**Sheffield City Council**

**Application form for inclusion on the**

**Recognised Provider List (RPL)**

**SECTION A - GENERAL INFORMATION**

**A.1 Full legal name and address of the organisation applying to be included on the RPL:**

|  |  |
| --- | --- |
| Company Name |  |
| Address |  |
| Town / City |  |
| Postcode |  |
| Website |  |

**A.2 Name, position, telephone number and email address of the main contact:**

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Telephone Number |  |
| Email |  |

**A.3 Current legal status of the organisation and any registration numbers if applicable:**

|  |  |
| --- | --- |
| Type of Organisation |  |
| Company Number |  |
| Charity Number |  |
| Other |  |

**A.4 Size of your organisation; if you are a national organisation, please complete for your Sheffield office if you have one.**

|  |  |  |  |
| --- | --- | --- | --- |
| Number of Staff Employed |  | Number of Volunteers |  |

**A.5 For national organisation & organisations not based in Sheffield only, please tell us:**

|  |  |
| --- | --- |
| Your Registered Sheffield Address |  |
| If you do not have a registered Sheffield address, please either provide the address where your service is based or the postal areas of the people in Sheffield who you are providing a service to (only applicable if you are providing a service in someone’s home) |
|  |

**A.6 Details of the people who you provide a service for?**

|  |  |
| --- | --- |
| Older People |  |
| Adults with Learning disabilities / difficulties |  |
| Adults with physical and / or sensory impairments |  |
| Adults with mental health issues |  |
| Adult carers |  |

**A.7 Please list the services for which you are applying for RPL status and details of people you are providing the services for (only include people in the Sheffield LA area)**

|  |  |  |
| --- | --- | --- |
| Service RPL to be awarded for | Providing a Service Yes /✔ | Number of Individuals Supporting |
| Home Care (help with personal care) |  |  |
| Home Support (help with cooking, cleaning or shopping) |  |  |
| Personal Assistants |  |  |
| Medication Support |  |  |
| Sitting Service |  |  |
| Respite Care |  |  |
| Transport |  |  |
| Social, Cultural & Learning opportunities e.g. Day Care / Community Day Activities |  |  |
| Employment Support |  |  |
| Befriending Service |  |  |
| Advocacy Service |  |  |
| Gardening |  |  |
| Handy Person Service |  |  |
| Advice and Information |  |  |
| Brokerage / Individual Service Funds |  |  |
| Help to recruit a Personal Assistant |  |  |
| Help to employ a Personal Assistant |  |  |
| Payroll service |  |  |

**A.8 Are you registered on the Sheffield Directory?**

|  |  |  |  |
| --- | --- | --- | --- |
| Y / N |  | Name as it appears in your entry |  |

**A.9 Please provide a paragraph of no more than 100 words on the services you provide. If successful we will use this information to include in your entry onto the Sheffield Directory; if the service is already listed on the Directory you may leave this blank.**

|  |
| --- |
|  |

**SECTION B – TECHNICAL INFORMATION**

**B.1 CQC registered providers please complete the following: (Providers offering personal care must be CQC registered)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CQC Number |  | Date of Last Inspection  |  | Current CQC Status |  |

**B.2 Please provide details of DBS checks, Qualifications and Experience of owners, managers, supervisors, carers, staff and volunteers within your organisation.**

|  |  |  |
| --- | --- | --- |
| Who | DBS check in place Y/N | Qualifications / number of years’ experience |
| Owners |  |  |
| Managers / Supervisors |  |  |
| Carers / Staff |  |  |
| Volunteers |  |  |

**B.3 Please provide details of the insurances held by your organisation. \*Professional Indemnity is required if giving formal advice e.g. Brokerage.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of Insurance | Level of Cover £ | Insurance Company Name & Address | Policy Numbers | Renewal Dates |
| Public Liability (minimum £2m) |  |  |  |  |
| Employers’ Liability (minimum £10m) |  |  |  |  |
| \*Professional Indemnity (minimum £2m) |  |  |  |  |

**B.4 Please confirm if you have the following policies & procedures in place.**

|  |  |  |
| --- | --- | --- |
| Policy / Procedure | Currently in Place (Y/N) | Date of last review |
| Health & Safety |  |  |
| Lone Working  |  |  |
| Recruitment & Selection |  |  |
| Safeguarding Adults (Updated to reflect Care Act 2014) |  |  |
| Staff Code of Conduct |  |  |
| Business Continuity / Emergency Plan |  |  |
| Confidentiality |  |  |
| Complaints |  |  |
| Customer / Service Terms and Conditions / Agreement |  |  |
| Equality, Diversity & Inclusion |  |  |
| Accessible Information Standards (AIS) |  |  |
| If you do not have all the above policies, please tell us why not? |
|  |

**SECTION C – QUALITY**

Please answer each question up to a maximum of half a page of A4 for each section.

|  |  |
| --- | --- |
| **C.1** | **The systems you have in place for Quality Assurance and monitoring the quality of your service?** |
| a) | Please give details of any externally verified quality management standard(s) including when achieved and expiry date(s) |
|  |
| b) | What quality checks / audits do you carry out & how often? |
|  |
| c) | What improvements have been made as a result of your quality checks /audits? |
|  |

|  |  |
| --- | --- |
| **C.2** | **When you are preparing to deliver the service / packages of care and support, how do you communicate with your customers?**  |
| a) | How would you communicate to the customer about the support and care? |
|  |
| b) | What is included in the customer agreement? |
|  |
| c) | How do you make sure that the agreement is clearly understood? |
|  |
| d) | How do you communicate according to customer needs (Accessible Information Standards - AIS)? |
|  |

|  |  |
| --- | --- |
| **C.3** | **How do you know what your customers feel about the care and support they are receiving?** |
| a) | How often and what methods & do you use to obtain feedback from your customers / families & friends? |
|  |
| b) | What do you do with the information you receive? |
|  |
| c) | What improvements have been made as a result? |
|  |
| d) | What customer involvement do you use in shaping your services? |
|  |

|  |  |
| --- | --- |
| **C.4** | **How do you make sure that staff and volunteers understand the standards required and have the appropriate skills and experience to carry out their specific role?**  |
| a) | What induction programme do you provide to new starters? |
|  |
| b) | What system do you have in place to check staff competencies on an ongoing basis?  |
|  |
| c) | Do you have a training plan / matrix and how do you put this into practice? |
|  |

|  |  |
| --- | --- |
| **C.5** | **Tell us how you put your organisational policies into practice when delivering services to your customers?**  |
| a) | How do you ensure that policies are accessible to staff and customers? |
|  |
| b) | How do you ensure that your staff and customers are made aware of any changes? |
|  |
| c) | How are complaints recorded and how do you deal with them |
|  |

|  |  |
| --- | --- |
| **C.6** | **Safeguarding your staff and customers?**  |
| a) | How do you ensure that your staff know what to do if they are concerned about the safety of an individual? |
|  |
| b) | What would you do if an allegation of misconduct was made against a member of staff? |
|  |
| c) | How do you monitor and track incidents / injuries and what analysis do you do? |
|  |

|  |  |
| --- | --- |
| **C.7** | **Business Continuity / Emergency Plan and how you implement it** |
| a) | Please provide details of how you would ensure business continuity with regards to delivering services to your customers if you were unable to access records and information on your computer systems, i.e. power failure, no internet etc.  |
|  |
| b) | During the winter of 2017/18 Sheffield experienced several periods of extreme weather conditions (snow). Please provide details of what action you put in place to ensure your customers’ needs were met during these periods including how you communicated with them? |
|  |
| c) | Please provide details of what you would do in case of staff sickness / staff holiday periods etc. to ensure you have adequate cover to maintain service delivery? |
|  |

|  |  |
| --- | --- |
| **C.8** | **Please tell us how you meet the needs of staff and customers who are covered by the Equality Act 2010 and ‘protected characteristics’ (age, disability, gender reassignment, pregnancy and maternity, race, sex, religion or belief, and sexual orientation).**  |
| a) | Please give specific examples of how you:Ensure your staff and volunteers fully understand their responsibilities for equality, diversity and preventing discrimination? |
|  |
| b) | Please give specific examples of how you:Ensure as part of your assessment and the way you provide care to your customers they are not put at a disadvantage because of protected characteristics. |
|  |
| c) | Please give specific examples of how you:As an organisation / employer in your commitment to tackle discrimination and promote equality and diversity support your staff and volunteers. |
|  |

**SECTION D – DECLARATION**

|  |
| --- |
| Before returning this application form, please ensure that you have: |
| 1. Read the supporting RPL guidance
2. Answered all the questions
3. Understood the terms and conditions of the RPL
4. Signed the Declaration below
 |

|  |
| --- |
| When you have completed the application, please read and sign the section below. |
| I/We certify that the information supplied is accurate to the best of my/our knowledge and I/we understand that false information could result in my/our exclusion from further consideration.I/We hereby apply for inclusion on the Recognised Provider List (RPL) and am/are prepared to answer any questions or supply any additional information as requested.I/We confirm that if awarded RPL status I/we will sign up to and adhere to the terms and conditions applied.I/We understand that being awarded RPL status is not intended to be and shall not constitute a recommendation or award for services by Sheffield City Council.Signed:For and on behalf of:Date: |
| The undertaking should be signed by the applicant, a partner, director or authorised representative in his/her own name and on behalf of the organisation. |

**This Application Form is for the use only for inclusion on Sheffield City Council’s Recognised Provider List (RPL). The RPL is a quality assurance mark and NOT a contract or award for services and inclusion on the RPL is not intended to be and shall not constitute a recommendation or award for services by Sheffield City Council.**

* Please return your completed form to: rpl@sheffield.gov.uk
* If you need more information or if you have questions about completing your application, please contact the Quality & Performance Team by email: rpl@sheffield.gov.uk or telephone 0114 2736609.