Integration Joint Board
Strategic Planning, Finance and Commissioning Committee

1st December 2026

This Report relates to
Item 9b on the Agenda

Contract Monitoring: Care Homes

Paper presented by Peggy Taylor

For Discussion / Noting

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List of Background Papers:	Procurement of Care and Support Services Best Practice Guidance (https://www.gov.scot/publications/procurement-care-support-services-best-practice-guidance/) Procurement Reform (Scotland) Act 2014 (https://www.gov.scot/publications/procurement-reform-scotland-act-2014-statutory-guidance/pages/13/)
Appendices:	**Appendix 1 -** Sample contract monitoring Self Assessment Questionnaire **Appendix 2 -** Contract Monitoring Report Care Homes

1. Introduction

1.1 On behalf of the Health and Social Care Partnership (HSCP) the Commissioning Team monitors contracts for 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 2025 – 31 March 2026.

2. Recommendations

2.1 **The IJB Strategic Planning, Finance and Commissioning Committee is asked to:**

- **Note the outcome of recent contract monitoring of commissioned care homes**
- **Discuss issues raised from recent contract monitoring and approve suggested actions**

3. Background and Main Report

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 it contractual obligations.

3.2 The Commissioning Team currently conducts contract monitoring of 30 Care Homes, 33 Care and Support at Home commissioned services and 22 third sector and non-registered commissioned services.

3.3 Contracting and contract monitoring are aspects of the commissioning cycle that are concerned with

- technical aspects of contracts
- the monitoring of the quality of what is provided under the terms of those contracts
- ensuring that people's personal outcomes are being achieved

3.4 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:

- Day Care
- Day Centres
- Care and Support at Home
- Care Homes
- Carers Support
- Short Breaks
- Support services

3.5 <u>Care Home Contract Monitoring</u>

3.6 Regular Joint Quality of Care 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). Over the past year, Commissioning

Officers have worked with CHTT to adapt the Scottish Government's Excellence in Care Framework to develop a new and more collaborative approach to care home joint visits.

3.7 Joint Quality of Care 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. It forms the basis for determining joint visit scheduling priority. Reports from Joint Quality of Care Monitoring Visits and RAG reports are shared with CCHST.

3.8 Full contract monitoring of care homes commenced in April 2026 for the period 1 April 2025 to 31 March 2026. This paper presents the findings of that monitoring exercise.

3.9 These findings were shared with Contract Management Group (CMG) on 24 September 2025 and will also be presented to the Health and Social Care Leadership Group (HSCLG) on 12th November 2026, the IJB Strategic Planning, Finance and Commissioning Committee on 1 December 2026 and the Social Work Services Committee on 8 December 2026.

3.10 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 (CHA) Framework and 1 is a respite care home.

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

3.12 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.

3.13 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.

3.14 The following table gives a summary of the findings following Commissioning Officer analysis. The table in 3.16 below describes some of the issues identified and actions being taken to address.

Compliance	• 47% of services have up to date 6 monthly reviews for people who use the service • 93% of services are up to date with mandatory training • 80% of personal outcomes for people who use the service were met in the reporting period

<table>
<tr><td></td><td>

44% of services are up to date with Adult Support and Protection Training
93% of services undertook engagement/satisfaction surveys or gathered feedback
83% of services are up to date with staff supervisions

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<tr><td>Risk Management</td><td>Risk scores resulting from contract monitoring show that there are 22 services showing no significant risks, 7 providers for whom moderate risks have been identified and 1 high risk. Risk concerns have been escalated and action taken or is ongoing. Detail regarding these risks is presented in Appendix 2.

<table>
<tr><td colspan="2">Risk Score Results
Note: the higher the risk score the lower the risk</td></tr>
<tr><td>Risk score achieved</td><td>Number of provider partners</td></tr>
<tr><td>100%</td><td>1</td></tr>
<tr><td>99% - 75%</td><td>21</td></tr>
<tr><td>74% - 61%</td><td>7</td></tr>
<tr><td>60% and below</td><td>1</td></tr>
<tr><td></td><td>30</td></tr>
<tr><td></td><td></td></tr>
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</td></tr>
<tr><td>Intelligence</td><td>

30% of services experienced changes to management
43% reported changes in organisational structure
67% of services experienced staffing challenges
13% of services reported concerns regarding sustainability
30% of services recruited staff from overseas
90% of services used a Digital Care Planning platform

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3.15 Issues and Planned Actions

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

3.17 Future Planned Contract Monitoring

3.18 Contract monitoring of care at home and for third sector commissioned services for the period 1 April 2025 to 31 March 2026 has also been conducted and the findings included in a separate report to this Committee.

3.19 Contract monitoring for commissioned services for the period 1 April 2026 to 31 March 2027 is due to commence in April 2027.

3.20 Joint Visits now follow a bespoke template based on the Quality of Care Framework and this has enabled a more collaborative approach with other Partnership colleagues and a more streamlined and focused approach to the monitoring of care homes.

3.21 Development work has been ongoing to streamline contract monitoring recording and documentation to improve efficiency. This has included all commissioned services utilising a contract monitoring return using Microsoft Forms. Development work is ongoing via SharePoint to expand functionality for improved data capture and reporting of results.

3.22 Work is underway to look at achieving a more holistic oversight of adult social care commissioned services. This is a joint undertaking between Commissioning, DGC Procurement, Finance and Social Work. It includes the development of one comprehensive list of all contracted and non-contracted funded adult social care services to give a clearer understanding of the commissioning arrangements and commitments across all areas of adult social care. The next piece of work would be to establish a comprehensive overview of all commissioned services, similar to a balanced scorecard approach. This would include information from Procurement, Finance and Social Work as well as the information already gathered by Commissioning through contract monitoring and intelligence.

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 2025/26.

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 no significant risks were identified for the majority of care homes (74% or 22 out of 30) and that there are 7 care home in the moderate risk category and 1 care home in the high-risk category. Commissioning Officers continue work with providers partners to follow up on outstanding actions.

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 Quality of Care 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.

5. Resource Implications

5.1 The work described in this paper is delivered within existing resources.

6. Impact on Integration Joint Board Outcomes, Priorities and Policy

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.

7. Legal and Risk Implications

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.

8. Consultation

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 HSCLG will consider this report prior to sharing with the IJB Strategic Planning, Finance and Commissioning Committee.

9. Equality Impact Assessment

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

10. Consumer Duty

10.1 This report is providing the findings from the monitoring of health and social care services procured through the National Care Home Contract. An impact assessment is not required.

11. Glossary

EQIA	**Equalities Impact Assessment**
IJB	**Integration Joint Board**

	CMG	**Contract Management Group**
	CHTT	**Care Home Tactical Team**
	CCHST	**Collaborative Care Home Support Team**
	CHSG	**Care Home Steering Group**
	DGC	**Dumfries and Galloway Council**
	HSCP	**Health and Social Care Partnership**
	HSCLG	**Health and Social Care Partnership Leadership Group**
	MEG	**Medical e-Governance**
	NES	**NHS Education for Scotland**
	PPP	**Public Protection Partnership**
	SAQ	**Self Assessment Questionnaire**