**Emergency adult social care provision in response to COVID-19**

CIW want to support health and social care providers as they look to increase capacity as part of the ongoing effort in response to COVID-19. The following questions will help you identify whether the provision you intend to provide requires registration:

Your service is required to register under RISCA

Do you intend to provide a temporary care home or domiciliary support service, commissioned by LAs or LHBs, in response to the COVID-19 emergency?

No

Your service falls within the COVID-19 exemption

No

Yes

Yes

Yes

No

Do you intend to provide care to children?

Are you a LA, LHB or service provider registered with CIW or CQC?

**COVID-19 Exempted Services**

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| About the Provision | | |
| Service Provider | *This should be the name of the provider* | |
| Name of service |  | |
| Type of service | Care Home  Domiciliary Support | |
| Address of service |  | |
| Size of service | *This should set out the number of people the service intends to support* | |
| Link Individual | *This should be the name of the person CIW can engage with in relation to the service* | |
| About the service provided | | | |
| *In this section describe the range of care and/or healthcare needs the service will provide support for, including any specialist services/care provision.* | | | |
| Commissioning arrangements  (this section is not applicable to LAs and LHBs) | | | |
| Who is commissioning the service? | | Local Authority  Local Health Board | |
| Please provide the details of the LAs/LHBs commissioning the service | |  | |
| How the service is provided | | |
| Admissions | | *What are the arrangements for admitting people to the service?*  *How are people using the service informed about its status as a service not registered with CIW?*  *What are the arrangements in place for transitioning people out of the service, if longer-term care is required?* |
| Facilities  (accommodation based services only) | | *Briefly describe the premises and facilities available to support people.* |
| Staffing | | *Describe the staffing arrangements for this service.* |
| Governance and quality assurance arrangements | | *Describe the oversight and governance arrangements in place ensure that the best possible outcomes are achieved for people?* |
| For how long do you intend to operate this service? | |  |

**Once completed, please send this form to** [**ciwregistration@gov.wales**](mailto:ciwregistration@gov.wales)