

A new system of registration

The scope of registration

About the Care Quality Commission

The Care Quality Commission is the independent regulator of health and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act.

Whether services are provided by the NHS, local authorities, private companies or voluntary organisations, we make sure that people get better care. We do this by:

- Driving improvement across health and adult social care.
- Putting people first and championing their rights.
- Acting swiftly to remedy bad practice.
- Gathering and using knowledge and expertise, and working with others.

Introduction

This publication is for people and organisations that provide, or are intending to provide, healthcare or adult social care in England.

It is to help them understand whether they need to register with the Care Quality Commission under the Health and Social Care Act 2008 (the Act). It is not a definitive description of the law, but it aims to help those providing services and answer as many of their questions as possible.

In section 1, we describe what is meant by a “provider” and who, generally, needs to consider making an application.

The Act allows for potentially all health and adult social care services to require registration. Schedules 1 and 2 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009 (which we refer to informally as the “scope regulations”) then narrow this down to only those that, following consultation and Parliamentary debate, are deemed to warrant regulation. The scope regulations are developed by the Department of Health and will be kept under review so that they remain relevant as services change over time.

As a result of this legislation, there are some activities that are (currently) exempt from registration. We describe these in detail in section 2. The activities that come within registration – the “regulated activities” – are described in section 3.

The locations where activities are delivered are also important for registration. Information on locations is set out in section 4.

For a more general background to the new registration system, please read our booklet ‘Guide for providers of healthcare or adult social care’.

1

What is a provider?

A service provider can be an individual, a partnership or an organisation (for example, a company, a charity, an NHS trust or a local authority).

It is the legal entity (whether this is an individual, partnership or organisation) that provides the service to people that must register. Individual locations, such as care homes within a corporate group, are not registered separately.

A provider must register if the activity is carried out in England. There are separate arrangements for regulating health and social care in other UK territories, with close and regular coordination between the regulators. Where a provider from a neighbouring country occasionally delivers services in England (for example, an ambulance service), we will take a proportionate and reasonable approach.

Corporate groups

Where a provider is a subsidiary of a bigger company, it will need to register in its own right if it is the legal entity responsible for the service, rather than the parent company. For example, if a number of provider companies all trade under the same brand, each company must register individually. We will, however, manage our relationship across the brand and ensure that the way we communicate our assessments will enable people to recognise both the registered provider and the brand.

Franchises

Franchise holders are usually separate corporate legal entities to the parent company and, as such, must register in their own right. Again, we will communicate our assessments so that people can recognise both the provider and the brand, and we will liaise with the parent company as necessary.

Partnerships

Where an activity is provided by a partnership, all partners must register. If an existing partner leaves or a new partner joins, this creates a new partnership, which is a new legal entity requiring a new registration. However, we will take a proportionate approach to managing this situation.

Joint ventures

Where an activity is provided as a joint venture between two providers, the venture will usually be a corporate entity in its own right and therefore must register. Where the joint nature of the venture is reflected in contracts and agreements, rather than in organisational form, each party will need to register.

Hosting arrangements

Where an activity is carried on by A, but hosted by B, then A will need to register, regardless of its host. For example, independent providers of healthcare in prisons must register, not the host prison. Where a registered hospital rents out its operating theatres to another provider (for example, during times that they would not otherwise be in use), that other provider will still need to register even though the host hospital is already registered.

Services registered with Ofsted

Services cannot be dual registered with both the Care Quality Commission and Ofsted. Where a provider must register with Ofsted, the parts of the service that Ofsted regulates will be exempt from registration with us. In these cases, we will work closely with Ofsted, so that registration by Ofsted will be informed by the expertise of both regulators. Any parts of the service that are not registered with Ofsted may, of course, still need to register with us.

Renting arrangements

In independent hospitals and private facilities in an NHS hospital, doctors sometimes rent consulting rooms for private outpatient appointments. Where these doctors provide a consultation within a service that is managed by the hospital, it will be covered by the hospital's registration.

However, this means that all aspects of the consultation must be carried out under the hospital's management and policies; for example, being subject to the hospital's requirements for clinical governance and audit, and the hospital's policies and systems for complaints and for records (with the hospital owning the records). It means that the hospital takes responsibility for ensuring that essential levels of quality and safety are met. In practice, this may be done quite readily through the granting of 'practising privileges', which is a well-established system of checks and agreements whereby doctors can practise in independent hospitals without being directly employed by them.

Alternatively, doctors may practise in outpatient departments under their own arrangements, with the hospital only acting as landlord. In that case, the doctor must register (unless they are exempt for other reasons – see section 2).

Subcontracted services

Subcontractors that provide treatment or care services will usually need to register in their own right. Subcontractors for services other than the direct provision of treatment or care, such as providing equipment or support services (for example, catering or cleaning), will not need to register.

An example of subcontracted treatment is a hospital imaging service in which the x-ray and scanning department is equipped, staffed and operated by a subcontractor. These services are typically seamless and people who use the services may be unaware that they are subcontracted. They will, however, need to register in addition to their host hospital, even though they provide a service that is part of a pathway of care entirely within the registered hospital. The only circumstance in which they might not need to register is likely to be where responsibility for service delivery is totally with the client, and the subcontractor acts as only a supplier of equipment or a staffing agency, with the client in charge of, and responsible for, all aspects of how the service is actually run. But if the subcontractor retains any responsibility for the delivery of the service (such as the operational policies and protocols, day-to-day management, clinical governance or quality assurance, and so on), then it must register.

2

Activities that are exempt from registration

Some activities are subject to a general exemption from registration – that is, they are exempt in all cases. There are two types of general exemption:

- Those with a time limit on the exemption: in other words, providers will need to register in respect of the activities when the time limit is reached.
- Those that do not currently have a time limit on exemption.

Some regulated activities also have specific exemptions that apply only in certain circumstances. These are described in section 3.

Exemptions with a time limit

Primary dental services

NHS and independent providers of primary dental services are exempt until 1 April 2011 – but in practice, the effect of this exemption only covers those services delivered in wholly private dental clinics, and clinics that provide services to the NHS as ‘independent contractors’ to primary care trusts. Dental services provided directly by primary care trusts themselves, or by hospitals, are not exempt and must be included within those providers’ registrations.

Independent ambulance services

Independent providers of ambulance services (of all kinds, including both ‘blue light’ and planned transport of people) are exempt until 1 April 2011. All non-NHS ambulance services are exempt until this date – this includes independent sector services that are fully contracted to other registered providers (for example, an air ambulance service run by a voluntary sector organisation on behalf of an NHS trust). It includes any form of treatment that would otherwise be registerable, if it takes place in a vehicle operated by a non-NHS ambulance provider. All references to vehicles in relation to ambulances include planes, helicopters and boats, as well as road vehicles.

NHS primary medical care

NHS providers of primary medical care are exempt until 1 April 2012. The exemption covers NHS primary medical care under contracts made by a primary care trust, strategic health authority or the Secretary of State (known as GMS, PMS and APMS contracts). This will exempt all providers who provide primary medical care as ‘independent contractors’ to the NHS.

However, primary medical care that is directly provided by primary care trusts themselves, or by organisations other than a GP practice with less than 50% of its time providing primary care (the main example being hospitals), must be included within those providers' registrations. The exemption generally includes 'extended practice' into areas that may not traditionally have been considered primary care and may not be covered by primary care contracts.

Most NHS providers of primary medical care also provide some private services, such as self-pay travel vaccinations. These will not trigger the need to register where the above exemption applies.

Exemptions currently without a time limit

Doctors in independent practice

Providers that consist of doctors who practise privately without a surgery or consulting room (for example, home visiting services, known as independent medical agencies) are exempt if the providers also provide treatment to people under the NHS. The provider in this case may be any form of undertaking, including an organisation, a partnership or a self-employed individual.

Doctors who practise privately in a surgery or consulting room are only required to register if they do not have any NHS practice (there or elsewhere). For a group of doctors in private practice, working together as one organisation or partnership, they must all meet this criterion in order to be exempt from registration – that is, all of the individual doctors must have NHS practice in order for the organisation or partnership as a whole to be exempt. If any one of them is wholly private, without any NHS practice, then the whole organisation or partnership must register.

The exemption does not apply if the private practice in a surgery or consulting room includes any services on the following list. These services override the exemption for doctors in private practice: if any of them are provided, then the exemption is cancelled and the private doctor service must register. The list is:

- Treatment carried out under anaesthesia or intravenously administered sedation (this includes any treatment under any form of anaesthesia, but minor 'lumps and bumps' are excluded).
- Dental treatment carried out under general anaesthesia.
- Obstetric services and, in connection with childbirth, medical services.
- The termination of pregnancies.
- Cosmetic surgery.
- Haemodialysis or peritoneal dialysis.
- Endoscopy.
- The provision of hyperbaric therapy, which is the administration of oxygen (whether or not combined with one or more other gases) to a person who is in a sealed chamber that is gradually pressurised with compressed air,

where such therapy is carried out by or under the supervision or direction of a medical practitioner.

Independent midwives

Independent midwives are exempt if they provide services independently (not in the NHS), they work on their own (not as part of an organisation or partnership) and they only provide services on an individual basis to people in their own homes. All three of these criteria must be met.

Independent midwives that provide services under contract to another provider, as part of that provider's service, will normally be covered by that provider's registration. However, if the midwife sets up his or her own clinic and accepts referrals and self-referrals for services there (not home-based care), or if the midwife works as a member of an organisation or partnership providing midwifery services, then the midwife, or the organisation, will normally have to register.

Individual budgets and self-funded personal care or nursing care

Where a person makes their own arrangement for nursing care or personal care, and the nurse or carer works for them without an agency or employer involved in managing or directing the care that the nurse or carer provides, the nurse or carer does not need to register for that service.

Also exempt are organisations that only help people find nurses or carers (often known as introductory agencies) but do not have any role in managing or directing the care that a nurse or carer provides when an individual employs them for their care.

Third party exemptions

As a general rule, registration provides assurance to the public for services that the public can access. It does not cover 'closed' systems that the public cannot access directly. The following are therefore exempt:

- Occupational health schemes, organised through an employer.
- Defence medical and dental services, organised through the armed services.
- Forensic medical services (for example, for people detained in police custody), organised through police forces.
- Assessment and treatment that is related to insurance, and organised through insurers (for example, assessing claims for injury). However, this exemption does **not** include services organised through private medical insurance schemes – these are generally open to the public and therefore not part of this exemption.
- Services organised by a Government department (for example, medical assessments to determine eligibility for social security benefits).

Other exemptions

The following are also exempt:

- Any health or social care service carried out by a family carer who cares for a member of their family or someone in a personal relationship, and is not paid to do so.
- Primary ophthalmic services (for example, high street optometrists) and primary pharmacy services (for example, high street pharmacists).
- School nurses who are employed by the school. (In practice, this will exempt school nurses in independent schools, but not in public sector schools where the school nursing service will be included in the primary care trust's registration.)
- First aid.
- 'Good Samaritan' acts, in which healthcare professionals and others may be required by professional codes of conduct to provide a regulated activity in response to an urgent or emergency situation.

The following services, which used to require registration under the Care Standards Act 2000, are **not** required to register under the new system:

- Nurses' agencies that act as employment agencies, supplying staff to organisations that carry on regulated activities, and that do not provide any regulated activities themselves.
- Shared Lives schemes that do not arrange placements for people with personal care needs.
- Use of non-surgical lasers and intense pulsed lights (used mainly in beauty salons, dental clinics and some dermatology services). However, services that use surgical lasers and intense pulsed lights (for example, those used in refractive eye surgery) must still register.
- Type three hyperbaric chamber services. These are pressurised chambers, used only as chambers without direct supervision of a medical practitioner and without interventional clinical treatment, mainly in the treatment of people with neurological conditions such as multiple sclerosis. (Type one and type two chambers must, however, register, but any hyperbaric chamber service used mainly in relation to diving, or mainly for an occupational health service for employees, is exempt.)

3

Activities that are covered by registration

Providers must register all regulated activities that they provide. In this section, we explain what each registered activity covers and how we interpret them.

Personal care

The definition of personal care is broader than that used in previous registration systems. It covers:

- (a) Physical assistance given to a person in connection with:
 - (i) Eating or drinking (including the administration of parenteral nutrition).
 - (ii) Toileting (including in relation to menstruation).
 - (iii) Washing or bathing.
 - (iv) Dressing.
 - (v) Oral care.
 - (vi) The care of skin, hair and nails (with the exception of nail care provided by a chiropodist or podiatrist).
- (b) The prompting and supervision of a person to do any of the activities listed above, where that person is unable to make a decision for themselves in relation to performing such an activity without such prompting and supervision.

Although many of the elements of this definition of personal care cover daily living, personal care represents a social care **service** and activities outside that context will not be registerable. For example, informal reminders from time to time by friends, neighbours or wardens of sheltered housing will not constitute a service of “prompting together with supervision” if they are just a case of neighbourly help, rather than a formal service in which the person is taking responsibility for prompting and supervising.

In addition, personal care only triggers the need for registration if it is:

- Provided to persons who, because of old age, illness or disability are unable to provide it for themselves; and
- Provided in a place where those persons are living when the care is provided, such as their home.

Personal care is also included within the definition of “treatment” (see below). When a provider is registered for treatment, they do not need to register additionally for personal care provided as part of that care or treatment.

Accommodation for people who require nursing or personal care

Where accommodation is provided alongside personal care (for example, a care home), or where accommodation plus nursing is provided alongside it (for example, a care home with nursing), the provider must register. The legislation does not distinguish between care homes and care homes with nursing, but we will normally do so through the conditions attached to the provider’s registration.

It is important to consider the relationship between the accommodation provider and the care provider – whether personal care is provided with the accommodation or whether they are provided separately – so that we can be clear about where the boundaries of responsibility lie. We have further guidance on this issue at www.cqc.org.uk/guidanceforprofessionals/registration/socialcare/howtheprocessworks/registrationassessment.cfm.

This activity will also capture Shared Lives schemes. Where these include placements for people requiring personal care, the schemes (not the individual placements) will need to register. It will also capture independent specialist colleges that provide personal care.

Accommodation for people who require treatment for substance misuse

This activity will be within the scope of registration where it is both accommodation and treatment (for example, it does not extend to providers of accommodation only, for people recovering from an addiction who no longer need treatment for it). It is different to the activity of “treatment for disease, disorder or injury” (which will include inpatient addiction services), because the definition is based on accommodation in the sense of where someone lives as their current home.

Accommodation and nursing or personal care in the further education sector

This activity will include care homes and care homes with nursing that are provided with further education, and which involve at least 10% of the total number of people who are provided with education and accommodation. It only applies to educational establishments that fall within the definition of “further education”, which may not capture all independent specialist colleges. However, these will be captured under the “accommodation with nursing or personal care” activity.

Treatment of disease, disorder or injury

This activity allows for any treatment service that is (a) provided by a healthcare professional (or social worker in the case of mental health

treatment) or by a multi-disciplinary team including one, and (b) related to disease, disorder or injury. It will include a wide range of treatment such as emergency treatment, ongoing treatment for long-term conditions, and treatment and care for mental health problems and learning disabilities. It also applies to treatment of disease, disorder or injury in any setting, ranging from hospitals to clinics and community services. Our guidance about compliance will provide tailored guidance to take account of the very varied services that this category includes.

Treatment of disease, disorder and injury does not include alternative and complementary treatments. Osteopathy and chiropractic are not included in this exemption: they are not regulated activities in their own right but, where they are provided by, or under the supervision or direction of, a healthcare professional, they will need to be covered by that provider's registration for treatment.

Treatment must involve a registered healthcare professional or registered social worker to be covered by this regulated activity. A healthcare professional is defined as a:

- Medical practitioner
- Dental practitioner
- Dental hygienist
- Dental therapist
- Dental nurse
- Dental technician
- Orthodontic therapist
- Nurse
- Midwife
- Biomedical scientist
- Clinical scientist
- Operating department practitioner
- Paramedic
- Radiographer.

If a multi-disciplinary team includes one of these professionals (or a social worker in the case of mental health treatment or care), then the whole team will be within scope as a provider of the activity. For example, clinical psychologists, occupational therapists, physiotherapists and speech and language therapists are not included in the list, and standalone services run by these professionals are not required to register. But where such professionals work in multi-disciplinary teams with anyone from the list above, the service will need to be registered and the registered provider must ensure compliance in all aspects of the treatment provided, including the components provided by these professionals.

Treatment of disease, disorder and injury does not include surgical procedures. These are covered by a separate activity (see below). Any exemptions from the definition of treatment (for example, the exemption for temporary services for sporting and cultural events) will, therefore, not apply to any service that involves surgery.

Diagnostic procedures and investigations provided as part of treatment will be included within this activity. However, standalone diagnostic services are covered by a separate activity.

Services in slimming clinics are similarly not included within this activity, as they are covered by a separate activity.

In assisted conception services, such as in-vitro fertilisation, procedures that are covered by a licence from the Human Fertilisation and Embryology Authority (HFEA) will not trigger the need for registration with us. Those parts of the service will be regulated by the HFEA. We work closely with the HFEA to share expertise and contribute to each other's inspections. Any parts of the service that are not covered by an HFEA licence (for example, where endoscopy is used) may still trigger a need to register with us.

The provision of treatment under temporary and special arrangements for sporting or cultural events, such as the 2012 Olympic Games or major festivals, are not within the scope of this regulated activity. In addition, treatment services in sports grounds and gymnasias (whether for the participants in sporting activities, or others connected with them such as spectators) are not covered by this regulated activity.

Assessment or medical treatment for people detained under the Mental Health Act 1983

This activity will apply to any provider that detains people for treatment (not including surgery) or assessment under the Mental Health Act 1983. The definition relates to where people are detained or recalled to a hospital. It does not apply to the use of the Mental Health Act in other settings, and it excludes detention to a place of safety under sections 135 or 136 of that Act (for example, a police station designated as a place of safety will not be captured as part of this activity).

Surgical procedures

All surgical procedures carried out by a healthcare professional are captured by this activity, with just two exceptions. These are:

- Minor nail bed procedures on the foot by a healthcare professional (for example, a podiatrist) under local anaesthesia.
- Minor surgery under local anaesthesia, often referred to as 'lumps and bumps' and comprising curettage, cautery or cryocautery of warts, verrucae and other skin lesions, carried out by a doctor or, if they are on the foot, by any healthcare professional. (Note that all other surgical procedures by a healthcare professional will still be captured.)

Cosmetic surgery is included within surgery, as are surgical procedures for religious observance, most notably circumcision. The regulations clarify that a

number of issues that are not normally thought of as surgery, but potentially could be (such as tattooing), are not in fact surgery and so are not required to register as part of this activity. These are listed in the regulations. Circumcision by anyone other than a healthcare professional (such as a religious leader) is not covered and is not registerable.

Diagnostic and screening procedures

This activity includes all diagnostic imaging services, pathology and other laboratory analyses, and diagnostic physiological measurement. It also includes screening procedures, other than the national cancer screening programmes, that have separate quality control systems.

Physiological measurement includes the following:

- Audiology
- Cardiac physiology
- GI physiology
- Neurophysiology
- Ophthalmic and vision science
- Respiratory and sleep physiology
- Urodynamics
- Vascular technology.

However the following are not included in the activity:

- Audiology that does not involve an invasive procedure or is limited to the use of an auroscope.
- Ophthalmic and vision testing that does not involve the insertion of a medical device into the eye or its surrounding structure (and, as noted above, there is a general exemption for primary ophthalmic services).
- Respiratory or cardiac physiology undertaken as part of fitness screening procedures carried out in a gymnasium in order to decide whether a person is sufficiently healthy to use fitness equipment or take part in fitness routines safely.

All aspects of diagnostic procedures are included. A provider that only provides part of a diagnostic service (for example, carrying out scans but not the reporting of them) will still need to register. Where diagnostic images are reported remotely by a subcontracted provider overseas, the overseas subcontractor will be outside the Care Quality Commission's remit. However, we will hold the client who has made the contract with the subcontractor to account to ensure that they have made appropriate arrangements, including arrangements for quality assurance.

Standalone genetic testing (for example, internet-based testing services) is not included in the activity. Also not included is the analysis of samples of bodily tissues, cells or fluids in order to determine the existence of a genetically inherited disease or disorder, nor where such tests are used to determine the influence of an individual's genetic variation on a drug

response. However, where genetic testing is done as part of a person's diagnosis and treatment, or as part of screening, it will be included.

Chiropractors who use x-ray equipment are exempt from this activity. This exemption only applies to registered chiropractors who are subject to other checks as part of their professional regulation.

Several diagnostic procedures are also exempt, as they are deemed insufficiently risky to warrant registration. These are pin-prick blood tests that do not require analysis in a specialist facility, use of ultrasound by a physiotherapist, and use of an auroscope.

Management of supply of blood and blood-derived products

This activity brings NHS Blood and Transplant into registration, and any other organisations that manage the supply of blood, blood products, tissue, organs, bone marrow or stem cells for healthcare.

Transport services, triage and medical advice provided remotely

Transport services are initially limited to NHS providers (that is, ambulance trusts), but will extend to all providers from April 2011. Transport on land or water or in the air is included. The reference to triage in this activity ensures that ambulance control centres are included, so that the process of prioritising on the basis of urgency is subject to regulation as well as the direct delivery of services.

The inclusion of remote medical advice brings NHS Direct into registration, but could also include any other providers that provide immediate medical advice by telephone or internet.

Maternity and midwifery services

Maternity and midwifery services are an activity in their own right, but independent midwives are currently exempt in certain circumstances (see section 2 above). Lay organisations that only provide advice, support or education related to childbirth and parenting are not included in this activity; nor is support for breastfeeding mothers.

Termination of pregnancies

All termination of pregnancy services, of any type, are included in this activity (although those provided in primary care settings will come under the general exemption for NHS primary medical care until 2012).

Services in slimming clinics

Providers of clinics for slimming and weight loss must register for this activity if medical services are provided in the clinic. It is singled out for the sake of clarity, and to avoid potentially inconclusive debate about whether these services always represent 'treatment'.

Nursing care

Most nursing care will be provided as part of other activities, especially “treatment for disease, disorder or injury” or “accommodation with nursing or personal care”. However, where nursing care is provided that is not part of another activity, the provider must register for it (for example, a health visiting service may fall into this activity, or sexual health advisory services provided by nurses). Nursing care is defined so that it includes both the provision of care by a registered nurse and the planning, supervision and delegation of care by a registered nurse, but services that, by their nature or circumstances, do not need to be carried out by a nurse are not captured under this paragraph.

Family planning services

Services that involve the insertion or removal of an intrauterine contraception device by a healthcare professional are singled out as an activity in their own right, because they do not constitute treatment as such.

Where those services are provided by an NHS primary medical care practice, the exemption for NHS primary care will be in place, and the provider will not need to register until later.

Where other forms of contraception are fitted or supplied, such as a contraceptive cap, diaphragm or oral or injectable contraception, then these are exempt from the activity of family planning. However, they will be included in the activity of nursing care if carried out by a registered nurse.

‘Ancillary’ services, and services that fall outside regulated activities

The scope regulations allow for activities (which do not themselves require registration) to be treated as part of a regulated activity if they are carried out wholly or mainly as part of that regulated activity.

In this case, a provider will be registered for a regulated activity; and the other activity, which is ancillary to the regulated activity, will be covered within that registration. This means that a registered provider is accountable for essential levels of quality and safety across the totality of a regulated activity, even where it includes elements that would not otherwise need to be registered. For example, in a hospital with contracted-out catering, the registered provider is responsible for catering as part of its registration, as it is ancillary to regulated activities. They cannot simply disclaim responsibility and claim that standards are the contractor’s responsibility.

4

Matching activities to locations

The 'location' of a regulated activity is important because providers will declare compliance against each regulated activity at each location. We will monitor compliance against this declaration as part of our decisions about providers' registration status.

A location is the place where regulated activities are provided. An example of a location could be each hospital run by the same NHS trust or each care home run by the same organisation.

There are some exceptions to this rule:

- We will always consider a service that has a registered manager as a single location. Where different registered managers manage different regulated activities from the same location, these will be considered as separate locations for the purposes of registration.
- Where the services of the provider are, for example, community-based and so cover a town or county from several small locations and in people's own homes, or are made up of a main location with one or more supporting satellite services, we may need to cluster several locations together and look at them as a group. This may mean that we would not monitor compliance at each site separately or we may group together a number of locations that are all run by the same manager as a single location, and it is the 'main address' from which the activity is carried out that we would expect to see in an application.
- Where a provider runs a community NHS service, such as district nursing or health visiting, it is similarly the 'main address' from which the activity is carried out that we would expect to see in an application. Where the community service is an independent healthcare agency, such as a medical home visiting service, the head office will similarly be the location covered by the registration, and that registration will cover all services provided from that head office (as the simplest approach, given the huge number of ways that these services' catchment areas are defined). Where the community service is a social care domiciliary care agency, the head office and any branches will be the location covered by the registration (reflecting the most practical way to cover these providers' varied patterns of service delivery, and ensure that they are checked at a local level).

Where a provider admits people, each location where this happens will count as a separate location. For example, in healthcare, wherever a person is admitted on an inpatient or day-care basis; and, in social care, each care home where a person may stay or live as a resident.

This is a summary of our approach, which contains a number of further features where these general principles are adapted to specific services (for example Shared Lives schemes). More detail will be contained in our guidance for completing the registration application form.

All providers that operate from more than one location will have the locations recorded as conditions of their registration. These conditions will specify which activities may be provided from which location.

Once registered, a provider that wishes to run a service from a different location must apply to vary the conditions of its registration before doing so.

Where a provider runs a service that may change location frequently or at short notice, for example a mobile MRI scanner, we will set conditions which avoid constraining the flexibility of the location, as long as the type of service provided does not go beyond the activity for which the provider is registered, and the provider can demonstrate their ability to assure essential levels of quality and safety across different locations.

If a registered provider moves location and no regulated activities are provided from the location (for example, a move of a head office), then the registration would transfer with them. If regulated activities are provided from the location, and it is a condition of their registration, there would need to be a variation to the registration with appropriate checks made.

The statement of purpose

The scope regulations describe activities at a high level. For example, “treatment of disease, disorder or injury” includes a wide range of healthcare services. Providers are, therefore, required by the legislation to maintain and send to us one overall “statement of purpose”. This sets out in more detail the different services they provide within each type of regulated activity, and states each location from which those services are provided. We will notify providers of when this must be done, as part of the application process.

If providers change the services they provide within the activity that they are registered to provide, or they change their locations, they must update their statement of purpose and notify us.

Guidance on the statement of purpose is provided in the appendix.

Appendix:

Statement of purpose

The statement of purpose should aim to achieve two things:

- Provide information about services and their locations, and the range of the needs of people who use services that they intend to meet, to a level of detail that enables us to understand what actually happens in each location. This is so we can consider the broad levels of risk involved and tailor our regulatory approach accordingly. For example, a statement should not just say that surgery takes place in a hospital, but should make it clear where this includes specialist surgery such as neurosurgery and cardiac, and that it is for children as well as adults.
- Provide an overview of all the provider's regulated activities and locations, with the formal line of accountability and contact details for each of them, details of the registered provider and any registered manager.

The statement must be provided to us. However, the information will clearly also be of value to the public.

Format

We do not provide a template or detailed guidance on the format of the statement of purpose. Providers should decide which format works best for them. We encourage the use of simple, plain English.

The statement of purpose does not need to be lengthy, and could be very short. However, the statutory information within it should be clear and prominent, so that we do not have to search for it or make assumptions about which information relates to the statutory requirements.

The legislation envisages one statement of purpose for each provider. However, there is no reason why a statement of purpose could not be made up of multiple sections, for example one section for each unit within a corporate provider, with the ability to update and publish sections individually.

Equally, where more than one provider are registered separately but share a common parent organisation or brand, the parent organisation could present the statements of purpose of these providers as part of a broader corporate document.

The statement of purpose will normally be supplied to us as a complete, standalone document in its own right but, to avoid duplication, it can be presented for other readers in whichever way is most useful.

Updating

Providers must give us a statement of purpose that is accurate. This means that it must be kept up to date, and any updates sent to us within 28 days of any revisions.

Statutory information

Five items of information are required by the legislation.

Requirement	Notes
Aims and objectives of the provider in carrying on the regulated activity	<p>These should relate to the regulated activities, not to any other unrelated functions that the organisation may have.</p> <p>This section should make clear what the purpose of the service is (especially if it is a highly specialised or niche service) and that the provider has thought about how the service will be approached. It may, therefore, be quite short and simple. If providers wish to give additional information beyond aims and objectives (for example, as messages to their staff or to the public), that is up to them.</p>
The kinds of services provided for the purposes of the regulated activity and the range of people's needs that those services are intended to meet	<p>This should include the regulated activities and the types of service within them, for example within diagnostic procedures the services might differentiate between the main types of imaging and laboratory services.</p> <p>The range of people's needs should specify the main types of needs of people using the service, such as the needs of different age groups or people with disabilities.</p>
The full name of the provider and of any registered manager, together with their business address, telephone number and, where available, email addresses	<p>This is self-explanatory. Where the provider is a partnership, the names of all partners must be included.</p>
The legal status of the service provider	<p>This should include whether the provider is an organisation, a partnership or an individual.</p>
Details of the locations at which the services provided for the purposes of the regulated activity are carried on	<p>This must follow our guidance on the definition of location for different types of service, in line with the guidance on completing the application form.</p>

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If you have any questions about applying for registration or you need more information, you can:

- Look at our website: www.cqc.org.uk
- Speak to your **local assessment team**
- Call our National Contact Centre on **03000 616161**
- Email us at enquiries@cqc.org.uk
- Write to us at:
**Care Quality Commission
National Correspondence
Citygate
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