

Care Home Fact Find

Business Name			
Address of Home:			
Correspondence Address (If different):			
Contact Name:			
Telephone Number(s):			
Email Address:			
Date Business Established		Company Number:	
Sanctions Search		PAYE Reference	

Current Insurance Arrangements

Renewal Date		Payment Method	
Broker		Current Insurer	
Existing Premium		Renewal Premium	

Property Information

Is the property: Constructed of brick/stone/concrete Purpose built for current usage			
Roofed with slate/tiles			
Approx. year of build			
Is the building Listed		Grade:	
Have any areas flat roof		Percentage:	
Any history of Subsidence, Landslip or Heave?			
Any history of flooding to the property or surrounding areas?			
Any trees, shrubs over 10m tall within 50m of building			

Business Activities

Please describe the activities of your organisation.	
Do you have a registered manager in accordance with CQC requirements	
Do you have and maintain an Accident book?	
Regulatory Report	

<p>Do you have any outstanding requirements?</p>	
<p>Do you have a locked cabinet / locked room / trolley for safely dispensing drugs and a robust MAR procedure?</p>	
<p>In addition to CQC mandatory training, do you provide staff with any additional training?</p>	
<p>Do you undertake reference checks, DBS checks and other background checks?</p>	
<p>Document Retention – are staff records including DBS, Background, reference, training, accident retained securely?</p>	
<p>Are patient records, including care plans, referrals, incidents retained securely?</p>	



Internal Security Features

Do you have an Intruder Alarm?	
(If yes)	Audible Only / Central Station / BT Redcare
Do you have a Fire Alarm?	
(If yes)	Audible Only / Central Station / BT Redcare
Do you have a sprinkler system?	
Do you have a maintenance contract?	

Electrical / Kitchen & Laundry

When was the last 5-year electrical inspection undertaken?	
Is Kitchen equipment in good order and maintained / serviced in line with manufacturers recommendations?	
Is Ducting cleaned annually by a third-party contractor?	
What deep fryer equipment do you use? (Table Basket, Range etc)	
Is Laundry equipment in good order and maintained / serviced in line with manufacturers recommendations?	

Do you regularly check and remove build-up of combustible materials from laundry equipment (Lint etc)	
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Liability information

Number of nurses & payroll	No:	£	
Number of carers & payroll	No:	£	
All other staff	No:	£	
Number of Residents		Ages:	
Category of Residents			
Detained under Mental Health Act?		If so what category;	
Any resident with a history of Arson			
History of Sexual Deviance			

Risk Management

Do you the following operational? A) Health & Safety System B) Protection Policy C) Accident Reporting Policy D) Staff Vetting (Inc DBS/POVA) E) Induction Training Policy F) Refresher Training Policy (annually) G) Incident Reporting Policy H) Safeguarding Policy I) Quality Control System J) External Compliance Audit K) Member of Care Association L) Undertake References & ID Checks?	
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Has any Director or Partner ever been subject to any criminal conviction (excluding Motor Offences)	
Has any Director or Partner ever been involved in a previous company which has gone into Bankruptcy, Insolvency or Liquidation?	
Has any Director or Partner ever been declined insurance or had special conditions applied, insurance cancelled midterm or refused renewal?	
Please detail any additional risk management or mitigation, which you feel maybe useful to underwriters.	

Any Claims or losses in the Past 5 Years?

Date of claim:	Details:	Amount Paid / Reserved:

Sums Insured:

Buildings:			
Contents:			
Residents Effects:			
Business Interruption:		Indemnity period	
Annual Turnover / Fee Income:			

Cover Limits:

Employers Liability		Public / Products Liability	
Treatment / Malpractice		Goods In Transit	
Refrigerated Stocks		Book Debts	
Money / PAA		Group Personal Accident	
Cyber Liability		Directors & Officers	

Some of the information provided may give rise to additional information being required, we will endeavour to make this process as easy as possible for you. How would you prefer to be contacted for the additional information?

Phone

Email

Name:	
Position:	
Date:	

Once completed please return to us and by post or email
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