

**Self assessment questionnaire Template – Care Homes**

**Contract Monitoring Questionnaire - Care Homes For Period 1st Aug 2020 - 31st Jul 2021**

**1. Tell us about your service.**

**1.1 Name of service: \***

**1.2 Have there been any changes to management personnel since 1st August 2020? \***

- No Management Changes
- Changes to Senior Management (Regional or Area Managers)
- Changes to Local Management (Manager or Deputy Manager)

If there has been a change, please provide the name, designation and contact details including telephone number and email address:

**1.3 On 31st July 2021 did you have any capacity/vacancies in your service? \***

- Yes
- No

If you have answered yes, please provide details:

**1.4 How many people were on your waiting list on 31st July 2021? \***

**1.5 Do you have concerns with capacity / vacancies in your service? \***

Yes

No

If you have answered yes please provide details:

**1.6 Do you have processes in place to monitor people's outcomes? \***

Yes

No

Please provide details:

**1.7 Are you considering people's outcomes, both met and unmet, in the development of your service? \***

Yes

No

Please provide details:

**1.8 Are people's outcomes being evaluated and updated through 6 monthly reviews? \***

Yes

No

If you have answered no, please provide details:

**1.9 Are all 6 monthly reviews up to date? \***

Yes

No

If you have answered no, please provide details, including the challenges you face in achieving 6 monthly reviews:

**1.10 Have all personal outcomes been met during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If no, then please provide details. This may have been due to Covid restrictions, staffing levels etc:

**1.11 What new ways of working or innovations have you introduced to meet personal outcomes for people using your service, including technology enabled care, during this reporting period (1st August 2020- 31st July 2021)? \***

**1.12 Please upload a copy of your Public and Employer's Liability insurance, this should include the part of the schedule that details the amounts as relevant to your contract.**

## **2. Tell us what people say about your service.**

**2.1 Please provide the number of comments (this should include compliments and feedback about your service) and complaints received during this reporting period (1st August 2020 – 31st July 2021): \***

Number of comments:

\*

Number of complaints:

\*

**2.2 Have you undertaken any engagement/satisfaction surveys or gathered feedback from people who access your service, their Carers and families or staff surveys during this reporting period (1st August 2020 -31st July 2021)? \***

Yes

No

If yes, please provide details of the types of engagement/surveys and with whom undertaken. For instance, this could be letters, emails, 'You Said We Did', surveys etc:

**2.3 Please provide details of what you have done as a result of the information received via surveys/feedback as above:**

**2.4 Please provide the number of incidents and accidents in this reporting period (1st August 2020 - 31st July 2021): \***

Number of incidents:

\*

Number of Accidents:

\*

**2.5 Compared to periods prior to COVID, how have the number of incidents changed during this reporting period (1st August 2020 - 31st July 2021): \***

Increased

Decreased

Not changed

Please provide details/reasons for this:

**2.6 Please provide the number of incidents and accidents reported under Duty of Candour during this reporting period (1st August 2020 - 31st July 2021): \***

**2.7 Please provide details of any incidents and accidents reported under Duty of Candour during this reporting period (1st August 2020 - 31st July 2021), (note this should not include personal information).**

### **3. Tell us about your Adult Support and Protection practice.**

**3.1 Please tell us the number of Adult Support & Protection referrals you have made during this reporting period (1st August 2020 – 31st July 2021): \***

**3.2 Is Adult Support & Protection training up to date and in line with company policy/best practice (i.e. staff undertake training a minimum of every 3 years) and reflects interagency policies? \***

Yes

Not ALL staff have received refresher training within the past 3 years (this should not reflect staff who are absent due to long term sickness absence or staff who are on maternity leave).

If you have answered no please provide details:

### **4. Tell us about your workforce.**

**4.1 Please provide total number of full-time equivalent staff as of 31st July 2021 (please note that this should include staff that are on long term sick/maternity leave): \***

**4.2 Please provide the number of full-time equivalent staff per post (note this should add up to the total in question 4.1): \***

Management   
\*

Care / Support Staff   
\*

Admin   
\*

Volunteers   
\*

Other (i.e. Maintenance Officers, Activities Co-ordinators, Domestic Staff, Catering and Laundry Assistants)   
\*

If other, please provide details:

**4.3 Do you pay the National Living Wage? \***

Yes

No

If you have answered no, please provide details:

**4.4 Do you have staffing shortages? \***

- No - staffing shortages /staff shortages not limiting the service
- Yes - staffing shortages that affect the service

If yes, please provide details including the type of post(s):

**4.5 How many full-time equivalent staff have been recruited during this reporting period (1st August 2020 – 31st July 2021)? \***

**4.6 How many full-time equivalent staff have left your service during this reporting period(1st August 2020 – 31st July 2021)? \***

**4.7 For staff who have left your service, please tell us their reason for leaving if known:**

- Retirement
- Ill health
- New job in independent care sector
- New job in statutory sector
- New job out with Health and Social Care
- Other

If other please give details:

**4.8 How many vacant full-time equivalent posts do you have as of 31st July 2021? \***

**4.9 Have you used agency staff in this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If yes, please provide details (i.e., the number of shifts, particular shifts, hours per week to cover staffing shortages, any problems sourcing agency):

**4.10 If you have used agency staff, have you ensured that staff have undertaken the appropriate checks i.e. PVG, SSSC and attained appropriate training, in line with the contract? \***

Yes

No

N/A

If you have answered no, please give details:

**4.11 Have you used staff from other Provider Partners directly or through the Scottish Care Rapid Response initiative during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No



If you have answered yes, please provide details:

**4.12 Are staff Supervisions up to date as at 31st July 2021? \***

Yes

No (this should not include staff who are absent due to long term sickness and staff who are on maternity leave).

If you have answered no, please explain why not:

## **5. Tell us about staff development and training**

**5.1 Is mandatory training up to date as at 31st July 2021? \***

Yes

No

If you have answered no, please provide details:

**5.2 Has COVID related training taken place during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If no, please provide details:

**5.3 For training requirements that have not been fulfilled during this reporting period please provide details:**

**5.4 Has Continuous Professional Development been supported during this reporting period (1st August 2020 – 31st July 2021): \***

Yes

No

If no, please provide details:

## **6. Additional Information**

**6.1 Please tell us about your 'journey' since lockdown: \***

## **7. Tell us about your plans for the future**

**7.1 What does the immediate future look like for your service? (Things to consider could include changes to the number of people accessing your service, the needs and preferences of people, financial considerations and sustainability). \***

**7.2 What does the longer-term future for the service look like and what are the unknowns for future planning? (Things to consider could include new and innovative ways of working that would be of benefit to continue or expand on, feedback from people who use your service, their representatives, staff and other stakeholders). \***

**8. Tell us about your experience of working with the Dumfries and Galloway Health and Social Care Partnership.**

8.1 On a scale from 0 (not supportive at all) to 5 (very supportive), please indicate how supportive you feel the Health and Social Care Partnership (for example public health, social work, commissioning and other professionals) have been to your service during this reporting period (1 Aug 2020 - 31st July 2021): \*

- 0 - Not supportive at all
- 1
- 2
- 3
- 4
- 5 - Very supportive

Please give details

**Care Homes Risk Assessment**

**Provider/Service:**

**Date returned:**

**Smart Survey Score**

**Analysis Score**

	Identified Overall Risk	Score		Identified Overall Risk	Score
1.2	Choose an item.		1.2	Choose an item.	
1.5	Choose an item.		1.5	Choose an item.	
1.6	Choose an item.		1.6	Choose an item.	
1.7	Choose an item.		1.7	Choose an item.	
1.8	Choose an item.		1.8	Choose an item.	
1.9	Choose an item.		1.9	Choose an item.	
1.10	Choose an item.		1.10	Choose an item.	
1.12	Choose an item.		1.12	Choose an item.	
2.1	Choose an item.		2.1	Choose an item.	
2.2	Choose an item.		2.2	Choose an item.	
2.4	Choose an item.		2.4	Choose an item.	
3.1	Choose an item.		3.1	Choose an item.	
3.2	Choose an item.		3.2	Choose an item.	
4.3	Choose an item.		4.3	Choose an item.	
4.4	Choose an item.		4.4	Choose an item.	
4.9	Choose an item.		4.9	Choose an item.	
4.12	Choose an item.		4.12	Choose an item.	
5.1	Choose an item.		5.1	Choose an item.	
5.2	Choose an item.		5.2	Choose an item.	
5.4	Choose an item.		5.4	Choose an item.	
	Choose an item.			Choose an item.	
		%			%

<b>Action Required</b>		
<b>Completed by:</b>		
<b>Date:</b>		
Required additional information/clarity by Email/Phone call (include dates):		
Outcome of email/phone call (this may include changing score from smart survey results):		
<b>Risk Analysis – Commissioning Officer</b>	<b>%</b>	
<b>Low Risk (100% - 75%) – no additional action required</b>		<input type="checkbox"/>
<b>Medium Risk (74% - 61%) – additional support/action required</b>		<input type="checkbox"/>
<b>High Risk (60% - 0%) - escalate</b>		<input type="checkbox"/>
<b>Escalation Date:</b>		
<b>Additional information / further action required (collaboration, contact with provider etc.)</b>		
<b>Outcome:</b>		
<b>Date:</b>		
Destruction Date (current year + 5 years) <i>ensure all previous related evidence has been destroyed in line with retention policy.</i>		00/00/2026

## Self Assessment Questionnaire Template – Care and Support at Home

### Contract Monitoring Questionnaire - Care at Home

For Period 1st Aug 2020 - 31st Jul 2021

## 1. Tell us about your service

1.1 Name of service: \*

1.2 Have there been any changes to management personnel since 1st August 2020? \*

- No Management Changes
- Changes to Senior Management (Regional or Area Managers)

Changes to Local Management (Manager or Deputy Manager)

If there has been a change, please provide the name, designation and contact details including telephone number and email address:

**1.3 Do you have concerns with capacity in your service? For instance, this could include the ability to pick up and maintain packages of care. \***

Yes

No

If you have answered yes please provide details:

**1.4 Do you have processes in place to monitor people's outcomes? \***

Yes

No

Please provide details:

**1.5 Are you considering people's outcomes, both met and unmet, in the development of your service? \***

Yes

No

Please provide details:

**1.6 Are people's outcomes being evaluated and updated through 6 monthly reviews?**

Yes

No

If you have answered no, please provide details:

**1.7 Are all 6 monthly reviews up to date as at 31st July 2021? \***

Yes

No

If you have answered no, please provide details, including the challenges you face in achieving 6 monthly reviews:

**1.8 Have all personal outcomes been met during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If no, then please provide details. This may have been due to Covid restrictions, staffing levels etc:

**1.9 What new ways of working or innovations have you introduced to meet personal outcomes for people using your service, including technology enabled care, during this reporting period (1st August 2020- 31st July 2021)? \***

**1.10 Please upload a copy of your Public and Employer's Liability insurance, this should include the part of the schedule that details the amounts as relevant to your contract.**

## 2. Tell us what people say about your service.

**2.1 Please provide the number of comments (this should include compliments and feedback about your service) and complaints received during this reporting period (1st August 2020 – 31st July 2021): \***

Number of comments:  \*

Number of complaints:  \*

**2.2 Have you undertaken any engagement/satisfaction surveys or gathered feedback from people who access your service, their Carers and families or staff surveys during this reporting period (1st August 2020 -31st July 2021)? \***

Yes

No

If yes, please provide details of the types of engagement/surveys and with whom undertaken. For instance, this could be letters, emails, 'You Said We Did', surveys etc:

**2.3 Please provide details of what you have done as a result of the information received via surveys/feedback as above:**

**2.4 Please provide the number of incidents and accidents in this reporting period (1st August 2020 - 31st July 2021): \***

Number of incidents:  \*

Number of Accidents:  \*

**2.5 Compared to periods prior to COVID, how have the number of incidents changed during this reporting period (1st August 2020 - 31st July 2021): \***

- Increased
- Decreased
- Not changed

Please provide details/reasons for this:

**2.6 Please provide the number of incidents and accidents reported under Duty of Candour during this reporting period (1st August 2020 - 31st July 2021): \***

**2.7 Please provide details of any incidents and accidents reported under Duty of Candour during this reporting period (1st August 2020 - 31st July 2021), (note this should not include personal information).**

### **3. Tell us about your Adult Support and Protection practice.**

**3.1 Please tell us the number of Adult Support & Protection referrals you have made during this reporting period (1st August 2020 – 31st July 2021): \***

**3.2 Is Adult Support & Protection training up to date and in line with company policy/best practice (i.e. staff undertake training a minimum of every 3 years) and reflects interagency policies? \***

- Yes
- Not ALL staff have received refresher training within the past 3 years (this should not reflect staff who are absent due to long term sickness absence or staff who are on maternity leave).

If you have answered no please provide details:

## 4. Tell us about your workforce.

**4.1 Please provide total number of full-time equivalent staff as of 31st July 2021 (please note that this should include staff that are on long term sick/maternity leave): \***

**4.2 Please provide the number of full-time equivalent staff per post (note this should add up to the total in question 19): \***

Management	<input type="text"/>
Care / Support Staff	<input type="text"/>
Admin	<input type="text"/>
Volunteers	<input type="text"/>
Other	<input type="text"/>

If other, please provide details:

**4.3 Do you pay the National Living Wage?**

- Yes
- No

If you have answered no, please provide details:



**4.4 Do you have staffing shortages? \***

- No - staffing shortages /staff shortages not limiting the service
- Yes - staffing shortages that affect the service (e.g., taking on packages of care)

If yes, please provide details including the type of post(s):

**4.5 How many full-time equivalent staff have been recruited during this reporting period (1st August 2020 – 31st July 2021)? \*****4.6 How many full-time equivalent staff have left your service during this reporting period(1st August 2020 – 31st July 2021)? \*****4.7 For staff who have left your service, please tell us their reason for leaving if known:**

- Retirement
- Ill health
- New job in independent care sector
- New job in statutory sector
- New job out with Health and Social Care
- Other

If other please give details:

**4.8 How many vacant full-time equivalent posts do you have as of 31st July 2021? \*****4.9 Have you used agency staff in this reporting period (1st August 2020 – 31st July 2021)? \***

- Yes
- No

If yes, please provide details (i.e., the number of shifts, particular shifts, hours per week to cover staffing shortages, any problems sourcing agency):

**4.10 If you have used agency staff, have you ensured that staff have undertaken the appropriate checks i.e. PVG, SSSC and attained appropriate training, in line with the contract? \***

Yes

No

N/A

If you have answered no, please give details:

**4.11 Have you used staff from other Provider Partners directly or through the Scottish Care Rapid Response initiative during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If you have answered yes, please provide details:

**4.12 Are staff Supervisions up to date as at 31st July 2021? \***

Yes

No (this should not include staff who are absent due to long term sickness and staff who are on maternity leave).

If you have answered no, please explain why not:

## 5. Tell us about staff development and training

**5.1 Is mandatory training up to date as at 31st July 2021?**

Yes

No

If you have answered no, please provide details:

**5.2 Has COVID related training taken place during this reporting period (1st August 2020 – 31st July 2021)? \***

Yes

No

If no, please provide details:

**5.3 Please provide details of any training requirements that have not been fulfilled during this reporting period (1st August 2020 – 31st July 2021):**

**5.4 Has Continuous Professional Development been supported during this reporting period (1st August 2020 – 31st July 2021): \***

Yes

No

If no, please provide details:

## 6. Additional Information

**6.1 Please tell us about your 'journey' since lockdown: \***

## 7. Tell us about your plans for the future

**7.1 What does the immediate future look like for your service? (Things to consider could include changes to the number of people accessing your service, the needs and preferences of people, financial considerations, and sustainability). \***

**7.2 What does the longer-term future for the service look like and what are the unknowns for future planning? (Things to consider could include new and innovative ways of working that would be of benefit to continue or expand on, feedback from people who use your service, their Carers, family, staff and other stakeholders). \***

## 8. Tell us your experience of working with the Dumfries and Galloway Health and Social Care Partnership

8.1 On a scale from 0 (not supportive at all) to 5 (very supportive), please indicate how supportive you feel the Health and Social Care Partnership (for example public health, social work, commissioning and other professionals) has been to your service during this reporting period:

- 0 - Not supportive at all
- 1
- 2
- 3
- 4
- 5 - Very supportive

Please give details

**Care at Home Risk Assessment**  
**Provider/Service:**  
**Date returned:**  
**Smart Survey Score**

**Analysis Score**

	Identified Overall Risk	Score		Identified Overall Risk	Score
1.2	Choose an item.		1.2	Choose an item.	
1.3	Choose an item.		1.3	Choose an item.	
1.4	Choose an item.		1.4	Choose an item.	
1.5	Choose an item.		1.5	Choose an item.	
1.6	Choose an item.		1.6	Choose an item.	
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1.10	Choose an item.		1.10	Choose an item.	
2.1	Choose an item.		2.1	Choose an item.	
2.2	Choose an item.		2.2	Choose an item.	
2.4	Choose an item.		2.4	Choose an item.	
3.1	Choose an item.		3.1	Choose an item.	
3.2	Choose an item.		3.2	Choose an item.	
4.3	Choose an item.		4.3	Choose an item.	
4.4	Choose an item.		4.4	Choose an item.	
4.9	Choose an item.		4.9	Choose an item.	
4.12	Choose an item.		4.12	Choose an item.	
5.1	Choose an item.		5.1	Choose an item.	
5.2	Choose an item.		5.2	Choose an item.	
5.4	Choose an item.		5.4	Choose an item.	
	Choose an item.			Choose an item.	
		%			%

<b>Action Required</b>
<b>Completed by:</b>
<b>Date:</b>
<b>Required additional information/clarity by Email/Phone call (include dates):</b>
<b>Outcome of email/phone call (this may include changing score from smart survey results):</b>
<b>Risk Analysis – Commissioning Officer</b>
%

<b>Low Risk (100% - 75%) – no additional action required</b>		<input type="checkbox"/>
<b>Medium Risk (74% - 61%) – additional support/action required</b>		<input type="checkbox"/>
<b>High Risk (60% - 0%) - escalate</b>		<input type="checkbox"/>
<b>Escalation Date:</b>		
<b>Additional information / further action required (collaboration, contact with provider etc.)</b>		
<b>Outcome:</b>		
<b>Date:</b>		
Destruction Date (current year + 5 years) <i>ensure all previous related evidence has been destroyed in line with retention policy.</i>	00/00/2026	