

CMR Care & Support at Home Provider Partners - 1 April 2023 to 31 March 2024

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* Required

Section 1 - Tell us about your service

Please provide your service contact details:

Provide basic details for the service you are completing the survey on behalf of. Remember that if any of these details have changed recently you should have already notified Commissioning@dumgal.gov.uk

1. Service Name *

Please select your service from the following list:

- 1st Homecare Dumfries
- Abbeyfield Stewartry Society
- Beyond Limits Dumfries & Galloway
- Care Solutions Homecare
- Cera Care Operations (Scotland) Ltd
- Change Mental Health - Specialist MH Social Support (Kaleidoscope)
- Community Integrated Care - Ladyfield Villa/Swans Vennel
- Community Integrated Care - School Close
- Crossroads - Annandale and Eskdale (Care Attendant Scheme)
- Crossroads Care and Support - Newton Stewart & Machars
- Crossroads Caring Scotland - Stewartry and Mid & Upper Nithsdale
- Divine Health and Social Care Limited
- Dumfries & Galloway Mental Health Association - Craigshields
- Elite Care
- Esteem Care - Dumfries
- Esteem Care - Stranraer
- JPM Community Care Services Ltd
- Key - NFF Only
- Leonard Cheshire Disability (East)
- Leonard Cheshire Disability (West)
- Loch Arthur Community
- Rainbow Care Services
- Stewartry Care
- Stranraer Skills Station
- The Richmond Fellowship Dumfries & Galloway
- Turning Point Scotland D&G (East)
- Turning Point Scotland D&G (West)
- Voyage - Fraser Court/Lincluden Court

2. Service Address *

Address of service including postcode.

3. Name of Person Completing Form *

Enter the name of the person completing the form.

4. Designation *

Enter the Job Title of person completing the form.

5. Email Address *

Email address of the person completing the form. An email acknowledgement will be sent to this address.

6. Contact Telephone Number *

Enter main contact telephone number.

7. Charity Registration Number (if applicable)

Obtainable from the office of the Scottish charity regulator oscr.org.uk

8. Company Registration Number (if applicable)

A company registration number (CRN) is an 8-character code applicable to Limited Companies or Limited Liability Partnerships.

9. Charity/Company Registered Address

This could be addresses for both.

Section 2 - Management Changes

10. Have there been any changes to management personnel since 1 April 2023 *

This is for all local managers such as deputy and service managers as well as more senior area or regional managers. Management changes should be notified to Commissioning as they occur.

Yes

No

11. Please provide the name, designation and contact details including telephone number and email address *

Use the space provided to add new contact details if this has not already been provided.

Section 3 - Organisation Changes

12. Have there been any changes to your organisational/company structure during the period 1 April 2023 to 31 March 2024, for example changes to the Board of Directors or transfer of ownership. *

Other examples for this question might be corporate re-structuring or changes in company ownership.

Yes

No

13. As you have answered "Yes", please provide details of the changes: *

Please note that we may be in touch to request further information regarding these changes if required.

Section 4 - Sustainability

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

This may also include financial concerns or wider economic or policy related issues.

Yes

No

15. As you have answered "Yes", please provide details: *

Section 5 - Technology and Innovations

16. During the period 1 April 2023 to 31 March 2024 did you use a Digital Care Planning (DCP) platform? *

Yes

No

17. Please provide the name of the system that you are using: *

18. Do you plan to implement Digital Care Planning (DCP) in the next 12 months? *

Yes

No

19. Please provide details: *

20. As you have answered "No", please explain why not? *

21. What other 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 2023 to 31 March 2024? If Not Applicable, please enter N/A. *

Technology enabled care refers to the use of telehealth, telecare and telemedicine in providing care for people that is convenient, accessible and cost-effective. These services use technology to support people to live safely and independently in their own homes.

22. Please provide details of any improvements/investments/developments/successes or achievements for the service during the period 1 April 2023 to 31 March 2024? If Not Applicable, please enter N/A. *

For example, is your service developing any new ideas or expanding, are you using new technology or considering a new development...

Section 6 - Tell us about the people who your service supports

23. Please provide the total number of Care at Home actual hours delivered as at 31 March 2024.

*

This is the number of hours of support actually delivered in the week of 31 March 2024.

The value must be a number

24. Please provide the total number of people who access your services as at 31 March 2024. *

This is people who were receiving a service at that time, whether or not they received a service on that particular date.

The value must be a number

25. How many of these were privately funded (with or without SDS Option 1)? If none, please enter a zero (0).

This is when the person you support is invoiced directly for the care you provide. You may or may not be aware of any contribution made to the person via a Social Work Services Direct Payment also known as Option 1.

The value must be a number

26. How many of these were SDS Option 2? If none, please enter a zero (0).

This is when an agency manages the budget of behalf of the person, working with them to identify and meet their agreed outcomes.

The value must be a number

27. How many of these were under SDS Option 3 (National Flexible Framework)? If none, please enter a zero (0).

This is when the Council manages the service on the persons behalf, commonly accessed through the Portal.

The value must be a number

28. How many of these were under a combination of the above SDS Options? If none, please enter a zero (0).

Also known as SDS Option 4.

The value must be a number

29. How many of these were from Out of Region (other Local Authority)? If none, please enter a zero (0).

This refers to people from outside Dumfries and Galloway who access your service. They may have been placed with your service by another Local Authority.

The value must be a number

30. Please provide the total number of people who were new to your service during the period 1 April 2023 to 31 March 2024 *

The total number of new people who have accessed your service during the reporting period.

The value must be a number

31. Have people who access your service left during the period 1 April 2023 to 31 March 2024? *

Yes

No

32. Please provide the total number of people who left your service during the period 1 April 2023 to 31 March 2024 *

The value must be a number

33. Of the number of people who left your service, how many died? If none, please enter a zero (0). *

The value must be a number

34. Of the number of people who left your service, how many moved to another service within the community? If none, please enter a zero (0). *

The value must be a number

35. Of the number of people who left your service, how many moved to a residential setting? If none, please enter a zero (0). *

The value must be a number

36. Of the number of people who left your service, how many no longer require a service? If none, please enter a zero (0). *

The value must be a number

37. Of the number of people who left your service, how many were moved to hospital? If none, please enter a zero (0). *

The value must be a number

38. Of the number of people who left your service, how many do not fall under the categories listed? If none, please enter a zero (0). *

The value must be a number

39. Please provide details. If Not Applicable, please enter N/A: *

Section 7 - Six Monthly Reviews

40. Have all 6 monthly reviews been achieved? Are all 6 monthly reviews in place? * **You will be asked to email your 6 monthly review planner at the end of this form** * *

- Yes, all 6 monthly reviews achieved (or where not achieved evidence provided for illness, hospital admissions etc) **You will email the requested evidence and it does show the required outcomes.**
- No, not all 6 monthly reviews achieved (for reasons other than illness, hospital admissions etc) **You will email the requested evidence, but there are some gaps.**
- Evidence not available. **You are not able to email the evidence.**

41. All 6 monthly reviews achieved - please enter any comments below:

42. Not all 6 monthly reviews achieved - please provide details: *

43. Evidence not available - please explain why: *

Section 8 - Service User Outcomes

44. Have all personal outcomes been met during the period 1 April 2023 to 31 March 2024? *

Yes

No

45. Please provide information about how you measure this. *

46. As you have answered "No", please provide details: *

Section 9 - Tell us what people say about your service

47. Did you record any comments or compliments or complaints received during the period 1 April 2023 to 31 March 2024? *

A comment can be any suggestions or observation about your service that is not a compliment or complaint.

Yes

No

48. Please provide the number of comments received during the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

The value must be a number

49. Please provide the number of compliments received during the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

The value must be a number

50. Please provide the number of complaints received during the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

The value must be a number

51. 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: *

Section 10 - Communication

52. During the period 1 April 2023 to 31 March 2024, did you maintain communications with people who use the service and/or people who deliver the service to encourage feedback (for example, survey, newsletter, other correspondence, etc)? *

Yes

No

53. As you have answered "No", please provide details: *

54. As you have answered "Yes", please indicate how you obtained feedback from the people who use your service:

Respondents can select multiple options.

- Event/Function
- Meetings for people who use the service
- Survey
- Training Feedback
- Feedback not received in this reporting period
- Other

55. If you answered "Other", please provide details. If Not Applicable, please enter N/A: *

56. Have actions been taken from the feedback received? ***You will be asked to email evidence of actions taken at the end of this form.***

Yes

No

57. Please provide details of what action you have taken as a result of the information received via surveys/feedback:

58. As you have answered "No", please provide details: *

Section 11 - Incidents and Accidents

59. Please provide the number of incidents in the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

This is for all recorded incidents not just those reportable (RIDDOR). If none, please enter the number zero (0).

The value must be a number

60. Please provide the number of accidents in the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

The value must be a number

61. Please provide details of any incidents and accidents reported under Duty of Candour during the period 1 April 2023 to 31 March 2024. (Please note, no names or other personal details should be provided) If not applicable, please enter N/A: *

This relates to The Duty of Candour Procedure (Scotland) Regulations 2018 and Care Services reporting requirements.

Section 12 - Missed/Late Visits

62. Do you have a process for recording and analysing missed or late visits?

A missed visit is a visit did not take place and a late visit is over an hour late or as defined in your policies and procedures.

Yes

No

63. Did you have any missed or late visits within the recording period 1 April 2023 to 31 March 2024?

Yes

No

64. Please provide the number of missed visits:

The value must be a number

65. Please provide the number of late visits:

The value must be a number

Section 13 - Tell us about Adult Support and Protection

66. Please provide the number of Adult Support & Protection referrals that your service has made during the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

Adult Support and Protection referrals are sometimes shortened to ASP's. This could include any occasion when you have contacted Social Work Services with a concern about an individual. If none, please enter a zero (0).

The value must be a number

67. Have all staff received Adult Support & Protection training in line with company policy/best practice (minimum 3 yearly)? ***You will be asked to email your training matrix/planner at the end of this form.* ***

- Yes
- 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)

68. As you answered "Not ALL staff", please provide details: *

Section 14 - Tell us about your workforce

69. Have you recruited staff from overseas during the period 1 April 2023 to 31 March 2024?

Yes

No

70. Please provide the number of staff recruited in full-time equivalent: *

Full-time Equivalent (FTE) example, if you have two staff who work 20 hours per week, and you consider a full-time post to be 40 hours per week, these two staff would be 1.0 full-time equivalent (FTE).

The value must be a number

71. Do you have plans to commence international recruitment?

Yes

No

72. As you have answered "Yes", please provide details:

Section 15 - Staffing Challenges

73. Did you have any staffing challenges as at 31 March 2024 (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)

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

Please provide information for any staffing issues both minor and major e.g., any legacy effects from the COVID pandemic.

Section 16 - Employment Profile

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

Full-time Equivalent (FTE) example, if you have two staff who work 20 hours per week, and you consider a full-time post to be 40 hours per week, these two staff would be 1.0 full-time equivalent (FTE).

The value must be a number

76. Please provide the total number of staff as at 31 March 2024 (Please note that this should include staff that are on long term sick and maternity/paternity leave): *

Number of people is the total headcount. People on long term sick or maternity/paternity leave (or any other type of leave) can be included.

Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

77. Please provide the total number of Full-Time equivalent staff as at 31 March 2024 (Please note that this should include staff that are on long term sick and maternity/paternity leave): *

Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

78. Please provide the number of **full-time Management** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

79. Please provide the number of **part-time Management** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

80. Please provide the number of **full-time Care / Support** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

81. Please provide the number of **part-time Care / Support** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

82. Please provide the number of **full-time Admin** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

83. Please provide the number of **part-time Admin** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero. Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

84. Please provide the total head count of **Casual or Zero-Hours** staff as at 31 March 2024. If none, please enter a zero (0). *

Casual or zero-hours staff are classed as "workers" under Employment law, not employees, and should not be included in the Full-Time Equivalent calculations. Only staff who have a guarantee of work hours should be included.

The value must be a number

85. Please provide the number of **full-time Volunteers** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero.

The value must be a number

86. Please provide the number of **part-time Volunteers** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero.

The value must be a number

87. Please provide the number of **full-time Other** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero.

The value must be a number

88. Please provide the number of **part-time Other** staff as at 31 March 2024. Please include people of long-term sick or on maternity/paternity leave. If none, please enter a zero (0). *

This is a headcount. If none, please enter a zero.

The value must be a number

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

Section 17 - Staff Recruitment and Retention

90. Please provide the number of full-time equivalent staff **recruited** during the period 1 April 2023 to 31 March 2024. If none, please enter a zero (0). *

The value must be a number

91. Please provide the number of full-time equivalent **vacant** posts as at 31 March 2024. If none, please enter zero (0). *

The value must be a number

92. Have staff left your service during the period 1 April 2023 to 31 March 2024? *

Yes

No

93. Please provide the number of full-time equivalent staff who have **left** your service during the period 1 April 2023 to 31 March 2024. If none, please enter zero (0). *

The value must be a number

94. Please provide the number of full-time equivalent staff who have left due to **Retirement**. If none, please enter a zero (0). *

The value must be a number

95. Please provide the number of full-time equivalent staff who have left due to **Ill Health**. If none, please enter a zero (0). *

The value must be a number

96. Please provide the number of full-time equivalent staff who have left due to **New Job in Independent Care Sector**. If none, please enter a zero (0). *

Private, Personal Assistant (PA) or Charitable Care Organisations

The value must be a number

97. Please provide the number of full-time equivalent staff who have left due to **New Job in Statutory Sector**. If none, please enter a zero (0). *

Public Sector Bodies i.e. NHS or Local Authorities

The value must be a number

98. Please provide the number of full-time equivalent staff who have left due to **New Job out with Health and Social Care**. If none, please enter a zero (0). *

The value must be a number

99. Please provide the number of full-time equivalent staff who have left due to **Other**. If none, please enter a zero (0). *

The value must be a number

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

101. Please provide the number of full-time equivalent staff who have left due to **Not Known**. If none, please enter a zero (0). *

The value must be a number

Section 18 - Agency Staff

102. Have you used agency staff during the period 1 April 2023 to 31 March 2024? *

Yes

No

103. As you answered "Yes", how many days have you used agency staff? *

Section 19 - SSSC Registration

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

Yes

No

105. Do you maintain a record of staff SSSC Registration Requirements and timescales for achievement? *

Yes

No

Section 20 - Staff Supervisions

106. Are staff Supervisions up to date as at 31 March 2024? ***You will be asked to email your supervision/appraisal matrix/planner at the end of this form.* ***

It is not necessary to consider staff on long term leave.

Yes

No

107. As you answered "No", please provide details (please note this should not include staff who are absent due to long term sickness and staff who are on maternity/paternity leave): *

Section 21 - Tell us about your workforce training

108. Is mandatory training up to date as at 31 March 2024? ***You will be asked to email your training matrix/planner at the end of this form.* ***

Mandatory training must reflect the needs of the people who are being supported, as well as comply to health and safety legislation or the requirements of other relevant agencies. Training is also identified through the National Flexible Framework.

Yes

No

109. As you answered "No", please provide details: *

Section 22 - Organisational operational policies and procedures

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

Yes

No

111. As you answered "No" please provide details: *

Section 22 - Organisational operational policies and procedures (continued)

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

This is a checklist and not all of these may apply to your service, in which case you can select N/A. If No is selected, please provide the details in the space provided. For example, this may be because of very recent changes that are in the process of being reviewed.

	Yes	No	N/A
Accidents/Incidents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adult/Child Protection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Confidentiality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dealing with Emergencies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disciplinary	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Equality and Diversity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
General Data Protection Regulations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health and Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lone Working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining Professional Boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Positive Behaviour Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing Person's Monies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medication Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Moving and Handling	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Restrictive Practice Policy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Record Keeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recruitment and Selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Risk Assessment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

113. Operational Policies Checklist continued: *

	Yes	No	N/A
Slips, Trips and Falls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staff Supervision including Appraisal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Staffing and Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Whistle Blowing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duty of Candour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

114. Where you do not have all the above policies and procedures in place, please provide a reason or enter N/A: *

Section 23 - Additional Information

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

This is an opportunity to share any other information relevant to your service in relation to meeting the outcomes detailed in your contract. For any urgent issues you should email commissioning@dumgal.gov.uk

Yes

No

116. As you answered "Yes" please provide details:

Section 24 - Partnership Support

117. What could the Partnership do to support your service moving forward?

118. We would welcome your feedback on your experience in completing this form.

Disclaimer

By submitting this form, I hereby confirm that all information provided is true and accurate to the best of my knowledge. I understand that any deliberate misrepresentations may result in non-compliance. Additionally, I agree to submit all required documents as evidence to support the information provided and further evidence may be required upon request.

If you realise after submitting your completed survey that you have omitted or given any incorrect information, please email full details to Commissioning@dumgal.gov.uk

119. Please email the following documents to Commissioning@dumgal.gov.uk *

- Your 6 monthly review planner (Ref. Section 7)
- If applicable**, please email details of what action you have taken as a result of the information received via surveys/feedback (Ref. Section 10)
- Your Supervision/Appraisal Planner (Ref. Section 20)
- 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 number of your training planner/matrix should correspond to the numbers provided in the Tell us about your workforce training section (Ref. Section 21)

Guidance on Printing/Saving a copy of your CMR Return

Once you click "Submit" you should automatically receive an email confirming your submission. You may request a PDF copy of your response by emailing Commissioning@dumgal.gov.uk

If you have a Microsoft 365 Login, you will have the option to View or Save your response. Your response can be found in Office 365 Forms and go to the Filled Forms section.

If you have any difficulty accessing or viewing your form, please do not hesitate to contact us.

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