



New Care Standards: Scope of registration

Frequently Asked Questions

The registration process

1. Q: What is the process by which CQC decides if a provider should be registered?

A: The application for registration goes in to the National Processing Centre. They check it for completeness and then forward the application to the right regional office. If the form is found to be incomplete it will be returned to the provider. Please refer to the CQC website for information about the decision process at www.cqc.org.uk/guidanceforprofessionals/adultsocialcare/decisionsandconditions.cfm

2. Q: Will a provider be prosecuted if they don't apply for registration when they should?

A: Talk to CQC if you have any doubts or need more information. If you have not applied to register by 1 August you may be at risk of committing an offence under section 10(1) of the Health and Social Care Act 2008. CQC have an unregistered services policy which outlines the considerations and actions they will take if a service provider is carrying on an unregistered service. Assessment of the possible risk and harm to people that use services is always considered by CQC prior to enforcement action being taken.

3. Q: If a provider does not register a supported or sheltered housing scheme as a location and instead has all the care provided by its domiciliary service (which will have its office as its location), will this be a way of avoiding inspection? How will the CQC check the quality of the service being delivered at the scheme?

A: A provider must ensure that the services they carry on are correctly registered. The key issue here is whether this service does amount to the provision of residential accommodation **together with** personal care. If it is, it should be registered as a location. If the personal care service is not linked to the accommodation but provided separately, it will still be a regulated activity but the office, rather than the residents' own homes, will be the location. An indication of whether it really is separate provision will be whether the residents can choose an alternative provider of care.

When regulating services of either type, the CQC will gather information on the service from the same wide range of stakeholders and usual regulatory means, including, where appropriate, visits.

4. Q: We have some services registered under the old system and some we think are newly in scope. Our application window for the old services closes after the 1 August deadline for the new in scope services. Does that prevent us from making one application and listing both previous and new in scope services on the same application?

A: No, CQC would prefer you to cover all your services in one application. Even though that technically makes you late for the new in scope ones they would prefer to see all your services in the one application, but make sure they know this is what you're doing. Refer to page 3 of the guidance:

"A new system of registration: Existing providers registered under the Care Standards Act 2000 who also provide services that were exempt from registration"
www.cqc.org.uk/db/documents/RP_PoC2A_100800_20100518_v1_00_Guidance_for_providers_on_CSA_registered_providers_also_with_NinS_services_FOR_EXTENAL_PUBLICATION.pdf

5. Q: If a provider doesn't re-register what used to be a care home because it has re-modelled the service so that the care is provided by a separate domiciliary care service, will the residents have the same level of protection as to the standards of care as when the location was a registered care home?

A: Any provider currently registered under the Care Standards Act is entitled only to make a Transition application for registration under the new system for essentially, equivalent services. This means that CQC would expect providers of care homes to apply to be registered as a provider of residential care together with nursing or personal care at the locations that were establishments. Transition is not intended to be an opportunity to remodel services. If the service **has** been remodelled, this should have been addressed under the Care Standards Act legislation. If the service is **going to be** remodelled in the future (after 1st October) this will require addressing under the new Health and Social Care Act 2008 legislation and cannot be changed as part of a transitional application. Providers must register for all regulated activities that they undertake (carry on). CQC will regulate the provision of all regulated activities being carried on and any activity that differs from what CQC would expect will be assessed.

As the answer to Q3 above, note that if the two elements of residential accommodation provided **together with** personal care cannot be separated, then this will fall into the regulated activity of "Accommodation for persons who require nursing or personal care" and as such the care home **will** be a location.

6. Q: We understand that no fees are required for these first registrations but are concerned that there is no information about what level fees may be in the future. When will we know what these may be?

A: Although there is no fee for initial registration, there will be an interim annual fee payable at the time of successful registration. CQC held a consultation on the proposed fee scheme for adult social care and independent health care between 24 March and 16 June 2010. This was for the scheme to apply to the interim period from

October 2010 to March 2011. The results of the consultation have not yet been published. For fees from 1 April 2011, CQC will be introducing a long-term approach to fees for **all** providers from April 2011. This will also be applied to any providers entering the registration for the first time from this date onwards. CQC will consult on this approach in late 2010. We would encourage members to participate in the consultation.

www.cqc.org.uk/guidanceforprofessionals/introductiontoregistration/howthenewregistrationsystemworks/registrationfees.cfm

7. Q: How long will new applications take to register in future, after this transition period?

A: CQC have not confirmed the time frame for registration following the transitional period. The current target is between three and four months to process a provider registration request.

Registered managers

8. Q: Do we have to have one registered manager for each location?

A: A registered manager has to be able to demonstrate that they are in day-to-day charge of carrying on the regulated activity. One registered manager may be able to cover several regulated activities at one location. It is likely that a care home would need its own registered manager, while one manager might be sufficient for more than one domiciliary care service.

9. Q: We are experiencing delays in getting the CRB checks done for staff who will be the registered managers. Would this affect our registration?

A: The requirement to have a registered manager will depend on the type of provider. Where a registered manager is required and the application is for the purpose of transitional registration, CQC require that the CRB check has been applied for via the CQC but it is not necessary to wait for the CRB check to be returned before submitting the application. Providers should refer to the CQC web site for further information about CRB checks.

www.cqc.org.uk/guidanceforprofessionals/adultsocialcare/criminalrecordchecks.cfm

10. Q: The manager we have just appointed is currently a registered manager with another provider under the Care Standards Act (CSA). Do we have to apply to register them again?

A: Yes. Manager registration under CSA cannot move around with the person. The manager has to apply to register for the particular regulated activity at the particular locations that they are responsible for.

Definition of care, treatment and support and regulated activities

11. Q: Our staff prompt and supervise clients as they learn to do cooking and cleaning. Should this service be registered?

A: No, cooking and cleaning are not personal care.

12. Q: In our sheltered housing scheme, one of our communal facilities is a specially fitted bathroom with a hoist to enable a disabled person to get into a bath. We have been helping a resident to use it who doesn't feel safe doing it on their own but doesn't have a carer. Is this a registerable activity?

A: Physical assistance in connection with bathing that is provided to a person in their own home or residential accommodation amounts to the regulated activity of 'Personal care' or 'Accommodation for persons who require nursing or personal care'. However if this bathroom is not in the person's own home and the scheme is not residential accommodation together with personal care, then the bathing does not amount to a regulated activity. This type of care is similar to a bathing service offered by a day care centre; which does not constitute the regulated activity of personal care. It would appear therefore that if you do not provide any other regulated activity, you would not have to register. (However you may want to consider whether your staff are appropriately trained to do this or whether it would be safer for it to be carried out by a registered domiciliary care provider.)

13. Q: Our service doesn't provide personal care but we do prompt and supervise our residents taking their medication. This isn't on the list of activities defined as personal care. Is it a registerable activity?

A: Supervision or prompting of a person taking medication is not part of personal care. From the wording of the question it appears to be also very unlikely that it constitutes treatment. Treatment (Treatment of Disease, Disorder or Injury – TDDI) can only be carried out by registered health professionals (nurses, doctors, etc.) and it is they who would be directing what medication your residents should take. Reminding residents to take medication or assisting with collection of dosset-boxes and prescriptions from pharmacists is not treatment.

14. Q: We are a co-operative of service users who have got together to procure care services for ourselves. So we don't fit the definition of either an individual purchasing a service for their own use (who doesn't have to register) or an organisation providing services. Should we register?

A: It will depend on the degree to which the co-operative you have set up is a separate body which is taking responsibility for the provision of the care service. If it is a legally constituted body employing staff, then it would appear to be likely to be classed as a provider organisation. If it is an informal group and its members still individually employ their own carers, then it is not. CQC would need more detail about the exact arrangements to be able to offer further guidance.

15. Q: We are already registered for a crisis hospital. Do we also need to register for the outreach team?

A: Although a provider only has to register once, it must list all the different locations at which it provides regulated activities. As this outreach team has a different

location, assuming it is carrying out a regulated activity, you would need to apply to add this to your registration and provide details of the location

16. Q: We provide accommodation with care but some of our residents stay with us after they no longer need care or if they are receiving domiciliary care from another provider. Do we still need to register?

A: Yes, while you are still providing accommodation with care to a number of residents you are still carrying out a regulated activity.

17. Q: We encourage and support our clients to maintain their participation in treatment for substance misuse. Should we register?

A: If you provide accommodation together with treatment for substance misuse and the acceptance of such treatment is a condition of the provision of the accommodation, then you are required to register. If you provide only the accommodation for clients and you encourage them to participate in treatment for substance misuse, but the accommodation is not conditional on such participation, then you as the accommodation provider are not required to register. The provider of the treatment would need to register.

18. Q: We provide an extra-care scheme where residents choose from which provider they want to receive care. Should this be one of our registered locations?

A: If residents of this scheme are having personal care provided by a number of different providers, and it is not a condition of their occupation that they receive care from you, then the various different providers, including your organisation, would be registering for the regulated activity, personal care, that is being carried on. The type of service would be domiciliary care. A landlord providing a place where other organisations deliver regulated activities is the “host” for these services. The host does not need to register, only the providers of the services. The location for a domiciliary care service is its head office.

19. Q: If a provider registers a location because it is providing care there, would that mean the provider could not get Supporting People (SP) grant for the support service provided to the same residents?

A: No. As long as the local authority commissioning the SP funded service was satisfied that it was an appropriate (i.e. strategically relevant, good quality, value for money) service they could continue to fund it.

20. Q: If a provider registers a location because it is providing care there, would that mean the residents ceased to be eligible for Housing Benefit (HB) for their rent?

A: The registration status of the landlord does not itself change the tenant’s eligibility for HB. HB cannot be paid to residents of care homes or independent hospitals. These are defined by the Care Standards Act 2000 (as amended by Health & Social Care Act 2008) and not by their registration status. A care home is defined in this legislation as:

“an establishment is a care home if it provides accommodation, together with nursing or personal care, for any of the following persons:

(a) persons who are or have been ill;

(b) persons who have or have had a mental disorder;

- (c) persons who are disabled or infirm;*
- (d) persons who are or have been dependent on alcohol or drugs.”*

Therefore a service which provides accommodation together with care would have been required to register as a care home under the old system, will be required to be registered by its provider as a location, service type accommodation with care, under the new system. In neither system would residents have been eligible for HB.

In a Supported Living service, where people live independently and have tenancies, even if they receive personal care, current eligibility for HB would continue. A place where care is being provided is not always automatically defined as a location. If care is being provided in a person's own home, their home is not a defined location; in this case the office or head quarters where the care is managed from is likely to be the location.

21. Q: We provide accommodation on licences, rather than on tenancies. Does this affect our registration status?

A: There is no direct link between the two areas of legislation. A supported housing scheme may be using licences because the residents have no exclusive occupation of any part of their accommodation where this is for reasons unrelated to the provision of care. However if you are providing accommodation together with and conditional on provision of nursing or personal care it is very likely that you would be using licences, as tenancies cannot be made conditional on provision of personal services.

22. Q: One of our clients receives care in three places – his own home, a day centre and a respite care centre. Would they all have to register?

A: A respite care centre providing accommodation together with personal or nursing care **is** required to register.

A day centre providing personal care is **not** required to register (unless there is another regulated activity that is being carried on at the day centre). If the personal care being provided in your client's own home is purchased by your client from an individual (e.g. a self-employed personal assistant or a care assistant employed by your client) then the care being provided is exempt from registration. If the care in your client's home is being provided by a provider organisation, then the provider of the service must register. This is likely to be a provider of domiciliary care.

23. Q: We provide supported housing for people recovering from substance misuse. Our service includes complementary therapies. Would this be classed as treatment and would this make our service registerable?

A: Activities such as massage, aromatherapy, yoga and meditation are not regulated activities. They are also presumably not made a condition of occupation of the accommodation, i.e. not compulsory. These two factors make it very unlikely that this service would be classed as accommodation for people who require treatment for substance misuse. However, in some circumstances, a combination of factors - such as a health care professional providing treatment (but not complementary treatments) might make such a service registerable as accommodation with treatment. You would therefore need to provide CQC with more detail about the exact nature of the service.

24. Q: We have a nurse come into our supported housing scheme for people with substance misuse problems to give injections etc. Does this mean our service should be registered?

A: Only if the nurse is directly employed by you to deliver this as a part of your service. If they are employed by a Primary Care Trust, General Practitioner, or other health service provider, then that health service provider is the registered provider. You may be hosting the service but the host does not have to register, only the provider.

25. Q: We run abstinence based supported housing schemes for people recovering from substance misuse. We periodically carry out tests for drug use. There are test kits available which use urine, saliva or blood. Does this drug testing count as treatment and would it make a difference which sort of kit we used?

A: Using a testing kit as described above to check for drug or alcohol use would not itself constitute a regulated activity. The regulated activity that might be considered to be carried on is Diagnostics and screening. However this is not the case in the example provided. This is because provided that the staff do not remove the saliva or urine from the persons body then the Regulated activity of Diagnostics or screening will not apply. Furthermore providing that the taking of blood samples is carried out by means of a pin prick and it is not necessary to send such a sample for analysis to a laboratory, then again the regulated activity of Diagnostics and screening will not apply.