

## Domiciliary Care Fact Finder

**Company Name**

**Address**

**Telephone Number**

**E-mail Address**

### FINANCIALS

Anticipated Turnover for the coming 12 months	£
Estimated Wageroll for the coming 12 months	£

### SERVICE USERS

Please indicate the percentage of your turnover split below (this needs to add up to 100%)

Elderly (Including Dementia & Physical Disabilities for older people)	%	Mental Health – Mild / Not Sectioned	0%
Learning Difficulty	0%	Mental Health – Moderate / Severe / Sectioned*	0%
Physical Disability	0%	Drug / Alcohol Rehabilitation**	0%
Service Users under 18 years of age	0%	Forensic Mental Health Services	0%
Other – Please Specify	%	Please provide details of 'Other' here	
		Adults with disabilities	

Do you provide care to service users who display violent and/or aggressive behaviour?	
Have any of your service users ever been detained under the mental health act?	
Have any of your service users ever been convicted of a criminal offence?	
Do any of your service users have a history of arson or attacks on people's property?	
Do you provide any Qualified Nursing Care?	
If <b>YES</b> to any of the above, please provide full details including number of Service Users in each category.	

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## ACTIVITIES

The policy automatically covers the following activities:

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Please provide details of any other activities you provide

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## SUPPLY OF STAFF TO OTHER ORGANISATIONS – if so please provide an approximate percentage of your turnover

Residential Care Homes	
Nursing Homes / Hospice	
Hospitals	
Any other companies and type	
Are there trading conditions when providing staff into the above environments which pass the onus of liability on?	

## INFECTION PROTECTION CONTROL

Do you regularly review and update your infection protection control risk assessments and procedures in line with Government guidelines and record when any changes have been made?	
Can you formally demonstrate that you communicate these changes to your Employees and or volunteers?	
Supported Living only. Have you agreed to accept or are you considering accepting Service Users discharged from hospital with an infectious communicable disease to any residential setting which you operate? If Yes, please provide details:	

## SAFEGUARDING PROCEDURES

### Definitions

**Employee** includes employees (full and part time), directors, partners, contractors, volunteers and agency staff.

**Vulnerable Person** is a minor (someone under the age of 18) or someone who, for physical or mental reasons, is unable to look after themselves or their finances.

Do you have a Safeguarding Policy that has been made available to all Employees and includes a statement of intent on safeguarding Vulnerable Persons?	
Does this include an anti-bullying policy?	
Does this mention a designated person who is responsible for all Vulnerable Persons protection issues and is this role clearly defined?	
Do you have a documented method to ensure the Safeguarding Policy is kept up to date?	
Do you have a written code of conduct for all Employees that has been made available to all Employees and outlines appropriate behaviour towards Vulnerable Persons?	
Do you have policies and procedures on how you manage the challenging behaviour of Vulnerable Persons that have been made available to all Employees?	
Do you have written guidelines, that have been made available to all Employees, on:	
Intimate care of and appropriate conduct towards Vulnerable Persons?	
Supervision of Vulnerable Persons' outside of the home?	
If you provide Night Care, do you have suitable policies, procedures, guidance, training and supervision for the provision of this service and has it been made available to all relevant Employees?	

## REPORTING PROTOCOLS

Do you have a process for reporting and reacting to witnessed, suspected or alleged abuse of Vulnerable Persons and/or violation of the Safeguarding Policy that has been made available to all Employees?	
Do you have a whistleblower policy including a formal whistleblowing investigation procedure that has been made available to all Employees?	
Are there arrangements in place for the protection of both the whistleblower and Employee(s) who have had allegations raised against them during the investigation process?	

## EMPLOYEES

Number of Employees – Full and Part Time	
Number of Clients / Service Users	
Has there been any movement in the staff to service user ratio in the last year and if so can you please provide further information in respect of how this has changed and any reason for this movement. Comment below.	
What is the current level of staff turnover	
Has there been any change to the Nominated Individual overseeing management processes?	
What percentage of operational roles are currently vacant?	

## RECRUITMENT

Do advertisements for job vacancies make reference to your Safeguarding Policy and screening?	
Are written references required and do you carry out checks to ensure they are accurate and relevant?	
Do successful candidates sign a personal declaration of criminal convictions?	
Do you undertake Disclosure and Barring Service ("DBS") checks including, where appropriate, enhanced DBS checks with barred list or similar statutory disclosure checks for all new Employees before their start date?	
Do you complete DBS rechecks for all Employees on a regular basis?	

## TRAINING

Is there induction training for all new Employees prior to their start date that includes <ul style="list-style-type: none"> <li>Safeguarding Policy principles and procedures relevant to your sector?</li> <li>Manual Handling Training</li> <li>The use of PPE</li> </ul>	
Is this refreshed on a regular basis to ensure it is up to date?	
Do your Employees receive ongoing supervision, support and appraisal?	
Is all training recorded and signed for by all Employees?	

## RECORD KEEPING

Do you securely retain for a minimum of thirty (30) years the following documents:	
employment & engagement applications, references, identity verification, records of DBS or similar statutory disclosure checks	
your Safeguarding Policy including any revisions	
records of Safeguarding Policy training	
your accident and incident registers	
records of any alleged, actual or threatened abuse and action taken including any notifications to relevant authorities	
referrals, assessments, treatment and care plans for any Vulnerable Person in your care	

## GENERAL

When was your business established?	
Have you had any enforcement action in relation to Vulnerable Persons in the last five (5) years, and if so, what was the outcome?	
Is your organisation audited/accredited by a third-party approving body that includes your Safeguarding Policy?	
Are you aware of any incident or circumstance which could give rise to a claim which has not yet been reported to your Insurers?	
Have you had any claims in the last 5 years? If Yes please provide date, circumstance and outcome below.	
Claims Information:	

Have you or any of your directors or partners ever been convicted of or charged (but not yet tried) with a criminal offence other than a motoring conviction? If yes please provide details:	
Referring to you or any of your partners or directors have any insurers ever:  a) Declined your proposal form? b) Not invited renewal of your policy? c) Refused to renew or cancel your policy? d) Increased your premium on renewal or imposed special conditions? e) Been declared bankrupt, received a CCJ, or been the director or partner of a company which has entered into liquidation/administration?  If the answer to any of the above is yes please provide details:	
Please provide your ERN – Employee Reference Number How to find the ERN, the yellow booklet supplied by HMRC when you first registered as an employer. On any historic payslip, P45, P60 or P11D issued to past or present employees	

EXISTING INSURANCE ARRANGEMENTS	
Renewal Date:	
Existing Insurance Company:	

**Please note that we do not require to see proof or copies of procedures or plans. It is sufficient to know they exist and will be available in the event of a claim.**

### Important Notice

All material circumstances must be disclosed. Failure to do so could invalidate the policy. A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of this application. If you are in any doubt as to whether a circumstance is material, then it should be disclosed to the insurer. If any changes in circumstances arise during the period of insurance cover, please provide your insurer with details.

We recommend you keep a record (including copies of letters) of all information provided to the insurer for your future reference.

Additional Information

### **Material Circumstances**

Please remember that you must make a fair presentation of the risk to us. This means that you must:

- (1) disclose to us every material circumstance which you know or ought to know or, failing that, sufficient information to alert us that we need to make further enquiries; and
- (2) make such disclosure in a reasonably clear and accessible manner; and
- (3) ensure that, in such disclosure, any material representation as to a: (a) matter of fact is substantially correct; and (b) matter of expectation or belief is made in good faith.

A material circumstance is one that is likely to influence an insurer in the acceptance and assessment of the application. You must also make a fair presentation to us in connection with any variations, e.g. changes you wish to make to your policy. If you fail to make a fair presentation of the risk then this could affect the extent of cover provided or could invalidate your policy, so if you are in any doubt as to whether a circumstance is material then it should be disclosed to us.

Disclosures should be specific and made in a reasonably clear and accessible manner. We will not be deemed to have knowledge of any information generally referred to (for example the contents of company websites listed in the risk presentation) or any matter not expressly drawn to our attention. Each quotation and renewal invitation is made on the basis of the information we have at the time it is issued. We may revise or withdraw it if, before the inception date or when renewal takes effect, any event occurs that gives rise to a claim or alters the material circumstances under this insurance, even if we are notified after your inception or renewal date.

A specimen copy of the policy wording is available on request. You should keep a record (including copies of letters) of all information supplied to us for the purposes of inception or renewal of this insurance. A copy of the completed application will be supplied on request within a period of three months after its completion.

### **Declaration**

I/we declare that to the best of my/our knowledge and belief that the statement made by me/us or on my/our behalf are true and complete and that I/we have not suppressed, misrepresented or misstated any material fact.

I/we agree that if any answer has been written by any person other than the undersigned then he/she shall for that purpose be regarded as my/out agent and not an agent of the company.

**Name of Proposer:**

**Signature (s) of Proposer:**

**Date signed:**