

**QUALITY ASSURANCE**

**PROVIDER DATA COLLECTION SHEET**

**PLEASE RETURN THIS DATA COLLECTION SHEET TO: janet.carter@knowsley.gov.uk**

**ORGANISATION AND SERVICE**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Registered Business Address** |  |
| **Name of Children’s Home** |  |
| **Address of Provision** |  |
| **Name of Contact** |  |
| **Position Held** |  |
| **Telephone Number** |  |
| **Email Address** |  |

**REGISTRATION AND PLACEMENTS**

|  |  |
| --- | --- |
| **Ofsted / CQC Registration Number** |  |
| **Registration details if dual registration – Ofsted / CQC**  |  |
| **Name of Registered Manager**  |  |
| **Date of Registered Manager Commenced in post** |  |
| **What is the registered capacity?** |  |
| **Number of current vacancies** |  |
| **Number of placements started in the last 12 months** |  |
| **Number of placements ended / in the last 12 months** |  |
| **Number of un-planned placement endings in the last 12 months** |  |

**STAFFING (Including Specialist Staff)**

|  |  |
| --- | --- |
| **Please enclose your Staffing Structure Chart showing all relevant staff. Please ensure the current vacancy positions are shown on the chart.**  | **Enclosed Yes / No** |
|  |
| If staff structure chart not enclosed, please state the reason: |  |

|  |  |
| --- | --- |
| **Please enclose your Staff Training Matrix** | **Enclosed Yes / No** |
|  |
| If staff training matrix not enclosed, please state the reason: |  |

**Please provide details of staff qualifications and DBS checks: *(Insert additional lines in table as necessary)***

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title Role** | **Initials of Staff Member** | **Relevant Qualifications eg NVQ3/4/5 Qualified Teacher** | **DBS Disclosure Number & Date of Completion** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

***Note:***  *If your organisation provides Therapeutic Services, please include any specialist staff in the above return, e.g. Psychiatrist, Psychotherapist, Psychologist, Occupational Therapist, Physiotherapist, Speech Therapist*

**Additional Staffing Information:**

|  |  |
| --- | --- |
| **Number of staff who have joined the provision in the last 12 months** |  |
| **Number of staff who have left the provision in the last 12 months** |  |
| **Number of current staff vacancies** *(shown in staffing structure chart)* |  |
| **Percentage of shifts covered by agency staff in the last 12 months** |  |

**INSURANCE COVER**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Insurance Details** | **Value of Cover** **£** | **Is the cover for each and every claim** **Yes / No** | **Policy Start and End Dates** | **Copy Enclosed****Yes / No** |
| **Employer’s Liability** |  |  |  |  |
| **General Public Liability** |  |  |  |  |
| **Professional Indemnity**  |  |  |  |  |
| **Medical Malpractice Public Liability cover** |  |  |  |  |
| **Sexual Abuse and Molestation Public Liability cover**  |  |  |  |  |

|  |  |
| --- | --- |
| **ICO Registration** | Number:Date: |

**MONITORING**

|  |
| --- |
| **We require up to date copies of the following:-****\*Statement of Purpose****\*Children’s Guide****\*Location Risk Assessment****\*Regulation 45 Report****\*Impact Risk Assessment****\*Safeguarding Policy****Please also send copies of your monthly Regulation 44 reports to;** **Janet.carter@knowsley.gov.uk****When you are visited by Ofsted please let us know this too and the outcome of your inspection.**  |
|

|  |  |
| --- | --- |
| **Please confirm all of the following policies are available and up to date either through your website or the framework you are contracted to.****Policies required: Anti bullying, Complaints, Data Protection, E-Safety, Managing Allegations, Medication, Missing from Care, Safeguarding (including exploitation), Safer Recruitment, Supervision & Appraisal and Fire Risk Assessment.** |  **Yes / No** |
|  |
| **If the polices are not available via the methods above, please attach.** |  |

**Please provide details of any monitoring visits conducted by another Local Authority. If none, state N/A**

|  |  |
| --- | --- |
| **Date** |  |
| **Name of Local Authority** |  |
| **Name of Visiting Officer** |  |
| **Position Held** |  |
| **Contact Details (email/phone)** |  |

**Please provide details of any other Local Authority with CURRENT placements:**

|  |  |
| --- | --- |
| **Name(s) of Local Authority** |  |

**INCIDENTS AND NOTIFICATIONS**

|  |  |
| --- | --- |
| **Number of reported Missing episodes in the last 12 months? (Residential only)** |  |
| **Number of OFSTED Notifications in the last 12 months** |  |
| **Number of physical interventions (also known as restraint) in the last 3 months** |  |
| **Number of incidents involving the police in the last 3 months**  |  |
| Comment(s) *(Nature of the restraints, frequency etc):* |

**PQA COMPLETED BY:**

|  |  |
| --- | --- |
| **Name** |  |
| **Position in Organisation** |  |
| **Date** |  |