



Community Services

Maximising Wellbeing at Home – Neighbourhood 1 (Lot 1)

Standard Selection Questionnaire (SSQ) Selection Questions

Two Stage Restricted Process (Above Threshold)

**Joint Commissioning Unit
3rd Floor**

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Catford

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September 2022



This document is to be completed in accordance with the Invitation to Tender document and submitted via the London Tenders Portal, with all relevant documentation, by no later than **noon (12pm) on Tuesday 11 October 2022.**

Maximising Wellbeing at Home – Neighbourhood 1



SSQ Selection Questions

The following questions must be answered

| | | |
|------|--|-----------|
| 9.1 | Safeguarding | Pass/Fail |
| 9.2 | Mental Capacity Act | Pass/Fail |
| 9.3 | UNISON Ethical Care Charter | Pass/Fail |
| 9.4 | Regulation with the Care Quality Commission | Pass/Fail |
| 9.5 | Compliance with the Health and Safety Executive guidance for 'Domiciliary care provided in people's own homes' | Pass/Fail |
| 9.6 | TUPE | Pass/Fail |
| 9.7 | Compliance with the Lewisham Joint Medicines Policy | Pass/Fail |
| 9.8 | Electronic Call Monitoring System | Pass/Fail |
| 9.9 | GDPR and data handling compliant | Pass/Fail |
| 9.10 | Annual turnover | Pass/Fail |
| 10.1 | Experience in delivering high quality care | 20% |
| 10.2 | Experience in effectively involving and engaging unpaid Carers in service delivery | 5% |
| 10.3 | Experience in delivering across client groups | 5% |

| | | |
|------------|--|---|
| 9.1 | Safeguarding | |
| | Does your organisation have the following policies / procedures in place: | |
| 9.1(i) | Safeguarding policies and procedures for children, young people and adults which is accessible to staff and volunteers and clearly sets out how they should respond to safeguarding concerns | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.1(ii) | Safer recruitment procedures in-line with regulatory requirements | Yes <input type="checkbox"/> No <input type="checkbox"/> |



| | | |
|----------|--|---|
| 9.1(iii) | A complaints procedure that is accessible to service users and relatives | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.1(iv) | A whistleblowing policy that is accessible to staff and volunteers? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.2 | | Mental Capacity Act |
|------------|--|---|
| 9.2(i) | Does the Mental Capacity Act (MCA) feature in every relevant policy and procedure within your organisation? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(ii) | Do all policy and procedures relevant to the Mental Capacity Act (MCA) within your organisation include clear statements to evidence that you promote and work within the MCA five guiding principles? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(iii) | Are staff trained and able to apply the principles of the MCA? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(iv) | Is training on the MCA provided within your induction, training and refresher training programmes? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(v) | Is the assumption of capacity clear in the service's ethos and practice? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(vi) | Can you evidence that all staff have an understanding of when it is necessary to assess a person's capacity? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(vii) | Are staff trained to recognise the inherent rights and value of all people whether they have a disability or not? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(viii) | Can your service and your managers demonstrate an understanding of when a formal assessment is needed and how to record it? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(ix) | Can you evidence that there is plainly a culture which clearly promotes autonomy and choice but recognises when decisions must be made for others? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.2(x) | Does the service ensure staff fully understand and apply the best interests decision making principles? | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.3 | | UNISON Ethical Care Charter |
|------------|--|---|
| 9.3(i) | Please self-certify if your organisation is fully compliant with the UNISON Ethical Care Charter https://www.unison.org.uk/care-workers-your-rights/the-ethical-care-charter/ | Yes <input type="checkbox"/> No <input type="checkbox"/> For information only |
| 9.3(ii) | If your organisation is not presently fully compliant with the UNISON Ethical Care Charter, please self-certify if your organisation would ensure full compliance by 31 March 2023 in the event of your organisation being awarded this contract. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.4 Regulation with the Care Quality Commission | |
|--|---|
| 9.4(i) | Please self-certify that you have / will have a Lewisham based office registered to provide personal care with the Care Quality Commission (CQC) by 31 March 2023 if awarded the contract Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.4(ii) | Has your organisation been subject to any enforcement action(s) by the Care Quality Commission (CQC) in the last three years? Yes <input type="checkbox"/> No <input type="checkbox"/> For information only |
| 9.4(iii) | If you have answered yes to question 8.4(ii), please provide details of the enforcement action(s) and what action (if any) you have taken to prevent similar enforcement action(s) being received? Enter text here: (300 words max) For information only |

| 9.5 Compliance with the Health and Safety Executive guidance for 'Domiciliary care provided in people's own homes' | |
|---|--|
| 9.5(i) | Please self-certify that you are compliant with the Moving and handling guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(ii) | Please self-certify that you are compliant with the Dealing with challenging behaviour guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(iii) | Please self-certify that you are compliant with the Equipment safety guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(iv) | Please self-certify that you are compliant with the Hot water and hot surfaces guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(v) | Please self-certify that you are compliant with the Slips and trips guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(vi) | Please self-certify that you are compliant with the Lone working guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 9.5(vii) | Please self-certify that you are compliant with the First aid guidance Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.6 TUPE | |
|-----------------|--|
| 9.6(i) | The Council believes that TUPE will apply to this contract. Please confirm that your organisation agrees to comply with TUPE legislation, should you be identified as the preferred bidder for this contract. Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.7 Compliance with the Lewisham Joint Medicines Policy | |
|--|--|
|--|--|



| | | |
|--------|---|---|
| 9.7(i) | Please self-certify that you are compliant with the Lewisham Joint Medicines Policy | Yes <input type="checkbox"/> No <input type="checkbox"/> |
|--------|---|---|

| 9.8 Electronic Call Monitoring system | | |
|--|--|---|
| 9.8(i) | Please self-certify whether you have an Electronic Call Monitoring system in place? | Yes <input type="checkbox"/> No <input type="checkbox"/> For information only |
| 9.8(ii) | If your organisation does not presently have an Electronic Call Monitoring system in place, please self-certify that this will be in place by 31 March 2023 in the event of your organisation being awarded this contract. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.9 GDPR and data handling compliant | | |
|---|--|---|
| 9.9(i) | Please self-certify that your organisation is fully compliant with GDPR regulations in storing and managing client level data. | Yes <input type="checkbox"/> No <input type="checkbox"/> |

| 9.10 Annual turnover | | |
|-----------------------------|---|---|
| 9.10(i) | Please self-certify that your organisation has an annual turnover of at least £10 million | Yes <input type="checkbox"/> No <input type="checkbox"/> |

Q10.1 Experience of delivering high quality care



Demonstrate your previous experience of delivering a high quality home care service on a locality / neighbourhood footprint including two examples of contracts you have delivered detailing as a minimum:

- How you ensured Clients were fully involved and treated as an equal partner in their assessment, support planning and reviews.
- How you embedded innovation within the delivery model, including the use of technology.
- How you embedded a learning culture within the organisation
- How you worked with social workers, commissioners and Care Quality Commission colleagues to have a shared understanding of quality

[Word Limit: 3000 words]

Q10.2 Experience in effectively involving and engaging unpaid Carers in service delivery



Demonstrate how you have ensured unpaid carers have been fully involved and engaged in service delivery. Please include examples/case studies from current or previous contracts to support your answer.

[Word Limit: 750 words]

Q10.3 Experience in delivering across client groups



Demonstrate how you have provided home care services to clients across a range of cohort's e.g. older people / mental health / end of life care including examples / case studies from current or previous contracts to support your answer.

[Word Limit: 750 words]

Signed for Tenderer:



| Signature | Print name(s) in full | Position held by each signatory (in the case of a company) |
|-----------|-----------------------|--|
| | | |
| | | |

Dated this _____ day of _____ 20__

Full name of Organisation _____

Address for correspondence _____

Registered Address _____

(If different from above) _____

Telephone No _____ Fax No _____

E-mail address _____

State whether sole proprietor YES/NO* (delete as appropriate)

In case of partnership the full names and address of each partner:

| Name | Address |
|------|---------|
| | |
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