

Appendix 2



Contract Monitoring Report: Care Homes 1 April 2023 – 31 March 2024

Introduction

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

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

Overview of the process for care home contracts monitored

A total of 30 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, 1 is a respite care home and 1 is a specialist residential care home.

Following feedback from provider partners, a revised online Self Assessment Questionnaire (SAQ) was set up on Microsoft Forms (MS) Survey. A copy of the SAQ and a list of provider partners is included in 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 queries identified from an initial review of the returned SAQ were followed up 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 30 SAQs were returned by 30 care homes and findings from the SAQs and Joint Visits where applicable 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 Home providers for the period 1 April 2024 to 31 March 2025 is scheduled to commence in April 2025.

- Compliance – Care Homes

60% (18 out of 30) 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. 33% (10 out of 30) reported that 6 monthly reviews were not up to date and 7% (2 out of 30) reported non completion/evidence not supplied. Reasons for partial or non-completion/lack of evidence included awaiting social work reviews, residents ill, scheduling issues or that 6 monthly reviews were planned or in progress.

22 out of 30 (73%) 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 27% 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 - training programmes.

Commissioning Officer review of responses found that in 53% (16 out of 30) 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 47%, only new staff were awaiting ASP training.

Staffing shortages, absences and sickness have impacted staff support and development, with 40% (12 out of 30) of services reporting that staff supervisions were not up to date.

94% (28 out of 30) 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. Meetings, events/functions, surveys and newsletters were the most common methods used. 70% (21 out of 30) of services reporting taking action from the feedback received, which included garden improvements, interior decorations, games room, improved methods of communication with families, and reviews of menus and improved food options. For the 2 services who reported not seeking feedback formally during the reporting period, one had a survey now ready to send (the delay was due to staff illness) and the other service did not supply evidence to support communication.

- Intelligence

Commissioning Officer review of responses found that 11 of the 30 commissioned services (37%) had experienced changes to management personnel during the reporting period. In addition, 10% (3 out of 30) of services experienced changes in organisational structure, such as changes to the Board of Directors or transfer of ownership.

Only one care home reported having concerns about the sustainability of their service. However, Commissioning Officer analysis identified that their concerns were in relation to the parent company who was experiencing increased costs due to high use of agency workers and not an immediate concern for the local care home.

40% of care homes reported that they had recruited staff from overseas during the reporting period. There are ongoing duties and responsibilities in sponsoring overseas workers which need to be considered, and the regulatory compliance has been a challenge for some.

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. 83% (25 out of 30) care homes reported that they had used Digital Care Planning Platforms during the period.

- 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 Commissioning 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, where applicable, the 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)
- Compliments, Comments and Complaints
- Communication/feedback
- Staff training including Mandatory Training and Adult Support and Protection training/referrals
- Staffing Challenges

- Staff supervisions/development/training/recruitment
- Care Inspectorate grading
- Policies and procedures

The higher the risk score percentage, the lower the risk.
 To summarise for the 30 completed SAQs, final risk scores:

Risk score achieved	Risk level	Number of commissioned services
100%	Very low	1
99% - 75%	Low	19
74% - 61%	Moderate	7
60% and below	High	3
		30

Risk scores resulting from this contract monitoring exercise show that based on the information available, 20 out of 30 (67%) of services are showing no significant risks however of the remaining 11 services, 7 out of 30 (23% are in the moderate risk and 3 out of 30 (10%) are in the high risk category.

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 67%, the median score is 68% and the mode is 64%. For the 7 services for whom moderate risks have been identified, the key areas of risk highlighted were in relation to staff supervisions not up to date, staffing challenges, 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.

A summary of the scale/scope of the risk in relation to the 7 services with moderate risk scores is provided in the following two tables below, along with actions being taken to address issues identified.

	Provider Partner 1	Provider Partner 2	Provider Partner 3	Provider Partner 4
Risk Score	73%	68%	64%	64%
Reasons for low % score	6 monthly reviews not up to date; not recording Comments, compliments and complaints; staffing challenges; staff supervisions not up to date	Staffing challenges; staff supervisions not up to date	Management changes; Sustainability concerns; ASP Training not up to date; Mandatory Training not up to date; staff supervisions not up to date	Management changes; Organisational changes; 6 monthly reviews not up to date; staffing challenges; staff supervisions not up to date

<p>Actions</p>	<p>On-going involvement with service with Commissioning Team and CHTT. Follow-up Joint Assurance / Monitoring visit on 2 Sep 2024:</p> <ul style="list-style-type: none"> • 6 monthly reviews – not up to date mainly due to family rescheduling of planned review dates. At joint visit a significant improved was evidenced. • Staffing challenges – minor staffing challenges in relation to two night shift posts vacant • Staff supervisions – not up during reporting period, but at joint visit evidence of 80% up to date. 	<p>On-going involvement with service with Commissioning Team and CHTT. Joint Assurance / Monitoring visit on 15 July 2024 and follow up joint visit on 4 Nov 2024:</p> <ul style="list-style-type: none"> • Staffing challenges – minor challenges reported on SAQ but at joint visit and follow up visit, informed that Manager, Deputy Manager and the Admin Assistant/Senior Carer leaving their posts in Nov 2024. New Deputy Manager has been recruited. Joint visit care home manager confirmed a large turnover of staff but confirmed successful recruitment to Senior Carer and Carer roles. • Staff supervisions – not up to date, largely due to new staff turnover. <p>Follow up Joint Assurance Monitoring visit scheduled for January 2025 to follow up on agreed actions and concerns. Social</p>	<p>On-going involvement with service with Commissioning Team and CHTT. Joint Assurance Monitoring Visit on 4 June 2024:</p> <ul style="list-style-type: none"> • Changes to Management – Deputy Manager stepped up to Registered Manager temporarily as Permanent Manager is also Regional Manager for D&G and another area and is to be temporarily based in another area to deal with staffing concerns there. • Sustainability – discussions at joint visit determined that sustainability concerns were in relation to the parent company who was experiencing increased costs due to high use of agency workers and not an immediate concern for the local care home • ASP training – at time of completion of SAQ only new staff awaiting training. Evidence produced at joint visit showed 	<p>On-going involvement with service with Commissioning Team and CHTT. Joint Assurance Monitoring Visit scheduled for 19 Nov 2024</p> <ul style="list-style-type: none"> • Management Changes/ Organisational changes – new Deputy Manager; two Board members left and replacements being sought. • 6 monthly reviews not up to date due service awaiting allocation of a social worker • Staffing challenges – minor staffing challenges due to awaiting new Deputy Manager to take up post • Staff supervisions not up to date during the reporting period. <p>Joint Assurance Monitoring visit scheduled for 19/11/2024 to follow up on progress in relation to the above.</p>
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		Work also aware of staffing concerns and will inform Commissioning/ CHTT if issues arising of concern.	<p>88% compliant.</p> <ul style="list-style-type: none"> • Mandatory training – at time of completion of SAQ 18% staff mandatory training was overdue on one or more training course. At joint visit, evidence showed improvement to only new staff to complete training and evidence of training planned. • Staff supervisions – staff supervisions not kept up to date due to Care Inspectorate Inspection which took priority but at joint visit Manager confirmed that these would now be updated. 	
CHTT additional actions	MEG Audit on 07/06/2024 Outbreak visits: 04/04/2024 19/04/2024 27/06/2024 01/07/2024	MEG audit on 14/05/2024 Outbreak visits: 25/01/2024 15/03/2024	MEG Audit on 03/06/2024 Outbreak visits: 03/01/2024 11/01/2024	MEG audit on 25/07/2024

	Provider Partner 5	Provider Partner 6	Provider Partner 7
Risk Score	64%	70%	68%
Reasons for low % score	Staffing challenges; Staff supervisions not up to date; Mandatory Training not up	Management changes; 6 monthly reviews were not up to date; Not all ASP training in place;	Not maintaining communication; ASP Training not up to date;

	to date	Mandatory training not up to date.	Staff supervisions not up to date; Mandatory Training not up to date
Actions	<p>On-going involvement with service with Commissioning Team and CHTT. Joint Assurance Monitoring Visit on 12 Aug 2024:</p> <ul style="list-style-type: none"> • Management change – Manager retired and Deputy Manager/Nurse stepped up to Manager role. Owner decision to not backfill Deputy Manager post and adhering to one manager model - Care Inspectorate expressed concerns at their inspection in Sept 2024 • Staffing challenges in recruitment of nursing staff and carers; successfully recruited two new staff from overseas. • Staff supervisions not up to date during reporting period due to staff long term sickness and maternity leave. At joint visit, only 41% of staff supervisions were completed, with 12 staff overdue and 3 new staff started in May yet to received formal supervision. Advice given at joint visit for improving layout of staff supervision matrix to ensure clarity; manager gave assurances to get supervisions up to date. • Mandatory training not up to date during reporting period. At joint visit, evidence of increase in training. • 6 monthly reviews not up to date during reporting period. At joint visit, evidence that only 6 residents (15%) 	<p>On-going involvement with service with Commissioning Team and CHTT. Follow-up Joint Assurance Monitoring visit on 29 Aug 2024 (previous visit on 25 Apr 2024):</p> <ul style="list-style-type: none"> • 6 monthly reviews not all up to date; 3 outstanding but plan in place to address. • Not recording Comments • Lack of engagement with people using the service and therefore not making improvements to the service as a result; survey in progress. • New staff awaiting ASP training • Staffing challenges • Supervisions not all up to date • Additional concerns: <ul style="list-style-type: none"> ○ Additional PCS handsets to be escalated ○ Not recording supplementary training electronically ○ Lack of Stress and Distress training for staff ○ District Nursing Team raised concerns relating to cleanliness and communications not being relayed to care staff ○ Care Inspectorate complaint - allegation of staff sleeping on shift and occasional cash payments being made for working extra house and bullying by Management. <p>Joint follow up Assurance and Monitoring Visit (Commissioning Team and CHTT) scheduled for 21 Nov 2024 to follow up on agreed actions and concerns; timescale agreed to give the service time to make improvements.</p>	<p>On-going involvement with service with Commissioning Team and CHTT. Following SAQ submission, Commissioning Officer follow up with care home manager sought updates on:</p> <ul style="list-style-type: none"> • Communication not maintained during reporting period due to staff long term illness but manager confirmed that surveys to residents/families were being progressed and resident/relative meeting is being planned. • ASP Training – evidence not initially supplied by service when completing SAQ but training matrix subsequently shared evidenced training now updated. • Staffing challenges – manager confirmed service is looking to recruit a relief chef and all other posts are now filled. • Staff supervisions – evidence not initially supplied by service when completing SAQ. Supervision Matrix subsequently shared evidence supervisions are now up to date. <p>Joint Assurance Monitoring visit scheduled for 07/01/2025 to follow up on progress in relation to the above.</p>

	overdue due to challenges faced in arranging meetings with family members.		
CHTT additional actions	MEG Audit on 01/08/2024 Outbreak visits: 21/11/2023 28/11/2023 05/12/2023 24/10/2024	Support plan in place as a result of complaint activity; led by Social Work and supported by CHTT. Infection Control Nurse involvement: <ul style="list-style-type: none"> • Outbreak Visit 07/10/2024 • Outbreak follow up Visit 22/08/2024 • Outbreak follow up Visit 14/08/2024 • Outbreak follow up Visit 08/08/2024 • Outbreak Visit 06/08/2024 • Outbreak Visit 16/05/2024 • MEG Audit 25/04/2024 	MEG Audit on 06/06/2023

- High Risk (60% and below)

Of those with high risks, the average score is 52% and the median score is 50%. 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 3 services for whom high risks have been identified, the key areas of risk highlighted were in relation to staffing challenges, management/organisational changes, sustainability concerns, 6 monthly reviews of personal outcomes not up to date, staff supervisions not up to date, policies and procedures not up to date, not logging comments and complaints 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 3 services with low percentage scores and actions being taken to address issues identified is provided below. The services are all residential care homes for older people with spot purchase of beds under the NCHC:

	Provider Partner 8	Provider Partner 9	Provider Partner 10
Risk Score	57%	50%	48%
Reasons for low % score	6 monthly reviews; staffing challenges, lack of recording of comments, compliments and complaints; staff supervisions; staff mandatory & ASP training all not up to date	6 monthly reviews; sustainability concerns; staffing challenges; staff mandatory & ASP training all not up to date; staff supervisions; not maintaining communication; lack of recording of comments, compliments and complaints; Policies & Procedures not up to date	Management changes; 6 monthly reviews; lack of recording of comments, compliments and complaints; not maintaining communication; staffing challenges; staff supervisions, staff ASP training all not up to date
Number of registered beds	25	31	30
Suspension of Placements	N/A; Improvement support from Partnership	14/10/2021 to 09/12/2022; and 02/06/2023 to 25/01/2024 and then continued limitation on residents numbers until 03/05/2024 when suspension ended	09/09/2024 and continues
Actions	<p>Ongoing involvement with service by Commissioning Team and CHTT. Joint Assurance Monitoring visit on 22 October 2024 and concerns identified through SAQ followed up:</p> <ul style="list-style-type: none"> 6 monthly reviews not up to date. This is a high priority area for the care home manager to bring up to date. Clear plan of action in place and observed during joint visit. Staffing challenges – care home manager highlighted these as a minor concern on SAQ and has since informed that all staff posts are now filled. Comments, Compliments and Complaints – these were not being formally recorded but care home manager confirmed at joint visit they are now being managed by admin staff and recorded 	<p>On-going involvement with service by Commissioning Team and CHTT. Joint Assurance Monitoring visit on 5 July 2024 and concerns identified through SAQ followed up:</p> <ul style="list-style-type: none"> 6 monthly reviews not up to date Not all staff achieved ASP training Staffing challenged; agency used for short term absence and annual leave (3 vacancies) Supervisions not up to date (20 overdue) due to sickness and shift patterns Mandatory training not up to date – 73%, due to new staff Additional areas of improvement include: <ul style="list-style-type: none"> Not recording comments Not acting of feedback and not making improvements to the 	<p>On-going involvement with service by Commissioning Team and CHTT. Follow-up Joint Assurance Monitoring visit achieved 27 June 2024 (previous Visit achieved 22 March 2024) and concerns identified through SAQ followed up:</p> <ul style="list-style-type: none"> New Manager January 2024 and lots of challenges, i.e. data breach, staffing challenges, family bereavement. Reviews not all achieved Not recording comments and compliments. Lack of engagement with people using the service and therefore not making improvements to the service as a result ASP training; new staff still to achieve On-going staffing challenges

	<p>electronically.</p> <ul style="list-style-type: none"> • Staff supervision – not being completed in a timely manner. Care home manager has delegated to deputy managers that staff supervisions are to be completed and deadlines given. • Mandatory Training – not up to date at time of completion of SAQ, but improvement evidenced at joint visit. Only 4 areas requiring staff training to ensure full compliance. • ASP Training – not up to date at time of completion of SAQ; evidenced at joint visit that only new starts require to complete ASP training. <p>Concerns escalated to Contracts Manager and onward to Commissioning Liaison Manager, Divisional Manager Community Beds and Supported Living and shared with CHTT and CCHST. Joint follow up Assurance Monitoring visit is being scheduled early in the New Year to follow up on agreed actions and concerns. CCHST to be kept informed of outcome.</p>	<p>service as a result</p> <ul style="list-style-type: none"> ○ Policies and procedures to reflect best practice ○ Work required to ensure environment fit for purpose ○ Recruitment to reflect best practice <p>Concerns escalated to Contracts Manager and shared with Commissioning Liaison Manager and Divisional Manager Community Beds and Supported Living, CHTT and CCHST. Joint follow up Assurance / Monitoring Visit (Commissioning Team and CHTT) scheduled to take place on 28 November 2024 to follow up on agreed actions and concerns; timescale agreed to give the service time to make improvements. CCHST to be kept informed of outcome.</p>	<ul style="list-style-type: none"> • Supervisions 81% attainment • Training 91% attainment • Additional areas of concern include: <ul style="list-style-type: none"> ○ Lack of progress on outstanding actions. Due to staffing shortages the Manager is providing care. ○ IPC in relation to the replacement floor coverings (no flooring since 31/10/2023) ○ ACPs not in place for all residents ○ No regular activities taking place, as no coordinator. ○ Lack of training in vital signs, moving and handling competency, falls (noted the organisation does not reflect these as mandatory) <p>Concerns escalated to Contracts Manager and onward to Commissioning Liaison Manager and shared with CHTT and CCHST. Joint follow up Assurance and Monitoring Visit (Commissioning Team and CHTT) scheduled for 31 Oct 2024 to follow up on agreed actions and concerns; timescale agreed to give the service time to make improvements. On 8 Nov 2024, CCHST decided to extend suspension of placements due to Care Inspectorate required improvements not met. Care Inspectorate issued new deadlines for the care home up to 30 December.</p>
<p>CHTT additional actions</p>	<p>Support Plan in place following Care Inspectorate visit in August 2024.</p>	<p>Outbreak visit 19 June 2024 MEG Audit 19 March 2024</p>	<p>Improvement plan in place following Care Inspectorate Inspection report.</p>

	<p>MEG Audit on 2 August 2024</p> <p>Outbreak visit 1 March 2024</p>		<p>Twice weekly visits by CHTT</p> <p>Infection Control Nurse involvement:</p> <ul style="list-style-type: none"> • MEG Follow up 16 Oct 2024 • MEG Follow up 30 Sep 2024 <p>MEG audit 03 Sep 2024</p>
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Comparison to previous contract monitoring of care homes

The contract monitoring overall risk scores of care homes for the 2021-2022 and 2022–2023 monitoring periods compared to 2023–2024 are as follows:

	Risk Level	1 Aug 2020-31 Jul 2021	1 Apr 2022-31 Mar 2023	1 Apr 2023-31 Mar 2024
Risk score achieved		Number of provider partners	Number of provider partners	Number of provider partners
100%	Very Low	0	1	1
99% - 75%	Low	23	16	19
74% - 61%	Moderate	5	5	7
60% and below	High	2	7	3
		30	29	30

All 3 of the services in the high risk category for 2023-24 were also in the high risk category in 2022-23. Of the remaining 4 services in the high risk category in 2022-23, 3 are in the low risk category in 2023-24 and one is in the moderate risk category.

Of the 7 services in the moderate risk category in 2023-24, one was in the high risk category in 2022-23 and the remaining 6 were in the low risk category in 2023-24.

Of the 5 services in the moderate risk category in 2022-23, all are in the low risk category in 2023-24.

The results show an decrease in the number of care homes in the high risk category from 24% of care homes monitored in the 2022-23 period to 10% monitored in the 2023-24 period.

Issues and Additional 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 and Additional Planned Action(s)
<p>37% (11 out of 30) of care homes experienced changes to senior and/or local management</p> <p>10% (3 out of 30) reported changes in organisational structure</p> <p>40% (12 out of 30) reported staff supervisions are not up to date</p> <p>40% care homes reported recruiting staff from overseas</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>Provider partners cite changes to management, recruitment and retention issues leading to staffing shortages and delays with Social Work reviews as key reasons.</p> <p>A rolling schedule of Joint Assurance Monitoring Visits and follow up visits to care homes continues as outlined above 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>Digital Care Planning Platforms are now in use by the majority of care homes and has helped to improve efficiencies.</p> <p>Scottish Care working in partnership with NHS Education for Scotland (NES) and SSSC and a Leadership workshop in partnership with NES was delivered in October with 24 attendees. A further workshop focussing on SSSC supervision tool is planned for 4th December. Both events are open to care home and care at home staff with line management responsibilities.</p> <p>Scottish Care Partners for Integration Team continue to support the Developing the Young Workforce initiative. This has included development of a leaflet aimed at encouraging younger people to think of social care as a career. The leaflet includes a case study from a local care home.</p> <p>Some care home services have commenced international recruitment. Wider discussions are taking place in the HSC sector regarding regulatory and legislative compliance in relation to international recruitment and the roles and</p>

	<p>responsibilities of statutory agencies such as the Care Inspectorate and funders of commissioned services, such as HSCPs, are not yet clarified.</p>
<p>27% (8 out of 30) reported mandatory training is not up to date</p> <p>40% (12 out of 30) of care homes reported 6 monthly reviews for people who use the service are not up to date</p>	<p>Provider partners cite staff and management turnover as a key reason affecting their ability to keep training up to date.</p> <p>Public Protection Partnership (PPP) are in the process of developing a resource - 'good practice guidance' for care homes to support them in prevention of, recognition of and reporting of harm in care settings. The Lead Officer for ASP has been invited to upcoming in person care home manager meeting to consult with managers on the content of the resource and give them opportunity to provide input. Additionally, the PPP have asked care homes to share scenarios which can be used as examples within the guidance.</p> <p>Scottish Care Partners for Integration (Pfi) team in discussion with the Lead Officer to deliver ASP training specifically tailored for care home staff</p> <p>Scottish Care and IDEAS team proactively encouraging care home applications to join an initiative recently launched by Health Improvement Scotland and the Care Inspectorate to test a new quality improvement framework aimed at reducing stress and distress for residents with dementia. One care home has so far taken up the offer of support with the application process and the Independent Sector Lead has provided advice and guidance with the submission. The project has 4 cohorts each of 12 weeks following which the care home will be part of an ongoing national community of practice with access to ongoing national stress and distress network and membership of an improvement collaborative.</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</p>

	<p>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>3% of services (1 out of 30) reported sustainability concerns</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>Scottish Care have facilitated opportunities for 'non-financial supports' from community sources – community payback team have been engaged to support care homes with garden maintenance and similarly a local school has offered services of senior pupils to volunteer in care homes and 2 homes have so far expressed interest, connections have been facilitated.</p> <p>Scottish Care have commissioned 'Outpost Arts'</p>

	<p>to work with 3 care homes in D&G to deliver a 5-month project. The aim of the project is to <i>'support the creative wellbeing of staff and enhance staff members' relationships with residents and enhance the environment for all.'</i> The project is funded from residual funding from the wellbeing fund and is being match funded by Outpost Arts. The project has commenced with initial feedback wholly positive. The evaluation report is expected in December and will be shared. Full proposal with intended outcomes included.</p> <p>The hope is that positive outcomes will be achieved which in turn will attract further funding to enable the project to be rolled out across D&G.</p> <p>The Scottish Care Development Officer has recently completed 'Playlist for Life' train the trainer. This will enable rollout of Playlist for Life training across care homes in D&G. This project aims to support wellbeing of care home residents and additionally will also aim to measure impact on staff wellbeing through the opportunity to provide innovative and therapeutic interventions using an established and evaluated framework.</p> <p>Discussions to take place at 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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