



QUESTIONNAIRE TO ASSIST IN THE IDENTIFICATION OF THE COST OF CARE IN CARE HOMES IN DERBY November 2016

Last year, the council sought information from homes to assist it's fee setting process. It is proposed that this process is carried out again with some amendments to gather additional information about costs pressures.

All homes with whom the Council contracts are invited to respond. Please answer all questions as fully as possible, in order for the City Council to understand the cost of care that you are providing effectively. If you are unable to answer any question, please provide a reason why. If you need any help in answering any of the questions please contact **Davis Ash on 01332 640408**.

Where supporting information has been requested, please ensure that this is supplied in compliance with data protection responsibilities. As such, if any supporting information contains personal details that can identify an individual, please remove or 'black-out' this information. If you are unable to supply the supporting information requested, please provide relevant alternative documents or a reason why this is not available.

Please return your questionnaire by 12 December 2016

1. HOME INFORMATION

Name of Home:	
Address of Home:	
E mail address	
Home Registration (please circle):	Care Home With Nursing Care Home Without Nursing
Number of Registered Beds:	
Are you a: (Please circle)	sole trader, partnership, limited company, public limited company or other?

2. WHO ACCESSES YOUR HOME?

This information will be used to better understand the capacity within the market and who is commissioning them.

Specify Date	Nursing	Non Nursing
Total number of available beds		
Number of Beds Currently Occupied		
Number of Beds Vacant		

Number of Beds Occupied by Other Council placements		
Number of Beds Occupied by Private/Self Funders		
Number of Beds Occupied by residents funded by Derby City Council (include FNC cases if nursing care is provided)		
Number of Beds Occupied by residents funded by the NHS - please include CHC cases, winter beds etc.		

The following questions require you to provide information relating to your last year of recorded costs, compared to the previous year – Please use costs incurred for the periods 1st April 2014 – end of March 2015, and 1st April 2015 to 31st March 2016.

This will help us to compare information consistently.

3. LAST TWO YEARS OF RECORDED COSTS

	April 2014 – end of March 2015	April 2015 – end of March 2016
Please advise what the average occupancy rates were for the same period (either in % terms, or average number of beds)		
Of the total cost, please break down by % as:		
% of direct care/domestic staff		
% of agency staff		
% of management/administrative staff		
% of directly employed specialised staff i.e. nurses, therapists etc. (please write N/A if you do not employ staff groups)		

TOTAL ANNUAL STAFF COSTS		
---------------------------------	--	--

3.1 For the annual period, what were your recruitment costs (eg Advertising and agency finder fees), and please provide more details about why you feel these have increased?

.....

3.2 For the annual period, what were your training costs (eg provision of courses, travelling costs and staff hours)and please provide more details about why you feel these have increased?

.....

.....

3.3 Where your organisation has already auto enrolled for pensions, what is the weekly cost per resident per week of these pensions?

.....

3.4 What Impact has the new National Apprenticeship Levy had on your organisation

.....

****Calculate this by totalling the annual payments (Employer contribution only not the Employee element) made to the pension scheme divided by 52 weeks and then divided by your average occupancy (or National Average occupancy of 90% of registered beds if not available).**

4.NATIONAL MINIMUM/ LIVING WAGE

4.1 From April 2016, a new national living wage will be implemented for people working aged 25 or over – this will be £7.20 per hour. How many staff did this affect in your organisation?

.....

4.2 What would be the *cost per resident per week* of implementing the new national living wage?

.....

5.SUPPORTING RESIDENTS

5.1*Based on a 37 hour full time equivalent, what was your ratio of residents to staff based on their needs *over the last two years?*

2014/15 –

2015/16 -

.....

5.2 *Based on a 37 hour full time equivalent, what is your *current* ratio of residents to staff based on their *current* needs i.e. using information available from April 2015 to date?

.....

*Calculate by using the total weekly number of hours for all staff divided by 37 hours per week (being a full time equivalent) divided by the average occupancy

5.3 What impact will

6. NURSING HOMES

6.1 Do you have any additional cost pressures as a result of providing nursing care, please list and quantify

Examples include – equipment, staff training, NHS administration requirements, advocacy, additional inspection costs, specialist staff/assessments etc.

Item	Annual expenditure

7.ADDITIONAL COSTS

Please let us know of any other costs that you incurred in 2016 that you had not anticipated and significant increases known in 2015/16? (e.g. CQC fee increase or the Apprenticeship Levy)

Please indicate how much was required and whether this was a one off or new recurring cost pressure?

Please include any increases incurred such as for your running costs associated with utilities, food, equipment etc.

Cost heading	Annual cost in 2014/15	Cost in 2015/16	Reason
<i>e.g utility bill</i>	<i>£15,500</i>	<i>£17,750</i>	<i>Increase in energy price and consumption levels</i>
<i>Repairs and maintenance</i>	<i>£10,000</i>	<i>£4,500</i>	<i>Major repairs required to rook in 14/15</i>

Approximately how old are your current buildings

.....

8. OTHER FACTORS

The cost model includes £9.82 for capital cost and 2.88% Rate of Return; do you have any comments on this?

.....

.....

.....

What other factors affecting your costs would you like Derby City Council to consider?

.....

.....

.....

.....

.....

.....

I declare and confirm that the information I have provided in this questionnaire is accurate and represents an accurate and true reflection of circumstances relating to the operation of the care home/s detailed.

SIGNATURE

NAME

DATE

POSITION

COMPANY/HOME NAME

CONTACT DETAILS

.....

Please return this completed questionnaire with any supporting information to:

Christine Collingwood Acting Head of Commissioning
Derby City Council , Corporation Street, Derby, DE1 2FS
or by email to david.ash@derby.gov.uk

THANK YOU FOR YOUR TIME