

# Care Quality Commission (CQC) Registration

## What does it mean for you?

## Frequently Asked Questions (FAQs)

**Please note:** This document should be treated and used as **guidance only**. You should consider the individual circumstances of your provider(s) on all occasions including before making declarations. Londonwide LMCs Ltd accepts no liability or responsibility for individuals failing to register their practice correctly or at all, or any action taken by CQC or any other body against individuals and/or providers that have used this guidance.

## CQC Registration Process

### 1. Does each doctor in a practice (partner, salaried or locum) need to register separately with CQC?

No. It's the provider of care that registers with CQC, i.e. the practice, not individual GPs or the individual places where care takes place. . A GP partnership with three practices only needs to complete one application – they include details for each practice on that single application.

In the terminology of the CQC, a provider is the legal entity that is legally responsible for the regulated activities that are carried out and for ensuring that the essential standards of quality and safety are met. A provider can either be an individual GP, a partnership, or organisation.

It is important to note that as it is providers that are required to register with the CQC, individual GPs and other practice staff should not register separately. Also, a provider can be the legal entity responsible for more than one GP practice; in this case the different practices should not be registered under separate applications.

### 2. Which provider type needs a Registered Manager (RM)?

The regulations require that a provider must have one or more Registered Managers for its regulated activities if it is:

- A partnership
- An organisation
- An individual GP who is a single handed contractor and is personally responsible for and in charge of carrying on the regulated activities day-to-day, is not required to have a RM. HOWEVER, if a single handed contractor is not personally responsible for or in charge of the regulated activities carried out at their practice, or is not fit to do so, will be required to have a RM.

### 3. Who should the Registered Manager be?

The Registered Manager has **legal** responsibility for the regulated activities. As explained in question 2, if you are applying for registration as a partnership or an organisation, you are required to have at least one Registered Manager. If you apply as an individual, you do not need to have a Registered Manager, unless you are not in day-to-day charge of running and managing the regulated activities. If you have more than one location then you may have to consider appointing more than one Registered Manager if one person cannot be in day-to-day charge of all of the regulated activities across the locations. You can also choose to have more than one Registered Manager at one location, if there is a job share arrangement in place or if different regulated activities are managed by different people. Each Registered Manager is legally responsible for the regulated activities of the provider.

There are some misconceptions that this role should automatically go to the practice manager - but this won't always be appropriate. Some practice managers may be suitable for the role but, in most cases, a partner will be more appropriate. This is because registered managers share legal responsibility for compliance with the care provider (e.g. with the GP partnership or the organisation) so they need to be able to influence compliance with the essential standards.

### 4. Can the Registered Manager be changed following registration?

A Registered Manager's registration can be amended in two ways:

- The manager applies to vary or cancel their registration.
- CQC impose a variation or cancel the manager's registration.

Providers cannot cancel the registration of a Registered Manager. Where a manager has left, and is not contactable, or refuses to cancel their registration the provider should contact the CQC helpline.

Further information is available in CQC's Guidance for new Registered Managers, available at:

[http://www.cqc.org.uk/sites/default/files/media/documents/rp\\_poc1c\\_100743\\_20110701\\_v5\\_00\\_registered\\_manager\\_guidance\\_for\\_publication.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/rp_poc1c_100743_20110701_v5_00_registered_manager_guidance_for_publication.pdf)

### **5. What is a Nominated Individual?**

If you apply for registration as an organisation, you are required to nominate an individual to act as the main point of contact with the CQC. A Nominated Individual has responsibility for supervising the way that the regulated activity is managed. They should be an employed director, manager or secretary of the organisation. It is up to you who to nominate, as long as they meet these criteria. Nominated Individuals do not hold legal responsibility.

You can nominate one individual to cover all or several of the regulated activities you provide, or different individuals for each regulated activity.

You do not need a Nominated Individual if you register as an individual or a partnership. However, you can decide to have a Nominated Individual if you are an individual or partnership if you wish.

### **6. Should branch surgeries be registered as a separate location?**

It depends. If the branch surgery looks after the same patient list as the main surgery then this should **not** be registered as a separate location. If the branch surgery is looking after a separate list of patients different from that of the main surgery then the branch surgery should be registered as a separate location. Other locations that a practice may visit eg care homes should not be included as a separate location. All locations should be completed on one application form.

### **7. Do partnership practices have to have a written partnership agreement?**

There is no requirement to have a written partnership agreement in order to be regarded as a 'legal entity' by CQC. Of course it is good practice to have a partnership agreement, but CQC registration cannot be refused on the grounds of not having a partnership agreement, as long as the partners have the necessary arrangements in place as per the Partnership Act 1890.

The following extract is from the CQC website, under 'Types of provider' which states: "If you carry on any regulated activities as a partnership, it is the partnership (including all the partners) that must register. The partnership as a whole, as well as each individual partner, is responsible for ensuring that the regulated activities provided meet the essential standards.

Therefore, you should only register as a partnership if you have made arrangements for all partners to accept joint and several liabilities for the way the activity is carried on, and each individual partner has agreed to this. This will normally be documented through a written agreement, but this is not a requirement; for example, partnerships-at-will can register as a partnership as long as appropriate arrangements are in place.

A partnership that doesn't have these arrangements in place, such as one that is limited only to arrangements for expense sharing, should not register as a partnership. In this case, if each person is carrying on regulated activities as an individual without shared liability, they will need to register separately".

For legal reasons, a limited liability partnership (LLP) should register as an organisation, not as a partnership.

### **8. What policies do practices need to have in place to meet CQC registration?**

Regulations are outcomes focused and are not based on systems, policies and processes – although all of these are required to be in place in order to achieve the required outcomes. The BMA have put together an indicative list of policies and procedures in Appendix B of their CQC guidance: <http://bma.org.uk/practical-support-at-work/doctors-as-managers/managing-your-practice/cqc-registration>

### **9. Do I have to pay a fee for registration?**

There is no fee for applying for registration before 1 April 2013, but there is an annual fee for being registered. The fees for primary medical services providers registering in 2013 have not yet been set.

### **10. Does the practice have to register for private practice?**

All of the services you provide need to be included in your registration form – this means services you provide privately as well as NHS services.

If the partnership and the limited company are two separate legal entities and they both provide regulated activities, they'll both have to be registered and complete separate registration forms.

Depending on the purpose of the limited company, they may already be required to register with CQC.

CQC registration for providers whose main or sole purpose is NHS primary medical services was deferred to 1<sup>st</sup> April 2013. Independent healthcare organisations whose main purpose is not NHS primary medical services were required to be registered with CQC from October 2010.

If you have a private health care provider company, separate from your NHS primary medical service, you should have already registered it separately. If this applies to you it's important that you take action quickly and contact the CQC National Customer Service Centre at [2012Registration@cqc.co.uk](mailto:2012Registration@cqc.co.uk) for more information. You can also read more details about it in the registering for the first time document: <http://www.cqc.org.uk/organisations-we-regulate/registering-first-time>

### **11. Are CRB checks required for all practice staff?**

Practices have a responsibility to ensure that they carry out appropriate CRB checks on applicants for any position within the practice that qualifies for such a check. In addition to GPs, this is likely to include nursing staff and may in some circumstances also include front office reception staff, although this depends on their duties, which can vary greatly.

The requirement for a CRB check and the level of that check depends on the roles and responsibilities of the job and the type of contact the person will have with vulnerable groups. Practices themselves are required to determine which staff are required to take CRB checks.

### **12. Who needs a CQC-countersigned, enhanced level CRB check?**

You will need a CQC-countersigned, enhanced level CRB check if you don't have a GMC number and you're registering as:

- a partner in a GP partnership
- an individual
- a registered manager.

If you do need to apply for a CQC-countersigned, enhanced level CRB check, do not apply too early as they're only valid for six months and need to be valid at the time that CQC

assess your application. CQC recommend applying no earlier than two months before you plan to submit your application – e.g. if you choose to submit your form in December don't apply for your CRB check until October.

The CRB application process is now online at <https://cqc.disclosures.co.uk/>

Once you have completed your online CRB application, you'll be asked to print out a referral letter. You'll need to take this and the proof of identification requested in the form to one of 300 Post Offices to verify your identity. The Post Office charges a fee of £17.50 for this. You'll then receive your CQC-countersigned, enhanced level CRB certificate in the post. The process should take about one week though it may be longer.

### **13. What is the Statement of Purpose?**

The statement of purpose template and guidance for providers in relation to the statement of purpose can be found on the CQC website:

[http://www.cqc.org.uk/sites/default/files/media/documents/rp\\_poc1c\\_100456\\_20100823\\_v1\\_00\\_guidance\\_for\\_provider\\_sop\\_for\\_external\\_publication.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/rp_poc1c_100456_20100823_v1_00_guidance_for_provider_sop_for_external_publication.pdf)

### **14. Are there any examples of how primary medical services should approach their registration with CQC?**

Worked examples of how some typical, but fictional, providers of primary medical services would approach their registration with CQC are provided on the CQC website:

<http://www.cqc.org.uk/register/find-out-more-about-registration-process#examples>

## Regulated Activities and Service Types

### 15. What legally regulated activities will need to be registered?

15 different activities are regulated under the Health and Social Care Act and if you carry out any of these activities, you have to register with CQC. You should read the full guidance to make sure you register for the correct ones.

Of those, it is expected that GP practices and other primary medical services should register for the following:

#### All to register for:

- Treatment of disease, disorder and injury

#### Most GPs to register for:

- Diagnostic and screening procedures
- Surgical procedures (don't register this if you only perform curettage, cautery or cryocautery of warts, verrucae or other skin lesions)
- Maternity and midwifery services

#### Many GPs to register for:

- Family planning services (only if you fit or remove IUCDs)

### 16. Does the practice have to register for the maternity and midwifery services as a regulated activity?

Practices are only required to register for the maternity and midwifery services as a regulated activity if they employ midwives to provide this service. If the midwives are employed by another organisation and are only providing the additional services outlined below then practices do not have to register for this regulated activity.

The majority of GP practices in England offer 'shared care' for pregnant women in the antenatal and post-natal periods of their pregnancy as part of additional services under GMS and PMS contracts that do not involve clinical interventions other than might be offered to non-pregnant patients:

#### SCHEDULE 2 ADDITIONAL SERVICES

##### Maternity medical services

7.—(1) A contractor whose contract includes the provision of maternity medical services shall—

- (a) provide to female patients who have been diagnosed as pregnant all necessary maternity medical services throughout the antenatal period;
- (b) provide to female patients and their babies all necessary maternity medical services throughout the postnatal period other than neonatal checks;
- (c) provide all necessary maternity medical services to female patients whose pregnancy has terminated as a result of miscarriage or abortion or, where the contractor has a conscientious objection to the termination of pregnancy, prompt referral to another provider of primary medical services who does not have such conscientious objections.

(2) In this paragraph—

“antenatal period” means the period from the start of the pregnancy to the onset of labour;

“maternity medical services” means—

- (a) in relation to female patients (other than babies) all primary medical services relating to pregnancy, excluding intra partum care, and
  - (b) in relation to babies, any primary medical services necessary in their first 14 days of life;
- “postnatal period” means the period starting from the conclusion of delivery of the baby or the patient's discharge from secondary care services, whichever is the later, and ending on the fourteenth day after the birth.

### **17. Joint injections – do they have to be registered as a separate activity?**

Joint injections are not part of additional services under the GP contract (these include only cautery, curettage and cryotherapy). Joint injections are provided as part of an enhanced service, therefore they need to be registered separately.

Surgical procedures – you will need to register for this activity if you undertake surgical procedures other than curettage or cautery under local anaesthetic. This means that CQC would expect you to register for surgical procedures if you provide the minor surgery enhanced service; but would not expect the minor surgery additional service to trigger this activity as it is limited to curettage, cautery and cryocautery.

### **18. What service types will need to be registered?**

The majority of GP practices only provide 'Doctors' treatment services' and 'Doctors' consultation services'. In some cases you may need to register other services types so check the guidance carefully. There are 28 service types. When you fill in your application form you will be asked to tell us which service types you provide.

CQC expects:

- All GPs and some other primary care providers to register for 'Doctors' treatment services' and 'Doctors' consultation services'.
- Some minor injury units to register for 'Acute services'.
- All urgent care centres, minor injury units, GP-led health centres and walk-in centres to register for 'Urgent care services'.

## Outcome Standards

### **19. What happens if the practice does not comply with all the essential standards?**

You can still register with CQC even if you don't comply with all of the essential standards – as long as you're not putting patients at risk. Providers of care must meet the essential standards of quality and safety. If you don't comply with any of them, CQC will still accept your registration application as long as you can demonstrate that there are no risks to patients and you submit a robust action plan indicating the steps the practice will take to achieve compliance.

### **20. Will my service be closed if my premises don't meet the required standard?**

CQC is aware of concerns about the standard related to the safety and suitability of general practice premises. CQC will not close your service just because you don't have modern or state-of-the-art premises. CQC will only take action if patients are being put at risk by unsafe premises. If your premises don't meet this essential standard because, for example, you don't have the correct disabled access, you need to be managing those risks to patients. CQC will ask you to tell them how you're doing that when you fill in your application. As a minimum, you need to make sure that you are compliant with all the legal premises requirements. A list of those is available here: [insert link]

### **21. I don't provide food and drink. What do I declare for the 'nutritional needs' standard?**

It is expected that this standard will not apply to GPs and other primary medical services because they don't provide food and drink to patients as part of their service. If this standard doesn't apply to you, when you fill in your registration application you should declare that you're compliant with this standard.

### **22. Where can I find guidance on complying with cleanliness and infection control?**

The Department of Health provides all of the guidance on cleanliness and infection control standards:

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh.digitalassets/documents/digitalasset/dh\\_110435.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/documents/digitalasset/dh_110435.pdf) (Please refer to page 9 for summary outline of compliance)

### **23. Are the CQC standards different from what is required by QOF or contract reviews?**

CQC standards are different from what is required by QOF or contract reviews. However, if you already gather evidence for the Quality and Outcomes Framework (QOF), primary care trust (PCT) contract monitoring or as part of your involvement in schemes such as the Royal College of General Practitioners' Practice Accreditation scheme, it's likely that you'll be able to reuse it to show compliance with the essential standards.



## CQC Appeal Process

### **24. Can I appeal against a CQC decision?**

If you do not agree with the CQC notice (including any conditions applied), you have 28 calendar days in which to make written representations to CQC. Your Notice of Proposal or Notice of Decision tells you how to make a representation.

If you still do not agree with the CQC decision about how to register you after the representation process, you have the right to appeal to the First-tier Tribunal. This appeals process is independent of CQC.

Full details can be found online at

[http://www.cqc.org.uk/sites/default/files/media/documents/rp\\_poc1b\\_100718\\_20110527\\_v2\\_00\\_provider\\_guidance\\_-\\_reps\\_and\\_appeals\\_2\\_for\\_external\\_publication.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/rp_poc1b_100718_20110527_v2_00_provider_guidance_-_reps_and_appeals_2_for_external_publication.pdf)

## Other Questions

### 25. What qualifications do CQC inspectors have?

CQC has responded to a Freedom Of Information (FOI) request on this issue which can be found online at [http://www.whatdotheyknow.com/request/inspector\\_qualifications\\_and\\_tra](http://www.whatdotheyknow.com/request/inspector_qualifications_and_tra)

### 26. Will the CQC be able to provide any support in relation to action plans?

There is no information that CQC will actually provide support to practices that are having difficulty declaring compliance.

### 27. What is the CQC approach to inspections and visits to practices?

In summer 2012, CQC will start trialling their approach to inspections and monitoring compliance, including:

- how often practices will be inspected – current thoughts at least every two years
- whether inspections are announced or unannounced – unless CQC is responding to a concern, CQC think they'll be announced
- what inspections will involve – CQC will let practices know more after they have finished trialling it

### 28. How will CQC collect data about the practice?

The CQC is likely to monitor compliance by gathering information from patients, public representative groups, agencies and regulators, and publicly available data sources, as well as information from the provider themselves.

### 29. Will CQC charge practices if they need to revisit?

No. Providers can be fined but only after required remedial steps have not been undertaken.

### 30. Can patients complain directly to CQC about a practice?

CQC guidance on how to complain about a health or social care service is available online at:  
[http://www.cqc.org.uk/sites/default/files/media/documents/20110912\\_complaints\\_providers.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/20110912_complaints_providers.pdf)

Even though it is not within the CQC's remit to deal with individual complaints, they encourage members of the public to let them know if they are unhappy about the care they receive.

### 31. Does the practice have to register for Clinical Commissioning Group activities?

No. CQC regulates **providers** of health and social care, not commissioners. Practices' commissioning activities are outside the scope and remit of CQC registration.

### 32. Are practices required to have an electronic fire alarm?

The Fire Safety Advice Centre provides guidance on the types of fire alarms available i.e. how they work and points to consider, but does not specify a particular type of fire alarm for practices (or any other organisation): <http://www.firesafe.org.uk/fire-alarms/>.

Practices with existing (i.e. not new or altered) premises are governed by the Regulatory Reform (Fire Safety) Order 2005, which again does not specify a particular type of fire alarm.