

CQC Registration for Case Managers

REGISTRATION PROCESS AND INITIAL VISIT

SOME INFORMATION IN THIS DOCUMENT HAS BEEN TAKEN FROM THE CQC WEBSITE |

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Who needs to Register with the CQC?

Service Providers must register with the CQC. A Service Provider can be an:

- Individual (sole trader)
- A partnership (if you carry out any regulated activities as a partnership, it is the partnership that must be registered – including all the partners)
- An organisation (limited company, limited liability company)

It is the legal body that provides the regulated activity to people that has to register, not the location or care setting.

What are Regulated Activities?

Regulated Activities are listed in Schedule 1 of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#).

It is your responsibility to ensure you register for each regulated activity that you carry out; it is common to register for more than one.

The 2 regulated activities which relate mainly to Case Managers are:

- Personal Care
- Treatment of disease, disorder or injury

If you carry out any of these activities in England, you must register with the CQC.

'Personal Care' does not need to be registered where it is part of:

- Accommodation for persons who require nursing or personal care
- Accommodation for persons who require treatment of substance misuse

The regulated activity of 'Personal Care' consists of the provision of personal care for people who are unable to provide it for themselves, because of old age, illness or disability, and which is provided to them in the place where those people are living at the time when the care is provided.

'Treatment of disease, disorder or injury' covers a treatment service that is:

- Provided by a health care professional, social worker or by a multi-disciplinary team that includes a listed health care professional or social worker where the treatment is for a mental disorder
- Related to disease, disorder or injury.

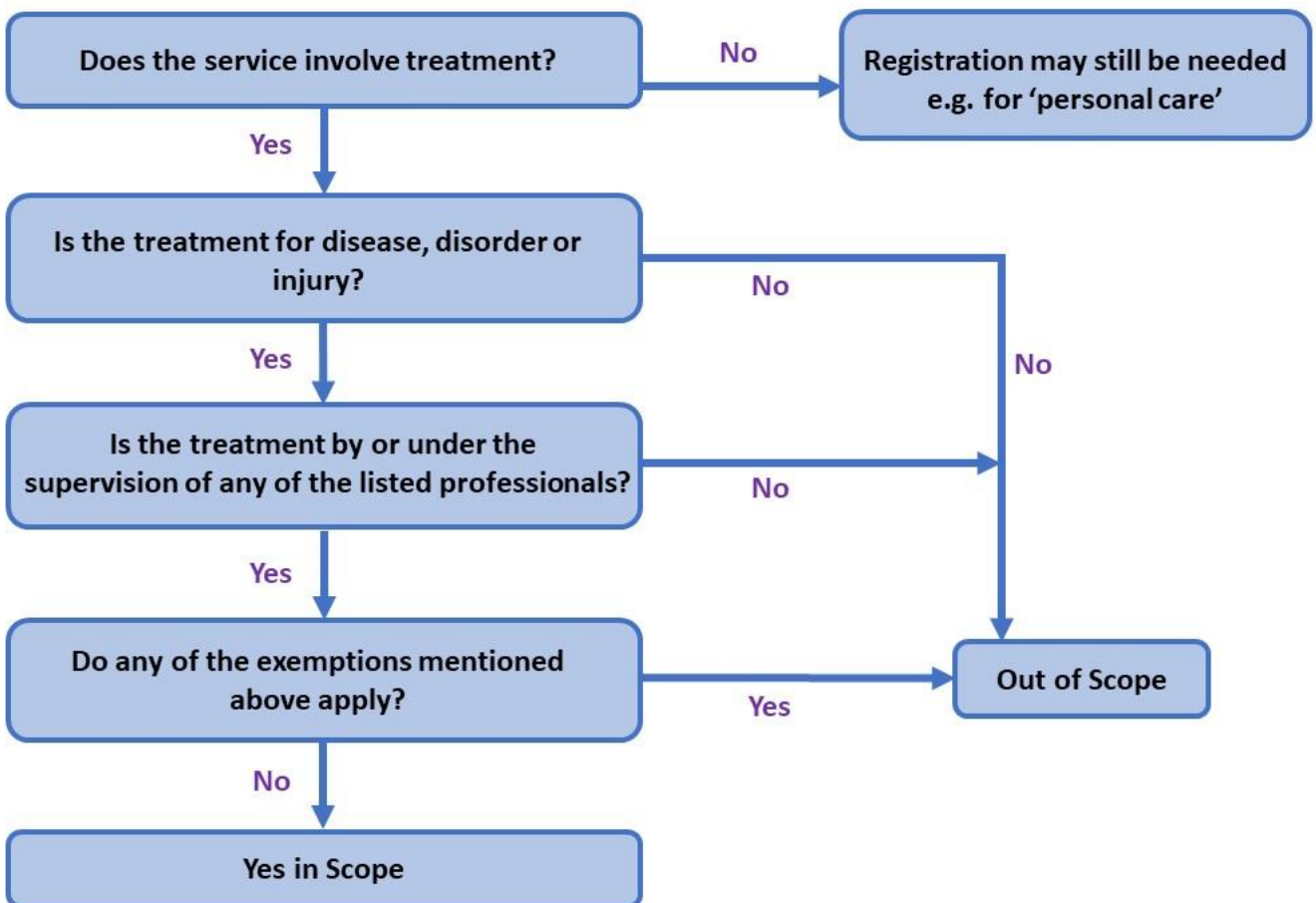
This regulated activity applies to the treatment of disease, disorder or injury in any setting.

NOTE: Certain defined professionals are not included on the list in the regulations. These include:

- Clinical psychologists
- Occupational therapists
- Physiotherapists
- Pharmacists

Standalone treatment services run by these professionals are not required to register.

Decision tree for the regulated activity of the treatment of disease, disorder or injury



What is Location?

A location is a place in which regulated activities are provided or managed from.

Example, head office or home office, the base where day to day management of the regulated activities is directed.

What is a Registered Manager?

Remember the 'Provider' can be a sole trader, partnership or an organisation (limited company).

A 'Registered Manager' is the person appointed by the 'Provider' to manage the regulated activity on their behalf.

The purpose of the Registered Manager is to regulate the person managing the regulated activity on a day to day basis at the location where the regulated activity is provided.

The CQC requires the condition to impose a 'Registered Manager' on the following types of providers:

- A Partnership
- An Organisation
- An Individual – who is not personally in day to day charge of carrying out the regulated activities.

What is a Nominated Individual?

If you are applying for registration as an 'organisation' (Limited company), the regulations require you to nominate an Individual to act as the main point of contact for the CQC.

If you register as an 'Individual' or 'Partnership', you do not need a Nominated Individual.

The Nominated Individual must be employed as a director, manager or secretary of the organisation. They should be of a senior position with authority, that can speak on behalf of the organisation.

It is the decision of the organisation who to nominate, as long as they meet the criteria.

The Nominated Individual can be the same person for the different regulated activities. So, for example, personal care and the treatment of disease, disorder or injury.

What is a Nominated Individual continued?

NOTE:

In many small organisations, it may be necessary for the same person to be both the Registered Manager and Nominated Individual, but this should be avoided where possible.

Where there are concerns about the way a regulated activity is being managed, there will be times when the CQC will need to speak to a more senior person within the organisation.



CQC Registration Process

Before you apply, you will need to:

- be clear about the application you are making
 - have all the required information ready
 - understand the requirements of the legislation
 - be able to explain and show how you will follow the regulations
- You will need to attend interviews and answer questions.
- Your office must be ready when the inspector undertakes the registration site visit.
- Your nominated individual and proposed registered manager will also need to be involved.

As part of your registration process you will have to carry out the following:

- DBS – Disclosure and Barring Service checks (first task to carry out as it can take 8 weeks)
- Statement of Purpose
- Details of your doctor
- Reference (from your last employer)
- Financial Viability information

Fees

There are no fees for any application for a registered manager.

How long will the process take?

The DBS checks can take up to 8 weeks.

Disclosure and Barring Service checks

You will need to supply the CQC with a CQC-countersigned Disclosure and Barring Service (DBS) number as part of the process.

Your DBS number must be CQC-countersigned.

IMPORTANT: This should be the first thing you deal with.

Getting a CQC-countersigned DBS number can take up to 8 weeks.

- Register with the CQC DBS website – <https://cqc.disclosures.co.uk/>
- Login details can take up to 5 days to arrive by email
- Get your identity checked at a Post Office that accepts CQC DBS Checks – use this link to find your local post office - <https://www.postoffice.co.uk/branch-finder>
- Once your identification is checked the CQC DBS website automatically submits your DBS application
- You will receive your CQC countersigned DBS via the post.

You must send the CQC a CQC-countersigned DBS number. You might have another DBS number from a previous job, but it's important to remember that a CQC-countersigned DBS number is different. **If your DBS number is not countersigned by CQC it will not be valid. This means the CQC will have to reject your application.**

Cost of countersigned DBS check

The cost for a countersigned enhanced DBS check will be £57.50. This includes the cost of the DBS check and the post office fee.

The following people usually need to complete the CQC DBS check process:

- individuals applying for registration to carry on or manage a care service
- all partners
- registered managers

Statement of Purpose

The statement of purpose must include:

- Your aims and objectives
- The services you provide
- The needs your service meets
- Your contact details
- Your service's legal entity
- The places where services are provided

See the [4 documents](#) at these links below in relation to the bullet points above for the statement of purpose.

References

Individual providers need to supply:

- Details of employment history (CV, job description, certificates and qualifications)
- Details of your GP
- Last employer name and contact details

Partnerships need to supply the same information for all partners.

Organisations do not need to supply this information for their nominated individual.

Financial Viability

You will need to have the financial resources to provide and continue to provide the services described in your statement of purpose. This is to comply with Regulation 13 of the CQC (Registration) Regulations 2009.

You will need to provide assurance of your financial position in a statement letter from a financial specialist. This person must be one of the following:

- An accountant or accountancy company registered with a recognised accountancy supervisory or qualifying body
- A bank or financial services firm regulated by the Financial Conduct Authority (FCA).

If you do not provide a statement of financial viability this may delay your application.

Other Required Documents

You must send us the following documents with your application:

- **Safeguarding policy and procedures document**
- **Governance document**
- **Statement of purpose**
- **Financial viability statement**
 You need to provide assurance of your financial position in a statement letter from a financial specialist. This person must be one of the following:
 - an accountant or accountancy company registered with a recognised accountancy supervisory or qualifying body
 - a bank or financial services firm regulated by the Financial Conduct Authority (FCA).

Plus, all these:

- a list of all your policies and procedures
- organisational structure and staffing structure
- quality assurance policy
- medications policy
- recruitment policy
- complaints procedure
- sample care plan
- business plan
- safety and security of premises policy
- health and safety risk assessment index (list of risk assessments)
- emergency plan
- confirmation of registering with the Information Commissioners Office (declaration)
- Mental Capacity Act and Deprivation of Liberty Safeguards policy

When you send your documents to the CQC via email you will have to save each document as a separate file. Name each file so they know what it is.

For example, 'list of policies and procedures' or 'financial viability statement'.

If you do not send these documents, your application may be rejected.

Is it likely the CQC will make a visit as part of the registration process?

Where a manager is not currently registered with the CQC, they will arrange a meeting or interview to assess their fitness and to look at the documents listed in the checklist on the application form.

Interviews may be face-to-face or conducted over the telephone.

This may be on-site or at one of CQC's regional office.

The CQC understand that interviews can sometimes be stressful for some people, so they will make every effort to allow the interviewee to be at ease and demonstrate their abilities and experience.

Where a manager is already registered, they will judge whether they need to interview them again. The CQC may choose to carry out a focused interview relating specifically to the change being applied for. For example, adding a new regulated activity.

Final part of Registration – Certificate

The CQC will issue a certificate to each manager in an electronic format, sent by email.

Each registered manager has a unique number assigned to their registration.

The certificate specifies the regulated activities that you can manage at the location(s) specified on the application form, where these have been approved.

The certificate also details any conditions applied to your registration, including any that apply to a particular location or locations that you are to manage.

Application Process

ASSESSMENT

Once the CQC receive your application for registration as a new manager, they will undertake an assessment of your fitness to be registered.

In particular, the CQC will assess the extent to which you have the skills, qualifications and experience necessary to manage the regulated activities you have applied for.

Applications will be returned if incomplete.

All applications are reviewed by CQC registration teams.

CQC registration teams link with local assessors/inspectors and provider relationship managers where necessary.

CQC screens and cross-checks applications and asks for further documentation if required.

CQC arranges a meeting/interview.

OUTCOME

The CQC will let you know whether you are registered with or without conditions, or if your application has been refused.

If the CQC propose to refuse your application, or to register you subject to conditions that have not been agreed, they will send you a Notice of Proposal.

The CQC will send a Notice of Decision.

The CQC will send a certificate where an application has been approved as submitted.

REPRESENTATIONS AND APPEALS

If you do not agree with the CQC's proposal to refuse your registration or to register you subject to conditions that you do not agree to, you can make representations to the CQC within 28 days of receiving the Notice of Proposal.

If you do not agree with any decision the CQC make to adopt a previous proposal, whether or not you have made representations against it, you may appeal to the First-tier Tribunal.

Inspection Visit - 10 weeks after application

Provider information request from the CQC before your inspection takes place

Before a comprehensive inspection the CQC will ask you to provide information to help the CQC to plan the inspection and to understand more about the care and the service(s) you provide.

The CQC will request:

- information about your staff, such as types of roles, vacancies, and sickness
- details of significant events and serious incidents
- how you ensure that your service is safe, effective, caring, responsive, and well-led
- information on complaints
- policies, procedures and other documentation

This list is not exhaustive as the information they request will be relevant to the type of service(s) you provide.

You have three weeks in which to complete and submit the provider information request. The CQC will tell you how to submit the information, when to send it by, and who to contact if you have any questions.

The CQC may also need to ask you for some additional specific information. For example, they may need extra information to clarify queries during an inspection. They will keep track of these extra requests to minimise duplication and to make sure that they only request information that they need, which is not available elsewhere.

As other national data collections develop, the CQC will update their own systems so that if they can access specific information from another source, they will not request the same information directly from yourself.

To monitor services between inspections, the CQC plan to move to a more routine information request from providers, which they will include in CQC Insight. They will work with providers like yourself to develop an online system to collect this information.

How the CQC manages relationships and meetings with you

The CQC will allocate a relationship holder to every provider and location to develop a consistent understanding of your organisation and strengthen our relationship with you.

Your CQC relationship holder will either be an Inspector, Inspection Manager or Head of Hospital Inspection. They will try to keep the same person as far as possible.

They should be your first point of contact with CQC.

You can contact your relationship holder if you have any queries about your registration or if you need to tell them about any significant changes to your services.

Your relationship holder may contact you for a number of reasons. For example, if our monitoring of your service suggests a significant improvement or deterioration in the quality of care, your relationship holder may ask you to explain the reasons behind this.

Where individual services are part of a larger or corporate provider, there may be a different relationship holder for the service level and the provider level. In this case, they will share information internally to gain a better understanding of quality across a provider and reduce duplication.

Relationship meetings

You and your relationship holder will maintain contact through relationship management meetings.

The CQC will hold these meetings at least annually at provider and location level, either in person or by telephone. For larger organisations they are likely to meet more frequently.

Before a relationship management meeting, your relationship holder will review information they hold about the service, including from CQC Insight where available.

If it suggests an improvement or deterioration in the quality of care for a service, they may ask you for further information, or to explain the reasons for this during the meeting.

If a provider has any significant concerns about quality, the CQC expect you to raise them with your relationship holder, either as part of regular contact or at any time where a concern arises, and to tell them about the action you are taking to address them.

If the provider has commissioned any external reviews, you should also disclose these to the CQC as a matter of course.

When will the CQC carry out an inspection?

The CQC prioritise inspections of the following independent healthcare services:

- services that they have not previously inspected but now have the powers to rate
- services that they have inspected but not yet rated
- services that pose a higher risk
- newly-registered providers

If you are registering with CQC as a new provider, they will normally aim to inspect within 6-12 months of registration.

For services that are rated, you will receive your initial rating at this inspection.

The CQC will use your initial rating to determine when next to inspect your service.

For all subsequent inspections, the maximum intervals for re-inspecting depend on your rating as follows:

Previous Overall Rating	Maximum Interval Between Inspection
Inadequate	Normally within 12 months of publishing the last comprehensive inspection report
Requires improvement	Normally within two years of publishing the last comprehensive inspection report
Good	Normally within three and a half years of publishing the last comprehensive inspection report
Outstanding	Normally within five years of publishing the last comprehensive inspection report

These are maximum inspection intervals therefore, they may inspect more frequently, particularly if there is a risk.

This flexible approach reflects CQC's commitment to deliver an intelligence-driven approach to regulation.

Notice periods

To enable the CQC to observe normal practice in a service, they will introduce more unannounced inspections as part of our comprehensive inspection methodology for independent healthcare services. Because they request information from providers beforehand, they will carry out the inspection within three months of the provider submitting its provider information request. However, they will not announce the day on which they intend to inspect.

For practical reasons, they may need to give a short notice period of an inspection to some providers. This will usually be 48 hours' notice.

CQC's lead inspector may decide to carry out a short notice inspection for any of the following reasons:

- where an unannounced inspection is likely to have a detrimental impact on the people who use the service and the quality of care they could receive
- where the availability of the service is variable and it opens on different days or times of the week
- where the service is dispersed and delivered across a large geographical area
Our inspection teams will continue to ensure that in all instances the impact on the staff delivering the service, as well as the people using them, is kept to a minimum.

What the inspector will likely ask and look for

They will look at the fundamental standards which are the standards which your care must never fall below.

They will ask how your organisation is meeting the 5 Key Questions;

- Safe
- Care
- Response
- Effective
- Well Led

When the CQC inspect they could check all or part of any of the standards any time depending on the individual circumstances of the service.

They will check several standards from each of the 5 key areas.

When the inspector makes a visit, they will do things like observe how people are being cared for, talk to the clients, the support workers and to staff.

They will review information gathered by the case management company, check the service records and check whether the right systems and processes are in place.

The inspectors judge if any action is required by the case management company to improve the standard of care being provided.

Where the case management company is non-compliant with the regulations, the CQC will take enforcement action against them. They may also request the regular submission of quality improvement/compliance action plans and they may conduct several inspections with or without notice.

Site Visits

Site visits enable the CQC to talk to people using services, staff and other professionals to find out their experiences.

They allow the CQC to observe care being delivered and to review records to see how people's needs are managed both within and between services.

Gathering evidence during the site visit

To structure the site visit, inspection teams use the key lines of enquiry (KLOEs) and associated prompts in CQC's [assessment framework for healthcare services](#).

They also look at any concerns identified beforehand through our monitoring activity.

This enables them to focus on specific areas of concern or potential areas of outstanding practice.

They collect evidence against the KLOEs using a variety of methods.

People who use services

The CQC will gather the views of your patients, their family and carers, by:

- speaking with them individually or in groups
- using information from complaints and concerns sent through our website

They will also send you:

- posters to publicise the inspection and give people the opportunity to speak to the inspection team
- comment cards for people to fill in.

The CQC ask you to display these in a prominent position at reception and in other busy areas – if you have a office building that people come to.

Sometimes they include Experts by Experience on inspections, particularly in mental health services. Experts by Experience are people who use care services or care for someone who uses health and/or social care services. Their main role is to talk to people who use services and tell them what they say.

If the CQC include an Expert by Experience on an inspection, they will talk to people at the premises on the day of the inspection or by telephone. In some services, people find it easier to talk to an Expert by Experience rather than an inspector. Experts by Experience can also talk to carers and staff and can observe the care being delivered.

Site Visits continued

Your staff

The inspection team will interview staff at all levels. They will usually interview the following people or their equivalents:

- director of the company
- service leads for each of the services (for example, clinical director, nursing lead, operations director)
- complaints lead
- senior lead for human resources

Where appropriate, the inspection team will hold focus groups to gather feedback from other members of staff, which may include:

- consultants and other medical staff
- healthcare assistants
- allied health professionals
- administrative and support staff

Focus groups may not always be appropriate because of the small number of staff or disruption to patient care. In these cases, they will gather views by speaking with staff during the inspection. They may also seek the views of staff through an online survey or email.

Gathering information in other ways

The CQC may also gather information by:

- tracking a patient's journey through their care pathway
- observing care
- reviewing records
- reviewing operational policies and supporting documents

Feedback on the visit before reaching final judgement

At the end of the inspection visit, the lead inspector will meet with your registered manager or nominated individual to provide feedback. This is high-level initial feedback only, illustrated with some examples. They will carry out further analysis of the evidence before they can reach final judgements on all the issues and award ratings.

If you are interested in further support with your CQC application and getting ready for the initial inspection visit, please contact **Tracey Clarke** on **07939 935755** or email tracey@virtual-administration.com