Appendix 2

Contract Monitoring Report: Care Homes
1 April 2025 – 31 March 2026

Introduction

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

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

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), 3 are on the National Care Homes for Adults with Learning Disabilities and Autism (CHALD) Framework and 1 is a respite 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 Quality of Care 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 Quality of Care 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 2025 – 31 March 2026, reflecting the situation for that period of time only. Contract monitoring for Care Home providers for the period 1 April 2026 to 31 March 2027 is scheduled to commence in April 2027.

- Compliance – Care Homes

47% (14 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. 50% (15 out of 30) reported that 6 monthly reviews were not up to date and 3% (1 service) reported non completion/evidence not supplied. Reasons for partial or non-completion/lack of evidence included scheduling issues with families or insufficient evidence provided to confirm reviews achieved and awaiting social work reviews. 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.

80% of services (24 out of 30) met resident's personal outcomes during the reporting period. The reasons for the 20% (6 out of 30) not meeting personal outcomes was due to some being in progress or evidence pending.

93% of services (28 out of 30) reported that mandatory training for staff was up to date/ at least 80% compliant 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 7% (2 services) for whom mandatory training was not up to date was predominantly due to lack of evidence being supplied and staff availability/scheduling issues.

Commissioning Officer review of responses found that in 44% (13 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 33% (10 services), only new staff were awaiting ASP training and/or staff have received initial training but refresher training was overdue and for 23% (7 services) all staff have not received refresher training in line with the ASP policy.

83% or (25 out of 30) services reported that staff supervisions/appraisals were up to date/at least 80% compliant. Staffing levels, absences/holidays and sickness have impacted staff support and development, with 17% (5 out of 30) of services reporting that staff supervisions were not up to date but were scheduled to be carried out.

33% (10 out of 30) services reported no staffing challenges. 67% (20 out of 30) reported experiencing staffing challenges, of which 1 provider (3%) reported significant staffing

challenges affecting the service. Reasons for the staffing challenges included staff sickness, staff vacancies and recruitment challenges.

93% (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 changes to menus, interior decoration, outdoor improvements, tailored activities, new signage, a 'You Said, We Did' board and improved methods of communication and engagement with families and friends. For the remaining 30% of providers, sufficient evidence was not yet supplied to substantiate actions taken.

- Intelligence

Commissioning Officer review of responses found that 30% (9 out the 30) commissioned services had experienced changes to management personnel during the reporting period, of which 23% resulted in impacts to the service. In addition, 43% (13 out of 30) of services experienced changes in organisational structure, such as changes to the Board of Directors or transfer of ownership. The latter is a significant increase over last year's result for organisational changes, which was 20% of services.

13% (4 services) reported having concerns about the sustainability of their service. Reasons cited include the rising cost of living, increased fuel and utilities costs, the increase in employer National Insurance contributions, ongoing maintenance costs of old buildings, and funding not keeping pace with increasing care demands of residents. The increased demands of residents results in increased staffing costs to help meet these increasing needs, placing a financial burden on the service and the inability to accept high/very high dependency referrals.

30% (9 out of 30) 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 in relation to Certificates of Sponsorship has been a challenge. Care homes reported that overseas workers make up 12% of their total workforce.

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. 90% (27 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 Quality of Care Monitoring Visit were also reviewed, and a risk score assigned. The SAQ and, where applicable, the Joint Quality of Care 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 Quality of Care Monitoring Visit findings in relation to:

- Changes to management personnel
- Organisational changes
- Sustainability concerns
- Use of Agency staff
- 6 Monthly reviews up to date
- 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
- Evidence provided complete/on time

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**	21
74% - 61%	**Moderate**	7
60% and below	**High**	1
		30

Risk scores resulting from this contract monitoring exercise show that based on the information available, 22 out of 30 (74%) of services are showing no significant risks. 7 services (23%) are in the moderate risk category and the remaining 1 service (3%) is in the high-risk category.

- Moderate Risk – (74% - 61%)

Of those with moderate risks, the average score is 70%. 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 not up to date, action not taken from feedback received, mandatory

training not being kept up to date and high reliance on Agency staff. 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	70%	67%	73%	67%
Key reasons for low % score	Management changes impacting the service; unplanned organisational changes; all 6 monthly reviews not up to date; ASP training/refresher training pending for some new staff; minor staffing challenges; agency staff usage	Management changes impacting service delivery; unplanned organisational changes; personal outcomes not all met; all 6 monthly reviews not up to date; all staff not received ASP refresher training; Minor staffing challenges; evidence overall not provided on time	Management changes impacting service delivery; unplanned organisational changes; all 6 monthly reviews not up to date; all staff not received ASP training/refresher training; minor staffing challenges;	Management changes impacting service delivery; unplanned organisational changes; personal outcomes not met; 6 monthly reviews not up to date; minor staffing challenges; policies and procedures not up to date;
Actions	On-going involvement with service with Commissioning Team and CHTT. Joint Quality of Care visit conducted on 17/09/2026: • Management changes – change of manager and deputy manager but now recruited to both posts. • New CEO now in post. • As at 02/06/2026, only one new staff member now awaiting ASP training	On-going LSI. Suspension of placements in place since 07/08/2026. Joint Quality of Care visit conducted by Commissioning Officer and CHTT on 06/08/2026: • Management changes – update on 06/08/2026, new manager and new deputy in post. • Operations Director, CEO and Managing Director all changed in	On-going involvement with service with Commissioning Team and CHTT. Quality of Care visit conducted by CHTT on 10/08/2026 • Interim Manager in place • Changes in Operations Director, CEO, Managing Director and Regional Manager • Work ongoing to ensure all 6 monthly reviews in place	LSI in place along with other care at home services for the same provider partners. Suspension of placements in place from 27/02/2026 until 31/07/2026. • Resignation of some staff; CEO left and new CEO in place. Operations Manager left the organisation • 6 monthly reviews delayed but back on track and new tracker put in place • Minor staffing challenges due to long term sickness and maternity

	• Staffing challenges improved due to successful recruitment of new staff • Agency use significantly reduced but still reliant on agency staff. Commissioning Officer engaged in ongoing follow up on agreed actions.	reporting period. Changeover of Regional Manager also. • Personal outcomes ongoing • Evidence provided of some scheduled reviews, but recording needs improvement. • Evidence of ASPs still outstanding Ongoing follow up by Commissiong Officer, CHTT and Social Work. Improvement plan in place with regular meetings/reviews led by Social Work through LSI.	• Evidence provided shows ASP training still outstanding for 6 staff • Recruitment has been challenging to find suitable applicants	leave/staff leaving. Recruitment underway • Policies and procedures currently under review by head office. Policies also being reviewed as part of LSI process. Ongoing follow up by Commissiong Officer, CHTT and Social Work. Improvement plans were in place, but sufficient progress achieved leading to lifting of suspension of placements.

	Provider Partner 5	Provider Partner 6	Provider Partner 7	
Risk Score	67%	73%	73%	
Key reasons for low % score	Unplanned organisational changes; personal outcomes not met; all 6 monthly reviews not achieved; staff supervisions/ appraisals not up to date; minor staffing changes; Agency staff usage;	Unplanned organisational changes; all 6 monthly reviews not achieved; staff supervisions/ appraisals not up to date; minor staffing changes; Agency staff usage	Unplanned organisational changes; all 6 monthly reviews not achieved; No action or improvements identified on feedback received; Significant staffing challenges affecting service delivery; overall evidence not provided on time	
Actions	On-going involvement with service with Commissioning Team and CHTT. Joint Quality of Care visit conducted on 15/07/2026.	On-going involvement with service with Commissioning Team and CHTT. Joint Quality of	On-going involvement with service with Commissioning Team and CHTT.	

	• New CEO during the reporting period • Confirmed plan is in place to bring 6 monthly reviews up to date • Staff supervisions – delays due to deputy manager on long term sickness; 5 still to be completed and plan in place to bring up to date • Staffing challenges - Deputy manager was on long term sickness and service struggling to recruit Senior Carers – progress made includes two new Senior Carers and 1 remaining vacant post. Commissioning Officer ongoing follow up on agreed actions.	Care Visit conducted on 03/09/2026 • Care home purchased by another company in Oct 2025 • 6 monthly reviews – plans in place for completion; staff awaiting confirmation of availability to meet with families • Staff supervisions – delays due to staff annual leave and sickness • Staffing challenges – some vacant nurse and carer hours to fill and chef position Commissioning Officer ongoing follow up on agreed actions.	Joint Quality of Care Visit conducted on xx • Operations Director, CEO and Managing Director changes • 6 monthly reviews – evidence provided confirmed reviews not taking place 6 monthly and 5 reviews overdue; • Evidence not provided of actions taken from feedback received • Staffing challenges – struggling to recruit due to rurality and rates of pay Commissioning Officer ongoing follow up on agreed actions.

- <u>High Risk (60% and below)</u>

	Provider Partner 8
Risk Score	30%
Key reasons for low % score	Management changes affecting service delivery; personal outcomes not achieved; 6 monthly reviews not up to date; not recording of comments, compliments or complaints nor any actions taken from feedback received; ASP training not up to date; Staff supervisions not up to date; Mandatory training not up to date; minor staffing challenges;
Actions	On-going involvement with service with Commissioning Team and CHTT. Joint Quality of Care visit conducted on 13/07/2026 • Evidence not provided for any of the key issues listed above. This was due to manager leaving the service • Staffing challenges – temporary shortfall in staffing levels and awaiting PVGs for new staff • Manager left the service. Service was being supported by manager of another service in D&G owned by the same

	company. New Manager recruited and started in post on 06/07/2026. At Quality of Care Joint Visit on 13/07/2026, the Commissioning Officer gave support to the new manager in relation to the contract monitoring process and evidence required. Follow up joint visit scheduled for 08/12/2026. The new manager will then have been in post for a few months and it is anticipated that a more positive reflection of the service can be evidenced. Commissioning Officer and CHTT scheduled a follow up joint visit for 08/12/2026 as an ongoing follow up to obtain outstanding evidence. In the meantime, the Commissioning Officer has been in regular contact with the provider and progress has been made towards ASP and Mandatory Training. Evidence will be reviewed in relation to all outstanding areas at the upcoming visit. Inspection conducted by the Care Inspectorate on 14/10/2026 and grades are as follows for the Key Question areas inspected: Wellbeing – Key Question 1.3 – Grade 4 Good (reduced from 5 Very Good). Leadership – Key Question 2.2 – Grade 3 Adequate (reduced from 4 Good). Setting – Key Question 4.1 – Grade 3 (no change)

If a service receives a risk score of below 60% it is escalated to the Contracts Manager in the first instance and then to the Commissioning Liaison Manager for further action in conjunction with operational Social Work colleagues where applicable. Any concerning risks identified through Joint Quality of Care 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 on the care home or Social Work may invoke an LSI. 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.

<u>Comparison to previous contract monitoring of care homes</u>

The table below provides a comparison of overall risk scores of third sector commissioned services over contract monitoring periods:

	Risk Level	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		**Number of provider partners**	**Number of provider partners**	**Number of provider partners**	**Number of provider partners**	**Number of provider partners**

100%	**Very Low**	0	1	1	1	1
99% - 75%	**Low**	23	16	19	19	21
74% - 61%	**Moderate**	5	5	7	10	7
60% and below	**High**	2	7	3	0	1
		30	**29**	**30**	**30**	**30**

Of the 7 services in the moderate risk category in 2025-26, 3 were in the moderate risk category in 2024-25 and 4 were in the low-risk category for 2024-25.

The one service in the high-risk category for 2025-26 was in the low-risk category in 2024-25.

Of the 10 services in the moderate risk category in 2024-25, 3 have remained in the moderate risk category for 2025-26 and 7 have moved to the low-risk category in 2025-26.

The results overall in 2025-26 show a slight increase in care homes in the low-risk category, a slight decrease in the moderate category and a slight increase in the high-risk category.

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)**
30% (9 out of 30) of care homes experienced changes to senior and/or local management 43% (13 out of 30) reported changes in organisational structure	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. 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.
17% (5 out of 30) reported staff supervisions are not up to date 67% (20 out of 30) of care homes experienced staffing challenges	Provider partners cite changes to management, recruitment and retention issues leading to staffing shortages and resultant effect on keeping staff supervisions up to date. 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. Regular meetings are held with care home owners/directors and CHTT and Commissioning to discuss operational issues and concerns identified from visits and to identify supports. The IJB Strategic Planning and Commissioning Manager is also holding relationship meetings with care home owners/directors.
30% care homes reported recruiting staff from overseas	Some care home services have continued international recruitment to help address staffing challenges. However, they have faced ongoing challenges with the Certificate of Sponsorship regulations. HSCP will continue to identify specialist support in this area and share with provider partners.
53% (16 out of 30) of care homes reported 6 monthly reviews for people who use the service are not up to date	Provider partners cite delays with Social Work reviews as one of the key reasons for 6 monthly reviews not being up to date. 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.

7% (2 out of 30) reported mandatory training is not up to date	Provider partners cite staff and management turnover as a key reason affecting their ability to keep training up to date. A rolling schedule of Joint Quality of Care 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 Quality of Care Monitoring Visits or RAG findings, are shared with CCHST and appropriate supports put in place by CHTT and Partnership colleagues to help address, including how the HSCP can provide non-financial supports, such as access to training, for areas identified.
56% (17 out of 30) are not up to date with ASP training in line with policy	After its launch last year, the 'Dumfries and Galloway Good Practice Guidance: Adult Support and Protection for Care Homes' produced by the Public Protection Partnership (PPP) and Lead Officer for ASP has been rolled out for use by care homes to support them in prevention of, recognition of and reporting of harm in care settings. Where necessary, suspension of placements or Large Scale Investigations (LSI) have been put in place and improvement plans developed by Partnership colleagues in conjunction with provider partners to support improvements. In addition to Joint Quality of Care Monitoring Visits, the CHTT and Partnership colleagues support care homes through support visits, MEG (Medical e-Governance) Inspections and Audits for infection prevention and control and through the provision of staff training. Commissioning Officers will continue to follow up progress with providers and the HSCP are exploring the sharing of training opportunities.
13% of services (4 out of 30) reported sustainability concerns	Relationship meetings have been held between the IJB Strategic Planning and Commissioning Manager and care home owners/directors to discuss issues and identify supports. A programme of Flexible bed-based intermediate care is ongoing, currently funded until 31 March 2027. It provides funding to participating care

	homes providing a bed(s) that can be used when a person can no longer live safely in their home but does not need to be in an acute hospital.