Appendix 2

Contract Monitoring Report: Care and Support at Home 1 April 2025 – 31 March 2026

Introduction

This report provides contract monitoring information on care and support at home provider partners for the period 1 April 2025 to 31 March 2026.

The previous contract monitoring exercise for care at home provider partners covered the period 1 April 2024 to 31 March 2025.

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

A total of 33 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 33 SAQs were returned by a total of 27 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 2025 – 31 March 2026, reflecting the situation for that period of time only. Contract monitoring for Care and Support at Home providers for the period 1 April 2026 to 31 March 2027 is scheduled to commence in April 2027.

- Compliance – Care and Support at Home

64% 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 36% of provider partners not achieving all 6 monthly reviews included lack of evidence to support achievement (with improvement advice offered by Commissioning Officer); staff sickness; awaiting Social Work to arrange reviews; newly established service in the reporting period; introduction of new Digital Care Planning system; and organisational restructuring/new management. However, in line with Care Inspectorate requirements, services are required to conduct 6 monthly reviews and these are required to take place regardless of the social work reviews. Commissioning Officers remind services of this requirement.

88% (29 out of 33) of services met the personal outcomes for people who use the service in the reporting period. The reasons for the remaining 4 services (12%) not meeting personal outcomes included lack of sufficient detail and quality in support plans and some personal outcomes changing due to complex needs so support plans were ongoing/in progress. Ongoing monitoring and support is being provided by Commissioning Officers.

Mandatory training was up to date for 29 out of 33 (88%) of services. The remaining 4 services (12%) they were less than 80% compliant for mandatory training. The reasons cited were difficulties in consolidating training records across different systems but work is ongoing to centralise; delay in confirming training dates; staff changes; and lack of evidence, which will be followed up at subsequent Monitoring Meeting with Commissioning Officer.

For 76% (25 out of 33) services, all staff either were trained or received refresher training in Adult Support and Protection (ASP) in line with policy/best practice (minimum 3 yearly). For 21% (7 out of 33) of services, only new staff were awaiting ASP training and/or staff have received initial training but refresher training is overdue. For 3% (1 out of 33) not all staff have received refresher training in line with the ASP policy, but provider confirmed that this is being addressed in their service improvement plan and that a core competency report has been conducted to address training gaps.

58% (19 out of 33) reported no staffing challenges. One service (3%) faced significant staffing challenges that affected service delivery, requiring engagement of agency staff. This was a result of long-term staff sickness absence but are currently conducting recruitment. 39% (13 out of 33) experienced staffing challenges but not affecting service delivery. Staffing challenges were being managed by current staffing compliment or were due to staff absence/sickness or recruitment challenges, including the need to recruit overseas workers which brought additional challenges of a cultural nature as well as difficulties in staff retention due to Certificate of Sponsorship approval issues.

18% of services (6 out of 33) have recruited staff from overseas in the reporting period in order to address social care staffing challenges. Across the 6 services, they reported that a total of 27.8 full-time equivalent staff have been recruited in the reporting period.

Overall, services reported that overseas workers now make up 7.52% of the total number of staff in D&G.

76% (25 out of 33) of services were up to date with staff supervisions. For 24% of services (8 out of 33), the reasons for staff supervisions not being up to date include staff availability issues; staffing pressures/management time pressures or sickness; lack of supervisions tracker/recording evidence; or some being overdue but have been scheduled.

94% (31 out of 33) of commissioned services maintained communication with people they provide care and support to and people who deliver the care and support to encourage feedback. Where improvements were identified, an action plan was applied to address. Surveys, newsletters, events and meetings with people who use the service were the most common methods used. For the 1 service (3%) not seeking feedback formally during the reporting period, they reported there was a lack of regular office team but they are now putting in place a quarterly newsletter and improved service user communication methods. The remaining service (3%) reported that they had maintained communication via issuance of a questionnaire however the survey was still in progress and awaiting results in order to determine any actions required.

Commissioning Officer findings showed that 73% of services evidenced the action they had taken from the feedback received where applicable, which included development of actions plans, organising trips, establishment of 'You Said, We Did' and improved communication.

- Intelligence

49% (16 out of 33) commissioned services experienced no changes to management personnel during the reporting period. 33% (11 services) experienced management changes impacting the service and 18% (6 services) had management changes but no impact to the service.

In addition, 33% of services 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, 19% of staff left for a new job out with the Health and Social Care sector. Other reasons included new job in the statutory sector (8%); new job in the independent care sector (13%); retirement (5%) and ill health (9%); and other/not known (46%).

36% (12 out of 33) of commissioned services had concerns about the sustainability of their service. This is a significant increase over last year's result, which was 14%. The predominant reason for the financial concerns was the limitations on picking up packages of care due to D&G budget constraints. Services highlighted the difficulty of guaranteeing sufficient paid hours for staff when packages were being recycled or reduced. Sustainability concerns highlighted through contract monitoring were escalated to senior management as

priority. The Care at Home Collaborative also highlighted these concerns. Provider partners have advised that they have bid on packages but they are not being released from the Portal due to the budget not having been agreed.

Only 6% (2 out of 33) of commissioned services reported using agency staff during the reporting period. These services reported that they have taken the appropriate steps to ensure that agency staff meet safeguarding requirements in line with the contract.

64% (21 out of 33) of commissioned services reported using a Digital Care Planning (DCP) platform during the reporting period. Of the provider partners who had not used DCP in the period reported (36% or 12 services), 7 services had no plans to implement a DCP in the next 12 months. Of the remaining 5 services, plans were underway to trial and roll out DCP in their services.

The Care Inspectorate has been inspecting care and support at home services in D&G and the resultant grades have been 5, 4 or 3 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 Commissioning 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
- Staffing challenges
- Staff Mandatory Training
- Policies and procedures
- Care Inspectorate grading
- Incident/Accidents reporting
- Provision of evidence

The higher the risk score percentage, the lower the risk.
To summarise for the 33 completed CMRs, final risk scores:

Risk score achieved	Risk level	Number of commissioned services
100%	**low**	2
99% - 75%	**low**	25
74% - 61%	**moderate**	4
60% and below	**high**	2
		33

Risk scores resulting from this contract monitoring exercise show that based on the information available, the majority of services (82%) are showing no significant risks. 12% (4 out of 33) are in the moderate risk category (74% - 61%) and 6% (2 out of 33) services in the high-risk category of 60% and below.

- High Risk – (60% and below)

  Of those with high risks, the average score is 45%. Detail regarding the provider partners with moderate risk including the key issues identified and actions being taken is provided in the table below and in the Issues Raised and Planned Actions section.

	Provider Partner 1	Provider Partner 2
Risk Score	41%	50%
	Sustainability concerns; Management and organisational changes affecting service delivery; Low Care Inspectorate scores; Service user outcomes not being met; 6 monthly reviews not up to date; Incidents and accidents not fully recorded; lack of evidence of recording of comments, compliments and complaints; lack of evidence of action taken from feedback received; staff supervisions not up to date; policies and procedures not up to date.	Sustainability concerns; Management changes affecting service delivery; organisational changes; 6 monthly reviews not up to date; lack of evidence of action taken from feedback received; not all staff have received refresher ASP training in line with ASP policy; staff supervisions not up to date
Type of Contract	National Flexible Framework for Care and Support Spot purchased	National Flexible Framework for Care and Support Spot purchased
Number of Service Users in reporting period	63	11

Actions	• Large Scale Investigation resulting in a suspension of placements from 27/02/2026 • Provider gave notice on 06/08/2026 to voluntarily close the service • Social work conducting reviews of service users. • Meetings have been held between Social Work, Commissioning and specialist care at home providers to identify alternative providers to pick up packages of care and this is hoped to be confirmed soon.	• Provider is in the process of a planned system-change from paper-based to SharePoint. • Provider supported by team from corporate head office. New Service Manager. • Comprehensive actions plan introduced. • Commissioning Officer will follow up evidence when system transition completed.

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 71%. Detail regarding the provider partners with moderate risk and the key issues identified and actions being taken is provided in the table below and in the Issues Raised and Planned Actions section.

	Provider Partner 3	Provider Partner 4
Risk Score	73%	67%
Reasons for low % score	Sustainability concerns; not all staff have received refresher ASP training in line with ASP policy/ASP training not up to date; staff supervisions not up to date; Mandatory training not up to date	Management changes and unplanned organisational changes affecting service delivery; service user personal outcome not all met; insufficient recording of comments, compliments and complaints; lack of evidence of action taken as a result of feedback received; mandatory training not up to date; minor staffing challenges; policies and procedures not up to date;
Type of Contract	National Flexible Framework for Care and Support Spot purchased	This service was part of a larger D&G wide service which split by area into two distinct services with separate Care Inspectorate registrations. Service is working with Scotland Excel to join National Flexible Framework as a separately registered service.
Number of Service Users in reporting period	47	51
Actions	Outstanding issues were followed up by Commissioning Officer at Monitoring Meeting on 22/09/2026. Further evidence was provided in relation to ASP training and mandatory training	Large Scale Investigation of the service resulting in suspension of placements for the period 27/02/2026 until lifting of suspension on 30/07/2026 due to successful improvements implemented.

	which showed progress achieved in these areas and Commissioning Officer will keep under review. Provider confirmed that outstanding staff supervisions were in process.	Commissioning Team ongoing involvement with the service. Commissioning Officer conducted Monitoring Meeting visit to the service on 27/07/2026. • This service has been affected by wider management and organisational issues including the significant issues facing their other service in the region. • No recorded evidence of service user feedback. New feedback forms to be issued and documented properly. • Evidence provided of recording comments, compliments and complaints • Evidence provided of mandatory training compliance Outstanding issues will continue to be followed up by Commissioning Officer

	Provider Partner 5	Provider Partner 6
Risk Score	74%	69%
Reasons for low % score	Sustainability concerns; Management changes and unplanned organisational changes affecting service delivery; 6 monthly reviews not all up to date; not all staff have received refresher ASP training in line with ASP policy; staff supervisions not up to date	Sustainability concerns; 6 monthly reviews not up to date; insufficient recording of comments, compliments and complaints; participation survey in progress and Commissioning Officer to follow up regarding any actions taken from feedback received; not all staff have received refresher ASP training in line with ASP policy
Type of Contract	National Flexible Framework for Care and Support Spot purchased	Self Directed Support (SDS) Option 2
Number of Service Users in reporting period	88	18
Actions	On-going involvement with service with Commissioning Team. Following Commissioning Officer analysis and monitoring meeting on 21/07/2026: • Remaining staff supervisions are scheduled	• A new SDS provider and support has been required in relation to supplying sufficient evidence. Commissioning Officer visited on 14/10/2026 to support provider and obtain evidence.

	• Management changes being addressed so as not to impact service delivery • Advice given regarding gaps identified in service user support plans, which are being addressed and evidence provided of 6 monthly reviews • Evidence provided of staff supervisions compliance Outstanding issues will continue to be followed up by Commissioning Officer	• Commissioning Officer will continue to follow up and provide support as required

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	1 Apr 2024-31 Mar 2025	1 Apr 2025-31 Mar 2026
Risk score achieved	**Risk Level**	**Number of provider partners**	**Number of provider partners**	**Number of provider partners**	**Number of provider partners**	**Number of provider partners**
100%	**Low**	0	0	0	0	2
99% - 75%	**Low**	15	15	22	24	25
74% - 61%	**Moderate**	12	13	5	4	4
60% and below	**High**	2	2	1	0	2
		29	**30**	**28**	**28**	**33**

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 in the low and moderate risk categories but an overall increase in high risk scores. However, the number of providers in the current contract monitoring period is higher. This is due to the increase in the number of SDS Option 2 providers, an additional service being monitored, and the separation or amalgamation of services.

The 2 services in the high risk category for the period 1 April 2025 – 31 March 2026, were all in the low risk category for the period 1 April 2024 – 31 March 2025.

The 3 services in the moderate risk category for the period 1 April 2025 – 31 March 2026 were all in low risk category for the period 1 April 2024 – 31 March 2025. The remaining service in the moderate risk category is a new provider in this contract monitoring period.

The 4 services in the moderate risk category for the period 1 April 2024 – 31 March 2025 all have moved to the low risk category for the period 1 April 2025 – 31 March 2026.

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)**
51% of the CASH services have experienced changes to management	Reflects wider national situation due to longstanding recruitment and retention issues in Health and social care in conjunction with sector pressures. Where changes have affected service delivery, HSCP will explore with partners a proportionate transition/improvement plan covering management cover, outstanding responsibilities and continuity of support, including exploring how HSCP can share training opportunities.
24% of CASH services do not have up to date staff supervisions	Staffing pressures, including management changes and staff availability/sickness have impacted staff supervisions. Provider partners have been advised of the importance of up to date staff supervisions and Commissioning Officers will reassess and keep track of progress over the coming six months.
33% of CASH services have experienced changes in organisational structure	Organisational structures continue to undergo both planned and unplanned changes, including changes to the Board of Directors or company restructure. This reflects the wider national situation and health and social care market. Work is underway to inform potential options for the future role for Scotland Excel within social care. One of the suggestions being discussed is for Scotland Excel to conduct market intelligence gathering, which would provide a clearer understanding and mapping of parent companies/company structures within the sector. HSCP will work to confirm any changes to ownership and accountable contracts to ensure accurate records are in place. We will assess any implications for service delivery, financial resilience, assess risks and record any mitigating actions agreed with partners.

12% of CASH services were not up to date with Mandatory Training 24% were not up to date with ASP Training (although for 21%, only new staff were awaiting training and/or staff have received initial training but refresher training is overdue)	Provider partners cite centralising of systems for recording of training and staff changes as predominant reasons. Commissioning Officers will continue to follow up progress with providers and the HSCP are exploring the sharing of training opportunities.
39% of CASH services experienced minor staff challenges 3% have experienced significant staffing challenges affecting the service	Provider partners cite staffing challenges, including issues with recruitment and retention as well as management/organisational changes and sickness absence as key reasons. Provider partners also cite the impact of the HSCP decision to recycle and reduce packages of care, which has led to challenges in guaranteeing sufficient paid hours for staff. Provider partners in the Care at Home Collaborative have advised that they have reduced their recruitment or put it on hold due to the DGC budget reduction in care hours through recycling. Sustainability work is underway through the Care at Home Collaborative to work with provider partners and identify unused capacity. A paper was presented to the Social Work Services Financial Roundtable on 21 July 2026 on Care and Support at Home Market Sustainability in Dumfries and Galloway seeking agreement to progress a three-pronged market sustainability response for Care and Support at Home: using CASS strategically to build rural and hard-to-reach capacity with a view to planned handover to independent provider partners; protecting two or three core independent provider partners to provide contingency resilience; and developing a consortium model for smaller provider partners. The proposed approach is intended to reduce provider failure risk, preserve a mixed market, improve planned allocation of capacity and strengthen whole-system flow while continuing to support financial recovery. Work is currently underway in these three areas.

18% of CASH services have recruited staff from overseas in the reporting period	Care at home services continue with international recruitment to help address staffing issues. However, they have faced ongoing challenges with the Certificate of Sponsorship regulations and conditions of employment, including meeting the requirements in terms of staff hours. HSCP will continue to identify specialist support in this area and share with provider partners.
19% of reported leavers from CASH services are leaving for new jobs out with the health and social care sector	Developing the Young Workforce initiatives have continued. This includes a wide range of activities such as 'Positive Futures' events, careers fairs, primary school engagement, and collaborative sessions with Careers Advisors. A Project Manager from HSCP is now working with the Chamber of Commerce on this project. Through a revised framework for partner relationships, HSCP to work with partners to improve understanding of leaving reasons and identify practical retention actions.
36% of CASH services did not use a Digital Care Planning platform	An evaluation report on the use of ETHEL has supported the plan to roll out further deployment of units. The evaluation also indicated the need to consider remote care as a service and develop our approach to using technology and digital interventions. The development of remote care features as an action with the 2025-26 annual development plan. Digital Care Planning is now in place with care at home partners. The evaluation work has been postponed allowing time for digital care planning to be embedded in practice as partners adopted this at different times. Work with partners to consider the formation of a digital collaborative is underway. This can also be explored through the revised partner relationship framework. The Interface Hub Weekly Update from 21 September 2026 showed that for Community Nursing, the total number of Ethel devices is 30, with 5 of them active and 25 noted as available. Provider partners in the Care at Home Collaborative have advised that due to reduction in packages of care, they do not have the resources to invest in new technologies at present.

36% of CASH services have not fully completed 6 monthly reviews for people who use the service 12% of CASH services did not meet personal outcomes for people using their service	Provider partners cite staff vacancies, sickness absence, recruitment issues, delays with Social Work reviews, management/organisational restructure and transitioning to new Digital Care Planning systems. However, in line with Care Inspectorate requirements, services are required to conduct 6 monthly reviews and these are required to take place regardless of the social work reviews. Commissioning Officers remind services of this requirement. Commissioning will continue to monitor and follow up with provider partners to offer advice and support in developing systems to better evidence achievement and to help support compliance, including digital care planning where this is not already in place.
36% of partners have concerns about sustainability of the service	36% (12 out of 33) of commissioned services had concerns about the sustainability of their service. This is a significant increase over last year's result, which was 14%. The predominant reason for the financial concerns was the limitations on picking up packages of care due to D&G budget constraints. Services highlighted the difficulty of guaranteeing sufficient paid hours for staff when packages were being recycled or reduced. Sustainability concerns highlighted through contract monitoring were escalated to senior management as priority. The Care at Home Collaborative also highlighted these concerns. Discussions are ongoing within the Partnership to undertake to identify supports that can be offered. A meeting took place on 8 September 2026 between Care at Home Collaborative provider partners and the Head of Adult Social Care, Chief Officer IJB and Chief Finance Officer to discuss provider concerns. Providers were advised that there are still reductions to be made in the number of hours for care. Market sustainability work is ongoing through the CASH Collaborative to work with provider partners and identify unused capacity.