



## **PART C – APPLICATION FOR REGISTRATION IN RESPECT OF A CARE HOME SERVICE**

Application in accordance with Article 4 of the Regulation of Care (Jersey) Law 2014

Note that the receipt of incomplete information by the Care Commission may result in your application being refused.

*Please refer to guidance document while completing this form and use continuation sheets if necessary.*

### **INFORMATION ABOUT THE CARE HOME SERVICE**

#### **Section 1**

**1.1 Establishment in respect of which the application is made** *(please note it is a condition of registration that provider must have an address in Jersey and must supply the address from each location at which it provides a regulated service)*

<b>Name of Service</b>	
<b>Name of proposed/Registered Provider</b>	
<b>Name of proposed/Registered Manager</b>	
<b>Address line 1</b>	
<b>Address line 2</b>	
<b>Parish</b>	
<b>Postcode</b>	
<b>Telephone</b>	
<b>Email</b>	

**2.2 Registration status**

Is this service currently registered for any care purpose

YES                       NO

If you have answerer 'Yes' please describe the nature of the current registration

Please provide the date on which the establishment was or is proposed to be established (dd/mm/yyyy)

**Section 2**

**Registration Details** (please note this information will form the basis of the mandatory conditions applied to the registration)

**2.1 Description of the Care Home Service**

<b>Maximum number of care receivers</b>		
<b>Number in receipt of nursing care</b>		
<b>Number in receipt of personal care</b>		
<b>Number in receipt of personal support</b>		
<b>Category of Care (to be) provided</b>	<b>Maximum number of care receivers</b>	<b>Age range of care receivers</b>
<i>Old Age</i>		
<i>Dementia Care</i>		
<i>Physical Disability</i>		

<b>Learning Disability</b>		
<b>Autism</b>		
<b>Mental Health problem</b>		
<b>Substance misuse (drug and/or alcohol)</b>		
<b>Homelessness</b>		
<b>Domestic Violence</b>		
<b>Children</b>		
<b>Other (please specify)</b>		

**Section 3**

**Premises**

**3.1 Information about the premises**

Are these existing premises

YES  NO

Has the building required conversion or extension

YES  NO

Alternatively are the premises purpose built

YES  NO

Will/Do you:

own the premises  lease the premises  rent the premises

If leasing or renting the premises how much notice to quit is required

Please attach proof of ownership or copy of the tenancy/lease agreement

Attached:

<b>Number of floors</b>		
<b>Number and size (no.of persons) of shaft lifts</b>		
<b>Which floors are serviced by shaft lift</b>		
<b>Number and description (e.g. lounge, dining room, visitor room) of communal rooms</b>	<b>Number</b>	<b>Description</b>
<b>Dimensions/area and location by floor of communal rooms</b>	<b>Floor</b>	<b>Dimensions and area</b>
<b>Number of bedrooms including list of bedroom names/numbers</b> <i>(please note this information will be used to determine mandatory conditions applied to the registration)</i>		
<b>Are all bedrooms single occupancy? If not, how many are double occupancy?</b>		
<b>Number of bedrooms with disabled access ensuite facilities</b>	<b>WC and washbasin only</b>	<b>WC, washbasin and Shower/adapted bath</b>

<b>Number of bedrooms with ensuite facilities that do not meet disabled specification</b>		
<b>Number and location by floor of toilets (<i>excluding ensuite facilities</i>) for use by care receivers</b>	<b>Number</b>	<b>Floor</b>
<b>Number and location of adapted baths/disabled access showers (<i>excluding ensuite facilities</i>)</b>		
<b>Number and location of baths/showers (<i>excluding ensuite facilities</i>) that do not meet disabled specification</b>		
<b>Number and location of staff toilets</b>		
<b>Number and location of visitor toilets</b>		
<b>Number and location of sluice facilities</b>		
<b>Number and location of clinic rooms</b>		
<b>Number and location of general storage facilities</b>		

<b>Number and location of facilities for cleaning/domestic equipment/products</b>		
<b>Number and description of offices (e.g. manager, staff, administrator etc.)</b>	<b>Number</b>	<b>Description</b>
<b>For homes providing nursing care, details of the washer/disinfection facilities</b>		
<b>Provide details of the type of heating system and safety specifications</b>		
<b>Provide details of the controls that are in place to manage the risk of scalding</b>		
<b>Are all windows on the floors above ground level fitted with tamper proof window restrictors?</b>		
<b>Location of laundry facilities and description equipment provided</b>		

<b>Description of how dirty and clean laundry are kept separate and risks of cross contamination minimised</b>	
<b>Location of kitchen and description of storage facilities and equipment provided</b>	
<b>Staff facilities (please list e.g. staff room, separate shower facilities, lockers etc)</b>	

<b>Staff sleep-in facilities</b>		<b>Yes/no</b>
	<b>Separate bedroom</b>	
	<b>Washbasin</b>	
	<b>Shower/bath</b>	
	<b>Lockers</b>	
<b>Do circulation areas (corridors etc.) meet disabled specifications (e.g. minimum door width 800mm minimum corridor width 1600mm) –  If not – please give measurement of door and corridor widths</b>		
<b>Do you have maintenance contracts in relation to all the equipment, plant and utilities related to the premises</b>		
<b>Garden/outside amenity areas – provide a description and where relevant the size of the external environment provided for care receivers (e.g. patio, decking, raised beds, footpaths, lawns etc)</b>	<b>Size in sqm</b>	<b>Description of areas</b>
<b>Describe how the perimeter of the site is secured</b>		



<p><b>How many parking spaces are there for:</b></p>	<p><b>Staff</b></p>	<p><b>visitors</b></p>
<p><b>If any part of the premises (or grounds) is to be used for any purpose other than a care home provide details, stating ALL purposes to which such parts of the premises will be put (e.g. day care, home care agency, public hairdressing salon, public café etc.)</b></p>		
<p><b>Provide details of any other facilities within the premises or its grounds, that will be provided as part of the care home service (e.g. hairdressing salon, therapy pool, shop etc.)</b></p>		
<p><b>Provide a description of the area in which the home is located and the facilities and services available around the location (e.g. near to a park, bus services etc.)</b></p>		

--	--

Provide a copy of plans and elevations of the premises to the scale of at least 1:100. The drawings must show dimensions [in metres] and areas [in sq metres] of all bedrooms, circulation areas, communal areas, sanitary and bathing facilities, the kitchen, laundry, offices and other amenity and storage areas. Mechanical and electrical systems, power, telephone, television, call system points and the location of fire detection and alarm activation points must all be shown and clearly identified.

Are the premises capable of being used for the purpose of:

(a) Achieving the aims and objectives set out in the Statement of Purpose      Yes       No

(b) Providing the facilities described in this application      Yes       No

Is there a need for planning permission, building works or conversion of the premises      Yes       No

If yes please give details of the permission, works or conversion needed.

--

--

Continue on separate sheets as necessary Attached are [ ] extra sheets

**3.2 Summary of consultation with other Regulators**

Date proposals approved by Environmental Health (dd/mm/yyyy)	Documentary proof attached
Date proposals approved by Fire Service (dd/mm/yyyy)	Documentary proof attached
Date planning approval was granted (dd/mm/yyyy)	Documentary proof attached
Date proposals approved by building control (dd/mm/yyyy)	Documentary proof attached

**Section 4**

**Staffing**

**4.1 Staff list**

Please fill in details of all staff including administration and ancillary/domestic staff. Please continue on a separate sheet if necessary, or provide a separate staffing list showing the information requested below.

Name	Gender	D.O.B. (dd/m/yy)	Position held	Full or part time	Intended no. of hours per week	Qualification	Date commenced



**4.2 Staff Rotas**

Please attach a staffing rota covering a fortnight. Show the numbers of senior carers, carers, domestic and administrative staff on duty, times of staff changeovers and handover periods. Indicate which person is in charge on each shift and where 'sleeping in' or 'on call' member of staff, their location. Clearly identify any agency staff that might be used.

**Section 5**

**Fees**

**5.1 Charges**

Please set out below the scale of charges that apply to people using the service specifying any top up fees over and above the Long Term Care benefit rate and additional charges that are not covered by the scale.

**5.2 Other income**

Other than Long Term Care Benefit, does the care home service have a contract for services with, or receive any form of grant or aid from, any administration of the States of Jersey?

Yes  No

If Yes, please give details

**Section 6**

**List of attached documents**

Please ensure that you have enclosed all the documents listed below with this application. Please refer to the guidance for it is your responsibility to submit the required documentation to enable the Care Commission to assess that the proposed

service is fit for purpose. Should you fail to do so, the Care Commission may be required to refuse the application.

Item	Tick	Comment
1. Fully completed application form		
2. Statement of Purpose		
3. Floor plans of premises with dimensions as specified in section 3		
4. Copy of Fire Certificate		
5. Copy of Business licence		
6. A certificate of insurance for the applicant in respect of liability that may be incurred in respect of death, injury, public liability, damage or other loss		
7. Building control completion certificate (if applicable)		
8. Staff list		
9. Staff duty rota		

## Section 7

### Declaration and Signature

This section must be signed by the individual provider applying for registration, in the case of an organisation, the person nominated as the 'main contact partner' or if a States of Jersey Department, the accounting officer.

I certify that the information I have provided in this application form and in any attached documents is, to the best of my knowledge and belief true and complete. I understand that under Article 45 of the Law, that to knowingly make false or misleading statements is an offence that may result in prosecution and the registration being refused. I further accept that the specified information in Section 1.1, 2.1 and 3.1 can be applied as conditions to the registration.

<b>Signature</b>	
------------------	--

<b>Full name</b> <i>(Please Print)</i>	<b>Title</b>	<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Date of signing</b> <b>(dd/mm/yyyy)</b>				

Please return the completed application and all required documentation marked **Confidential** to:

Applications Processing  
 Jersey Care Commission  
 23 Hill Street  
 St Helier  
 JE2 4UA  
 Email: [notifications@carecommission.je](mailto:notifications@carecommission.je)

Please refer to [www.carecommission.je](http://www.carecommission.je) for data handling information.

**Appendix 1 Continuation sheet**

<b>Continuation Sheet</b> <i>(please identify the section within the application to which this sheet refers)</i>



