



Integration Joint Board  
Finance, Performance and Quality Committee

7<sup>th</sup> January 2025

This Report relates to  
Item 7a on the Agenda

# Contract Monitoring: Care Homes

*Paper presented by Peggy Taylor*

*For Discussion and Noting*

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<b>Approved for Submission by:</b>	David Rowland, Director of Strategic Planning and Transformation ( <a href="mailto:david.rowland2@nhs.scot">david.rowland2@nhs.scot</a> )
<b>List of Background Papers:</b>	Procurement of Care and Support Services Best Practice Guidance ( <a href="https://www.gov.scot/publications/procurement-care-support-services-best-practice-guidance/">https://www.gov.scot/publications/procurement-care-support-services-best-practice-guidance/</a> ) Procurement Reform (Scotland) Act 2014 ( <a href="https://www.gov.scot/publications/procurement-reform-scotland-act-2014-statutory-guidance/pages/13/">https://www.gov.scot/publications/procurement-reform-scotland-act-2014-statutory-guidance/pages/13/</a> )
<b>Appendices:</b>	<b>Appendix 1</b> - Sample contract monitoring Self Assessment Questionnaire and list of Care Home provider partners <b>Appendix 2</b> - Contract Monitoring Report Care Homes

<b>1.</b>	<b>Introduction</b>		
1.1	On behalf of the Health and Social Care Partnership (HSCP) the Commissioning Team monitors contracts for all adult health and social care commissioned services.		
1.2	This paper presents the findings of the contract monitoring of Care Home provider partners for the period 1 April 2023 – 31 March 2024.		
<b>2.</b>	<b>Recommendations</b>		
2.1	<p><b>The IJB FPQ Committee is asked to:</b></p> <ul style="list-style-type: none"> <li>• <b>Note the outcome of recent contract monitoring of commissioned care homes.</b></li> <li>• <b>Discuss issues raised from recent contract monitoring and suggested actions.</b></li> </ul>		
<b>3.</b>	<b>Background and Main Report</b>		
3.1	Contract Monitoring is a responsibility under the Procurement of Care and Support Services Best Practice Guidance and the Procurement Reform (Scotland) Act 2014. It is the process of collecting and analysing information from partners and from across the HSCP to determine if contracted services meet contractual requirements and reflect best value in terms of both price and quality of service. It also ensures that the HSCP meets its contractual obligations.		
3.2	The Commissioning Team currently conducts contract monitoring of 30 Care Homes, 28 Care and Support at Home commissioned services and 46 third sector and non-registered commissioned services.		
3.3	<p>Contracting and contract monitoring are aspects of the commissioning cycle that are concerned with</p> <ul style="list-style-type: none"> <li>• technical aspects of contracts</li> <li>• the monitoring of the quality of what is provided under the terms of those contracts</li> <li>• ensuring that people’s personal outcomes are being achieved</li> </ul>		
3.4	<p>The Commissioning Team monitor adult health and social care commissioned services that have contracts with Dumfries and Galloway Council and NHS Dumfries and Galloway. These are delivered by third sector and independent sector partners and include:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Day Care</li> <li>• Day Centres</li> <li>• Care and Support at Home</li> <li>• Care Homes</li> </ul> </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> <li>• Carers Support</li> <li>• Short Breaks</li> <li>• Support services</li> </ul> </td> </tr> </table>	<ul style="list-style-type: none"> <li>• Day Care</li> <li>• Day Centres</li> <li>• Care and Support at Home</li> <li>• Care Homes</li> </ul>	<ul style="list-style-type: none"> <li>• Carers Support</li> <li>• Short Breaks</li> <li>• Support services</li> </ul>
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3.5	<u>Contract Monitoring Reporting</u>		
3.6	Contract monitoring reporting in Dumfries and Galloway centres on the following three aims:		

- To provide assurance to the Partnership that commissioned services are delivered in line with contractual obligations; that they provide best value; and that the Partnership is also meeting its contractual obligations (**compliance**)
- To support the management of risks that may impact on provider partners' ability to deliver the service and to deliver it to the required quality standards (**risk management**)
- To provide intelligence that supports the development of commissioning strategies, performance reporting and service improvement (**intelligence**)

3.7 In order to inform this provider partners are required to complete a self assessment questionnaire (SAQ) that reflects the terms of their contracts. These are analysed, scored and collated into contract monitoring reports.

3.8 Appendix 1 provides a sample self assessment questionnaire and a list of care home provider partners.

3.9 In addition, the Commissioning Team undertake monitoring meetings with provider partners to ensure the self assessment questionnaires reflect day to day practice and check records and files relating to contractual requirements. Combining this with information that the team collates from other sources, such as the Care Inspectorate and other areas of the HSCP helps to develop a wider understanding of provider partner's compliance and level of risk.

3.10 Appendix 2 provides an overview of the contract monitoring process and the results of the latest Care Home Contract Monitoring.

3.11 It has been agreed that the resulting reports are shared routinely with the Contract Management Group for approval before being presented to the HSCP Leadership Group and then the IJB Finance, Performance and Quality (IJBFPQ) Committee.

3.12 Care Home Contract Monitoring

3.13 Regular Joint Assurance Monitoring Visits to care homes plus additional follow up visits have been conducted by Commissioning Officers in collaboration with the Care Home Tactical Team (CHTT). Detailed reports of the visits are issued to the Collaborative Care Home Support Team (CCHST).

3.14 Joint Assurance and Contract Monitoring RAG spreadsheets have been jointly developed by Commissioning Officers and the CHTT and are maintained for each care home to help provide early indication of issues affecting care homes, allowing the Partnership to engage earlier to identify and offer supports. Reports from Joint Assurance Monitoring Visits and RAG reports are shared with CCHST.

3.15 Full contract monitoring of care homes commenced in May 2024 for the period 1 April 2023 to 31 March 2024. This paper presents the findings of that monitoring exercise.

3.16 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 and 1 is a respite care home and 1 is

a specialist residential care home.

3.17 Analysis of contract monitoring returns and reports from Joint Assurance Monitoring Visits where applicable were completed by Commissioning Officers and the results are presented in Appendix 2.

3.18 Any concerning risks identified from contract monitoring and requiring action were escalated to the Contracts Manager in the first instance and then to the Commissioning Liaison Manager for further action in conjunction with operational and social work colleagues where applicable.

3.19 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.

3.20 The following table gives a summary of the findings. The table in 3.22 below describes some of the issues identified and actions being taken to address.

<p><b>Compliance</b></p>	<ul style="list-style-type: none"> <li>• 60% (18 out of 30) of care homes reported 6 monthly reviews for people who use the service are up to date or supplied evidence of why not achieved and action being taken</li> <li>• 73% (22 out of 30) reported mandatory training is up to date</li> <li>• 53% (16 out of 30) of care homes were up to date with Adult Support and Protection Training and for a further 47% (14 out of 30) only new staff were awaiting ASP training</li> <li>• 94% (28 out of 30) reported maintaining communication with service users and staff to encourage feedback</li> <li>• 60% (18 out of 30) reported staff supervisions are up to date</li> </ul>																
<p><b>Risk Management</b></p>	<p>Risk scores resulting from contract monitoring show that there are 20 services showing no significant risks, providers for whom moderate risks have been identified and are high risk. Risk concerns have been escalated and action taken or is ongoing. Detail regarding these risks is presented in Appendix 2.</p> <table border="1" data-bbox="472 1574 1193 1951"> <thead> <tr> <th colspan="2"><b>Risk Score Results</b></th> </tr> <tr> <td colspan="2">Note: the higher the risk score the lower the risk</td> </tr> <tr> <th><b>Risk score achieved</b></th> <th><b>Number of provider partners</b></th> </tr> </thead> <tbody> <tr> <td>100%</td> <td>1</td> </tr> <tr> <td>99% - 75%</td> <td>19</td> </tr> <tr> <td>74% - 61%</td> <td>7</td> </tr> <tr> <td>60% and below</td> <td>3</td> </tr> <tr> <td></td> <td><b>30</b></td> </tr> </tbody> </table>	<b>Risk Score Results</b>		Note: the higher the risk score the lower the risk		<b>Risk score achieved</b>	<b>Number of provider partners</b>	100%	1	99% - 75%	19	74% - 61%	7	60% and below	3		<b>30</b>
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<p><b>Intelligence</b></p>	<ul style="list-style-type: none"> <li>• 37% (11 out of 30) of care homes experienced changes to senior and/or local management</li> </ul>																

	<ul style="list-style-type: none"> <li>• 10% (3 out of 30) reported changes in organisational structure</li> <li>• 3% (1 out of 30) of services expressed concerns regarding sustainability of their service</li> <li>• 83% (25 out of 30) of care homes reported that they used Digital Care Planning Platforms</li> <li>• 40% (12 out of 30) care homes reported recruiting staff from overseas</li> </ul>
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3.21 Issues and Planned Actions

3.22 Some common issues raised by provider partners, the reasons for these and planned action(s) are provided below.

<b>Issues</b>	<b>Reasons and Additional Planned Action(s)</b>
<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 as detailed in Appendix 2 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>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 4<sup>th</sup> 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</p>

	<p>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 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 as detailed in Appendix 2 continues as well as</p>	

	<p>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. Further information is detailed in Appendix 2.</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&amp;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,</p>	

connections have been facilitated.

Scottish Care have commissioned 'Outpost Arts' to work with 3 care homes in D&G to deliver a 5-month project. The aim of the project is to *'support the creative wellbeing of staff and enhance staff members' relationships with residents and enhance the environment for all.'* 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.

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.

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.

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.

3.23 Future Planned Contract Monitoring

3.24 Contract monitoring for third sector, care home and care at home commissioned services for the period 1 April 2024 to 31 March 2025 is scheduled to commence in April 2024.

3.25 Development work has been ongoing to streamline contract monitoring recording and documentation to improve efficiency. This has included all care home provider partners testing a new contract monitoring return using Microsoft Forms which was used by all commissioned services for the 2023-24 monitoring period. Further development work is ongoing to expand functionality for improved data capture and reporting of results and ongoing consultation with provider partners.

**4. Conclusions**

4.1 Results from this recent contract monitoring of care home provider partners has



	helped identify risks and challenges facing provider partners and the impact this has had on their ability to meet contractual obligations in 2023/24.
4.2	Contract monitoring of care home provider partners has provided information and assurance to the Partnership and identified areas for improvement to inform our Partnership support response.
4.3	Findings indicate that although no significant risks were identified for the majority of care homes (67% or 20 out of 30), there is cause for some concern in relation to 3 care homes in the high risk category.
4.4	During and subsequent to the contract monitoring process, communication with care home provider partners has been ongoing in order to support improvement, share information and provide contractual advice and support.
4.5	Ongoing Joint Assurance Monitoring Visits to care homes and RAG monitoring have provided information and assurance to CCHST and identified areas for improvement to inform our Partnership support response.
4.6	Discussions will take place at Directorate Leadership Team and CMG to identify any additional supports that can be offered and to agree next steps to support care home provider partners, prior to sharing with HSCLG for input.
<b>5.</b>	<b>Resource Implications</b>
5.1	The work described in this paper is delivered within existing resources.
<b>6.</b>	<b>Impact on Integration Joint Board Outcomes, Priorities and Policy</b>
6.1	Ensuring that robust procedures are in place for contract monitoring and reporting of commissioned services will provide assurance to the Partnership that services are being delivered against contracts. It will help ensure that people of Dumfries and Galloway have access to appropriate care and support is in line with the Partnership outcomes.
<b>7.</b>	<b>Legal and Risk Implications</b>
7.1	Contract Monitoring supports the management of risks that may impact on service provider partner's ability to deliver the service to the required quality standards.
7.2	It should be noted that the intelligence gathered through contract monitoring is shared with the Care Home Tactical Team, the Community Beds and Supported Living Division and Finance colleagues to ensure risks are identified and appropriately managed.
<b>8.</b>	<b>Consultation</b>
8.1	Appendix 2 sets out the details of the consultation and engagement work undertaken in relation to this contract monitoring. The Contract Management Group and HSCPLG will consider this report prior to sharing with the IJBFPQ Committee.
<b>9.</b>	<b>Equality Impact Assessment</b>

9.1 An Equality Impact Assessment (EQIA) is not required at this time but may be undertaken if required as work progresses.

**10. Glossary**

<b>EQIA</b>	<b>Equalities Impact Assessment</b>
<b>IJB</b>	<b>Integration Joint Board</b>
<b>IJBFPQ</b>	<b>Integration Joint Board Finance, Performance and Quality Committee</b>
<b>CMG</b>	<b>Contract Management Group</b>
<b>CHTT</b>	<b>Care Home Tactical Team</b>
<b>CCHST</b>	<b>Collaborative Care Home Support Team</b>
<b>DGC</b>	<b>Dumfries and Galloway Council</b>
<b>HSCP</b>	<b>Health and Social Care Partnership</b>
<b>HSCPLG</b>	<b>Health and Social Care Partnership Leadership Group</b>
<b>MEG</b>	<b>Medical e-Governance</b>
<b>NES</b>	<b>NHS Education for Scotland</b>
<b>PPP</b>	<b>Public Protection Partnership</b>
<b>SAQ</b>	<b>Self Assessment Questionnaire</b>