**PROFESSIONALS FEEDBACK FORM**

**Contract Monitoring and Quality Assurance**

This form must be completed after every service user review. In addition, it may be completed at any other time to inform the Older Adults Contracts and Commissioning Team of any compliment or concern that arises in relation to a commissioned care home provider. Please send this form once completed to[**ASC\_Commissioning@bathnes.gov.uk** and](mailto:ASC_Commissioning@bathnes.gov.uk%20and) [**L**](mailto:lisa_rosser@bathnes.gov.uk)**isa\_Rosser@bathnes.gov.uk**

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| --- | --- |
| **Name of Care Home** |  |
| **Name of Provider** |  |
| **Liquid Logic Number (if relevant)** |  |
| **Name of Person Completing form**  **Position**  **Team**  **Contact Details** |  |
| **Date of Completion** |  |
| **What does the provider do well? Please provide us with some feedback** |  |
| **Do you have any concerns about this Providers performance? Y/N** |  |
| **If you have concerns, please give us a brief description (including the date & time of the incident/concern)** |  |
| **How did you become aware of the incident or concern? (e.g. direct observation, third party, service user review)** |  |
| **Do you have any evidence to support this? If yes, please give us a brief description** |  |
| **What action have you/others taken?**  **(e.g. advised family re complaints procedure, reported to own line manager, reported to Provider manager, reported to CQC, reported as Safeguarding issue, no action)** |  |
| **What was the outcome of the action taken (if known)?** |  |
| **Is any further action necessary and by whom?** |  |
| **COMMISSIONING TEAM USE ONLY**  **Details of action taken in response to this feedback.**  **Commissioning Officer Signature and Date** |  |

**NB** This document is to provide feedback to the Older Adults Contracts & Commissioning Team on commissioned services and is NOT part of any Complaints Procedure that the Service User/representative is entitled to pursue.