access Adam Care Commissioning

Application Guide

Derbyshire County Council

Care Homes

April 2026

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Derbyshire County Council - Application Guide

1. Introduction

Derbyshire County Council works with ***The Access Group (Adam)*** to manage applications through ***SProc.Net***.

A new Care Homes category has been created. All contracted care home providers must complete ***Accreditation and Enrolment (A&E)*** on http://www.sproc.net to be included.

Care Home Service Categories Covered

Residential

- Alcohol or drug misuse
- Dementia
- Learning Disability / Autism
- Mental Health
- Older People (65+)
- Physical Disability
- Sensory Impairment
- Younger Adults

Nursing

- Alcohol or drug misuse
- Dementia
- Learning Disability / Autism
- Mental Health
- Older People (65+)
- Physical Disability
- Sensory Impairment
- Younger Adults

2. Overview of the Application Process

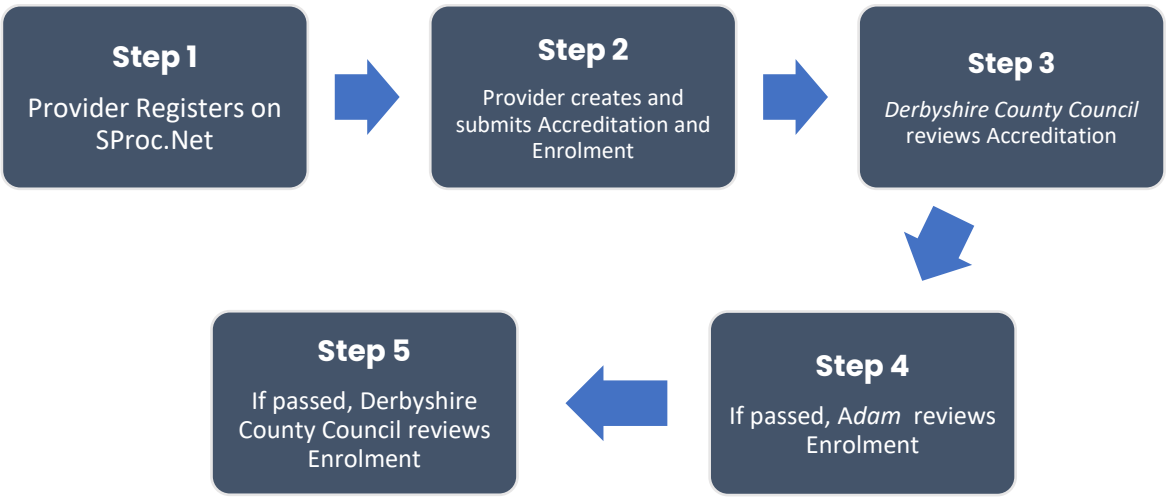
The application process is completed online and follows these steps:

1. Providers register on SProc.Net
2. Providers complete and submits Accreditation and Enrolment
3. Accreditation is reviewed by Derbyshire County Council
4. Enrolment is reviewed by Adam
5. Final Enrolment review by Derbyshire County Council

If any stage is not approved, feedback will be provided to allow amendments. Applications are typically processed within ***10 working days***.

3. Registration on SProc.Net

This section is not required for providers who already have an SProc.Net account.



If you are new to SProc.Net, register your organisation at **https://www.sproc.net**.

If part of a larger organisation, register using ***head office details***.

You will need:

- Business name
- Trading name (if different)
- VAT/tax number
- Charity number (if applicable)
- Company registration number (if applicable)
- SME status
- Registered address
- Telephone number
- Email address

4. Adding a System User

Once your organisation is registered, you will create the first system user.

Required information:

- First name
- Last name
- Job title
- Email address

The user will receive a ***temporary password***, which must be changed on first login.
This user can then create additional users for the organisation.

Adding Locations

If your organisation has multiple locations, it is possible to add these additional locations once the organisation has been registered.

To add a location, go to the ***Admin*** tab > ***My Company*** > ***Locations*** > ***New***, and then follow the steps to complete details for all location. This will include:

- Location display name
- Address

Accreditation

All care home providers must complete Accreditation*,* regardless of whether they are a single home or part of a group.

1. Starting Accreditation

1. Select the ***Accreditations*** tab at the top of the systems page
2. Click ***New***
3. Choose:
    - ***Client*****:** Derbyshire County Council
    - ***Category*****:** Care Homes
4. Click '***Next'***, and then '***Next***' on the following page to start your Accreditation.

You must download, read and agree to Derbyshire County Council's ***Declaration Statement*** and confirm:

- You agree to the terms
- You are authorised to agree

2. Accreditation Information Required

You will be asked to provide organisational and legal information including:

- Legal entity name and status
- Registered address and website (if applicable)
- Company or charity registration details
- VAT number (if applicable)

Please see table below for details

Q	Provider Accreditation Information
1	Name of legal entity or sole-trader
2	Registered office address (*if applicable*)
3	Registered website address (*if applicable*)
4	What is the legal entity type of your organisation
5	If Other, please specify the legal entity type of your organisation
6	Date of company registration in country of origin
7	Company registration number *(if applicable*)
8	Charity registration number (*if applicable*)
9	Dunn & Bradstreet number (*if applicable*)
10	Registered VAT number (*if applicable*)
11	What is your central digital platform unique identifier? (*if known*)
12	Are you on the debarment list?
13	If you answer Yes to above question, please provide details as to the nature of the debarment and where applicable details of any steps taken to rectify this and prevent reoccurrence.
14	Relevant classifications (state whether you fall within one of these, and if so which one: Are you a Small, Medium or Micro Enterprise (SME)? See EU definition of SME: https://ec.europa.eu/growth/smes/business-friendly-environment/sme-definition_en/
15	Details of Persons of Significant Control (PSC), where appropriate: — their name — their date of birth — their nationality and country of residence — a correspondence address - known as the 'service address' — their home address (this must not be disclosed) — the date they became a PSC of the company — the date they confirmed their details — all natures of control which apply

	You must include the level of their shares and voting rights, within the following categories: — Over 25% up to (and including) 50% — More than 50% and less than 75% — 75% or more (Please enter N/A if not applicable) People with significant control (PSCs) - GOV.UK
16	Details of immediate parent company (*where applicable*): — Full name of parent company — Registered office address (if applicable) — Registration number (if applicable) — Head office DUNS number (if applicable) — Head office VAT number (if applicable) Please enter N/A if not applicable)
16	Details of ultimate parent company (*where applicable*): — Full name of parent company — Registered office address (if applicable) — Registration number (if applicable) — Head office DUNS number (if applicable) — Head office VAT number (if applicable) Please enter N/A if not applicable

Enrolment

You can start Enrolment once Accreditation is complete, but it will only be ***reviewed after Accreditation is approved***.

1. Starting Enrolment

1. Select your ***supplier location*** using the green triangle next to your provider's name
2. Click ***Next*** to begin Enrolment

You will need your:

- ***CQC Provider ID***
- ***CQC Location ID***

These must match your ***CQC Service Provider Registration Certificate*** for the location you are enrolling.

Please see table below for question to be completed as part of your Enrolment.

Q	Provider Enrolment Information
1	Name of care home, this must match CQC registration certificate.
2	Please provide the Care Home (Location) address.
3	Please state whether you accept nursing or residential placements or both.
4	Please confirm that you have agreed to the terms and conditions of contract for Derbyshire County Council's Accommodation in the Independent Sector, Care Homes which provide personal care and nursing care.
5	Please confirm that you will upload evidence of your organisation's CQC Service Provider Registration Certificate. Please ensure that both the CQC Provider and Location IDs are included in the documentation for each service location.
6	Please confirm you have insurance cover as indicated below: Employer's (Compulsory) Liability (including volunteers) Insurance = ***£10m.***
7	Please confirm you have insurance cover as indicated below: Public Liability Insurance = **£5m.**
8	Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract: Professional Indemnity Insurance

9	Please self-certify whether you already have, or can commit to obtain, prior to the commencement of the contract: Medical Malpractice Insurance (*Nursing services only).*
10	Please confirm your organisation has an up-to-date Business Continuity Plan.
11	Please confirm your organisation has a Safeguarding and Whistleblowing Policy.
12	Please confirm you can accept Derbyshire (DCC) Care Home fees rates.
13	Please confirm your organisation is registered with the ICO (Information Commissioner's Office)
14	Please confirm all staff are trained to regulatory and contractual requirements.
15	The Brokerage service will utilise the ***NECS Capacity tracker*** to identify current bed vacancies, please confirm you are able to update the National Capacity tracker at least weekly. https://captrack-prod8-app.capacitytracker.co.uk/
16	Confirm use of Digital Social Care Records (DSCR).
17	Confirm use of eMAR (*Electronic Medication Administration Records*).
18	Confirm that the organisation is compliant with regulation and contractual requirements in relation to recruitment practices including but not limited to, Right to Work, references, DBS and Barring Service checks.
19	Do you have an international recruitment licence?
20	Please confirm your organisation has an up-to-date Statement of Purpose (*as per CQC regulatory requirements*). Upload an electronic version if available.
21	Please provide a copy of your organisation's brochure, web link and/or other information that may support people to make an informed choice *(Optional)*
22	Please provide details of how your location supports people to maintain their independence or pursue their hobbies. i.e. access to gardens, protected mealtimes, exercise classes *(Optional)*
23	Please provide an overview of the facilities that you provide to residents, i.e. Café, cinema rooms, hairdressers, minibus to facilitate day trips *(optional)*
24	Please confirm the service groups that you can support specifically considering cultural and religious needs (i.e. Kosher, Halal, languages spoken) *(Optional)*

2. Documents to Upload

See table below for the documents you will need to upload as part of your Enrolment.

Documents	
CQC Service Provider Registration Certificate	Please upload your CQC Service Provider Registration Certificate. The CQC ID's on this document should match you're the CQC ID's on your enrolment.
Employers Liability Insurance	Please upload your Employers liability insurance documentation. Please ensure the issue and expiry dates, level of cover and organisation insured are all visible
Public Liability Insurance	Please upload your Public liability insurance documentation. Please ensure the issue and expiry dates, level of cover and organisation insured are all visible
Professional Indemnity Insurance	Please upload your Professional Indemnity insurance documentation. Please ensure the issue and expiry dates, level of cover and organisation insured are all visible
Medical Malpractice Insurance	If you are applying to Nursing service categories, please upload your Professional Indemnity insurance documentation. Please ensure the issue and expiry dates, level of cover and organisation insured are all visible

3. Selecting Service Categories

Before submitting Enrolment, select ***only the service categories*** your location is ***CQC registered to deliver***.

Service Categories
Residential AD People who misuse alcohol or drugs
Residential D Dementia
Residential LDA Learning Disability, Autism
Residential MH Mental Health
Residential OP Older People (65+)
Residential PD Physical Disability
Residential SI Sensory Impairment
Residential YA Younger Adults
Residential Caring for Adults (U65)
Nursing AD People who misuse alcohol or drugs
Nursing D Dementia
Nursing LDA Learning Disability, Autism
Nursing MH Mental Health
Nursing OP Older People (65+)
Nursing PD Physical Disability
Nursing SI Sensory Impairment
Nursing YA Younger Adults
Nursing Caring for Adults (U65)

Controlled

Next Steps

Once submitted:

- Accreditation and Enrolment are reviewed by ***Adam***
- Final approval is completed by ***Derbyshire County Council***
- System notifications will confirm approval or request amendments

To begin your application, visit:
👉 Derbyshire County Council - Care Homes

Controlled