

Guidance for providers on meeting the fundamental standards and on CQC's enforcement powers

Consultation questions: Guidance for providers on how to meet the regulations

1. Is it clear what providers should do to meet the requirements of the fundamental standards (regulations 9 to 19)? If not, how could it be made clearer?

It is clear how providers should meet the fundamental standards' requirements.

2. Is it clear what providers should do to meet the fit and proper person requirements for directors (regulation 5)? If not, how could it be made clearer?

How providers meet the fit and person requirement for director (regulation 5) is clear.

3. Is it clear what providers should do to fulfil their duty of candour (regulation 20)? If not, how could it be made clearer?

Regulation 20 or Duty of Candour is also clear.

4. Is the format and layout of the guidance easy to follow and understand?

The layout and format of the document is clear. The document is on the long side but I can't see any significant repetition and I think this is unavoidable.

5. Are the links to key legislation and guidance helpful? How could we promote these links better?

The links to organisations and other guidance is clear.

6. Is there anything missing from the guidance?

The guidance is fully comprehensive.

7. Is there anything that should be taken out of the guidance?

I think that all content is relevant and of value to providers, and should therefore be retained.

Consultation questions: Enforcement guidance

8. Do you agree with our approach to using our enforcement powers?

The approach to using CQC enforcement powers is appropriate. The two new changes to remove the need to issue a warning notice and the coordination with other oversight bodies will serve to help the public appreciate that deliberate harm/mismanagement/dishonesty is punishable.

9. How should we reflect the 'serious, multiple or persistent' test in our prosecution criteria?

This is difficult. In reflecting "serious, multiple or persistent" test in your prosecution criteria, I would suggest involving other relevant agencies to help you decide on the seriousness of a failing. Locally this might be a clinical network, whereas nationally it might be a professional body if the failing relates to a specific clinical area.

10. Do you agree with our proposed approach when responding to failure, that it is time-limited but we also work with any partner agencies who may be better placed to secure improvement before we escalate use of our enforcement powers?

Very much in agreement that it makes sense to involve partner agencies to help secure improvement before escalating to using enforcement powers provided that the failure described in "9" above is potentially reversible.