**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**