Making CQC registration *work for you*

Martha Walker* explains the CQC registration process for the dental practice manager and the whole team.

In the early 2000s independent doctors were faced with a fledgling regulatory body, the Healthcare Commission (the Care Quality Commission's predecessor). The doctors were antagonistic towards the Commission much in the same way as dentists are today with the Care Quality Commission (CQC). The doctors felt that the General Medical Council was already regulating them, so why another layer of regulation that was costly and time consuming? As a Healthcare Commission inspector at the time explained, 'We are here to stay, you must get used to it'. Over the years the regulatory body has improved its relationship with the medical profession and is taking positive steps to make registration easier as it encompasses all health care providers. The accessibility to CQC registration workshops around the country is good and the online guidance the CQC provides is comprehensive.

Doctors have over the last eight years accepted the CQC and most are now recognising that compliance can be used as a positive tool to increase their patient list, improve patient satisfaction, ensure continuation of sound clinical care and support their business development. The challenge for the dental profession is to make CQC registration work as a positive tool for you too.

Getting started

The CQC have devised a single set of essential standards of quality and safety for all providers of health and adult social care to meet. The aim is to ensure that everyone using healthcare services (independent or NHS) in England will have a positive experience that can be measured against a single regulatory framework.

Registration and compliance has to be a team effort. You need to familiarise yourselves with the CQC Guidance material.

Begin by:

- Reading the CQC documents including: *Guide for providers of primary dental care services; Guidance about compliance: Essential Standards of Quality; Judgement Framework*
- Watch the CQC online presentations on registration
- Download *The Application for registration form*, go through it together with the document *How to complete the webform application and declaration*.

Completing the application form is the easiest part of the process. What takes the time is the preparation of the evidence to show you are compliant with the 16 essential regulations (also referred to as standards) and associated outcomes that most directly relate to the quality of care and safety of your patients.

The 16 essential regulations are blocked together in five sections (Table 1). Each section relates to a different part of the patient experience in your practice.

Easy steps to compiling and demonstrating compliance

Organise a plan. Get the whole practice involved with registration. Inspectors talk to staff when they visit. Your staff will be able to answer questions more competently if they have been involved in the processes to demonstrate compliance. Take the 16 essential regulations and divide up the collecting of information amongst the relevant members of staff.

Start with a robust policy for each of the 16 regulations supported by a comprehensive procedure with appropriate evidence to demonstrate your compliance. Appropriate evidence will include further policies, results from audits, surveys, logs and contracts.

For example:

Policy

Outcome 1, Regulation 17 Respecting and involving people who use the services

It is the practice's policy to make suitable arrangements to ensure the dignity, privacy and independence of the patients and that patients are enabled to make or participate in making decisions relating to their care or treatment.

Procedure

Outcome 1, Regulation 17 Respecting and involving people who use the services

To demonstrate that the practice makes suitable arrangements to ensure the dignity, privacy and independence of the patients

and that patients are enabled to make or participate in making decisions relating to their care or treatment the following procedures and processes are in place:

- Patients are addressed by their preferred title
- Patients are offered a room or area in which to discuss matters either clinical or administrative in private
- Chaperones are available
- Patient surveys are carried out regularly
- There is a Practice Patient Group
- Regular practice newsletters are sent out
- Patient leaflets and brochures giving details of services available, fees and staff
- Information is appropriate for the patient profile
- New patients complete a questionnaire which is discussed with a senior member of staff to gain a greater understanding of the patient and their requirements

- Staff observe a confidentiality policy.

Evidence

Outcome 1, Regulation 17 Respecting and involving people who use the services

Examples of evidence to support your policy and demonstrate that you are compliant with the regulation may include the following:

- Copies of patient literature, newsletters etc available – this may include child friendly literature, audio information or translation into other languages
- Staff handbook and training folders (showing training on confidentiality, course attended on chaperoning)
- Practice policies on confidentiality and chaperoning
- Copies of minutes from the Practice Patient Group meetings
- Staff meeting minutes

Table 1 The 16 essential regulations for all health care providers

Section	Outcome	Regulation	Title
Information and involvement	1	17	Respecting and involving people who use your services
	2	18	Consent to care and treatment
Personalised care, treatment and support	4	9	Care and welfare of people who use your services
	5	14	Meeting nutritional needs
	6	24	Cooperating with other providers
Safeguarding and safety	7	11	Safeguarding people who use services from abuse
	8	12	Cleanliness and infection control
	9	13	Management of medicines
	10	15	Safety and suitability of premises
	11	16	Safety, availability and suitability of equipment
Suitability of staffing	12	21	Requirements relating to other workers
	13	22	Staffing
	14	23	Supporting workers
Quality and management	16	10	Assessing and monitoring the quality of service provided
	17	19	Complaints
	21	20	Records

- Results of patient surveys and outcomes.

Your policies must be relevant and supported by current evidence. It is up to you to prove that you are compliant.

I suggest you use the *Guidance about compliance: Summary of regulations, outcomes and judgement framework* as a prompt and guide when compiling evidence. Below are the questions the CQC ask in judging if your activities comply with the regulations and meet the outcomes they expect your patients to experience. To test if the evidence you hold is robust enough to demonstrate compliance ask yourself:

- Is it **current**? (within 12 months or longer if a long-term focus)
- Is it **reliable**? (is the source credible, is the evidence consistent, can it be validated or triangulated with another source)
- Is it **relevant**? (is it related to the regulations, the regulated activities and CQC's remit)
- Is it **sufficient**? (is there an adequate amount of evidence with enough detail to make an assessment)
- Does it **demonstrate** the quality of outcomes and for experiences of people using services?
- Does it **demonstrate** what controls (processes) the provider has in place?
- Is **specialist input** (eg pharmacy, medical etc) required?

Your practice probably has most of the policies, processes and evidence to demonstrate compliance with the 16 essential regulations and outcomes. Review what you already have – can it be adjusted to meet compliance?

Ways to show patients are at the centre of your service

The 16 essential regulations are *'focused on what is needed to make sure people who use services have a positive experience'*.

I recommend that you look at the case studies the CQC give (www.cqc.org.uk/judgement) to demonstrate how they (the CQC) measure if a patient has a positive experience. The positive examples show how a well run, patient centred practice operates.

As well as satisfying the CQC inspectors, positive patient experiences in the practice can also be a sound marketing tool. Identify who your patients are and make cost effective additions to your practice to set you apart in the market place.

- Why not consider a child friendly patient survey to use alongside your regular patient survey?

'Your staff will be able to answer questions more competently if they have been involved in the processes to demonstrate compliance.'

- Perhaps you have a high percentage of patients with for example Urdu as their first language; would it be feasible to have an interpreter available for a number of clinical sessions each week?
- Create a confidential area to talk to patients about their account or discuss a concern they may have
- Introduce a patient questionnaire for new patients to find out what patients want and expect from their dentist. This can be especially effective for making recommendations to patients contemplating cosmetic procedures
- Extend access times; offer a range of opening hours across the month.

After registration

After you have successfully registered with the CQC you then have to ensure year on year compliance. Inspections will generally be unannounced spot checks every two years or sooner if the CQC receive complaints or have a cause for concern.

Develop an annual plan for policy reviews, staff appraisals, clinical audit, patient surveys and building repairs to ensure safety and suitability of the premises. Have available your annual review and action plan for the CQC inspectors when they visit. For instance the inspector calls and has concerns about lack of clinical audit, however, your review shows this is already highlighted and the action plan indicates clinical audits planned with a time scale for completion. Clinical audit is not then considered a major concern because you have remedial action in place to rectify the situation. Remember if you haven't written it down it hasn't happened!

As well as carrying out your review and executing the action plan to demonstrate compliance, use the results to promote your practice, be involved in the local community and ultimately increase your business.

For example: Your staff resuscitation training is due – use the training session as a photo opportunity to promote your practice in the local newspaper and on your practice website to show how well trained your staff are.

You have carried out your annual patient survey and 9 out of 10 patients would recommend the practice. This is an excellent advertisement for your practice so use that statistic to tell prospective patients how happy existing patients are with you.

The Practice Patient Group and members of staff have worked together supporting a local charity as a result of a suggestion from a patient.

In conclusion

Don't panic, read the guidance material, share the process with the staff and remember you probably already comply with most of the regulations; you just have to have current, applicable evidence and robust policies to prove it.

Useful websites

www.cqcconsultancy.co.uk
www.cqc.org.uk

** Martha Walker is an independent adviser on Care Quality Commission (CQC) registration to GPs, dentists and consultants. With over 20 years' experience managing private general practice clinics in England and Wales, Martha has been successfully registering and overseeing continued assessment of clinics in the independent sector since 2003.*

Martha is a member of the steering committee for the London based Practice Managers Forum for practice managers in the independent sector. She is also a member of the Institute of Leadership and Management

Contact details:

Email: info@cqcconsultancy.co.uk
 Phone: 07974 756 189
 Post: Suite 10, 34-35 Lower Bristol Road, Bath, BA2 3AZ
 Web: www.cqcconsultancy.co.uk