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LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP TUESDAY, 17TH MAY, 2016

A MEETING of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on TUESDAY, 17 MAY 2016 at 2.00 pm

J. J. WILKINSON,
Clerk to the Council,

11 May 2016

BUSINESS		
1.	Apologies for Absence.	
2.	Order of Business.	
3.	Declarations of Interest.	
4.	<p>Minute (Pages 1 - 2)</p> <p>Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 15 March 2016 to be approved and signed by the Chairman. (Copy attached.)</p>	5 mins
5.	<p>Quarterly Performance Reporting</p> <p>Consider reports by the Finance and Commercial Director of SB Cares on the performance of SB Cares on:</p> <p>(a) SB Cares Final Outturn as at 31 March 2016 (Pages 3 - 6) (Copy attached.)</p> <p>(b) Key Performance Indicators as at 31 March 2016 (Pages 7 - 12) (Copy attached.)</p>	20 mins
6.	<p>Care Inspectorate (Pages 13 - 36)</p> <p>Update by the Operations Director of SB Cares on Inspections by Care Inspectorate (Copy attached.)</p>	10 mins
7.	<p>Dates of Future Meetings</p> <p>Meetings scheduled:-</p> <p>9 August 2016 8 November 2016</p>	2 mins

	7 February 2017 7 March 2017 6 June 2017	
8.	Any Other Items Previously Circulated.	
9.	Any Other Items which the Chairman Decides are Urgent.	
10.	<p>Items Likely To Be Taken In Private</p> <p>Before proceeding with the private business, the following motion should be approved:-</p> <p>“That under Section 50A(4) of the Local Government (Scotland) Act 1973 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 6 of Part 1 of Schedule 7A to the aforementioned Act.”</p>	
11.	<p>Minute (Pages 37 - 40)</p> <p>Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 15 March 2016 to be approved and signed by the Chairman. (Copy attached.)</p>	5 mins
12.	<p>Business Plan</p> <p>Consider SB Cares Business Plan 2016/17. Verbal update by the Managing Director of SB Cares.</p>	15 mins

NOTES

1. **Timings given above are only indicative and not intended to inhibit Members' discussions.**
2. **Members are reminded that, if they have a pecuniary or non-pecuniary interest in any item of business coming before the meeting, that interest should be declared prior to commencement of discussion on that item. Such declaration will be recorded in the Minute of the meeting.**

Membership of Committee:- Councillors F. Renton (Chair), J. Brown, J. Greenwell, J. G. Mitchell, B White and Wilson

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**SCOTTISH BORDERS COUNCIL
LIMITED LIABILITY PARTNERSHIP –
STRATEGIC GOVERNANCE GROUP**

MINUTES of Meeting of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP held in Council Chamber, Council Headquarters, Newtown St Boswells on Tuesday, 15 March, 2016 at 2.30 pm

Present:- Councillors F. Renton (Chair), J. Brown, J. Greenwell, J. G. Mitchell and B White.

In Attendance:- E Torrance (Chair Project Board), J Stacey (Chief Officer Audit & Risk SBC), J Wilson (Chairman SB Cares), P Barr (Managing Director SB Cares), D Collins (Finance and Commercial Director SB Cares), L Crombie (Operations Director SB Cares), P Cathrow (Service Development Manager SB Cares), Democratic Services Officer (P Bolson).

1. **WELCOME**

The Chairman welcomed everyone to the meeting of the Limited Liability Partnership Strategic Governance Group (LLPSGG).

**DECISION
NOTED.**

2. **MINUTE**

There had been circulated copies of the Minute of the meeting of 16 February 2016. Following discussion, it was agreed that the Minute be amended as follows:-

Paragraph 4(b)(i) Line 15 should read ". . . showed an absence rate of 6.69% for July 2015 compared to 5.81% reported in November 2015." And

Paragraph 4(b)(ii) Lines 9 and 10 should read ". . . this referred to the average number of staff based on 37 hours per week;"

**DECISION
APPROVED the Minute for signature by the Chairman, subject to the above amendments.**

3. **MATTER ARISING**

With reference to paragraph 3 of the Minute of the meeting of 16 February 2016, Mrs Torrance advised Members that the appointment of a representative from the NHS to the Limited Liability Partnership - Strategic Governance Group (LLPSGG) had again been raised with the NHS and John Raine, NHS Borders had agreed to take this forward. It was noted that the next meeting of the Integrated Joint Board was scheduled for 18 April 2016 and it was hoped that a representative would be identified at that time.

**DECISION
NOTED.**

4. **PRIVATE BUSINESS**

DECISION

AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business contained in the following items on the ground that they involved the likely

disclosure of exempt information as defined in paragraphs 6 and 8 of the part 1 of Schedule 7A to the Act.

SUMMARY OF PRIVATE BUSINESS

5. **MINUTE**

Members approved the Private Section of the Minute of 16 February 2016 subject to an amendment.

6. **SB CARES BUSINESS PLAN FOR 2016/17**

Members considered the Business Plan for SB Cares for the period 2016/17.

The meeting concluded at 4.10 pm



UNAUDITED FINANCIAL OUTTURN 2015/16

Report by the Finance & Commercial Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

17 May 2016

1 PURPOSE AND SUMMARY

- 1.1 To inform the Strategic Governance Group of the unaudited financial outturn for 2015/16.**
- 1.2 The final financial outturn for 2015/16, after paying the Council the agreed £480k contribution set out in the business plan, has delivered adult care services within the agreed budget for its first year of operation.
- 1.3 Details of the final outturn and variances are set out in the report.

2 RECOMMENDATIONS

- 2.1 It is recommended that the Strategic Governance Group:-**
 - (a) Note SB Cares financial outturn position for 2015/16**
 - (b) Note that SB Cares achieved the target contribution of £480k agreed by the Council**
 - (c) Note the contribution of £480k will inform Scottish Borders Councils revenue outturn position 2015/16**

3 FINANCIAL OUTTURN POSITION 2015/16

3.1 In the first year of the Business Plan approved by members in October 2014 it forecast that SB Cares would generate a surplus of £480k to contribute to adult social care. After paying the Council the £480k contribution SB Cares delivered a small surplus of £2k.

3.2 A Summary of the final outturn position, after paying the Council the agreed contribution, is set out in the table below:

Summary	YTD	Forecast	Variance
Profit & Loss	Actual £000's	2015/16 £000's	2015/16 £000's
Income	17,578	17,933	(355)
Direct Cost	(17,034)	(16,906)	(128)
Gross Profit	544	1,027	(483)
Overheads	(542)	(556)	14
Profit	2	471	(469)

3.3 Income

Income for the year is lower than the forecast presented at the SGG on February 2016 due to the contribution to the Council of £480k. This has been offset by income for additional orders of ability equipment and transformation funding from SBC for ongoing company set up costs.

3.4 Direct Cost

Direct cost have increased during the last quarter against forecast by £128k due to additional costs from supplies and services from:

- Provision of additional equipment and maintenance to SBC which has been fully invoiced
- transport charges from SBC for our day services
- additional vehicle repair costs for aging vehicles requiring high cost repairs
- additional utilities costs due to low estimated readings midyear used to inform forecast

Improved processes have already been identified and put in place to manage the variances that have materialised at the end of the year.

3.5 Overheads

Management identified further short term saving in the last quarter to support the final contribution to the Council.

4 IMPLICATIONS

4.1 Financial Recommendations

There are no costs attached to any of the recommendations contained in this report its content being specifically related to the financial outturn of SB Cares for 2015/16.

4.2 Risk and Mitigations

There is a risk that the final outturn will change subject to the external audit of SB Cares accounts.

The risks identified above are being managed and mitigated through:-

- (a) A review by SBC's Internal audit team to assess SB Cares' financial governance arrangements in place to perform and account for its financial activities in an honest, legal and transparent manner in accordance with best accounting practice

4.3 Equalities

It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

4.4 Acting Sustainably

There are no significant effects on the economy, community or environment.

4.5 Carbon Management

No effect on carbon emissions are anticipated from the recommendation of this report.

4.6 Rural Proofing

It is anticipated there will be no adverse impact on the rural area from the proposals contained in this report.

5 CONSULTATION

- 5.1 The Management Team and SB Cares Board have been involved in and agreed the compilation of the financial outturn position set out in this report.

Author(s)

Name	Designation and Contact Number
Debbie Collins	Finance & Commercial Director 01835 826700

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KEY PERFORMANCE INDICATORS

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

17 MAY 2015

1 PURPOSE AND SUMMARY

1.1 **To update the Strategic Governance Group on the key performance indicators (KPI's) for SB Cares as at 31 March 2016.**

1.2 SB Cares Management Team present the KPI's for the last quarter of 2015/16 for:

- No. of clients we are supporting across our services
- Average no. of carers supporting clients
- Absence levels
- No. of staff employed including the number of posts currently being recruited

2 RECOMMENDATIONS

2.1 **It is recommended that the Strategic Governance Group:-**

(a) Notes the KPIs for SB Cares

3 **KEY PERFORMANCE INDICATORS**

3.1 **NUMBER OF HOME CARE CLIENTS**

March 2016 has seen a slight decrease in Homecare clients by 5 from 885 to 880. This has not been reflected in the increase in the average hours per week of 5877 to 5895 between February and March delivered within our existing contract. The main reason for this is that some existing clients are requiring an increase in hours of support on return home from hospital and a number of new clients have required larger packages of care.

3.2 **AVERAGE NUMBER OF CARERS SUPPORTING INDIVIDUAL CLIENTS**

One of the key objectives for SB Cares is to provide consistent care to our clients. The average number of carers each month has been captured and set out in Appendix 1 for the year to 31 March 2016. This has seen the average number of carers per client increase slightly from 10.0 to 10.76 for the month of February. This slight increase has been due to a higher level of cover for holiday, training and exceptional absence in March.

3.3 **ABSENCE LEVEL**

Absence is one of the areas identified in the business case that could be improved through more assertive HR practice. Absence levels links strongly to a cultural shift which will be supported by reviews underway around working practices and patterns.

The rolling annual absence level for March has seen a slight reduction compared to the level recorded in January 2016 of 0.37% to 7%. SB Cares Management Team continues to monitor absence levels.

3.4 **NUMBER OF STAFF EMPLOYED**

The number of staff employed by SB Cares has been captured in Appendix 1 to set out the monthly number of FTE's, the number of staff paid and the number of posts currently being recruited by SB Cares.

During March 2016 SB Cares have recruited 7 staff mainly for our Homecare service helping to reduce reliance on additional hours and relief staff. The number of staff paid in March reduced by 7 to 806. The number of posts currently being recruited to is 3; 1 on Day Services, 1 in Care Homes and 1 in Home Care.

4 **IMPLICATIONS**

4.1 **Financial Recommendations**

Any costs incurred in the development of reporting KPIs are included in SB Cares financial position.

4.2 **Risk and Mitigations**

There is a risk that SB Cares does not effectively monitor KPIs for the business.

The risks identified above are being managed and mitigated through:-

- (a) Monitoring of SB Cares KPIs against agreed targets to support the delivery of high quality services to our clients and delivery of the business by the Senior Management Team.
- (b) Continue to develop KPIs for the business in the first year of operation

4.3 **Equalities**

It is anticipated there will be no adverse impact due to race, disability, gender, age, sexual orientation or religion/belief arising from the proposals contained in this report.

4.4 **Acting Sustainably**

There are no significant effects on the economy, community or environment.

4.5 **Carbon Management**

No effect on carbon emissions are anticipated from the recommendation of this report.

4.6 **Rural Proofing**

It is anticipated there will be no adverse impact on the rural area from the proposals contained in this report.

5 CONSULTATION

- 5.1 The Senior Management Team and the Board have been consulted and have agreed the priority KPIs to be reported to the SGG.

Author(s)

Name	Designation and Contact Number
Lynne Crombie	Operations Director 01835 826700

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SB Cares KPI's as at 31 March 2016

Appendix 1

	Reporting frequency	Mar-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
No. of home care clients	Monthly		749	876	921	888	909	884	880	885	880
Note. Homecare figures held on Call confirm.											
Average no. carers per homecare client	Monthly		10.422	10.385	10.135	10.472	10.321	10.187	9.941	10.009	10.767
Note. Report to be developed to split out clients with packages of care above 10 hrs and double up carers											
Absence levels for SB Cares (rolling year)	quarterly	6.61%	6.96%		7.29%	7.12%		7.37%	7.37%	7.00%	N/A
Total number of FTE's	Monthly		473.28	480.57	486.17	484.26	487.18	488.31	487.38	486.49	490.01
Note. 90% of Allied staff on zero hour contracts so set up as relief until contracts agreed as part of homecare review											
No. of staff paid	Monthly		781	795	830	821	856	815	817	799	806
No. of posts currently being recruited	Monthly			4	14	3	1	3	2	10	3

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CARE INSPECTION REPORT

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

17 May 2016

1 PURPOSE AND SUMMARY

- 1.1 **To update the Strategic Governance Group (SGG) on the inspection of SB Cares services by the Care Inspectorate.**
- 1.2 Since SB Cares last reported to the SGG in February Waverley Care Home, Saltgreens Care Home and and Berwickshire Dementia Day Service Inspection report have been finalised with no changes. Action plans have been developed by all the above services to meet all requirements and recommendations. All actions are now complete.
- 1.3 SB Cares Management Team are monitoring the delivery of all action plans put in place to implement all requirements and recommendations from the Care Inspectorate, reporting the progress to the SGG on a quarterly basis. Information on the action plans are provided in Appendix 1.
- 1.4 Care at Home West and Care at Home East have both recently been inspected and we are in receipt of two draft reports. Action Plans have been developed to meet all risks and are about to be submitted to the Care Inspectorate.
- 1.5 Inspections have begun in the Learning Disability Day Services with Victoria Park being in receipt of their draft report which is included in Appendix 2. The Katharine Elliot Centre is currently being inspected. The Katharine Elliot Centre report will be presented to SGG once received.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
 - (a) **Notes the significantly improved Care Inspectorate grades achieved for Berwickshire Dementia Day Service**
 - (b) **Notes the draft Reports for Home Care East & West and Victoria Park day Service.**
 - (c) **Notes the progress being made to deliver the requirements and recommendations set out in appendix 1.**
 - (d) **Note all actions identified for Saltgreens, Waverley and Berwickshire Dementia Day Service have been implemented to meet all requirements and recommendations.**
 - (e) **Note that SB Cares Management will continue to monitor the delivery of agreed action plans and report progress to the SGG quarterly.**

3 RECENT INSPECTIONS

- 3.1 In the final report issued Saltgreens Care Home saw a fall in their grades since the last time they were inspected in 2014, where overall themes have fallen from a 4 to a 3. Saltgreens has 6 requirements and 6 recommendations.

All grades at Berwickshire Dementia Day Service(BDDS) have improved. The grades positively reflect the efforts made by the new management team and hard work of staff working in the service. A number of the grades awarded in areas of Quality of Staffing and Quality of Management Leadership have improved from a grade of 2 to a grade of 4. BDDS has 1 requirement and 6 recommendations and an action plan is now in place to meet the requirements and recommendations.

The services action plans have now been implemented to meet all requirements and recommendations with details set out in Appendix 1. Further details of the requirements and recommendations of the Care Inspectorate inspection in this report are available in Appendix 2.

- 3.2 Care at Home West has been recently inspected with the draft report from the Care Inspectors indicating grades as follows;

- Quality of Care and Support - 4
- Quality of Management and Leadership - 4
- Quality of staff – 3.

Care at Home East has also received their draft report and grades are as follows;

- Quality of Care and Support - 4
- Quality of Management and Leadership - 3
- Quality of staff – 3.

Victoria Park Day Service has received its report in draft form following their inspection grades are indicated as follows;

- Quality of Care and Support – 5
- Quality of Environment – 5
- Quality of Management and Leadership - 5
- Quality of staff – 5

A summary of the action plan progress for these three services are set out in appendix 1. Further information on the requirements and recommendations can be found in Appendix 2 to this report.

Katharine Elliot Centre is currently being inspected and the report will be available at the next meeting.

3.3 GRADES AND THEMES

Key to Grades:

- 1 – Unsatisfactory
- 2 – Weak
- 3 – Adequate
- 4 – Good
- 5 – Very Good
- 6 – Excellent

THEMES

Quality of Care and support:

Statement 1 We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service.

Statement 3 We ensure that service users' health and wellbeing needs are met

Quality of Environment

Statement 2 We make sure that the environment is safe and service users are protected.

Statement 3 The environment allows service users to have as positive a quality of life as possible.

Quality of Staffing

Statement 1 We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.

Statement 3 We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.

Quality of Management & Leadership

Statement 1 We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service.

Statement 4 We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.

Author(s)

Name	Designation and Contact Number
Lynne Crombie	Operations Director 01835 826700

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Appendix 1

Action Plans progress for CI Inspections

We are in the process of finalising a Quality and Performance post which will be solely focused on the quality aspect of the services being provided. The post holder will be responsible for ensuring a consistency of approach and the sharing of best practice across all services to ensure SB Cares provides services which both support clients to achieve their desired outcomes as well as achieving very good Care Inspectorate grading's.

Quality of Care and Support

No of Services inspected: 5

No of different Requirements: 6

No of different Recommendations: 7

All actions to meet the requirements/recommendations under this quality theme have been implemented by improving processes, recording and auditing in the required areas.

SB Cares managers are currently updating personal support plan templates, taking into account best practice, which will ensure all requirements and recommendation in relation to personal support plan information.

We are in discussions with our NHS and SBC colleagues to ensure all parties are working to the current medication policy to reduce the varying systems in place for the provision of medication across Home Care service areas.

Quality of Environment

No of services inspected: 3

No of requirements: 1

No of recommendations: 0

The action plan for the one requirement has been completed.

Quality of staffing

No. services inspected: 5

No of requirements: 2

No of recommendations: 7

All actions have been completed to ensure that improved processes, recording, and auditing is in place.

SB Cares managers are in ongoing discussions with our HR Training colleagues to ensure all training is available within the required timescales to enable staff to keep up to date with all mandatory training.

Quality of Management and Leadership

No of services inspected: 5

No of requirements: 4

No of recommendations: 7

Action plans are in place and have met the majority of the requirements and recommendations. Some quality assurance information is currently being gathered to meet the other recommendations. The Quality and performance post will also improve the quality assurance processes once in post.

**DRAFT Victoria Park Day Service
3rd May 2016**

Quality Theme	Requirements/ Recommendations¹	Grades	Previous Grades
Quality of Care & Support		5 – Very Good	5 – Very Good
Statement 3 - We ensure that service users health and wellbeing needs are met.	<p>Requirements – 0</p> <p>Recommendations – 4</p> <ul style="list-style-type: none"> The service should ensure that progress towards the personal outcomes identified are discussed at review meetings and the service users view on the progress is clearly recorded. National Care Standards for Support Services, Standard 4, Support Arrangements. The service should ensure that they have copies of the relevant documentation granting other the power to make decisions on behalf of services users e.g. guardianship, power of attorney. National Care Standards for Support Services, Standard 4 Support Arrangement's. The service should ensure that a case note record is made for each visit. National Care Standards for Support Services, Standard 4, Support Arrangements. National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements. The service should update the Equality, Diversity and Human Rights policy so that it covers service users and not just staff. National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements. 	5 – Very Good	5 – Very Good
Statement 6 – People who use, or would like to use the service, and those who are ceasing the service, area fully informed as to what the service provides.	<p>Requirements – 0</p> <p>Recommendations – 1</p> <ul style="list-style-type: none"> The service should ensure that there is a signed service agreement for each person which details the service provided and its cost. National Care Standards for Support Services, Standard 3, Your legal rights. 	5 – Very Good	Not inspected
Quality of Environment		5 – Very Good	6 – Excellent
Statement 2 – We make sure that the environment is safe and service users are protected.	<p>Requirements – 0</p> <p>Recommendations – 0</p>	5 – Very Good	6 – Excellent

Statement 4 – The accommodation we provide ensures that the privacy of service users is respected.	Requirements – 0 Recommendations – 0	6 - Excellent	Not inspected
Quality of Staffing		5 – Very Good	5 – Very Good
Statement 2 – We are confident that our staff have been recruited, and inducted, in a safe and robust manner to protect service users and staff.	Requirements – 0 Recommendations – 1 <ul style="list-style-type: none"> Service users and their families should be involved in all aspects of recruitment including adverts, job descriptions, interviews and the final decision. This should be evidenced in writing. Training should be offered to services users and their family in relation to this so that they can be fully participate and develop their own questions. National Care Standards for Support Services, Standard 2, Management and Staffing. National Care Standards for Support Services, Standard 12, Expressing your views. 	5 – Very Good	Not inspected
Statement 3 – We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice	Requirements – 0 Recommendations – 3 <ul style="list-style-type: none"> The services should ensure that staff are given training on the Scottish Government Keys to Life Strategy and Winterbourne View to increase their understanding of the issues and recommendations relating to these. National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements. The service needs to change their whistleblowing policy to state that staff can contact the Care Inspectorate at any time in the process. National Care Standards for Support Services, Standard 2, Management and staffing arrangements. The Adult Support and Protection policy needs to be re-written to reflect the service's own processes. It would benefit from a flowchart to explain the process to staff and should hold the appropriate contact details. National Care Standards for Support Services, Standard 2, Management and staffing arrangements. 	5 – Very Good	5 - Very Good
Quality of Management and Leadership		5 – Very Good	5 – Very Good
Statement 3 – To encourage good quality care, we promote leadership values in their workforce.	Requirements – 0 Recommendations – 2 <ul style="list-style-type: none"> Supervision could be improved by having discussions on staff well-being and more staff reflection on their practice. The service could also improve team meetings by having more reflection on staff practice and values. Promoting leadership value should be a permanent 	5 – Very Good	Not inspected

	<p>item in team meetings and supervision. National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements.</p> <ul style="list-style-type: none"> The services incident reporting procedure needs to be developed to be based on the ABC model (Antecedent, Behaviour, Consequence) in-line with good practice. They could also benefit from more details about how the support plan or risk assessment was updated so this can be cross referenced. National Care Standards for Support Service, Standard 2, Management and Staffing arrangements. 		
<p>Statement 4 – We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide.</p>	<p>Requirements – 0</p> <p>Recommendations – 4</p> <ul style="list-style-type: none"> The complaints policy should clarify that people can contact the Care Inspectorate at any point in the process. National Care Standards for Support Services, Standard 2, Management and Staffing Arrangements. The service should obtain feedback from other stakeholders such as social workers and health professionals. The service could use review meetings as a method of doing this and getting additional feedback from service users and family. National Care Standards for Support Services, Standard 2, Management and Staffing arrangements. The service could develop its auditing process including using an external auditor or a manager from another SB Cares service to audit the service. National Care Standards for Support Services, Standard 2, Management and staffing arrangements. All aspects of quality assurance should feed into an overall action plan. National Care Standards for Support Services, Standard 2, Management and staffing arrangements. 	<p>5 – Very Good</p>	<p>5 – Very Good</p>

DRAFT - Home Care East
24th March 2016

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4 – Good	4 – Good
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	<p>Requirements – 1</p> <ul style="list-style-type: none"> • The service provider must ensure that all people who use the service have their care needs reviewed on a six monthly basis and more often if changes in circumstances necessitate a more frequent review. This is to comply with The Social Care & Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 5 (3) (b) (iii) Personal Plans – a requirement that a provider must review personal plans at least once in every six month period when the service user is in receipt of the service. Timescale: Within 6 weeks of the receipt of report. <p>Recommendations – 1</p> <ul style="list-style-type: none"> • The service should ensure that written agreements are signed and dated by everyone involved. National Care Standards. Care at Home. Standard 2. The written agreement. 	4 – Good	4 – Good
Statement 3 We ensure that service users health and wellbeing needs are met.	<p>Requirements – 2</p> <ul style="list-style-type: none"> • The service provider must ensure that sufficient staffing is in place to meet the needs of all the people who use this service. Staffing must be organised and scheduled in a way which ensures all service users are, in the main, receiving consistent support from people that have had time to form a working relationship with. This is order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users – a requirement that a provider must make proper provision for the health, welfare and safety of service users. Timescale Within six weeks of receipt of report. • The service provider must ensure that the level of detail in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs to the individuals they are caring for. This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4. Timescale - Within six weeks of receipt of report. <p>Recommendations – 1</p>	4 – Good	4 – Good

	<ul style="list-style-type: none"> The service should ensure that all personal planning information held in people's homes is up to date and accessible. Personal plans should be regularly audited to ensure that they are working documents with the necessary information present. Any out of date information should be removed. National Care standards. Care at Home. Standard 3 Your Personal Plan. 		
Quality of Staffing		3 – Adequate	4 – Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service.	<p>Requirements – 0</p> <p>Recommendations – 0</p>	4 – Good	4 - Good
Statement 3 – We have professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice.	<p>Requirements – 2</p> <ul style="list-style-type: none"> The service provider must ensure that all staff receive training needed to carry out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales. This is order to comply with the Social Care and Social Work Scotland (Requirements for Care Services) Regulations 2011. SS12011/210 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users. Timescale – six weeks from the receipt of report. The service provider must ensure that all new staff are fully prepared for the duties they have to undertake. This is order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users. Timescale – six weeks from the receipt of report. <p>Recommendations – 2</p> <ul style="list-style-type: none"> All staff should have access to regular one to one supervision as laid out in the services policy guidelines. National Care Standards. Care at Home, Standard 4 Management and Staffing. The service should ensure that methods are put in place to evaluate the effectiveness of e-learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training. National Care Standards. Care at Home. Standard 4. Management and staffing arrangements. 	3 – Adequate	4 - Good
Quality of Management and Leadership		3 – Adequate	4 - Good
Statement 1 – We ensure that service users and carers participate in assessing and improving	<p>Requirements – 0</p> <p>Recommendations – 0</p>	4 – Good	4 - Good

the quality of the management and leadership of the service			
Statement 4 – We use quality assurance systems and processes which involve services users, carers, staff and stakeholder to assess the quality of services provided	<p>Requirements – 3</p> <ul style="list-style-type: none"> • The service provider must ensure that effective quality assurance methods are in place. This must include: Ensuring records are maintained in the homes of people using the service are returned to be audited to ensure records including records of medication administration are being appropriately and accurately maintained. Ensuring systems are in place to routinely monitor staff care practice. This is to comply with The Social Care and Social Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4. Timescale – six weeks from the receipt of this report. • The service provider must ensure that all scheduled visits are carried out. Any missed visits much be recorded. The cause of the missed visit identified and appropriate remedial action taken to ensure the visits are not missed. A log of missed visits must be maintained to identify any trends which potentially will provide information to reduce the chance of visits being missed in the future. This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should take account of the National Care Standards, Care at Home, Standard 4. Timescale – one week from receipt of this report • The provider must ensure that the Care Inspectorate are informed about all notifiable events using the e-form notification system in line with Care Inspectorate Guidance. This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which is considers necessary or expedient to have for the purposes of its functions under this Part. Timescale – within 24 hours of the receipt of this report <p>Recommendations – 0</p>	3 – Adequate	4 - Good

**DRAFT - Home Care West
24th February 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4 - Good	4 - Good
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of care and support provided by the service.	Requirements – 0 Recommendations – 2 <ul style="list-style-type: none"> • The service should ensure that written agreements are signed and dated by everyone involved. National Care Standards. Care at Home. Standard 2. The written agreement. • The service should ensure that personal plans are updated as staff learn more about the preferences of people using the service. National Care Standards Care at Home, Standard 3. Your personal plan. 	4 – Good	4 – Good
Statement 3 We ensure that service users health and wellbeing needs are met.	Requirements – 3 <ul style="list-style-type: none"> • The service provider must ensure that medicines are administered as prescribed. Medication records must be consistently and accurately maintained. This is to comply with The Social Care and Social Work Improvement Scotland (requirement for Care Services) Regulation 2011/210 Regulation 4 (i) (a) (b) – Welfare of Users, and should also take into account of the National Care Standards, Care at Home Standard 4. Timescale – within 24 hours of receipt of this report. • The service provider must ensure that the level of detail in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs of the individuals they are caring for. This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for Care Services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of The National Care Standards, Care at Home, Standard 4. Timescale within six weeks of the receipt of this report. • The service must ensure that all service users including people living at Dovecot Court receive care in line with their assessed care needs. The length of care visits must be recorded and monitored to ensure that this is happening. This is order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 4 (1) (a) regulation which states that a provider must make proper provision for the health and welfare of service users. Timescale – within four weeks of the receipt of report 	4 – Good	4 – Good

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Quality of Staffing	Recommendations – 0	3 –Adequate	4 - Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service	Requirements - 0 Recommendations – 0	4 Good	4 Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice	<p>Requirements - 2</p> <ul style="list-style-type: none"> • The service provider must ensure that all staff receive training needed to out their duties. Training should be planned, recorded and monitored by managers to ensure all staff are receiving mandatory training within stipulated timescales. This is order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users. Timescale – six weeks from the receipt of this report. • The service provider must ensure that all new staff are fully prepared for the duties they have to undertake. . This is order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 (a) a regulation which states that at all times sufficient suitably qualified and competent persons are working in care services to meet the needs of service users. Timescale – six weeks from the receipt of this report. <p>Recommendations – 3</p> <ul style="list-style-type: none"> • All staff should have access to regular one to one supervision as laid out in the services policy guidelines. National Care Standard. Care at Home, Standard 4 Management and Staffing. • The service provider should consider the dementia training needs of staff and provide training for all staff to meet these needs. The training should meet the standards set by the 'Promoting Excellence' programme, promoted by the SSSC. National Care Standards. Care at Home. Standard 4 Management and Staffing. • The service should ensure that methods are put in place to evaluate effectiveness of e-learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training. National Care Standards. Care at Home. Standard 4. Management and staffing arrangements. 	3- Adequate	4 – Good

Quality of Management and Leadership		4 – Good	4 - Good
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service	Requirements – 0 Recommendations – 0	4 – Good	4 - Good
Statement 4 – We use quality assurance systems and processes which involve services users, carers, staff and stakeholder to assess the quality of services provided	<p>Requirements – 3</p> <ul style="list-style-type: none"> • The service provider must ensure that effective quality assurance methods are in place. This must include: Ensuring records are maintained in the homes of people using the service are returned to be audited to ensure records including records of medication administration are being appropriately and accurately maintained. Ensuring systems are in place to routinely monitor staff care practice. This is to comply with The Social Care and Social Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should also take account of the National Care Standards, Care at Home, Standard 4. Timescale – six weeks from the receipt of this report. • The service provider must ensure that all scheduled visits are carried out. Any missed visits much be recorded. The cause of the missed visit identified and appropriate remedial action taken to ensure the visits are not missed. A log of missed visits must be maintained to identify any trends which potentially will provide information to reduce the chance of visits being missed in the future. This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a) (b) – Welfare of users, and should take account of the National Care Standards, Care at Home, Standard 4. • Timescale – one week from receipt of this report • The provider must ensure that the Care Inspectorate are informed about all notifiable events using the e-form notification system in line with Care Inspectorate Guidance. This is to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which is considers necessary or expedient to have for the purposes of its functions under this Part. Timescale – within 24 hours of the receipt of this report <p>Recommendations – 1</p> <ul style="list-style-type: none"> • The service should ensure sufficient staffing is provided to ensure managers receive adequate 	4 – Good	4 – Good

	administrative support to ensure information is available to managers to support their Quality Assurance role. National Care Standards. Care at Home. Standard 4 Management and Staffing.		
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**Saltgreens Care Home
Inspection 26th January 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		3 Adequate	4 Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service	Requirements – 1 <ul style="list-style-type: none"> • The service provider must ensure that all people who used the service have their care needs reviewed at least once in every six month period. A system to plan and record reviews must be maintained. This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 5 (2) (b) (iii) a requirement regular reviews are undertaken. Timescale – The provider must do this within one week of receipt of this report. Recommendations – 0	3 Adequate	5 Very Good
Statement 3 - We ensure that service users' health and wellbeing needs are met	Requirements – 2 <ul style="list-style-type: none"> • The service provider must ensure that safe medication practice is maintained. All medication must be stored in line with the manufacturers guidance. Where temperatures are recorded above the manufacturers recommend storage temperatures remedial action must be taken to ensure medication is being stored in a safe manner. This is in order to comply with the Social Care & Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011.210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of service users. Timescale – The provider must do this within one week of receipt of this report. • The service provider must ensure that where a risk assessment identified the need for recording for example regular weights or fluid intake charts then these records are consistently maintained to ensure the safety and well-being of residents. These records must be regularly audited to ensure they are being correctly maintained. This is in order to comply with the Social Care & Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of service users. Timescale – The provider must do this within one of receipt of this report. Recommendations – 1 <ul style="list-style-type: none"> • The service should ensure daily records are maintained consistently for all people who use the service. Activities which people are supported to be involved in should be recorded daily. 	3 Adequate	4 Good

	National Care Standards. Care homes for older people. Standard 5. Management and staffing arrangements.		
Quality of Care & Support		3 Adequate	4 Good
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of the environment within the service	Requirements - 0 Recommendations - 0	3 Adequate	5 Very Good
Statement 2 – We make sure that the environment is safe and service users are protected	<p>Requirements – 2</p> <ul style="list-style-type: none"> The service provider must ensure that risk assessment to ensure all people using the service are safe with respect to the services of policy of having an unlocked front door during daylight hours are regularly updated. This is in order to comply with the Social Care & Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of service users. Timescale – The provider must do this within one week of receipt of this report. The service provider must ensure that temperatures in the care home are monitored to ensure that an adequate ambient temperature is maintained in all areas of the care home at all times. This is in order to comply with the Social Care & Social Work Scotland (Requirements for Care Services) Regulations 2011. SS1 2011/210 4 (1) (a) a regulation which states that a provider must make proper provision for the health and welfare of service users. Timescale – The provider must do this within one week of receipt of this report. <p>Recommendations – 1</p> <ul style="list-style-type: none"> Scrape and impact damage should be repaired and redecorated to ensure the environment is appropriate for a care home for older people. National Care Standards. Care homes for older people. Standard 5 your environment. 	3 Adequate	4 Good

Quality of Staffing		3 Adequate	4 Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service	Requirements - 0 Recommendations - 0	3 Adequate	5 Very Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice	Requirements - 0 Recommendations – 4 <ul style="list-style-type: none"> • The service should ensure that all staff should have access to regular and consistent one to one supervision meetings with their line manager/supervisor. One to one supervision meetings should facilitate discussions about practice, provide updates and identify training and development needs. National Care Standards. Care homes for older people. Standard 5. Management and Staffing, and the Scottish Social Services Council, Code of Practice for Employers Section 2.2. • The service should ensure that all staff have access to regular staff meetings to ensure they have the opportunity to discuss how care is provided. National Care Standards. Care homes for older people. Standard 5, Management and staffing arrangements. • The service should ensure that methods are put in place to evaluate the effectiveness of e-learning undertaken by individuals to confirm it is having a positive impact on the care and support provided by the individual staff who are undertaking the training. National Care Standards. Care homes for older people. Standard 5, Management and staffing arrangements. • The deployment of staff in the care home should be pro-actively managed on a daily basis to ensure that the needs of all the people using the service are met. National Care Standards. Care homes for older people. Standard 5, Management and staffing arrangements. 	3 Adequate	4 Good

Quality of Management and Leadership		3 Adequate	4 Good
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service	Requirements - 0 Recommendations - 0	3 Adequate	5 Very Good
Statement 4 - We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide	Requirements – 1 <ul style="list-style-type: none"> The service provider must ensure that minimum staffing levels as stipulated on the care homes staffing schedule are maintained at all times. This is order to comply with the Social Care and Social Work (Requirements for Care Services) Regulations 2011. SS1 2011/210 15 (a) a regulation which states that a provider must make proper provision for the health and welfare of service users. <p>Timescale – The provider must do this within 24 hours of the receipt of this report.</p> Recommendations - 0	3 Adequate	4 Good

**Berwickshire Dementia Day Service
Inspection 11 February 2016**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		4 Good	3 Adequate
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the care and support provided by the service	Requirements - 0 Recommendations – 2 <ul style="list-style-type: none"> • The service should ensure that personal plans are being regularly updated as staff learn more about the preferences of people who use the service. National Care Standards. Support Services Standard 4. Support arrangements. • People using the service and potential service users should have access to information on what they can expect from the service. National Care Standards. Support Services Standard 4. Support arrangements 	4 Good	4 Good
Statement 3 - We ensure that service users' health and wellbeing needs are met	Requirements - 0 Recommendations – 2 <ul style="list-style-type: none"> • The service should review the way personal plans are structured to include clearer methods to identify and record the outcomes that can be achieved with services users to enable them to maintain skills and independence. National Care Standards. Support Services. Standard 4. Support arrangements. • The service should increase the opportunities for service users to be supported to access activities and amenities in the local community. National Care Standards. Support Services. Standard 8. Making choices. 	4 Good	3 Adequate

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Quality of Environment		4 Good	2 Weak
Statement 1 – We ensure that service users and carers participate in assessing and improving the quality of the environment within the service	Requirements - 0 Recommendations – 0	4 Good	4 Good
Statement 2 - We make sure that the environment is safe and service users are protected	Requirements – 1 <ul style="list-style-type: none"> The service provider must ensure that cleaning materials and other items which could be hazardous are stored securely. Recommendations – 0	3 Adequate	2 Weak
Quality of Staffing		4 Good	2 Weak
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of staffing in the service	Requirements - 0 Recommendations – 0	4 Good	4 Good
Statement 3 - We have a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice	Requirements - 0 Recommendations – 1 <ul style="list-style-type: none"> The service should ensure that a training plan is maintained and regularly updated and training records allow managers to have an easy overview of training undertaken and training needed. National Care Standards. Support services, Standard 2. Management and staffing. 	4 Good	2 Weak

Quality of Management and Leadership		4 Good	2 Weak
Statement 1 - We ensure that service users and carers participate in assessing and improving the quality of the management and leadership of the service	Requirements - 0 Recommendations – 0	4 Good	4 Good
Statement 4 - We use quality assurance systems and processes which involve service users, carers, staff and stakeholders to assess the quality of service we provide	Requirements - 0 Recommendations – 1 <ul style="list-style-type: none"> • The service should carry out a quality assurance survey specific to Berwickshire Dementia Day Service which seeks the views of involved professionals. This should be used to assess the quality of the service as a planning tool for future development. National Care Standards. Support services. Standard 2. Management and staffing arrangements. 	4 Good	2 Weak

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