

Appendix 2



Contract Monitoring Report: Care Homes 1 April 2022 – 31 March 2023

Introduction

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

The previous contract monitoring exercise for care 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 29 contracts have been monitored. These are all registered commissioned care home provider partners. 26 of the care homes are on the National Care Home Contract (NCHC), 2 are on the National Care Homes for Adults with Learning Disabilities and Autism (CHALD) Framework and 1 is a specialist residential care home.

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 a review of findings from Joint Assurance Monitoring Visits considered, 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.

Any concerning risks identified through Joint Assurance Monitoring Visits or RAG findings, were shared with CCHST and appropriate supports put in place by CHTT and Partnership colleagues to help address. Where serious concerns were identified either through the above or as a result of Care Inspectorate inspections, the CCHST would consider invoking

a suspension of placements to the care home. Improvement plans would be put in place and the care home supported by the Partnership.

Results from contract monitoring

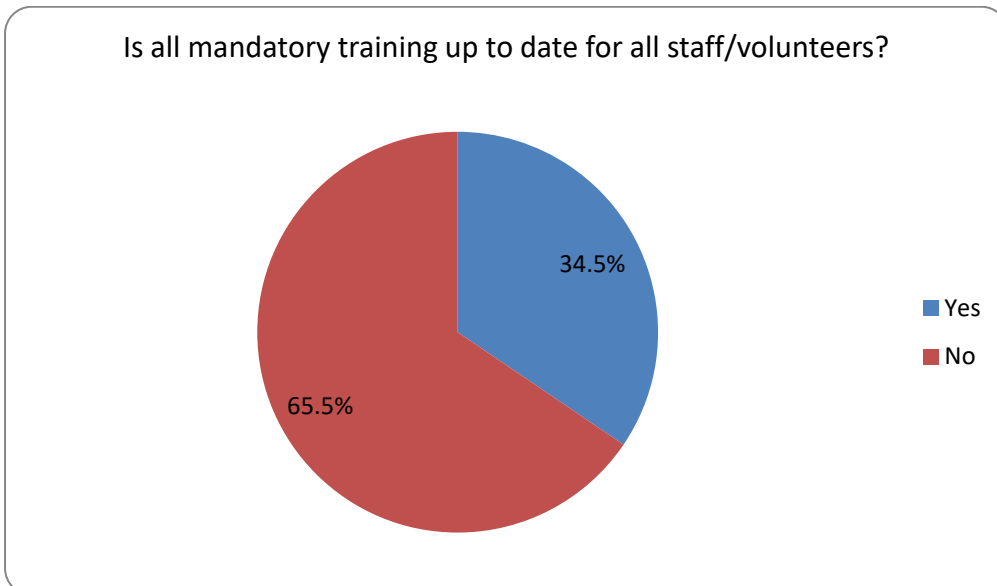
All 29 SAQs were returned by 29 care homes and findings from the SAQs and Joint Visits have been collated with an overview of the findings provided in this report.

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 Home providers for the period 1 April 2023 to 31 March 2024 is scheduled to commence in April 2024.

- Compliance – Care Homes

48% of commissioned services reported that all 6 monthly reviews for residents are up to date or supplied evidence of why not achieved in the reporting period. 42% reported that 6 monthly reviews were not up to date and 10% (3 out of 29) reported non completion/evidence not supplied. Reasons for partial or non-completion/lack of evidence included awaiting social work reviews, scheduling issues or that reviews were planned or in progress.

10 out of 29 (34.5%) of services reported that mandatory training for staff was up to date at the end of the reporting period. Some examples of mandatory training include Moving and Handling, Nutrition/Hydration, Fire Safety, Falls Prevention, Skin Hygiene and Infection Prevention and Control. Reasons for the 65.5% for whom mandatory training was not up to date was predominantly due to staff turnover and new members of staff working through their training requirements and also implementation of some new face-to-face training programmes.

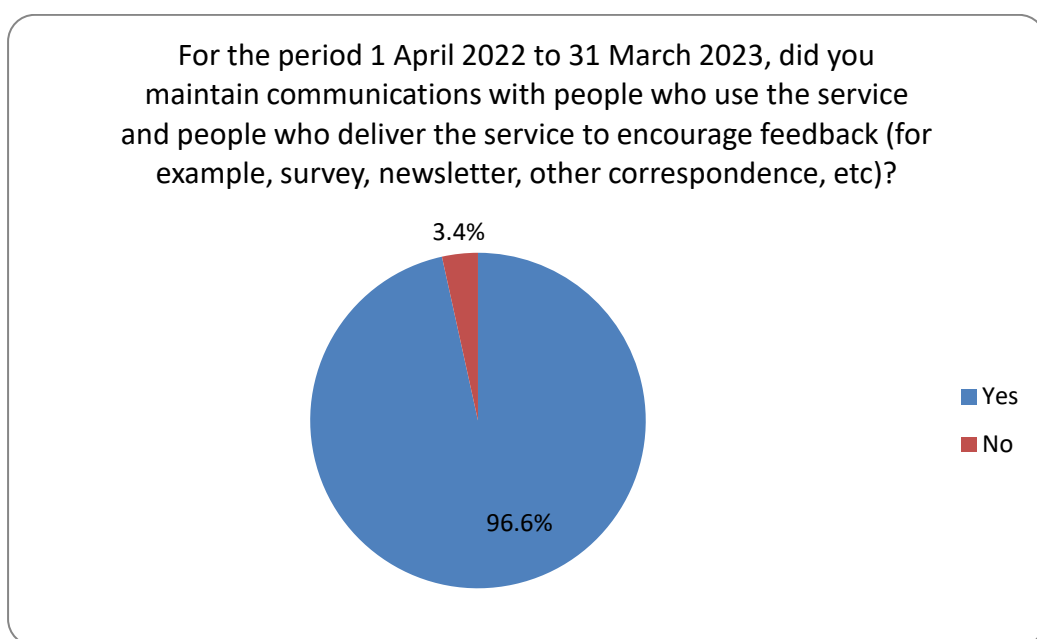


Commissioning Officer review of responses found that in 34% (10 out of 29) of services, all staff either trained or received refresher training in Adult Support and Protection (ASP) in line with policy/best practice (minimum 3 yearly). For 38%, only new staff were awaiting

ASP training and 28% (8 services) were not yet caught up with refresher training, predominately due to new staff being in place.

Staffing shortages, absences and sickness have impacted staff support and development, with 34.5% of services reporting that staff supervisions were not up to date.

97% (28 out of 29) 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. 81.5% of services reporting taking action from the feedback received, which included upgrades to grounds and gardens, improved methods of communication by sending out surveys and increased frequency of resident meetings, reviews of menus and improved food options and improvements to complaints procedures. For the 1 service who reported not seeking feedback formally during the reporting period, they are now investigating new methods to encourage feedback.



- Intelligence

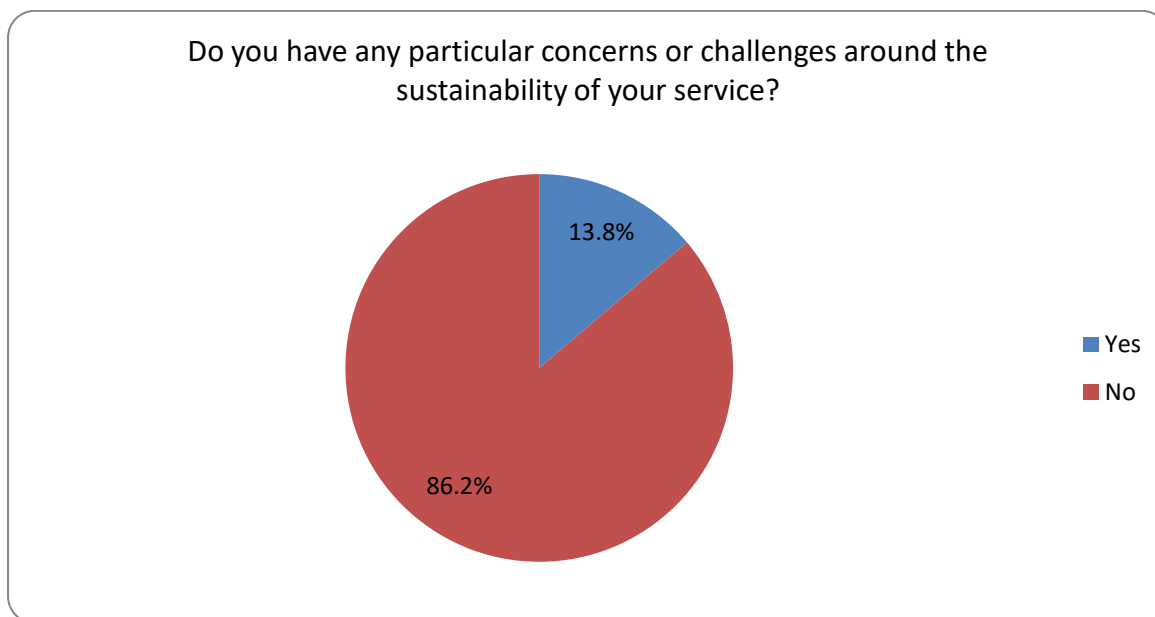
Commissioning Officer review of responses found that 15 of the 29 commissioned services (52%) had not experienced changes to management personnel during the reporting period. Therefore, 48% had changes to either senior management (Regional/Area Managers) and/or local management (Manager/Deputy Manager).

In addition, 14% of services experienced 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, 27% of staff left for a new job out with the Health and Social Care sector. Other reasons included new job in the statutory sector (4%);

new job in the independent care sector (26%); retirement (4%) and ill health (5%) and other/not known (33%).

Only 14% of commissioned services reported having concerns about the sustainability of their service. Insufficient funding was cited as the predominant reason, as well as recruitment and retention concerns. However, these findings do not align with what some care homes services and Scottish Care have voiced to the Partnership out with this contract monitoring exercise. This could be due to the fact that most SAQs are completed by care home managers who may not hold information regarding the financial position of the service. Suggestions to address this are presented in the Issues and Planned Actions section below.



Care Home reporting via TURAS showed that 15 out of the 29 commissioned services used agency staff during the reporting period. The number of days agency staff were used by a care home during the year 1 April 2022 – 31 March 2023 ranged from 1 day to 300 days. Although use of agency staff can result in increased financial costs for care homes, they can also beneficially impart their skills and experience on to new care home staff.

Some commissioned services reported that they have acquired a sponsorship licence to allow international recruitment. 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 Person-Centred Software (PCS) digital care planning, 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 Joint Assurance Monitoring Visit were also reviewed and a risk score assigned. The SAQ and Joint Assurance Monitoring Visit risk scores were combined and an overall final risk score determined.

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

- Changes to management personnel
- Organisational changes
- Sustainability concerns
- 6 Monthly reviews up to date (are service user outcomes evaluated/updated)
- Staff supervisions/development/training/recruitment
- Staff training including Adult Support and Protection training/referrals
- 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 29 completed SAQs, final risk scores:

Risk score achieved	Risk level	Number of commissioned services
100%	Very low	1
99% - 75%	Low	16
74% - 61%	Moderate	5
60% and below	High	7
		29

Risk scores resulting from this contract monitoring exercise show that based on the information available, 17 out of 29 (59%) of services are showing no significant risks however of the remaining 12 services, 17% are in the moderate risk and 24% are in the high risk category.

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 68%, the median score is 68% and the mode is 65%. For the 5 services for whom moderate risks have been identified, the key areas of risk highlighted were in relation to staff supervisions not up to date, management/organisational changes, 6 monthly reviews of personal outcomes not up to

date and mandatory and ASP 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)

Of those with high risks, the average score is 51%, the median score is 55% and the mode is 55%. 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. Any concerning risks identified through Joint Assurance Monitoring Visits or RAG findings, were shared with CCHST and appropriate supports put in place by CHTT and Partnership colleagues to help address. Where serious concerns were identified either through the above or as a result of Care Inspectorate inspections, the CCHST would consider invoking a suspension of placements to the care home. Improvement plans would be put in place and the care home supported by the Partnership and follow up visits to the care home conducted. Detailed reports regarding this work have been produced by the CHTT and shared with the CCHST and are available separately from this contract monitoring report.

For the 7 services for whom high risks have been identified, the key areas of risk highlighted were in relation to management/organisational changes, sustainability concerns, 6 monthly reviews of personal outcomes not up to date, staff supervisions not up to date and mandatory staff training and ASP training not being kept up to date. More detail regarding these issues is provided in the section Issues Raised and Planned Actions section below.

A summary of the scale/scope of the risk in relation to the 7 services with low percentage scores is provided below. The services are all residential care homes for older people with spot purchase of beds under the NCHC:

	Provider Partner 1	Provider Partner 2	Provider Partner 3	Provider Partner 4	Provider Partner 5	Provider Partner 6	Provider Partner 7
Risk Score	60%	45%	55%	55%	25%	55%	60%
Reasons for low % score	Organisational changes; 6 monthly reviews, staff supervisions, staff mandatory & ASP training all not up to date	Management changes; sustainability concerns; staffing/recruitment issues; not maintaining communication; lack of recording of comments, compliments and	Organisational changes; sustainability concerns; staff supervisions, staff mandatory & ASP training all not up to date	Management changes; 6 monthly reviews, staff supervisions, staff mandatory & ASP training all not up to date	Management & organisational changes; sustainability concerns; 6 monthly reviews, staff supervisions, staff mandatory & ASP training all not up to date; lack of	Management changes; 6 monthly reviews, staff supervisions, staff mandatory & ASP training all not up to date; lack of recording of	Sustainability concerns; 6 monthly reviews not up to date; not maintaining communication; lack of recording of comments, compliments and complaints; Policies & Procedures not up to date

		complaints			recording of comments, compliment and complaints	comments, compliment and complaints	
Number of registered beds	25	31	57	30	47	30	12
Suspension of Placements	N/A; Improvement support from Partnership	14/10/2021 to 09/12/2022 and 02/06/2023 to 25/01/2024	N/A; Improvement support from Partnership	N/A; Improvement support from Partnership	07/07/2023 to 19/01/2024	03/11/2023 to 09/02/2024	09/11/2022 to 19/05/2023

Comparison to previous contract monitoring of care homes

The light touch contract monitoring overall risk scores of care homes services, for the period 1 August 2020 – 31 July 2021 compared to the period 1 April 2022 – 31 March 2023 are as follows:

	Risk Level	1 Aug 2020-31 Jul 2021	1 Apr 2022-31 Mar 2023
Risk score achieved		Number of provider partners	Number of provider partners
100%	Very Low	0	1
99% - 75%	Low	23	16
74% - 61%	Moderate	5	5
60% and below	High	2	7
		30	29

When comparing the two periods, it should be noted that contract monitoring for the period 1 August 2020 – 31 July 2021 was 'light touch' following COVID and provider partners were not asked to provide evidence to substantiate their SAQ, whereas for period 1 April 2022 – 31 March 2023 this was required.

Of the two services in the high risk category for the period 1 August 2020 – 31 July 2021, one has remained in the high risk category for the 1 April 2022 – 31 March 2023 monitoring period and the other has moved into the low risk category.

Of the 5 services in the moderate risk category for the 2020-2021 period, 2 services have moved into the high risk category in 2022-2023 and the other 3 services have moved to the low risk category.

The remaining 4 services in the high risk category for the 2022-23 period, all had previously been in the low risk category in the period 2020-21.

Of the 5 services in the moderate risk category for the period 2022-23, 2 services were in the moderate risk category for 2020-21 period and 3 services were in the low risk category for 2020-21 period.

Overall, the results show an increase in the number of care homes in the high risk category from 7% of care homes monitored in the 2020-21 period to 24% monitored in the 2022-23 period.

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>48% of care homes experienced changes to senior and/or local management</p> <p>14% reported changes in organisational structure</p> <p>34.5% reported staff supervisions are not up to date</p> <p>52% of care homes reported 6 monthly reviews for people who use the service are not up to date</p> <p>27% of staff leaving services left for a new job out with the Health and Social Care Sector</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 changes to management, staff sickness absence and recruitment and retention issues leading to staffing shortages as key reasons.</p> <p>A rolling schedule of Joint Assurance Monitoring Visits and follow up visits to care homes continues as well as ongoing RAG monitoring. Any concerning risks identified through Joint Assurance Monitoring Visits or RAG findings, are shared with CCHST and appropriate supports put in place by CHTT and Partnership colleagues to help address.</p> <p>Scottish Care have established links with D&G Chamber of commerce. Current initiative is to encourage parents to return to work. Chamber of Commerce attended Care Home Managers meeting, asked for input on training requirements, they will consider how they can support with softer skills training e.g. IT, communication skills. Scottish Care are also working with partners to arrange a recruitment fare.</p> <p>Some care home services have commenced international recruitment. Wider discussions are taking place in the health and social care sector regarding regulatory and legislative compliance in</p>

	<p>relation to international recruitment and the roles and responsibilities of statutory agencies such as the Care Inspectorate and funders of commissioned services, such as HSCPs, are not yet clarified.</p> <p>Scottish Care has also provided support, such as 'bounce back better' to support managers in HSC to manage challenges better. 8 care home managers/team leaders/supervisors completed Scottish Care's Managing People Programme in 2023. Care Home Tactical Team and Scottish Care team in early discussions to organise further leadership development days for care home managers and team leaders. Provisional dates Jun 2024.</p> <p>Scottish Care have been working closely with local Developing the Young Workforce (DYW), attending Work Ready Days and careers events in secondary schools promoting careers in social care. Scottish Care Development Officer also presented at DYW co-ordinator meetings.</p>
<p>65.5% reported mandatory training is not up to date</p> <p>66% of care homes are not up to date with Adult Support and Protection Training</p>	<p>Provider partners cite staff and management turnover as a key reason affecting their ability to keep training up to date.</p> <p>Scottish Care plan to establish a community of practice for Care Home Managers. Initial remit to review and develop 'best practice' continuity plans, going forward plan for this to be a skill sharing forum to include shared training opportunities which hopefully will enable providers to share costs through pooling resources. A similar community of practice for Care Home Activity Organisers is also being planned and the IDEAS team will be consulted to avoid duplication.</p> <p>A rolling schedule of Joint Assurance Monitoring Visits and follow up visits to care homes continues as well as ongoing RAG monitoring. Any concerning risks identified through Joint Assurance Monitoring Visits or RAG findings, are shared with CCHST and appropriate supports put in place by CHTT and Partnership colleagues to help address.</p>

	<p>Where necessary, suspension of placements have been put in place by CCHST and improvement plans developed by Partnership colleagues in conjunction with provider partners to support improvements.</p> <p>In addition to Joint Assurance Monitoring Visits, the CHTT and Partnership colleagues support care homes through support visits (announced and unannounced), MEG (Medical e-Governance) Inspections and Audits for infection prevention and control and through the provision of staff training.</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 Digital Care Planning. Some of these examples are provided at the end of this report.</p>
<p>14% of services reported concerns regarding sustainability of their service</p>	<p>Individual meetings between Commissioning, Divisional Manager Community Beds and Supported Living, operational social work colleagues and provider partners have been taking place to determine challenges faced by provider partners and identify supports, including block bed arrangements with some care homes.</p> <p>Quarterly Relationship Meetings are held with the Care Inspectorate with Partnership representation from Commissioning, CHTT, Divisional Manager Community Beds and Supported Living, Community Health and Social Care Directorate, operational social work colleagues which focus on issues affecting care homes in D&G and identify supports.</p> <p>The Right Care Right Place Programme includes developments that include new ways of using care home placements flexibly. This diversification, along with plans to commission more long term care are anticipated to help sustainability.</p> <p>The Health and Social Care Partnership provides a number of 'non-financial supports' to provider partners, particularly smaller independent homes who do not have the infrastructure of a national organisation. Work is underway to build on these</p>

	<p>and explore wider possibilities.</p> <p>Scotland Excel provide Company Watch reports for care home services when changes in financial information have been identified. This information is received by Commissioning and shared with Finance, Procurement and Operational colleagues and included as part of the care home RAG monitoring shared monthly with CCHST.</p> <p>Discussions to take place at CMG and HSCPLG to consider options for gaining assurances on the financial position of care homes on an ongoing basis. Wider discussions are also taking place through the Practice Network, which is a forum for sharing information and best practice between HSCPs.</p>
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Examples of best practice and general comments from care home provider partners

- New ways of working or innovations provider partners have introduced to meet personal outcomes for service users, including technology enabled care/Digital Care Planning:
 - “We have introduced PCS digital care planning, which allows staff to document more, in less time, meaning more quality time and interaction with the people we support.”
 - “Tiny tablets - These are used for activities and mental stimulation. Residents really enjoy these and benefits can be seen watching them get pleasure from these; PCS - electronic care planning and Med-e-Care - electronic medication system is now in place”
 - “Development of the old activity room to a Sensory Room. The room has been set up with everyone in mind e.g., scents via a vapour machine, visual ceiling display, colour change or different set coloured lighting strip around room at top of wall, large bean bags around floor, heavy comfort blankets, 'fidget' equipment of various types, movie and famous people posters that are a variety liked by specific individuals.”
 - “Introduction of monthly coffee mornings for the public. Continuing to utilise when required Skype & Face Time calls, Near Me and TEAMS consultations. We have returned to offering in person show rounds and visiting is now fully open to anyone at any time. We have held regular open days/meet the manager days for the public.”
 - “We are now completely electronic. Staff rota has been changed from a three-week rota to a two-week rota which allows us to have more staff members on duty which in turn helps us provide more 1 -1 support and allows for staff to be able to support and accompany our residents to attend other Agencies and Clubs within their local community. Residents’ family meetings are now in place. These have been well attended and allow family members to put forward any suggestions they have that they feel would improve their

relative's wellbeing and quality of life and the service in general. These also help staff & relatives to get to know each other and build trusting professional relationships which in turn leads to our residents feeling relaxed and secure knowing that their relatives are made welcome, involved and well informed."

- "Person centre care plans where implemented this is an online care planning system staff have a handset that once care is given this can fill this out. Emars - online MARS system for administration of medication and creams."
- Examples of improvements/investments/developments/successes or achievements:
 - "On going redecoration of the home. Development of a new activity space for smaller group/individual sessions. New medication areas. Introduction of a new role in the company carers with medication training to provide a more holistic approach with continuity of care, thus freeing up Team leaders to further support staff and residents on the floor."
 - "We made an unusable area in the home into a designated Activities area by decorating, applying wall art and the purchase of tables and chairs also other storage furniture, employed an Activities Co-ordinator for 16 hours a week over 4 days, this has been a great success and has had a major impact on the resident's wellbeing attending the sessions. We changed an unused lounge at the back of the building with re-decoration and purchase of a table and chairs and soft furnishings into a lovely family/meeting room used by families for parties and visits, and meetings held with other health professionals. We have started a re-decoration program for the home completing one area at this time."
 - "A Falls Alert system installed in each room and bathroom; Decorated rooms, new carpets throughout, additional décor throughout the home, garden improvements and public areas been made more appealing/ homely."
 - "Employed a gardener to enhance the external environment. Significant window replacements to install replacement double glazing & some doors upgrade to PVC. Several bedroom upgrades including furniture, curtains & carpets. Replacement heating pumps to maintain effective hot water/heating system".
 - "Invested more in activities and the technology that can be used to assist with this such as the OPMPH (on-demand wellbeing and activities platform); Champions are being developed into key roles within the service with assists greatly in compliance and auditing. Investment will take place in the form of digital technology for recording of care and support. Links to the community are part of the day-to-day activity within the service and development of visits from various members of the community and local resource centre. We have links to the local school and nursery where the children come into the service and take part in some of the activities."