



A new system of registration

Provider Compliance Assessment

Guidance for providers

September 2010

Introduction

This guidance explains the purpose of the Provider Compliance Assessment and how and when it can be used. It includes:

- Tips on how to complete it.
- How to document the improvements needed.
- How to complete the analysis of evidence sections.
- What to do if we ask you to submit part of the Provider Compliance Assessment.

Main points

In order to support registered providers in their ongoing compliance with the outcomes described in the *Guidance about compliance: Essential standards of quality and safety*, we have developed a self-assessment tool called the Provider Compliance Assessment (PCA).

It is not mandatory for providers to routinely use or complete the PCA, but we encourage you to use it as it will be helpful when assessing your compliance on an ongoing basis.

We may ask you to submit some or part of the PCA when we are carrying out a review of compliance (either planned or responsive). Where you collate evidence to demonstrate compliance in a format that is different from the PCA, you must submit such evidence, within the specified timeframe, when we ask for it.

The PCA focuses on outcomes for the 16 key essential standards most directly related to the quality and safety of care. These are set out in part 4 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010:

Outcome	Regulation	Description
1	17	Respecting and involving people who use services
2	18	Consent to care and treatment
4	9	Care and welfare of people who use services
5	14	Meeting nutritional needs
6	24	Cooperating with other providers
7	11	Safeguarding vulnerable people who use services
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
12	21	Requirements relating to workers
13	22	Staffing
14	23	Supporting workers

16	10	Assessing and monitoring the quality of service provision
17	19	Complaints
21	20	Records

To help you complete the PCA more easily, we have split the document into 16 files, one for each regulation and associated outcome.

Each PCA should relate to **one** location only.

1

What are the key differences between the assessment process for registration and the process for monitoring of compliance?

During the registration process, you were required to declare compliance for each regulated activity at each of your locations. The approach for monitoring of compliance differs slightly from this: you will be required to demonstrate compliance across the whole of the service at a location level.

In addition, while you were only able to assess yourself as compliant or non-compliant at registration, the process for monitoring of compliance will allow you to:

- Identify those areas where you have varying levels of concerns about non-compliance to certain outcomes.
- Develop action plans that state what you are going to do about shortfalls, in a timely manner, to ensure that people who use services experience the essential standards of quality and safety.

2

The purpose of the Provider Compliance Assessment

The PCA has been designed as a self-assessment tool for you to monitor your compliance with the essential standards of quality and safety.

You can use it as a routine internal assurance tool, or as an ad hoc assessment in response to specific concerns. It is not mandatory for you to use or complete this document.

The PCA is available on our website. It is split into 16 different files, one for each of the key quality and safety standards and associated outcomes.

The PCA should be used alongside the *Guidance about compliance: Essential standards of quality and safety* and it is aligned to the *Guidance about compliance: Judgement framework*.

3

How and when the Provider Compliance Assessment can be used

You can use the PCA on a regular basis to self-assess if you wish. You can use it to provide assurance that you are compliant with the outcomes for the essential standards of quality and safety. The PCA should be completed at location level and not for each regulated activity. To this end, you will only be required to complete **one PCA per location**.

You can use it on an ongoing basis. Keeping it up to date will ensure that the information is current and readily available.

Where we have gaps in the information we hold about a regulated activity at specific locations, we may ask you to send us parts of the PCA. This may be when we are doing a planned review of compliance, or responding to concerns.

Each of the outcomes stands alone. When an inspector or assessor needs more information, they will ask you to submit the outcome sections they need more information about, rather than over-burdening you with requests for information they do not need.

To arrive at a robust judgement, our inspectors and assessors always cross-reference or 'triangulate' data with information from several other sources where possible. This involves gathering information through more than one method, such as talking to people who use services, using surveys or making direct observations of care during a visit.

4

How to complete a Provider Compliance Assessment

The outcomes in the PCA are reproduced from the guidance about compliance documents: *Essential standards of quality and safety* and the *Judgement framework*. You should read the guidance about compliance in detail to ensure that each outcome is fully addressed.

You can mark the green, yellow, amber and red assessment boxes to document your assessment against each outcome statement. This is the same colour-coded system as that used in the *Judgement framework*.



Evidence available at the time of assessment shows that the outcome is met.



Evidence available at the time of assessment shows that the outcome is mostly met, or there is not sufficient evidence to demonstrate that the outcome is met. The impact on people who use services, visitors or staff is low. The action required is minimal.



Evidence available at the time of assessment shows that the outcome is mostly met, or there is not sufficient evidence to demonstrate the outcome is met. The impact on people who use services, visitors or staff is medium. The action required is moderate.



Evidence available at the time shows that the outcome is at risk of not being met or there is no available evidence that the outcome is met. The impact on people who use services, visitors or staff is high. Action is required quickly.

The definitions of 'impact' are:

- Low:** No or minimal level of impact on people who use services in one or more areas.
- Medium:** A moderate impact, but no long-term effects on people who use services in one or more of the areas.
- High:** A significant or long-term impact on people who use services in one or more of the areas.

If any areas are assessed as red, amber or yellow, there are sections at the end of each outcome to record any action plans needed to improve services. See below for information about writing action plans.

5

How to complete the summary of evidence sections

For each prompt, record in the summary of evidence section the evidence that demonstrates the outcome is being met for people who use the service. For more detailed guidance on the types and sources of outcome evidence, please refer to our guidance document *Using evidence of outcomes to demonstrate compliance*, which is available on our website

You should use the most appropriate evidence available to demonstrate that the outcome for people who use the service is met. Where appropriate, evidence can be cross-referenced across prompts.

It is also important that, as far as possible, the evidence you use:

- Covers all of the services provided at the location.
- Is current and accurate.
- Relates to all groups of people who use the service and takes account of diversity.

If the regulation and outcomes for people using the service are met in an innovative way, not listed in the guidance about compliance, this is equally relevant and should be included in the analysis of evidence box.

You can use any evidence that shows the impact that care treatment and support have on people, to help demonstrate outcomes. Therefore, evidence of outcomes can use both quantitative and qualitative measures, such as: clinical data; feedback from people who use the service and people acting on their behalf; feedback from staff members; evaluation of skills and competence; monitoring use of good practice; measuring satisfaction; monitoring risks; implementing learning or monitoring action plans.

You should aim, as much as possible, to focus on evidence that:

- Comes directly from people who use services and those acting on their behalf.

- Relates to individual's experiences and needs.
- Relates to risks to the health, welfare and safety of individuals.
- Demonstrates how concerns are addressed and how feedback has been listened to and acted on.

Evidence directly from people who use services and those acting on their behalf could include:

- Survey results.
- Complaints and comments from individuals.
- Patient reported outcome measures (PROMS).
- Feedback from specific groups of people.
- Feedback from the public.
- Focus groups and other involvement activities.
- Local Involvement Networks (LINKs).
- Patient Advice and Liaison Service (PALS).

Other evidence that may demonstrate outcomes for people directly or indirectly could include:

- Actions and improvements resulting from people's feedback.
- Staff survey results and feedback and outcomes reported by staff.
- Internal and external reviews of services.
- Audits, including clinical audits and action plans developed and addressed as a result of audit.
- Effective risk assessment and management.
- Individual care records, which may demonstrate assessment, planning, review and evaluation.
- Individualised needs assessments.
- Staff skills and competence.
- Incident reports, learning and improvement actions.
- National and local data sets and comparative information.
- Equalities data and evaluations.
- Assessments from other regulatory bodies, inspections or accreditation schemes.

6

How to document the improvements needed

There are sections at the end of each outcome area to record any action plan for any improvements needed and how they will be addressed

You should put the number of the outcome area assessed as yellow, amber or red (for example, 1A or 6G) in the ref. number box at the top of the table.

To be robust, action plans should use the 'SMART' technique:

- **Specific** – identify the details of the area that needs to be improved, and what action needs to be taken. Say explicitly what is to be achieved, and who is going to make the changes.
- **Measurable** – say how you going to ensure that improvements have been made. What measures are going to put in place and who will do it?
- **Achievable** – check that the measures to be put in place are achievable, attainable and sustainable.
- **Realistic** – describe the resources needed to implement the changes and whether or not they are in place.
- **Time-bound** – give an appropriate date by which the improvements will be made and how this date will impact on people who use the service.

7

What to do if we ask for the completed Provider Compliance Assessment

If an inspector decides that they would like you to provide information, as part of a planned or responsive review of compliance, they will send you an email or a letter asking for the relevant section(s) of the PCA. You will have five working days to submit this information.

You should email the requested parts of the PCA to us.

Do not send any additional evidence with the PCA. The analysis of evidence boxes should contain sufficient information to support their assessment.

After we have read the PCA, we may ask you for further information or specific evidence referred to in the PCA.