

Appendix 2



Contract Monitoring Report: Care and Support at Home 1 April 2023 – 31 March 2024

Introduction

This report provides contract monitoring information on care and support at home provider partners for the period 1 April 2023 to 31 March 2024.

The previous contract monitoring exercise for care at home provider partners covered the period 1 April 2022 to 31 March 2023.

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

A total of 28 commissioned services 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 via Microsoft Forms. A copy of the SAQ which includes a 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 analyse the SAQ along with all submitted evidence and score the contract monitoring submission. Commissioning Officers also conduct individual Monitoring Meetings with provider partners, which are prioritised based their SAQ RAG scoring status. Once the review process is completed, a risk assessment and resultant risk score are determined. 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 28 SAQs were returned by a total of 22 provider partners (some provider partners are contracted to deliver more than one service). Findings from the SAQs and Commissioning Officer reports have been collated with an overview of the findings provided in this report.

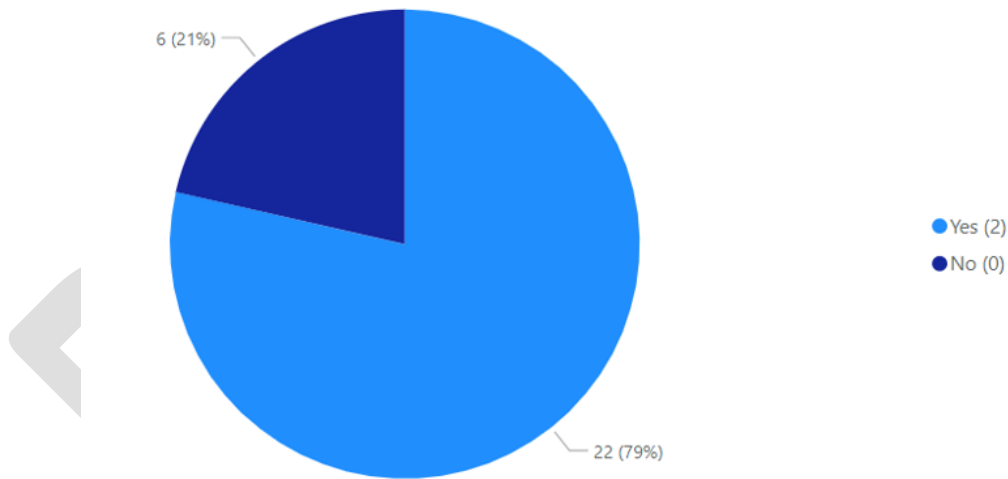
The results in this report relate to the period 1 April 2023 – 31 March 2024, reflecting the situation for that period of time only. Contract monitoring for Care and Support at Home providers for the period 1 April 2024 to 31 March 2025 is scheduled to commence in April 2025.

- Compliance – Care and Support at Home

46% of commissioned services have achieved all 6 monthly reviews in the reporting period or, where not achieved, evidence was provided for non-achievement, such as illness or hospital admission. The reasons for the remaining 54% of provider partners not achieving all 6 monthly reviews included staff vacancies, recruitment issues, transitioning to new systems, delays with Social Work arranging reviews or scheduling issues. For two of these provider partners, evidence was not available.

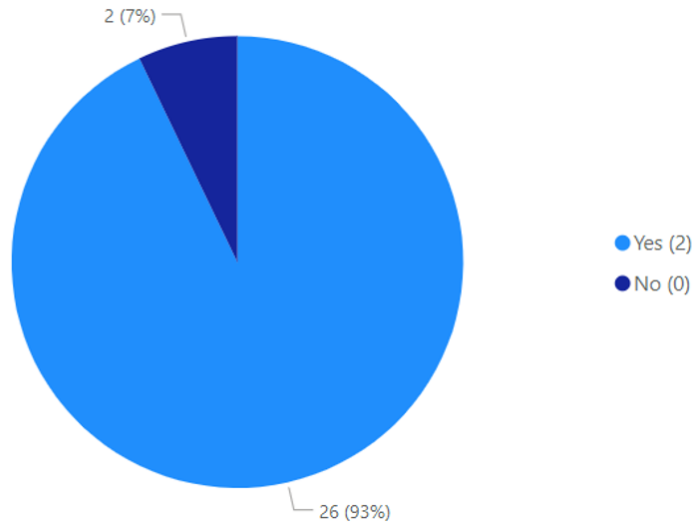
79% of personal outcomes for people who use the service had been met in the reporting period. The majority of the 21% of services not meeting personal outcomes reported that although outcomes were not met in the reporting period, they were ongoing/in progress. Other services cited difficulties meeting personal outcomes due to service user life events/changes and one service had closed.

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



Mandatory training was up to date for 26 out of 28 (93%) of services. For the remaining 2 services (7%) for whom mandatory training was not up to date, one service closed during the reporting period and the other service cited staff delays in completing due to staff working patterns but training was scheduled.

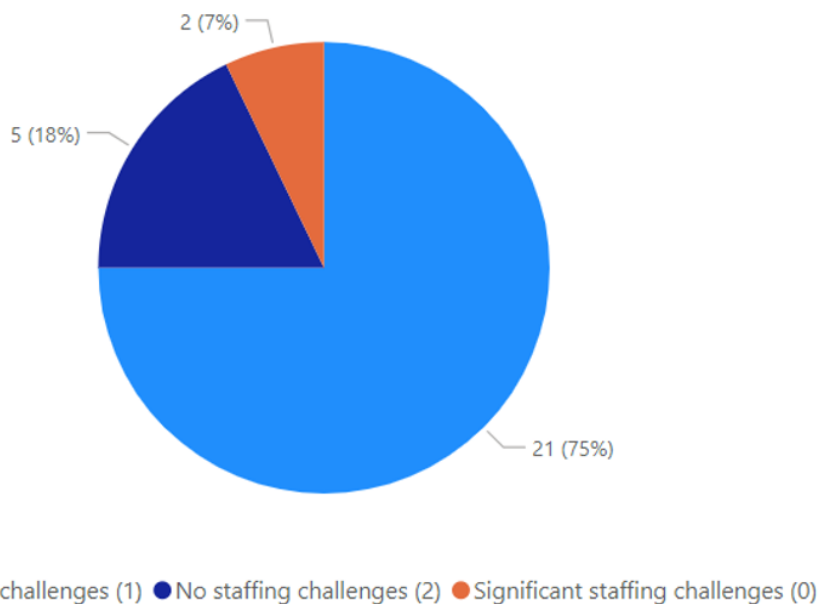
Is mandatory training up to date as at 31 March 2024?



For 57% (16 out of 28) services all staff either trained or received refresher training in Adult Support and Protection (ASP) in line with policy/best practice (minimum 3 yearly). 39% stated that only new staff were awaiting ASP training and only 4% (1 service) reported they were not yet caught up with refresher training.

7% of services faced significant staff challenges that affected service delivery. 75% experienced minor staffing challenges and 18% reporting no staffing challenges. The majority of staffing issues reported included staff on long term sickness absence and difficulties in recruitment.

Did you have any staffing challenges as at 31 March 2024 (for example, long-term sickness, staff vacancies, staff disciplinarys)?

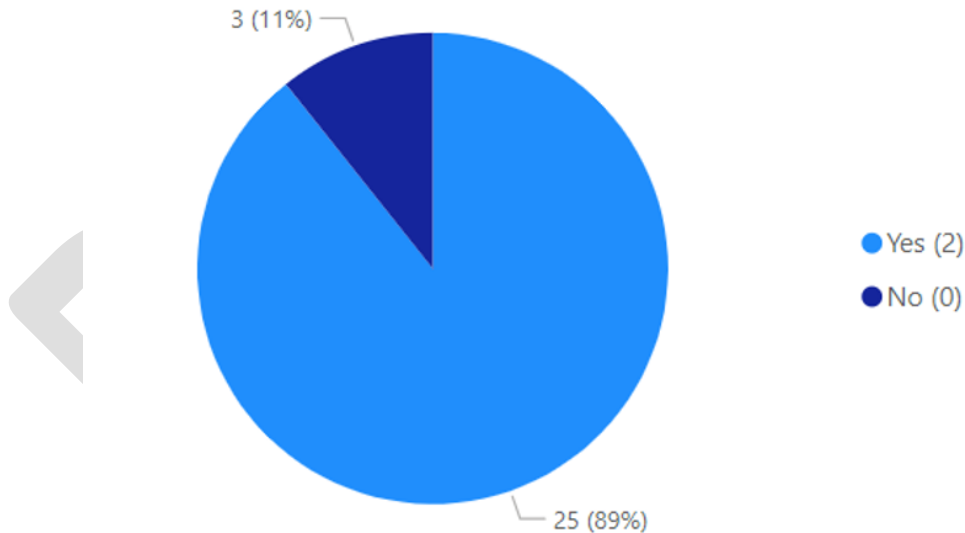


36% of services have recruited staff from overseas in order to address social care staffing challenges. The application process is lengthy and complex and a Certificate of Sponsorship from the Home Office is required and provider partners reported experiencing extended delays.

75% of services were up to date with staff supervisions. For 25% of services, staffing shortages, absences and implementation of new systems have impacted staff support and development resulting in staff supervisions not being up to date.

89% of commissioned services maintained communication with people they provide care and support to and people who deliver the care and support to encourage feedback. Surveys, meetings for people who use the service, events, family feedback surveys and verbal feedback were the most common methods used. For the 3 services (11%) who reported not seeking feedback formally during the reporting period, one service closed, one service only conducts surveys biannually and further information is pending from the remaining service. 62% of services reported taking action from the feedback received, which included improvements to communication, development of actions plans, amendments to processes, rota changes, and updating support plans.

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



- Intelligence

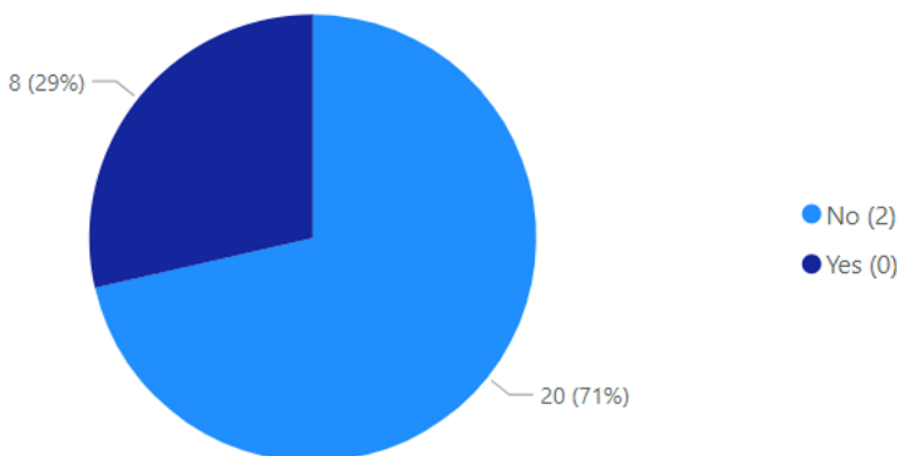
19 of the 28 commissioned services (68%) experienced no changes to management personnel during the reporting period. Therefore, 32% reported changes to either senior management (Regional/Area Managers) and/or local management (Manager/Deputy Manager).

In addition, 50% of services further experienced changes in organisational structure, such as changes to the Board of Directors or company restructure.

Provider partners were also asked to provide the reasons for staff leaving their service and of the total leavers reported over the period, 18% of staff left for a new job out with the Health and Social Care sector. Other reasons included new job in the statutory sector (17%); new job in the independent care sector (18%); retirement (4%) and ill health (9%); and other/not known (34%).

29% of commissioned services had concerns about the sustainability of their service, including the ability to pick up and maintain packages of care. Recruitment challenges and concerns about future funding were cited as the predominant reasons. Provider partners noted concerns regarding ongoing pricing negotiations for the new Scotland Excel National Flexible Framework tender and the reduction in rates suggested by the Partnership due to budgetary restrictions, which they feel will have a detrimental impact on their service.

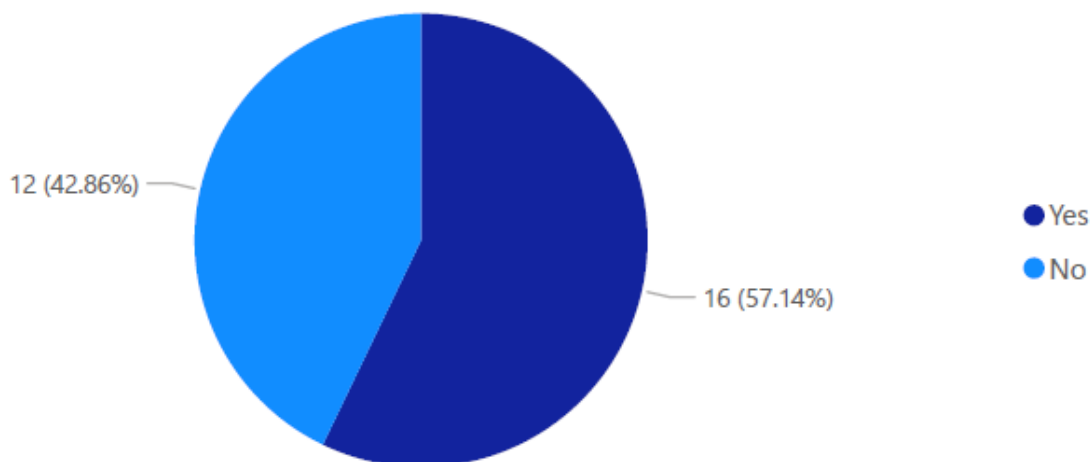
Do you have concerns about the sustainability of your service? For instance, this could include the ability to pick up and maintain packages of care.



Only 11% (3 out of 28) of commissioned services reported using agency staff during the reporting period. The number of days these services used agency staff over the reporting period were reported as 57 days, 21 days and 7 days.

57% of commissioned services reported using a Digital Care Planning (DCP) platform during the reporting period. Some provider partners who had not used DCP in the period reported they were awaiting the planned roll out of companywide systems after trials in other services in England. Other services reported that they were in the process of exploring DCP options and some reported that they have not yet considered DCP.

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



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.

The Care Inspectorate has been inspecting care and support at home services in D&G and the resultant grades have remained fairly high, with grades of 5 or 4 across most categories assessed.

- 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 and evidence provided was then reviewed again by the Commissioning Officer and then designated as 'Completed' and final SAQ risk scores assigned. The results of each Monitoring Meeting conducted were also reviewed and a Monitoring Meeting risk score assigned. The Commissioning Officer analysis of 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 Commissioning Officer findings in relation to:

- Changes to management personnel
- Organisational changes
- Sustainability concerns
- Service user outcomes
- 6 Monthly reviews up to date (are service user outcomes evaluated/updated)
- Compliments, Comments and Complaints

- Communication/feedback
- Adult Support and Protection training/referrals
- Use of agency staff
- Staff supervisions/development/recruitment
- Staff Mandatory Training
- Policies and procedures
- Care Inspectorate grading
- Incident/Accidents reporting

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

To summarise for the 28 completed CMRs, final risk scores:

Risk score achieved	Risk level	Number of commissioned services
100%	low	0
99% - 75%	low	22
74% - 61%	moderate	5
60% and below	high	1
		28

Risk scores resulting from this contract monitoring exercise show that based on the information available, the majority of services (79%) are showing no significant risks. 18% (5 out of 28) are in the moderate risk category (74% - 61%) and 3% (1 out of 28) is in the high-risk category (60% and below).

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 68% and the median score is 69%. For the 5 services for whom moderate risks have been identified, the key areas of moderate risk highlighted were in relation to management/organisational changes, sustainability concerns, 6 monthly reviews of personal outcomes not up to date, service user personal outcomes not being met, staffing challenges/staff supervisions not up to date and ASP 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)

One service received a risk score of below 60% however this was due to the fact that the service had closed in the reporting period. The company cited the reason for closure was that the service was no longer financially viable. In November 2023, the service declared it was unable to continue as a safe and viable service and staff were TUPE transferred to a another NFF provider partner in the same area. Operational colleagues were involved in the transfer of service users to the new provider partner.

Stakeholders made a complaint to the Care Inspectorate in December 2023 in relation to the unexpected closure of the service and the provider partner's lack of effective communication with the families of service users. As a consequence, the Care Inspectorate undertook a follow-up inspection and noted the requirement that "the provider must ensure

that there are procedures in place to ensure meaningful engagement with people experiencing care and their legal representative, regarding the service provided and any significant changes relating to this". The provider partner met this requirement in April 2024 and the Care Inspectorate noted that "A detailed closure strategy has now been developed to guide any future service closure events. The plan provides clear information on the service responsibility and expectations around contact and communication with family/customers as well as the arrangements for liaising with relevant stakeholders including Care Inspectorate and the social work department."

A summary of the scale/scope of the risk in relation to the service with a low percentage score is provided below:

	Provider Partner 1
Risk Score	27%
Reason for low % score	Service closed
Type of Contract	National Flexible Framework for Care and Support Spot purchased
Service Type	Care and Support at Home Support Service in HMOs and supported accommodation sites
Number of Service Users	6
Planned Action	Service closed following transfer of service and service users to another provider. Staff TUPED to new provider. Care Inspectorate requirement met April 2024.

Comparison to previous contract monitoring of care and support at home

The table below provides a comparison of overall risk scores of care and support at home services over contract monitoring periods

		1 Aug 2020-31 Jul 2021	1 Apr 2022-31 Mar 2023	1 Apr 2023-31 Mar 2024
Risk score achieved	Risk Level	Number of provider partners	Number of provider partners	Number of provider partners
100%	Low	0	0	0
99% - 75%	Low	15	15	22
74% - 61%	Moderate	12	13	5
60% and below	High	2	2	1
		29	30	28

By comparison with previous contract monitoring periods noted above, the results for the latest period of contract monitoring show an overall improvement in risk scores, which indicates a positive trend.

The 2 services in the high-risk category for the period 1 April 2022 – 31 March 2023 have moved to the low-risk category for the period 1 April 2023 – 31 March 2024.

Of the 13 services in the moderate risk category for the period 1 April 2022 – 31 March 2023, 10 have moved to the low-risk category and 3 remain in the moderate risk category for the period 1 April 2023 – 31 March 2024.

The one service in the high-risk category for the period 1 April 2023 – 31 March 2024 was in the low-risk category for the previous period 1 April 2022 – 31 March 2023.

Of the 5 services in the moderate risk category for the period 1 April 2023 – 31 March 2024, 3 were in the moderate risk category and 2 were in the low-risk category for the period 1 April 2022 – 31 March 2023.

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>32% of the CASH services have experienced changes to management</p> <p>50% of CASH services have experienced changes in organisational structure</p> <p>75% of CASH services experienced minor staff challenges and 7% have experienced significant staffing challenges affecting the service</p> <p>18% of staff who leave CASH are leaving for new jobs out with the health and social care sector</p> <p>25% of CASH services do not have up to date staff supervisions</p> <p>36% of CASH services have recruited staff from overseas</p> <p>43% of CASH services did not use a Digital Care Planning platform</p>	<p>Reflects wider national situation due to longstanding recruitment and retention issues in Health and social care in conjunction with sector pressures.</p> <p>The HSCP developed a partnership workforce plan, working with provider partners to help address these challenges.</p> <p>Provider partners cite staffing shortages, absences and implementation of new systems as key reasons. Some CASH services have commenced international recruitment to help address ongoing social care staffing issues.</p> <p>ETHEL Trial - work with provider partners is underway through the Care at Home Collaborative to test out a digital solution which can reduce feelings of isolation and help to support people to live longer and more independently at home. A year long trial is taking place with the ETHEL device, which enables remote monitoring and communication between care providers, relatives and people receiving care and support. Early results have shown some positive outcomes and the Partnership will continue with this trial and a full evaluation is planned.</p>

	<p>Digital Care Planning - work is underway through the Care at Home Collaborative work on digital care planning which now involves 16 provider partners. An evaluation framework is being developed to examine and report on outcomes. This work is being carried out in collaboration with Care Home providers as some common areas where positive outcomes have been identified.</p> <p>Scottish Care delivered roadshows in Dumfries and Stranraer to raise awareness of the benefits of digital technology and held individual follow up sessions.</p> <p>Scottish Care has also provided support to managers in HSC to manage challenges better. This included the 'bounce back better' training programme and further development sessions to support leaders and develop skills are planned. Scottish Care Partners for Integration Team support the Developing the Young Workforce initiative and have worked to raise awareness of social care as a career. As part of this, CASH provider partners joined Scottish Care for a 'Work Ready' day.</p> <p>Scottish Care is setting up locality cluster meetings for care at home service managers to enable targeted support. Issues highlighted from contract monitoring will be shared with Scottish Care to help them design and deliver the necessary support.</p>
<p>54% of CASH services have not fully completed 6 monthly reviews for people who use the service</p> <p>21% of CASH services did not meet personal outcomes for people using their service</p>	<p>Provider partners cite staff vacancies, recruitment issues, delays with Social Work reviews and transitioning to new systems of recording.</p> <p>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, Mental Health Directorate and operational social 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</p>

	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.
29% of partners have concerns about sustainability of the service	<p>Some provider partners cited sustainability concerns around pricing constraints in relation to ongoing post tender negotiations for the new National Flexible Framework.</p> <p>Post tender negotiations have been ongoing between Scotland Excel, Commissioning and provider partners to try to address. Individual meetings between Commissioning, operational social work and provider partners have also been ongoing to determine challenges faced by provider partners. Commissioning Team to work with CASH Division and the MH Directorate to identify supports.</p> <p>Discussions are ongoing within the Partnership to take 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 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:
 - “We introduced Digital Care Planning which resulted in service user and family if requested having live diary entries and rotas, etc. More time is now spent with the service user 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.”
 - “We have referred people to tele care - falls monitors, care call, medication alert boxes. Alexa to alert clients to take medications, prompts to drink. Some houses have cameras in them, ring doorbells. We email client lists, families etc. Email GPs photos to save visits to service user for medical appointments. iPad medical appointments.”

- “People who use our service are able to access care planner through an app, which allows them instant access to their visit times, carer attending and handover notes.”
- “Digital Care Planning provides better and live information as to whether we are meeting individuals’ personal outcomes. We are also currently looking to be part of the ETHEL pilot and are identifying Service Users who may benefit from the use of technology to meet outcomes whilst also freeing up capacity to allow more people to be supported at home. Telecare is widely used throughout our service.”
- Details of improvements/investments/developments/successes or achievements:
 - “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.”
 - “New internal scheduler pilot App is underway for carers to log visits and complete communication logs. Family app for families and other significant others to view visits and communication logs.”
 - “We won the innovation award at Scottish Care National Care at Home and Housing Support Awards 2024.”
 - “We were successful in our application to become a licenced sponsor for international workers and have since recruited 2 skilled workers. We rebranded our business, changing our business name and refreshing our face in the community. This was a great success and has seen a boost in our recruitment figures compared to the last 3+ years.”
 - “We support a number of services users with telecare and sensors and this year have invested in a second raiser chair these chairs are being deployed frequently and are accessible 24/7 this avoiding ambulance crews to be called to lift someone. A further success has got to be the joint working within the collaborative which is now an award-winning group. Last year we celebrated 30 years of delivering care and support across the region and this year we are celebrating 21 years of being employee owned. We invest in our staff through annual shares and bonuses and this help with retention meaning better continuity for our service users.”
 - “General maintenance, H&S Compliance - Ongoing repair schedule to meet minimum repair standards. Opened a dedicated outreach base and office. New build Garden Office & landscape garden area & a new kitchen fitted. Increase existing office space for staff. Redecorating, refitting bathrooms and re flooring bedrooms to replace bathroom suites. Future plans to make better use of HMO to accommodate 12 service users and create new sleepover space for staff with ensuite facilities. Ongoing work to improve our outdoors spaces. Plans to create a multipurpose office space for Dumfries outreach and Management Team with training room, meeting space to meet our evolving needs.”
 - “We have successfully been granted Sponsorship license and have also been recognised and registered as a Disability Confident employer. We have secured a lease on a property which is in process of being registered as short breaks facility.”

- “Mobile Digital Care Planning; Increased the numbers of senior staff; Sponsorships for international workers has been a huge investment.”
- “Just been inspected for first in 4 years by Care Inspectorate and achieved grade 5's for 2 areas inspected.”
- “Achieved the Investors in People Platinum award, and also won awards for S1 Jobs Creative Ideas and Carers that Care Recruitment Campaign, as well as receiving a Good Governance award.”

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