

Right support, right care, right culture

How CQC regulates providers supporting autistic people and people with a learning disability

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Introduction

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.

In this guidance, ‘people’ means autistic people and those with a learning disability. ‘Services’ means the provision of care and support to meet people’s individual needs within the scope of [regulated activities](#) delivered by CQC registered providers typically in, but not exclusively, the settings described in our [service type guidance](#).

We are the quality and safety regulator of health and social care services in England. Under section 3 of the Health and Social Care Act 2008 our objective is to protect and promote the health, safety and welfare of people who use health and social care services. We encourage providers to develop services for people that comply with national policy and best practice:ⁱ

- [Service model](#)
- [Building the right support](#)
- [Building the right home](#)
- [Learning disabilities and behaviour that challenges: service design and delivery NG93](#)

We expect all providers, existing and future, to understand [our regulatory approach](#). They must be aware of how we embed [human rights](#) in this and the requirements this places on them.

ⁱ The National Service Model, *Building the right support*, Building the right home and other key national policy and good practice guidance (see [Background](#) section for further information)

Purpose of this guidance

This guidance is statutory guidance in accordance with s.23 of the Health and Social Care Act 2008.

This guidance:

- applies to any service that currently, or intends to, provide [regulated care](#) to autistic people and/or people with learning disability. This includes children and young adults, working age adults and older people
- describes our regulatory approach for these services, covering our registration, inspection, monitor and enforcement functions
- makes our expectations clear to future and existing providers.

We will use it to guide our assessments and judgements. We will always take appropriate regulatory action if:

- people's needs are not being met, or
- providers cannot demonstrate they can care for people in a way that is person-centred, promotes choice, inclusion, control and independence.

We encourage providers to [discuss their proposals or development ideas](#) with us before submitting an application or making changes to services. This can help providers make an informed decision about whether plans are likely to comply with this guidance.

Registering the right support was published following consultation in 2017. From time to time we revise the guidance we issue. This guidance has been revised and retitled and continues to be statutory guidance in accordance with s.23 of the Health and Social Care Act 2008.

Our policy on regulating providers that support autistic people and people with a learning disability remains unchanged from *Registering the right support*, but, having sought feedback, we have aimed to clarify to providers how we implement the policy in this update.

How can providers demonstrate they are meeting the requirements?

Key aspects of what we will look for

Providers of **new** services must demonstrate, and providers of **existing** services are expected to demonstrate, how they will meet:

- our characteristics of ratings for good in [healthcare](#) and [adult social care](#)
- the [regulations](#) (including fundamental standards)
- [people's expectations](#), as set out in the [service model](#)
- the requirements in this guidance to demonstrate that:
 1. [There is a clear need for the service and it has been agreed by commissioners](#)
 2. [The size, setting and design of the service meet people's expectation and align with best practice](#)
 3. [People have access to the community](#)
 4. [The model of care, policies and procedures are in line with best practice](#)

People's expectations (service model)

Human Rights and people's needs and preferences are at the heart of our registration decisions and inspection judgements. When developing and delivering care, providers must show us that they comply with regulations, apply national policy and nationally recognised, evidence-based guidance and must demonstrate that their services meet the needs of autistic people and people with a learning disability.

People expect providers to comply with [Building the right support](#) and the accompanying [service model](#) when designing or running a service.

This means that people expect the following:

- "I have a good and meaningful everyday life"
- "My care and support is person-centred, planned, proactive and coordinated"
- "I have choice and control over how my health and care needs are met"
- "My family, and paid support and care staff get the help they need to support me to live in the community"
- "I have a choice about where I live and who I live with"
- "I get good care and support from mainstream health services"
- "I can access specialist health and social care support in the community"
- "If I need it, I get support to stay out of trouble"

- “If I am admitted for assessment and treatment in a hospital setting because my health needs can’t be met in the community, it is high-quality and I don’t stay there longer than I need to.”

[Source: Service model for commissioners of health and social care services Oct 2015]

We expect providers to show how their service meets the needs of people in line with best practice. If they do not follow best practice in any way, they must provide compelling evidence that demonstrates how 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.

1. There is a clear need for the service and it has been agreed by commissioners

“My care and support is person-centred, planned, proactive and coordinated”
 “I have a good and meaningful everyday life”

- ✓ The service has been requested by, or has been agreed with, local commissioning partnerships. We need written correspondence to prove this.
- ✓ It is supported by the Market Position Statement.
- ✓ It is underpinned by:
 - [Joint Strategic Needs Statements and Joint Health & Wellbeing Strategies](#)
 - [Sustainable Transformation Partnership](#)
 - [Integrated Care Systems](#) plans.
- ✓ Commissioners, people who use services and their advocates have been and are involved in the development of the service.
- ✓ The service is for local people to meet a local need and is not intended to admit people outside of the local area.
- ✓ **Services people pay for:** the provider should give evidence to identify there is a local need.
- ✓ **Hospitals only:** New or extra provision is to provide inpatient care for people in the local area. It is not intended to admit people outside of the local area.
- ✓ **Hospitals only, regional provision:** NHS England must have requested these hospital services, and written confirmation must be provided as evidence of this.

2. The size, setting and design of the service meet people's expectation and align with best practice

"I have a choice about where I live and who I live with"

- ✓ People who use services, and their families and representatives, are involved in the design of the service. Providers should explain how they have taken account of their preferences.
- ✓ The service design conforms with best practice, including:
 - [NICE guidance NG93: Learning disabilities and behaviour that challenges: service design and delivery](#);
 - [NICE guideline NG11 Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges](#)
 - [Positive and Proactive Care: reducing the need for restrictive interventions, Department of Health, 2014](#)
- ✓ The service is in the local community or has good access to the local community and its amenities. It is not in secluded grounds or geographically isolated.
- ✓ The service uses [co-production](#) to develop services, by involving people in its design and planning.
- ✓ The size, scale (number of beds) and design of the premises:
 - do not compromise the quality of care, people's safety or their human rights
 - allow people's dignity and privacy to be maintained
 - facilitate person-centred care
 - is in line with best practice guidance
- ✓ Within the premises, the environment:
 - will not feel impersonal and intimidating
 - will not feel institutional
 - maintains people's dignity and privacy
 - meets people's sensory needs and preferences
- ✓ The service operates so people:
 - can choose whether to use communal areas
 - have privacy for themselves and with visitors.
- ✓ In shared homes, people have a say in who shares their accommodation.

3. People have access to the community

“I can access specialist health and social care support in the community”

“I have choice and control over how my health and care needs are met”

“My family and paid support and care staff get the help they need to support me to live in the community”

- ✓ Services are located so people can participate in their own local community. If people move to be close to their family, they can participate in the community their family belongs to.
- ✓ People are registered with local health services and have access to the full range of community health services.
- ✓ If a service provides in-house activities and services, people can still take part in the same services or activities in their chosen community.
- ✓ **Hospitals only:** there are effective systems to support people to increase their independence and transition to be part of the community

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

“If I need it, I get support to stay out of trouble”

“I get good care and support from mainstream health services”

“If I am admitted for assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high-quality, and I don't stay there longer than I need to”

- ✓ Policies and the approach to care and treatment to support people's behavioural needs are not:
 - reactive
 - reliant on restrictive practices or seclusion.
- ✓ Providers understand the inherent risk associated with [closed cultures](#) They have put measures in place to ensure these cannot develop.
- ✓ The care model focuses on people's strengths and promoting what they **can** do.
- ✓ There is an integrated approach to support with clear networks across health and social care.
- ✓ The service shows how the [Positive Behaviour Support](#) values base informs their practice.

- ✓ **Supported Living only:** arrangements meet the [REACH Standards](#) and the [REAL tenancy test](#).
- ✓ **Supported Living only:** arrangements align with our [Housing with Care guidance](#).

Shared lives schemes

We expect schemes, shared lives workers and carers to ensure that people using services experience current best practice that maximises people's rights to take control of their own lives within and outside of the home safely. This means people can manage their own needs and affairs as much as possible, and be able to engage with and have meaningful relationships in the wider community. This includes exercising their democratic rights as citizens in accordance with the principles and values of this guidance.

Specialist colleges

We expect colleges to ensure that the care and accommodation provided to young adults enables them to have maximum choice and control over their lives. We also expect staff to support them to do this in the least restrictive way possible. The care they receive should help them to thrive in a learning environment among their peers, and to reach their full potential. It should not be compromised by a residential environment or institutional practices that do not accord with the principles and values of this guidance.