

CQC Registration Regulations: Evidence to support compliance

Quality and safety regulations

Reg no	Area	Regulation	Evidence to support compliance	Lead Director (s)	Any gaps in compliance?
9	Care and welfare of service users	<p>1. The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of: –</p> <p>a) The carrying out of an assessment of the needs of the service user</p> <p>b) The planning and delivery of care and, where appropriate treatment in such a way as to: –</p> <ul style="list-style-type: none"> • Meet the service users individual needs • Ensure the welfare and safety of the service user • Reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment, and • Avoid unlawful discrimination including, where applicable, providing for the making of reasonable adjustments in service provision to meet the service user's needs. <p>2. The registered person must have procedures in place for dealing with emergencies which are reasonably expected to arise from time to time and which would, if they arose, affect, or</p>	<ul style="list-style-type: none"> • Health records showing examples of patient assessments, planning and delivery of care • Patient Safety Strategy • Risk Management Strategy • NICE guidance policy • Implementation of findings from national audits, e.g. NCEPOD • Minutes from Clinical Governance and Audit Committees • Patient Safety First work • Patient Safety walkabouts with CEO/Directors • Research Governance Strategy • Research Governance committee meeting minutes • R&D Annual Report • Learning Disabilities Strategy, standards, training and awareness launch • Consent policy and use of IMAC • Blind and deaf policy re communication • Role of Practice Development Nurses and Matrons 	Celia Ingham Clark / Siobhan Harrington	None identified

		<p>be likely to affect the provision of services, in order to mitigate the risks arising from such emergencies to service users.</p>	<ul style="list-style-type: none"> • Major Incident and Emergency Preparedness policies and procedures • Business continuity plans across the trust • Table top exercises 		
10	Assessing and monitoring the quality of service provision	<p>1. The registered person must protect service users, and others who may be at risk, against the risk of inappropriate or unsafe care and treatment, by means of the operation of effective systems designed to enable the registered person to: -</p> <p>a) Regularly assess and monitor the quality of the services provided against the requirements set out in this part of the regulations</p> <p>b) Identify, assess and manage risks relating to the health and safety of service users and others who may be at risk from the carrying out of the regulated activities</p> <p>2. For the purposes of paragraph 1, the registered person must: -</p> <p>a) Where appropriate, obtain relevant professional advice</p> <p>b) Have regard to: -</p> <ul style="list-style-type: none"> ▪ The complaints and comments made, and views (including descriptions of experiences of care) expressed by, or on behalf of, service users ▪ Any investigation carried out by the registered 	<ul style="list-style-type: none"> • Patient safety strategy • Participation in patient safety first project • Directors patient safety visits to wards • Incident reporting policy and copies of incident investigations, findings and actions • Datix reports • Risk management policy • Risk management training and records of attendance • Risk assessment reports and actions • SUI Policy • SUI investigation reports including findings and actions taken to improve • STEIS reports • When to contact a consultant policy • Clinical incident reports to CGC • SABS, NPSA alerts, and MHRA alert systems • Patient Safety Committee minutes • Health and Safety Policy • Health and safety training policy • Health and safety training records 	Celia Ingham Clark / Siobhan Harrington	None identified

		<p>person in relation to the conduct of a person employed</p> <ul style="list-style-type: none"> ▪ The information contained in the records of those referred to in regulation 20 ▪ Appropriate professional and expert advice ▪ Reports prepared by the CQC from time to time relating to the registered person's compliance with the regulations ▪ Periodic reviews and special reviews and investigations carried out by the CQC in relation to the provision of care, where such reviews and investigations are relevant to the regulated activities carried out <p>c) Where necessary, make changes to the treatment or care provided in order to reflect information, of which it is reasonable to expect that a registered person should be aware of, relating to: -</p> <ul style="list-style-type: none"> ▪ The analysis of incidents that resulted in, or had the potential to result in, harm to a service user ▪ The conclusions of national and local service reviews, clinical audits and research projects carried out by expert bodies <p>d) Establish mechanism for ensuring that: -</p> <ul style="list-style-type: none"> ▪ Decisions in relation to the provision of care and treatment for service users are taken at the appropriate level and by the appropriate person (P) ▪ P is subject to an appropriate obligation to answer for a decision made by them, in relation to the provision of care and treatment 	<ul style="list-style-type: none"> • Health and safety committee minutes • Policy for managing and responding to complaints • Complaints reports to CGC, and trust board including actions taken to improve the service • Clinical audit reports to Audit Committee and CGC including actions taken • Active engagement in national audits • MAU intranet programme on how to be a DMR • Patient focus groups • Patient feedback kiosks • Patient feedback hand held devices and resulting reports • Staff survey and action plan • Mortality audits • Roll out of GTT – Patient safety committee minutes • Patient safety reports on children and young people 		
--	--	--	--	--	--

		<p>for a service user, to the person responsible for supervising or managing P in relation to that decision</p> <p>e) Regularly seek the views (including the descriptions of their experiences) of service users or those acting on their behalf, and persons who are employed for the purposes of carrying out the regulated activities, to enable the registered person to come to an informed view in relation to the standard of care and treatment provided</p> <p>3. The registered person must send to the CQC, when requested to do so, a written report setting out how, and the extent to which, in the opinion of the registered person, the requirements of paragraph (1) are being complied with, together with any plans that the registered person has for improving the standard of the services provided to service users with a view to ensuring their health and welfare</p>			
11	Safeguarding service users from abuse	<p>1. The registered person must make suitable arrangements to ensure that service users are safeguarded against the risk of abuse by means of: –</p> <p>a) Taking reasonable steps to identify the possibility of abuse and prevent it before it occurs</p> <p>b) Responding appropriately to all allegations of abuse.</p> <p>2. Where any form of control or restraint is used</p>	<ul style="list-style-type: none"> • CRB checking process • Child Protection guidelines • London child protection guidelines on intranet • Serious case review reports • Haringey and Islington's Local Safeguarding minutes/terms of reference • Safeguarding mandatory training and induction programmes and attendance records 	Siobhan Harrington	None identified

		<p>in the carrying on of the regulated activity, the registered person must have suitable arrangements in place to protect service users against the risk of such control or restraint being unlawful or otherwise excessive</p> <p>3. The registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body, in relation to: –</p> <p>a) The protection of children and vulnerable adults generally; and</p> <p>b) In particular, the appropriate use of methods of control and restraint.</p> <p>4. For the purpose of paragraph (1), “abuse”, in relation to a service user, means: –</p> <p>a) Sexual abuse</p> <p>b) Physical or psychological ill-treatment</p> <p>c) Theft, misuses or misappropriation of money or property</p> <p>d) Neglect and acts of omission which cause harm or place at risk of harm</p>	<ul style="list-style-type: none"> • DOLS Policy • Safeguarding adult patients at the Whittington Hospital policy • Restraint of adult patients policy • Restraint training • Using bedrails safely and effectively guideline • Use of safety mittens guideline • Use of IMAC • Regular safeguarding of adults and children reports to CGC 		
12	Cleanliness and infection control	<p>1. The registered person must, so far as reasonably practicable, ensure that: –</p> <p>a) Service users</p> <p>b) Persons employed for the purpose of the carrying on of the regulated activity</p> <p>c) Others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity are: Protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2)</p>	<ul style="list-style-type: none"> • Code of practice for prevention and control of infection evidence chart (covers regulation 12) • Reports on above to ICC and CGC • Results of last Hygiene Code Inspection and action plan • IP&C plan and progress reports • Weekly IC Flash Reports • Waste management policy • EFSC minutes • Job descriptions of Steven Packer 	Phil Ient/ Siobhan Harrington	None identified

		<p>2. The means referred to in paragraph (1) are: –</p> <p>a) The effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of health care associated infection</p> <p>b) Where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection</p> <p>c) The maintenance of appropriate standards of cleanliness and hygiene in relation to: –</p> <ul style="list-style-type: none"> • Premises occupied for the purpose of carrying out the regulated activity • Equipment and reusable medical devices used for the purpose of carrying out the regulated activity • Materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection 	<p>and Allan Perry</p> <ul style="list-style-type: none"> • Training records • Duty of care visits • Waster transfer notes • Ward audits • Public area audits of waste • Colour coding of bins • Offensive waste stream • Uniform policy • Safe use of actichlor plus policy • Infection Control Committee minutes • EFSC minutes • Decontamination committee minutes • Job descriptions of: Philip Ient, Steven Packer and Camilla Wiley • Bi-monthly ward audits • Internal public space audits • External audits • Wash hand basin audits • Hand hygiene audits • Linen contract (HGS 95/18) • PPMS • Capital monitoring • Help line • Intranet guidance on how to log faults 		
13	Management of medicines	<p>1. The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of</p>	<ul style="list-style-type: none"> • Medicines administration policy • Self-administration of medication policy • Safety in doses action plan 	Celia Ingham Clark / Siobhan Harrington	None identified

		<p>appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposals of medicines used for the purpose of the regulated activity.</p> <p>2. In making the arrangements referred to in paragraph (1), the registered person must have regard to any guidance issued by the Secretary of State or an appropriate expert body in relation to the safe handling and use of medicines.</p>	<ul style="list-style-type: none"> • Medication audit reports • 6 monthly medicines management report for CGC • Medication errors reports for NRLS and Clinical Governance Committee • Trust's new prescription chart • Regular CD audits and reports to Patient Safety Committee • Acute Pain team • Syringe Driver policy • Accountable officer's occurrence report of CD concerns 		
14	Meeting nutritional needs	<p>1. Where food and hydration are provided to service users as a component of the carrying out of the regulated activity, the registered person must ensure that service users are protected from the risks of inadequate nutrition and dehydration by means of the provision of: -</p> <p>a) A choice of suitable and nutritious food and hydration, in sufficient quantities to meet the service users' needs</p> <p>b) Food and hydration that meet any reasonable requirements arising from a service user's religious or cultural background</p> <p>c) Support, where necessary, for the purpose of enabling service users to eat and drink sufficient amounts for their needs</p> <p>2. For the purpose of this regulation, "food and</p>	<ul style="list-style-type: none"> • Individual patient nutrition documentation, including assessment, plan and progress – see examples in health records • Nutritional assessment audits by VLT and Nutrition Team • Essence of care work stream, audits and reports • Patient menus • Ward handbook • Snack boxes • Protected meal times • Red tray system • Meals module in Productive Ward • Training of volunteers to feed patients • Clinical Nutrition Steering Group minutes • PEAT inspections and results • Never events include naso-gastric tubes 	Phil Ient/Siobhan Harrington	None identified

		<p>hydration" includes, where applicable, parenteral nutrition and the administration of dietary supplements where prescribed.</p>	<ul style="list-style-type: none"> • Food safety training records • Food temperature testing records • Audit and inspection reports • EHO visit letters • EHO compliance reports • Food Standards Agency subscription • Maintenance of regeneration trolleys and fridges • Procurement of food • Food questionnaires for food tasting sessions • EPSC minutes 		
15	Safety and suitability of premises	<p>1. The registered person must ensure that service users and others having access to premises where a regulated activity is carried on are protected against the risks associated with unsafe and unsuitable premises, by means of: -</p> <p>a) Suitable design and layout;</p> <p>b) Appropriate measures in relation to the security of the premises; and</p> <p>c) Adequate maintenance and, where applicable, the proper –</p> <ul style="list-style-type: none"> ▪ Operation of the premises, and ▪ Use of any surrounding grounds, which are owned or occupied by the service provider in connection with the carrying on of the regulated activity. <p>2, In paragraph (1) the term "premises where a regulated activity is carried out" does not include a service user's own home</p>	<ul style="list-style-type: none"> • Security policy • Fire policy • Photographic ID policy • Violence and aggression policy • Working at heights policy • Control and restraint policy • Door locking policy • Weapons policy • Crime investigation policy • H&S and Security Committee minutes • Job descriptions of Steven Primrose and Peter Brown • Fire, H&S and Security inspections • Fire brigade audits • Fire risk assessments • Crime reduction survey • Contract with fire safety officer • Training records • LSMS qualifications 	Phil lent	None identified

			<ul style="list-style-type: none"> • Contracts with fire and security alarms companies • Portable/non-portable water policy 		
16	Safety, availability and suitability of equipment	<p>1, The registered person must make suitable arrangements to protect service users and others who may be at risk from the use of unsafe equipment by ensuring that equipment provided for the purposes of the carrying on of a regulated activity is –</p> <p>a) Properly maintained and suitable for its purpose; and</p> <p>b) Used correctly in accordance with the technical specification and guidance issued by the manufacturer, the Secretary of State or appropriate bodies.</p> <p>2, The registered person must ensure that equipment is available in sufficient quantities on order to ensure the safety of service users and meet their assessed needs</p> <p>3, Where equipment is provided to support service users in their day to day living, the registered person must ensure that, as far as reasonably practicable, such equipment promotes the independence and comfort of service users.</p> <p>4, For the purposes of this regulation –</p> <p>a) "Equipment" includes a medical device; and</p> <p>"Medical device" has the same meaning as in the Medical Devices Regulations 2002</p>	<ul style="list-style-type: none"> • Medical devices maintenance policy • Medical equipment library policy • Medical devices group minutes • Capital monitoring committee minutes • Job descriptions of: Steven Primrose, John Nuss, Ashwina Seerutun and Lisa Smith • Medical devices procurement form • Alerts • Training policy • IRMER policy • Training records 	Phil Ient	None identified
17	Respecting and involving service users	<p>1. The registered person must make suitable arrangements to ensure: -</p> <p>a) The dignity, privacy and independence of</p>	<ul style="list-style-type: none"> • Privacy and Dignity guideline • Visible Leadership Team Privacy and Dignity audit results of ward 	Celia Ingham Clark/ Siobhan Harrington	None identified

		<p>service users</p> <p>b) That the service users are enabled to make, or participate in making, decisions relating to their care and treatment.</p> <p>2. For the purposes of paragraph (1) the registered person must: –</p> <p>a) Treat service users with consideration and respect</p> <p>b) Provide service users with appropriate information and support in relation to their care or treatment</p> <p>c) Encourage service users, or those acting on their behalf to: –</p> <ul style="list-style-type: none"> • Understand the care or treatment choices available to them and discuss with an appropriate health care professional, the balance of risks and benefits • Express their views as to what is important to them in relation to the care and treatment <p>d) Assist service users to express the views preferred in sub-paragraph (c)(iii) and so far as appropriate and reasonably practicable accommodate those views</p> <p>e) Where appropriate provide opportunities for service users to manage their own care or treatment</p> <p>f) Where appropriate involve service users in decisions relating to the way in which the regulated activity is carried on in so far as it relates to their care and treatment</p> <p>g) Provide appropriate opportunities, encouragement and support to service users in relation to promoting their autonomy,</p>	<p>environments</p> <ul style="list-style-type: none"> • Essence Of care privacy and dignity work programme, audits and reports • Change to kimono style gowns • Single sex refurbishment programme • Use on “do not disturb” signs on curtains • Single sex accommodation inspection reports from PCT/SHA • Single sex included as an indicator in trust dashboard - reported to Trust Board and HMB • Privacy and Dignity awareness day • Whittington promise • Patient Information Policy • Minutes of patient Information Steering Group • Examples of patient information leaflets • Consent policy • Use of independent mental capacity advisors • Policy for provision of Interpreting Services and records of usage • Learning Disabilities Strategy and standards • Learning Disabilities awareness launch • Patient Focus Groups • Patient Feedback from electronic hand held PETs and kiosks 		
--	--	---	---	--	--

		<p>independence and community involvement</p> <p>h) Take care to ensure that care and treatment is provided to service users with due regard to their age, sex, religion, sexual orientation, racial origin, cultural and linguistic background and any disabilities they may have.</p>	<ul style="list-style-type: none"> • Analysis of complaints and PALS contacts • Patient feedback reports to HMB and Trust Board • Single Equality Scheme 		
18	Consent to care and treatment	<p>The registered person must: –</p> <p>a) Have suitable arrangements in place for obtaining, and acting in accordance with, the consent of service users in relation to the care and treatment provided for them and:</p> <p>b) Have regard to any guidance issues by the Secretary of State or other appropriate expert body in relation to the matters referred to in paragraph (a)</p>	<ul style="list-style-type: none"> • Consent Policy • Audits of consent forms • Capacity and Consent Guideline • Policy for provision of Interpreting Services and records of usage • DNR policy • DOLS policy 	Celia Ingham Clark/ Siobhan Harrington	None identified
19	Complaints	<p>1. For the purposes of assessing, and preventing or reducing the impact of, unsafe or inappropriate care or treatment, the registered person must have an effective system in place (referred to in this regulation as the Complaints System) for identifying, receiving, handling and responding appropriately to complaints and comments made by service users or persons acting on their behalf, in relation to the regulated activities.</p> <p>2. In particular the registered person must: -</p> <p>a) Bring the Complaints System to the attention of service users and those acting on their behalf in a suitable manner and format</p> <p>b) Provide service users and those acting on their behalf with support to bring a complaint</p>	<ul style="list-style-type: none"> • Policy for managing and responding to complaints • Patient information leaflet on how to complain • Copies of complaint responses • Quarterly complaints reports to CGC and trust board including actions taken • Patient information leaflet on PALS • PALS reports • Patient feedback reports and actions taken 	Siobhan Harrington	None identified

		<p>or make a comment, where assistance is necessary</p> <p>c) Ensure that any complaint made is fully investigated and, so far as reasonably practicable, resolved to the satisfaction of the service user, or those acting on their behalf</p> <p>d) Take appropriate steps to coordinate a full response to a complaint where that complaint relates to care or treatment provided to a service user in circumstances where the provision of such care has been shared with, or transferred to others</p> <p>3. The registered person must send to the CQC, when requested to do so, a summary of:-</p> <p>a) Complaints made pursuant to paragraph (1)</p> <p>b) Responses made by the registered person to such complaints</p>			
20	Records	<p>The registered person must ensure that service users are protected against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of: -</p> <p>An accurate record in respect of each service user, which includes appropriate information and documents in relation to the care and treatment provided to each service user</p> <p>Such other records as are appropriate in relation to: -</p> <ul style="list-style-type: none"> • Persons employed for the purposes of carrying out the regulated activity • The management of the regulated activity 	<ul style="list-style-type: none"> • NHSLA level 2 achieved in Nov 2008 • SIRO role at Board level • Statement of internal control • Information Governance steering group minutes • Information governance toolkit assessment • Information Governance Policies <ul style="list-style-type: none"> ○ Confidentiality ○ Info sharing ○ IT security ○ Info lifecycle management ○ Internet acceptable e mail use policy ○ FOI • Records Management Policy 	Fiona Smith	None identified

		<p>2. The registered person must ensure that the records referred to in paragraph (1), which may be in paper or electronic form, are: -</p> <p>a) Kept securely and can be located promptly when required</p> <p>b) Retained for an appropriate period of time</p> <p>c) Securely destroyed when it is appropriate to do so</p>	<ul style="list-style-type: none"> • Standard clause in job description • Staff training at induction and mandatory updates • Record of staff training kept through electronic staff record • SOPs for staff dealing with information and data quality • Record merging procedure • Investment in case notes management system • Encrypted handhelds • Encrypted desktop • Encryption plan for USB and CD drives • Secure record storage facilities and external microfilming contract which deals with safe disposal • Audits of tracking health records with actions to address poor performance when performance dips below 95% • Audits on standard of record keeping • Data quality project – led by SIRO 		
21	Requirements relating to workers	<p>The registered person must: -</p> <p>a) Operate effective recruitment procedures in order to ensure that no person is employed for the purposes of carrying out a regulated activity unless that person: -</p> <ul style="list-style-type: none"> ▪ Is of good character ▪ Has the qualifications, skills and experience that are necessary for the work to be performed ▪ Is physically and mentally fit for that work 	<ul style="list-style-type: none"> ▪ Recruitment procedures ▪ Consultants recruitment procedure ▪ Clinical placement guidelines and contracts ▪ Concerns about Drs performance policy ▪ Disciplinary Procedure ▪ Continuing in employment after a disability guidance ▪ Capability procedure 	Margaret Boltwood	None identified

		<p>b) Ensure that information specified in schedule 3 is available in respect of a person employed for the purposes of carrying out a regulated activity (see appendices)</p> <p>c) Ensure that a person employed for the purposes of carrying out a regulated activity is registered with the relevant professional body where such registration is required</p> <p>Take appropriate steps in relation to a person who is no longer fit to work for the purposes of carrying out a regulated activity, where that person is a healthcare professional, and informing the body responsible for regulation of the healthcare profession in question</p>	<ul style="list-style-type: none"> ▪ DH AAC guidelines ▪ Employment promise ▪ Equal opportunities and Diversity policy ▪ Equal opportunities guideline on cultural and religious diversity ▪ Equal opportunities training programme and handout ▪ Haematology BMS training portfolio ▪ Hepatitis C policy ▪ Phase 3 preparation for practice 2009 – 10 ▪ Referral to ISA policy ▪ Rehabilitation policy ▪ Self assessment of compliance with tomorrow's doctors 2009 ▪ Sickness absence guidelines ▪ SIFT contract SLA 		
22	Staffing	In order to safeguard the health, safety and welfare of service users, the registered person must take appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced persons employed for the purposes of carrying out the regulated activity	<ul style="list-style-type: none"> ▪ SOP for checking GMC registration ▪ B&A flash report 100110 ▪ Pre employment checks ▪ Recruitment and selection of sessional interpreters ▪ Registration checking procedure Aug 08 ▪ Staff appointment checklist personal file Aug 08 ▪ Work permit step by step ▪ Appraisal paper EDSG Sept 09 appraisal Jan 2010 ▪ Appraisal 2010 ▪ Setting of safe staffing levels for each ward ▪ Use of ward dependency tool 	Margaret Boltwood	None identified

			<ul style="list-style-type: none"> ▪ Processes for booking bank, locum and agency staff ▪ Premium rates for bank staff 		
23	Supporting workers	<p>1, The registered person must have suitable arrangements in place in order to ensure that persons employed for the purposes of carrying out the regulated activity are appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment safely and to an appropriate standard, including by: -</p> <p>a, Receiving appropriate training, professional development, supervision and appraisal</p> <p>b, Being enabled, from time to time, to obtain further qualifications appropriate to the work they perform</p> <p>2, The registered person must, (as part of a system of clinical governance and audit) ensure that healthcare professionals employed are enabled to provide evidence to their relevant professional body demonstrating that they continue to meet the professional standards which are a condition of their ability to practise</p> <p>3, For these purposes of paragraph 2, "system of clinical governance and audit" means a framework through which the registered person endeavours to continuously: -</p> <p>a, Evaluate and improve the quality of services provided</p> <p>b, Safeguard high standards of care by creating and environment in which clinical excellence can flourish</p>	<ul style="list-style-type: none"> • Education and development action plan and reports • Education training brochure • Non clinical training brochure • Appraisal EDSG • Commissioning of training and education • NHS London CPD SLA • Training needs analysis report • Induction and mandatory training programmes and records of attendance • SOP for junior Drs induction • Training dashboard • IWL meetings minutes • Skills training e.g. taking of blood cultures • Role of practice development nurses – job description • Supervisor or midwives role - job description • Role of Clinical Education manager • LSA reports to CGC • Policy on when to call a consultant • Consultant appraisal report to Trust Board • HELP course • FY1 shadowing programme • ED induction policy • Paediatric induction policy 	Margaret Boltwood/ Siobhan Harrington / Celia Ingham Clark	None identified

			<ul style="list-style-type: none"> • Darzi fellow programme • Next generation programme • CPD programme for doctors • SPA time for consultants • Medical grand round • Clinical Directors job description • Revalidation and AQMAR work/reports • Preceptorship guidelines • Clinical supervision policy • Staff appraisal system and records • Personal development plans 		
24	Co-operating with other providers	<p>1, The registered person must make suitable arrangements to protect the health, welfare and safety of service users in circumstances where responsible for the care and treatment of service users is shared with, or transferred to, other, by means of: –</p> <p>a) So far as reasonably practicable, working in cooperation with others to ensure that appropriate care planning takes place</p> <p>b) Subject to paragraph (2), the sharing of appropriate information in relation to:</p> <ul style="list-style-type: none"> • The admission, discharge and transfer of service users • The co-ordination of emergency procedures <p>c) Supporting service users, or persons acting on their behalf, to obtain appropriate health and social care support</p> <p>2. Nothing in this regulation shall require or permit any disclosure or use of information, which</p>	<ul style="list-style-type: none"> • Role of Director of Primary Care • Primary care interface meetings • Service developments with other providers: anticoagulation service (Barnet), Maternity early booking service (Haringey), Dermatology service (Islington) • SLA review meetings • Strategic escalation meetings for DTOC • SLA with mental health liaison team • Joint protocol of care with C&IMHT • Pooled budget for DTOC • Host social workers on site • Strategic escalation meetings for winter pressures with Whittington, Islington and Haringey • Joint major incident planning with fire, police, LAS, London borough of Islington and NHS Islington • Health action meetings with 	Kate Slemeck	None identified

		is prohibited by or under any enactment, or by court order.	Haringey – minutes <ul style="list-style-type: none"> • Policy for transferring women for post-natal care out of area • Family nurses partnership protocol 		
--	--	---	--	--	--

Management regulations

Reg No	Area	Regulation	Evidence to support compliance	Lead Director(s)	Potential gaps in compliance
7	Registered person: training	<ol style="list-style-type: none"> 1. The nominated individual undertakes from time to time, such training as is reasonably practicable and appropriate to ensure that there are the necessary experience and skills available for carrying out the regulated activity 2. The registered manager must undertake from time to time such training as is appropriate to ensure that the manager has the experience and skills necessary for managing the carrying out of the regulated activity 	Mandatory training for all board members, including: - <ul style="list-style-type: none"> • Risk Management • Health, safety and fire • Fire Trust Board Seminars, focussing on: - <ul style="list-style-type: none"> • Patient Safety • Data protection and confidentiality 	Siobhan Harrington	None anticipated
12	Statement of purpose	<ol style="list-style-type: none"> 1. The registered person must give the CQC a statement of purpose containing the information listed in Schedule 3. 2. The registered person must keep under review and, where appropriate, revise the statement of purpose 	To be completed post registration	Siobhan Harrington	None anticipated

		<p>3. The registered person must provide written details of any revision to the statement of purpose to the CQC within 28 days of any such revision</p> <p>Schedule 3: Information to be included in the statement of purpose: -</p> <ol style="list-style-type: none"> 1. The aims and objectives of the service provider in carrying out the regulated activities 2. The kinds of services provided and range of users needs which the services are intended to meet 3. The full name of the service provider and of the registered manager, together with business address, telephone number and, where available, electronic email address 4. The legal status of the service provider 5. Details of the locations at which services are carried out 			
15	Notification: Notice of changes	<ol style="list-style-type: none"> 1. The registered person must give notice in writing to the CQC, as soon as is reasonably practicable to do so, if any of the following events takes place or is proposed to take place: - <ol style="list-style-type: none"> a) A person other than the registered person manages the regulated activity b) A registered person ceases to manage the regulated activity 	System to be put in place to inform then CQC of any relevant changes post registration	Siobhan Harrington / Sue Sorenson	None anticipated

		<p>c) The name of the registered person changes</p> <p>d) A change in the name or address of the body</p> <p>e) A change of nominated individual</p>			
16	Notification of death of a person who uses services	<p>Regulation 16 N.B. Not applicable where paragraph three applies</p> <p>1. Where the service provider is a health service body, the registered person must notify the CQC of the death of a service user where the death occurred which cannot, in the reasonable opinion of the registered person, be attributed to the course which that service user's illness or medical condition would naturally have taken if that service user was receiving appropriate care or treatment: -</p> <ul style="list-style-type: none"> • Whilst services were being provided in the carrying out of a regulated activity • As a consequence of the carrying out of a regulated activity <p>2. Notification of the death of a service user must include a description of the circumstances of the death</p> <p>3. Paragraph (1) does not apply if, and to the extent that, the registered person has reported the death to the NPSA</p> <p>4. This regulation does not apply where regulation 17 applies. (Notification of death or unauthorised absence of a person detained</p>	<ul style="list-style-type: none"> • SUI Policy • All unexpected deaths reported to NPSA /SHA via STEIS and full investigation undertaken • Reports discussed at CGC and relevant actions identified • Reported and discussed at clinical review meetings with PCT and SHA 	Celia Ingham Clark/Siobhan Harrington	None anticipated

		under the Mental Health Act 1983)			
19	Fees	<p>1) Where a service user will be responsible for paying the costs of their care or treatment (either in full or partial), the registered person must provide a statement to the service user, or to a person acting on the service user's behalf: –</p> <p>a) Specifying the terms and conditions in respect of the services to be provided to the service user, including as to the amount and method of payment of fees</p> <p>b) Include, where applicable, the form of contract for the provision of services by the service provider</p> <p>c) The statement referred to in paragraph (1) must be: –</p> <p>a) In writing</p> <p>b) As far as reasonable practicable, provided prior to the commencement of the services to which the statement relates</p>	<ul style="list-style-type: none"> • Private practice operational policy • Private practice tariff • Overseas visitor policy and procedures • Overseas visitor reciprocal agreement and tariff • Job description of PP and OVS officer • Copies of paper work given to private patients and overseas visitors 	Kate Slemeck	None identified