

CARE SUPPLEMENT

Applicant's name:

Address:

1. Confirmation that all non-medically qualified staff are fully trained and signed off as competent by an employed qualified medical practitioner/nurse as fully competent to provide care services, following a period of supervision and are all working towards their qualifications where they do not already hold. Confirmed

Details if any:

2. Confirmation that insured provides full training in lifting and hoisting, dementia care, challenging behaviour, H&S, needle stick injuries etc and regular refresher training on these subjects and evidence of attendance are kept and signed off in employee's records.

Confirmed

Details if any:

3. Confirmation that only nurses and well trained/experienced (senior level) care staff undertake any nursing care procedures, such as peg feeding, catheter care, etc. Confirmed

Details if any:

4. Please give full details as to any risk management implemented (or to be implemented) following recommendations/requirements by your local quality/standard of care inspectors.

5. Please advise how you manage staff shortages to ensure that you have enough staff to manage the number of and specific care requirements of the service users at each home.

6. Please confirm that you do not provide any care services to those who are currently detained under the Mental Health Act or operate any high secure units. Confirmed

Details if any:

7. Do any of the employed nurses have any prescribing duties? Yes No

If yes please full details (e.g. how many, what drugs and the risk management procedure surrounding this etc)

8. Have you taken over any existing care providers following poor management and please give feedback as to how you have turned these homes around to provide high standards of care.

9. In terms of management of the homes, what checking procedures do you undertake on the experience and qualifications of the manager? Do you have prerequisite requirements?



10. Confirmation that all care plans are written and agreed by a GP who holds their own malpractice, errors and omissions cover. Confirmed
Details if any:

11. Confirmation that all complementary therapists (i.e. hairdressers, chiropodists, massage therapists etc) hold their own cover as individuals, if not please advise numbers and roles.
 Confirmed
Details if any:

Signature of the Insured: _____

Date: _____

Please send the completed, signed and dated application to underwriting@revau.com.