

## Registration

### Questions and answers

We have produced these questions and answers to give you information on the following areas of registration:

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## About registration

### **Q. What is registration?**

- A. Subject to legislation, from 1 April 2010, all NHS trusts (including primary care trusts as providers) that provide regulated activities must be registered with the Care Quality Commission. Providers of adult social care and independent healthcare must be registered with us under the new system from 1 October 2010 (registration under the Care Standards Act 2000 continues until then), followed by dental services in April 2011 and GP practices in April 2012.

### **Q. Why is it happening?**

- A. The regulation of health and adult social care is changing.

The Health and Social Care Act 2008 requires all providers of a regulated service to be registered with the Care Quality Commission.

The Standards for Better Health for NHS trusts and the existing regulations made under the Care Standards Act 2000, together with the National Minimum Standards for adult social care and independent healthcare providers, are all being replaced by new essential standards of quality and safety across the care sector. These are set out in the draft Health and Social Care Act 2008 (Regulated Activities) Regulations 2009. The regulations are currently before Parliament.

### **Q. Who has to register?**

- A. Registration applies to all providers of regulated health and adult social care services. This includes, for the first time, NHS trusts, dental and GP practices.

A provider can be an individual, a partnership or an organisation (for example, a company, a charity, an NHS trust or a local authority).

It is the legal entity that actually delivers the service to people that must register as the provider. Particular locations, such as care homes within a corporate group, will not register separately.

The regulations on the scope of registration are currently being laid before Parliament and have yet to be finalised. Broadly, subject to this legislation, registration will apply to the following types of provider:

All NHS trusts (including primary care trusts as providers) from April 2010.

All currently registered adult social care and independent healthcare providers, from October 2010, other than:

- providers of non-surgical laser and intense pulsed light services
- domiciliary care agencies and nursing agencies that purely provide staff to other registered providers
- a small number of Shared Lives schemes, specifically those schemes that do not arrange placements for people with personal care needs.

Primary care services that directly provide dentistry (NHS and private), from April 2011.

Primary care services that directly provide GP services (NHS), from April 2012.

In time, the scope of registration for primary care services will extend to include independent ambulance services.

**Q. Will existing providers have to re-register?**

A. Yes.

Providers' existing registrations under the Care Standards Act 2000 cannot be transferred to the new system. Providers will need to make a new application for registration. We want to make the registration process as easy as possible for providers, but there will be no automatic 'passporting' through to the new system.

**Q. How will the new system be different to the existing one?**

A. Registration will apply to all providers of regulated health and adult social care services. This includes, for the first time, NHS trusts, dental and GP practices.

Providers will be registered for each of the regulated activities (for example 'personal care') they provide, rather than for their individual services (such as a care home or a hospital).

The new essential standards of quality and safety, and our guidance about compliance with them that we will produce, focus on people's experiences of care. This means that providers must focus on positive outcomes for people who use their services when demonstrating to us that they are meeting the standards.

After a provider has been registered with us, we will monitor them to make sure they continue to comply with the standards. If we find that they are not meeting them, we will use our new wider range of enforcement powers to make sure that action is taken quickly.

We will pay particular attention to what people say about the services they use and put greater emphasis on people's actual experiences of services.

**Q. How will registration improve people's care?**

A.

- Under the new system, people who use services will be able to expect that all registered providers meet the same set of essential standards of quality and safety, and respect their dignity and rights. This means that wherever care is provided (whether it is in someone's home, in the community or in a hospital), however it is funded and whether it is acute care or longer residential care, it will have to meet the same standards of quality and safety.
- It marks a change from regulation that has mainly focused on the systems, processes and policies adopted by providers to one that is based on outcomes – what constitutes a quality experience for people who use services – as this is what matters most to people.
- We will continually monitor and check compliance with the new standards, to make sure that potential problems are identified early, with quick action taken if a service is failing people who use it.
- The new system will make it easier for people to compare one provider with another, and for different providers to work together more effectively in delivering care.

## Scope of Registration

**Q. What is a provider?**

A. A service provider can be an individual, a partnership or an organisation (for example, a company, a charity, an NHS trust or a local authority).

It is the legal entity (whether this is an individual, partnership or organisation) that actually delivers the service to people that must register. Individual locations, such as care homes within a corporate group, are not registered separately.

A provider must register if the activity is carried out in England. There are separate arrangements for regulating health and social care in other UK territories, with close and regular coordination between the regulators.

**Q. What is a location?**

A. A location is the place where regulated activities are provided. Examples of a location include:

- Each hospital run by one NHS trust
- A single nursing home run by an individual
- An adult placement scheme run by an organisation

The term location is important because providers will self-assess and declare compliance against each regulated activity at each location. Monitoring this declaration is an important part of how we make judgements about continuing compliance with the regulations.

**Q. Which activities must be registered?**

A. Providers must register all regulated activities that they provide. These are:

- Personal care
- 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
- Surgical procedures
- Diagnostic and screening procedures
- Management of supply of blood and blood-derived products
- Transport services, triage and medical advice provided remotely
- Maternity and midwifery services
- Termination of pregnancies
- Services in slimming clinics
- Nursing care
- Family planning services

Please refer to our document 'Registration – the scope of registration' for more detail on how we interpret each of the activities.

**Q. Are any activities exempt from registration?**

A. There are two types of general exemption:

- those with a time limit on the exemption – providers will need to register when the time limit is reached
- those that do not currently have a time limit on exemption.

Exemptions with a time limit are

**Until 1 April 2011** – NHS and independent providers of primary dental services (dental services provided directly by primary care trusts themselves, or by hospitals, are not exempt and must be included within those providers' registrations); Independent ambulance services.

**Until 1 April 2012** – NHS providers of primary medical care (primary medical care that is directly provided by primary care trusts themselves, or by hospitals, must be included within those providers' registrations).

Exemptions currently without a time limit are

Doctors in independent practice

Independent midwives

Individual budgets and self-funded personal care or nursing care

Third party exemptions such as occupational health schemes, organised through an employer

Other exemptions include any health or social care service carried out by a family carer who cares for a member of their family and is not paid to do so, First aid and 'Good Samaritan' acts, in which healthcare professionals and others may be required to provide a regulated activity in response to an urgent or emergency situation.

For more detail on exemptions please see our document 'Registration –the scope of registration'.

## Complying with the new standards

**Q. How do providers demonstrate they are compliant with the new standards?**

- A. To be registered, providers must show they are meeting the new essential standards of quality and safety across all their regulated activities. By law, we are required to produce guidance about compliance which makes it clear to providers what they need to do to comply with these standards.

In our guidance we have focused primarily on outcomes – what constitutes a quality experience for people who use services – rather than on the policies, systems and processes used to deliver care. We held a public consultation on a draft of the guidance between June and August 2009, and will publish the final guidance in early December 2009.

Unlike the National Minimum Standards and Standards for Better Health, our guidance about compliance will have legal status. Registered providers are required to 'have regard to' the guidance for the purposes of demonstrating compliance. They must take it into account when considering their own compliance. The guidance is also admissible as evidence in criminal or civil proceedings.

**Q. How will CQC use the guidance about compliance?**

- A. We will use our guidance about compliance to decide whether:
- we should register a provider
  - a provider that is already registered can continue to keep its registration
  - concerns about the provider should lead to them being required to make improvements
  - we need to use our more formal powers to bring about improvement, including restricting, suspending or, in the most serious cases, removing a provider's registration

We also want to make sure that people who use services are empowered to use the guidance and for it to be a tool for them to help improve services.

## Monitoring compliance

### **Q. How will you monitor providers once they have registered?**

- A. Registration is not just about the initial application for registration. We will monitor whether providers continue to comply with the essential standards of quality and safety.

We will use different methods for different providers, depending on the registered activities they provide and the information that is available to us about their activities and performance. However, our judgements about compliance will be consistent across different provider types and sectors.

We will hold a profile for each registered provider, containing all the information that we have on the provider that is relevant to its compliance. This information will be organised in a way that allows us to determine the risk of the provider not meeting the standards of quality and safety in the future.

We will analyse and screen the data we collect about providers on an ongoing basis, so that we can see if we need to take any action. The information will include:

- Notifications – incidents that providers must tell us about by law
- Other information from providers – ‘provider compliance assessments’ to enable providers to check themselves against the regulations
- Information from partner organisations – we have developed information-sharing agreements with other regulators and organisations to help reduce unnecessary burden on providers
- Information from people who use services – feedback from groups representing people who use services, their families and carers.

### **Q. How will you judge that there is a risk to quality and safety?**

- A. Our local assessors and inspectors will regularly review the providers they look after and will be alerted when new information is added.

They will use our guidance about compliance and our judgement framework to assess the risk that the provider might not be complying with the regulations. Where this is the case, we will take further action. This may include further enquiries to the provider or partner organisations or making a site visit.

We will be responsive in the way we regulate. We will use information as we get it, making real-time decisions and taking action quickly where we need to.

We will also consider a provider's level of compliance across all of the essential standards of safety and quality. We will do this through a 'planned review of compliance' which will be carried out at least every two years.

Our judgements will relate to registration, and to whether we need to impose conditions on a provider's registration or vary their conditions of registration, to whether other types of enforcement action are needed. If we identify non-compliance with any of the regulations, we will take further action. If the provider recognises their non-compliance and is already taking steps to address the problem, and there is no significant immediate risk to people using the service, then we will be proportionate in our response. If we have confidence in a provider's ability to make improvements themselves, then we will not automatically take enforcement action.

**Q. When will you take enforcement action?**

- A. If a provider's non-compliance is more serious or they have not completed previous action plans, then we will take enforcement action. This could include warning notices, imposition or variation of conditions, suspension of registration to provide certain services, fines, prosecution or cancellation of registration.

## Timetable for registration applications

**Q. When should providers apply?**

- A. The new system comes into force in April 2010 and this is the date by which NHS trusts need to be registered with us. Providers of adult social care and independent healthcare must be registered under the new system from October 2010 when the Care Standards Act 2000 that currently applies to them ceases to be in force.

**Q. What are the key dates for providers?**

- A. Subject to legislation:
- **Early December 2009:** we publish our final guidance about compliance and our judgement framework (which sets out how we will judge compliance with regulations).
  - **Between 4 and 29 January 2010:** NHS trusts apply for registration.

- **February and March 2010:** we may talk to NHS trusts about their applications and may ask them to supply more evidence to support them.
- **From April 2010 (exact dates to be confirmed):** adult social care and independent healthcare providers apply for registration.
- **Between April 2010 and September 2010 (exact dates to be confirmed):** we may talk to these providers about their applications and may ask them to supply more evidence to support them.
- **From 1 October 2010:** adult social care and independent healthcare providers must be registered with us under the Health and Social Care Act 2008 and the Care Standards Act 2000 will be repealed.

NHS providers must apply for registration in January 2010 in respect of regulated activities that are not currently registered under the Care Standards Act 2000.

Services already registered under the Care Standards Act 2000 are excluded from this process. These can include nursing or domiciliary care services that are provided by primary care trusts, mental health trusts and learning disability trusts.

These activities will continue to be registered under the Care Standards Act 2000 until October 2010, so they should not be included in trusts' applications for registration made in January 2010. Trusts that provide these activities will need to submit a separate registration application for them in the summer of 2010, in preparation for October 2010 when their registration under the Care Standards Act 2000 ceases to apply.

## Registration Fees

### **Q. What kind of fees will providers have to pay to register with CQC?**

- A. Existing providers, including NHS trusts and those independent healthcare and adult social care providers that are already registered under the Care Standards Act 2000, will not have to pay a 'joining' fee for being brought into the new system. However, all providers will pay an annual registration fee, starting with the year from 1 April 2010 to 31 March 2011.

We are consulting on our proposed fee structure for NHS trusts for the first year of registration, so that providers and stakeholders have the opportunity to submit formal responses to our policy. To view our consultation document, visit

[www.cqc.org.uk/getinvolved/consultations.cfm](http://www.cqc.org.uk/getinvolved/consultations.cfm)

The consultation ends in early January 2010.

We will consult again in early 2010 for social care and independent healthcare providers on their fees from October 2010 to end March 2011.

We will introduce an ongoing, long-term approach to fees from April 2011. This will also be applied to any providers entering the registration system for the first time from that date. We will consult on this approach in late 2010.

## Involving people who use services

**Q. Will you consider people's views and experiences when you register health and adult social care providers?**

A. The views and experiences of groups that represent people who use services will inform our decision about whether a provider meets the essential standards of quality and safety, and so can be registered with us. These groups include local involvement networks, overview and scrutiny committees, foundation trust boards, learning disability partnership boards and local safeguarding children boards.