

Care Quality Commission (CQC)

[With thanks to Derbyshire LMC for permission to reprint this guidance]

The Care Quality Commission (CQC) is the independent health and adult social care regulator. It exists to ensure health and social care services provide people with safe, effective, compassionate, high-quality care and the CQC encourages the providers of those services to improve. It monitors, inspects and regulates services to make sure they reach fundamental standards of quality and safety. The CQC publishes what it finds, including performance ratings to help people choose their care.

For further information:

- On how CQC does its job - [read](#)
- And their inspections - [read](#)
- And legislation regarding the CQC - [read](#)

CQC Fundamental Standards

On 11 November 2014 the government published the fundamental standards regulations. They include two regulations - the duty of candour and the fit and proper person requirements for directors - which will come into force on 27 November for NHS trusts, Foundation trusts and some special health authorities that provide care and treatment to people and are regulated by CQC.

The remaining fundamental standards will come into force from April 2015. The duty of candour and the fit and proper requirement for directors will also be extended to all other providers from April via additional regulations, still subject to Parliamentary approval.

The duty of candour and the fit and proper requirement regulations will help to ensure that providers have robust systems in place to be open and honest when things go wrong and to hold directors to account when care fails people.

The published regulations replace the previous 16 essential standards.

The CQC will shortly be issuing guidance to NHS providers on how they can meet the duty of candour and the fit and proper person requirement regulations.

The fundamental standards are:

1. Care and treatment must be appropriate and reflect service users' needs and preferences.
2. Service users must be treated with dignity and respect.
3. Care and treatment must only be provided with consent.
4. Care and treatment must be provided in a safe way.
5. Service users must be protected from abuse and improper treatment.
6. Service users' nutritional and hydration needs must be met.
7. All premises and equipment used must be clean, secure, suitable and used properly.
8. Complaints must be appropriately investigated and appropriate action taken in response.
9. Systems and processes must be established to ensure compliance with the fundamental standards.
10. Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.

11. Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed (fit and proper persons requirement).
12. Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

CQC Guidance for Providers

CQC began using a new approach to inspect and regulate GP service on 1 October 2014. CQC explain their approach in the GP provider handbook [read](#) and its appendices [read](#)

GP Mythbusters

Nigel Sparrow is CQC's Senior National GP Advisor. Here he clears up some common myths about CQC inspections of GP services and shares agreed guidance - [read](#)

BMA CQC Registration Guidance, Policies and Protocols

The following guidance provides a straightforward explanation to help GP Practices determine whether they are compliant with the CQC's essential standards (due to change in April 2015) - [read](#)

CQC Intelligent Monitoring Data on GP Practices

The Care Quality Commission (CQC) has published intelligent monitoring information on GP Practices in England. For the first time, information on every general practice in England has been analysed and published by the CQC to show the public how it will decide which surgeries it will inspect and what it will focus on.

CQC say their intelligent monitoring tool is part of the CQC [new approach](#) to inspecting and rating GP Practices. The tool and its data help inspectors to prioritise when, where and what they will focus on, and in line with its commitment to transparency, CQC has published that information on their website. You can find a link to that information, and guidance, [here](#)

The intelligent monitoring tool draws on existing national data sources and includes indicators covering a range of GP Practice activity and patient experience. Based on 38 indicators, each GP Practice is categorised into one of six priority bands, with Band 1 representing the highest priority for inspection. These bandings are not judgements on the quality of care being given by a GP Practice - that only comes after a CQC inspection. This is one tool of many, and one part of the wider information CQC gather to help inform CQC inspections.

Under the new-approach inspections, which began last month, CQC say they have already found many examples of good and outstanding care, but also unfortunately some examples of poor care. These reports are still going through CQC quality assurance processes, but CQC wanted to highlight two examples of outstanding care they found:
- [Salford Health Matters in Eccles](#)
- [Irlam Medical Practice in Salford](#)

CQC GP Intelligent Monitoring Infographic

[GP Intelligent Monitoring Infographic](#)

[GP Intelligent Monitoring-bandings and 38 Indicators](#)

Form Finder

Often common errors in applications have been that providers and managers submit the wrong forms. To avoid this the CQC have developed a [form finder](#)

Fees

Every registered provider will pay a single annual fee on the same date each year. This fee will cover all registration and compliance requirements - [read](#)

Notifications

There are several different types of notification and the type you need to make will depend on the type of service you provide or work in - [read](#)

Registration

All health and social care services in England need to register with the CQC - [read](#)

Who Should be the Registered Manager?

We know that many GP Practice Managers are being considered for the role of registered manager. In some cases this may be correct but the roles and responsibilities of Practice Managers vary significantly and it may not always be appropriate.

CQC state that the person registered as the Registered Manager needs to be in a position where they are in day-to-day charge of the regulated activities and can influence how those activities are delivered. This is because they have a responsibility to ensure that the provider is compliant with the essential standards. For this reason, in most cases it should be a partner that takes on this role.

The LMC would concur with this advice. Another way of putting it is: "In your practice, where does the buck finally stop?"

Guidance on Complying with Cleanliness and Infection Control

The Department of Health provides all of the guidance on cleanliness and infection control standards. Download it here: [The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance](#)

NICE Guidelines - [read](#)

- [Cleanliness and Infection Control Audit Template](#)
- [The National Specifications for Cleanliness in the NHS](#) : Guidance on setting and measuring performance outcomes in primary care medical and dental premises
- [The Health and Social Care Act 2008 - Code of Practice on the prevention and control of infections and related guidance](#)
- [Guidance for Compliance – Appendix D](#)
- [Performance Requirements for Building Elements Used in Healthcare Facilities](#)