

Bradford District and Craven
Health and Care Partnership



City of Bradford Metropolitan District Council

**Bradford and District Residential and Nursing Care Homes
Provider List**

Reference: BMDC/DN420609

5.2.1 QUALITY CHARTER APPENDICES

Appendix 1

Guidance on Submitting PIR Data

Introduction

Commissioners have aligned their data requirements to synchronise with the Care Quality Commission (CQC), who require providers to submit a Provider Information Return (PIR) on an annual basis, submitted in the anniversary month of a service's first inspection. We have designed this to ensure that you are not submitting different periods of data to each organisation. We remain committed to work with CQC to enable sharing of data and remove this duplication at the earliest opportunity.

A full breakdown of CQC dataset questions is listed, for your reference, under "Data Requirements" at the end of this appendix.

Timescales

Commissioners will operate to the same four week return period as required by CQC, to support Providers to meet the regulator requirements. Providers will be asked for their anniversary month during the application process in order to align their data request to this month. If a provider is aware that commissioner's request for data is not aligned with CQC then the month of submission may be amended by contacting commissioninginbox@bradford.gov.uk

Example timetable for provider required to submit in the month of August (this process may be adjusted for any month of the year)

14th July – Email reminder that a request for data will be sent in two weeks' time

1st August – Unique web link emailed to request PIR data and four week deadline set

14th August – Reminder email sent (unless submission already received)

31st August – Deadline for submission

Data Submission

Commissioners require providers to enter a true and accurate account of their service over the last twelve months (and not previous PIR data, for a different time period). The data included in a PIR dataset is a mixture of free text, numbers and lists of selected options. Free text boxes will be limited to 500 words (to align with CQC submission). Commissioners intend for the same data provided to CQC to be included in the submission therefore please see CQC guidance on completing a PIR: <https://www.cqc.org.uk/guidance-providers/adult-social-care/provider-information-return-pir-adult-social-care-services>

Commissioners may amend their requirements if the regulator changes the PIR dataset. If Providers become aware that the datasets are not synchronised please notify Commissioners immediately.

The data submission should be completed by a person with appropriate seniority within the organisation, for example the registered manager, deputy manager or nominated individual. The data submitted should not include any personal data and verification is included in the electronic form to confirm this. Free text boxes may be used to include case studies about a service but details should not identify individual service users.

Commissioners will supply a unique web link to providers, via email to the address supplied by the provider, in order to log onto a secure online system and complete their data submission.

In the event that providers do not meet the deadline for the data submission or do not complete a submission then commissioners will address this as a contractual compliance matter. Providers should also be mindful that a non-submission of a PIR to CQC will impact on their service rating at inspection and providers will not be able to achieve higher than “requires improvement” in the well led domain.

Providers will be emailed a copy of their data submission to commissioners which will confirm the data has been received and enable providers to use the same data when they complete the submission to CQC.

Technical issues accessing or using the data submission system may be followed up directly with the system architect and online training videos are accessible on the site to support providers using the system. Details of this will be shared as soon as arrangements are finalised. Where issues persist, commissioners require providers to inform them via commissioninginbox@bradford.gov.uk

Data Analysis

Commissioners will analyse the data that is submitted and the information will be used to inform contract management arrangements and to report about themes and trends across the District. Data included in these reports will not be identifiable to individual locations or to a specific provider.

Commissioners may contact providers to follow up queries about the data submitted and details may be verified during visits and inform contract monitoring functions.

Data submitted by providers will remain confidential and commissioners will be mindful of data that is commercially sensitive that is included in reports about the District. Where commissioners consider the data submitted identifies risk or raises concerns about service performance this may be considered through the risk management procedures and

information may be shared with key strategic partners, (for example safeguarding, infection prevention, CQC [this is not an exhaustive list]) in order to support providers to improve their service. Where providers are demonstrating a high quality service through their data return commissioners may seek opportunities to share best practice across the District.

Data Requirements

	PIR Question	Data Type
1.1	Describe what is going well and the impact this is having on people using your service.	Free Text
1.2	Describe the barriers that you are facing that make it difficult to provide good quality care to people using your service.	Free Text
2.1	How many people are currently receiving support with regulated activities as defined by the Health and Social Care Act from your service?	Number
2.2	How many people have you served notice on to leave your service in the past 12 months solely due to a change in their care needs?	Number
2.3	How many people have you served notice on to leave your service in the past 12 months for any other reason?	Number
2.3a	What were those other reasons?	Free Text
2.4	How many people with the following dependencies do you currently support? <ul style="list-style-type: none"> • Dementia • People detained under the Mental Health Act • Mental health needs • Drug or alcohol misuse • Eating disorders • Sensory impairments • Learning disabilities or autistic spectrum disorder • Physical disabilities 	Number
2.5	How many people who use your service are there in each of the following age categories? <ul style="list-style-type: none"> • 0 to 17 years • 18 to 24 years • 25 to 64 years • 65 to 74 years • 75 to 84 years • 85 to 94 years • 95 years and over 	Number
2.6	How many people are currently nursed or cared for in bed?	Number

2.7	Do people who use your service have any specific communication needs or preferences?	Option: Yes/No
2.7a	How have you met these needs?	Free Text
2.8	How many people who use your service are non-verbal?	Number
2.9	How many of the people who use your service are assessed to be at risk of malnutrition or dehydration?	Number
2.10	How many people have restraints or restrictions in their care plans?	Number
2.11	How many incidents of restraint have you recorded in the past 12 months?	Number
2.12	Are there any restrictions or special arrangements on friends or relatives visiting people?	Option: Yes/No
2.12a	What are these?	Free Text
2.13	How do you make sure you meet the Accessible Information Standard?	Free Text
2.14	Please state whether you have carried out any specific work in the past 12 months to ensure or improve care quality for people in relation to the following protected equality characteristics: <ul style="list-style-type: none"> • Age • Disability • Gender • Gender reassignment • Race • Religion or belief • Sexual orientation • None of the above 	Checkboxes
2.15	What specific work have you undertaken in the past 12 months to ensure your service meets the needs of people using your service with protected equality characteristics and what impact has this had?	Free Text
2.16	What specific work have you undertaken in the past 12 months to ensure equality and inclusion for your workforce and what impact has this had?	Free Text
2.17	How do you ensure your staffing is sufficient in numbers and quality to meet all the needs of those you care for?	Free Text
2.18	What practical examples can you give as to how you and your workforce implement and apply human rights principles (fairness, respect, equality, dignity and autonomy) to your service and the impact this has had?	Free Text
2.19	How many of the people who use your service (i) are funded in full or in part by their local authority, or (ii) receive NHS Continuing Health Care?	Number

2.20	How many other people use your service?	Number
3.1	Have you used video monitoring cameras at your location in the past 12 months?	Option: Yes/No
3.1a	How have you used them?	Free Text
3.2-a	What assistive technology do you use?	Free Text
4.1	How many people are directly employed and deliver regulated activities at your service as part of their daily duties?	Number
4.2	How many staff have left your service in the past 12 months?	Number
4.3	How many staff vacancies do you have?	Number
4.4	How many full-time equivalent posts do you employ?	Number
4.5	How many hours of care have agency staff provided in the past 28 days?	Number
4.6	How many of your current staff have completed the Care Certificate?	Number
4.7	How many of your current staff have achieved a relevant Level 2 (or above) qualification?	Number
4.8	How many of your care staff have a named person that provides them with regular one to one supervision?	Number
	Tell us which organisations commission care from you and how many people they commission care for:	Free Text
5.1	Select the number of commissioners	Free Text
5.1	Commissioning organisation	Free Text
5.1	Number of people	Number
5.1a	Please give the name and number of people for all other organisations that are currently commissioning care from you, if any, in the box below	Free Text
5.2	How do you work in partnership with other specialist services (for example, speech & language, dementia, tissue viability, nutrition and reablement services)?	Free Text
6.1	How do you minimise the risk of infection at your service?	Free Text
6.2	How many notifiable safety incidents have you had in the past 12 months that have triggered the harm thresholds of the duty of candour regulation?	Number
6.3	Do you administer medicines?	Option: Yes/No
6.3a	Have you administered controlled drugs in the past 12 months?	Option: Yes/No

6.3b	Have you administered medicines covertly in the past 12 months?	Option: Yes/No
6.3c	How many people have been given medicine as a form of restraint or to control behaviour in the past 12 months?	Number
6.3d	How many of the people who take prescribed medicine have not had a medication review with a GP or other suitable healthcare professional in the past 12 months?	Number
6.3e	Have you used enteral tube feeding to administer medicines in the past 12 months?	Option: Yes/No
6.3f	How many medicine related errors have there been in the past 12 months?	Number
6.3g	How many of these involved controlled drugs?	Number
6.4	In the past 12 months, how many complaints were made about your service that were managed under your complaint's procedure?	Number
6.4a	What are the main complaints you have received in the past 12 months and what have you changed as a result to improve your service?	Free Text
7.1	Tell us here, anything else that you wish to share about your service and that is not included in your other answers.	Free Text

Appendix 2

Guidance on Submitting a Notification Form

Commissioners require providers to notify them on a range of different matters. A specific form has been created in order to allow providers to contact commissioners and submit details about key changes at a service and information in relation to accidents and incidents. The electronic form is accessible via the front page of the Provider Portal.

Providers of regulated activities must adhere to current legislation and are required to notify CQC about a range of information about their service. In developing this form we have considered the level and detail of reporting required by CQC. Although in some instances there may appear to be duplication, we have to ensure we are compliant with data protection legislation and have worked to reduce this to a minimum.

The information included in the notification form that relates to residents should not include any personal data. The electronic notification form will send information to both CBMDC and CCG commissioning teams to inform them about the notification submitted. If commissioners require further information in relation to specific individuals and there is appropriate legal framework to have access to this data then commissioners will contact the provider and request information is provided through a secure method.

It is important that providers are familiar with the different procedures and ensure that the correct information is submitted to the appropriate bodies including for example commissioners, CQC, Health and Safety Executive etc. Providers must ensure that all reporting requirements are fulfilled, including notifying commissioners through the notification form, as there are no mechanisms to share this information across bodies.

The notification form is a mechanism for informing commissioners in relation to incidents and accidents on matters that are **not reportable** to the Bradford Safeguarding Team. Providers must continue to adhere to the West Yorkshire Joint Multi-Agency Safeguarding Adults Policy and Procedures. In some instances it may be appropriate to contact the Multi-Agency Safeguarding Hub (MASH – 01274 431077) to verify a referral is not required before completing a notification form.

Only one notification should be made on each form. At the point of submission there will be the opportunity to create a new notification form, without being required to re-enter contact details and information about the provider. Once a notification form has been submitted via the electronic form a confirmation email will be sent to the email address provided, this will include a copy of the submission for providers to keep on record and a verification link which requires activating in order to finalise the submission.

Upon receiving a notification form, commissioners will process this information and update their records. Where commissioners require additional information, for example if a provider

has notified about a change of ownership or a specific incident that requires further investigation, commissioners will contact the person who has submitted the notification form to request further information.

The electronic notification form has specific guidance included within the template of the form and a further breakdown is provided below to act as guidance for completing an individual notification form. Not all fields will be completed on each notification form and the type of notification selected will determine the pathway of fields to complete.

It is appropriate for commissioners and regulators to expect serious incidents to be reported in a timely manner, to be effectively and appropriately investigated, robust action plans to be developed and implemented and learning shared as appropriate. Where this is not happening – for example where serious incidents are not being reported to commissioners or regulators within the required timescales once organisations are aware of them (or event not reported at all) or where investigations and action plans are not effective and robust, it is appropriate to undertake regulatory action or performance management of the organisation. Information about serious incidents should also be triangulated with other information and intelligence.

Guidance

Any examples included are not intended to be an exhaustive list but to act as a guide.

Field Heading	Guidance
Name of Person Completing Form	The person completing the form
Phone Number	Contact details
Email Address	Contact details
Position – Registered Manager, Deputy Manager, Nominated Individual, Director	A person with appropriate delegated responsibility for the provider
Name of Organisation	Name of the Care Home
If we need to contact you about this notification form please indicate preference	Communication preference
Location Postcode	A pre-populated list will appear. Please select the correct location and name of the home.
Different Address from Location	Only complete where required, for example where the person completing the form is based at a different address
Postcode	A pre-populated list will appear. Please select the correct location
Service Type	Select “Care Home (residential/nursing)”

Type of Notification

Field Heading	Guidance
Change of Contact Details	To notify of a change of phone number or email address
Change of Registered Manager	To notify that a manager has left and/or a new manager has been appointed
Change of Nominated Individual	To notify that a nominated individual has left and/or a new nominated individual has been appointed
Change of Ownership	To notify that a service has changed ownership. Commissioners will email additional forms to be completed in order to finalise this change
Change of CQC Registration	To notify a change in registration details with CQC, for example the removal or addition of service delivery
Change of Bed Numbers	To notify an increase or decrease of registered bed numbers with CQC at a specific location
Register for Provider Portal	To authorise users for the provider portal. Only the person with legal responsibility for the provider will be able to authorise this registration
Change Access for Provider Portal Details	To add or remove users for the provider portal. Only the person with legal responsibility for the provider will be able to authorise this change
Accident – Resident	To notify of an accident involving a resident that did not involve a serious injury
Accident – Staff	To notify of an accident involving a staff member that did not involve a serious injury
Accident – Visitor	To notify of an accident involving a visitor that did not involve a serious injury
Health and Safety Issue	To notify of a health and safety issue (for example, where an incident has been reported to the Health and Safety Executive or a RIDDOR report completed)
Incident – Police Not Involved	To notify of an incident, not an accident or serious injury, which does not involve the Police (for example, a complaint from the local community about a service)

Incident – Police Involved	To notify of an incident, not an accident or serious injury, which involves the Police (for example, where the Police attended in relation to a non-safeguarding related matter)
Disruption to Service Delivery	To notify of an incident that has disrupted service delivery (for example, a fire, flood, electric fault or restricted use for part of the premises)
Serious Injury	To notify of a serious injury that has occurred to a person at a service, that is not reportable to safeguarding (for example, an accident or incident that resulted in a serious injury to a resident [but not as a result of abuse or neglect], staff member or visitor)
Bankruptcy	To notify where the provider is entering into bankruptcy arrangements
Other	To notify about an incident not included in other options listed. Please use the fields to notify about specific details, we will contact you if we require further information

Notify of a Change

Field Heading	Guidance
Date of Change	Select the authorised change date from the calendar provided
New Details	A free text box to write the new details (for example, phone number, email address, manager details, nominated individual details, name of new owner / company details, new registration details with CQC or new number of bed numbers)
Details to be Removed	A free text box to write details to be removed from records (for example, phone number, email address, manager details, nominated individual details, name of owner / company details, inactive registration details with CQC or previous bed numbers)

Declaration	Confirmation is required that the person completing this form has legal authority within the organisation to enact the changes
Verification	Verification is required via the email address provided at the beginning of the form. A verification link will be emailed which will need to be activated to finalise submission
Submit and Finish	Completes the submission and email sent with verification link.
Submit and Complete New Notification Form	Completes the submission and email sent with verification link. Re-directed to select the type of the next notification (contact details on the first form remain completed)

Register for Provider Portal

This form should be used for initial registration to access the Provider Portal

Field Heading	Guidance
Forename	First name of person to be authorised to access Provider Portal
Surname	Last name of person to be authorised to access Provider Portal
Email Address	A secure individual email address with a business domain is required to audit the Provider Portal (for example, john.smith@bradfordcarehome.com is acceptable but manager@gmail.com will not meet the security requirements)
Job Title	The role of the person within the organisation
Assign Role	Select Residential Provider. There is no limit on the number of times a particular role is selected
Declaration	Confirmation is required that the person completing this form has legal authority within the organisation to enact the changes
Verification	Verification is required via the email address provided at the beginning of the form. A

	verification link will be emailed which will need to be activated to finalise submission
Submit	Completes the submission and email sent with verification link.

For registration & changes related to the Provider Portal a copy of a signed declaration form is required. Once a notification is received a form will be emailed separately and the person with legal authority will be required to sign the form and email it back to the sender (a photo / scan of the signed form is acceptable)

Change Access for Provider Portal Details

This form should be used for a provider registered to use the Provider Portal but needing to change the access rights of users (both to add and remove users)

New user details:

Field Heading	Guidance
Forename	First name of person to be authorised to access Provider Portal
Surname	Last name of person to be authorised to access Provider Portal
Email Address	A secure individual email address with a business domain is required to audit the Provider Portal (for example, john.smith@bradfordcarehome.com is acceptable but manager@gmail.com will not meet the security requirements)
Job Title	The role of the person within the organisation
Assign Role	Select Residential Provider. There is no limit on the number of times a particular role is selected
Add New Person	Select to add another user. There are no restrictions on the number of users
Declaration	Confirmation is required that the person completing this form has legal authority within the organisation to enact the changes
Verification	Verification is required via the email address provided at the beginning of the form. A verification link will be emailed which will need to be activated to finalise submission

Submit	Completes the submission and email sent with verification link.
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User details to be removed:

Field Heading	Guidance
Forename	First name of person to be revoked access Provider Portal
Surname	Last name of person to be revoked access Provider Portal
Email Address	Email address registered on Provider Portal
Job Title	Role within the organisation
Remove Another Person	Select to remove another user
Declaration	Confirmation is required that the person completing this form has legal authority within the organisation to enact the changes
Verification	Verification is required via the email address provided at the beginning of the form. A verification link will be emailed which will need to be activated to finalise submission
Submit	Completes the submission and email sent with verification link.

Notification of Accident, Health and Safety Issue, Incident, Disruption to Service, Serious Injury, Bankruptcy or Other

Field Heading	Guidance
Placement Funding	If the notification relates to an individually funded placement please identify how the placement is funded
GP Practice	If the notification relates to an individually funded placement please identify which GP practice the person is registered with
Describe the Incident	Please describe the details of the incident. Information to be included: the location of the incident, a timeline of events, contributing factors, the impact that the incident has had on the service or individuals. No personal data should be included, if individuals need to be

	referenced it may be appropriate to refer to a person as a resident, visitor or by the person's job title. However if this would clearly identify the individual then this may not be appropriate
Level of risk	Please select from the list an assessment of the level of risk. Further guidance on risk levels are in the form and also listed below for reference
Verification	Verification is required to confirm no personal data is contained within the description of the incident

Level of risk:

- No harm: Impact prevented – any incident that had the potential to cause harm but was prevented, resulting in no harm to people receiving care. Impact not prevented – any incident that ran to completion but no harm occurred to people receiving care.
- Low: Any incident that required extra observation or minor treatment and caused minimal harm, to one or more persons receiving care.
- Moderate: Any incident that resulted in a moderate increase in treatment and which caused significant but not permanent harm, to one or more persons receiving care
- Severe: Any incident that appears to have resulted in permanent harm to one or more persons receiving care.
- Death: Any incident that directly resulted in the death of one or more persons receiving care.

Details of Action Taken

Field Heading	Guidance
Immediate Action Taken	Please describe any immediate action taken at the time of the incident, this may include contacting emergency services or steps taken to ensure the welfare of people at the service
Duty of Candour	Where the incident falls under the Duty of Candour legislation please confirm if the individual involved or next of kin have been informed. Where this has not occurred please state as an action still to be taken in the lessons learnt field. Where this is not applicable please use the box "N/a"
Further Action Taken	Please describe any further action taken, any professionals that have been involved, communication to other bodies (including

	the regulator), any review of documentation or processes and any other action taken as a result of the incident that is being reported
Lessons Learnt	Please describe how the organisation will learn from this particular incident and any changes that may be made in order to prevent further incidents
Verification	Verification is required to confirm no personal data is contained within immediate action taken or lessons learnt
Declaration	Declaration is required to confirm that the details completed in the form are an accurate record and the person completing the form has the appropriate authority within the organisation to submit this form
Submit and Finish	Completes the submission and email sent with verification link sent to activate and finalise submission
Submit and Complete New Notification Form	Completes the submission and email sent with verification link to activate and finalise submission. Re-directed to select the type of the next notification (contact details on the first form remain completed)

When to Submit a Notification about an Incident or Accident

Where data is already available to commissioners then providers will not need to send this via the Notification Form (examples of this are safeguarding referrals, DoLS applications, death notifications or pressure damage incidents reported to the Tissue Viability Team).

Providers must report incidents that have effected service delivery and this has degree of harm or risk for residents (for example, issues with part of the building which has led to increased risk or a decline in resident wellbeing).

Incidents of a serious nature that have a detrimental impact on the service or residents, where these are not reportable to safeguarding, must be reported through the Notification Form.

Where providers are unsure about reporting a particular matter advice can be sought via commissioninginbox@bradford.gov.uk

Serious Incidents that occur for NHS Funded Care are required to reported on StEIS.

Serious Incidents in the NHS include:

Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:

- Unexpected or avoidable death of one or more people. This includes

- suicide/self-inflicted death; and
- homicide by a person in receipt of mental health care within the recent past
- Unexpected or avoidable injury to one or more people that has resulted in serious harm;
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:—
 - the death of the service user; or
 - serious harm;

This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally-led investigation, where delivery of NHS funded care caused/contributed towards the incident

- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. See Never Events Policy and Framework for the national definition and further information;