**Barnsley Council**

**Application Form for Inclusion on the**

**Recognised Provider List (RPL)**

This Application Form is for inclusion on Barnsley Council’s Recognised Provider List (RPL).

The RPL allows adults in Barnsley who are looking for packages of care and support to choose from a list of providers that adhere to a clear quality framework. In order to gain Recognised Provider status and the quality mark, providers must meet minimum quality standards.

**Who should apply?**

Providers that offer packages of care and support to older people, learning or physically disabled adults, adults with a sensory impairments, mental health service users, carers, and other adults in Barnsley.

* Residential Care Homes **cannot** apply to be included on the RPL for private residential care. However they can apply if they offer support packages such as day services and respite, and if successful these services only will be included.

If you are successful, you will be asked to sign up to conditions that confirm that you will continue to deliver packages of care and support within specific quality standards, follow appropriate policies and procedures and comply with the Council’s monitoring requirements.

**How to apply?**

* Please read the guidance carefully before completing the application
* Answer every question fully, even if you have previously submitted an application to be included on the RPL.
* Don’t forget to include all the required supporting documentation
* If you need more information or if you have questions about completing your application, please contact the Adult Joint Commissioning Team. Please return your completed form & supporting documents as word documentsto: [rpl@barnsley.gov.uk](mailto:rpl@barnsley.gov.uk)

***The inclusion on the Recognised Provider List is not intended to be and shall not constitute a recommendation or award for services by Barnsley Council.***

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| Office Use Only  RPL Ref: Date Received: |

Applications can be submitted at any time during the year and will be allocated to the next batch of applications to be evaluated depending on the time of year the application was received. There will be flexibility on the evaluation dates dependent on the quantity of applications received and the work priorities of the Adult Joint Commissioning Unit.

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| Applications received between | Outcome of applications notified to providers by end of: |
| * April to July | October |
| * August to November | February |
| * December to March | June |

This cycle of dates will be reviewed. Future dates will be included on the Council’s website at [www.barnsley.gov.uk/rpl](http://www.barnsley.gov.uk/rpl)

**Section A - GENERAL INFORMATION**

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

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

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

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

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

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

A.4a If you are a National organisation not based in Barnsley, please provide the address that you are operating from in Barnsley.

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| Registered Barnsley Operating Address |  |
| Postcode |  |

A.4b Is your organisation linked to any other organisation? If so please give details

A4c Do you currently provide services within the borough of Barnsley? Yes /No.

Please note that the RPL only applies to services being provided within the borough of Barnsley.

A.5 Size of your organisation; if you are a National organisation, please complete for your Barnsley office if you have one.

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

A.6 Who do you provide services for? You may need to put a cross in more than 1 box?

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| --- | --- |
| All adults |  |
| Specific group in community – please specify |  |

A.7 Please list the services for which you are applying for RPL status; you may need to put a cross in more than 1 box. **\*Please note Residential Care Homes cannot apply to be included on the RPL for private residential care. However they can apply if they offer support packages such as day services and respite, and if successful these services only will be included.**

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| **COMMUNITY AND LEISURE** | Please insert X |
| Befriending Service |  |
| Day opportunities / day services / getting involved |  |
| Gardening |  |
| Transport |  |
| Social, Cultural & Learning opportunities e.g. arts & crafts / reminiscence |  |
| Other (please specify) |  |

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| **EDUCATION AND EMPLOYMENT** | Please insert X |
| Brokerage / Individual Service Funds |  |
| Employment services / support |  |
| Help to employ a Personal Assistant |  |
| Help to recruit a Personal Assistant |  |
| Payroll service |  |
| Personal assistant training |  |
| Other (please specify) |  |

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| **HEALTH AND WELLBEING** | Please insert X |
| Advice and Information |  |
| Advocacy |  |
| Dementia |  |
| Learning disability |  |
| Medication support |  |
| Mental wellbeing |  |
| Older people |  |
| Physical disability |  |
| Other (please specify) |  |

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| **LIVING AT HOME** | Please insert X |
| Handy Person Service |  |
| Home care (help with personal care) |  |
| Home Support (help with cooking, cleaning or shopping) |  |
| Sitting Service |  |
| Other (please specify) |  |
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| **CARERS** | Please insert X |
| Carers advocacy, advice and support |  |
| Carers – looking after yourself  Sitting service |  |
| Respite Care – please describe the respite you provide i.e. short breaks |  |
| Other (please specify) |  |

A.8 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 Live Well Barnsley; if the service is already listed on Live Well you may leave this blank.

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**Section B – TECHNICAL INFORMATION**

B.1 Are you currently registered with the CQC? Providers offering personal care must be CQC registered.

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| --- | --- | --- | --- | --- | --- |
| YES |  | NO |  | CQC Number |  |

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| --- | --- | --- | --- |
| Date of last inspection |  | Rating |  |

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| --- | --- |
| CQC webpage link to provider |  |

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

Please indicate the roles in your organisation. If a role does not have a DBS then please indicate why not?

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| **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.

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| **Type of Insurance** | **Level of Cover £** | **Insurance Company Name & Address** | **Policy Numbers** | **Renewal Dates** |
| Public Liability  (minimum £5m) |  |  |  |  |
| Employers’ Liability (minimum £10m) |  |  |  |  |
| \*Professional Indemnity (minimum £5m) |  |  |  |  |

B.4 Please confirm if you have the following policies & procedures in place and provide as part of your application those requested. **We have not asked for copies of all your policies as part of your application but if you are successful we may ask you to submit these as part of the monitoring process.**

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| **Policy / Procedure** | **Currently in Place (Y/N)** | **A copy to be Included as part of your Application** |
| Health & Safety |  | **YES** |
| Recruitment & Selection |  | **YES** |
| Safeguarding Adults |  | **YES** |
| Business Continuity / Emergency Plan |  | **YES** |
| Staff Code of Conduct |  |  |
| Confidentiality |  |  |
| Complaints / Compliments |  |  |
| Service/Terms and Conditions / Agreement i.e. between provider and customer / service user |  |  |

**Section C – QUALITY**

This section asks you to tell us how your organisation meets the requirements of customers and how you make sure your staff are appropriately skilled. Each question will be scored individually out of 5 using the Scoring Matrix included in the guidance.

Please answer each question in 12 point font and up to a maximum of half a page of A4. You may want to consider using bullet points to present your information concisely.

Please ensure that any examples given relate directly to the service for which you are applying to the RPL.

C.1 What systems do you have for quality assurance and monitoring the quality of your service?

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C.2 When you are preparing to deliver the service / packages of care and support, how do you communicate with your customers?

* How would you communicate to the customer about the support and care?
* What is included in the customer agreement?
* How do you make sure that the agreement is clearly understood?
* How do you communicate according to customer needs?
* How do you review the customer agreement?

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C.3 How do you ensure your customers’ needs are met / what feedback do you look and ask for from them?

* How do you obtain feedback?
* What do you do with the information?
* How do you involve your customers in shaping your services?
* How do you know what your customers feel about the care and support they are receiving?

Please provide a case study or example as evidence to support the above. You may submit this as a separate document if you prefer. There is a word limit of 400 words.

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C.4 How do you ensure your staff and volunteers understand the standards required to deliver a quality service?

* Are staff inducted / given your code of conduct when they start? How do you make sure that staff understand and apply it?
* Do staff receive regular support? (1:1 / Appraisals etc.)
* How do you make sure that staff understand what is important to the customer?
* How do you put your organisational policies into practice when delivering services to your customers?
* How do you ensure that your policies are accessible to staff and customers?
* How are customers informed about your policies e.g. safeguarding, complaints

etc.?

* How are issues recorded?

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C.5 How do you make sure that the owners, managers, supervisors, carers, staff & volunteers have the appropriate skills and experience to carry out their specific role?

* What system do you have in place to check competencies?
* Do you have a training plan and how do you put this into practice?

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C6 Do you have a Business Continuity / Emergency Plan and how do you implement it?

* Does it include details of what to do in cases of adverse weather / illness etc.?
* How do you communicate this to your customer?
* Do you test your plan?
* Please provide an example of what you have learnt from either testing your Business Continuity plan or from operating it in practice.

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C.7 Please tell us how you comply with the Equality Act 2010.Please include specific examples of how you put this into practice.

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**Section D – DECLARATION**

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| Before returning this application form, please ensure that you have: |
| 1. Answered all the questions 2. Included all supporting documents and the required Policies & Procedures    1. Health & Safety    2. Recruitment & Selection    3. Safeguarding Adults    4. Business Continuity Plan    5. Case Study or Example for question C.3.b 3. Read the supporting RPL guidance 4. Understood the terms and conditions of the RPL 5. Signed the Declaration below |

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| 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 understand that if successful we will continue to deliver packages of care and support within specific quality standards, follow appropriate policies and procedures and comply with the Council’s monitoring requirements.  I/We understand that being awarded RPL status is not intended to be and shall not constitute a recommendation or award for services by Barnsley Council.  1/We understand that inclusion on the RPL does not guarantee any business through Barnsley 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. |