

Additional form for providers of services for autistic people and people with a learning disability

July 2023

# Autistic people and people with a learning disability are as entitled to live an ordinary life as any other citizen. We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted.

At the point of application, providers of **new** services must demonstrate, and providers of **existing** services are expected to demonstrate, how they will meet the requirements of “Right support, right care, right culture”. The guidance details that providers need to demonstrate that:

1. [There is a clear need for the service, and it has been agreed by commissioners](https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/how-providers-demonstrate-meeting-requirements#clear-need)
2. [The size, setting and design of the service meet people's expectations and align with current best practice](https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/how-providers-demonstrate-meeting-requirements#design)
3. [People have access to the community](https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/how-providers-demonstrate-meeting-requirements#community)
4. [The model of care, policies and procedures are in line with current best practice](https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/how-providers-demonstrate-meeting-requirements#policies)

We expect providers to show at the point of applying for registration, how their service will meet the needs of people in line with current best practice. If they do not follow best practice in any way, they must provide compelling evidence that demonstrates their alternative approach will deliver appropriate and person-centred care. We support genuine innovation where providers can demonstrate that their model aligns with the service model and positive outcomes can be achieved.

You must look at our information “[Right support, right care, right culture](https://www.cqc.org.uk/guidance-providers/autistic-people-learning-disability/right-support-right-care-right-culture)” on the CQC website.

**Please note, this is not an application form. This is a form to support your application process.**

# Completing this form

Please complete **all** sections within this questionnaire that are relevant to the service you intend to provide.

# Section 1. There is a clear need for the service, and it has been agreed by commissioners

\*How have you worked with local commissioners to design services regarding the local area plan and market position?

|  |
| --- |
| Click or tap to add text |

\*List the names and contact details of the local authority contacts, CCG contacts and commissioners you have consulted with.

|  |
| --- |
| Click or tap to add textDate of contact |

\*Provide written correspondence that you have received from local commissioning partnerships to evidence the discussions that have taken place?

|  |
| --- |
| Click or tap to add text |

\*Attach copies of any referrals that you have received to evidence the need for the service you intend to provide?

|  |
| --- |
| Click or tap to add text |

# Section 2. The size, setting and design of the service meet people’s expectations and align with current best practice

# Provider and location details

|  |
| --- |
| \*Name of provider |
| Click or tap to add text |

|  |
| --- |
| \*Name of location and address |
| Click or tap to add text |

## The services you’ll provide

\*Provide details of the service you intend to provide at this location:

* Has the location been, or is it now, listed in the conditions of a CQC registered provider?
* How many people do you propose will live in this building?
* Who owns the building?
* Is the building ready to be used? **(If applicable to a care home or any completed renovations - Please provide Building Certificates, Planning permission for change from one Use Class to another,** **insurance certificates, safety certificates, environmental and fire risk assessments, floor plans and photographs of front and back of property, communal spaces and a sample of bedrooms)**
* Is it:
	+ a **new** building?
	+ **a conversion of an existing** building?
	+ an **extension of an existing building** to increase the number of people who can live in this building.
* Will you provide long term or short-term support, or both?

|  |
| --- |
| Click or tap to add text |

\*Explain how you have taken national best practice guidance into account when developing the service? Please provide compelling reasons for consideration if you have deviated from this guidance.

|  |
| --- |
| Click or tap to add text |

\* Is the proposed service on a campus or part of a congregate setting?

**(Campuses are group homes clustered together on the same site and usually sharing 24-hour staff and some facilities. Congregate settings are separate from communities and without access to the options, choices, dignity and independence that most people take for granted in their lives)**

|  |
| --- |
| Click or tap to add text |

\*How will you design the internal and external environment to reflect good practice for this group of people?

|  |
| --- |
| Click or tap to add text |

\* How have you consulted or please explain how you will consult with people and their families when supporting them to decide where they live and who they live with. (Please include care homes changing to supported living)

(Please provide evidence of the consultations that have taken place including any Mental Capacity assessments and Best Interest decisions)

|  |
| --- |
| Click or tap to add text |

# Section 3. People have access to the community

\*From what geographical area will people move into your service?

|  |
| --- |
| Click or tap to add text |

\*How will you support people to ensure their interests are explored and they will receive support to be active participants of their chosen community. How will they sustain links with their family and friends?

|  |
| --- |
| Click or tap to add text |

\*How will you ensure that people are registered with community health and social care services?

|  |
| --- |
| Click or tap to add text |

# Section 4. The model of care, policies and procedures are in line with current best practice

\*What support networks will you access to ensure that person-centred care is planned and supported, rather than being reactive, and to avoid reliance on restrictive practices or seclusion”

This may include other professional services.

|  |
| --- |
| Click or tap to add text |

Please explain how you will ensure the culture within your organisation/team encourages openness and honesty at all levels?

|  |
| --- |
| Click or tap to add text |

## **Care Home to Supported Living Services** - *If you are intending to provide a supported living service please also complete this section of the form.*

\*Please provide evidence to demonstrate what will be done differently regarding the cultural changes from residential care to supported living and how will staff be supported to manage this change?

|  |
| --- |
| Click or tap to add text |

Please tell us the measures you have taken regarding people who are currently subject to Deprivation of Liberty Safeguards when changing from a residential setting to a supported living service?

|  |
| --- |
| Click or tap to add text |

How have you assessed the impact on people currently living at the location and mitigated any risks: Please provide evidence that considers the following:

 The available personal and shared space and facilities and their use;

 Access to sufficient bathrooms and toilets;

 Increased staffing and the number of people coming into, going from and moving around the premises

 The ability of people to choose how they live, how they use their time and the extent of any social interaction and activities;

Choices around when people eat, and when and who they eat with

Any reduction in the availability of quiet and ‘break out’ space (indoors and out)

|  |
| --- |
| Click or tap to add text |

## **Supported living:** *If you are intending to provide a supported living service please also complete this section of the form.*

Demonstrate what experience the provider has of delivering the regulated activity to the range of service user bands detailed in the submitted Statement of Purpose?

|  |
| --- |
| Click or tap to add text |

Please provide a copy of the care and accommodation agreement (if available) to demonstrate how it meets best practice.

|  |
| --- |
| Click or tap to add text |

Detail the consideration that has been taken if people using services decide to use different care providers – how will this be supported?

|  |
| --- |
| Click or tap to add text |

Please confirm if core hours will be provided, if so how will these be managed if another care provider is delivering the care?

|  |
| --- |
| Click or tap to add text |

Please describe how people will be supported to understand their tenancy agreement in accordance with the Mental Capacity Act 2005 where necessary?

|  |
| --- |
| Click or tap to add text |

Will there be equipment such as telephone line, office equipment and files owned by the housing or support provider in the tenant's home? Please confirm the location address details where the regulated activity of personal care will be provided and managed from?

|  |
| --- |
| Click or tap to add text |

Will people have exclusive possession of at least part of the accommodation? What part of the building will the person have exclusive possession of? Is there any restricted access? Please explain.

|  |
| --- |
| Click or tap to add text |

## **Plans to increase the number of people accommodated**

*If you are intending to increase the occupancy within an existing service, please complete this section of the form.*

How have you consulted with, informed and considered the views of the people currently living at the location? Please provide evidence of the consultations that have taken place including any Mental Capacity assessments and Best Interest decisions)

|  |
| --- |
| Click or tap to add text |

How have you assessed the impact on people currently living at the location and mitigated any risks: Please provide evidence that considers the following:

 The available personal and shared space and facilities and their use;

 Access to sufficient bathrooms and toilets;

 Increased staffing and the number of people coming into, going from and moving around the premises

 The ability of people to choose how they live, how they use their time and the extent of any social interaction and activities;

Choices around when people eat, and when and who they eat with

Any reduction in the availability of quiet and ‘break out’ space (indoors and out)

|  |
| --- |
| Click or tap to add text |

© Care Quality Commission 2023