

CMR Care and Support at Home Provider Partners - 1 April 2022 to 31 March 2023

1. Tell us about your service

1. Please provide your service contact details: *

Service Name: *

Service Address: *

Name of Person Completing Form: *

Designation: *

Email Address: *

Contact Telephone Number: *

Charity Registration Number (if applicable):

Company Registration Number (if applicable):

Charity/Company Registered Address:

2. Have there been any changes to management personnel since 1 April 2022? *

- 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:

3. Have there been any changes to your organisational/company structure during the period 1 April 2022 to 31 March 2023, for example changes to the Board of Directors or transfer of ownership? *

- Yes
- No

If you answered "Yes", please provide details or N/A if "No":

4. Do you have concerns about the sustainability of your service? For instance, this could include the ability to pick up and maintain packages of care. *

- Yes
- No

If you answered "Yes", please provide details including challenges you are facing or N/A if "No":

5. What new ways of working or innovations have you introduced to meet personal outcomes for people using your service including technology enabled care, during the period 1 April 2022 to 31 March 2023? If Not Applicable, please enter N/A. *

6. Please provide details of any improvements/investments/developments/successes or achievements for the service during the period 1 April 2022 to 31 March 2023. If Not Applicable, please enter N/A. *

7. Have you been participating in the Care at Home Collaborative?

Yes

No

Comments:

8. If you answered "Yes" to Q7, please tell us how you feel it is working and your views on the next stages:

2. Tell us about the people who your service supports

9. Please provide the total number of people who access your services as at 31 March 2023: *

10. Please provide the total number of Care at Home actual hours delivered as at 31 March 2023: *

11. From the following categories, please provide the number of people who access your service as at 31 March 2023. (Please note that these figures should correspond with the total number provided in Q9. If none, please enter a zero (0)) *

Access the service privately (with or without SDS Option1 funding) *

Access the service under SDS Option 2 *

Access the service from Out of Region (other Local Authority)

*

Access the service under SDS Option 3 (National Flexible Framework)

*

Access the service under a combination of the above SDS Options

*

12. Please provide the total number of people who were new to your service during the period 1 April 2022 to 31 March 2023: *

13. Please provide the total number of people who left your service during the period 1 April 2022 to 31 March 2023: *

14. From the following categories, please provide the number of people who have left your service. (Please note that this figure should correspond with the total number provided in Q13) If none, please enter a zero (0)) *

Deceased

Other service within the community

Residential setting

Own tenancy

Hospital

Other

If you answered "Other", please provide details or N/A if not applicable:

15. Please upload a copy of your 6 monthly review planner, this is required as evidence: *

- File: `{{filename}}`[delete](#)

Choose File

16. Are all 6 monthly reviews in place? *

- Evidence uploaded, and all 6 monthly reviews achieved (or where not achieved evidence provided for illness, hospital admission etc.)
- Evidence uploaded but not all 6 monthly reviews achieved
- Evidence not uploaded

Comments:

3. Tell us what people say about your service

17. Did you record any comments, compliments and complaints received during the period 1 April 2022 to 31 March 2023? *

- Yes
- No

18. If you answered "Yes" to Q17, please provide the number of Comments, Compliments or Complaints. (If none, please enter a zero (0)): *

Comments

Compliments

Complaints

Please provide details of complaints. This should include date, reason and any actions/outcomes taken. (Please note, no names or other personal details should be provided) If not applicable, please enter N/A.:

19. During the period 1 April 2022 to 31 March 2023, did you maintain communications with people who use the service and people who deliver the service to encourage feedback (for example, survey, newsletter, other correspondence, etc)? *

Yes

No

If you answered "No", please provide details or N/A if "Yes":

20. If you answered "Yes" to Q19, please indicate how you obtained feedback from the people who use your service:

Event/Function

Meetings for people who use the service

Survey

Training Feedback

Feedback not received in this reporting period

Other

If you answered "Other", please provide details:

21. Thinking about Q20, have actions been taken from the feedback received?

Yes

No

If you answered "Yes", please provide details of what action you have taken as a result of the information received via surveys/feedback:

22. Please upload supporting evidence in relation to Q21:

- File: [{{filename}}](#)delete

Choose File

23. Please provide the number of incidents and accidents in the period 1 April 2022 to 31 March 2023. (If none, please enter a zero (0)): *

Number of incidents

*

Number of accidents

*

24. Please provide details of any incidents and accidents reported under Duty of Candour during the period 1 April 2022 to 31 March 2023. (Please note, no names or other personal details should be provided):

4. Tell us about Adult Support and Protection

25. Please provide the number of Adult Support & Protection referrals that your service has made during the period 1 April 2022 to 31 March 2023. (If none, please enter a zero (0)): *

26. Have all staff received Adult Support & Protection training in line with company policy/best practice? (Please note evidence to be provided on training matrix/planner): *

- Yes, ALL staff trained and refresher training achieved in line with company policy/best practice (min 3 yearly)
- Only new staff awaiting ASP training
- 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/paternity leave)

If you answered, "Not ALL staff", please provide details or enter N/A if you have selected another option:

5. Tell us about your workforce

27. Did you have any staffing challenges as at 31 March 2023 (for example, long-term sickness, staff vacancies, staff disciplinarys)? *

- No staffing challenges
- Minor staffing challenges (for example, not affecting the service provision)
- Significant staffing challenges (for example, affecting the service provision)

Where you have had staffing challenges, please provide details (Please note, no names or other personal details should be provided):

28. How many hours per week does a full-time equivalent person work in your organisation? *

29. Please provide the total number of staff as at 31 March 2023 (Please note that this should include staff that are on long term sick and maternity/paternity leave): *

Number of people

*

Full-Time Equivalent

*

30. Please provide the number of staff per post as at 31 March 2023. Please include people on long-term sick leave or on maternity/paternity leave. If none, please enter a zero (0) (Please note that this should add up to the total in Q29): *

	Number of staff who work full-time	Number of staff who work part-time
Management	<input type="text"/>	<input type="text"/>
Care / Support Staff	<input type="text"/>	<input type="text"/>
Admin	<input type="text"/>	<input type="text"/>
Volunteers	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

If you answered "Other", please provide details or enter N/A for not applicable:

31. Please provide the number of full-time equivalent staff recruited during the period 1 April 2022 to 31 March 2023. (If none, please enter a zero (0)): *

32. Please provide the number of full-time equivalent vacant posts as at 31 March 2023. (If none, please enter a zero (0)): *

33. Please provide the number of full-time equivalent staff who have left your service during the period 1 April 2022 to 31 March 2023. (If none, please enter a zero (0)): *

34. For staff who have left your service during the period 1 April 2022 to 31 March 2023, please tell us their reason for leaving if known and the corresponding full-time equivalent number of staff if applicable. (If none, please enter a zero (0): *

	Number of Staff
Retirement	<input type="text"/>
Ill Health	<input type="text"/>
New Job in Independent Care Sector	<input type="text"/>
New Job in Statutory Sector	<input type="text"/>
New Job out with Health and Social Care	<input type="text"/>
Other	<input type="text"/>
Not Known	<input type="text"/>

If you answered "Other", please provide details or enter N/A for not applicable:

35. Have you used agency staff during the period 1 April 2022 to 31 March 2023? *

- Yes
 No

If you answered "Yes", please provide details (i.e. the number of shifts, particular shifts, hours per week to cover staffing shortages, any problems sourcing agency. (Please note that no names or other personal details should be provided) or enter N/A if not applicable:

36. Do you maintain a record of SSSC Registrations and renewal dates? *

- Yes
 No

37. Are staff Supervisions up to date as at 31 March 2023? *

- Yes
 No (Please note this should not include staff who are absent due to long term sickness and staff who are on maternity/paternity leave)

If you answered "No", please provide details or enter N/A if "Yes":

38. Please upload your Supervision/Appraisal Planner: *

- File: {{filename}}[delete](#)

Choose File

6. Tell us about your workforce training

39. Is mandatory training up to date as at 31 March 2023? *

- Yes
- No

If you answered "No", please provide details or enter N/A if "Yes":

40. Please upload an up-to-date training planner/matrix or a statistical report from your management system. (Please note that mandatory training should reflect the Health and Social Care Standards. Training is also identified through the National Flexible Framework. The numbers on your training planner/matrix should correspond with Q29) *

- File: {{filename}}[delete](#)

Choose File

7. Organisational operational policies and procedures

41. Are all relevant policies and procedures updated to reflect the most recent changes to Legislation? *

- Yes
- No

If you answered "No", please provide details or enter N/A if "Yes":

42. Please complete the Operational Policies Checklist below in relation to your organisation by indicating those policies that apply (access to these may be requested): *

	Yes	No	N/A
Accidents/Incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult/Child Protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complaints	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dealing with Emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Disciplinary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equality and Diversity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Data Protection Regulations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health and Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Infection Control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lone Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maintaining Professional Boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Positive Behaviour Support	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Person's Monies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medication Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving and Handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrictive Practice Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Record Keeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recruitment and Selection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Slips, Trips and Falls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff Supervision including Appraisal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staffing and Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Whistle Blowing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Duty of Candour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Where you do not have all the above policies and procedures in place, please provide a reason:

8. Additional Information

43. Do you have any additional information you wish to share with us (this could include opportunities, planned future developments or any other current issues)?

Yes

No

If you answered "Yes", please provide details:

Further Actions from Contract Monitoring Questionnaire – for completion by Commissioning Officer, Contracts Team		
<input type="checkbox"/> Survey Completed		
<input type="checkbox"/> Initial Survey Score (as submitted) %		
<input type="checkbox"/> All required information/evidence received		
<input type="checkbox"/> Additional information or actions required		
Q.		
Q.		
Q.		
Q...		
<input type="checkbox"/> Follow Up Email/Phone contact/outcome:		
<input type="checkbox"/> Date of email/call:		
Risk Analysis – Final Survey Score		
Scored Questions:		
Q2 - Changes to Management	Choose an item.	
Q3 - Changes to Organisation	Choose an item.	
Q4 - Any Sustainability Concerns	Choose an item.	
Q16 - Six-Monthly Reviews	Choose an item.	
Q17 - Comments, Compliments and Complaints	Choose an item.	
Q19 - Maintain Communication	Choose an item.	
Q26 - ASP Training	Choose an item.	
Q27 - Staffing Challenges	Choose an item.	
Q35 - Use of Agency Staff	Choose an item.	
Q37 - Staff Supervisions	Choose an item.	
Q39 - Mandatory Training	Choose an item.	
Q41 - Policies and Procedures	Choose an item.	
Final Survey Score	%	
Low Risk (100% - 75%) – no additional action required		<input type="checkbox"/>
Medium Risk (74% - 61%) – additional support/action required		<input type="checkbox"/>
High Risk (60% - 0%) - escalate		<input type="checkbox"/>

Escalated (*escalate where the overall percentage drops below 60% or if other concerns are identified in the CMR*):

Yes

No

Escalated to:

Date Escalated:

Completed by:

Date completed:

Contracts Manager

Additional Information/Further Actions:

Commissioning Manager

Additional Information/Further Actions:

Monitoring Meeting Form – Care at Home



Name of Provider/Service:
Monitoring Meeting (MM) Date:
Monitoring Meeting held at:
Attendees:

CMR Score (initial Smart Survey): _____

Further actions from CMR: *(copy and paste actions/queries/information required from CMR analysis for following up at MM)*

(Transfer this information to CMR Further Actions and rescore CMR if necessary.)

1. **General Introduction and matters arising.** This is a general discussion where the service is given the opportunity to provide an update on provision, and C&QA ensure the following is covered:
Please note that all information should correspond with the Service Policies and Procedures.

General Discussion about service:
Discuss any compliance issues

- Any changes (planned or unplanned) that may have taken place since the last monitoring meeting (e.g. changes to management, re-structure or re-model of the service, expansion of the service etc):
- Previous unmet Agreed Actions

Good practice, areas of concern or additional information:

Choose an item.

2. Care Inspectorate

When meeting with the service the focus of the discussion should centre on the findings/actions from your most recent Care Inspection that have not already been addressed through this Monitoring meeting.

Has there been a variation to your registration? *

Have you completed a Care Inspectorate Action Plan: *

Please provide name of the inspector for your service.

What are your most recent Care Inspectorate scores: scored below

Good practice, areas of concern or additional information:

Choose an item.

3a. Service Users – for face-to-face monitoring meetings

Numbers, referrals, capacity etc. (corresponds to CMR Questions 9-14)

- Meeting held via TEAMS – no Care/Support Plans evidenced.
- Meeting held via TEAMS – blank Care/Support plan template provided

Service User – Care/Support Plans/Outcomes Delivered

2 service user care/support plans evidenced (Mosaic ID) and (Mosaic ID)

- Service user details including preferred name, GP, NOK, notification to representatives, medical history
- Person centred care/support plans
- Social work outcomes (where possible link to outcomes identified in Mosaic).
- Individual outcomes
- Links to activities relevant likes and interests
- Details of how care/support is provided
- Guardianship/POA details
- End of life plan including DNR if applicable
- Risk Assessment check
- Anticipatory Care Plan (ACP)
- Service User Finances

Good practice, areas of concern or additional information:

Choose an item.

3b. Reviews (corresponds to CMR Questions 15-16)

Where a review planner has been provided with the last Contract Monitoring Return (CMR) compare dates to actual review paper work in care/support plans. If no review plan has been provided check that the 6 monthly reviews for the 2 identified service users have been completed.

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

- 6 monthly reviews have been evidenced in the 2 service user care/support plans

Good practice, areas of concern or additional information:

Choose an item.

3c. Incidents/Accidents (corresponds to CMR questions 23-24)

Evidence the following documentation and check that incidents and accidents are being reported to the Care Inspectorate as appropriate, (<http://www.careinspectorate.com/index.php/notifications>):

- Record of incidents/accidents reporting/auditing/actions taken in line with the National Flexible Framework
- Reporting notifiable incidents/accidents to Care Inspectorate and the Care Manager under the terms of the contract
- Missed visits (Care at Home)

Good practice, areas of concern or additional information:

Choose an item.

Good practice, areas of concern or additional information:

Choose an item.

4. Satisfaction Surveys/Service user feedback (corresponds to CMR questions 19-22)

Where evidence has not previously been provided through the Contract Monitoring Returns, evidence the following documentation:

- Evidence previously provided
- Returned Satisfaction Surveys – evidence of who has filled in, check to see not all filled in by same person
- Evidence of an action plan/improvements (including where no negative comments have been received)
- Evidence of where service user feedback has shaped the service

Good practice, areas of concern or additional information:

Choose an item.

5. Comments, compliments/complaints (*corresponds to CMR questions 17-18*)

When meeting with the service the focus of the discussion should centre on the most recent Contract Monitoring Return findings, with prior submissions also being reviewed in advance of the meeting to identify any trends.

- Comments recorded
- Compliments recorded
- Complaints recorded
- Outcomes being applied
- Complaints/compliments has policy been updated since the last contract monitoring meeting. (Where a policy has been updated, a copy is required.)

Good practice, areas of concern or additional information:

Choose an item.

6. Adult Support & Protection (*corresponds to CMR questions 25-26*)

Add the number of referrals reported as per Q25 on CMR, if no referrals reported then discuss their understanding of ASP

- Forms part of induction training
- ASP training 80% compliant
- Annual update/refresher
- ASP policy has been updated since the last contract monitoring meeting. (Where a policy has been updated, a copy is required.)

For AS&P cases that have progressed to the referral stage more information should be provided in relation to the detail of the Adult Support and Protection referral and whether there has been any changes to the service following ASP referral:

Good practice, areas of concern or additional information:

Choose an item.

7a. Staffing (*corresponds to CMR questions 27-35*)

- No staffing shortages
- Staffing shortages but not limiting the service
- Staffing shortages limiting the service
- Agency staff used
- Staff on long term sick/maternity leave

Good practice, areas of concern or additional information:

Choose an item.

7b. Supervision/Appraisal – Staff Development (*corresponds to CMR questions 36-38*)

This is an opportunity to discuss staff development, SVQ attainment (SSSC registration), types of training, staff disciplinaries. Discuss succession planning. Link training planner to files viewed (certificates etc).

- Meeting held via TEAMS - Staff files not evidenced.
- Meeting held via TEAMS – blank staff files template provided

- Supervisions/Appraisals, at least 80% compliant

- Disciplinaries:
- SVQ attainment – how are they supporting staff - SVQ 3's & SVQ 2's etc.
- PVG / SSSC - audit in place to monitor and ensure updates achieved as appropriate; 3 yearly PVG updates to reflect the contract in place. Is SSSC registration reflected through supervision?
- Supervisions / Appraisal – frequency. Best practice is for observation and feedback from service users / colleagues used to inform supervision / appraisals. Individual learning and development plans (Continuous Professional Development supported) which identify any further training needs of staff are reviewed and evaluated as part of supervisions, in line with the conditions of SSSC registration.
- 2 staff files checked for the above
- Succession planning discussed;
- Team meetings - frequency

Good practice, areas of concern or additional information:

Choose an item.

7c. Training (*corresponds to CMR questions 39-40*)

Discuss what initiatives the service is involved in:

- Mandatory training achieved as relevant to the National Flexible Framework

Good practice, areas of concern or additional information:

- Aware of useful guidance and best practice is available on the Hub – Care Inspectorate website.

Choose an item.

7d. Recruitment

Evidence the following documentation:

2 staff files -

- Recruitment (including PVG membership, references, SSSC register checked etc)
- Hourly rate of £10.90 for care/support staff evidenced

- Adhering to Better Recruitment through Safer Recruitment Guidelines – policy updated to reflect. (Where a policy has been updated, a copy is required.)

Good practice, areas of concern or additional information:

- *Discussed when references are received with start and end dates only; the need to ensure any risk is managed. Employers have a responsibility under the SSSC code of conduct for Employers (code 1.3).*

Choose an item.

8. Observations

When meeting with the service the Commissioning Officer will (where appropriate) do observations at the service including discussions with staff, service users and visitors to the service. Areas not covered above may be included in this section.

Details of observations:

Choose an item.

Additional Information

Specific Service User concerns

There may be specific concerns related to service users that was raised by the service or by council representatives. These concerns are separate from the discussion about numbers and how service providers gather feedback and should therefore be discussed separately here.

Information from other sources

This may be information that has come from other sources e.g. Social Work, Care Inspectorate, members of the public, NHS etc.

Feedback from service providers should also be considered:

Any other competent business

This section of the report should only include information in relation to any concerns that have not been covered elsewhere. This may include any additional contract management activities that has not been covered in other sections.

Agreed actions from this meeting (2 weeks from return of completed Monitoring Meeting report).	Date Required	Date Achieved

Monitoring Meeting Risk Analysis	
1	Choose an item.
2	Choose an item.
3a	Choose an item.
3b	Choose an item.
3c	Choose an item.
4	Choose an item.
5	Choose an item.
6	Choose an item.
7a	Choose an item.
7b	Choose an item.
7c	Choose an item.
7d	Choose an item.
8	Choose an item.

Final CMR Score:

Monitoring Meeting Scoring:

Red=0

Amber=1

Green=2

Total maximum score = 26 = 100%

Percentage score = (Total score/26) x100 and enter below:

Monitoring Meeting Score	%	
Low Risk (100% - 75%) – no additional action required		<input type="checkbox"/>
Medium Risk (74% - 61%) – additional support/action required		<input type="checkbox"/>
High Risk (60% - 0%) - escalate		<input type="checkbox"/>

Progress to next CMR (no further action)	<input type="checkbox"/>
Follow Up Action Required	<input type="checkbox"/>
Email Contact	<input type="checkbox"/>
Agreed Actions not returned	<input type="checkbox"/>
Details:	
Date:	
Collaboration (finding more information)	
Commissioning Liaison Manager/Commissioning Manager	<input type="checkbox"/>
Contracts Manager	<input type="checkbox"/>
Operational Social Work	<input type="checkbox"/>
AS&P Team	<input type="checkbox"/>
Care Inspectorate	<input type="checkbox"/>
Other (Provide details)	<input type="checkbox"/>
Date of collaboration:	
Additional Comment/outcome:	
Follow up (further meeting or additional actions):	
Date:	
Escalate concern:	Who alerted
Date:	
Monitoring Meeting report completed date (to be completed within 4 weeks of face to face meeting):	
Destruction Date (Current Year + 5 years)	26/06/2028

List of Provider Partners – Care and Support at Home

	Service	TYPE
1	1 st Homecare	Care and Support at Home
2	Abbeyfield (SDS Option 2)	Care and Support at Home
3	Elite Care at Home	Care and Support at Home
4	Beyond Limits	Care and Support at Home
5	Care Solutions	Care and Support at Home
6	Cera Care	Care and Support at Home
7	Change Mental Health	
8	CIC Ladyfield Villas	Care and Support at Home
9	CIC School Close	Care and Support at Home
10	CIC Swans Vennel	
11	Crossroads Annandale & Eskdale	Care and Support at Home
12	Crossroads Newton Stewart & Machars	Care and Support at Home
13	Crossroads Mid & Upper Nithsdale	Care and Support at Home
14	Crossroads Stewartry	Care and Support at Home
15	DGMHA	Care and Support at Home
16	Divine (SDS Option 2)	Care and Support at Home
17	Esteem Care Dumfries	Care and Support at Home
18	Esteem Care Stranraer	Care and Support at Home
19	JPM Community Care	Care and Support at Home
20	Key Community Supports	
21	Leonard Cheshire - East	Care and Support at Home
22	Leonard Cheshire – West	Care and Support at Home
23	Loch Arthur	Care and Support at Home
24	Rainbow Care Services	Care and Support at Home
25	Stewartry Care	Care and Support at Home
26	Stranraer Skills Station	Care and Support at Home
27	The Richmond Fellowship	Care and Support at Home
28	Turning Point Scotland – East	Care and Support at Home
29	Turning Point Scotland – West	Care and Support at Home
30	Voyage	Care and Support at Home