

# Best Practice Guidance: CQC registration

Following collaboration between CMSUK and BABICM throughout 2019 this guidance has been produced by the BABICM Professional Practice and Membership Group.

We thank the group for their work and BABICM's agreement for it to be circulated to CMSUK members. This guidance is to assist case managers to understand and make decisions regarding the need to register with the CQC (Care Quality Commission).

There are different regulators depending on where you are based, as a guide;  
England – The CQC.  
Wales - The CIW (Care Inspectorate Wales)  
Scotland - The Care Inspectorate  
Northern Ireland - The Regulation and Quality Improvement Authority (RQIA).

For providers registered in one country, but covering the border of another, it is recommended they contact their local inspector(s) for written guidance.

This document relates to guidance on CQC registration. It also contains useful links to information on registration in Scotland, Northern Ireland & Wales.

Case management providers can use this document as a suitable reference point for establishing best practice. It is a guidance document, and providers **MUST** read the relevant legislation and documents before reaching a decision on the need to register with one or more bodies for themselves.

The CQC website states:

*'Any person (individual, partnership or organisation) who provides regulated activity in England must be registered with us otherwise they commit an offence.'*

There are a range of regulated activities which may be relevant to case management provision. However, the most commonly encountered by case managers is likely to be the provision of personal care and/or the treatment of disease, disorder or injury (TDDI). We continue to work with CQC for clarity of definition for TDDI and its' application to case management.

For further information on the range of regulated activity please refer to The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the CQC website [www.cqc.org.uk](http://www.cqc.org.uk). Of particular use may be the following:

[https://www.cqc.org.uk/sites/default/files/20150210\\_guidance\\_for\\_providers\\_on\\_meeting\\_the\\_regulations\\_final\\_01.pdf](https://www.cqc.org.uk/sites/default/files/20150210_guidance_for_providers_on_meeting_the_regulations_final_01.pdf)

The CQC website also details what is required for the registration process itself.

Of further interest may be the following document:

- **Registration Under the Health & Social Care Act: Scope of registration Guidance, updated March 2015**

We note that within this document it states:

*'Service providers' must register with CQC. A service provider can be an individual, a partnership or an organisation'.*

It is our understanding that any case manager, whether an individual, partnership or organisation providing a service involving regulated activity must register with CQC.

In relation to “personal care” we understand that the pertinent point here is **ongoing direction and control of a service**. The CQC has set out separate guidance on their website to help explain what they mean by 'ongoing direction and control' of a service.'

The CQC sets out clearly what is meant by '*ongoing direction and control*' in the following document:

**Registration Under the Health & Social Care Act:  
Personal Care: 'ongoing direction and control of the service'  
Guidance for providers**

An important excerpt from this document is:

*The regulated activity of personal care APPLIES in the following circumstances:*

- *A person, an employment agency or employment business (referred to as the 'provider'), introduces a care worker to an individual, and*
- *The provider does **ANY** of the following:*
  - *Monitors the service provided to the individual and, as a result of this monitoring, takes responsibility for replacing the care worker for any reason.*
  - *Seeks the views of the person receiving the service or acts as their advocate and, as a result, advises or directs changes to the activity of the care worker (such as changes to the frequency of visits, or the type of care provided, or the way in which the care worker performs the agreed tasks).*
  - *Arranges a rota of care workers so that visits and care are provided when required by the individual.*
  - *Continues to charge the individual for the service being provided by the care worker, excluding where arrangements have been made to enable a one-off introduction fee to be paid by instalments.*
  - *Agrees to organise cover for any sickness or leave that may arise – other than when the individual makes an independent request to the provider to introduce another care worker to cover leave or sickness.*
  - *Reviews the care plan, including making changes as necessary, in consultation with the individual.*

The document also sets out exemptions very clearly.

There has been some reported confusion over whether or not case managers or case management organisations need to register. BABICM and CMSUK are of the

understanding that a case manager or organisation involved in the ongoing direction and control of personal care (as set out above) **does** need to register.

In line with best practice, a case manager should always be working with the best interests of the client in mind. Therefore, a case manager's decision whether or not to be registered with CQC should not restrict client choice in relation to regulated activity, such as whether to use directly employed or agency workers for the delivery of personal care.

Where a case manager is not registered with CQC they should consider what actions they can take to offer client choice in relation to regulated activity.

### **In summary:**

1. Case managers or case management providers planning to assist their clients to recruit and employ a team direct to undertake personal care as defined in the Health & Social Care Act, should ensure they understand their responsibility to register and remain lawful in their practice.
2. Case managers or case management providers considering the need to register should refer to the CQC website to read and understand all the relevant guidance in full for themselves.
3. Case managers or case management providers should be registered for ALL categories of regulated activity which cover their work with clients. As described above this is likely to include personal care and treatment of disease, disorder or injury or provision of nursing care, depending on the services provided.
4. Case managers or case management providers should bear in mind that individual CQC inspectors or advisors may not routinely come across case management in their work, and may therefore not have come across the relatively unusual way in which we might be involved when recruiting support directly for or with a client. You must take responsibility for being clear about your role and what you are planning to do.
5. Case managers or providers who approach the CQC regarding registration should be absolutely clear that they will be involved in the ongoing direction and control of support, by virtue of undertaking any of the activities listed, regardless of whether they will employ the care/support staff or not. It is the ongoing direction and control which is the most relevant issue for registration purposes. Not being clear on this point, may lead to a wrongful conclusion that one of the listed exemptions apply.
6. Case managers or case management providers should keep a written record of the information they submit to the CQC when seeking advice regarding the need to register, including the response, and query it, if it is in contrast to the advice in this document, to avoid being in a situation where you may be carrying out regulated activity unlawfully.

7. Case managers or case management providers should ensure that they are acting in line with best practice by not compromising client choice in relation to the provision of a regulated activity.
8. Case managers or case management organisations should take steps to ensure that any providers of regulated activities they instruct to provide a service for their clients are registered with the CQC or other relevant regulatory body.

**References and useful links:** (all to be tidied)

England:

- [www.cqc.org.uk](http://www.cqc.org.uk)
- Health & Social Care Act 2008
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- [www.cqc.org.uk/sites/default/files/20151230\\_100001\\_Scope\\_of\\_registration\\_guidance\\_updated\\_March\\_2015\\_01.pdf](http://www.cqc.org.uk/sites/default/files/20151230_100001_Scope_of_registration_guidance_updated_March_2015_01.pdf)
- [www.cqc.org.uk/sites/default/files/documents/20120223\\_800199\\_v2\\_00\\_personal\\_care\\_and\\_ongoing\\_direction\\_external\\_version\\_for\\_publication.pdf](http://www.cqc.org.uk/sites/default/files/documents/20120223_800199_v2_00_personal_care_and_ongoing_direction_external_version_for_publication.pdf)
- Letter to BABICM/CMSUK- **append**

Wales:

- The Regulation and Inspection of Social Care (Wales) Act 2016 (External link) came into force in April 2018
- [www.careinspectorate.wales](http://www.careinspectorate.wales)
- Letter to BABICM/CMSUK- **append**

Scotland:

- Health and Social Care Standards, published by the Scottish Government in June 2017. The new Health and Social Care Standards started to be used from April 2018.
- [www.careinspectorate.com](http://www.careinspectorate.com)

Northern Ireland:

- The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.
- <https://www.rqia.org.uk/>