

**Purpose:**

We are changing the way we are regulating and inspecting adult social care. To understand more about why, how and when we are changing; and our priorities and principles please look at our consultation on how we propose to regulate, inspect and rate services [link](#).

This PIR is an important element of our new inspection process. We are asking for this information under Regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Please provide the information we require using this form. It will help us plan our inspections by asking you to provide us with data, and some written information under the questions:

- Is the service safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

This return is being used as a pre-inspection questionnaire and we would like you to fill it in and **return it to us by the 11th July 2014**. We won't tell you in advance when your inspection will be, and the date you receive or return the form will not decide the date we visit your service. The information you include in your return will help inspectors decide on the areas they need to look at during their visit. Some of the content may also be used to inform national reporting. When we use information in this way, it won't be attributed to any provider. You might find it helpful to use the return as part of your quality assurance process and as a way of understanding and reviewing how well you are meeting the five 'key questions'.

## Completing the return:

### All Returns

- The PIR is arranged under the five key question areas (safe, effective, caring, responsive and well-led).
- There is a guidance document to help you with filling in the content of the form. Please use 'How to complete the provider information return (PIR)' document to help you complete each section [link](#).
- Further information about the five questions can be found in the 'Adult social care: hospice services provider handbook' [link](#) and appendices [link](#). It is recommended that you read this to have a fuller understanding of what the five questions mean, and what we would like you to focus on in your response.
- When we refer to 'service' in this form, we mean hospices and hospice at home that provide care at the location or in the community for adults or children.
- When we refer to 'staff' in this form, we mean medical, nursing and care staff involved in delivering care.
- You should make your answers as concise and clear as possible. We encourage you to use bullet points to help you do this.
- You should include examples of evidence to support what you have written in your responses.
- Each free text question within the document has a limit of 2,500 characters. You will only be notified on completion if you have gone over this limit. If this happens, please review your answer to ensure it fits within the character limit.
- The questions in the data sections ask you for simple responses to questions predominantly in the form of a number, a date or a yes/no confirmation.
- Please do not send attachments with the PIR. If we need further information, we will contact you.
- There are 'evaluation questions' at the end of the PIR. We would very much like you to answer these questions as fully as possible.
- Once you have completed and returned the form, we may contact you to ask further questions and clarify and provide further detail.
- We will look at all the responses we receive and use the information to develop the final version of our PIR.

### **Online Return** (web version)

- The PIR can be saved by clicking the Save button located at the bottom of the return. Once you have done this it will be saved online (you will be sent an email with a link to the saved return).
- You must complete and submit the PIR **before** the deadline date otherwise the information you have entered previously will be lost.
- Some questions have guidance to help you understand what we want you to tell us. You can access the guidance by clicking on the (?) next to a question.
- Some questions are mandatory, these are shown by a \* at the end of a question.

### **Offline Return** (Adobe PDF version)

- Please save the PIR on your computer by using the 'file > save as' function before starting to enter information.
  - Save the document regularly to ensure you do not lose the information you have entered.
  - You can use the 'tab' key to move between the questions.
  - Once you have completed the PIR, please submit it by clicking on the submit button which is located at the bottom of the PIR.
  - Some questions have guidance to help you understand what we want you to tell us. You can access the guidance by hovering over the response fields for each question.
  - Some questions are mandatory, these are shown by the entry fields being highlighted in red. If you cannot see this, please click on the 'Highlight Existing Fields' button in the top right corner of the browser window.
  - All date questions require the response in DD/MM/YYYY format.
  - Please put N/A in any mandatory questions that follow on from a question that you are not required to fill in.
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## **Information about the service and the person completing the PIR**

### **Your Service:**

Your location number:

(Provided on your email / letter)

Your location name:

(Provided on your email / letter)

Address of your location:

Postcode

### **Your Organisation:**

Organisation / Provider Number (Provided on your email / letter)

Organisation / Provider Name  
(Provided on your email / letter)

Organisation type

### **Details about who is completing the form:**

Your name:

Your phone number:

Your Email address

Your website address:

**All questions on this form relate to the service you provide for people receiving regulated activities, such as personal care. Regulated activities are those listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for which you are registered for. Do not include any information about people and staff who do not receive or deliver regulated activities.**

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## **1. Information to support the question ‘Is the service safe?’**

By safe, we mean that people are protected from avoidable physical, psychological and emotional harm; abuse, discrimination, and neglect.

There is a guidance document to help you with the form [link](#)

### **1a. How do you ensure the service you provide is safe?**

### **1b. What improvements do you plan to make that will make your service more safe and when will you make them?**

### **1c. Mental Capacity Act 2005**

1c(i) Do you have policies and procedures in relation to the requirements of the Mental Capacity Act 2005?

1c(ii) How many people who currently use your service have their liberty, rights and choices restricted in any way by the care plans that show how you will support or care for them?

1c(iii) How many people who currently use your service are the subject of an order made by the Court of Protection that results in the care you provide restricting their liberty, rights and choices?

1c(iv) How many people who currently use your service have a Deputy appointed by the Court of Protection with powers to take decisions about the service that you provide?

1c(v) How many people who currently use your service have given another person valid and active lasting powers of attorney with authority to take decisions about the service you provide?

1c(vi) How many people who currently use your service have made a valid advance decision to refuse treatment that may or will affect how you care for or support them?

1c(vii) Do you have systems in place to take appropriate advice as to whether an application to the Court of Protection should be made?

#### **1d. Drugs and Medicines**

1d(i) How many medicines errors have there been in the last 12 months?

1d(ii) Do you currently administer controlled drugs at the location?

#### **1e. Nutrition and hydration**

1e(i) What are you doing as a service to reduce the risks associated with malnutrition and dehydration?

#### **1f. Deaths**

1f(i) How many deaths in the last 12 months have resulted in coroner involvement?

1f(ii) How many deaths in the last 12 months have resulted in an inquest?

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## **2. Information to support the question ‘Is the service effective?’**

By effective, we mean that people experience the best possible health and quality of life outcomes, defined in their own terms.

There is a guidance document to help you with the form [link](#)

### **2a. What do you do to ensure the service you provide is effective?**

### **2b. What improvements do you plan to make that will make your service more effective and when will you make them?**

### **2c. End of Life**

2c(i) How many people using your service have current and complete Do Not Attempt Resuscitation (DNAR) form/agreement in place?

2c(ii) How many people using your service have a current Advance Care Plan in place?

### **2d. Premises**

2d(i) How many single bedrooms do you have at this location?

2d(ii) How many multi-bedded bays do you have at this location?

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## **3. Information to support the question ‘Is the service caring?’**

By caring, we mean that people are treated with kindness and compassion, and their dignity is respected.

There is a guidance document to help you with the form [link](#)

**3a. What do you do to ensure the service you provide is caring?**

**3b. What improvements do you plan to make that will make your service more caring and when will you make them?**

**3c. Recognition/good practice**

3c(i) In the last 12 months, please list any awards or official recognition your service, or individual staff members have received for the quality of care and support provided to people that use your service.

3c(ii) Please list any good practice or accreditation schemes/initiatives/networks you are currently a member of?

Dementia Pledge  
Care for VIP  
Investors in People  
The Gold Standard Framework  
Investor in Diversity  
The 360 Standard Framework  
Universities of Bradford and Stirling dementia resources  
Dignity in Care  
Skills for Care  
Action on Elder Abuse  
Social Care Institute for Excellence (SCIE)  
The Social Care Commitment  
Other

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#### **4. Information to support the question 'Is the service responsive?'**

By responsive, we mean that people get the individual support, care and treatment they need in a timely way; that they (and the people that matter to them when needed) are involved in relevant decisions, and that they are listened and responded to in a way that recognises and respects their human rights, best interests, preferences, needs and concerns.

There is a guidance document to help you with the form [link](#)

##### **4a. What do you do to ensure the service you provide is responsive?**

##### **4b. What improvements do you plan to make that will make your service more responsive and when will you make them?**



#### **4c. Ethnicity and diverse needs of people who use your service and those who support and deliver the service**

4c(i) Are you able to provide information about the ethnicity and the diverse needs of the people who use your service and the staff employed by you?

#### **4d. Ethnicity of people that use your service and the staff employed**

<b>Ethnicity</b>	<b>Number of people that currently use your service</b>	<b>Number of staff currently involved in care</b>
<b>White</b> English, Welsh, Scottish, Northern Irish, British  Irish   Gypsy or Irish traveller   Any other white background		
<b>Mixed/multiple ethnic group</b> White and Black Caribbean  White and Black African   White and Asian   Any other mixed background		
<b>Asian/Asian British</b> Indian  Pakistani   Bangladeshi   Chinese   Any other Asian background		

**Black/African/Caribbean/Black British**

African

Caribbean

Any other Black, Caribbean, African background

**Other ethnic group**

Arab

Any other ethnic group

**Unknown**

**4e. Diversity of people that use your service and of the staff employed**

Please state only the number of people receiving regulated activities, such as personal care, and the number of staff delivering regulated activities. Regulated activities are those listed in Schedule 1 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 for which you are registered for, [link](#).

**Diversity**

Number of people that  
use your service

Number of staff involved  
in care

**Religion or belief**

Baha'i

Buddhist

Christian

Hindu

Jain

Jewish

Muslim

None

Pagan

Sikh

Zoroastrian

Unknown

Other

**Sexual Orientation**

Heterosexual or Straight

Bisexual

Gay or Lesbian

Other

Unknown

**Disability**

Physical impairment

Mental impairment

**Gender**

Male

Female

Transgender

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**5. Information to support the question ‘Is the service well-led?’**

By well-led, we mean that the service's leaders have created a culture that is open, fair, transparent, supportive, informed, challenging and continuously learning.

There is a guidance document to help you with the form [link](#)

**5a. What do you do to ensure the service you provide is well-led?**

**5b. What improvements do you plan to make that will make your service better led and when will you make them?**

**5c. Registered manager**

5c(i) Are you required by a condition of registration to have a registered manager at this location?

5c(ii) If you are required to have a registered manager, is there one currently in post at this location?

5c(iii) If you do not currently have a manager registered at the service, when did the last registered manager leave?

5c(iv) How many managers of the service have been employed in the last 12 months?

5c(v) If applicable, please tell us where you currently are in the process to appoint a new manager:

**5d. Statement of Purpose [link](#)**

5d(i) Have you got a Statement of Purpose covering the regulated activities at this location?

5d(ii) If you have a Statement of Purpose, when did you last change your Statement of Purpose?

5d(iii) If you have a Statement of Purpose, have you sent the most up to date version to CQC?

## **5e. People who use your service**

5e(i) How many people are currently using your service?

5e(ii) How many admissions have there been to your service in the last 12 months?

5e(iii) How many admissions for respite has your service made in the last 12 months?

5e(iv) How many hours of care and support did you provide in the community in the 28 days before the start of this return?

5e(v) How many people who currently use your service have some form of funding provided by a local authority?

5e(vi) How many people that currently use your service have some form of funding provided by the NHS?

## **5f. Organisations that commission your service**

Please give details of the organisations that are currently commissioning care from you, and the number of people whose care they commission.

(i) Commissioner	Address	Named person
Contact number	Number of people	Add another organisation
(ii) Commissioner	Address	Named person
Contact number	Number of people	Add another organisation
(iii) Commissioner	Address	Named person

Contact number	Number of people	Add another organisation
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(iv) Commissioner	Address	Named person
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Contact number	Number of people	Add another organisation
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(v) Commissioner	Address	Named person
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Contact number	Number of people	Add another organisation
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(vi) Commissioner	Address	Named person
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Contact number	Number of people	Add other organisations
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(vii) Please give details of the remaining organisations who are currently commissioning care from you in the box below

### 5g. Compliments and complaints

5g(i) In the last 12 months, how many written compliments have you received about your service?

5g(ii) In the last 12 months, how many written complaints have been made about your service?

5g(iii) In the last 12 months, how many written complaints were resolved within 28 days of being raised?

## 5h. Supervision and Monitoring

5h(i) What percentage of your staff have a named person that provides them with regular supervision?

5h(ii) What percentage of your staff, that have been employed for more than two years, have had an annual appraisal in the last 12 months?

## 5i. Skills for Care National Minimum Data Set for Social Care (NMDS – SC) return

There are no questions for you to answer in this section.

## 5j. Staffing

Medical Staff

Nursing Staff

Care Staff

5j(i) How many staff are currently full time (35 hours per week or more)?

5j(ii) How many staff are currently part time (less than 35 hours per week)?

5j(iii) How many staff are currently on permanent contracts?

5j(iv) How many are currently on short term/ temporary contracts?

5j(v) How many hours have been provided by agency staff in the last 7 days prior to the date of this return?

5j(vi) How many volunteers does the service currently support?

5j(vii) How many students does the service currently support?

5j(viii) How many apprentices does the service currently support?

Medical Staff

Nursing Staff

Care Staff

5j(ix) How many staff have started with your service in the last 12 months?

5j(x) How many current staff are there within your service?

5j(xi) How many staff have left your service in the last 12 months?

5j(xii) For those who have left your service in the last 12 months, how many gave the following reasons for leaving?

Medical Staff

Nursing Staff

Care Staff

Pay

Conditions of employment

Nature of the work

Competition from other employers

Transfer

Personal reasons

Career development

Resignation for undisclosed reasons

Retirement

Dismissal

Redundancy

End of contract

Other reason

**5k. Staff training and qualifications**

Medical Staff

Nursing Staff

Care Staff



5k(i) How many of your current staff have a palliative/end of life care qualification (academic or vocational)?

5k(ii) How many of your current staff have specialist training in pain/symptom management in relation to palliative/end of life care?

5k(iii) Percentage of current staff who have received training in the last 24 months in the following key areas:

Medical Staff

Nursing Staff

Care Staff

Bereavement

Dementia care

Dignity/Respect/Person Centred Care

Equality, diversity and human rights training

Fire safety

First Aid

Food hygiene/handling

Health and safety

Nutrition care and assistance with eating

Medication

Mental Capacity Act 2005

Moving and handling

Prevention and control of infection

Positive behaviour and support (including restraint)

Safeguarding

5k(iv) Other training	(i)	%
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More?

5k(iv) Other training	(ii)	%
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More?

5k(iv) Other training	(iii)	%
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More?

5k(iv) Other training	(iv)	%
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More?

5k(iv) Other training	(v)	%
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More?

5k(iv) Other training	(vi)	%
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More?

5k(iv)(vii) Please give details of any other remaining training current staff have received in the last 24 months, their staff group and its percentage

## 5I. Additional staffing questions

Please list all other staff that are employed in providing care and support in the service

5l(i) Job title	Number of people	Add another staff member
5l(ii) Job title	Number of people	Add another staff member
5l(iii) Job title	Number of people	Add another staff member
5l(iv) Job title	Number of people	Add another staff member
5l(v) Job title	Number of people	Add another staff member
5l(vi) Job title	Number of people	Add another staff member
5l(vii) Job title	Number of people	Add another staff member
5l(viii) Job title	Number of people	Add another staff member

5l(ix) Please use this space to add any other staff that are employed in providing care and support in the service that you cannot fit into the above table.

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## 6. Additional question for providers with more than one location

Do you have more than one location?

6a(i) In the last 12 months how many support visits to assess the quality of the care provision have been made to the service by senior management and/or internal quality auditors not directly located at the service?

6a(ii) Are there reports and actions produced as a result of these visits?

Evaluation Questions for Providers involved in the Wave 2 Pilots:

This Provider Information Return is new and we would welcome feedback on your experience of completing it.

Please answer the following questions as honestly and as completely as you can, by ticking the most relevant rating and including any further information that you think might be helpful in our ongoing development of the Provider Information Return.

A. How long did it take you and your colleagues to complete the return?

Hours

Minutes

B. How easy was it for you to provide the information requested?

	Not at all	To some extent	Quite	Very
(i) How easy was it for you to provide the information requested?				

C. What changes would you like to see to make the return easier to complete?

D. Did you think that we asked the right questions?

	Not at all	To some extent	Quite	Very
(i) Did you think that we asked the right questions?				

D(ii) What information, if any, did we ask for, that you thought was unnecessary?

D(iii) What information, if any, did we not ask for, that you think would be helpful?

**E. How useful was it for you as a provider to complete the return?**

	Not at all	To some extent	Quite	Very
(i) How useful was it for you as a provider to complete the return?				

E(ii) If it was useful, please tell us why?

E(iii) What information, if any, did we not ask for, that you think would be helpful?

**F. How helpful was the guidance?**

	Not at all	To some extent	Quite	Very
(i) How helpful was the guidance?				

F(ii) What was least helpful about the guidance?

F(iii) What was good about the guidance?

**G. Have you recently been asked to provide similar information for any other purposes?**

G(ii) If you answered yes, please tell us more

**H. Please let us know if you have any further comments**

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We would like to thank you for taking the time to complete the Provider Information Return. Your contribution as part of this Wave 2 process is very important and will help inform the future development of regulation and inspection of adult social care services.

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