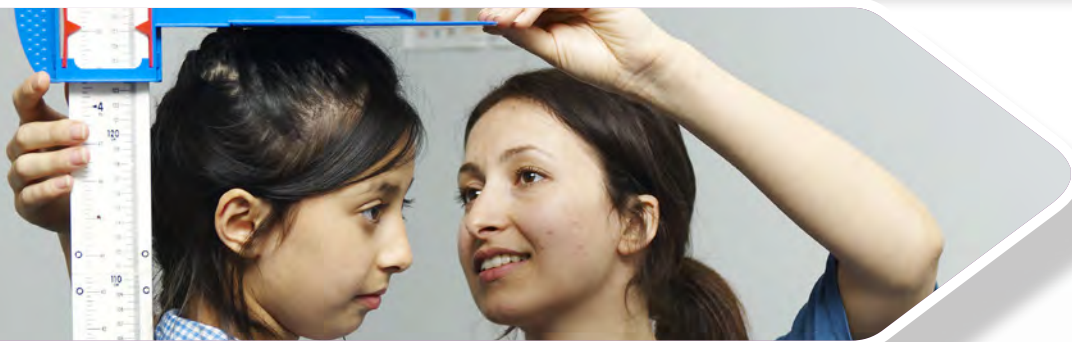


A fresh start for registration

Improving how we register providers of all health and adult social care services



The Care Quality Commission is the independent regulator of health and adult social care in England

Our purpose:

We make sure health and social care services provide people with safe, effective, compassionate, high quality care and we encourage care services to improve.

Our role:

We monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and we publish what we find, including performance ratings to help people choose care.

Our values:

- Excellence – being a high performing organisation
- Caring – treating everyone with dignity and respect
- Integrity – doing the right thing
- Teamwork – learning from each other to be the best we can

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Foreword

In our June 2013 consultation, *A new start*, we set out new principles for how we would regulate services. This included our commitments to put in place a better system for organisations applying to register with us to provide care.

All health and care providers that want to carry out regulated activities, like providing care in a nursing home or setting up a GP or dental practice, have to be registered with us. This means that registration is a vital part of our regulatory role. It should be a rigorous test and ensure providers make a binding legal commitment to safe, high-quality care. Since *A new start* we have made a number of important improvements to registration that will make a difference for people who use services and for people and businesses that want to provide health and care services.

The system and checks we use when providers apply to register with us provide the first line of protection for the public against poor quality care. We have a responsibility to the public to make sure these systems and checks we use are strong enough. We should make sure that providers we register are focused on providing high-quality care and that they understand the commitment they are making to the public. We will not approve registration where providers cannot satisfy us that they can deliver the right quality.

The signals we give through registration can shape services for the better. They can help to improve

the quality of services. We want the public and providers to be confident that when a provider is on the register, this means something about their quality. This also means that when we see very poor quality services, we will continue to help to protect the public by cancelling or placing conditions on the provider's registration. We will also continue to take action against services not registered with us who are trying to escape scrutiny because this puts the public at risk.

If we get these things right at registration, it should reduce the need for us to take later action against some poor quality services. In time, this should reduce the need for reactive inspections and enforcement in response to problems. This means effective registration is very important to our value for money. Where possible, we should take action to prevent people being exposed to very poor quality services. This is far better than taking action after people have already experienced such care and potentially been harmed.

The decisions we make to approve or refuse registration or actions we take to cancel registration help to shape the health and adult

social care system. Registration also imposes a cost on providers. So, it is important we get this right. We must make sure that where we are satisfied that providers understand good quality care and are setting up safe, effective models of care and we can see they are well-led – for example if they are already providing these sorts of services – they can amend their registration easily and can innovate or offer new services without excessive bureaucracy. Equally, when we are not satisfied, we must be robust in our approach. Our approach to registration must be proportionate to risks and flexible enough to respond to different types of services.

This document sets out for people who use services and for providers the improvements we are making and the next steps we propose to take to improve the robustness, efficiency and effectiveness of the registration system:

- For people who use services, we will make clear what they can expect from providers that have been registered by us and how they can be confident that our registration systems and processes will help to protect them.
- For providers, we will ensure that it is clear what they can expect from the registration process, how we will make the experience as user-friendly and efficient as possible and what our expectations are of them when they are registered.
- For CQC, we will strengthen the role of registration within CQC and make clear how it links to inspection: sharing expertise, collecting the right information at registration and making best use of that data and information to support our other regulatory work.

We are setting this out now because:

- We have made significant progress against the commitments to improve registration that we made in 2013 and important new developments, such as the move to online applications through the Provider Portal, will be implemented shortly.

- Our new inspection methodology and approach is embedded and we are now learning from our inspections and ratings in a way that can also support further registration improvements, including thinking about how we take a more differentiated approach proportionate to risk.
- New legal requirements from the fundamental standards and fit and proper persons requirements, which all affect registration, have come into force.

This *Fresh Start* document is also set in the context of a period when we are reviewing our strategy. Our current three-year strategy, *Raising standards, putting people first*, finishes at the end of March 2016 and we will consult later this year on a new strategy. This will include our future vision for registration, following on from this document.

Our approach to monitoring, inspecting and rating providers has been a significant focus of attention. Now that work is fully operational, the time is right to highlight our work on improving the first contact we have with new providers and the first line of protection we have for people using services – registration. This will help us to deliver our purpose for people who use all the services we regulate, contributing to our aims to make sure services provide safe, effective, compassionate, high-quality care and to encourage them to improve.



David Behan
Chief Executive



Andrea Sutcliffe
Chief Inspector
responsible for
registration



1. Introduction

In June 2013, we set out proposals in *A new start* for a new approach to the way CQC regulates, inspects and monitors care¹. In that document, we said we would introduce a better system for organisations applying to provide care services, ensuring that the system and checks we use when providers apply to register with us are stronger.

We committed to make sure that those who intend to provide care are focused on high-quality care and understand the promises they are making to people about their care. This document explains what we have done on those commitments as well as setting out what we will do next.

Developing our approach in partnership – commitment to co-production

We will work with people who use services, providers, professional bodies and other stakeholders as we continue to develop our approach to registration.

We will ensure we work with our Experts by Experience, who have experience of using services, and with other people who use services and their families so that any changes we make benefit them now and in the future. As in everything we

do, we will always be on the side of people who use services.

We will also ensure, both as we develop online registration tools and as we improve guidance for providers, that we do so together with providers that have the expertise on how the registration process feels. We are committed to improving the experience providers have when they apply to register.

The fundamental purpose of registration

Registration helps to protect people who use services from poor care by determining who is able to enter the regulated health and adult social care market. It provides a quality check at the point of market entry.

Through our registration functions, we effectively control market entry. This is a very powerful regulatory tool and it is important that we use it well. Using this power disproportionately could

1. CQC, *A new start: consultation on changes to the way CQC regulates, inspects and monitors care*, June 2013

prevent the public having access to services or raise costs by reducing supply.

Registration is also linked to how we fund what we do. We charge registered providers fees to enter and remain in this regulated market.

Through registration, we make sure that providers applying to us to run regulated health and care services are able to deliver services that are the right quality. We currently do this through a process which inspects and assesses applications against the regulations.

“Registration helps to protect people who use services from poor care by determining who is able to enter the regulated health and care market.”

At the point of registration, new providers are making a legal declaration that they will be able to meet the required standards once their service opens. Registration is therefore our first step to help to protect people who use services from poor care.

Ultimately, an efficient and effective approach to registration helps to protect people but it can also save time and resource on later enforcement action or action to address poor quality. If we do registration well, it will improve our efficiency and make an important contribution to the value for money that we offer to the public.

The register we keep provides a public record of providers that are registered to carry out regulated activities, where they are based, and key individuals, for example who their registered managers are. This is very important for accountability and transparency. It ensures there is a publicly available record of who is accountable for regulated health and adult social care services.

This document is about how, in the context of our current legal framework, registration can provide greater benefit for:

- The public and people who use services – by providing a quality test at the point when providers are wanting to enter the market.
- Providers – by making it as clear and user-friendly as possible to apply and to make changes to registration and to innovate.
- Our wider regulatory role – by ensuring that we make the best use of the information we gather from registration.

Summary of remaining document sections

Section 2: sets out the key principles and the basis of our approach to the registration of all health and care services and what this means for people using services and for providers.

Section 3: sets out the importance of registration for quality regulation in the future, including how we ensure it is sufficiently flexible to enable high-quality, innovative models of care to be set up or amended in response to what people want or need.

Section 4: summarises what will happen next.



2. The key principles for our registration of all providers health and adult social care services and the improvements we are making

Our approach to improving registration is based on a number of key principles that apply to every service we regulate.

This includes:

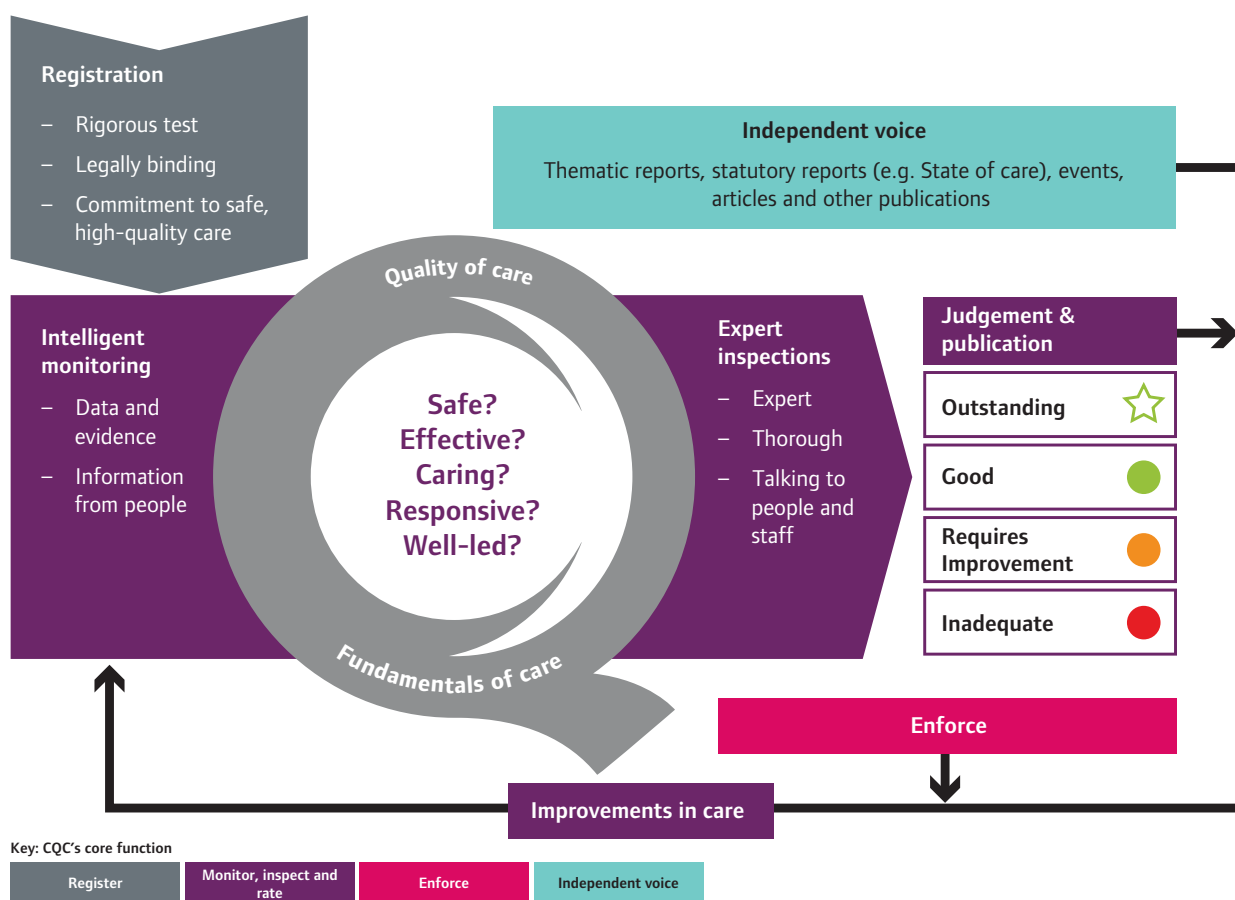
- **A single CQC operating model** from registration through to inspection so that registration is undertaken in the light of our new inspection approach.
- Having a clear and consistent view on what makes good quality services and the evidence for this, and **clear, consistent standards** based on the fundamental standards of care which all providers must meet.
- A clear approach to determining **accountability** so that senior managers, boards and directors of services can be held to account for poor-quality care.
- **Transparency** in our approach, including being open with applicants from the very outset about the level of quality we will expect from registered providers.
- Using appropriate **expertise** in our approach to assessing applications to register. This means we have access to specialist knowledge about each type of service so that we know which questions to ask.
- An **improved experience** for applicants with faster, more efficient processes that enable providers, which can provide the right quality of services, to enter the market or to make appropriate changes to their registration.

A single CQC approach

Our approach to registering services is based on the same principles that underpin the way we monitor, inspect and rate care services as part of a single 'operating model'.

“Our improvements to registration will make a difference to people using services and the public”

FIGURE 1: CQC OPERATING MODEL



What this means for people using services and the public

Our improvements to registration will make a difference to people using services and the public because they will:

- 1) Strengthen the way registration helps to protect people.
- 2) Help to check the quality of services effectively, based on the same view of quality we use on our inspections.
- 3) Ensure we are looking at services with the appropriate specialist knowledge and expertise.
- 4) Ensure clear public accountability.

1) Protecting people through the new fundamental standards and fit and proper persons requirements in registration processes

From April 2015, the legal framework within which we register providers has changed. There is now a new clear set of fundamental standards which set a bar below which the quality of care should not fall. All providers must meet these standards, as well as the new fit and proper persons requirements for board directors and equivalents, to be registered with CQC. This provides a clear minimum legal requirement at registration.

Fit and proper persons requirements relating to directors

One of the new regulatory requirements relates to board directors and their equivalents being fit and proper persons. This is assessed at registration and is an important part of strengthening accountability. We have published guidance for providers on fit and proper persons requirements and it is now part of the registration application form.

At registration we will expect the provider to be able to demonstrate that they have robust recruitment, management appraisal, disciplinary, and dismissal policies and processes in place.

Providers must take proper steps to ensure that their directors are fit and proper for the role. Directors must be of good character, physically and mentally fit, have the necessary qualifications, skills and experience for the role, and be able to supply certain information (including a Disclosure and Barring Service check and a full employment history for those directors who meet the eligibility requirement for such a check). Those who are unfit will include individuals on the children's barred list or the adults' barred list. They must not be prevented from holding a director's post under other laws like the Companies Act or Charities Act. At registration, we do not check the directors for the providers; we check whether the provider can provide evidence that they have done the right things.

2) Understanding quality – looking at what matters most to people

CQC's role is about assessing the quality of care and supporting services to improve for the benefit of people using them. In inspections we ask the following five questions of every registered service we regulate:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

That is why we will always make clear to providers, right from the starting point when they are considering applying to register with us, that, when we inspect and rate registered providers and services², we are looking for them to be good. All applicants to register should be very clear what will be expected of them in entering this market. This is an important part of our transparency as a regulator.

More importantly, the public should be clear about the safety and quality of care they can expect from health and social care providers that are registered with us. In registering with us, we are, in effect, asking providers to make a commitment to people who may use their services that they will be able to deliver safe, effective, caring, responsive and well-led services.

Those who register with us must show us that they have good plans for how they will deliver care. Providers should also feel confident that, if their plans to deliver care satisfy us at registration, when they have put those plans properly into action and their services are inspected by us, we will make consistent judgements. So, for example, we won't say that a model of care which a provider sets out in their statement of purpose is acceptable at registration but not acceptable when we first inspect them.

This means at registration we need to make sure we are asking the right questions about the quality and safety of care based on a single CQC quality framework and on a view of the appropriate evidence. This will allow us to make valid judgements, including use of expert clinical judgements where necessary, on quality.

We will therefore use the same five key questions that we use for inspections as a framework for looking at quality at registration. This will allow us to build a rounded picture of applications. The supporting questions we ask applicants as part of this process will be appropriate to the sorts of health and care activities they are seeking to provide, just as we ask appropriate service related questions during inspections.

² Regulated health and care activities and the premises or locations where these are being carried out.

We will develop guidance for providers and registration inspectors that sets out this approach to registration and the way we will use the five key questions as a framework during the registration process.

Using this framework will help us to:

- Gather the right sort of evidence to make a judgement on whether the applicant meets the fundamental standards.
- Make good and consistent decisions about providers from the outset. This will help to ensure that we are clear with providers what they will need to deliver as a CQC registered service in terms of being safe, effective, caring, responsive and well-led.

Learning Disability Services – leading the way on the new approach

The terrible abuse that happened at Winterbourne View hospital showed the importance of robust systems of accountability and the importance of making sure that the right checks are in place to ensure providers can satisfy us they can deliver high-quality services for people. This was why in *A new start*, we committed to start by applying our improved system for registration to those offering services for people with learning disabilities.

Since June 2013 new guidance and prompts have been used for applicants to register learning disability services. Since July 2013, providers applying to provide services for people with learning disabilities have been asked a series of tailored questions which relate to the five key questions. These drew on learning from the findings from the Winterbourne View abuse.

For learning disability services we now have nominated leads with specialist knowledge in each region who assess new applications where appropriate and can provide support and advice to colleagues. Our registration teams now also have access to Experts by Experience who can support inspectors on site visits and at fit person interviews for learning disability services.

- Ensure greater consistency of approach between registration and inspection and ratings so that we are working within the same fundamental framework of quality and ensuring we use and assess the information providers give us in the same way.

The public should expect registered services can be good

Because we will be clear with providers throughout the process of registration what will be expected of them once they are operating and we will use our registration processes to reinforce these messages clearly, the public should be able to expect newly registered providers to be offering services which could be rated as at least **good** when they are first inspected.

When we have fully put this new approach in place, we will monitor how we are rating services in their first inspection after registration to provide an indicator of whether this approach to registration is helping to improve quality.

We will be proportionate and inspection and registration will work together if one provider is taking over another in order to improve it

In some instances, providers that have been rated by CQC as requires improvement or inadequate may close down and another provider that we have rated as good or outstanding may want to take over that service. We do not want to get in the way of this happening if it means that people using that service get better care. It is also a way to ensure continuity of care for people, which can be really important. But evidence also shows that when one organisation takes over another, it can take time to fix problems. It takes time to put in place new plans, policies, and processes and support staff through change. Some evidence suggests there can often be a 'U-shaped curve' meaning there may even be a dip in some aspects of performance before a service can improve. We will continue to make sure that people using services do not suffer from unacceptable poor care.

Fundamental standards like safety, dignity and freedom from abuse can never be compromised. But, when a provider with a good track record is taking over a poorer quality service in order to make it better, we will be proportionate in our approach at registration. Our registration and inspection teams will work together to share information appropriately and efficiently, minimising the burden on providers and making appropriate judgements with the right evidence, taking account of the context.

What we have already done and what we will do next:



- Since June 2013, application forms for the registration of new providers have been changed to reflect these commitments, applying the new framework of the five questions. Building on this, we have pioneered the new, more robust approach in learning disability services to bring greater evidence and expertise to registration.
- We are currently developing interview prompts for each key question which relate to specific types of service. This builds on the learning from the work with learning disability services. This approach will begin to be rolled out in the autumn of 2015. We will ensure new guidance for providers is available from the autumn which provides further detail on how this will operate.
- We will evaluate the approach, including looking at how we are rating services in their first inspection after registration.

Specialist knowledge and expertise

The Chief Inspectors of Hospitals, Adult Social Care and General Practice lead national teams of inspectors who specialise in particular types of care.

Because the majority of registrations are for adult social care services the Chief Inspector of Adult Social Care also leads the specialist national registration team.

In the year to July 2015, there were over 950 new adult social care provider registrations (care homes and services in the community), over 700 dental practices and over 100 each of new GP practice registrations, new independent doctor registrations and acute hospital/ambulance or community health service registrations.

Registration inspectors and managers bring their knowledge and experience of registering services to make professional judgements, supported by evidence, of applications for registration. They do this in the light of the CQC expectations of quality and our approach to inspection. We will ensure that registration inspectors and managers are organised and trained to provide a specialist registration service.

We are also committed to using more Experts by Experience across our approach. Experts by Experience are members of the public who have experience of using services themselves, or as family members, who take part in CQC's inspections of hospitals, care homes, GP practices and other types of services. We will explore how their in-depth experience of using health and care services may effectively be used to contribute to registration.

We will also ensure our registration team can access the specialist expert advisors our inspection teams use. This is likely to be particularly important where providers may be looking to provide innovative models of care, such as some remote care models, or where they are providing services that are more complex or much less frequently registered, such as large acute hospitals.

Specialist advice is also likely to be needed where it is unclear whether the model of care proposed is in line with evidence on safe, effective, responsive care. For example, we will take a robust view about models of care for learning disability which are not in line with evidence on the models of care and treatment that are appropriate to meet people's needs, or which we are not satisfied will enable people with learning disability to be treated with dignity and respect.

We will also ensure that guidance is clear for our registration team on the other sources of external specialist expertise or evidence/knowledge, beside their sector inspection colleagues, that they should use to assess applications. This includes the role of commissioners, as it is very important that we understand their view of local needs and how the proposed services fit with those needs.

What we have already done and what we will do next:



- In order to form effective judgements on providers' applications, registration inspectors will ask specific questions, within our overall framework of the five key questions about quality, which are tailored to the specific activities that the provider is applying to carry out. This is to ensure questions are relevant and appropriate.
- We are strengthening the training that registration inspectors and managers receive.
- We will ensure our registration inspectors and managers have clear guidance on sources of expert information.
- We will strengthen the links between sector specialist inspectors and registration inspectors; for example, in some specific instances, registration inspectors may join the first service inspection, or sector specialist inspectors may be invited to join particular registration site visits or fit person interviews.
- We will look to see if there are other specific services, including those where the numbers of registrations are low, or where the service model is novel, complex or contentious, which have more need for specialist input, building on the approach taken to learning disability services.
- We will look to increase the use of Experts by Experience in registration.

3) Ensuring clear public accountability through registration

The register of providers and managers of regulated health and care services helps to ensure it is clear who has been registered to provide services in the regulated health and social care market. It provides clarity on who is accountable if things go wrong. This is very important for the public and people who use services.

It is a fundamental purpose of registration to ensure we keep a public record of:

- Which providers and managers are carrying out and managing regulated activities.
- What these regulated activities are.
- Where they are carried out.
- Which groups of people they are for.
- Who the individual person or people responsible for each activity is.

This enables us to hold to account the corporate body, registered managers and other individuals at board level. We have to be able to link together accurately, people, places, providers and activities so we can inspect and provide information for the public on quality, but also so we can take enforcement action if required.

Providers may have multiple sites or 'locations' from which they provide the same sort of services, for example, lots of care homes, or they may provide different activities from different locations. In some sectors, such as adult social care, we inspect and rate locations, such as individual care homes, even if several are provided by the same registered provider. This means the register has to record information about these locations and not just the provider's head office.

Providers that are partnerships, like many GP practices, also need to make sure that who is in the partnership is recorded accurately on the register so we know who is responsible for the practice.

Because of this, providers may need to change some of their details on the register quite regularly, such as who partners or registered managers are or

the details of locations where they are providing services. If this is not done, the register is not an accurate record and this undermines accountability to the public. We will ensure that we make it as easy as possible for providers to amend details, such as the locations which they operate from, on their registration, as this will help to ensure we have an accurate and transparent record on the register for the benefit of the public.

What we will do next:



- To ensure the register is up to date and accurate, we will ensure that it is as easy as possible for the provider to amend their details on the register through the online Provider Portal.
- We will make sure guidance for providers on registration applications is clear on issues and definitions around provider, location and premises.
- We will make sure the register, which records providers or regulated health and care activities, is publicly accessible.

What this means for providers

Our improvements to registration will also make a difference for providers because they will:

- 1) Improve transparency in the process, and
- 2) Ensure an improved application experience

1) Improving transparency in the process for providers

We will be transparent in all that we do. We are committed to improving transparency for providers.

This means that:

- We will set out what we are looking for and our expectations for all applicants.
- We will always be clear why we are asking for particular information.

- Where we seek to refuse registration or to register with conditions, we are clear why and on what grounds.

Appendix A of this document summarises some of the key pieces of information and evidence we ask for with an application to register and why we do so.

Appendix B summarises the key stages of the registration process.

What we will do next:



We will:

- Improve the guidance for providers applying to be registered by the end of 2015.
- This will include ensuring the information on our website is clear about both the steps in the application process and the expectations we have of services.
- Explore whether and how we should make the registration process more transparent for applicants, while making it as timely as possible. This will include exploring how we can show applicants what stage their application is at via their online account.

2) Ensuring an improved experience for applicants

Unnecessary processes and procedures place a cost on providers and are costly for us. We have a responsibility to providers to make sure that, where we are satisfied they are already offering, or can offer, high-quality care, they are able to register and to amend their registrations in a straightforward and timely manner.

We also have a responsibility to the public. Unnecessary delays and inefficiencies in registration processes can prevent people from receiving services. They can also act as a barrier to some high-quality providers wanting to take over failing providers so that they can turn them around for their local community.

“The improvements we make to registration will also help us to do a better job of the way we monitor.”

We should be rigorous and robust in our processes but avoid unnecessary bureaucracy. We know that there are processes at the moment which can still feel bureaucratic and providers are not clear why the processes operate in the way that they do. The tools for applications, such as the forms, have been reviewed and improved but we will continue to look at this and see whether there are further improvements we can make in the number and complexity of different processes and forms.

What we have already done and what we will do next:



We are:

- Streamlining and re-engineering processes to make them clearer and more efficient.
- We will move to an easier process, with all providers being able to apply and amend their details online through the Provider Portal.
- We will ensure that our forms, website information and guidance are clear, simple to use and up to date.
- We will continue to seek reductions in unnecessary bureaucracy and costs, for example, looking to see whether some processes to amend details can be made easier for existing providers with a good track record.
- We will ensure our internal processes join up effectively.

What this means for CQC inspection and our independent voice

The improvements we make to registration will also help us to do a better job of the way we monitor, inspect and rate, and in the way we look at care as a whole. Effective information capture and sharing from registration will also help us to look at our findings across particular characteristics of providers. This will help us to provide more meaningful information for people who use services and stakeholders, based on the sorts of characteristics they want to know about like “where are more new care homes opening?” or “what sort of independent hospitals are being registered?”.

Effective information transfer between registration and inspection will also help us to improve our prioritisation and planning of inspections.

What we have already done and what we will do next:



- We will continue to improve the information we gather at registration to ensure it can help to make our other regulatory processes, such as monitoring and inspecting, more effective and efficient.
- We will also continue to improve the intelligence provided to the Chief Inspectors and their teams about registrations and registration changes in primary medical services and community health, social care and hospitals.



3. The role of registration in future quality regulation

The health and social care world is changing rapidly. New models of care are being developed. New technologies are changing the way people access and interact with services.

Acute and community, health and social care, primary and secondary care, NHS private and third sector providers are all being brought together in interesting and innovative ways. More services are being provided by the voluntary and third sector organisations.

These changes affect:

- The way regulated activities are carried out.
- The nature of, and boundaries between, organisations and services that deliver these activities.
- The corporate bodies, governance or organisations that oversee them.

This means that our approach to registration needs to be flexible enough to respond to new ways to deliver health and care activities. These include new models of care associated with housing, new technologies, integrated care across sectors and services provided remotely. Registration must be responsive to new ways of organising providers, including GP federations, joint enterprises and different corporate structures.

It is important that CQC's registration approach enables innovation to flourish. Innovation is one of the markers of outstanding care.

Changes in the way activities are carried out

Changes in demographics, people's expectations and the need for greater efficiency are leading to significant changes in the way activities that we regulate are carried out.

More activities are being carried out in people's homes than in institutions or formal settings; for example, we have seen a growth in mental and physical health care, as well as personal care and support, being delivered in people's own homes rather than in care homes and hospitals. GPs are increasingly developing models for remote clinical advice and prescribing.

How these services are registered is important. If a service is wrongly registered we may not look for the right things during inspection and it may affect the enforcement action we can take if things go wrong and we will not be fulfilling our responsibility to protect people.

Some providers that are not clear about how to register certain activities, for example services provided remotely, can be put off even though we have registered a number of these services.

We need to make sure the message is clear that registration can enable new models of care to enter the market.

Genuinely innovative and new models of care will, by definition, be less well known and tested. We will make sure we use all our organisational expertise at registration to make judgements about the potential benefits to people using services. Providers cannot put people at risk. However, we know that genuine innovation might also be hard to assess with existing models and evidence, and can also result in a perceived or real dip in performance when it is introduced, as it can be 'disruptive' to previous service models. We will use our expert judgement and take account of context and risk in our approach.

Integration across boundaries between sectors and services

We are also seeing increased integration between different types of services and mixed provision across health and social care.

For example:

- Large NHS acute trusts may be responsible for a number of hospitals, care homes, primary medical services, including dentistry, and community health services.
- Domiciliary care and residential care may be provided by the same provider and operated from the same base.
- Mental health trusts embed psychiatric liaison teams within acute hospitals.
- A single clinic or centre may house multiple GP practices, and local authority public health functions such as health visiting, diagnostic clinics and therapies, which are all working together to a greater or lesser degree.

As well as the way they work with other, different sectors or service types, providers are also changing the way they structure and organise themselves and their own governance.

An array of joint enterprise models are being set up which bring together different providers in a

single aim. National providers may work jointly with another provider in one region only and have other partners in other areas across the country as a whole.

For example:

- Organisations may separate out management and operational functions into separate but linked organisations, both carrying out some regulated activity or with the ability to carry out the regulated activity dependent on both companies.
- Multiple GP practices which are partnerships may join together in a federation.

Nationally a series of projects, such as the NHS Five Year Forward view's new care models programme of 'Vanguard' projects or the Better Care Fund work, are also looking at integrated models of care. We are learning from all these innovative practices and models and ensure that we are responding to them in the way we carry out registration and, where necessary, amending our processes or policies to support them.

Under the regulations, we currently register individuals, partnerships or corporate bodies. New joint organisational forms may not easily or obviously fit into any of these categories. We will ensure we can register joint enterprises effectively and efficiently. Our registration approach should reflect the potential benefit to people of services working together or across boundaries. The information we gather at registration should give us the right information we need to monitor, inspect and rate joint and integrated services effectively. We need to be as efficient as possible in seeking information at the provider level or assess risk effectively across providers, including where they are organised in an innovative way.

We must ensure innovative and integrated provider approaches not only can be registered but, just as importantly, that people *know* they can be registered. This means our approach to registration needs to:

- Provide clear guidance for our team and for providers, based on principles that can be flexed across multiple models, including models we do not yet see operating or currently anticipate.

What we have already done and what we will do next:



- In April 2015, we have already published guidance on registering GP federations – associations of GP practices working together to provide a greater range of services or share knowledge. This set out for groups of registered providers that wish to form a federation what their duties and responsibilities are, the registration requirements and the issues they should consider. It also included case studies illustrating different registration scenarios.
- We will publish further guidance on the registration of joint enterprises to ensure that the process for registration is clear.
- Later this year, we will also publish further guidance on the registration of care which is associated with housing, such as supported living and extra care housing.
- We will look at the findings from the vanguard projects and other similar schemes and local integration projects to see if there are ways we can improve registration learning from these.
- We will explore with partners the extent to which registration plays a role in shaping the model of care in the market and what the implications would be of more actively influencing these models, for example, in line with integration or innovation goals. This would mean close working with commissioners, both nationally and locally, providers and, most importantly, people using services, to understand what they want and the evidence for quality.

- Make sure and reassure providers that the need to establish clear accountability for services at registration works alongside new approaches which may cut across traditional sector and provider boundaries.

Our future strategy and vision for registration

It will be impossible to set out either in regulations or in guidance, detail which could anticipate every future model of care or provision. The range of possibilities for future technologies, models and approaches is vast. We can expect to see the pace of change and innovation increase in response to changing context and needs. This includes demographic, technological, and financial changes.

The more we try to define and describe these models tightly, the greater the risk that we will create unintended consequences, which might stifle innovation.

We also need to reflect on the great diversity within the health and social care sector and the potential for many different models, from highly specialised emergency acute hospitals, to primary care telemedicine, to individual people being supported within a family home in a shared lives scheme.

Our approach to registration has to be proportionate and responsive to the quality needs and risks of different types of services. As we have described in the previous sections, we will ensure that registration remains the first line of protection people have from poor-quality care. At the same time, we will look at how we deliver this in a way that is right for different sectors and services. A more differentiated approach like this would need to take account of factors such as:

- Evidence on overall quality issues in the sector, such as from our inspection reports and ratings.
- Size, scale and complexity of the service proposed.

- The provider’s track record in particular types of activity; for example, whether they have run a really good care home before or whether that acute trust has taken on other GP practices successfully.
- What we know about leadership.
- The extent to which other regulators, such as professional regulators, play a role in that service.
- What the provider knows about the local population and whether they have relationships with partners in the areas they want to operate.

This might enable us to determine a more targeted and a proportionate approach to registration which helps to keep people safe but reduces the costs of regulation wherever possible.

We propose to explore how we further develop an approach that can:

- a) Within the current regulatory framework, easily establish at registration the information which the public and CQC need to know on things like activity, accountability, location – regardless of the model.
- b) Ensure our approach is proportionate and appropriate for different types of provider and service. This should build on our understanding of risk and the wider quality improvement and assurance context, and roles that other bodies such as commissioners, professional regulation and other regulators play in the system.
- c) Explore with partners, including the Department of Health, whether future changes to the regulatory framework would help to support such an approach and enable innovation to flourish.

These are the sorts of issues that will be at the heart of our new strategy.

We will consult on that strategy and we will ask questions about the future approach to registration as part of that.

Our new strategy will be published in April 2016.

“Our approach to registration has to be proportionate and responsive to the quality needs and risks of different types of services.”



4. What will happen next?

We will engage with people who use services, provider representative groups and stakeholders to continue to develop our thinking.

This engagement will help us to co-produce the content for our further guidance on registration and the particular elements of the framework we have set out in this document.

To support that:

- We will establish time-limited groups to help us develop guidance on specific issues such as the registration of care associated with housing. These groups will include Experts by Experience, provider representatives and other stakeholders.

- We will use our standing engagement forums, such as the Adult Social Care External Co-production group and specific advisory groups, such as those advising on issues affecting GPs or dentists.
- We will keep people updated on progress.

Although this is not a consultation, we would like to hear your views on the issues covered in this document. If you would like to share your views, please contact us at:

freshstartregistration@cqc.org.uk

Appendix A

Registration evidence: key documents and what we use them for³

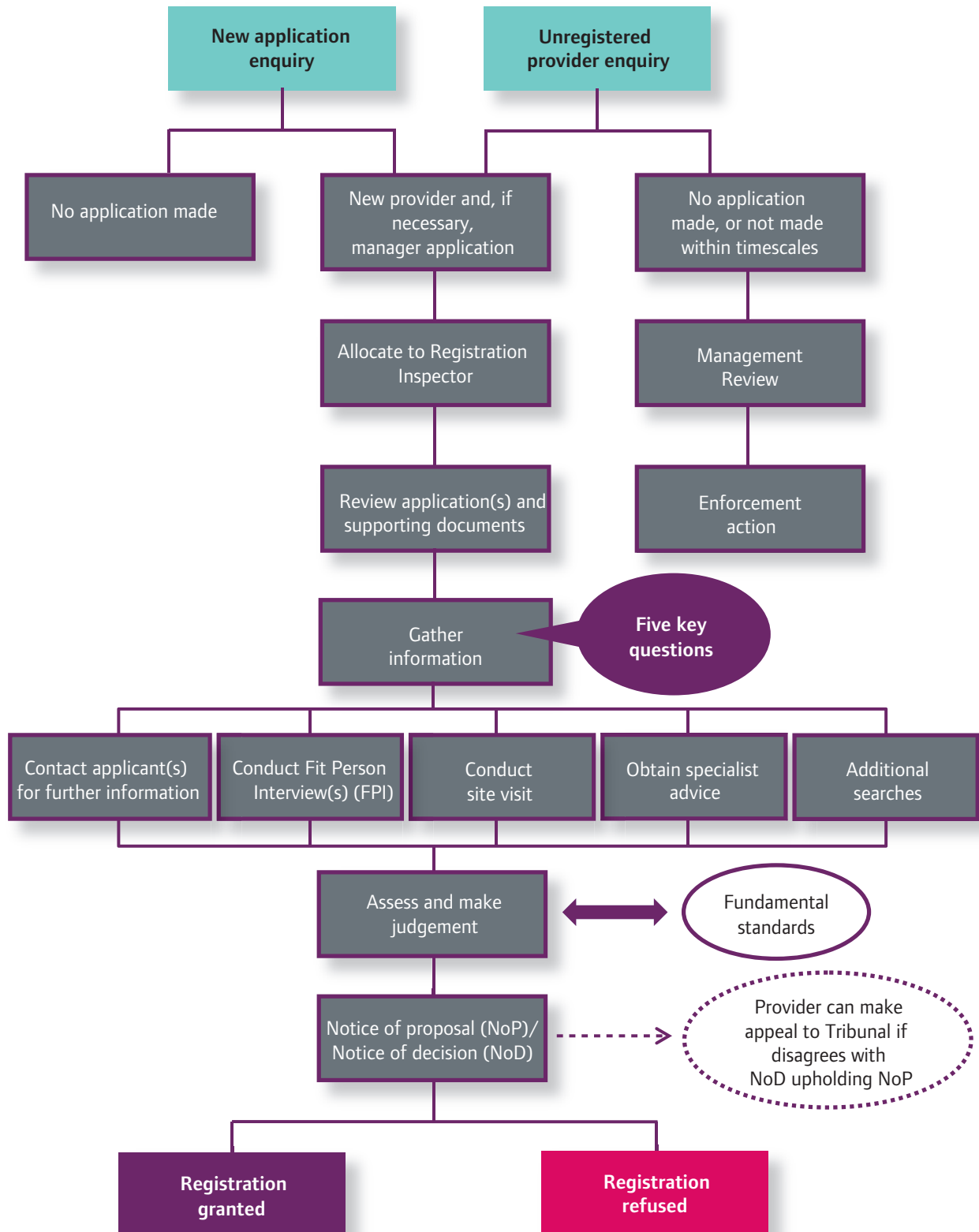
| | Key information/ evidence | Relevant to | Why we ask for it | What we use it for |
|---|--|--|---|--|
| 1 | Statement of purpose | All new service providers and applications to vary existing registration | Regulation 12 (safe care and treatment) and Schedule 3 of the Care Quality Commission (Registration) Regulations 2009 (as amended) | To understand the following: <ul style="list-style-type: none"> • aims and objectives • services provided • how the needs of service users are met • contact details • the type of legal entity providing the service • the places where services are provided |
| 2 | Enhanced DBS certificate countersigned by the CQC (at the interview) | New individual provider/partners/employed persons | Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) | Assessment of fitness |
| 3 | Employment history (CV) (at interview – or may be sent in prior to interview) | New individual provider/partner | Regulation 4 (requirements where the service provider is an individual or partnership) and Regulation 19 (fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 | Assessment of fitness |
| 4 | Evidence of necessary qualification (such as health and social care professional qualifications) | New individual provider/partner | Regulation 4 (requirements where the service provider is an individual or partnership) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (as amended) | Assessment of fitness |

3. Where necessary, the provider's application should also be accompanied by a manager's application. This is an important requirement.

| | Key information/ evidence | Relevant to | Why we ask for it | What we use it for |
|---|---|--|--|--|
| 5 | <p>Location evidence for example:</p> <ul style="list-style-type: none"> • Purchase or transfer of existing location(s) • Location details including number of places or beds if applicable • Planning consent from LPA • Building regulations completion certificate • Food safety – registration with Environmental Health • Safety of equipment, plant and utilities – maintenance contracts • Landlord/mortgage lender's permission • Fire safety certificate | For all new provider and applications to add locations | Regulation 15 (Premises and equipment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 | Assessment of suitability & safety of premises |

Appendix B

Summary of CQC registration application process



How to contact us

Call us on: **03000 616161**

Email us at: **enquiries@cqc.org.uk**

Look at our website: **www.cqc.org.uk**

Write to us at: **Care Quality Commission
Citygate
Gallowgate
Newcastle upon Tyne
NE1 4PA**



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Please contact us if you would like a summary of this report in another language or format.