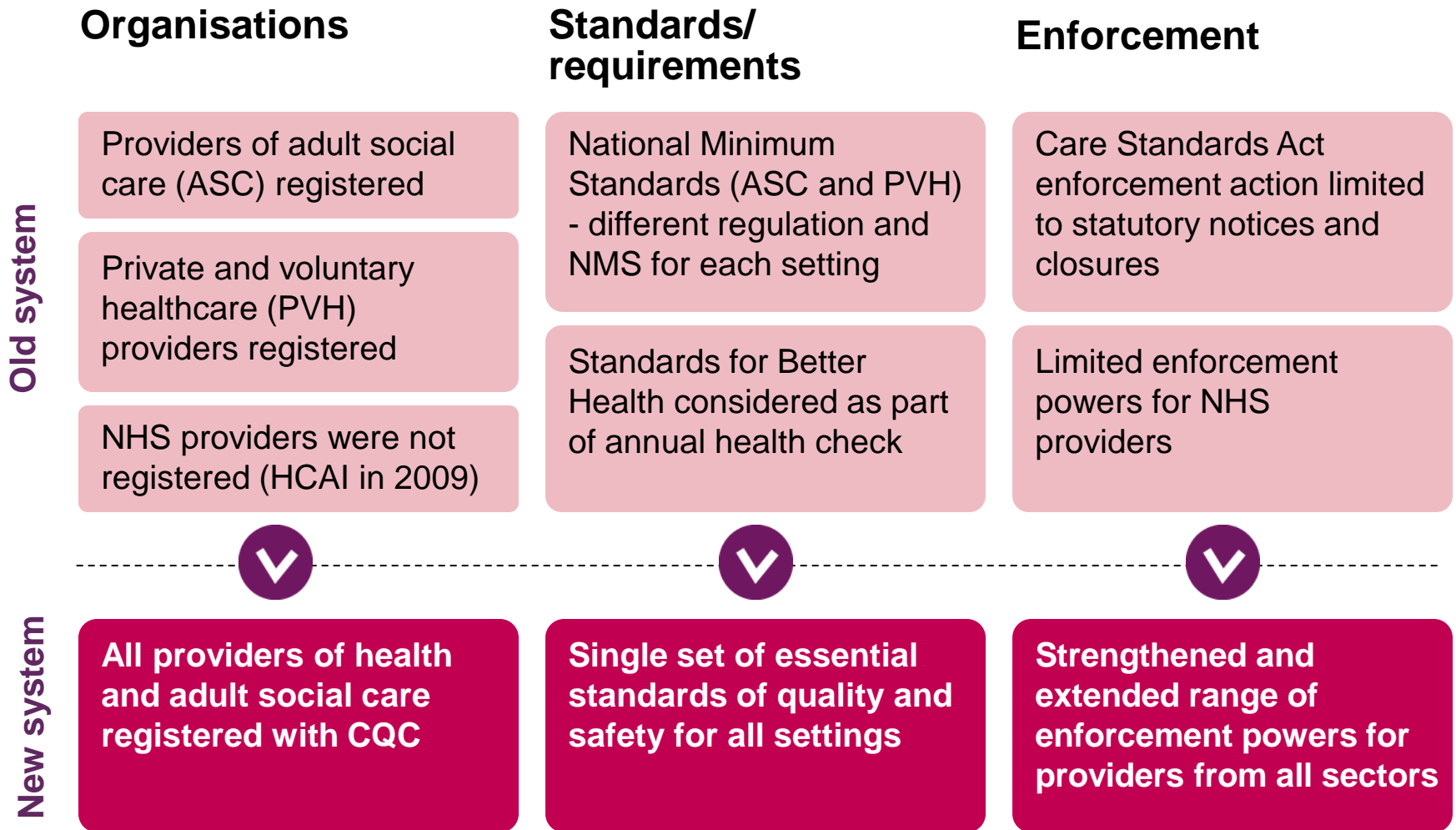
# Objective - at all points of care



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



# What's changing? A single way of judging quality



# Registration timeline (subject to legislation)



**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 will make



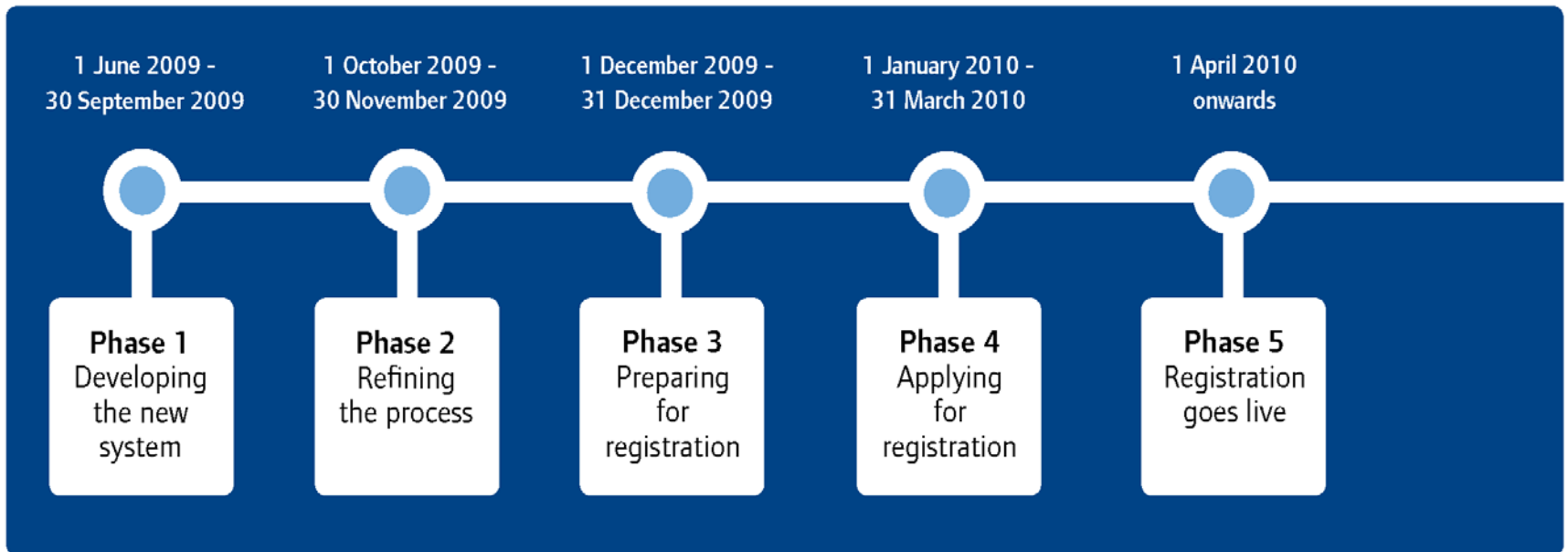
- All health and adult social care providers are meeting a single set of **essential standards of quality and safety**
- Standards are **focused on what is needed to make sure people who use services have a positive experience** - a direct result of what people said they wanted
- A **single regulatory 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

# 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

# The five phases of registration for NHS trusts



The regulations mapped to six outcome headings:

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

Our focus:

**Plain English**

**People focussed**

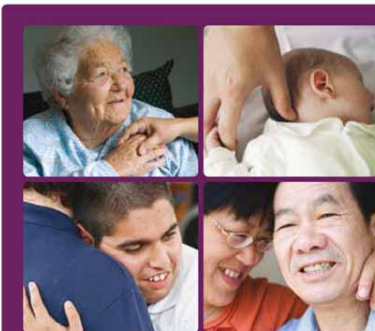
**Outcome Based**

# CQC's guidance about compliance documents



Guidance about compliance

## Summary of regulations, outcomes and judgement framework

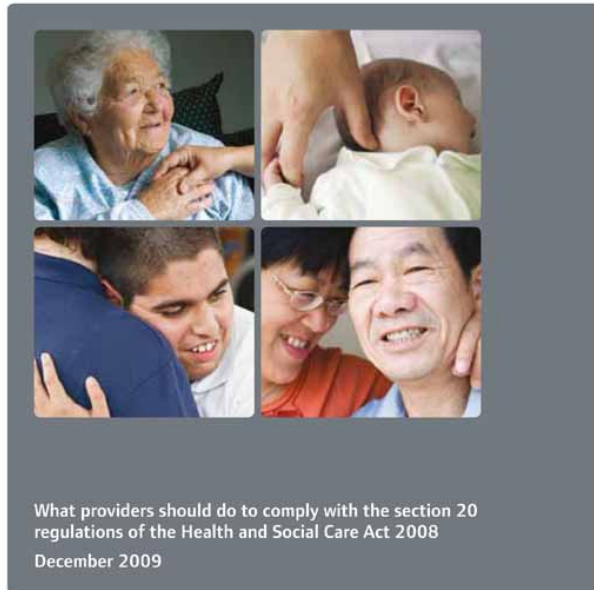


December 2009



Guidance about compliance

## Essential standards of quality and safety



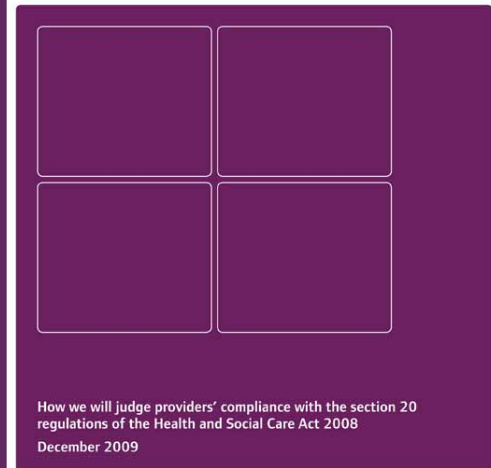
What providers should do to comply with the section 20 regulations of the Health and Social Care Act 2008

December 2009



Guidance about compliance

## Judgement framework



How we will judge providers' compliance with the section 20 regulations of the Health and Social Care Act 2008

December 2009

# 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



# Registration fees



- Adequacy, fairness, simplicity and evolution
- The fee consultation for NHS trusts for their first year of registration closed on 26 January 2010. We will publish the final fees scheme for these providers in early April.
- From March to May (dates to be confirmed), we will consult on fees for adult social care and independent healthcare for the period Oct 2010 to March 2011
- Later in 2010, we will consult on a single, long term system of fees to come into effect for **all** providers, including all primary dental care and independent ambulance providers



Consultation

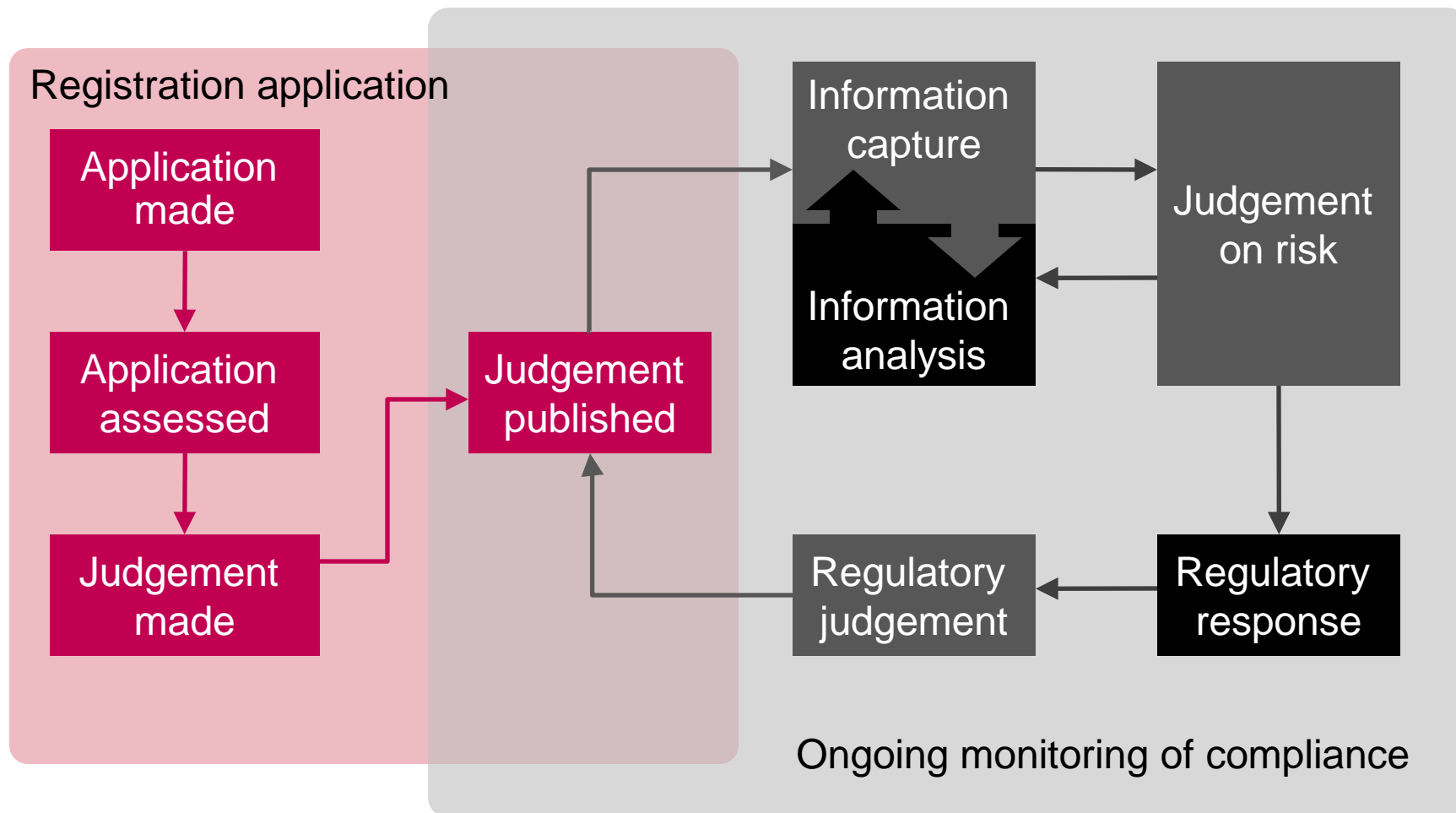
## Regulatory fees – have your say

Fees for National Health Service providers that are registered under the Health and Social Care Act 2008 from April 2010

November 2009



# Registration: the cycle



## The registration application process



# Applying for registration: adult social care and independent healthcare



1

## Prepare to apply

From now:

- Take time to understand the requirements of the new regulations and our guidance about compliance
- Consider evidence needed to demonstrate outcomes and experiences of people using services

2

## Apply for registration

**April - Sept 2010** (exact dates to be confirmed)

- Complete the **application and declaration** - online is preferred
  - details about providers and locations
  - declaration of compliance at each location

# 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

4

## 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
- Notify provider of decision and give information about right to make representations and appeals
- Issue certificate
- Publish register



# Applying for registration: new providers



1

## Prepare to apply

- Take time to understand the requirements of the new regulations
- Get Criminal Record Bureau (CRB) for nominated individuals and registered managers
- Consider evidence needed to demonstrate outcomes and experiences of people using services
- Ensure new buildings are fit for purpose and ready to meet the needs of the people who are to use the service

2

## Apply for registration

- Complete the online **application and declaration** - online is preferred
  - Submit all additional documentation
  - Submit correct fee
-

# Applying for registration: new providers what CQC will do



## 3

### Assess applications

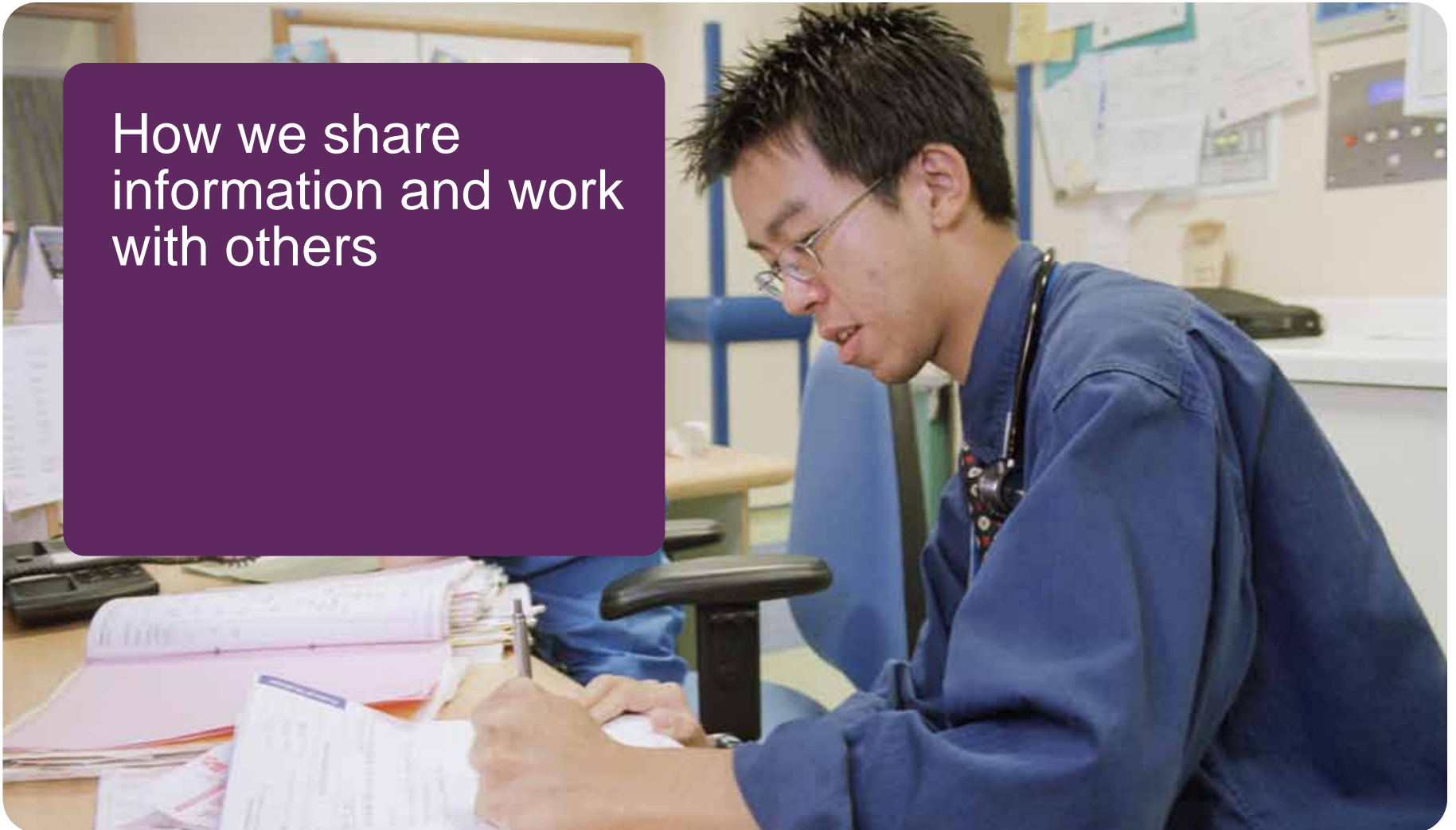
- Screen for **completeness**
- Request further information and, where appropriate, arrange a **site visit**

## 4

### 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
- Notify of proposed decision and give information about right to make representations and appeals
- Issue certificate
- Add to register
- Invoice for annual fee

How we share  
information and work  
with others



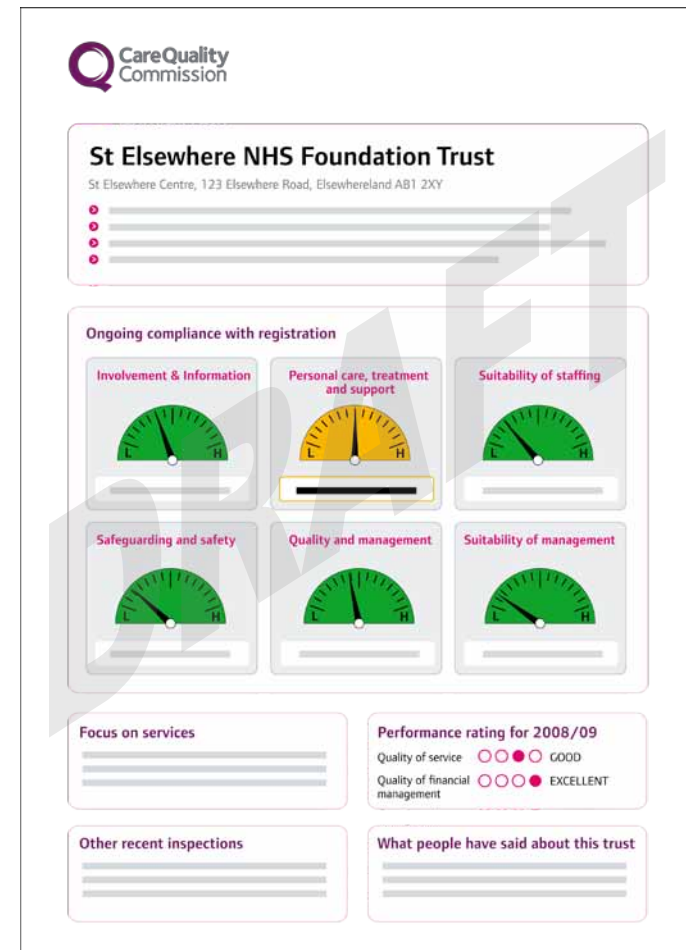
# How we capture information



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



St Elsewhere NHS Foundation Trust  
St Elsewhere Centre, 123 Elsewhere Road, Elsewhereand 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

## 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

- 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.

- Templates will be available for **each regulation and outcome** area
- They will be available to providers to use them if they wish, for their **internal governance**, although we will encourage providers to use them to help them understand whether they are compliant with the regulations
- They have been developed with assessors and with NHS trusts and will continue to have internal and external input into design
- They are focused on **outcomes and evidence of outcomes**
- They are designed to be 'live' documents and updated on a continual basis, rather than done, for example, annually
- We will ask providers to send them to us if we seek further specific information about areas of concern or where we have gaps in our information
- We will always seek to **triangulate** and **validate** the information provided

# 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

## Judgement framework

**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

# What providers can do to prepare for registration



## NHS Trusts can

- Participate in our consultation on NHS fees
- Access our registration e-learning module - guidance for NHS trusts applying for registration
- Read about the Quality and Risk Profile for “NHS registration in early 2010” and technical guidance
- Review your trust’s Quality and Risk Profile (version 0)
- Read our guidance on ‘locations’ for NHS trusts
- Read our latest short guides:
  - How to Apply for Registration
  - Scope of Registration

## All providers can

- Read the latest regulations (DH)
- Read our final **Guidance about compliance** (subject to legislation) and access our interactive online version
- Read our response to the Guidance about compliance consultation document
- Check internal reporting and audit systems
- Consider what evidence you already hold and what you need create
- Consider evidence on outcomes
- Check our website for the latest information on registration
- read our latest short guides:
  - Your Guide to Registration
  - Scope of Registration

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.**