

About CQC

May 2012

About us



- Regulator for health and social care since 2009
- We look at **outcomes**: a person's experience of care
- We **involve people** who use and provide services and listen to their voices
- We use a wide **range of sources** of evidence, this includes what local people tell us about their services
- We focus on **how** care is delivered
- We are responsive – taking **swift action** to follow-up concerns
- We carry out **unannounced** visits



The regulation system

Adult social care

NHS

**Independent
health care**

Dental services

**Primary care
(e.g.GPs)**

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

The standards are mapped to six outcomes:

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

Our focus:

People focused

Outcome based

Plain English

Inspections to monitor compliance



- We inspect care homes, domiciliary care agencies, Dental surgeries, GP surgeries and hospitals
- Inspections are targeted and almost always unannounced
- They focus on areas of non-compliance with the government standards - we report on what we see and hear
- A site visit includes:
 - talking to people who use the service (and their families and carers)
 - talking to staff and managers
 - observation
 - examination of records

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 put a premium on users/whistleblowers
- We monitor the care of those detained under the MHA

What CQC does not do

- We do not currently make assessments of commissioning, although we can comment on shortcomings via themed reviews and investigations
- We do not assess quality above essential standards
- Inspectors are encouraged to describe what they see, comment on good practice and reference it

Registration timeline



**April
2010**

NHS trusts

**Oct
2010**

Adult social care and independent healthcare providers (CSA)

**April
2011**

**Primary dental care (dental practices)
and independent ambulance services**

**April
2012**

**Primary medical services
(providing out of hours services)**

**April
2013**

**Primary medical services
(GP practices, walk-in centres and others)**

Unannounced

We do not notify providers before we carry out inspections



Flexible

We can use different tools to respond to concerns e.g. responsive review



Principles of inspection



Timely

At least once a year for Adult Social Care Services and Acute NHS Trusts.

Focused

Inspections will focus on outcomes that are important to people using services