

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.

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”. In this guidance 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 requirements for services for autistic people and people with learning disabilities [www.cqc.org.uk/right-support](http://www.cqc.org.uk/right-support)

The information you provide will contribute to the assessment and determination of your application.

# Completing this form

You must provide an answer to every field marked with an asterisk (\*). Other fields are optional but if you have the information please provide it.

This application form has been prepared as a ‘protected’ Word document. This means that if you use a computer you can easily move from answer to answer using your ‘tab’, down arrow, and page down keys. You can also click from answer to answer using a mouse. You can put an ‘X’ in checkboxes using your space bar or mouse when the box is highlighted. You can go backwards to change your answers using your page up key, up arrow key, or mouse.

Protected Word documents don’t allow you to use the spell check function or to format text with bullet points. If you want to check spelling or use bullet points, type or paste text into a blank new document, correct any spelling errors, add any bullet points, and then copy and paste it into the relevant part of your application form.

You can complete this form on a computer using 'Microsoft Word' or 'Open Office'. Open Office is a free programme you can download from www.openoffice.org. The spaces for answers will expand while you type if needed.

# 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 |

\*What written correspondence have you received from local commissioning partnerships?

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

\*Have you received any referrals 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

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

|  |
| --- |
| \*Name of location |
| 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?
* 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 |

\*What legal arrangements are in place to use the premises for the service you intend to provide?

|  |  |
| --- | --- |
| \*Ownership | Click or tap to add text |
| If the premises are leasehold, how long is the lease for? | Click or tap to add text |
| How many years remain on the lease? | Click or tap to add text |
| \*Have you needed any of the following for the premises for the service?* planning permission
* change of use
* building regulations
 | Yes [ ] No [ ]  |

Have you referred to the following guidance in developing this service?

* Right Support, Right Care, Right Culture guidance

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

\*How have you taken national guidance into account when developing the service? If you deviated from recommended best practice, please outline how and your reasons.

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

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

|  |
| --- |
| 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 will people be able to decide where they live and who they live with?

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

# Section 3. People have access to the community

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

|  |
| --- |
| sds |

\*How will you support people to ensure their interests are explored and they will receive support to be active participants of their chosen community?

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

\*What local health and social care services used by the local community will people using your service have access to?

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

\*How will you help people develop and sustain links with their family and friends?

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

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

Describe the ways in which you will deliver the service that meets good practice guidance

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

\*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 |

How will you ensure that the culture within your organisation/team encourages openness and honesty at all levels?

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

email your completed form and supporting documents to: HSCA\_Applications@cqc.org.uk

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