

**Care Quality Commission – Guidance about Compliance**

The Health & Social Care Act 2008 (the Act) has created a new system of regulation to be overseen by the Care Quality Commission which combines the functions of CSCI, the Healthcare Commission and the Mental Health Act Commission.

Under Section 20 of the Act there will be two sets of regulations which cover the registration of providers:- (Registration Requirements) Regulations 2009, which sets out what services have to do to registered & (Regulated Activities) Regulations 2009, which sets out which services are required to be registered.

Sitting under these regulations will be the “Guidance about Compliance” produced by the Care Quality Commission. This will tell providers what they must do to comply with registration requirements and it does have legal status. These are currently subject to consultation and the deadline for responses is 24 August 2009. EATA will be submitting a response following feedback from members.

The link to the consultation document is:

[http://www.cqc.org.uk/db/documents/Draft\\_guidance\\_about\\_compliance\\_for\\_website\\_280509\\_\(2\).pdf](http://www.cqc.org.uk/db/documents/Draft_guidance_about_compliance_for_website_280509_(2).pdf)

**What is different?**

1. All providers of health and social care will be registered with CQC – this includes health trusts
2. There is a single set of requirements for all settings – with essential common standards
3. A strengthened and extended range of enforcement powers for providers from all sectors
4. Standards will focus on what is needed to make sure people who use services have a positive experience. In other words the Guidance about Compliance focuses on “outcomes”.
5. There will also be further advice for implementation written by CQC which will give more detail that providers might find helpful in implementing the Guidance.
6. There is also a “Schedule of Applicable Guidance” which includes publications such as NICE clinical guidance.
7. Registration will be by the provider as a corporate body with an individual nominated to represent the provider – with separate managers for each service. The onus will be on the provider to supply information about their services to CQC. Conditions may apply to certain locations.
8. Registration of managers who move between services, are already known and registered will have a lighter touch re-registration process.
9. If a provider adds services which are within the “registered activity” then it will only constitute a variation and not a new application.
10. Whilst registration will be at the corporate level, checks will be at the level of services that people actually experience. It will be through sampling rather than visiting every location.
11. Services that offer nursing care do not necessarily need a nurse as manager, although a clinical lead is important.
12. Outcomes for people using services are paramount and the Guidance is constructed around them.

**Some key principles.** *Interpretation in italics – this builds upon existing good practice.*

1. Safety, respect and dignity of people who use services should be central to care and treatment. *And these values should be made explicit in a brochure or statement of purpose*
2. Care and treatment should be based upon individual needs of people who use services. *An overall treatment programme is good but it will need to be seen to be matched and customised to individual need in the care plan for each person.*
3. People should have a say in, and consent to, their care and treatment. *People’s participation in the production and review of their care plan is central and should be clearly documented.*
4. Communication and record keeping is vital. *This will be a key form of evidence that appropriate care is provided and the right agencies have been involved.*
5. Monitoring of quality is much more clearly defined and is the responsibility of the provider.

### **Scope of Registration.**

The type of service that is required to register is triggered by the “regulated activity” This represents a major shift for the drug and alcohol treatment sector for the following reasons:-

1. All Tier 4 services will probably be *registered e.g. existing registered residential services, “quasi residential” services where treatment and accommodation are part of the same contract or package, independent hospital providers, in – patient detox units, etc.*
2. Community prescribing services will also be added to the services that are registered.
3. *However day services where no healthcare professional is involved in the treatment may not fall within registration.*

### **Specific Guidance for substance misuse services.**

Currently there is a separate section in the Guidance adding some factors in to general Guidance. These cover issues which are now generally regarded as good practice such as:-

1. Restrictions, which are agreed and reviewed, may be placed upon –
  - a. Daily routines – *to enable services to insist upon involvement in programmes*
  - b. Privacy – *so that there can be drug testing for example*
  - c. Choice of relationships – *so that services can give guidance about intimate personal relationships during intensive phases of treatment*
2. Leaving arrangements
  - a. Informing funding partnership – *so that plans for next stages can be agreed*
  - b. Unplanned discharges – *so that harm reduction advice is given, assessment of risk of overdose undertaken, risk to others is assessed, etc*
3. Premises
  - a. Offer single accommodation generally or shared accommodation for up to four people where a clinical need or personal choice is present.
  - b. Access to communal rooms of sufficient size for educational activities etc – *to make sure that there is sufficient rooms for group work, counselling, etc*
4. Staff recruitment and training
  - a. Following the Drug and Alcohol National Occupational Standards
  - b. Risk assess the benefits of employing staff with experience of drug and alcohol misuse

## **Outcomes to be measured**

There is an overarching expectation that providers will have an understanding of equality, diversity and human rights issues, and to ensure that the basic requirements of the law are met in these areas.

The outcomes are listed generically, are designed to relate to the steps in a pathway of care and include-

Section 1 - Involvement and information

Section 2 - Personalised care, treatment and support

Section 3 - Safeguarding and safety

Section 4 - Suitability of staffing

Section 5 - Quality & management

Section 6 - Suitability of Management

The format of each outcome lists – what people using services should experience, what providers are expected to do to meet each outcome in terms of compliance with the law and guidance.

*Most of these relate to current good practice; however CQC will need the information presented differently from previous regulators.*

## **Timetable for Registration.**

It is important to note that there will be no fee for re-registration with the Care Quality Commission. *Therefore if services are wondering if they need to apply then it may be advantageous to follow this route sooner rather than later.*

Winter 2009/early 2010 – Guidance about applications and the declaration process to be issued by CQC.

Summer 2010 – Currently registered adult social care and independent healthcare providers apply to be registered – *this looks like it might be “batched” as there are a large number to be processed. Each service provider needs to be alert to this possibility as the window may be restricted.*

October 2010 – Confirmation of Registration by CQC by 1 October 2010.

CQC are currently considering when applications for new services may be made and processed. *There is likely to be a delay in this as registration teams will be exceptionally busy, so there is possibility of an operational decision being taken to delay this.*

**David Finney Associates**

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*All views expressed in italics are personal to David Finney.*