

Royal College of Psychiatrists Consultation Response



DATE: 11 October 2011

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS

RESPONSE TO: Consultation on proposed changes to regulations for
Care Quality Commission registration

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the General and Community and Learning Disability faculties at the College.

This consultation was approved by: Dr Ola Junaid-Associate Registrar

For further information please contact: Claire Churchill on 020 7235 2351 ext.6293 or e-mail cchurchill@rcpsych.ac.uk

Response to the proposed changes to regulations for Care Quality Commission registration

General comments

The college welcomes this review and the sound principles that underpin it.

The CQC has a very difficult task to regulate fairly in complex care settings in financially strained times where public expectation and demand is understandably high. The CQC must have central to its functioning a pragmatism in understanding problems and allowing organisations sufficient time to rectify issues, whilst at the same time have the ability and determination to apply heavy levers so that errant services do respond. The CQC in regards to learning disability services should allow many sources of information to be accepted and find ways of developing a sophisticated appreciation of evidence. Feedback from the individual is great but vulnerable by definition includes subject to exploitation. The CQC obviously has a political role and is subject to various criticisms; a self awareness around its limitations would be very valuable.

Members have a growing concern of escalating paperwork demands while at the same time hearing of and responding to threats or actual cutbacks to frontline services. The CQC could usefully give services perhaps a week or even more to address/resolve and reassure CQC about minor things which have been identified, and which can be fixed quickly, so that things don't become part of the public CQC record unnecessarily.

A key and very valuable acknowledgement has been *'the first year of the new registration system operated by CQC has highlighted a number of issues in the regulations that either do not function as initially intended, lack clarity or which impose an unjustified burden on providers'*.

Specific comments:

- Question 14: This could imply that research centres are excluded from CQC registration. It is unclear how the NHS and the treatment environment can be separated from the research environment.
- Question 35: "*The SOAD does not carry out an assessment in their own right and their opinion will not alter the treatment being given*". Both statements in this sentence are incorrect. It is concerning that the CQC is either ignorant of, or misleading about, the role of SOADs and, further, is going to make its decision about registration on incorrect information.
- We agree with not having a duty in place to notify the absence without leaves from general wards as that data is collected elsewhere.
- We agree that the CQC should collect data on under 18 year olds on adult wards, although having to do so every 48 hours may be a bit arduous.

October 2011