

Herefordshire Supporting People Accreditation Criteria Questionnaire

Please complete and return to the Supporting People Office no later than [Enter Date]

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PROVIDER NAME:

SERVICES INCLUDED (IF NEW PROVIDER ONLY):

INTRODUCTION

Accreditation addresses organisational and financial management issues; this criteria questionnaire is for your completion.

As you may be aware we currently have pass-porting arrangements in place. If your organisation has been accredited by Worcestershire, Shropshire or Telford and Wrekin Supporting People Teams you may apply to be pass-ported though the Herefordshire Supporting People accreditation process. To enable your organisation to be pass-ported we will require a written request from your organisation and evidence of your accreditation.

N.B

- Where evidence is not required to be submitted please identify the reason in the appropriate column i.e. no amendments have been made since previous submission
- Text in blue is suggested evidence which could be submitted to meet the relevant criterion

For Supporting People Use

Reviewing Officer:

Date Documentation Received:

Date Accreditation Achieved

All Details Recorded on SPOCC **(Date and by Whom):**

1.0 TESTING FINANCIAL VIABILITY

	PROVIDER USE ONLY											
	Description of Evidence Enclosed	Comments										
1.1 There is a sound business plan appropriate to the scale and nature of the business and it incorporates:												
An assessment of weaknesses and threats and plans for dealing with these												
Financial projections looking forward at least one year												
A cashflow forecast looking forward at least one year												
1.2 Financial projections show that the business is sound												
Underlying assumptions are realistic												
Projections are not based on a best-case scenario												
There are sufficient resources to cope with unforeseeable circumstances												
Cashflow will enable all outgoings to be met on a timely basis												
Any necessary borrowing has been arranged or there is an indication that it is likely to be approved												
1.3 Financial performance is monitored on a regular basis against an annual budget												
The budget is sound (see comments above regarding financial projections)												
The frequency of management accounting is appropriate to the scale and complexity of the organisation												
The presentation of the management accounts allows the organisation to identify emerging problems and to take corrective action												
1.4 Annual Accounts												
Where audited, the accounts are not “qualified” by the auditor and present a “true and fair view” of the activities of the business												
The latest annual accounts show that the organisation is/was solvent												
Please identify which type of organisation you are (please tick appropriate):												
<table border="1" style="width: 100%;"> <tr> <td>Charity</td> <td></td> </tr> <tr> <td>Limited Company</td> <td></td> </tr> <tr> <td>Statutory</td> <td></td> </tr> <tr> <td>Voluntary</td> <td></td> </tr> <tr> <td>Other (please state)</td> <td></td> </tr> </table>	Charity		Limited Company		Statutory		Voluntary		Other (please state)			
Charity												
Limited Company												
Statutory												
Voluntary												
Other (please state)												

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
1.5 Auditor's management letter		
The management letter contains no major concerns which indicate poor financial management		
1.6 Banker's reference		
There is a favourable assessment by the organisation's banker (A letter addressed to the organisations bank giving Supporting People permission to request a bankers reference should be provided)		
1.7 Risks have been fully assessed		
There is an up-to-date assessment of potential risks faced by the business		
There are measures in place to eliminate or minimise the impact of these risks		

2.0 TESTING COMPETENCE TO HANDLE AND ACCOUNT FOR SP GRANT

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
2.1 The organisation is operating within its legal powers		
The service provided is within the provider's powers as stated in its governing instrument		
Trust deed (charities)		
Memorandum and articles of association (limited companies, charitable limited companies and industrial and provident societies)		
Partnership agreement (partnerships)		
<i>NB Sole traders do not have such governing instruments but The Herefordshire Supporting People Partnership should be satisfied that the provider has not been disbarred from running the service e.g. because of a relevant criminal conviction</i>		

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
2.2 The organisation has in place suitable arrangements for financial administration		
The organisation operates a bank account into which all income is paid		
The arrangements for recording all income and expenditures are clear and understandable		
There are arrangements for recording and reporting financial transactions that identify where income has come from and how money has been spent		
The arrangements for handling cash and signing cheques ensure that opportunities for fraud are minimised		
2.3 Supporting People grant is applied to (i.e. spent on) the purposes intended		
The annual accounts or a separate audited statement demonstrate that SP resources have been spent on the service(s) for which they were intended		
<i>NB This standard cannot be applied until the provider has produced its audited accounts for the first year during which it has been in receipt of SP grant (usually around six months after the provider's financial year end)</i>		

3.0 TESTING EFFECTIVE EMPLOYMENT POLICIES

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
3.1 The organisation operates an equal opportunities policy		
The policy exists, covers discrimination on grounds of gender, age, religion, race, disability, nationality and sexuality and applies to both staff and service users		
3.2 The organisation operates a Race Equality Scheme (for providers agencies with over 150 employees only)		
3.3 The organisation operates a health and safety policy		
The policy exists, is in accordance with relevant legislation and contains the following: <ul style="list-style-type: none"> • Lone worker policy and procedures • Accident and incident policy and procedures • Risk assessment policy and procedures • Infection control policy and procedures • COSHH policy and procedures 		

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
<i>The following requirements apply only to providers where staff or volunteers other than the proprietor(s) are employed in delivering services. The requirement does not therefore apply to sole traders nor to small partnerships where all partners are of equal seniority. It does apply to all charities and limited companies employing paid staff and/or using volunteers in the delivery of services i.e. other than board members / trustees carrying out their governance (committee) functions</i>		
3.4 There is an induction programme for new staff and volunteers		
The principle elements to be covered in the induction are documented <ul style="list-style-type: none"> • Induction policy and procedures • Staff sign to say they have completed the induction 		
3.5 Operational policies are made clear to staff		
There is a comprehensive policies and procedures manual (or equivalent) covering all aspects of service delivery and, in particular, health and safety of staff and service users <ul style="list-style-type: none"> • Staff sign to say they have read and understood all operational policies 		
3.6 All staff and volunteers involved in service delivery have access to regular support and supervision		
<ul style="list-style-type: none"> • Staff supervision policy and procedures • Staff supervision notes template • Supervision contract template 		
3.7 Staff performance is monitored and managed		
All service delivery staff receive periodic (at least annual) appraisals at which performance is considered and development or improvement plans (including training needs) put in place <ul style="list-style-type: none"> • Staff appraisal policy and procedures • Annual appraisal template 		

4.0 TESTING ROBUST MANAGEMENT PROCEDURES

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
4.1 The provider organisation is properly constituted		
The provider has the appropriate governing instrument (unless the provider is a sole trader or a statutory agency). One of the following is submitted:		
- Charities - Deed of Trust		
- Limited companies and industrial and provident societies – Memorandum and Articles of Association		
- Partnerships – partnership agreement		
4.2 The organisation is governed by an experienced and competent governing body		
Between them, the provider's trustees, board members or proprietors have demonstrable experience of:		
- Providing or using services for people within the target service user group		
- Running a business (commercial or not-for-profit) of similar scale or complexity to the provider's current operations		
<i>NB "business" can be interpreted broadly and does not need to refer to a limited company or a business related to the provision of support services. It can, of course, include experience of operating a similar service to the support service now provided</i>		
<i>The following requirements apply only to providers where staff or volunteers <u>other than the proprietor(s)</u> are employed in delivering services. The requirement does not therefore apply to sole traders nor to small partnerships where all partners are of equal seniority. It does apply to all charities and limited companies employing paid staff and/or using volunteers in the delivery of services i.e. other than board members / trustees carrying out their governance (committee) functions</i>		
4.3 Internal accountability is clear and the respective roles and responsibilities of staff and board, trustees or proprietors are clearly defined		
All responsibilities which are delegated to staff are documented e.g. in job descriptions, statements of delegated authority, staff handbooks etc		
All staff have up-to-date job descriptions which accurately describe: <ul style="list-style-type: none"> • their principle responsibilities • to whom they report • for whom they are responsible 		

5.0 TESTING COMPETENCE / TRACK RECORD (NEW PROVIDERS ONLY)

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
<p>5.1 The provider has an adequate understanding of the needs of the proposed service users</p> <ul style="list-style-type: none"> • Organisational evidence of experience of providing a service to this client group • Organisational mission statement (including statement of purpose) 		
<p>5.2 The provider has an adequate understanding of the aims of Supporting People services</p> <ul style="list-style-type: none"> • Organisational evidence of experience of providing Supporting People services • Service user and staff handbooks • Service aims and objectives (including statement of purpose) 		
<p>5.3 The provider has a positive attitude to the potential service users and to social support needs generally</p> <ul style="list-style-type: none"> • Service user handbook • Service user newsletters • Service user involvement policy and procedures • Needs assessment template 		
<p>5.4 The provider has suitable experience at the right levels within the organisation, of working with people with similar needs to those of the proposed users of the service</p> <ul style="list-style-type: none"> • Organisational staff structure • Evidence of experience and qualifications of organisation directors and trustees • Information on any training attended by staff 		
<p>5.5 There are no reasons why the potential provider is unsuitable to work with vulnerable people</p> <ul style="list-style-type: none"> • CRB policy and procedures • Protection of vulnerable adults policy and procedures • Complaints policy and procedures 		

6.0 GOOD PRACTICE - ACCOUNTABILITY FOR PUBLIC FUNDS

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
6.1 The provider organisation is accountable to service users, funders and regulators		
The organisation holds an annual general meeting, or equivalent, to which all key stakeholders and other interested parties are invited and at which they may question members of the provider's governing body or its proprietors		
<i>This requirement is not applicable to some private companies, partnerships and sole traders</i>		
6.2 There are clear procedures to ensure proper financial management and minimise the risk of fraud		
Financial standing orders		
Delegated authorities		
Auditor's annual management letter is seen by the board, trustees or proprietors		
<i>This requirement is not generally applicable to sole traders</i>		
6.3 The governing body regularly monitors how its financial resources are applied		
The trustees, board of management or proprietors:		
- Prepare / receive regular (at least quarterly) accounts showing income and expenditure to date compared to budget		
- Prepare / receive an annual statement of accounts which is audited (certified in the case of partnerships and sole traders) by a suitably qualified person or body		

7.0 GOOD PRACTICE – EFFECTIVE EMPLOYMENT PRACTICES

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
7.1 Recruitment processes focus on the core skills and competences required in order to deliver a quality service		
Recruitment advertisements, job descriptions and staff handbooks focus on the purposes and outcomes required of staff rather than the tasks to be performed		
7.2 Targets for individual performance are linked to service aims and objectives		
There is documentary evidence that demonstrates that service-level objectives are cascaded into individual objectives e.g. annual business plan, team or departmental plan.		
7.3 Sufficient resources are made available to ensure that essential training needs are met		
There is an adequate training budget		
7.4 The developmental or continuous improvement needs of the service are reflected in training planning		
There is a documented service-wide training plan, which cascades the needs of the service into individual training plans		
7.5 The success of training in improving service delivery is evaluated		
There are mechanisms in place which routinely gather feedback from staff on the value of all training undergone and the impact it has / has not had on service delivery		
7.6 Staff have opportunities to ask, “what can I do to improve the service”		
The provider organises periodic (at least annual) events where staff have time out from service delivery to reflect on practice and quality matters with a view to improving quality and outcomes		
7.7 The provider applies reasonable resources to organisational innovation and learning		
In all organisations staff are required to attend appropriate conferences and training events and to read relevant journals in order to stay abreast of best practice.		
Large-scale providers have staff or teams dedicated to research and policy and practice development		

8.0 GOOD PRACTICE – EFFECTIVE MANAGEMENT

	PROVIDER USE ONLY	
	Description of Evidence Enclosed	Comments
8.1 The governing body or proprietor monitors service outcomes and reviews service delivery, staff training etc. in this light		
Regular reports are received (at least quarterly) and enable trustees, directors or proprietors to assess the success of the service in delivering intended outcomes and meeting its aims and objectives		
8.2 The provider periodically assesses the environment in which it operates in order to assess likely external influences or threats so as to be prepared for them		
Strategic plans, SWOT analyses, records of discussions with stakeholders etc		
Minutes, reports etc. demonstrate how this information has been used in planning or safeguarding the provider's future		
8.3 There is an annual cycle of risk assessment and management		
The risk assessment is documented and no more than two years old.		
8.4 There is an appropriate programme of internal audit		
Either: There is a contract with a suitably qualified and experienced company or individual to undertake internal audit on behalf of the provider		
Or: The provider has a staff member or team with specific responsibility for the internal audit function.		
8.5 There is a planned approach to quality improvement		
Periodic reports to the governing body or senior managers analyse measures and indicators of service quality, identify any apparent strengths and weaknesses and outline plans of action to build on strengths and address weaknesses		
8.6 The provider participates in organisational learning activities with a view to improving service delivery		
Records demonstrate that the provider is an active participant of such initiatives as benchmarking clubs, peer review, quality circles etc		

SP USE ONLY

	SP USE ONLY	
	Evidence Enclosed and Checked (date and signature)	Comments
1.1 There is a sound business plan appropriate to the scale and nature of the business and it incorporates at least:		
1.2 Financial projections show that the business is sound		
1.3 Financial performance is monitored on a regular basis against an annual budget		
1.4 Annual Accounts		
1.5 Auditor's management letter		
1.6 Banker's reference		
1.7 Risks have been fully assessed		

2.1 The organisation is operating within its legal powers		
2.2 The organisation has in place suitable arrangements for financial administration		
2.3 Supporting People grant is applied to (i.e. spent on) the purposes intended		

3.1 The organisation operates an equal opportunities policy		
3.2 The organisation operates a Race Equality Scheme (for provider agencies with over 150 employees only)		
3.2 The organisation operates a health and safety policy		
3.4 There is an induction programme for new staff and volunteers		
3.5 Operational policies are made clear to staff		
3.6 All staff and volunteers involved in service delivery have access to regular support and supervision		
3.7 Staff performance is monitored and managed		

4.1 The provider organisation is properly constituted		
4.2 The organisation is governed by an experienced and competent governing body		
4.3 Internal accountability is clear and the respective roles and responsibilities of staff and board, trustees or proprietors are clearly defined		

	SP USE ONLY	
	Evidence Enclosed and Checked (date and signature)	Comments
5.1 The provider has an adequate understanding of the needs of the proposed service users		
5.2 The provider has an adequate understanding of the aims of Supporting People services		
5.3 The provider has a positive attitude to the potential service users and to social support needs generally		
5.4 The provider has suitable experience at the right levels within the organisation, of working with people with similar needs to those of the proposed users of the service		
5.5 There are no reasons why the potential provider is unsuitable to work with vulnerable people		

	SP USE ONLY	
	Evidence Enclosed and Checked (date and signature)	Comments
6.1 The provider organisation is accountable to service users, funders and regulators		
6.2 There are clear procedures to ensure proper financial management and minimise the risk of fraud		
6.3 The governing body regularly monitors how its financial resources are applied		

	SP USE ONLY	
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7.6 Staff have opportunities to ask, “what can I do to improve the service”		
7.7 The provider applies reasonable resources to organisational innovation and learning		

8.1 The governing body or proprietor monitors service outcomes and reviews service delivery, staff training etc. in this light		
8.2 The provider periodically assesses the environment in which it operates in order to assess likely external influences or threats so as to be prepared for them		
8.3 There is an annual cycle of risk assessment and management		
8.4 There is an appropriate programme of internal audit		
8.5 There is a planned approach to quality improvement		
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