



**Regulating care**  
**Dame Jo Williams, Chair**  
**Thursday 13 October 2011**

# Who are we?



- Regulator for health and social care – created in April 2009
- Doing things differently – through **risk-based regulation**
- Putting **people**, their **families** and **carers** at the **centre** of everything we do
- Weaving **equality** and **human rights** into our work
- Regulating by **assessing risk** through information and being **firm on performance**

# Scale of CQC regulated care

**Primary medical  
services**

**9,000** locations

**Independent  
healthcare**

**2,500** locations

**Independent  
ambulances**

**350** locations

**NHS Trusts**

**2800** locations

**Adult social  
care**

**24,000** locations

**Primary dental  
care**

**10,000** locations

**Combined outpatients  
and inpatients**

**77.4 million**

**People using adult  
social care services**

**1.75 million**

**Dental appointments**

**36.4 million**

- listen to the voice of people using services (and staff)
- are outcome focused
- carry out unannounced on-site inspections
- use local networks and intelligence
- work in partnership
- act swiftly
- learnt from Healthcare Commission, CSCI and MHAC
- need time for the new system to bed in

# What CQC does and does not do



## 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



## What CQC does not do

- We do not make assessments of commissioning – although we can comment on shortcomings via themed reviews and investigations
- We don't assess quality above essential standards
- We only promote improvement by focusing on non-compliance

# Palette of Regulation

## Inspection

- Themed inspections
- Scheduled inspections
- Responsive inspections
- Investigations

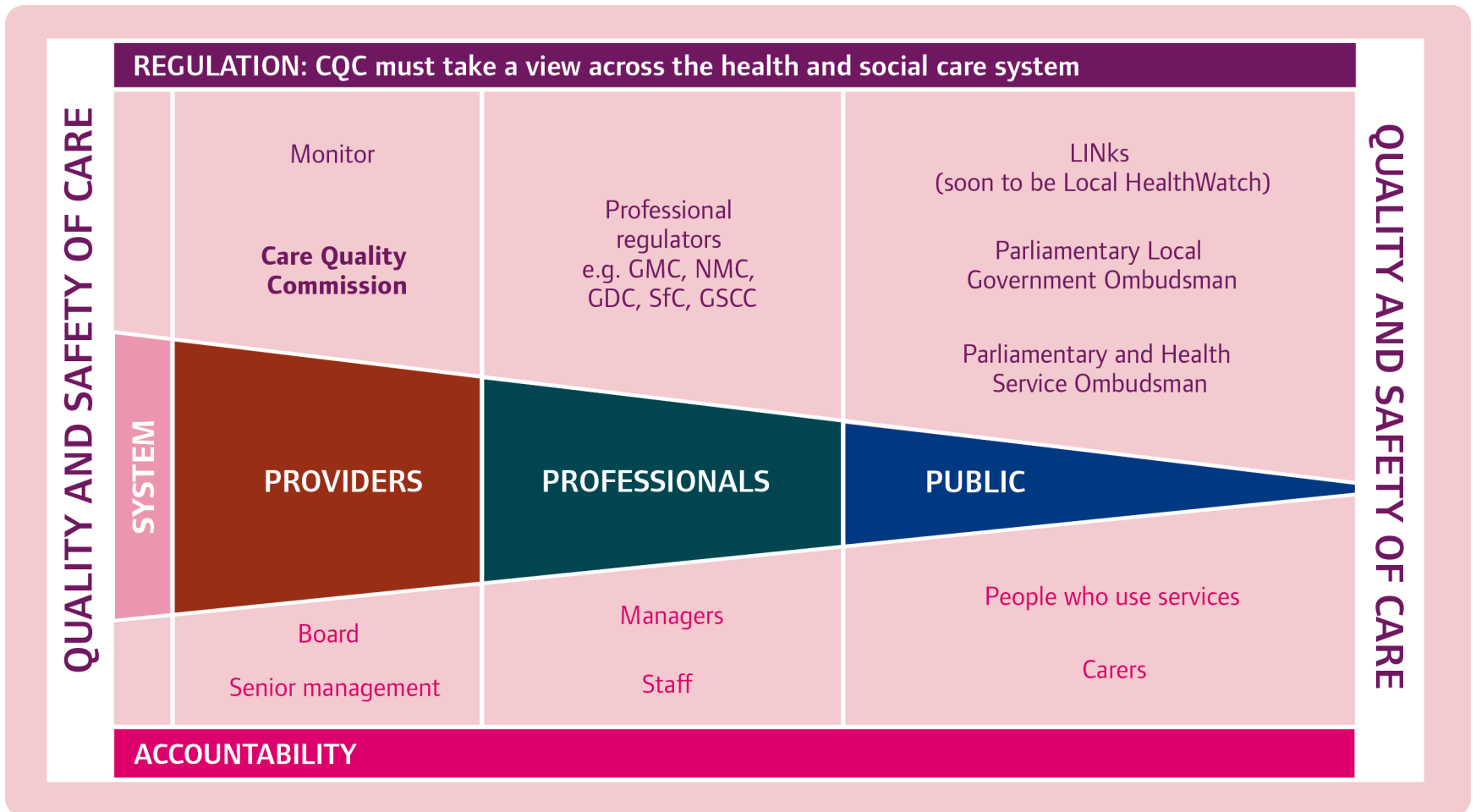
## Analysis

- Themed reviews
- Quality Risk Profiles
- Other data sources

## Voices

- Website feedback
- Telephone or written feedback
- Third party feedback
- Whistleblowing
- Safeguarding

# Forms of regulation



- Since April 2010 CQC have registered providers of NHS, independent health and adult social care, against new essential standards
- We have listened to challenges to our regulatory model
- We seek to strengthen and simplify our regulatory model to improve how we inspect and take action
- Our approach will continue to be outcome-focused, responsive and risk-based but in addition we want to:
  - inspect most providers more often
  - focus our inspections on the relevant standards

- take swift regulatory action to tackle non-



- HealthWatch - the consumer champion for people who use services
- Health and Social Care Bill:
  1. CQC to establish HealthWatch England
  2. Department of Health leading on work to establish local HealthWatch organisations, evolving from LINKs
  3. Local authorities
- Close working CQC/DH/LINKs
- ~~➤ HealthWatch Programme Board and HWE Advisory Group~~

- 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
- We aim to add value for providers and those who use services
- The regulator cannot be everywhere, so we need to regulate with others

- CQC – Helping make care better for people
- Dame Jo Williams, Chair, CQC