

Changing rules for registration with the Care Quality Commission (CQC)

From April 2010, all health and adult social care providers who provide **regulated activities** will be required by law to be registered with CQC. Providers must show they meet **new essential standards of quality and safety** across all of the regulated activities they provide in various types of accommodation. Adult social care and independent healthcare providers have to **register by 1st October 2010**.

The Health and Social Care Act 2008 introduced a new, single registration system that applies to both health and adult social care. The new regulations replace the National Minimum Standards (social care) and the Standards for Better Health (health care).

The new system will make sure that **people can expect services that respect their dignity and protect their rights wherever care is provided** - in someone's home, in a community setting, in a hospital; however it is funded (private or public); and whether it is acute care or longer residential care - it will have a single set of standards of quality and safety. The new system is **focused on outcomes**, rather than systems and processes, and places the views and experience of people who use services at the centre.

CQC will **monitor compliance with essential standards** as part of a more dynamic, responsive, robust system of regulation accompanied by new enforcement powers. CQC will have short, focussed unannounced site visits, with direct observation of care, rather than set piece inspections. CQC will use a **range of information** about providers, including constantly updated information from providers, people who use services, organisations and other regulators.

1. Who needs to register?

If you are already registered with CQC you will need to **re-register** by 1st October. Each provider will be required to make **one registration application** only. Instead of being separately registered for each of your locations, you will need to be **registered for each of the regulated activities you provide at each location**.

Providers will need to produce a statement of purpose to let CQC know the **types of services they provide** and the **locations at which they provide them**.

Types of service include care home, domiciliary care, extra care housing and Supported Living (care element).

A **location is any place to which people are admitted to for the purpose of receiving a regulated activity, or a place in which people live as their main or sole place of residence** or in which they are educated, and they **receive care or treatment** there; this could include **care homes, Supported Living/ Accommodation Schemes** and **Shared Lives**. Locations can carry on a regulated activity over a geographical area, but it is the 'main address' where the activity is carried on (such as a hospital or care home) or carried on from (such as a domiciliary care agency).

2. What are the regulated activities?

The Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 describes the activities that require registration. They include:

- personal care* (because of old age, illness or disability)
- accommodation with 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 Mental Health Act 1983
- transport services, triage and medical advice provided remotely
- nursing care

The list of regulated activities is based on the level of risk to people who use services so is subject to amendment.

*** What is Personal Care?**

Whilst many of the above are familiar the **definition of personal care is broader** than that used in previous registration systems. It covers:

- (a) Physical assistance given to a person in connection with:
 - (i) Eating or drinking (including the administration of parenteral nutrition).
 - (ii) Toileting (including in relation to menstruation).
 - (iii) Washing or bathing.
 - (iv) Dressing.
 - (v) Oral care.
 - (vi) The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist).
- (b) The prompting and supervision of a person to do any of the activities listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

With reference to (b) prompting/supervision is direct observation of the action or otherwise checking on how it is carried out, but not merely encouragement.

CQC provides useful Guidance on how *they* will assess whether a care service needs to be registered, based on different levels of care as triggers:

Level 1

- There is direct intervention with the bodily function.
- Examples of assistance with bodily function as described by the Department of Health (DH) include bathing, feeding toileting.
- Here this type of care is not routinely provided, but is available if required, the service is classed as providing level 1 care.
- Personal care can also be provided at levels 2,3 & 4, but if care that intervenes directly with bodily functions is available the judgement must be that the service provides level 1 care.

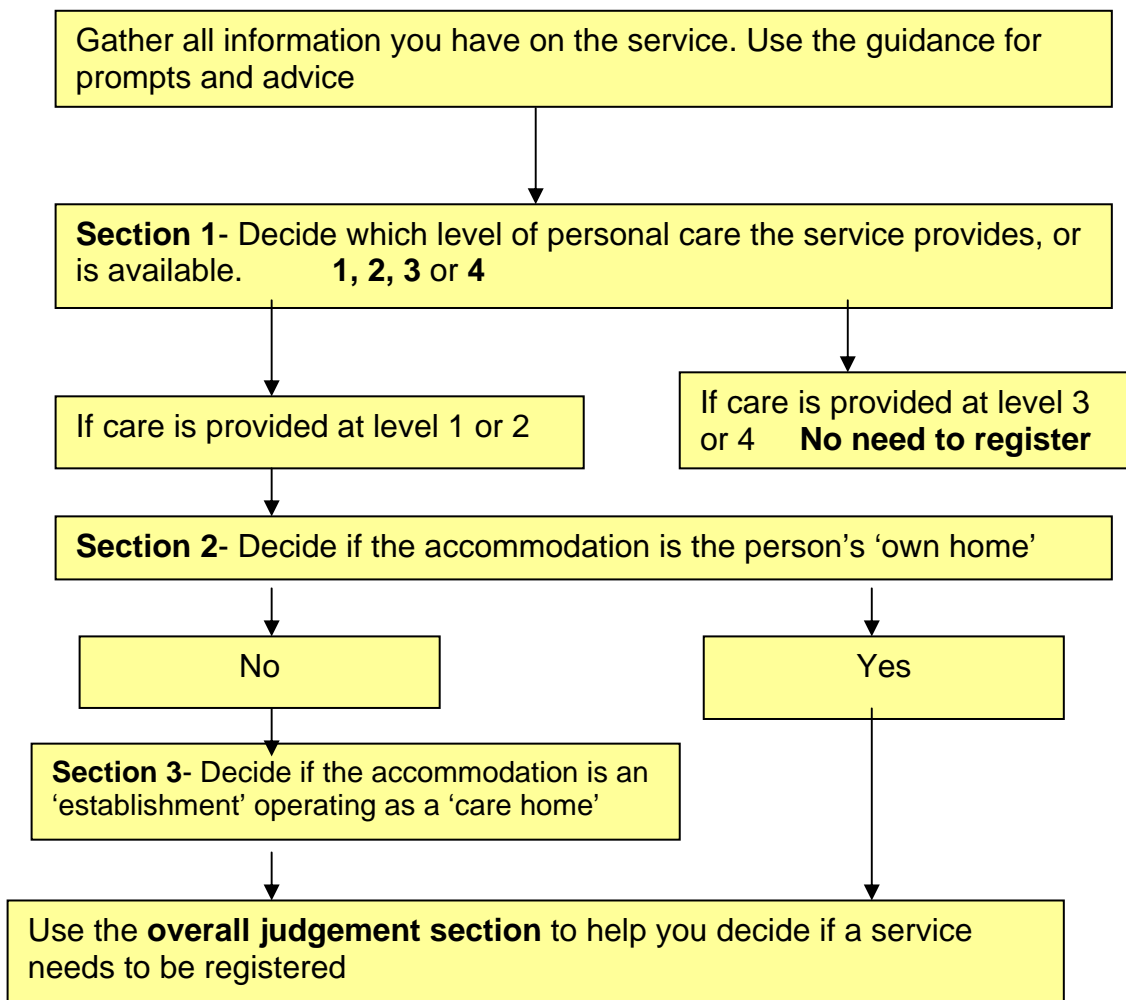
Level 2

- Assistance that supports the person with their bodily function, but does not undertake the task for them.
- Dressing/undressing, help in and out of bath.
- Can involve physical and intimate touching. For example supporting a person in and out of a bath but not washing them. Or supporting to put a garment on and fasten buttons but not dressing without their involvement.
- Care may also be provided at levels 3 &4 but if physical and intimate touching to assist with bodily functions takes place then the judgement must be that the service provides level 2 care.

Level 3 and 4

- Non-physical care.
- Support with cooking meals, prepare meals, managing finances, paying bills, shopping, managing money, travel (arranged or provided by staff), emotional support, counselling.
- May include prompting a person to take a bath and supervising them while they bathe, but will not include any touching.
- Promotion of social functioning, behaviour management and assistance with cognitive functions. For example a person may be prompted to take a particular action.

CQC also provide a useful Flow chart which they will be using to make decisions:



3. How is Compliance assessed?

Once registered CQC will **continually monitor** whether providers continue to comply with the essential standards of quality and safety, ensuring a more dynamic, responsive and robust system of regulation. Where services are failing people CQC will use their new range of enforcement powers to take action.

Compliance is focused on **people rather than policies, on outcomes rather than systems**. It relates to important aspects of care such as:

- involvement and information
- personalised care and treatment
- safety and safeguarding

CQC plan to hold a **Quality and Risk Profile** for each registered provider that will gather all we know about a provider in one place. They will enable CQC to **assess where risks lie and prompt front line regulatory activity, such as inspection**. QRPs will support teams to make robust judgements about the quality of services and will be developed over time as the information held on a provider increases.

4. What are the essential standards of quality and safety?

There are **28 regulations** that are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

For each regulation, there is **an associated outcome** – the **experiences people are expected to have as a result of the care they receive**.

See summary overleaf on the standards and outcomes. There is also a 278 page CQC Guidance document on Compliance entitled **Essential Standards of Quality and Safety**.

In **assessing compliance** CQC will focus on the **16 regulations** (of the 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that **most directly relate to the quality and safety of care**. Providers must have **evidence** that they meet the outcomes.

The CQC have written a 150 page Guidance document which is the **Judgement Framework** that CQC will use to **consider the evidence that supports compliance** of the 16 regulations. These are both available on the CQC website.

CQC - Essential standards of quality and safety (April 2010)

The essential standards of quality and safety consist of 28 regulations (and associated outcomes) that are set out in two pieces of legislation: the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

For each regulation, there is an associated outcome – the experiences we expect people to have as a result of the care they receive.

When we check providers' compliance with the essential standards, we focus on the 16 regulations (out of the 28) that come within Part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 – these are the ones that most directly relate to the quality and safety of care. Providers must have evidence that they meet the outcomes.

These 16 regulations are set out below. (Note that the outcome numbers are different to the regulation numbers because we have grouped the outcomes into six overall themes. See our *Essential standards of quality and safety* publication for full details.)

Regulation*	Outcome	Title and summary of outcome
9	4	<p>Care and welfare of people who use services People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.</p>
10	16	<p>Assessing and monitoring the quality of service provision People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety.</p>
11	7	<p>Safeguarding people who use services from abuse People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.</p>
12	8	<p>Cleanliness and infection control People experience care in a clean environment, and are protected from acquiring infections.</p>
13	9	<p>Management of medicines People have their medicines when they need them, and in a safe way. People are given information about their medicines.</p>
14	5	<p>Meeting nutritional needs People are encouraged and supported to have</p>

		sufficient food and drink that is nutritional and balanced, and a choice of food and drink to meet their different needs.
15	10	Safety and suitability of premises People receive care in, work in or visit safe surroundings that promote their wellbeing.
16	11	Safety, availability and suitability of equipment Where equipment is used, it is safe, available, comfortable and suitable for people's needs.
17	1	Respecting and involving people who use services People understand the care and treatment choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.
18	2	Consent to care and treatment People give consent to their care and treatment, and understand and know how to change decisions about things that have been agreed previously.
19	17	Complaints People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint.
20	21	Records People's personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing.
21	12	Requirements relating to workers People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experience.
22	13	Staffing People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.
23	14	Supporting workers People are kept safe, and their health and welfare needs are met, because staff are competent to carry

		out their work and are properly trained, supervised and appraised.
24	6	Cooperating with other providers People receive safe and coordinated care when they move between providers or receive care from more than one provider.

* Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

The other 12 regulations relate more to the routine day-to-day management of a service. The information we receive in respect of these helps us to check that the service is being run appropriately and responsibly, and to monitor generally the provider's compliance with the essential standards of quality and safety. However, we will make checks where concerns are raised with the 12 regulations.

Regulation	Outcome	Title and summary of outcome
4*	22	Requirements where the service provider is an individual or partnership People have their needs met because services are provided by people who are of good character, fit for their role, and have the necessary qualifications, skills and experience.
5*	23	Requirement where the service provider is a body other than a partnership People have their needs met because services are managed by people who are of good character, fit for their role, and have the necessary qualifications, skills and experience.
6*	24	Requirements relating to registered managers People have their needs met because services have registered managers who are of good character, fit for their role, and have the necessary qualifications, skills and experience.
7*	25	Registered person: training People have their needs met because services are led by a competent person who undertakes the appropriate training.
12**	15	Statement of purpose People know that the Care Quality Commission is kept informed of the services being provided.
13**	26	Financial position

		People can be confident that the provider has the financial resources needed to provide safe and appropriate services.
14**	27	Notifications – notice of absence People can be confident that, if the person in charge of the service is away, it will continue to be properly managed.
15**	28	Notifications – notice of changes People can be confident that, if there are changes to the service, its quality and safety will not be affected.
16**	18	Notification of death of a person who uses services People can be confident that deaths of people who use services are reported to CQC so that, if necessary, action can be taken.
17**	19	Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983 People who are detained under the Mental Health Act can be confident that important events that affect their health, welfare and safety are reported to CQC so that, if necessary, action can be taken.
18**	20	Notification of other incidents People who use services can be confident that important events that affect their health, welfare and safety are reported to CQC so that, if necessary, action can be taken.
19**	3	Fees People who pay for services know how much they are expected to pay, when and how, and what service they will get for the amount paid.

* Regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010

** Regulation of the Care Quality Commission (Registration) Regulations 2009