Compliance under the Health and Social Care Act 2008

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Background

- Created in April 2009
- Regulator for health and social care providers
- Range of statutory duties
- Outcome focused
- Putting people, their families and carers at the centre of everything we do
People can expect services to meet essential standards of quality, protect their safety and respect their dignity and rights, wherever care is provided and wherever they live, despite changes in the system.
The regulation system

- Adult social care
- NHS
- Independent health care

Regulation

1. Single system of registration
2. Single set of standards – the essential standards of quality and safety
3. Strong enforcement powers
4. Innovative use of information
5. Reduced overall cost
Registration under Health and Social Care Act 2008

- Widen scope of registration
- Registration relates to the provision of ‘Regulated Activities’
- Decision based on a ‘fit for purpose’ assessment
- Registered at provider level rather than location
- Location is a condition of registration

It is against the law to carry out a regulated activity without registration
Legal Context

Parliament

Dept of Health

CQC

Care Quality Commission (Registration) Regulations 2009

Health and Social Care Act 2008 (Regulated Activities) Regulations 2009

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
### CQC’s role
- Register – inspect – enforce – publish
- CQC registers care providers then checks whether they are meeting essential standards
- If not, we take action – they must put problems right or face enforcement action
- We publish what we find as quickly as possible
- We share what we know with our partners
- We listen to the experiences of users and whistleblowers
- We promote improvement by focusing on non compliance
- We monitor the care of those detained under the Mental Health Act

### What CQC does not do
- We do not make assessments of commissioning – although we can comment on shortcomings via themed reviews and investigations
- We do not assess quality above essential standards
- We are not an improvement agency
- We are not a complaint investigation agency
- We do not work in isolation to safeguard people using services
The Regulatory Model

1. Application made
2. Application assessed
3. Judgement made
4. Judgement published
5. Information capture
6. Information analysis
7. Judgement on risk
8. Regulatory response
9. Regulatory judgement

Ongoing monitoring of compliance
How do we do it?

- We focus on **outcomes** for people
- We **involve people** and listen to their voices
- We use a wide **range of sources** of information and use local networks and intelligence
- We focus on **how** care is delivered
- We are responsive – taking **swift action** to follow up concerns
- We carry out **unannounced** visits
How inspectors work

• Portfolio of locations
• Assess risk
• Plan programme of inspections
• Keep under review
How we capture information

We hold a **Quality and Risk Profile** on each provider summarising all relevant information.

The Quality and Risk Profile enables us to **assess where risks lie** and **prompt front line regulatory activity**, such as inspection.

As **new information** arrives, it is added to the profile and assessors and inspectors are alerted to **take action proportionate to the risk**.
How inspectors work

• Plan inspection using information
• Identify resources needed
• Unannounced visit
• Use tools available
How inspectors work

- Specialist inspector
- Expert by experience
- Observation of practice
- SOFI
- Talking with people
- Review records
How inspectors work

- Analyse evidence
- Judgement about compliance
- Draft report
- Factual accuracy
- Public report
- Provider action plan
How inspectors work

- Compliance actions
- Enforcement
- Follow up
Enforcement

It is the duty of health and social care providers to ensure compliance at all times

- Should a provider not be compliant with the standards required, CQC can:
  - make compliance actions
  - give a warning notice
  - impose conditions
  - suspend registration of some services
  - issue a fine
  - prosecute
  - close services by cancelling registration

- CQC is cost blind
How inspectors work

- Partner agencies/regulators
- Safeguarding
- Themed inspections
Refining our regulatory model

- Listened to challenges to our regulatory model
- Strengthened and simplified the way that we inspect and take action
- Will continue to be outcome-focused, responsive and risk-based
- We want to:
  - inspect most providers more often
  - focus our inspections on the relevant standards
  - consistently take action to tackle non-compliance
- We have undertaken extensive consultation on our revised model and we have begun to implement this
New approach to inspections

Unannounced
We do not notify providers before we carry out inspections

Flexible
We can use different types of inspection to respond to concerns

Principles of inspection

Timely
At least once a year or once every two years depending on the provider

Focused
Inspections will focus on outcomes that are important to people using services
## Essential standards of quality and safety

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Closing comments

- The **public** puts its faith in those who run and work in care services

- There must be a **culture** that won’t tolerate poor quality care, neglect or abuse – and encourages people to report it

- The **regulator** cannot be everywhere, so we need to regulate with others

- We remain **cost blind** in checking standards
Questions

• Thank You

• Questions?