

A new system of registration

What is a 'location'?

Guidance for providers, assessors and inspectors

April 2010

Introduction

In your application for registration, you will be asked to declare that you will comply with all the essential standards of quality and safety for each regulated activity you provide at each location. We will monitor compliance against this declaration as part of our decisions about your registration status.

Locations will be listed as 'restrictive conditions' on your certificate of registration, and it is therefore necessary to define locations in a consistent and proportionate way. Also, you will be required to set out, in your statement of purpose, the locations at which the regulated activities are carried on.

This guidance document sets out the rules for identifying your locations. **It supersedes all previous guidance about locations.**

What is a location?

A location is:

1. A place to which people are admitted to for the purpose of receiving a regulated activity, or
2. A place in which people live as their main or sole place of residence or in which they are educated, and they receive care or treatment there, or
3. A walk-in centre, or
4. A primary medical, primary dental or out-of-hours service, or
5. The branch of an agency providing care, or
6. A regional headquarters from which a national or cross-regional independent ambulance service is managed, or
7. A stand alone purpose-built diagnostic or screening facility.

If none of these apply, then a location is also:

8. A place where regulated activities are managed from.

There are some additional rules that cover specific scenarios.

A location is not the private address of a person who uses services.

The Care Standards Act 2000 required registered providers of adult social care and independent healthcare services to register these services at the level of each "establishment" or "agency". This meant, for example, that each individual care home, acute hospital, clinic or branch of an agency was identified as the place in which registerable services were provided. It is anticipated that the majority of those establishments or agencies will form the locations required for the purposes of registration under the Health and Social Care Act 2008. However, while that will be the case in most circumstances, particularly regarding establishments, providers should carefully read the following guidance to make sure that they are correctly identifying locations against the rules below.

Identifying your locations

To identify all your locations, you should work through the rules in the order they appear.

For most providers, their locations will come within rules 1 to 8. There are also rules applying to the following specific circumstances:

- Where partnership, jointly funded, integrated care or other arrangements are in place and where services are carried on between or on behalf of service providers in a range of places (rule 9).
- Emergency remote clinical advice and triage (rule 10).
- NHS trusts providing care home or domiciliary care services (rule 11).

Rule 1

A location is: **A place to which people are admitted for the purpose of receiving a regulated activity**

- a) For the purposes of defining locations, CQC considers people to be admitted where the place is not their main or sole place of residence, and either:
- They stay overnight within that place, or within a defined area of that place (such as a prison hospital wing), for the specific purpose of receiving the regulated activity; **or**
 - Beds, trolleys, couches or reclining chairs are provided for the purpose of their post-procedural recovery from procedures delivered in an operating theatre, dialysis room, endoscopy room or treatment room (**other than** within a GP or dentist's surgery – see 4 below, **or** in a consulting room – see 4 below); **or**
 - They are detained there under the Mental Health Act 1983, other than under a section 135 or 136.
- b) The criteria above will apply to a range of types of services including, but not restricted to, acute hospitals, community hospitals, mental health hospitals, day surgery hospitals, and stand-alone dialysis or endoscopy services.

In some cases, particularly acute hospital services, the place from which they are operating may comprise a group of buildings from which regulated activities are provided. The service provider may apply to be registered to carry on the activity, or activities, from the group of buildings as a whole and have that group of buildings regarded as one location. Where this is the case, the registered address for that location will be the postal address for one of the buildings within that group of buildings. The service provider may select which of the buildings it is most logical to give as the address.

Typically, this example may cover a large hospital site, with a number of buildings, which may cover a reasonably large area and be intersected by public and/or private roads, but which would reasonably be recognised as a distinct, single location by people who use its services.

In deciding whether a group of buildings falls into this example, the following considerations will apply. The group of buildings described as a location **should not** include any building if:

- That building is within a different city, town or postal area* than the chosen address of the group of buildings; **or**
- That building can only be reached from the main address of the group of buildings by travelling a considerable distance on public

roads or footpaths (CQC will not specify what 'a considerable distance' is, but service providers should consider how far a fairly healthy person could reasonably be asked to travel on foot from one part of the group of buildings to another); or

- The building is branded distinctly differently from the main address of the group of buildings, so that it would appear not to be related to it.

Note: A postal area is the first 3 or 4 digits of the postcode e.g. SW1 or NE10.

Rule 2

A location is: **A place in which people live as their main or sole place of residence or in which they are educated, and they receive care or treatment there**

- a) Where a service provider provides accommodation that is bound together with treatment or care to people who regard the place as their home or their main or sole place of residence, then that place will be a location in the following circumstances:
- The person will regard the place as their home because they have a tenancy or contractual agreement in place or a formal contract that gives them rights as a resident of that place **and** to receiving care or treatment in that place.
 - The tenancy or contractual agreement binds together the provision of the accommodation and the provision of the care or treatment.
 - Where the tenancy or contractual agreement binds together the accommodation and the care or treatment, but those elements are provided by legally distinct entities, it will be the service provider directly providing the regulated activity that will be required to be registered and who will cite the place as a location.
 - Although one or more of the residents may still have a separate privately-owned house(s) outside of the place where they now live, the place where they live and receive care or treatment is regarded by them, their family and friends as the main place where they now live.
 - Where a service provider delivers care to people to whom they are also providing further education*, then the place in which the regulated activity is carried on will be a location.
 - For the purposes of this rule, the following types of services are included, but not necessarily limited to:

- Care homes providing both accommodation and personal care
 - Care homes providing both accommodation and nursing or personal care
 - Substance misuse service where the accommodation is provided along with the treatment
 - Further education establishment providing accommodation with nursing or personal care.
- b) This rule does **NOT** apply where the address is a person's 'private house'. The common indicators that an address is distinct from this rule are:
- The person may have lived at the address for some time before supportive care services were required and supplied.
 - The address is either privately-owned by the person or they have a tenancy agreement that does not, in any way, bind together the provision of accommodation with the provision of care or treatment.
 - For the purposes of these exceptions, the following types of accommodation are excluded, but not necessarily limited to:
 - A privately-owned home
 - A home rented from a local authority, housing association or private landlord in which the tenancy agreement does not include the provision of care
 - The individual houses where people live under a supported living scheme
 - Extra Care Housing scheme where the accommodation is not provided
 - Lived in care arrangements where the carer lives in the person's private home
 - The individual houses where people live under a shared lives scheme.
- c) It could be the case that the place is made up of several buildings grouped closely together. To decide how these groups of buildings should be considered, you should follow the same principles as those set out in 1(b).
- * For the purposes of paragraph 4 of Schedule 1 of the Health and Social Care Act (Regulated Activities) Regulations 2010.

For example:

- Single care home A provides a range of services, including personal care, to people with learning disabilities. The care home is the head office and the only care home operated by the service provider; it will be the sole location for the service provider.

- Large care home service provider B provides personal care and support to people who require nursing care. The service provider has 15 care homes in which people have rights of residence which bind together their accommodation and their care. Each of the 15 care homes will be a location.

Rule 3

A location is: A walk-in centre

For a walk-in centre to be defined as a location in its own right, it must be a permanent service, providing one or more regulated activities, from premises that are under the direct control and management of the service provider. The place where this service is carried on is a location.

Where a walk-in centre does not fulfil the criteria set out here, it will not be listed as a separate location but will be included within the service provider's headquarters (HQ) address (refer to rule 8(b) below).

Where other registerable community services are provided within the same premises as a walk-in centre, and where the walk-in centre fulfils the criteria for being a location in its own right, those community services will **not** be included within the walk-in centre's location but will be included within the service provider's HQ address (refer to 8(b) below). This will be the case even though those community services may be operationally managed from a place other than the service provider's HQ.

Note: Some primary medical services are not required to be registered until 2012.

Rule 4

A location is: A primary medical care service, primary out-of-hours service or primary dental care service

Where a service provider provides a primary medical service, primary out-of-hours service* or primary dental care service carrying on one or more regulated activities, the place in which that service is provided is a location.

Where other registerable community services are provided within the same premises as a primary medical service, primary out-of-hours service or primary dental care service, those community services will **not** be included within the primary medical service, out-of-hours service or primary dental care service's location but should be considered in the light of rule 8(b) below.

Where the place contains two or more legally distinct primary medical

services, primary out-of-hours services or primary dental care services, then each service under former legislation should cite the premises as a location.

* For the purposes of this rule, the location is the place from where the primary out-of-hours service is run, the place from where calls are received and healthcare professionals are dispatched and controlled, or where some patients are asked to attend in order to see a health care professional. It does not mean the various vehicles used, or the homes or places that health care professionals visit when seeing patients.

Note: Some primary medical services are not required to be registered until 2012 and some primary dental services are not required to be registered until 2011.

Rule 5

A location is: The branch of an agency providing care

Where a service provider is an agency that supplies staff to undertake regulated activities in people's private homes (see rule 2), then each office from where the activities of those staff are directly managed will be a location. These are known as 'branches'. 'Agency' can mean a Domiciliary Care Service, Extra Care Housing, Supported Living Services or lived-in services.

Any given office **WILL NOT** be classed as a branch if it is:

- A private home used only for 'on-call', or
- A private home AND client/worker records are not stored there, or
- A private home AND it is not the primary base of the agency, or
- A facility for the storage of records or another purely administrative function, or
- Temporary premises, such as hotels or serviced offices used for short periods as a convenient location for recruitment, or
- Premises used solely as accommodation addresses to receive mail or diversion of phone calls.

But it **WILL** be classed as a branch if, for example:

- Office premises are regularly used for 'on-call' services, especially for more than one branch, or
- They are local office bases within sheltered housing complexes, or to provide a local contact point for clients.

Examples might include:

- Agency A provides personal care to people in their own private homes from one office which is their HQ. This main HQ office supports the

staff team who work out in the community, booking the work, processing their timesheets, supervising staff and possibly providing training from this location. This will be the sole location for the service provider.

- Agency B provides personal care to people in their own private homes from six sub-offices located across a large geographical area. Each of these offices supports the staff team who work out in the community from that office, booking the work, processing their timesheets, supervising staff and possibly providing training. They also have an HQ office from which no care services are actually managed and a records storage facility on an industrial estate. Each of the six offices from where the care services are managed will be a location, but the HQ and the records storage facility will not.
- Agency C provides a range of services; some might include those outlined in examples (A) and (B) above, but it also provides personal care to people who live in supported living accommodation. People living in the supported living houses might need various hours of support from staff as they will have individual needs. Agency C might provide 24-hour support with a regular staff team working in people's houses. The staff are managed from the agency's HQ (although staff have a small base in each house to keep care records), and this will be the location for the service provider, **not** the individual houses in which care is provided.
- Agency D works in the same way as example (C) above, but has only one house in which care is provided. The staff and business are managed directly from a substantial office in the house itself, and therefore the house itself will be the location for the service provider.
- Shared Lives scheme A (previously known as Adult Placement schemes) arranges accommodation at a carer's home (which might be owned or rented by the carer) for people who may need support with specific needs i.e. learning disabilities or mental health. The carers' homes will not be locations in their own right, but will fall under the service provider's HQ as the sole location.

Rule 6

A location is: **A regional headquarters from where a national or cross-regional independent ambulance service is managed**

Where a service provider is an independent ambulance service (that is, not an ambulance service operated and managed by an English NHS body, see rule 8), in many cases the service will operate within one region and be managed from one location. In that case, rule 8 will apply.

However, some independent ambulance services cover all of England, and some operate in multiple distinct regions within England. In those cases, the regional headquarters – meaning the place from which operational management takes place for a region – will be a location. The characteristics of a regional headquarters will include, but are not restricted or limited to:

- Its function includes the operational management of the independent ambulance service from a defined region.
- Where the provider has a national service covering all of England, designation of regional headquarters will be required and the provider must determine the size and boundaries of each region depending on what is practicable for them to be able to demonstrate compliance.
- Where the provider has a cross-regional service covering more than one region of England, designation of regional headquarters will be required. We do not offer a definition of ‘region’. The principle is that regional headquarters must be designated wherever it is not practicable for a provider to demonstrate compliance through one location, because it is not feasible for one manager to be accountable for day-to-day running of the service and the different operational requirements of its very large or distinct areas. In these cases, the provider is responsible for ensuring that the arrangement is practicable, bearing in mind that inability to do so may call into question the fitness of the entire provider to manage the service.

Note: For NHS ambulance services, please see rule 8.

Rule 7

A location is: **A stand alone purpose-built diagnostic or screening facility**

Where service providers carry on the regulated activity of diagnostic and screening procedures directly to people using the service in a stand alone, fixed site facility built for the purpose of undertaking such procedures, the place in which that service is provided is a location. Where a service is covered within the mobile rule in rule 8 (i.e. the facility is a vehicle of some form), then this rule will not apply. Examples of such facilities include stand alone health assessment services, stand alone CT or MRI

scanning services, stand alone foetal screening services, medical laboratories that directly receive people in order to give or take samples and specimens etc.

Rule 8

A location is: A place from where regulated activities are managed

Where a service provider delivers regulated activities in places that do not meet **any** of the above rules, those services must be included under either:

- a) Another location that is being registered by the service provider under categories 1 to 6 above, or
- b) At the service provider's HQ address.

Examples to illustrate 8(a):

- A satellite outpatient clinic that serves an acute hospital, but that does not fall into any of the categories 1 to 6 above in its own right. Where this is the case, the clinic can be included as part of the service provider's registration at the location of the acute hospital, regardless of geographical location, and the condition we apply to the service provider's registration at that acute hospital should include reference to the outpatient clinic. Where that outpatient clinic serves more than one acute hospital location, the service provider can decide at which of its other locations it is most appropriate for the clinic's services to be included.
- A small medical laboratory that is a satellite of a larger medical laboratory and that only analyses samples (it does not receive people to take samples).

Examples to illustrate 8(b):

- Community services such as health visiting, district and school nursing services, community mental health teams, hospital-at-home, palliative care services and many others are provided in a variety of settings including health centres, people's 'private homes' (see 2(b)), community centres, supermarkets, etc. These places will not need to be classed as locations in their own right. All these types of places where services are provided will fall under the service provider's HQ as the location. This will be the case even though those community services may be operationally managed from a place other than the service provider's HQ. The Statement of Purpose will set out the individual addresses that comprise each group of main locations and their associated satellites.

This applies even where community services are provided within the same premises as primary medical, primary out-of-hours, primary dental service or a walk-in centre, and where these services fulfil the criteria for being a location in their own right. Those community services will **not** be included within the GP, out-of-hours service, dentist or walk-in centre's location, but will be included within the service provider's HQ address. This will be the case even though those community services may be operationally managed from a place other than the service provider's HQ.

- All ambulance services that are operated and managed by an English NHS body, and wherever they are provided from, will fall into the service provider's HQ address as one location. We do not consider places to be locations where it is a place in the community where a vehicle is temporarily parked, landed or anchored as a holding or stand-by point, or the place where it is parked, landed or anchored while responding to a call for assistance.
- Independent ambulance services that are operated and managed in or from a single region will fall into the provider's HQ address as one location. Although this will still allow for journeys outside of the region, operational management is still overseen in day-to-day detail at the HQ and all vehicles will normally be based within the single region. If there is a distinct service in another region, with its own requirements for day-to-day management which cannot reasonably be covered from the HQ, then rule 6 will apply.
- Mobile medical facilities such as mobile surgical, endoscopy or diagnostic imaging services that are carried on in a vehicle that travels to different places to provide the regulated activity. Under former legislation, these vehicles have traditionally been registered individually, however, the vehicles used by service providers to carry on a regulated activity will now be placed under the service provider's HQ location, in the same way as for ambulance services in the paragraph above.
- Stand alone medical laboratories (usually carrying on only the regulated activity of 'diagnostic and screening procedures') as described in rule 7, but which do NOT receive people for the purposes of giving or taking specimens.
- Where a healthcare professional or a partnership comprising healthcare professionals carries on a regulated activity from a consulting room (and which does not fall into any of the rules above), the address from which that regulated activity is provided is a location. Where a medical professional or a partnership comprising healthcare professionals carries on a regulated activity for which the service provider travels to a variety of places to provide the care or treatment to people (for example in their permanent private residence or temporary address such as a hotel) the service provider can select the address from where they manage their service as the location.

Other rules

Rule 9: Locations for regulated activities where partnership, jointly-funded, integrated care or other arrangements are in place and where services are carried on between or on behalf of service providers in a range of places

The Health and Social Care Act 2008 requires that "any person" who carries on a regulated activity must be registered to provide it. "Any person" can be an individual, a partnership or a body other than a partnership - such as a local authority, NHS trust, limited company, voluntary body or sole-trader.

There are numerous examples where a service provider may enter into a formal or informal arrangement for the provision or subcontracting of services that has an impact on deciding, firstly, who the registered person is, and secondly, the "ownership" of locations.

Examples can include, but are not limited to:

- A section 75 arrangement (National Health Service Act 2006, or, previously section 31 of the Health Act 1999) where a service is being jointly funded by an NHS trust and a local authority
- Services provided by service provider A on service provider B's premises for the benefit of service provider B's service users.
- Services provided by service provider A on service provider B's premises for the benefit of service provider A's service users, under either temporary or longer-term arrangements.

Section 75 of the Health Act 2006 empowers local authorities and NHS bodies to cooperate in providing some of the services they are each obliged by statute to provide, and some of the arrangements reached under section 75 amount to a type of partnership arrangement. However, CQC takes the view that such arrangements do not constitute a legal partnership, and so do not mean that a partnership has replaced either the NHS body or the local authority as the service provider for the purposes of the Health and Social Care Act. The "person" who should be registered to provide any particular regulated activity is the body (NHS trust or council) that has the original statutory power or obligation to provide that service.

The legislation provides only for English NHS bodies to be registerable for regulated activities by 1 April 2010. Service providers that are not an English NHS body and that provide registerable services do not need to be registered until October 2010. Following on from this, CQC takes the view that NHS trusts should be applying to be registered as the provider of services that involve a regulated activity coming within their statutory remit before April 2010, while local authorities should be doing so before

October 2010, regardless of any section 75 arrangements they may have made.

CQC also takes this principle to apply to any other informal or formal partnership or subcontracting arrangement in terms of identifying who is the “person” who should be registered. That means where service provider A retains **statutory responsibility** or other **overall accountability** for the provision of a regulated activity, irrespective of whether service provider B is involved in that provision, service provider A will need to include that part of the service within their registration for the relevant regulated activity(ies).

Where two or more service providers have shared accountability for a service, each will have to include the part of the service they have accountability for in their application at the relevant time during 2010.

Although this may appear cumbersome, it is important that the service provider who ultimately holds responsibility is the registered person for the purposes of registration, compliance and enforcement.

Service providers must register for each of the regulated activities they provide. It is unlikely that any service provider will be carrying on regulated activities under partnership and other arrangements that differ from those they will already be registered to provide as their “main” service. Therefore, their registration is likely to be affected only in terms of deciding at which location they are providing a service, and so they must determine how these location rules apply to their “other” services.

The service provider who needs to be registered will need to apply the location rules set out above to each part of their service for the regulated activities they are applying for.

For NHS service providers, examples might include:

- Primary care trust (PCT) A provides a range of community health services that are registered under the location of the PCT’s headquarters. PCT A and local authority B jointly manage a crisis response service that is formalised under a Section 75 Agreement (National Health Service Act 2006). The response service is delivered by integrated multi-professional teams; it provides a single point of contact and a range of health and social care services including community intermediate care, a number of community hospital beds and a residential care facility. Both PCT A and local authority B will need to include this integrated service in their registration. Each will have to register the aspect of the service for which they have overall accountability. For PCT A, this will be included in their PCT’s headquarters registration location.
- NHS trust A, a foundation trust hospital, provides specialist nursing and medical staff to NHS trust B, an acute hospital, under a service level agreement, to carry out services that fall within a range of

regulated activities and that are carried out in a number of departments across trust B's hospital sites. The patients are the responsibility of trust B. Trust B holds the responsibility under the Regulated Activities regulations for ensuring that the staff it is using from trust A are fit, and is overall accountable for the delivery of that service, even though it is being delivered by trust A's staff. In this case, trust A is not required to include this service within its own application for regulated activities, and it does not need to list the locations belonging to trust B within that application.

- NHS trust A is a specialist hospital and receives referrals for specialist treatment for patients from NHS trust B. Usually, patients from trust B travel to trust A's premises, but, as this is in a different city, trust A is piloting the provision of a specialist service within trust B's premises once a month so that patients don't have to travel long distances. In this case, trust A is the service provider with responsibility for the patients as they have been referred from trust B, so trust A must include this monthly service within its registration.

Depending on whether the service falls into location categories 1 to 4 above, NHS trust A may either list the premises it uses at NHS trust B's hospital as a separate location in its own right, or, include it as a satellite outpatient clinic serving one of trust A's acute hospital locations. In either event, trust A will be responsible for ensuring that the part of trust B's premises it is using for carrying on the regulated activity meets relevant regulations. In addition, if the premises being used is defined as a location and the pilot is discontinued, trust A will need to apply for a variation to its conditions of registration to remove that location.

In this example, trust B is not required to include this service within its own application for regulated activities.

- NHS trust A has negotiated a temporary lease arrangement with a local independent hospital service provider. This is for use of the independent service provider's premises to provide surgical procedures while its own premises are being upgraded. Trust A's staff carry out the surgical procedures, but the post-operative recovery is provided by the independent hospital's staff under a service level agreement. Trust A is the service provider as it holds overall responsibility for the patients, even though they are being treated in the independent hospital's facilities and with shared care provided by different staff. Trust A will be responsible for ensuring that the parts of the independent service provider's premises that it is using to carry on the regulated activity meet relevant regulations, and that the staff providing care or treatment for its patients satisfy the fitness regulations.

In this example, as surgical procedures and post operative care are being provided, the locations criteria for listing this as a separate location on trust A's registration will apply to this temporary

arrangement. In addition, if the premises being used is defined as a location and the temporary arrangement is discontinued, trust A will need to apply for a variation to its conditions of registration to remove that location

- An independent hospital service provider runs a private patient unit within NHS Trust A's premises. This unit is registered with CQC under the Care Standards Act 2000, and has a registered manager on site. There is a formal lease arrangement for the use of the ward space, operating theatres and other clinical and ancillary services. The nursing staff are employed by the independent service provider, consultants work under practicing privileges arrangements with the service provider, all other staff work under the service level agreement. In this example, the service provider is the independent hospital, and, when it is required to re-apply for registration under the 2008 Act, it will need to include this place as a location in its own right within its application. In this example, trust A is not required to include this service within its own application for regulated activities.

For other service providers it is less likely that the type of 'hosting' arrangements would include the hosting of services that, in themselves, would be regarded under rules 1 to 7 as separate locations.

Where scenarios are identified that mean two separate service providers are involved with a service that, for both of them, would trigger that place as a location under rules 1 to 7, then the NHS scenarios can be used (set out above in examples a) to e) above) to determine how they should be managed for the purposes of this guidance.

Rule 10:

Emergency remote clinical advice and triage

Services such as NHS Direct do not easily sit within the criteria described in rules 1 to 7 above. All of the services are provided remotely, in that there is no face-to-face contact with people who use the service and no places in which people are treated. For this reason, all medical advice services* should be grouped into one location at the service provider's HQ address.

* This rule only applies to "medical advice" in cases where immediate action or attention is needed, or triage provided, over the telephone or by email by a body established for that purpose.

Rule 11:**NHS trusts providing care home or domiciliary care services**

There are a number of primary care, mental health and learning disability trusts that are providing care home or domiciliary care-type social care services. Examples of the services provided include assessment or respite care provided to people with mental health problems or learning disabilities, care provided by the trust to people in their own homes, and care for people with substance misuse problems.

In the earlier version of this guidance, prepared for NHS registration in January 2010, we advised that NHS service providers of care home or domiciliary care services that are not registered under the CSA would need to register these from 1 April under the location of the trust's headquarters.

These rules have now been amended and NHS providers of social care services will now need to identify the locations of all the individual care home or domiciliary care services in line with the rules set out in this guidance. We expect that these specified locations will be identified during the process of registering managers for each location by October 2010.