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LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP THURSDAY, 22ND SEPTEMBER, 2016

A MEETING of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on THURSDAY, 22 SEPTEMBER 2016 at 2.00 pm.

J. J. WILKINSON,
Clerk to the Council,

16 September 2016

| BUSINESS | | |
|-----------------|--|---------|
| 1. | Apologies for Absence. | |
| 2. | Order of Business. | |
| 3. | Declarations of Interest. | |
| 4. | Minute (Pages 1 - 4) Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 17 May 2016 to be approved and signed by the Chairman. (Copy attached) | 5 mins |
| 5. | Quarterly Performance Reporting Consider reports on the performance of SB Cares: (a) SB Cares Budget Monitoring as at 31 July 2016. (Pages 5 - 8) Report by the Finance and Commercial Director. (Copy attached.) (b) Performance Monitoring Report. (Pages 9 - 36) Report by the Finance & Commercial Director. (Copy attached.) | 20 mins |
| 6. | Care Inspectorate. (Pages 37 - 52) Update by the Operations Director on SB Cares Services with the Care Inspectorate on Inspections by Care Inspectorate. (Copy attached.) | 10 mins |
| 7. | Dates of Future Meetings. | |
| 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 53 - 54)</p> <p>Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 17 May 2016 to be approved and signed by the Chairman. (Copy attached.)</p> | 5 mins |
| 12. | <p>2016/17 Business Plan Delivery (Pages 55 - 66)</p> <p>Update by the Managing Director on delivery of SB Cares Business Plan. (Copy attached.)</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 and B White

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SCOTTISH BORDERS COUNCIL

MINUTES of Meeting of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP held in Council Chamber, Council Headquarters, Newtown St Boswells on Tuesday, 17th May, 2016 at 2.00 pm

Present:- Councillors F. Renton (Chair), J. Brown, J. Greenwell, J. G. Mitchell and B White.
In Attendance:- E Torrance (Chair Project Board), 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), 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 15 March 2016.

DECISION APPROVED the Minute for signature by the Chairman.

3. **MATTER ARISING**

With reference to paragraph 3 of the Minute of the meeting of 15 March 2016, it was noted that a representative from the NHS had not been appointed to the Limited Liability Partnership - Strategic Governance Group (LLP SGG). Following discussion, it was agreed that the Chairman would write to Mr John Raine and Ms Jane Davidson of NHS Borders to ask that the appointment of a representative from the NHS be addressed as a matter of priority and that the letter should include a list of the dates for future scheduled meetings of the LLP SGG.

DECISION

AGREED that the Chairman would write to Mr John Raine and Ms Jane Davidson of NHS Borders to ask that the appointment of a representative from the NHS be addressed as a matter of priority and that the letter should include a list of the dates for future scheduled meetings of the LLP SGG.

4. **SB CARES FINAL OUTTURN 2015/2016**

4.1 There had been circulated copies of a report by the Financial and Commercial Director of SB Cares informing the LLP SGG of the unaudited financial outturn for 2015/16. Ms Collins summarised the report highlighting that after paying the Council the £480k contribution SB Cares delivered a small surplus of £2k.

There had been some variances in the figures last reported to Members in February 2016. Income for the year was lower than forecast after payment of the £480k contribution and this had been offset by orders of ability equipment and transformation funding received from SBC.

Direct costs had increased by £128k in the last quarter, the main reason being additional costs in relation to supplies and services from SBC for the provision of additional equipment and maintenance; transport charges for day services; high costs ageing vehicle repair costs; and utilities costs which had been higher due to low estimated midyear readings being used to inform the forecast. Ms Collins advised that processes were now in place to manage these direct cost variances at the end of the year.

- 4.2 During the discussion that followed, Members requested clarification on a number of points. A vehicle review was in progress to consider the availability and suitability of the fleet currently being used. Mr Barr confirmed that ability equipment was now being sold via the Ability Store but not yet via Care Homes or Care at Home services. Profit made from such sales would be invested back into SB Cares services. A further report would be presented to Members in August 2016.

DECISION

NOTED:-

- (a) SB Cares financial outturn position for 2015/16;**
- (b) that SB Cares achieved the target contribution of £480k agreed by Scottish Borders Council; and**
- (c) that the contribution of £480k would inform Scottish Borders Council's revenue outturn position 2015/16.**

5. KEY PERFORMANCE INDICATORS AS AT 31 MARCH 2016 (COPY ATTACHED.)

- 5.1 There had been circulated copies of a report by the Operations Director of SB Cares which provided an update on the Key Performance Indicators (KPIs) for SB Cares as at 31 March 2016. The current KPIs covered the number of clients being supported across all SB Cares services; the average number of carers supporting clients; absence levels; and the number of staff employed including the number of posts currently being recruited. Ms Crombie explained that there had been a slight decrease of five in the number of home care clients in March 2016 and an increase in the average number of hours per week from 5877 to 5895. This was, in the main, the result of some existing clients requiring additional support on their return home from hospital and other new clients needing larger care packages. The Appendix to the report detailed a small increase in the average number of carers per client and this was associated with higher than normal cover required for holidays and training and to cover the exceptional absence during March 2016. Further information about the number of staff and Full Time Equivalent (FTE) figures were detailed in the Appendix to the report and Ms Crombie advised Members that 7 new staff had recently been appointed and a further 3 posts were currently being recruited to.
- 5.2 Ms Crombie advised Members that due to the full range of information on rotas, hours worked and FTE details not being available to HR/Payroll for input to the system, the figure for absence levels for February 2016 was not 7% and this would be amended. The new HR/Payroll system would provide information and reports from the start of the financial year 2016/17 and SB Cares was working with Shared Services to ensure that the data in relation to absence etc would provide accurate and meaningful reports. Information was requested in relation to agency costs and Mr Barr agreed to provide a "pyramid of performance actions" for the next meeting of the LLP SSG. Members were advised that the protection period for some home care staff had now come to an end. The proposed new rota system for permanent staff would provide a service covering 24 hours/7 days a week and this would lead to a reduction in the use of relief staff.
- 5.3 In response to a question about recruitment, Ms Crombie advised that the recent recruitment drive had been successful in most areas and there had not been many staff leaving the service. In relation to training, Ms Crombie acknowledged that ensuring that staff were available to undertake training and the recording of what development was

completed required some improvement and this was being addressed. SB Cares managers were currently working with SBC's Organisational Development team to ensure all required training courses were available to staff within mandatory timescales. Mr Barr confirmed that SB Cares employed some staff for relief hours but the organisation did not issue any zero hours contracts. The rates of pay were the same for both relief and permanent staff; the relief hours rate incorporated a small annual leave element to compensate for not being able to take the time off, as per SBC staff terms and conditions.

DECISION

NOTED the Key Performance Indicators for SB Cares as at 31 March 2016.

6. CARE INSPECTORATE

- 6.1 There had been circulated copies of a report by the Operations Director of SB Cares giving the updated position on the inspection of SB Care services by the Care Inspectorate. Ms Crombie advised that since the last report to LLP SGG in February 2016, the Care Inspectorate reports on Waverley and Saltgreens Care Homes, and Berwickshire Dementia Day Services had been finalised. Action plans had been developed by these units to meet all requirements and recommendations and Ms Crombie was able to confirm that all actions had now been implemented. . SB Cares were in receipt of draft Inspection reports for Care at Home East and Care at Home West and Action Plans were due to be submitted to the Care Inspectorate in response to these reports. Further Inspections were being carried out in the Learning Disability Day Services. Victoria Park in Peebles had received their draft report and the Action Plans for the above-mentioned services were as detailed in the Appendices to the report. One further inspection was currently taking place at the Katharine Elliot Centre, Hawick and this would be reported to the LLP SGG in due course.
- 6.2 Ms Crombie clarified a number of points raised by Members. There was concern that under "Quality of Staffing", the gradings awarded in some reports by the Care Inspectorate had been "3 - Adequate". Ms Crombie confirmed that recommendations had been implemented and the relevant Action Plans reflected the improvements made. Members were advised that SB Cares were investing resources into Quality Assurance and it was noted that staff had been involved in this process. With reference to Victoria Park Day Services, Members were advised that clients and their families were involved in the recruitment and appointment processes for staff. Ms Crombie explained how this was facilitated whilst ensuring that all HR policies were followed. Quality of the Environment related to clients' safety and privacy, as well as the physical environment of the building. By way of further explanation, Members were informed that appropriate infection control measures being in place was a condition of registration with the Care Inspectorate therefore when the Care Inspectorate upgrade those measures, SB Cares have to review and improve the processes in place within their establishments. This often required both capital investment and effective management of the environment eg now two sluices were necessary.
- 6.3 A discussion followed in respect of care provision generally. It was noted that the locality of a care home or other housing provision was important to clients and that further development of extra care housing would add to the choice available alongside existing care home provision. There were other challenges to be met in respect of appropriate accommodation provision for some clients and Ms Crombie advised that these would be dealt with on an as and when required basis. Members were also advised that a review of the Council's Dementia Strategy was about to commence and that the LLP SGG would be updated in due course.

DECISION

(a) NOTED:-

- (i) the significantly improved Care Inspectorate grades achieved for Berwickshire Dementia Day Service;
 - (ii) the draft Reports for Home Care East & West and Victoria Park Day Service;
 - (iii) the progress being made to deliver the requirements and recommendations set out in appendix 1 to the report;
 - (iv) that all actions identified for Saltgreens, Waverley and Berwickshire Dementia Day Service had been implemented to meet all requirements and recommendations; and
 - (v) that SB Cares Management would continue to monitor the delivery of agreed action plans and report progress to the LLP SGG on a quarterly basis.
- (b) **AGREED** that visits to both SB Cares and private Care Homes be arranged for members of the Limited Liability Partnership Strategic Governance Group and that the Operations Director would facilitate visits to SB cares Care Homes and Chief Social Work Officer would facilitate the visits to the private Care Homes.

7. **DATES OF FUTURE MEETINGS**

Future meetings of the LLP SGG had been scheduled as follows:

9 August 2016;
8 November 2016;
7 February 2017;
7 March 2017; and
6 June 2017.

DECISION

NOTED the dates for scheduled meetings of the Limited Liability Partnership Strategic Governance Group.

8. **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

9. **MINUTE**

Members approved the Private Section of the Minute of 15 March.

10. **SB BUSINESS PLAN FOR 2016/17**

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

The meeting concluded at 3.20 pm



BUDGET MONITORING TO 31 JULY 2016

Report by the Finance & Commercial Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

22 September 2016

1 PURPOSE AND SUMMARY

- 1.1 **To inform the Strategic Governance Group of the financial position for SB Cares at 31 July 2016.**
- 1.2 The budget monitoring position based on the actual income and expenditure to the 31 July 2016 has achieved a contribution of £22k for the first 4 months. The target contribution for SB Cares in 2016/17 is £747k. The Senior Management Team has developed a programme of projects with phase 1 well under way to deliver a forecast contribution of £200k from efficiencies and new business. Further work is under development and is expected to deliver the remaining target contribution of £473k.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
 - (a) **Notes SB Cares financial position as at the 31 July 2016**
 - (b) **Note the progress being made to deliver the target contribution of £747k**
 - (c) **Notes the information will be shared with Scottish Borders Council to inform the revenue monitoring position**

3 FINANCIAL POSITION AS AT 31 JULY 2016

- 3.1 SB Cares has a challenging target to deliver a contribution for 2016/17 of £747k through delivery of its services more efficiently and selling services privately to those that do not meet the Council's legibility criteria.
- 3.2 Work commenced in 2015/16 which successfully delivered the target contribution of £480k in the first year and this will also contribute a further £74k in 2016/17. In addition the Management Team has developed a programme of work with phase 1 fully underway which is forecast to achieve savings and income of £200k in its first year.
- 3.3 The budget monitoring position based on the actual income and expenditure to the 31 July 2016 has achieved a contribution of £22k for the first 4 months. The programme of projects in phase 1 will deliver a forecast contribution of £200k from efficiencies and new income. The table below sets out the financial results for the first 4 months and forecast position from phase 1 programme of projects.

PROFIT AND LOSS YEAR TO DATE JULY 2016

| | Current Actual | Year to Date Actual | Forecast 2016/17 |
|-----------------------------------|--------------------|------------------------|---------------------|
| Income | | | |
| Scottish Borders Contract | £ 1,423,158 | £ 5,516,134 | £ 16,464,676 |
| Other Income | £ 51,286 | £ 482,700 | £ 1,505,027 |
| Total Income | £ 1,474,444 | £ 5,998,834 | £ 17,969,703 |
| Expenditure | | | |
| Staff Costs | £ 1,223,619 | £ 5,005,609 | £ 14,921,196 |
| Rent for Properties | £ 4,483 | £ 15,744 | £ 96,559 |
| Supplies & Services | £ 175,073 | £ 778,812 | £ 2,024,127 |
| Total Service Expenditure | £ 1,403,175 | £ 5,800,165 | £ 17,041,882 |
| Gross Profit | £ 71,269 | £ 198,669 | £ 927,821 |
| Executive Man & Board Costs | £ 12,510 | £ 70,077 | £ 384,891 |
| H.O. Property, Insurance etc | £ 13,219 | £ 26,672 | £ 35,359 |
| Marketing, Finance Support | £ 30,745 | £ 79,620 | £ 233,094 |
| Total Head Office Function | £ 56,474 | £ 176,369 | £ 653,344 |
| Retained Profits/(Losses) | £ 14,795 | £ 22,300 | £ 274,477 |

- 3.4 The current position is forecasting a contribution of £274k with a full year effect of £845k which will contribute £98k to the additional 2017/18 target contribution of £177k. The shortfall for delivery of the target contribution from the phase 1 programme has mainly arisen due to the challenging target set in the business plan which the management team have now prioritised and are resourcing to deliver the programmes of work. The phase 2 programme being developed for 2016/17 is forecast to deliver the remaining contribution of £473k as summarised in the table below.

| Summary Contribution | 2016/17 £000's | 2017/18 £000's |
|--------------------------------------|---------------------------|---------------------------|
| 2015/16 contribution | 480 | |
| Discount to contract | (480) | |
| Full year effect of 2015/16 | 74 | 74 |
| Phase 1 programme of projects | 200 | 771 |
| Current Forecast Contribution | 274 | 845 |
| One off contribution in 16/17 | 473 | 0 |
| Forecast Contribution | 747 | 845 |

Further details of the projects in phase 1 programme of work and the opportunities being considered for the 2nd phase of the programme are set out under Item 11 of this agenda. There is a time delay in the delivery of this year's financial contribution from phase 1 projects; however the full year effect will be delivered in 2017/18.

SB Cares Senior Management team are exploring one off contribution options to meet the gap in the delivery of phase 1 contributions this financial year. Further information is in Item 11 of this agenda.

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 latest financial positions of SB Cares for 2016/17.

4.2 Risk and Mitigations

There is a risk that SB Cares does not deliver the target contribution set out in the Business Plan for 2016/17.

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

- (a) Monthly reports of actual expenditure and income against forecasts being made available to managers from SB Cares Financial & Operational Systems
- (b) Review of budget variances and monitoring of progress to deliver business plan is reviewed monthly by SB Cares Senior Management team
- (c) Regular review of the programme of work to ensure that it is sufficiently resourced to deliver the efficiencies and new business.

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 SB Cares Management Team and Board have been involved in and agreed the compilation of the budgetary control statements set out in this report.

Author(s)

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



PERFORMANCE MONITORING

Report by the Finance & Commercial Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

22 SEPTEMBER 2016

1 PURPOSE AND SUMMARY

1.1 To update the Strategic Governance Group on the development of SB Cares key performance indicators (KPIs) to monitor the delivery of its business plan and contract performance.

1.2 **Summary**

SB Cares is required to monitor its performance to ensure that it is meeting its contractual obligations with Scottish Borders Council and delivering the Business Plan approved in March 2016.

1.3 SB Cares key objectives are to deliver:

- high quality care to the community
- deliver its services more efficiently and effectively
- offer services to the Borders community by selling services to users who do not qualify under Scottish Borders Council's Social Work eligibility criteria.

5 Strategic KPI's have been developed by the Board to monitor the delivery of the Business Plan.

1.4 The KPI's for monitoring the contract with SBC were agreed in April 2016 and are set out in appendix 2. Historically these services did not monitor all the areas required by this new contractual arrangement and an assessment of our current position is set out in appendix 3.

1.5 Work is underway to develop the reporting processes through investment in reporting tools and assessing whether the information is currently captured, both of which will inform a development programme to meet all performance reporting requirements.

2 RECOMMENDATIONS

2.1 It is recommended that the Strategic Governance Group:-

- (a) Approves the 5 Strategic KPI's to monitor the delivery of SB Cares Business Plan.**
- (b) Notes the progress being made to monitor SB Cares contractual performance.**
- (c) Agrees that performance reporting to SGG for the 5 strategic KPI's and contract KPI's will commence from November 2016**
- (d) Agrees that a development programme for the remaining contractual performance monitoring be brought to the SGG November 2016 Board meeting.**

3 DEVELOPMENT OF KEY PERFORMANCE INDICATORS

3.1 BUSINESS PLAN DELIVERY

SB Cares identified KPIs to monitor the business as part of the Business Plan presented to and approved by Scottish Borders Council in March 2016.

3.2 SB Cares key objectives are to deliver:

- high quality care to the community
- deliver its services more efficiently and effectively
- offer services to the Borders community by selling services to users who do not qualify under Scottish Borders Council’s Social Work criteria.

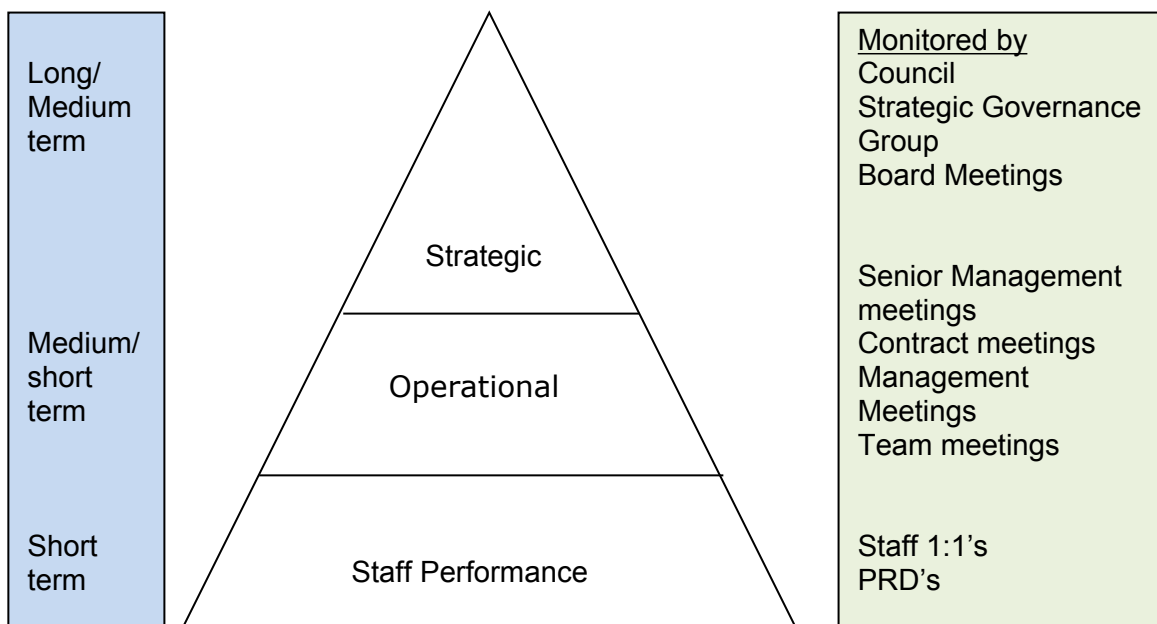
3.3 Balancing the delivery of high quality services whilst driving efficiencies across the business needs to be monitored closely to ensure SB Cares meets all its key objectives. To ensure the successful delivery of the Business Plan 4 KPI categories were identified:

- quality
- operational
- sales
- staff

3.4 KPI’s should measure performance that is critical to the delivery of the Business Plan and be used as a management tool to give everyone in the organisation a clear picture of what we are trying to achieve.

3.5 The KPI’s will be used to manage the business to ensure that everyone is working to meet or exceed them. To achieve this SB Cares Board have developed 5 KPI’s to keep everyone focused on achieving the same goals. The KPI’s are being cascaded to all services that will have three, four, or five KPIs that support SB Cares overall goals and can be "rolled up".

3.6 SB Cares KPI’s will require to be monitored at all levels across the business from supervision meetings with staff to supporting a strategic overview of progress to achieve SB Cares objectives at Board meetings and Strategic Governance Group as highlighted in the diagram below.



3.7 **Strategic KPI's**

SB Cares Board have identified 5 strategic KPI's for monitoring

- % of Services delivered that meets Care Inspectorate National Standards of Good or above.
- % of service delivered within contract parameter
- % of Staff hours delivering services directly to clients
- % of sales achieved against target (volume, time and value)
- % of financial targets against budget (identify permanent and temporary)

The Business Plan approved in March 2016 set out a number of performance indicators to support the strategic KPI's which have been included for reference in appendix 1 to this report.

3.8 **CONTRACT KPI'S**

The KPI's for monitoring the contract with SBC were agreed in April 2016 and are set out in appendix 2.

Historically these services did not monitor all the areas required by this new contractual arrangement between the Council and SB Cares. Work is underway to develop the performance monitoring through investment of reporting tools, assessing whether the information is currently captured to inform a development programme to meet all performance reporting requirements. An assessment of our current position is set out in appendix 3.

3.9 **ABSENCE KPI**

Development of more detailed absence KPI's is ongoing; however the absence rate for the rolling year up to end of August has reduced to 6.4. This shows a reduction from 7.7 which takes into account the staff who were absent and have now left SB Cares through having been managed through absence management process.

3.10 **CARE INSPECTORATE KPI**

The overall rate for Care Inspection grades meeting the standard of Good or above is 80%. The rate is 100% in Day Services, 73% in Care Homes and 77% in Care at Home.

4 **NEXT STEPS**

4.1 To continue to develop the performance monitoring of the business by:

- sharing the strategic KPIs with managers
- develop an efficient approach to collecting the information to support the performance monitoring
- implementing performance monitoring across all of SB Cares services

5 **Financial Recommendations**

5.1 There are no costs attached to any of the recommendations contained in this report.

Risk and Mitigations

5.2 There is a risk that SB Cares does not deliver the performance levels set out in its service provision contract.

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

(a) The development of wide ranging KPI's across the business
The new Quality and Performance post holder will monitor service delivery against KPI's.

(b) SB Cares performance against KPI's will be reviewed monthly by SB Cares Senior Management team

5.3 Regular review of the programme of work to ensure that it is sufficiently resourced to deliver the efficiencies and new business.

Equalities

5.4 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.

Acting Sustainably

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

Carbon Management

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

Rural Proofing

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

6 CONSULTATION

6.1 The Management Team and SB Cares Board have been involved in and agreeing the development of monitoring the performance of SB Cares.

Author(s)

| Name | Designation and Contact Number |
|----------------|--|
| Debbie Collins | Finance & Commercial Director 01835 826700 |
| Lynne Crombie | Operations Director 01835 826700 |

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KEY PERFORMANCE INDICATORS

To monitor the delivery of the business plan the management team have identified key performance indicators to meet the targets set for quality, operational, sales and staff. KPIs are being developed to be monitored at all levels of the organisation to support the delivery of SB Cares objectives.

QUALITY

| Referrals within target time | Outcomes | Client Satisfaction | Care Inspectorate (CI) |
|--|--|---|--|
| <ul style="list-style-type: none"> • % response to referrals • % response to emergencies • % commencement of service • % delivery/installation • Notice received for discharges | <ul style="list-style-type: none"> • % support plans agreed within target dates • % support plans reviewed within target dates • % late visits • % missed visits | <ul style="list-style-type: none"> • Average no. carers per homecare client • Annual client and stakeholder satisfaction (target 80%) • No. of reportable H&S incidents • % staff qualified | <ul style="list-style-type: none"> • No. of CI inspections • No. of requirements • No. and % of accepted recommendations • No. and % of requirements implemented within agreed timescale • No. and % of recommendations implemented within agreed timescale |

OPERATIONAL

| Occupancy | Average costs | Delivery services |
|--|--|--|
| <ul style="list-style-type: none"> • % occupancy of beds • % allocated places for day services • % direct client hours • % travel time in homecare | <ul style="list-style-type: none"> • Average cost per bed • Average cost per homecare hour • Average cost of per placement day services (by client by category where appropriate) | <ul style="list-style-type: none"> • Average delivery times • % of items recycled • No of installation per month • Average length of stock holding |

SALES

| Sales Income Performance Against Business Plan | No of Clients | Market Penetration |
|--|--|---|
| <ul style="list-style-type: none"> • Income from SBC • Income from SDS clients • Income from Private clients • Income from other organisations | <ul style="list-style-type: none"> • Total number of Clients • SBC clients • SDS clients • Private clients | <ul style="list-style-type: none"> • % clients across Border demographic • % of SBC contracts • % of market share per service to be developed • % target increase in market share |

| KEY PERFORMANCE INDICATORS continued | | | |
|---|--|---|---|
| STAFF | | | |
| Hours Worked & Travel Costs <ul style="list-style-type: none"> • Contractual hours • Additional hours • Overtime @ premium rate • Average mileage per month/worker | Relief and Agency Staff <ul style="list-style-type: none"> • No. hours per month • No. weekend hours per month • Total spend per month | Supporting Our Staff <ul style="list-style-type: none"> • No. of support workers • Management/staff ratio % • Staff turnover % • % staff supervision within policy timescales • % of team meetings held • % of training plans met • No. of Health & Safety incidence • Annual employee satisfaction survey | Absence Management <ul style="list-style-type: none"> • Rolling yearly % • Monthly % • Long term days • Short term days • Short term incidences • No. of accidents and work related absences |

KEY PERFORMANCE INDICATORS (KPIs)
FOR SERVICES

1. Introduction

- 1.1 The Provider shall have a clear and robust monitoring system.
- 1.2 The Provider shall be able to demonstrate how they are meeting the outcomes of the specification along with the Service User outcomes.
- 1.3 The Provider shall be able to demonstrate how they deliver a high quality service in line with the specification which also meets Service User outcomes and expectations.
- 1.4 The Council shall routinely monitor the performance of the Provider and the outcomes in line with Talking Points: Personal Outcomes Approach, an evidence based organisation approach that puts people using services and unpaid carers at the centre of the support they receive; and the Key Performance Indicators (KPI's) detailed below.

2. Submission of Performance Reports

- 2.1 Annual reports shall be submitted no later than the end of January each year from 2017 to inform the contract review and shall include information and narration on the following KPIs.
- 2.2 All information shall be submitted to the Contracts section of the Council as indicated in the tables below. The information submitted shall be circulated by the Contracts Section to other members of the council involved in the monitoring of the Service.

3. Meetings

Monitoring meetings shall take place on a monthly basis with representatives from SB Cares and the Council. Agenda items and monitoring reports shall be sent to the contracts section a week ahead of the planned monitoring meeting. Agenda will be circulated to all attendees by the Contracts section. Minutes shall be taken and agreed at all monitoring meetings and circulated to all attendees ahead of the next planned monitoring meeting.

4. KPIs and reporting for all Services

| | | | |
|---|--|----------------------------------|---|
| Service users/carers agree they are satisfied with the quality of the service and that personal outcomes have been met. | 80% | Report yearly | Provider |
| Draft and final care inspection reports from inspections undertaken by the Care Inspectorate | 100% | As and when | Provider |
| Action plans resulting from care inspection | 100% | As and when | Provider |
| Accurate management information submitted including electronic call monitoring information | 100% | | Provider |
| Attendance at contract review meetings | 100% | | Provider |
| Accurate invoices submitted | 100% | | Provider |
| Turnover of staff for each service above 3% | Target to be set once historical stats established | Quarterly | Provider |
| Care Inspectorate Grade | 3 or above | After each inspection | Provider |
| Service User Outcomes | | | To be discussed and developed at monthly meetings for criteria and stats agreement, dependent on service model. |
| Management information submitted on time | ≥95% | Monitored quarterly by contracts | |

5. KPIs for each Service

5.1 Care at Home

| KEY PERFORMANCE INDICATORS | TARGET | Frequency of data | How measured |
|--|---|-------------------|--|
| QUALITY | | | |
| Average number of support workers used for care packages of 10 hours and under excluding double ups | Target to be set after first year | monthly | Provider |
| Average number of support workers used for care packages of 10 hours and more excluding double ups | Target to be set after first year | monthly | Provider |
| Average number of support workers used for clients who receive double ups | Target to be agreed | Monthly | Provider |
| Care Inspectorate Enforcement / Improvement Notice (Report immediately) | 0 | As and when | Provider |
| Health and Safety Reportable Accidents (report monthly but immediately to the local office) | 0 | monthly | Provider |
| Service User Satisfaction Survey, including report on personal outcomes met. (report yearly) | 80% | yearly | |
| SERVICE | | | |
| Average timescale of service commencement from point of confirmed referral once all key paper work and assessments have been completed | Target to be set after first | monthly | Provider (Provider and Commissioner to agree and |
| Referrals Declined (report monthly) | To be set once historical data set determined | monthly | Provider |
| DELIVERY | | | |
| Missed Visits | 0% | monthly | Provider |
| Late Visits (15 minute window permissible) | Target to be set | monthly | Provider |
| Actual Duration of Visit against Planned Duration of Visit (report monthly) | ≥85% | monthly | Provider |
| Report of planned hours that are over and under a tolerance of 5 minutes (+or-) in respect of actual visits. | | monthly | |
| Average time client on stop (hospital/respice) | | Monthly | |

5.2 Care Homes

| Outcome | Performance Indicator/Target | Frequency of data | How measured |
|---|--|-------------------|--|
| Respond to referral enquiries within 24 hours (Monday to Friday) | 95% | monthly | Provider |
| Respond to request for emergency admission for long or short term care within 24 hours. | 95% | monthly | Provider |
| Contact when appropriate shall be made with service user/carer within 48 hours from confirmed referral's acceptance once all key paper work and assessments have been completed | 95% | monthly | Provider (Provider and Commissioner to agree and define key paperwork) |
| Time from referral acceptance to admission | Target to be set once historical stats established | monthly | |
| An initial support plan agreed with service user/ carer within 4 weeks of admission. | 90% | monthly | Provider |
| All support plans and outcomes reviewed, as per specification. | 95% | monthly | Provider & Council |

Performance Reporting

| Report Title | Responsibility | Frequency |
|-------------------------|--|-------------------------|
| KPI Report | <ul style="list-style-type: none"> As noted above. | monthly |
| Service Delivery Report | <ul style="list-style-type: none"> Number of places by home, available for long and short stay (information being forwarded to the Discharge Coordinator). Number of places occupied by home, for long and short stay. The number of episodes of short stay provided. The number of people using the short stay service. | Weekly Quarterly |

5.3 Border Adaptions and Equipment Store (BAES)

| Outcome | Performance Indicator | Frequency of data | How measured |
|---|-----------------------|-------------------|--------------|
| Referrals to support urgent priority response & hospital discharge requiring standard stock are responded to within 1 working day | 90% | monthly | Provider |
| Referrals to support high priority response involving standard stock are responded to within 2 working days | 90% | monthly | Provider |
| Referrals to support medium priority response involving standard stock are responded to within 5 working days | 90% | monthly | Provider |
| Delivery of ordered items shall take place within the days noted above in terms of high and medium priority. | 80% | monthly | Provider |
| Collection of items for return shall take place within 5 working days | 80% | monthly | Provider |
| Collected/returned recyclable items are recycled | 80% | monthly | Provider |

Performance Reporting

| Report Title | Information | Frequency |
|-------------------------|---|-----------|
| KPI Report | <ul style="list-style-type: none"> As noted above | Quarterly |
| Service Impact Report | <ul style="list-style-type: none"> Recycled aids/equipment issued as a % of all aids/equipment issued. | monthly |
| Service Delivery Report | <ul style="list-style-type: none"> Number of service users issued with equipment Number of items of equipment delivered Number of items of equipment collected Number of items of equipment recycled. | monthly |

5.4 Bordercare

Key Performance Indicators

| Outcome | Performance Indicator | Frequency of data | How measured |
|---|-----------------------|-------------------|--------------|
| Response to referral enquiries within 3 working days. | 95% | monthly | Provider |
| Contact with client within 3 working days of referral | 95% | monthly | Provider |
| % of new alarms installed within x days | 90% | monthly | Provider |
| Average response time to alarm triggers | | | |

Performance Reporting

| Report Title | Information | Frequency |
|-------------------------|--|-----------|
| Service Delivery Report | <p>Alarms</p> <ul style="list-style-type: none"> Number of new alarms installed/delivered. Number of alarms repaired. Number of items of equipment collected. Number of items of equipment recycled. <p>Alarm monitoring</p> <ul style="list-style-type: none"> Number of alarm triggers. Number of SBC emergency calls. | monthly |

5.5 Hawick Community Support (HCS)

Key Performance Indicators

| Outcome | Performance Indicator | Frequency of data | How measured |
|--|-----------------------|-------------------|--------------|
| Respond to emergency referrals within 24 hours (where there is capacity within the block contract) | 95% | monthly | Provider |
| Respond to referral for support within 3 working days | 95% - | monthly | Provider |
| A support plan with outcomes agreed with service user within 4 weeks of start of service | 90% | monthly | Provider |
| Personal care and support plans and outcomes reviewed as per specification | 90% | Annually | Provider |

Performance Reporting

| Report Title | Information | Frequency |
|-------------------------|---|-----------|
| KPI Report | <ul style="list-style-type: none"> Information as noted above | monthly |
| Service Delivery Report | <ul style="list-style-type: none"> Total number in receipt of support Total number of requests for support service Total hours of personal care provided The total number of emergency referrals The total number of emergency referrals offered a service & timescale for start | monthly |

5.6 Day Support Services (Older People)

Key Performance Indicators

| Outcome | Performance Indicator | Frequency of data | How measured |
|---|-----------------------|-------------------|--------------|
| Respond to referral enquiries within 3 working days | 95% | monthly | Provider |
| Contact made with applicant within 3 working days from referral acceptance | 95% | monthly | Provider |
| A support plan with outcomes agreed with service user/ carer within 4 weeks | 90% | monthly | Provider |
| All care and support plans and outcomes reviewed as per specification | 95% | monthly | Provider |

Performance Reporting

| Report Title | Information | Frequency |
|-------------------------|---|-----------|
| KPI Report | <ul style="list-style-type: none"> As noted above | monthly |
| Service Delivery Report | <ul style="list-style-type: none"> The total places by day centre The total number of allocated places per day by centre The total number of utilised places per day by centre The total number of voids per day by centre. The total number of people attending the service by day centre | monthly |

5.7 Day Support Services (People with a Learning Disability)

Key Performance Indicators

| Outcome | Performance Indicator | Frequency of data | How measured |
|--|-----------------------|-------------------|--------------|
| Respond to referral enquiries within 3 working days | 95% | monthly | Provider |
| Contact made with applicant within 3 working days from referral acceptance | 95% | monthly | Provider |
| A support plan with outcomes agreed with service user/ carer within 4 weeks | 90% | monthly | Provider |
| All care and support plans and outcomes reviewed on a regular basis as agreed with service user/carer. | 95% | monthly | Provider |
| Service users/carers agree they are satisfied with the quality of the service. | 80% | monthly | Provider |

Performance Reporting

| Report Title | Information | Frequency |
|-------------------------|--|-----------|
| KPI Report | <ul style="list-style-type: none"> As noted above | monthly |
| Service Delivery Report | <ul style="list-style-type: none"> The total places by day centre The total number of filled places per day by centre adjusted for category of support The total number of voids per day by centre. The total number of people attending the service by day centre | monthly |

5.8 Service of Last Resort

Key Performance Indicators

| Outcome | Performance Indicator | Frequency of data | How measured |
|---|-----------------------|---|--------------------|
| Provide a safe and secure service that meets service users care needs and protects vulnerable adults. | 100% | Evidenced by exception on occurrence of vulnerable adults investigations. | Provider |
| A rapid response is made, within the timescale initially agreed with the Council. | 100% | As and when service undertaken. | Provider |
| A planned and agreed withdrawal of the Provider is achieved. | 100% | As and when service undertaken. | Provider & Council |
| The required service level and duration is met. | 100% | As and when service undertaken. | Provider & Council |

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| KEY PERFORMANCE INDICATORS (KPI'S) FOR SB CARES SERVICES | | | | |
|---|--|----------------------------------|---|----------------------|
| KPI | Performance Indicator | Frequency of Data | How Measured | System |
| Service users/carers agree they are satisfied with the quality of the service and that personal outcomes have been met. | 80% | Report yearly | Provider | No |
| Draft and final care inspection reports from inspections undertaken by the Care Inspectorate | 100% | As and when | Provider | Yes - SB Cares Drive |
| Action plans resulting from care inspection | 100% | As and when | Provider | Yes - SB Cares Drive |
| Accurate management information submitted including electronic call monitoring information | 100% | | Provider | |
| Attendance at contract review meetings | 100% | | Provider | No |
| Accurate invoices submitted | 100% | | Provider | |
| Turnover of staff for each service above 3% | Target to be set once historical stats established | Quarterly | Provider | Yes - HR systems |
| Care Inspectorate Grade | 3 or above | After each inspection | Provider | |
| Service User Outcomes | | | To be discussed and developed at monthly meetings for criteria and stats agreement, dependent on service model. | No |
| Management information submitted on time | ≥95% | Monitored quarterly by contracts | | |
| | | | | |
| | | | | |

KEY PERFORMANCE INDICATORS (KPI'S) FOR CARE AT HOME

| | Performance Indicator | Frequency of Data | How Measured | System |
|--|---|--------------------------|---|-----------------------|
| QUALITY | | | | |
| Average number of support workers used for care packages of 10 hours and under excluding double ups | Target to be set after first year | Monthly | Provider | Yes - CM2000 |
| Average number of support workers used for care packages of 10 hours and more excluding double ups | Target to be set after first year | Monthly | Provider | Yes - CM2000 |
| Average number of support workers used for clients who receive double ups | Target to be set after first year | Monthly | Provider | Yes - CM2000 |
| Care Inspectorate Enforcement / Improvement Notice (Report immediately) | 0 | As and when | Provider | Yes - SB Cares Drives |
| Health and Safety Reportable Accidents (report monthly but immediately to the local office) | 0 | Monthly | Provider | Yes - Rivo |
| Service User Satisfaction Survey, including report on personal outcomes met. (report yearly) | 80% | Yearly | Provider | No |
| SERVICE | | | | |
| Average timescale of service commencement from point of confirmed referral once all key paper work and assessments have been completed | 80% | Monthly | Provider (Provider and Commissioner to agree and define key paperwork) | No |
| Referrals Declined (report monthly) | To be set once historical data set determined | Monthly | Provider | No |
| DELIVERY | | | | |
| Missed Visits | 0% | Monthly | Provider | Yes - CM2000 |
| Late Visits (15 minute window permissible) | Target to be set | Monthly | Provider | Yes - CM2000 |
| Actual Duration of Visit against Planned Duration of Visit (report monthly) | ≥85% | | | Yes - CM2000 |
| Report of planned hours that are over and under a tolerance of 5 minutes (+or-) in respect of actual visits. | | Monthly | | Yes - CM2000 |
| Average time client on stop (hospital/respite) | | Monthly | | Yes - CM2000 |

| KEY PERFORMANCE INDICATORS (KPI'S) FOR CARE HOMES | | | | |
|---|---|--------------------------|---------------------|---------------|
| KPI | Performance Indicator | Frequency of Data | How Measured | System |
| Respond to referral enquiries within 24 hours (Monday to Friday) | 95% | Monthly | Provider | No |
| Respond to request for emergency admission for long or short term care within 24 hours. | 95% | Monthly | Provider | No |
| Contact when appropriate shall be made with service user/carer within 48 hours from confirmed referral's acceptance once all key paper work and assessments have been completed | 95% | Monthly | Provider | No |
| Time from referral acceptance to admission | Target to be set once historical stats established | Monthly | Provider | No |
| An initial support plan agreed with service user/ carer within 4 weeks of admission. | 90% | Monthly | Provider | No |
| All support plans and outcomes reviewed, as per specification. | 95% | Monthly | Provider | No |
| PERFORMANCE REPORTING | | | | |
| TITLE | RESPONSIBILITY | FREQUENCY | NOTES | No |
| KPI Report | As noted above. | Monthly | | |
| Service Delivery Report | Number of places by home, available for long and short stay (information being forwarded to the Discharge Coordinator). Number of places occupied by home, for long and short stay. The number of episodes of short stay provided. The number of people using the short stay service | Weekly Quarterly | | No |

| KEY PERFORMANCE INDICATORS (KPI'S) FOR BAES | | | | |
|---|--|--------------------------|---------------------|---------------|
| KPI | Performance Indicator | Frequency of Data | How Measured | System |
| Referrals to support urgent priority response & hospital discharge requiring standard stock are responded to within 1 working day | 90% | Monthly | Provider | No |
| Referrals to support high priority response involving standard stock are responded to within 2 working days | 90% | Monthly | Provider | Yes - Elms |
| Referrals to support medium priority response involving standard stock are responded to within 5 working days | 90% | Monthly | Provider | Yes - Elms |
| Delivery of ordered items shall take place within the days noted above in terms of high and medium priority. | 80% | Monthly | Provider | Yes - Elms |
| Collection of items for return shall take place within 5 working days | 80% | Monthly | Provider | No |
| Collected/returned recyclable items are recycled | 80% | Monthly | Provider | Yes - Elms |
| | | | | |
| | | | | |
| PERFORMANCE REPORTING | | | | |
| TITLE | INFORMATION | FREQUENCY | NOTES | |
| KPI Report | As noted above | Quarterly | | |
| Service Impact Report | Recycled aids/equipment issued as a % of all aids/equipment issued. | Monthly | | Yes - Elms |
| Service Delivery Report | Number of service users issued with equipment Number of items of equipment delivered Number of items of equipment collected Number of items of equipment recycled | | | Yes - Elms |

| KEY PERFORMANCE INDICATORS (KPI'S) FOR BORDERCARE | | | | |
|---|---|-------------------|--------------|-----------|
| KPI | Performance Indicator | Frequency of Data | How Measured | System |
| Response to referral enquiries within 3 working days. | 95% | Monthly | Provider | No |
| Contact with client within 3 working days of referral | 95% | Monthly | Provider | Yes - PNC |
| % of new alarms installed within x days | 90% | Monthly | Provider | No |
| Average response time to alarm triggers | | | | No |
| PERFORMANCE REPORTING | | | | |
| TITLE | INFORMATION | FREQUENCY | NOTES | |
| Service Delivery Report | Alarms Number of new alarms installed/delivered | Monthly | | No |
| | Number of alarms repaired | | | No |
| | Number of items of equipment collected Number of items of equipment recycled | | | No |
| | Alarm monitoring Number of alarm triggers | | | Yes - PNC |
| | Number of SBC emergency calls | | | |

| KEY PERFORMANCE INDICATORS (KPI'S) FOR HCSS | | | | | |
|--|---|--------------------------|---------------------|----------------|----------------------------|
| Quality | Performance Indicator | Frequency of Data | How Measured | System | Where info recorded |
| Respond to emergency referrals within 24 hours (where there is capacity within the block contract) | 95% | Monthly | Provider | No | |
| Respond to referral for support within 3 working days | 95% | Monthly | Provider | Yes - manually | |
| A support plan with outcomes agreed with service user within 4 weeks of start of service | 90% | Monthly | Provider | Yes - manually | |
| Personal care and support plans and outcomes reviewed as per specification | 90% | Annually | Provider | No | |
| PERFORMANCE REPORTING | | | | | |
| TITLE | INFORMATION | FREQUENCY | NOTES | | |
| KPI Report | Information as noted | Monthly | | | |
| Service Delivery Report | The total number of emergency referrals offered a service & timescale for start | Monthly | | No | |
| | Total number in receipt of support | | | No | |
| | Total number of requests for support service | | | No | |
| | Total hours of personal care provided | | | No | |
| | The total number of emergency referrals | | | No | |

| KEY PERFORMANCE INDICATORS (KPI'S) DAY SUPPORT (OLDER PEOPLE) | | | | |
|---|---|--------------------------|---------------------|----------------|
| KPI | Performance Indicator | Frequency of Data | How Measured | System |
| Respond to referral enquiries within 3 working days | 95% | Monthly | Provider | No |
| Contact made with applicant within 3 working days from referral acceptance | 95% | Monthly | Provider | Yes - Manually |
| A support plan with outcomes agreed with service user/ carer within 4 weeks | 90% | Monthly | Provider | Yes - Manually |
| All care and support plans and outcomes reviewed as per specification | 95% | Monthly | Provider | No |
| | | | | No |
| PERFORMANCE REPORTING | | | | |
| TITLE | INFORMATION | FREQUENCY | NOTES | |
| KPI Report | As noted above | Monthly | | |
| Service Delivery Report | The total places by day centre The total number of allocated places per day by centre The total number of utilised places per day by centre The total number of voids per day by centre. The total number of people attending the service by day centre | Monthly | No | |
| | | | | |
| | | | | |

| KEY PERFORMANCE INDICATORS (KPI'S) FOR DAY SUPPORT SERVICES (LD) | | | | |
|--|--|--------------------------|---------------------|----------------|
| Quality | Performance Indicator | Frequency of Data | How Measured | System |
| Respond to referral enquiries within 3 working days | 95% | Monthly | Provider | No |
| Contact made with applicant within 3 working days from referral acceptance | 95% | Monthly | Provider | Yes - manually |
| A support plan with outcomes agreed with service user/ carer within 4 weeks | 90% | Monthly | Provider | Yes - manually |
| All care and support plans and outcomes reviewed on a regular basis as agreed with service user/carer. | 95% | Monthly | Provider | No |
| Service users/carers agree they are satisfied with the quality of the service | 80% | Monthly | Provider | No |
| PERFORMANCE REPORTING | | | | |
| TITLE | INFORMATION | FREQUENCY | NOTES | |
| KPI Report | As noted above | Monthly | | No |
| Service Delivery Report | The total number of people attending the service by day centre | Monthly | | Yes - manually |
| | The total places by day centre | | | Yes - manually |
| | The total number of filled places per day by centre adjusted for category of support | | | Yes - manually |
| | The total number of voids per day by centre. | | | Yes - manually |



CARE INSPECTION REPORT

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

22nd September 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 May the draft reports for Victoria Park and Home Care West and Home Care East services have been finalised with no changes.
- 1.3 Katherine Elliot Centre, The Ability Centre and Teviot Older People day services were inspected in May and final reports have been received since the last SGG meeting. Action plans have been developed by all the above services to meet all requirements and recommendations. Information on the action plans are provided in Appendix 1.
- 1.4 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.
- 1.5 Hawick Community Support Service is currently being inspected.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
 - (a) **Notes the improved grades achieved by the Ability Centre and Teviot Day Services and Katharine Elliot Centre have maintained Good and Very Good grading's.**
 - (b) **Note all actions identified for Katharine Elliot Centre, The Ability Centre and Teviot Day Services are being implemented to meet all requirements and recommendations.**
 - (c) **Notes the progress being made to deliver the requirements and recommendations set out in appendix 1.**
 - (d) **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 The final report for Katharine Elliot Centre (KEC) shows that all grades have been maintained since they were last inspected receiving three grades of 5 (very good) and one grade of 4 (Good). KEC had no requirements within the report and only 3 recommendations.

There are no requirements or recommendations within the final report for Teviot Older People's Day Services and under Quality of Environment the Grades went up from a 3 (adequate) to 4 (good). This is, in the main, as a result of SB Cares relocating this service to the Katharine Elliot Centre.

There are no requirements or recommendations within the final report for the Ability Centre and there has been an improvement in all themes with grades rising from a 4 (good) to a 5 (very good), apart from Quality of Management & Leadership which has been maintained at a 4.

- 3.2 Katharine Elliot Centre was inspected on 12th May with the final report from the Care Inspectors indicating grades as follows;

- Quality of Care and Support - 5
- Quality of Environment - 5
- Quality of staff - 5
- Quality of Management and Leadership - 4
-

Teviot Older People's Day Service was inspected on 25th May with the final report indicating grades as follows:

- Quality of Care and Support - 4
- Quality of Environment - 4
- Quality of staff - 4
- Quality of Management and Leadership - 4

The Ability Centre was inspected on 31st May with the final report indicating grades as follows;

- Quality of Care and Support - 5
- Quality of Environment - 5
- Quality of staff - 5
- Quality of Management and Leadership - 4

The services action plans are being 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.

- 3.3 Hawick Community Support is currently being inspected and the outcome of the inspection will be reported to SGG in November.
- 3.4 11 services have now been inspected with 80% of grades being 4 (Good) or above, please see Appendix 3. Seven services are still to be inspected.

3.5 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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Action Plans progress for CI Inspections

The Quality and Performance Manager will be solely focused on the quality aspect of the services being provided. They 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 support clients to achieve their desired outcomes as well as achieving very good Care Inspectorate grading's. SB Cares Managers are developing effective audit systems on all aspects of service delivery.

Quality of Care and Support

No of Services inspected: 3

No of different Requirements: 0

No of different Recommendations: 2

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 working on updating all support plans for individuals to ensure there is a focus on service user outcomes in all aspects of their care and support. The support plans will include all communication aspect of individuals' needs and preferred methods of communication. These will be monitored regularly to ensure identified outcomes are being met.

Quality of Environment

No of services inspected: 3

No of requirements: 0

No of recommendations: 0

Quality of staffing

No. services inspected: 3

No of requirements: 0

No of recommendations: 0

Quality of Management and Leadership

No of services inspected: 3

No of requirements: 0

No of recommendations: 1

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Day Services – LD

Katharine Elliot Centre
12th May 2016

| Katharine Elliot Centre 12th 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. | Requirements – 0 Recommendations – 1 <ul style="list-style-type: none"> • The service should ensure that support plans contain detailed information of the outcomes that individual service users wish to achieve through their chosen social and leisure interests and activities. They should regularly monitor, evaluate and record that chosen activities continue to achieve the desired outcomes for the person. National care standards, Support services – Standard 4 Support arrangements. | 5 Very Good | 5 Very Good |
| Statement 4 – We use a range of communication methods to ensure we meet the needs of the service users. | Requirements – 0 Recommendations – 1 <ul style="list-style-type: none"> • The service should ensure that communication support plans contain comprehensive information of individual needs and how these will be met. The service should give consideration to accessing good practice resources, for example communication passports, to influence this process. National care standards, Support services – Standard 9 Supporting communication | 5 Very Good | Not inspected |
| Quality of Environment | | 5 Very Good | 5 Very Good |
| Statement 3 – The environment allows service users to have as positive a quality of life as possible. | Requirements – 0 Recommendations – 0 | 5 Very Good | Not inspected |
| Statement 4 – The | Requirements – 0 | 5 Very Good | Not |

| | | | |
|---|---|--------------------|--------------------|
| accommodation we provide ensures that the privacy of service users is respected. | Recommendations – 0 | | inspected |
| Quality of Staffing | | 5 Very Good | 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 – 0 | 5 Very Good | 5 Very Good |
| Statement 4 – We ensure that everyone working in the service has an ethos of respect towards service users and each other. | Requirements – 0 Recommendations – 0 | 5 Very Good | Not inspected |
| Quality of Management and Leadership | | 4- Good | 4 - Good |
| Statement 3 – To encourage good quality care, we promote leadership values throughout the workforce. | Requirements – 0 Recommendations – 0 | 4 Good | Not inspected |
| 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 provider should develop and implement a system of audit to ensure effective oversight and monitoring of all aspects of the service provided. The system should effectively enable strengths and areas for improvement to be promptly identified. Areas for improvement should be evaluated and collated into an action plan/service plan National care standards, Support services – Standard 2 Management and staffing arrangements. | 4 Good | 4 Good |

Day Service - PD

| Ability Centre Support Service 30 th May 2016 | | | |
|---|---|----------------------|--------------------|
| Quality Theme | Requirements/ Recommendations ¹ | Grades | Previous Grades |
| Quality of Care & Support | | 5 – Very Good | 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 – 0 Recommendations – 0 | 5 Very Good | 4 - Good |
| Statement 2 – We enable service users to make individual choices and ensure that every service user can be supported to achieve their potential. | Requirements – 0 Recommendations – 0 | 5 Very Good | Not inspected |
| Statement 3 – We ensure that service users health and wellbeing needs are met. | Requirements – 0 Recommendations – 0 | 5 Very Good | 4 - Good |
| Quality of Environment | | 5 – Very Good | 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 | 5 Very Good | 4 - Good |

| | | | |
|---|---|----------------------|-----------------|
| | | | |
| Statement 3 – The environment allows service users to have as positive a quality of life as possible. | Requirements – 0 Recommendations – 0 | 5 Very Good | 4- Good |
| Quality of Staffing | | 5 – Very 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 – 0 | 5 Very Good | 4 - Good |
| Statement 4 – We ensure that everyone working in the service has an ethos of respect towards service users and each other. | Requirements – 0 Recommendations – 0 | 5 Very Good | Not inspected |
| 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 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 – 0 | 4 Good | 4 - Good |

Day Services OP

| Teviot Older People' Day Service 25 th May 2016 | | | |
|--|---|-----------------|--------------------|
| Quality Theme | Requirements/ Recommendations ¹ | Grades | Previous Grades |
| Quality of Care & Support | | 4 Good | 4 – Good |
| Statement 3 – We ensure that service users health and wellbeing needs are met | Requirements – 0 Recommendations – 0 | 4 Good | Not inspected |
| Statement 6 – People who use, or would like to use the service, and those who are ceasing the service are fully informed as to what the service provides | Requirements – 0 Recommendations – 0 | 4 Good | Not inspected |
| Quality of Environment | | 4 Good | 3 Adequate |
| Statement 2 – We make sure that the environment is safe and service users are protected | Requirements – 0 Recommendations – 0 | 4 – Good | 3 - Adequate |
| Statement 3 – The environment allows service users to have as positive a quality of life as possible | Requirements – 0 Recommendations – 0 | 4 – Good | Not inspected |
| Quality of Staffing | | 4 Good | 4 - Good |
| Statement 3 – We have | Requirements – 0 | 4 – Good | 4 – Good |

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| | | | |
|--|---|---------------|-----------------|
| a professional, trained and motivated workforce which operates to National Care Standards, legislation and best practice | Recommendations – 0 | | |
| Statement 4 – We ensure that everyone working in the service has an ethos of respect towards users and each other | Requirements – 0 Recommendations – 0 | 4 – Good | Not inspected |
| Quality of Management & Leadership | | 4 Good | 4 - Good |
| Statement 2 – We involve our workforce in determining the direction and future objectives of the service | Requirements – 0 Recommendations – 0 | 4 – Good | Not inspected |
| 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 – 0 | 4 – Good | 4 – Good |

| SB Cares Care Inspection Grades | | | | | | | | | | | |
|----------------------------------|-------------------------|---------------------------|------------------------|---------------------|------------------------------------|-----------------------|------------------------|---------------|--------------|-----------------|--------|
| Services | Date of last inspection | Quality of Care & Support | Quality of Environment | Quality of Staffing | Quality of Leadership & Management | Recorded Lowest Score | Recorded Highest Score | Average Score | Requirements | Recommendations | Status |
| Ability Centre | 30/05/16 | 5 | 5 | 5 | 4 | 4 | 5 | 4.75 | 0 | 0 | |
| BDDS | 11/02/16 | 4 | 4 | 4 | 4 | 3 | 4 | 4.00 | 1 | 6 | |
| Cheviot Day Service | 22/04/14 | 4 | 3 | 4 | 4 | 3 | 4 | 3.75 | 0 | 5 | |
| Lanark Lodge Day Service | 09/05/14 | 5 | 3 | 5 | 5 | 3 | 5 | 4.50 | 3 | 5 | |
| Oakview Day Service | 31/07/14 | 4 | 3 | 4 | 4 | 3 | 5 | 3.75 | 0 | 9 | |
| Saltgreens Day Service | 08/02/13 | 4 | 4 | 4 | 4 | 4 | 4 | 4.00 | 0 | 4 | |
| Teviot Day Service | 01/05/16 | 4 | 4 | 4 | 4 | 4 | 4 | 4.00 | 0 | 0 | |
| Tweeddale Day Services | 13/06/13 | 4 | 4 | 4 | 4 | 4 | 4 | 4.00 | 1 | 7 | |
| Victoria Park Day Centre | 01/05/16 | 5 | 5 | 5 | 5 | 5 | 6 | 5.00 | 0 | 15 | |
| Deanfield Care Home | 14/01/15 | 4 | 4 | 4 | 4 | 4 | 4 | 4.00 | 4 | 2 | |
| Waverley Care Home | 01/12/15 | 4 | 3 | 4 | 4 | 3 | 5 | 3.75 | 1 | 5 | |
| St Ronan's Care Home | 01/10/15 | 4 | 4 | 4 | 4 | 4 | 5 | 4.00 | 0 | 4 | |
| Grove Care Home | 01/11/15 | 4 | 3 | 4 | 4 | 3 | 4 | 3.75 | 1 | 5 | |
| Saltgreens Care Home | 01/01/16 | 3 | 3 | 3 | 3 | 3 | 3 | 3.00 | 6 | 6 | |
| Home Care East | 01/03/16 | 4 | N/A | 3 | 3 | 3 | 4 | 2.50 | 8 | 4 | |
| Home Care West | 01/02/16 | 4 | N/A | 3 | 4 | 3 | 4 | 2.75 | 8 | 5 | |
| Hawick Community Support Service | 16/05/14 | 4 | N/A | 4 | 4 | 4 | 4 | 3.00 | 2 | 3 | |
| | | | | | | | | | 33 | 82 | |
| Average | | 4.12 | 3.71 | 4.00 | 4.00 | 3.84 | | | | | |
| Total | | | | | | | | | 33 | 82 | |

| SB Cares Care Inspection Grades | | | | | | | | | | | | | |
|---------------------------------|-------------------------|---------------------------|---|------------------------|-----|---------------------|---|------------------------------------|---|---------------|--------------|--------------|-----------------|
| Services | Date of last inspection | Quality of Care & Support | | Quality of Environment | | Quality of Staffing | | Quality of Leadership & Management | | Highest Score | Lowest Score | Requirements | Recommendations |
| Care Homes | | | | | | | | | | | | | |
| Waverley Care Home | 01/12/15 | 4 | 5 | 3 | 3 | 4 | 4 | 4 | 4 | 5 | 3 | 1 | 5 |
| Quality Statements | | 4 | | 3 | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | |
| St Ronan's Care Home | 01/10/15 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 0 | 4 |
| Quality Statements | | 4 | | 4 | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | |
| Grove Care Home | 01/11/15 | 4 | 5 | 3 | 4 | 4 | 4 | 4 | 4 | 5 | 3 | 1 | 5 |
| Quality Statements | | 4 | | 3 | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | |
| Saltgreens Care Home | 01/01/16 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6 | 6 |
| Quality Statements | | 3 | | 3 | | 3 | | 3 | | | | | |
| Overall Grade | | 3 | | 3 | | 3 | | 3 | | | | | |
| 73% Grade 4 or above | | | | | | | | | | | | | |
| Home Care | | | | | | | | | | | | | |
| Home Care East | 01/03/16 | 4 | 4 | N/A | N/A | 4 | 3 | 4 | 3 | 4 | 3 | 8 | 4 |
| Quality Statements | | 4 | | N/A | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | N/A | | 3 | | 3 | | | | | |
| Home Care West | 01/02/16 | 4 | 4 | N/A | N/A | 4 | 4 | 4 | 4 | 4 | 4 | 8 | 5 |
| Quality Statements | | 4 | | N/A | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | N/A | | 4 | | 4 | | | | | |
| 77% Grade 4 or above | | | | | | | | | | | | | |
| Total | | | | | | | | | | | | 24 | 29 |
| Day Services OP | | | | | | | | | | | | | |
| BDDS | 11/02/16 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 1 | 6 |
| Quality Statements | | 4 | | 4 | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | |
| Teviot Day Service | 01/05/16 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 5 | 4 | 0 | 0 |
| Quality Statements | | 4 | | 4 | | 4 | | 4 | | | | | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | |
| 100% Grade 4 or above | | | | | | | | | | | | | |
| Day Services LD/PD | | | | | | | | | | | | | |
| Katharine Elliot Centre | 12/05/2016 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 4 | 0 | 3 |
| Quality Statements | | 5 | | 5 | | 5 | | 4 | | | | | |
| Overall Grade | | 5 | | 5 | | 5 | | 4 | | | | | |
| Victoria Park Day Centre | 01/05/16 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 6 | 5 | 0 | 15 |
| Quality Statements | | 5 | | 5 | | 5 | | 5 | | | | | |
| Overall Grade | | 5 | | 5 | | 5 | | 5 | | | | | |
| Ability Centre | 30/05/16 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 5 | 4 | 0 | 0 |
| Quality Statements | | 5 | | 5 | | 5 | | 4 | | | | | |
| Overall Grade | | 5 | | 5 | | 5 | | 4 | | | | | |
| 100% Grade 4 or above | | | | | | | | | | | | | |
| Page Total | | | | | | | | | | | | 1 | 24 |
| Grand Total | | | | | | | | | | | | 25 | 53 |

SB Cares Care Inspection Grades

| Services | Date of last inspection | Quality of Care & Support | | Quality of Environment | | Quality of Staffing | | Quality of Leadership & Management | | Recorded Lowest Score | Recorded Highest Score | Average Score | Requirements | Recommendations | Status |
|----------------------------------|-------------------------|---------------------------|---|------------------------|-----|---------------------|---|------------------------------------|---|-----------------------|------------------------|---------------|--------------|-----------------|--------|
| Care Homes | | | | | | | | | | | | | | | |
| Deanfield Care Home | 14/01/15 | 5 | 3 | 5 | 3 | 5 | 4 | 5 | 4 | 4 | 4 | 8.50 | 4 | 2 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Waverley Care Home | 01/12/15 | 4 | 5 | 3 | 3 | 4 | 4 | 4 | 5 | 3 | 5 | 8.00 | 1 | 5 | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | | | |
| St Ronan's Care Home | 01/10/15 | 4 | 5 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 5 | 9.25 | 0 | 4 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Grove Care Home | 01/11/15 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 4 | 3 | 4 | 7.75 | 1 | 5 | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | | | |
| Saltgreens Care Home | 01/01/16 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 3 | 6.00 | 6 | 6 | |
| Overall Grade | | 3 | | 3 | | 3 | | 3 | | | | | | | |
| Day Services OP | | | | | | | | | | | | | | | |
| BDDS | 11/02/16 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 7.75 | 1 | 6 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Cheviot Day Service | 22/04/14 | 4 | 4 | 4 | 3 | 4 | 4 | 4 | 4 | 3 | 4 | 7.75 | 0 | 5 | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | | | |
| Oakview Day Service | 31/07/14 | 4 | 5 | 4 | 3 | 3 | 4 | 4 | 4 | 3 | 5 | 8.75 | 0 | 9 | |
| Overall Grade | | 4 | | 3 | | 4 | | 4 | | | | | | | |
| Saltgreens Day Service | 08/02/13 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 8.00 | 0 | 4 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Tweeddale Day Services | 13/06/13 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 4 | 8.00 | 1 | 7 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Day Services LD | | | | | | | | | | | | | | | |
| Lanark Lodge Day Service | 09/05/14 | 5 | 5 | 5 | 3 | 3 | 5 | 5 | 5 | 5 | 5 | 10.25 | 3 | 5 | |
| Overall Grade | | 5 | | 5 | | 5 | | 5 | | | | | | | |
| Ability Centre | 30/05/16 | 5 | 5 | 5 | 5 | 5 | 5 | 5 | 4 | 4 | 4 | 10.75 | 0 | 0 | |
| Overall Grade | | 5 | | 5 | | 5 | | 4 | | | | | | | |
| Teviot Day Service | 01/05/16 | 4 | 4 | 4 | 4 | 4 | 5 | 4 | 4 | 4 | 4 | 8.25 | 0 | 0 | |
| Overall Grade | | 4 | | 4 | | 4 | | 4 | | | | | | | |
| Victoria Park Day Centre | 01/05/16 | 5 | 5 | 5 | 6 | 5 | 5 | 5 | 5 | 5 | 6 | 10.25 | 0 | 15 | |
| Overall Grade | | 5 | | 5 | | 5 | | 5 | | | | | | | |
| KEC | | | | | | | | | | | | | | | |
| Home Care | | | | | | | | | | | | | | | |
| Home Care East | 01/03/16 | 4 | 4 | N/A | N/A | 4 | 3 | 4 | 3 | 3 | 4 | 7.33 | 8 | 4 | |
| Overall Grade | | 4 | | N/A | | 3 | | 3 | | | | | | | |
| Home Care West | 01/02/16 | 4 | 4 | N/A | N/A | 4 | 3 | 4 | 4 | 3 | 4 | 7.67 | 8 | 5 | |
| Overall Grade | | 4 | | N/A | | 4 | | 4 | | | | | | | |
| Hawick Community Support Service | 16/05/14 | 4 | 4 | N/A | N/A | 4 | 4 | 4 | 4 | 4 | 4 | 8.00 | 2 | 2 | |
| Overall Grade | | 4 | | N/A | | 4 | | 4 | | | | | | | |
| Total | | | | | | | | | | | | | 23 | 84 | |

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