

Variations, notifications of changes and new registrations – Housing Support and Care at Home services guidance

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Introduction

Local authorities regularly commission new services, decommission services or seek tenders. This guidance clarifies how we will respond to these changes to services and support our staff when dealing with housing support and/or care at home services requesting:

- Variations to existing registrations
- Notifications that relate to conditions of registration
- Notifications of a change that we identify should require an application to register a new service.

Dispersed Services policy

You should read this guidance along with the Care Inspectorate's 'Policy on dispersed services and peripatetic management', which expands and provides context to the criteria applied below.

Although housing support services and support services (care at home) are usually dispersed in nature, (registration of a service provided from several locations/teams) it does not mean that we would automatically add any developments to this service's existing registration.

You should carefully consider whether the change or development in the service means we need to register the new service separately.

Variations – increasing services

Many certificates for housing support and care at home services have a condition that specifies 'the service must notify the 'regulator' of any increase in WTE care staff of 10% or more'.

The purpose of this condition was to ensure that where providers changed their service through increasing the staff team, the Care Inspectorate is able to consider whether the change was acceptable within the existing management arrangements or whether a new service registration was required.

Notification, variation to the existing service or a new registration?

To identify whether a new registration is required, consider the following questions:

1. Is this an increase as part of the service's original registration, due to there being more referrals for the same service or service users with higher levels of need?
2. Is it a 'new' service that they have acquired through tendering/commissioning that was previously provided as an existing registered service or part of a registered service?
3. Does the increase/new team evidence¹ that the registered service:

¹ See 'Policy on dispersed services and peripatetic management' to enable decision making

- Shares the same service aims and objectives?
- Do they provide the same client group² as detailed on the certificate?
- Is provided by the same staff team and staff can work across the whole service (not require specialist training)?
- Shares the same policies and procedures?
- Manager has the capacity to take on the increase/new team?

Based on Q3 above, is the service going to be operated separately (if so this would indicate a new registration is required) or will this development be fully integrated into the team, arrangements, management (variation/notification)?

Same client group - generic v specialist services

You need to take into account whether the change relates to the needs of people who use the service. Some large care at home services, for example are 'generic' supporting a wide range of people with various health and medical conditions. This is acceptable where the staff have sufficient training to carry out their role.

Other services are 'specialist' and concentrate on a particular client group as the individual support needs are more complex or staff require additional training and consistency of staffing is required.

If a 'generic' service applied to increase staffing to support people using a specialist team, we would see this as a different service. Similarly, if a specialist service for people with dementia wanted to increase the service to provide a specialist service to young people with mental health needs, we would consider this as a separate service.

If the application is an increase in the service as opposed to a new service, the staff in the existing service will be able to work across the whole service with the existing and the new clients. They will be transferable and have the skills and training to meet all service user needs. The 'extension' of the service will therefore integrate with the existing registration.

Expansion of service

Where the Care Inspectorate accepts that this is an expansion of the care service because of more referrals or a new contract and has no concerns about the management arrangements, we will make an amendment to the certificate or we will make a note on PMS/RMS to reflect this change.

However, where the expansion suggests that they are operating a new care service, there is a need for a new registration, the Care Inspectorate will refuse to vary the registration and inform the applicant/provider that a new application for registration is required.

EXAMPLE A: Application to vary the client group

We register a service to provide housing support and support service care at home to 30 people with learning disabilities, living in their own houses or shared houses in one local authority area. They tendered for and won a contract to support 10 older people with dementia in another local authority area. A different provider previously provided the service and the existing staff and manager are transferring to the new provider.

They apply to vary their registration from 'adults with learning disabilities' to both 'adults with learning disabilities and older people with dementia'.

Considerations:

1. Does the service share the same aims and objectives?

Possibly – the provider could argue that both share the same aims of supporting people to live independently in their own homes.

2. Is it the same client group? Same staff team?

No – the client group and their needs are very different. It's unlikely therefore that a single team will be employed to work across the existing service of people with learning disabilities and the new contract with people with dementia. The 'services' should generally be specialist teams working with a distinct group of people with different care and support needs.

They already have a separate team employed who will be supporting the people with dementia.

Staff require different skills, knowledge and training for working with these different client groups, therefore the service should not transfer staff from one client group to another.

3. Same policies and procedures?

Partly – it is possible that many organisational policies and procedures would be similar, but operational policies may need to differ for the needs of different client groups. For example, there would be differences in maintaining someone's level of independence that has dementia compared to then promoting learning and developing independence where people have a learning disability.

4. Management

The dementia service already has a distinct group of staff and manager and as such, this would indicate that it is a separate service.

Recommendation:

We would see this as two different services and not as a variation to the existing registration.

EXAMPLE B: Increasing service user and staff numbers

We receive a notification in response to the condition of registration to increase the size of the staff team by more than 10%.

The service provides a support service – care at home to a range of people living in their own homes. Some people are older people who have limited mobility; some people have physical disabilities and long-term conditions. We would describe this as a generic service (non-specialist).

When the service was registered it had five teams of five staff working (25 staff, 5 team leaders and 1 manager = 31 staff).

The provider has won a contract to provide a care at home service to older people. The council used to provide this service themselves but have decided to put it out to tender.

The service is for 50 service users and staff will increase by 10 WTE.

Considerations:

1. Does the service share the same aims and objectives?

Yes – the provider already provides the same service to people in the area.

2. Is it the same client group? Same staff team?

Yes – the provider already supports older people. They could add additional clients to the caseloads of the existing teams and employ additional staff to join these established teams.

3. Same policies and procedures?

Yes – the same policies and procedures would apply.

4. Management

If the provider suggests integrating the new clients and staff into the established teams, we may look at the manager's capacity to supervise the new staff. They may require additional teams, for example increasing the number of teams in the service from five to seven.

Recommendation:

We would see this as a notification in accordance with the condition of registration and not a new registration or variation to the conditions. Record the increase in service size on PMS/RMS and the service provider should record the increase in their annual return.

EXAMPLE C - Varying a condition of registration - location

A provider of a housing support service to people in two sheltered housing developments wants to vary the registration to also provide a housing support service to older people living in their own homes in the local town.

The sheltered housing developments are for older people. People generally move from their own homes into the developments and the provider wants to have a service that helps with this transition.

The provider aims to increase the sheltered housing staff team by 0.5 WTE a week.

Considerations:

1. Does the service share the same aims and objectives?

Yes – the provider already provides the same service to older people in their own homes, with the difference being that the person’s home may be in the sheltered housing development.

2. Is it the same client group? Same staff team?

Yes – older people. The provider is suggesting that the warden in the development with the new 0.5 WTE worker will provide the support to the community clients and those in the sheltered housing development. This would not require specialist skills or knowledge.

3. Same policies and procedures?

Yes – the same policies and procedures would apply.

4. Management

The provider is suggesting that they integrate the new clients and staff into the established teams and this would seem reasonable.

Recommendation:

This would be a variation if the condition of registration limits the staff to support people within the sheltered housing developments. We need to alter the variation condition to reflect the variation ‘... and older people in the local community’.

EXAMPLE D - Change in service

A provider of a housing support service to people in two sheltered housing developments wants to vary the registration to also provide a support service (care at home) to the tenants.

The sheltered housing developments are for older people.

The provider aims to increase the sheltered housing staff team by two and offer personal care, cleaning and meal preparation.

Considerations:

1. Does the service share the same aims and objectives?

No – this is a different type of care service.

2. Is it the same client group? Same staff team?

Yes – the same clients in the developments. The same staff team under the existing manager will provide it. Staff will need additional training on issues relating to the provision of the care at home service.

3. Same policies and procedures?

Partly – some of the same policies and procedures would apply however, they will need to develop others to reflect the different type of care service they provide.

4. Management

If the provider suggests integrating the care at home staff into the established team, this would seem reasonable as they are supporting the same clients.

Recommendation:

This service is not a variation but a new registration. However, as they are providing the service to the same clients by the same staff team, this would be a combined service and inspected at the same time. Any relevant fee reductions would apply.

It would be acceptable for the staff to carry out housing support and care at home duties as long as they have sufficient training and support.

Alternatively, the provider may want to separate the different roles, and have distinct housing support and care at home staff under the single manager.

So that the provider was not operating a care home or be at risk of this being an issue, they must not provide the support service (care at home) with the accommodation. People living in the development must be able to choose their own care provider and not pay for this as part of the housing

management charges. Their tenancy agreement must not state that the care service will be charged or provided as a condition of occupancy.

EXAMPLE E: Increasing service users and staff numbers - generic and specialist services

We receive a notification in response to the condition of registration to increase the staffing by more than 10%. The service provides a support service (care at home) to a range of people living in their own homes. Some people are older people who have limited mobility; some people have physical disabilities and long-term conditions. We would describe this as a generic service (non-specialist). When the service was registered it had five teams of five staff working across Fife (25 staff, 5 team leaders and 1 manager = 31 staff).

The provider has won a contract from the local authority to provide a Support Service (care at home) to 10 young people with autism who live in a shared house. They have staff on site 24/7.

The provider also wants to register a housing support service for this new contract.

The provider wants the manager of the support service (care at home) responsible for the five existing teams to oversee the shared house and manage the staff team.

Considerations:

1. Does the service share the same aims and objectives?

No – this service would be specialist and its purpose would be to support young people with autism to live in the shared house.

2. Is it the same client group? Same staff team?

No – this is a group of clients with specialist needs and who don't get support in the community. General care at home staff from the community teams would not be able to do shifts in the house. Their skills are not transferable.

3. Same policies and procedures?

No – they would require different policies and procedures to reflect the different care and support arrangements.

4. Management

The staff team would require access to a sufficiently well trained and experienced manager. The manager of the generic care at home service is unlikely to have the capacity and skills to be manager of this service/s.

Recommendation:

This would be a separate care service and we would not add it into the existing registration.

It may be possible to register the service and for the existing manager of the care at home service, to also be the registered manager of this new separate service – however they would need to evidence that the manager has the capacity and skills.

They would require two registrations – housing support and support service (care at home). We may need to look further into the provision of care with accommodation – as this may meet the definition of a care home.