

Appendix 2



Contract Monitoring Report: Care and Support at Home 1 April 2022 – 31 March 2023

Introduction

This report provides contract monitoring information on care and support at home provider partners, for the period 1 April 2022 to 31 March 2023.

The previous contract monitoring exercise for care at home provider partners was a 'light touch' monitoring covering the period 1 August 2020 to 31 July 2021 following a temporary pause of formal contract monitoring due to COVID-19.

Overview of the process for the care and support at home contracts monitored

A total of 30 contracts have been monitored. These are all registered commissioned care and support at home provider partners, including providers on the Scotland Excel National Flexible Framework for Care and Support at Home and Self Directed Support (SDS) Option 2 contracts.

An online Self Assessment Questionnaire (SAQ) was developed and set up on Smart Survey. A copy of the SAQ and list of provider partners is provided as Appendix 1. SAQs submitted by provider partners, along with any supporting documentation, were compared against the contract requirements. Provider partners were contacted if further information, evidence or clarification was required. Commissioning Officers also conducted individual Monitoring Meetings with each provider partner.

Once queries identified from an initial review of the returned SAQ were resolved and evidence provided and Monitoring Meeting(s) conducted, the review process was completed and a risk assessment and resultant risk score determined and reports completed. Any concerning risks identified and requiring action would be escalated to the Contracts Manager in the first instance with further escalation to the Commissioning Liaison Manager and onward escalation as required.

Results from contract monitoring

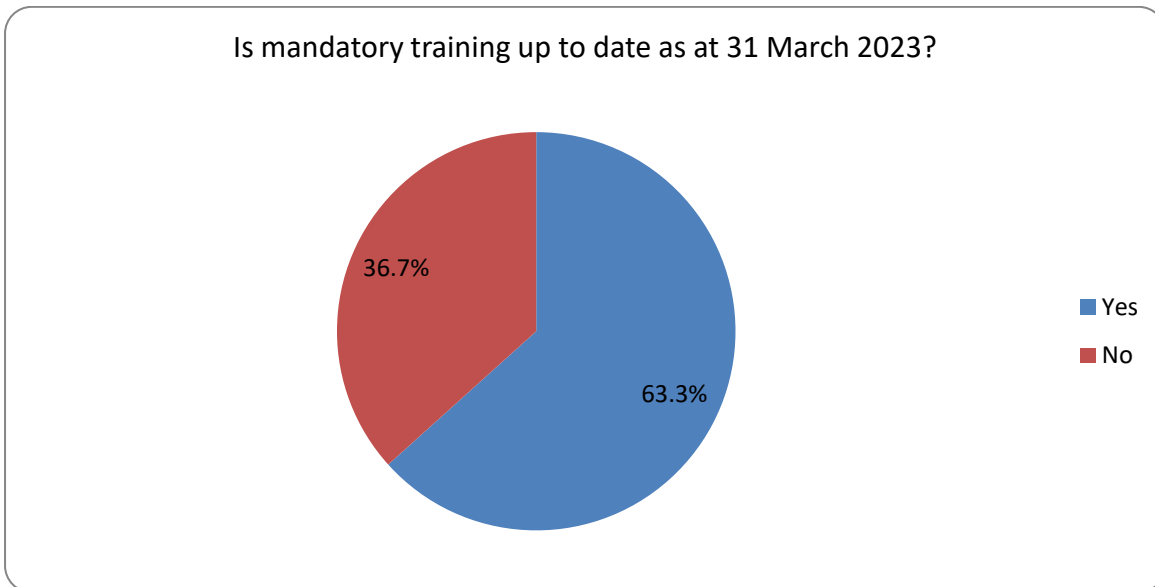
All 30 SAQs were returned by a total of 22 provider partners (some provider partners contracted to deliver more than one service). Findings from the SAQs and Monitoring Meetings have been collated with an overview of the findings provided in this report.

The results in this report relate to the period 1 April 2022 – 31 March 2023, reflecting the situation for that period of time only. Contract monitoring for Care and Support at Home providers for the period 1 April 2023 to 31 March 2024 is scheduled to commence in April 2024.

- Compliance – Care and Support at Home

57% of commissioned services reported that all 6 monthly reviews have been achieved in the reporting period, with 43% reporting only partial completion. Reasons for partial completion included staff vacancies, recruitment issues, transitioning to new systems, service users being in hospital or scheduling issues.

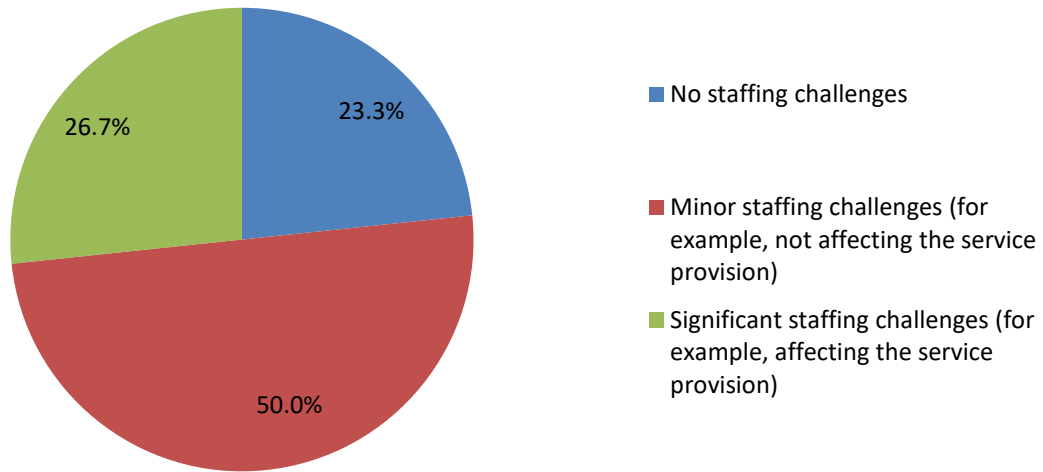
19 out of 30 (63%) of services reported that mandatory training was up to date at the end of the reporting period. Reasons for the remaining 37% for whom mandatory training was not up to date included working through a training backlog following the lack of face-to-face training during COVID-19, implementation of new training programmes or new members of staff who are working through their training.



However, 70% (21 out of 30) of services reported that all staff either trained or received refresher training in Adult Support and Protection (ASP) in line with policy/best practice (minimum 3 yearly). 27% stated that only new staff were awaiting ASP training and only 3% (1 service) reported they were not yet caught up with refresher training.

27% of services reported facing significant staff challenges that affected service delivery, with a further 50% experiencing minor staffing challenges and 23% reporting no staffing challenges. The majority of issues reported included staff on long term sickness absence, including COVID and difficulties in recruitment.

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



Staffing shortages and absences have impacted staff support and development, with 33% of services reporting that staff supervisions were not up to date.

93% of commissioned services reported maintaining communication with people they provide care and support to and people who deliver the care and support to encourage feedback. Surveys, newsletters, social media and verbal feedback were the most common methods used. 65% of services reporting taking action from the feedback received, which included amendments to processes, rota changes, staff induction review and updating support plans. For the 2 services (7%) who reported not seeking feedback formally during the reporting period, one reported falling behind but they intended to recommence soon and the other service only conducts surveys biannually to people they provide care and support to, families, stakeholders and the community (last survey was in 2021):

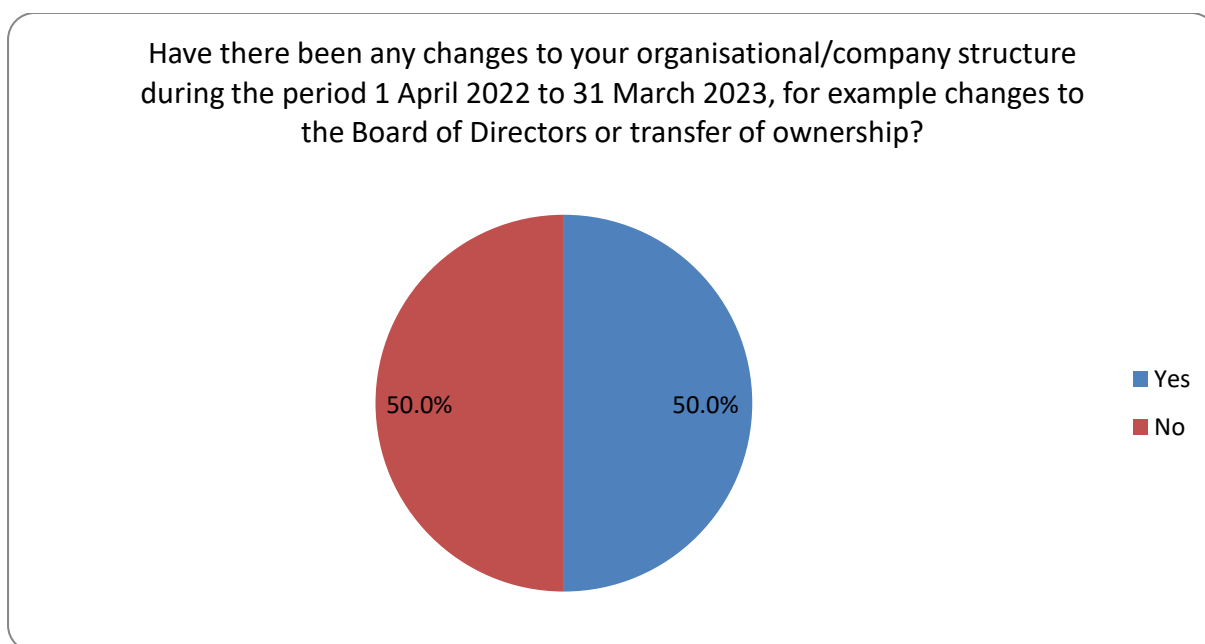
During the period 1 April 2022 to 31 March 2023, did you maintain communications with people who use the service and people who deliver the service to encourage feedback (for example, survey, newsletter, other correspondence, etc)?



- Intelligence

14 of the 30 commissioned services (47%) reported there had been no changes to management personnel during the reporting period. Therefore, 53% reported changes to either senior management (Regional/Area Managers) and/or local management (Manager/Deputy Manager).

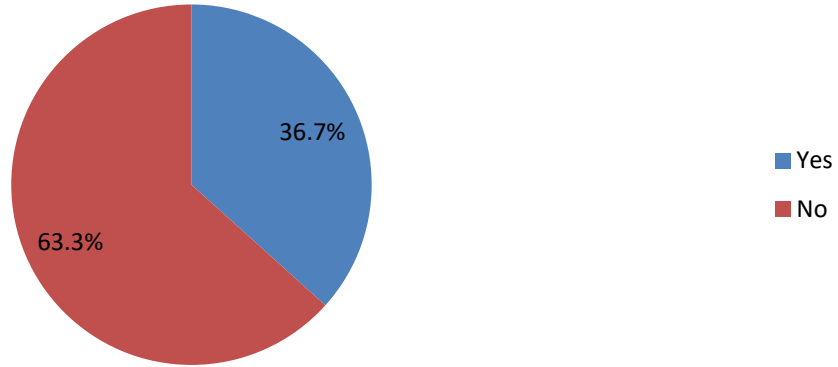
In addition, 50% of services further reported changes in organisational structure, such as changes to the Board of Directors or transfer of ownership.



Provider partners were also asked to provide the reasons for staff leaving their service and of the total leavers reported over the period, 22% of staff left for a new job out with the Health and Social Care sector. Other reasons included new job in the statutory sector (14%); new job in the independent care sector (22%); retirement (7%) and ill health (6%) and other/not known (29%).

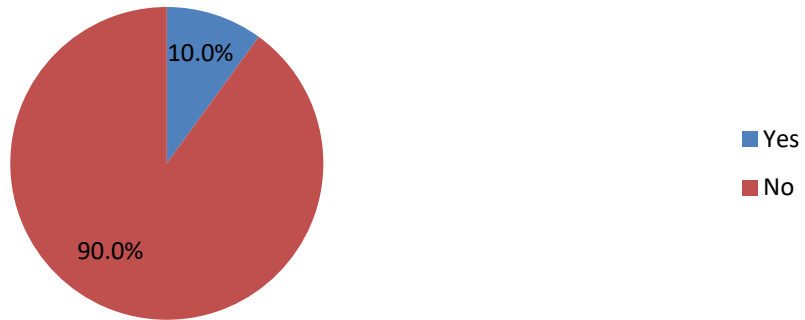
63% of commissioned services reported having concerns about the sustainability of their service, including the ability to pick up and maintain packages of care. Recruitment challenges was cited as the predominant reason, as well as retention concerns. The pay gap between the independent sector and statutory sector was also cited as a recruitment/retention concern.

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.



Only 10% (3 out of 30) of commissioned services reported using agency staff during the reporting period. One of these services cited experiencing staff shortages of 300 hours per week, one with shortages averaging 62 hours per week and another an average of 50 hours per week.

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



Some commissioned services reported that they have commenced international recruitment. The application process is lengthy and complex and a licence to sponsor is required. However, once the positions were advertised, they reported being inundated with applications and one provider partner reported they have made offers to two international candidates. There are ongoing duties and responsibilities in sponsoring overseas workers which need to be considered, including whether accommodation is provided and ensuring legislative and regulatory compliance is adhered to.

Despite challenges faced, there are many examples of how resourceful and innovative provider partners have been during this period, particularly in the increased use of

technology enabled care and digital engagement, as well as new ways of delivering care and support. This is included in the last section below on examples of best practice.

- Risk Assessment

On receipt of a SAQ, the Commissioning Team complete an initial review based on information from the provider partner and assign risk scores. Where needed, further information is requested and any additional support to aid completion provided by the Contracts Team. The SAQ was then reviewed again designated as 'Completed' and final SAQ risk scores assigned.

The results of each Monitoring Meeting were also reviewed and a Monitoring Meeting risk score assigned. The SAQ and Monitoring Meeting risk scores were combined and an overall final risk score determined.

Risk scores were based on provider partner responses to SAQ questions and Monitoring Meeting findings in relation to:

- Changes to management personnel
- Organisational changes
- Sustainability concerns
- 6 Monthly reviews up to date (are service user outcomes evaluated/updated)
- Service user outcomes
- Staffing challenges
- Staff training/recruitment
- Staff supervisions/development
- Adult Support and Protection training/referrals
- Use of agency staff
- Care Inspectorate grading
- Compliments, Comments and Complaints
- Incident/Accidents reporting
- Communication/feedback
- Policies and procedures

The higher the risk score percentage, the lower the risk.

To summarise for the 30 completed CMRs, final risk scores:

Risk score achieved	Risk level	Number of commissioned services
100%	low	0
99% - 75%	low	15
74% - 61%	moderate	13
60% and below	high	2
		30

Risk scores resulting from this contract monitoring exercise show that based on the information available, half the services are showing no significant risks however the remaining half are in the moderate risk (74% - 61%) or high risk categories (60% and below).

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 68%, the median score is 68% and the mode is 72%. For the 13 services for whom moderate risks have been identified, the key areas of risk highlighted were in relation to staffing shortages, staff supervisions not up to date, management/organisational changes, service user personal outcomes not being met and 6 monthly reviews of personal outcomes not up to date, sustainability concerns and mandatory training not being kept up to date. More detail regarding these issues is provided in the Issues Raised and Planned Actions section below.

- High Risk (60% and below)

Two services which received a risk score of below 60% were escalated to the Contracts Manager in the first instance and then to the Commissioning Liaison Manager and Commissioning Managers for further action in conjunction with operational Social Work colleagues where applicable.

One of these services received a low percentage score due to staffing issues necessitating the service transition to a new model of delivery. For many years this service has been successfully reliant on volunteer staff (typically overseas social work students) living with the people they support in a shared community environment. The provider partner is now finding it increasingly difficult to recruit volunteers. One reason for this, provided by the provider partner, is difficulties obtaining visas post Brexit as historically many of the volunteers have come from Europe. This has necessitated a change to their delivery model to include the recruitment of more paid staff being employed to support provision. The organisation has commissioned support to review their business model and to develop a revised business plan going forward. The organisation is now utilising reserves to support existing provision. Due to staffing issues, results from contract monitoring show that staff supervisions, mandatory training and 6 monthly reviews were not all up to date. Preliminary discussions have taken place between Commissioning, Social Work and the provider partner to look at the new model of delivery and future financial sustainability. Further meetings to discuss the risks are in progress.

For the other provider partner receiving a low percentage score, concerns highlighted from contract monitoring included inadequate staffing to deliver the service recruitment and retention difficulties, management/organisational changes, service user 6 monthly reviews, staff supervisions and staff training not up to date.

Care Inspectorate findings from a recent inspection of the service resulted in weak grades for two key questions 'How good is our leadership?' and 'How well do we support people's wellbeing'. Improvement Plans have been put in place and the provider partner is being supported by care and support at home operational colleagues, social work and the Commissioning Officer and this support is ongoing.

A Care Inspectorate follow up inspection has taken place which identified some improvement and upgraded the rating to 'adequate' in relation to their support for people's wellbeing.

A summary of the scale/scope of the risk in relation to the two services with low percentage scores is provided below:

	Provider Partner 1	Provider Partner 2
Risk Score	52%	53%
Reason for low % score	Staffing difficulties and sustainability concerns necessitating a change of delivery model	staffing/recruitment issues, management changes, weak Care Inspectorate grades
Annual Contract Value	Block and spot purchase/approximately £527k	spot purchase/ approximately £1.1m
Service Type	24 hr live in Support Service for people with Learning Disabilities; Registered service	Care and Support at Home Support Service for Older People
Number of Service Users	37	139
Planned Action	Discussions between Commissioning, Social Work, DGC Procurement and provider partner to consider new model of service delivery and review of contract	Improvement Plan in place with ongoing support from Commissioning, Social Work and care at home operational colleagues; Care Inspectorate Action Plan in place

Comparison to previous contract monitoring of care and support at home

The light touch contract monitoring overall risk scores of care and support services, for the period 1 August 2020 – 31 July 2021, are similar to the current results

	1 Aug 2020-31 Jul 2021	1 Apr 2022-31 Mar 2023
Risk score achieved	Number of provider partners	Number of provider partners
100%	0	0
99% - 75%	15	15
74% - 61%	12	13
60% and below	2	2
	29	30

Of those with moderate risks, the average, median and mode scores are also consistent across the two contract monitoring periods.

Issues and Planned Actions

Assessment of risks identified some common issues raised by provider partners and a summary and planned action(s) is provided in the table below.

Issues	Reasons/Planned Action(s)
<p>53% of the CASH services have experienced changes to management</p> <p>50% of CASH services have experienced changes in organisational structure</p> <p>27% of CASH services have experienced significant staffing challenges affecting the service</p> <p>22% of staff who leave CASH are leaving for new jobs out with the health and social care sector –</p> <p>33% of CASH services reported that their staff supervisions are not up to date</p>	<p>Reflects wider national situation due to longstanding recruitment and retention issues in Health and social care in conjunction with sector pressures, including ongoing effects of COVID-19.</p> <p>The HSCP developed a partnership workforce plan, working with provider partners to help address these challenges.</p> <p>Provider partners cite recruitment and retention issues leading to staffing shortages and staff sickness absence as key reasons. Care and Support at Home Divisional Manager and team are working with CASH provider partners on tests of change, including looking at staff terms and conditions and this work is ongoing.</p> <p>Some CASH services have commenced international recruitment and although a lengthy process, some job offers have been made. Scottish Care has also provided support, such as 'bounce back better' to support managers in HSC to manage challenges better.</p>
<p>43% CASH partners reported that 6 monthly reviews for people who use the service are not completed</p> <p>37% of CASH partners reported that mandatory training for staff is not up to date</p>	<p>While provider partners cite staff vacancies, recruitment issues and transitioning to new systems of recording along with a backlog of training following lack of face-to-face training during COVID-19, they report that the backlog is reducing. Staffing challenges are affecting ability to keep training up to date.</p> <p>Discussions have taken place at CMG and HSCPLG to identify supports that can be offered by Commissioning Team in conjunction with CASH Division, Mental Health Directorate and operational colleagues. Commissioning will continue to monitor and follow up with provider partners to help ensure this is rectified going forward. The CASH Division will lead on improvement planning with providers with support from Commissioning, MH and operational social</p>

	<p>work colleagues.</p> <p>Despite challenges, provider partners provided examples of new ways of working or innovations they have introduced to help meet the outcomes for people they provide care and support for, including technology enable care and Digital Care Planning. Some of these examples are provided at the end of this report.</p>
<p>63% of partners have concerns about sustainability of the service</p>	<p>Individual meetings between Commissioning, operational social work and provider partners are currently taking place to determine challenges faced by provider partners. Commissioning Team to work with CASH Division and the MH Directorate to identify supports.</p> <p>Discussions have taken place at CMG and HSCPLG to identify supports that can be offered by Commissioning Team in conjunction with CASH Division and operational colleagues, with CASH Division leading on improvement planning.</p> <p>The Care and Support at Home Collaborative has been set up as a partnership between HSCP and participating care and support at home provider partners to look at alleviating system pressures. Work has included a test of change aimed at improving efficiency in picking up packages of care, swapping packages and payment on planned. An evaluation report was presented to recent HSCSLG and an overview of findings is attached at Appendix 3.</p> <p>The MH Directorate has also set up a Complex Care Provider collaborative to look at alleviating system pressures. To date focus has been on reducing delayed discharges from Midpark and changes to the Supported Accommodation Panel in conjunction with the introduction of the National Support Register. The next area of work identified is to look at how care and support is packaged for this group.</p>

Examples of best practice and general comments from care at home provider partners

- New ways of working or innovations provider partners have introduced to meet personal outcomes for service users, including technology enabled care:

- “At the present time i am working with the Home Teams to try and enable technology into some of the Service Users homes for medication prompts.”
 - “Care Call-this enables a lady we support to live more independently during the night. Grow training--this is a service specific training being rolled out to staff to grow and develop in their role. ‘Why’ person centred training. Technology enabled care--looking at ways that people can be supported safely with technology, promoting independence.”
 - “We have started using a new electronic App called Birdie & Looker this consists of staffing, clients, rota systems, care plans, E Mars & also has a family app, should the service user to agree for the family to see their running notes.”
 - “From February 2023 introduced Digital Care Planning which resulted in S/U and family if requested having live diary entries, and rotas etc. More time is now spent with the S/U as there is no need for time at the end of the visit for writing up daily notes - this is now completed on an App which can also include voice notes.”
- Details of improvements/investments/developments/successes or achievements:
 - “I feel that this past year has mainly been one of consolidation and recovery after Covid. we were very fortunate that in our setting, we were able to maintain much of what we do, and in doing so, the people supported her were able to maintain a strong level of "normal " day to day activity. However, the whole Covid period has stalled some of the progress we would have hoped to make.”
 - “We have invested in a new rostering system that allows us to better monitor service delivery.”
 - “New computer system being put in place Zuri. All staff rotas and timesheets will be linked to mobile phones.”
 - “Additional resources for e-learning have developed with a suite of online training to promote health and well being that can be accessed by all at anytime. Continuation of IT infrastructure moving to office 365 making more use of the cloud which enables staff to work in a more hybrid way, this is continuously updated.”
 - “We took the decision after consulting Service Users and staff to go paperless. This allowed staff to use the app on their phone to leave notes, read care plans, risk assessments and submit notes in real time. Office gained knowledge of incidents/accidents etc in real time and were able to action them quicker and more efficiently.”
 - “Moving to a digital case management system for people using the service: this is in phase one. Called Advice Pro. Online system for all HR and staff information called Breathe HR. Updated lone working system for staff: Peoplesafe.”
 - “We purchased electric bikes for staff who do not drive. This enabled these staff to be able to get around the area that they work in quicker and it allowed them to be able to visit more service users and that then enabled them to increase the amount they could earn. The supply of electric bikes for non drivers had attracted staff who would normally not apply to work in homecare.”

- “We have had meetings with CM2000 regarding Digital Care Planning and other services they can provide. We are awaiting funding so that we can progress with the Digital Care Planning.”
- “Been able to support individuals back into their groups and have supported some people we support to go on holiday since the COVID pandemic. Supporting individuals to review their groups and whether these are still working for them and supporting them to seek out alternatives where appropriate.”
- “We have went digital since improvisation of new CM2000 rostering system. Staff tag in and out at visit and also complete online journal which enables office staff to ensure outcomes are met as can be checked in live time. Appointed family members have access to the online portal and can see the online Journals also.”
- “Our service has moved into new office premises which means that it can be accessed by people we support, families, professionals and members of the public. We will have a training room and IT equipment for staff to use for online training and work related tasks which can also be used for meetings.”
- “The organisation has invested substantially in a new recruitment team focussing primarily on recruiting people in the local area into the Social Care sector. Managers are currently in discussions to look at re-provision of existing services. Service Users continue to enjoy regular holidays, activities and days out. We have been awarded the prestigious Investors in People Platinum award and also the Good Governance Award.”