

Care & Support Questionnaire

SECTION 1 - GENERAL INFORMATION

1. Full name of Proposer including trading names if any (if not a limited company include full names of partners) and details of any entities no longer trading:

Date Established:

2. Correspondence address and website address:

Postcode:

SECTION 2 - DETAILS OF YOUR ACTIVITIES

Please provide your business description?

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| 3. Are you registered with the Care Quality Commission (CQC)/Ofsted or equivalent? | Yes | No |
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| 4. Have any CQC/Ofsted (or equivalent) or Local Authority inspections or audits highlighted any shortcomings which have not yet been addressed?: | Yes | No |
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If 'Yes', please provide further details:

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| 5. Do Local Authority(ies) provide funding to you? | Yes | No |
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Is funding reviewed and sufficient to support the contracted hours?	Yes	No
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if 'No', please provide details about how funding shortfalls are addressed.

SECTION 3 – PEOPLE SUPPORTED BY YOU

6. (a) How many people do you support?

(b) How many beds do you have in total?

7. What is your maximum and minimum staff to service user ratio?

8. Do you offer Domiciliary Care? Yes No

(a) If yes – what percentage of turnover?

9. Do you offer Supporting Living? Yes No

(b) If yes – what percentage of turnover?

10. How many people do you support?

People you support	Ages 0-17	Ages 18-65	Ages 65+
People with Learning Disabilities			
Children with Emotional & Behavioural Disorders			
People with Mental Health issues			
People with Physical Disabilities			
People with Autism			
People with Dementia			
People recovering from addiction			

11. Are any people who you support:

(a) non-mobile? Yes No

(b) non-verbal? Yes No

If yes please provide details

12. Do you knowingly support people with a history of violence, aggression, sexual offences/behaviour arson or fire setting, other criminal offences or forensic histories? Yes No

If 'Yes', please provide further details and outline what steps are taken to protect all staff and other people from injury.

13. Do you accept emergency admissions?	Yes	No
If 'Yes', please provide further details on who you accept and how you manage this risk		
14. Do you provide respite care?	Yes	No
If 'Yes', please provide further details of the frequency and length of stay.		
15. (a) Are risk assessments carried out on all prospective service users, including emergency and respite, before they arrive at your premises?	Yes	No
(b) Who undertakes the assessments and what are the qualifications of the persons who carry out the risk assessments?		
16. Do all service users have an up-to-date care plan that is regularly reviewed and updated E.g annually or following a change of diagnosis or behaviour?	Yes	No

SECTION 4 – ACTIVITIES AWAY FROM YOUR PREMISES

17. What activities are carried out away from your premises? (These could be activities solely carried out/organised by you/activities carried out in public places/activities at third party venues)		
18. Do you have a documented risk assessment for each activity that is carried out away from your premises in respect of the venue, the activity, staff and service users and the means of transport?	Yes	No
If 'No', please provide further details:		
19. In respect of activities carried out by a third parties, do you check that the third parties insurances will be operative at the time the activities take place?	Yes	No
20. Do you have written guidelines relating to the safety of service users where they are unaccompanied when out, or with third parties outside of your control to ensure their safety?	Yes	No
If 'Yes', do the guidelines include agreed return times, details of places to be visited and activities carried out?		

SECTION 5 – YOUR STAFF

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| 21. (a) Do you use agency staff? | Yes | No |
| (b) Do you use volunteers? | Yes | No |
- If 'Yes' please provide details below regarding how many you use and how often you use them and for which tasks.

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|---|-----|----|
| 22. Do all staff, including agency and volunteers, undergo a documented induction training programme? | Yes | No |
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|---|-----|----|
| 23. Do you keep an up-to-date written record of all training provided to all staff? | Yes | No |
|---|-----|----|

If 'No', please explain why:

24. What are the minimum qualifications and experience of the Registered Managers?

25. What are the minimum qualifications of care staff?

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| 26. Do you provide training to all staff regarding the best practices for de-escalation and restraint? | Yes | No |
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(a) How frequently is this training retaken?

(b) How frequently is this training material reviewed and refreshed?

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| 27. Do all staff, (except agency staff), complete a medical questionnaire prior to employment? | Yes | No |
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| 28. Do you have a written procedure in place explaining how staff, (including volunteers and agency staff) who have been assaulted, or witnessed an assault can seek assistance, and document what actions were taken following the assault? | Yes | No |
|--|-----|----|

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|--|-----|----|
| 29. (a) Have you completed a risk assessment for assault on staff, (including volunteers and agency staff) by the people they support? | Yes | No |
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(b) Have any identified actions been implemented?	Yes	No
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(c) Do you review the risk assessment periodically?	Yes	No
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SECTION 6 – YOUR PREMISES

30. (a) Do you have any commercial level kitchens e.g. cooking ranges? Yes No

If 'Yes', please provide further details of the cleaning regime of the filters and ducting, together with details of fire suppression equipment used:

(b) Are all laundries within premises domestic style only? Yes No

If 'No', please provide further details:

(c) What controls do you have in place in respect to contractors working at your premises:

(a) to restrict their access to service users?

(b) to check their hot work permits?

Please provide details:

SECTION 7 – POLICIES & PROCEDURES

31. (a) Do you have an up-to-date Health and Safety policy? Yes No

(b) Who is the designated person with responsibility for Health and Safety and what qualifications do they hold?

(c) Have you:

(a) Completed and documented risk assessments in respect of hazardous substances, fire, slips trips or falls and manual handling? Yes No

(b) Have you communicated the results of these risk assessments to all staff? Yes No

(c) Following Risk Assessments have Safe Systems of Work been deployed? Yes No

(d) Are all staff required to certify that they have read and understood the risk assessments and the Safe Systems of Work? Yes No

(e) Who carries out your fire risk assessments and what are their qualifications? Yes No

Please provide details:

(f) Do your fire risk assessments make provision for Personal Emergency Evacuation Plans (PEEP)? Yes No

(g) Do you have any prescribed medicines on site?	Yes	No
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If 'Yes', please provide further details of the medicines, how they are stored and details of staff training in respect of medication .

SECTION 8 – INFECTION CONTROL

32. Do you record all risk assessments you carry out in respect of the prevention and control of infection?	Yes	No
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33. Do you have a written infection prevention and control procedure including the provision of personal protective equipment?	Yes	No
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(a) When were the procedures last updated?

(b) Who evaluated the procedure and qualifications they hold?

34. Does your infection prevention and control risk procedures and risk assessments include:

(a) working environment (staff, service users and visitors).	Yes	No
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(b) activities away from your premises?	Yes	No
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35. (a) Do you have procedures in place to ensure prompt identification of people who have been or are at risk of infection so that:

(i) they receive treatment?	Yes	No
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(ii) the risk of transmission is reduced?	Yes	No
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(b) When were the procedures last updated

(c) Who evaluated the procedure and what qualifications do they hold?

SECTION 9 – DOCUMENT MANAGEMENT

36. Is all information relating to service users collected, used and retained in accordance with all applicable laws, regulations and codes of practice (including data protection legislation)?	Yes	No
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37. Can information relating to service users only be accessed by those members of staff who need to know such information in order to perform their duties to service users?	Yes	No
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Health & Care – Safeguarding and Abuse

YOUR STAFF

1. Do you:

(a) Carry out Disclosure and Barring Service (DBS) / Disclosure Scotland / Access Northern Ireland checks including whether they are on the Children Barred List or Adult First list?	Yes	No
(b) Verify the identity of all applicants prior to the commencement of employment?	Yes	No
(c) Verify the declared qualifications of all applicants prior to the commencement of employment?	Yes	No
2. Do you use the DBS Update Service provided by the UK Government?

	Yes	No
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If 'No', how frequently do you refresh Disclosure and Barring Service DBS / Disclosure Scotland / Access Northern Ireland checks on all staff?
3. Do you obtain at least two references (one being from the latest employment) for all staff prior to offering employment, and do you ensure agency staff have been screened?

	Yes	No
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If 'No' please explain why not:
4. Do you make enquires regarding any gaps in employment histories when reviewing references?

	Yes	No
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5. Where references are not available (including staff joining from overseas), what procedures (other than DBS checks) do you have in place (to assess) their suitability?

YOUR POLICIES & PROCEDURES

6. Have you a designated person responsible for all matters regarding the protection of children and vulnerable adults?

	Yes	No
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If 'Yes', what is their job role, qualifications and experience?
7. Do you have written guidelines relating to the protection of children and vulnerable adults, including intimate care and appropriate contact, and incident reporting?

	Yes	No
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 - (a) When were the guidelines last updated?
 - (b) What job role, qualifications and experience does the person who produced, or last updated the guidelines, hold?

8.	Do you have a whistleblowing policy?	Yes	No
	If 'Yes' When was the policy last updated?		
9.	Do you have a written procedure for dealing with complaints or concerns regarding abuse?	Yes	No
	If 'Yes'		
	(a) When was the procedure last updated?		
	(b) Who evaluated the procedure and what job role or qualifications do they hold ?		
10.	Do you have written guidelines on the roles, responsibilities and supervision of all third parties who provide services on your behalf, (such as contractors, health and social care workers or any other non-employed person)? Do such guidelines address the potential for abuse from unsupervised access to children and vulnerable adults?	Yes	No
	If 'No', please provide further details:		

TRAINING

11.	Do you provide training to all relevant staff regarding your policies and procedures relating to children (including child protection) and vulnerable adults?	Yes	No	
	(a) Is the training provided to all staff during their induction?	Yes	No	
	(b) How frequently is the training provided to all existing staff ?			
	(c) How frequently is the training reviewed and, where necessary, refreshed?			
	(d) Are all staff required to certify that they have received the training, and read and understood the policies and guidelines, including when they are updated?	Yes	No	
	(e) Are the policies and guidelines easily accessible to all staff throughout the course of their employment?	Yes	No	
12.	Do you provide training to all relevant staff regarding the best practices for de-escalation and restraint?	Yes	No	N/A
	If 'Yes'			
	(a) How frequently is this training retaken?			
	(b) How frequently is this training material reviewed and refreshed?			

YOUR DOCUMENT MANAGEMENT

13.	Is all information relating to service users collected, used and retained in accordance with all applicable laws, regulations and codes of practice (including data protection legislation)?	Yes	No
14.	How do you store any correspondence (written and electronic) relating to complaints, allegations or concerns regarding abuse?		

YOUR COVER NEEDS & HISTORY

15. What Limit of Indemnity do you require for Abuse cover?

16. If cover is needed for any period before this policy begins what Retroactive Date(s) do you require?

17. If the Retroactive Date is prior to the inception date of this policy is required, after enquiry, are you or any of your partners, directors or staff aware of any incident that could reasonably give rise to a claim for abuse which occurred during the retroactive period?	Yes	No	N/A
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If 'Yes', please provide full details.

18. Have there ever been any allegations of abuse made against you, your directors or any of your staff (including volunteers and agency staff) or your service users?	Yes	No
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(a) Were all allegations investigated in accordance with your safeguarding procedures?	Yes	No
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(b) Were any allegations substantiated?	Yes	No
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If Yes, please provide details :

19. Have all safeguarding shortcomings highlighted in CQC/Ofsted (or equivalent) or Local Authority inspections or audits been satisfactorily addressed and resolved?	Yes	No	N/A
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If 'No', please provide further details

DECLARATION

I/We declare that to the best of my/our knowledge or belief, the statements and particulars given in this questionnaire are true and complete and that any other material facts likely to influence the acceptance and assessment of any insurance offered have been provided. (If you are in any doubt as to whether a fact is material, you should disclose it.)

I/We agree to inform Travelers Insurance Company Limited of any change to any material fact.

I/We also declare that if any information on this questionnaire has been written by another person on my/our behalf, that person acted as my/our agent for that purpose.

I/We declare that I/We have not suffered any loss/damage or incurred any liability (whether insured or not) as a result of the risk(s) for which cover is now required, or know of any incident which is likely to give rise to a loss that has not already been declared to Travelers Insurance Company Limited.

I/we have read the above and declare that to the best of my/our knowledge and belief the statements are true and complete.

Signature of the Proposer

Print name and position held

For and on behalf of

Date

NO COVER IS IN FORCE UNTIL CONFIRMED BY THE COMPANY

USING PERSONAL INFORMATION

How we treat information about you and your rights under data protection legislation

In order to provide our insurance services, we (Travelers Insurance Company Limited acting as a Data Controller) will collect certain personal information about you. The type of information that we collect will depend on our relationship with you. For example, you may be a Travelers policyholder, prospective policyholder or a third party making a claim under a Travelers insurance policy.

If you provide us with personal information about a third party, you should share this notice with them.

We will also collect different types of information depending upon the kind of insurance cover we are being asked to provide or the kind of claim we are being asked to assess or pay.

Some of the information we collect may be classified as 'special category data', which is data that may contain information about physical or mental health, religious beliefs and criminal and disciplinary offences (including convictions).

Your personal information may be used in a number of ways including:

- considering an application for insurance,
- providing and administering an insurance policy,
- handling claims including claims validation,
- preventing and detecting fraud, including providing information to the relevant authorities.

Where relevant, we will share your information with other companies in the Travelers group, third parties such as claims handlers, loss adjusters, other insurers and reinsurers, fraud prevention agencies, service companies associated with our products, or as required by law (including providing the information to government or regulatory authorities). This may involve the transfer of your information to countries inside and outside the European Economic Area.

If your policy includes motor cover, your policy details will be added to the Motor Insurance Database (MID), run by the Motor Insurers Information Centre (MIIC).

We may also use your personal information for marketing purposes, but only in accordance with your marketing preferences.

For more information about how we process your data and the rights you have, please click <http://www.travelers.co.uk/main/privacy-policy.aspx>



Travelers operates through several underwriting entities through the UK and across Europe.
Please consult your policy documentation or visit the websites below for full information.