2026 CMR Care Home Provider Partners - 1 April 2025 to 31 March 2026

Currently, Microsoft Forms does not offer the ability to save your progress and resume later. Therefore, you will need to complete the form in one sitting. We recommend drafting your response in a separate document first. For your convenience, a PDF copy of the form has been provided in advance to enable you to see all the questions and prepare your responses. Once you're ready, you can copy your answers into the form and submit them in one session.

Upon completion of the form, you will have the option to "Save my Response", this is only available if you have a Microsoft account. If you are unsure whether you have a Microsoft account, try signing in using an email address you commonly use with Microsoft services (e.g. Outlook or Office 365) www.office.com

Below is a guide on signing in to Office 365: support.microsoft.com/en-gb/office/sign-in-to-office-b9582171-fd1f-4284-9846-bdd72bb28426

If you don't have a Microsoft account, please email Commissioning@dumgal.gov.uk to request a PDF copy of your form

Section 1 - About your Service

Please provide your service contact details:

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

1. Service Name *

Please select your service from the following list. If your service is not listed, please contact Commissioning@dumgal.gov.uk :

- ◯ 34-38 Mannering Avenue
- ◯ Abbey Gardens
- ◯ Allanbank Care Home
- ◯ Alma McFadyen Care Home
- ◯ Annan Court
- ◯ Atkinson Road
- ◯ Bankfoot House
- ◯ Barlochan House
- ◯ Belmont Care Centre
- ◯ Briery Park Care Home
- ◯ Burnfoot Hall and Coach House
- ◯ Carlingwark House
- ◯ Charnwood Lodge
- ◯ Claremont
- ◯ Cornwall Park
- ◯ Cumloden Manor Nursing Home
- ◯ Dryfemount Care
- ◯ Fleet Valley Care Home
- ◯ Goldielea Care Home
- ◯ Lochduhar Care Home
- ◯ Lydiafield Care Home
- ◯ Merse House
- ◯ Munches Park House
- ◯ Notwen House
- ◯ Queensberry Care Home
- ◯ Senwick House
- ◯ Thorney Croft
- ◯ Trinity House
- ◯ West View Monreith Limited

◯ Westfield

2. Service Address *

Address of Care Home including postcode.

3. Name of Person Completing Form *

Enter the name of the person completing the form.

4. Designation *

Enter the Job Title of person completing the form.

5. Email Address *

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

6. Contact Telephone Number *

Enter main contact telephone number.

7. Charity Registration Number (if applicable)

Obtainable from the Office of the Scottish Charity Regulator oscr.org.uk

8. Company Registration Number (if applicable)

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

9. Charity/Company Registered Address

This could be addresses for both.

Section 2 - Management Changes

10. Have there been any changes to management personnel since 1 April 2025 *

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

    ◯ Yes

    ◯ No

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

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

Section 3 - Organisation Changes

12. Have there been any changes to your organisational/company structure during the period 1 April 2025 to 31 March 2026, for example changes to the Board of Directors or transfer of ownership. *

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

    ◯ Yes

    ◯ No

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

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

Section 4 - Sustainability

14. Do you have any concerns about the sustainability of your service? *

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

- ◯ Yes
- ◯ No

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

Section 5 - Technology and Innovations

16. During the period 1 April 2025 to 31 March 2026 did you use a Digital Care Planning platform? *

- ◯ Yes
- ◯ No

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

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

- ◯ Yes
- ◯ No

19. Please provide details: *

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

21. What other new ways of working or innovations have you introduced to meet personal outcomes for people using your service including technology enabled care, during the period 1 April 2025 to 31 March 2026? If Not Applicable, please enter N/A. *

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

22. Please provide details of any improvements/investments/developments/successes or achievements for the service during the period 1 April 2025 to 31 March 2026? If Not Applicable, please enter N/A. *

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

Section 6 - Care Home Availability

23. How many people were on your waiting list on 31 March 2026? *

The value must be a number

24. Do you have concerns with vacant beds in your service? *

This relates to beds that cannot be utilised for whatever reason.

- ◯ Yes
- ◯ No

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

Section 7 - Who your Service Supports

26. How many people access your service privately on 31 March 2026? If none, please enter a zero (0).

The value must be a number

27. How many people access your service from Out of Region (other Local Authority) on 31 March 2026? If none, please enter a zero (0).

The value must be a number

28. Please provide the total number of people who were new to your service during the period 1 April 2025 to 31 March 2026. *

The total number of new people who moved into the care home during the reporting period.

The value must be a number

29. Have people who access your service left during the period 1 April 2025 to 31 March 2026? *

- ◯ Yes
- ◯ No

30. Please provide the total number of people who left your service during the period 1 April 2025 to 31 March 2026.
The sum of all the subsequent questions in this section should equal this total number. *

The value must be a number

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

The value must be a number

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

The value must be a number

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

The value must be a number

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

The value must be a number

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

The value must be a number

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

The value must be a number

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

Section 8 - Service User Outcomes

38. Have all personal outcomes been met during the period 1 April 2025 to 31 March 2026? *

- ◯ Yes
- ◯ No

39. Please provide information about how you measure this: *

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

Section 9 - Six Monthly Reviews

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

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

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

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

44. Evidence not available - please explain why: *

Section 10 - Comments or Compliments or Complaints

45. Did you record any comments or compliments or complaints received during the period 1 April 2025 to 31 March 2026? *

These may come from a variety of sources including residents, staff, family or other involved persons. A comment can be any suggestions or observation about your service that is not a compliment or complaint.

- ◯ Yes
- ◯ No

46. As you have answered "No", please explain your rational for not recording comments or compliments or complaints (is this in line with your company policy?) *

47. Please provide the number of comments received during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

48. Please provide the number of compliments received during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

49. Please provide the number of complaints received during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

50. Please provide details of complaints. This should include date, reason and any actions/outcomes taken. (Please note, no names or other personal details should be provided) If not applicable, please enter N/A: *

Section 11 - Communication

51. During the period 1 April 2025 to 31 March 2026, did you maintain communications with people who use the service and/or people who deliver the service to encourage feedback (for example, survey, newsletter, other correspondence, etc)? *

This question refers to your organisation pro-actively seeking the view of stakeholders.

- ◯ Yes
- ◯ No

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

Respondents can select multiple options.

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

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

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

- ◯ Yes
- ◯ No

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

Seeking feedback, and then creating an action-plan based on information received, is an important part of service improvement. No personal details should be provided.

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

No personal details should be provided.

57. Please provide details of why you have not encouraged feedback (for example, survey, newsletter, other correspondence, etc)? *

Section 12 - Incidents and Accidents

58. Please provide the number of incidents in the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

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

The value must be a number

59. Please provide the number of accidents in the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

60. Please provide details of any incidents and accidents reported under Duty of Candour during the period 1 April 2025 to 31 March 2026. (Please note, no names or other personal details should be provided) If not applicable, please enter N/A: *

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

Section 13 - Adult Support and Protection

61. Please provide the number of Adult Support and Protection referrals that your service has made during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

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

    The value must be a number

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

    - ◯ Yes
    - ◯ Only new staff awaiting ASP training
    - ◯ Not ALL staff have received refresher training within the past 3 years (this should not reflect staff who are absent due to long term sickness absence or staff who are on maternity/paternity leave)

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

Section 14 - About your Workforce

64. Please provide the total number of staff as at 31 March 2026 (Please note that this should include staff that are on long term sick and maternity/paternity leave): *

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

The value must be a number

65. Of your total number of staff, how many are overseas workers? *

The two main schemes are the Skilled Worker Visa or Health & Care Worker Visa

The value must be a number

66. Did you have any staff on casual and/or zero-hours during the period 1 April 2025 to 31 March 2026? *

- ◯ Yes
- ◯ No

67. Please provide the number of casual staff used during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

68. Please provide the number of zero-hours staff used during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

The value must be a number

69. Please provide the number of staff **recruited** during the period 1 April 2025 to 31 March 2026. If none, please enter a zero (0). *

Please note that this is for the local service only.

The value must be a number

70. Please provide the number of **vacant** posts as at 31 March 2026. If none, please enter zero (0). *

The value must be a number

71. Have staff left your service during the period 1 April 2025 to 31 March 2026? *

- ◯ Yes
- ◯ No

72. Please provide the number of staff who have **left** your service during the period 1 April 2025 to 31 March 2026. If none, please enter zero (0).
The sum of all the subsequent questions in this section should equal this total number. *

The value must be a number

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

The value must be a number

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

The value must be a number

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

Private, Personal Assistant (PA) or Charitable Care Organisations

The value must be a number

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

Public Sector Bodies i.e. NHS or Local Authorities

The value must be a number

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

The value must be a number

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

The value must be a number

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

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

The value must be a number

81. Please provide the total hours of volunteering completed in the period 1 April 2025 to 31 March 2026. If none or not known, please enter a zero (0): *

This is a headcount. If none, please enter a zero (0).

The value must be a number

Section 15 - Staff Supervisions

82. Are staff Supervisions up to date as at 31 March 2026? ***You will be asked to email your supervision/appraisal matrix/planner at the end of this form.**** *

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

    ◯ Yes

    ◯ No

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

Section 16 - SSSC and PVG

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

- ◯ Yes
- ◯ No

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

- ◯ Yes
- ◯ No

86. Do you maintain a record of PVGs and renewal dates? *

- ◯ Yes
- ◯ No

Section 17 - Workforce Training

87. Is mandatory training up to date as at 31 March 2026? ***You will be asked to email your training matrix/planner at the end of this form.**** *

    Mandatory training must reflect the needs of the people who are being supported, as well as comply with health and safety legislation or the requirements of other relevant agencies.

    ◯ Yes

    ◯ No

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

Section 18 - Staffing Challenges

89. Did you have any staffing challenges as at 31 March 2026 (for example, long-term sickness, staff vacancies, staff disciplinaries)? *

- ◯ No staffing challenges
- ◯ Minor staffing challenges (for example, not affecting the service provision)
- ◯ Significant staffing challenges (for example, affecting the service provision)

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

Please provide information for any staffing issues both minor and major.

Section 19 - Overseas Recruitment

91. Have you recruited staff from overseas during the period 1 April 2025 to 31 March 2026?

- ◯ Yes
- ◯ No

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

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

The value must be a number

93. Do you have plans to commence overseas recruitment?

- ◯ Yes
- ◯ No

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

Section 20 - Agency Staff

95. Have you used agency staff during the period 1 April 2025 to 31 March 2026? *

- ◯ Yes
- ◯ No

96. Have you taken the appropriate steps to ensure that agency staff meet safeguarding requirements in-line with the contract? *

Section 21 - Organisational Operational Policies and Procedures

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

- ◯ Yes
- ◯ No

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

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

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

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

100. Operational Policies Checklist continued: *

	Yes	No	N/A
Slips, Trips and Falls	◯	◯	◯
Staff Supervision including Appraisal	◯	◯	◯
Staffing and Training	◯	◯	◯
Whistle Blowing	◯	◯	◯
Duty of Candour	◯	◯	◯

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

102. Do you adhere to best practice by following the National Infection Prevention and Control Manual? *

◯ Yes

◯ No

103. As you answered "Yes" what cleaning product is being used in the care home: *

104. As you answered "No" what cleaning product is being used in the care home: *

105. Is a risk assessment in place for this cleaning product? *

◯ Yes

◯ No

106. Please provide details:

Section 22 - Additional Information

107. Do you have any additional information you wish to share with us (this could include what has worked well and what has not, opportunities, planned future developments or any other issues)?

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

- ◯ Yes
- ◯ No

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

Section 23 - Partnership Support and Feedback

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

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

Disclaimer

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

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

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

- [ ] Your 6 monthly review planner (Ref. Section 9)
- [ ] **If applicable**, please email details of what action you have taken as a result of the information received via surveys/feedback (Ref. Section 11)
- [ ] Your Supervision/Appraisal Planner (Ref. Section 15)
- [ ] An up-to-date training planner/matrix or a statistical report from your management system. (Please note that mandatory training should reflect the Health and Social Care Standards. The number of your training planner/matrix should correspond to the numbers provided in the Adult Support and Protection training and About your workforce training sections (Ref. Section 13 and 17)

Guidance on Printing/Saving a copy of your CMR Return

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

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

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

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