

Public Document Pack



LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP TUESDAY, 20 JUNE 2017

A MEETING of the LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS on TUESDAY, 20 JUNE 2017 at 2.00 pm

J. J. WILKINSON,
Clerk to the Council,

14 June 2017.

| BUSINESS | | |
|-----------------|--|---------|
| 1. | Apologies for Absence. | |
| 2. | Welcome and Introductions | |
| 3. | Order of Business. | |
| 4. | Declarations of Interest. | |
| 5. | Minute (Pages 1 - 2) Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 30 March 2017 to be approved and signed by the Chairman. (Copy attached.) | 5 mins |
| 6. | Setting the Scene Presentation by the Managing Director on SB Cares progress – Managing Director (presented on the day). | 30 mins |
| 7. | Draft Business Plan 2017-2022 (Pages 3 - 18) SB Cares Draft Business Plan 2017-2022. (Copy attached.) | 15 mins |
| 8. | Quarterly Performance Reporting (Pages 19 - 22) Consider a report on the performance of SB Cares by the Finance and Commercial Director on Unaudited SB Cares Final Outturn Position as at 31 March 2017. (Copy attached.) | 20 mins |
| 9. | Care Inspectorate (Pages 23 - 64) Consider update report by SB Cares Operations Director on Inspections by the Care Inspectorate. (Copy attached.) | 10 mins |

| | | |
|-----|---|---------|
| 10. | Internal Audit (Pages 65 - 70) Consider report by the Chief Officer Audit and Risk on SB Cares Internal Audit Annual Report 2016/17 Summary. (Copy attached.) | 10 mins |
| 11. | Any Other Items Previously Circulated. | |
| 12. | Any Other Items which the Chairman Decides are Urgent. | |
| 13. | Items Likely to be Taken in Private Before proceeding with the private business, the following motion should be approved:- “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.” | |
| 14. | Minute (Pages 71 - 74) Private section of the Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 30 March 2017 to be approved and signed by the Chairman. (Copy attached.) | 5 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 T. Weatherston (Chairman), J. Greenwell, E. Robson, E. Thorton-Nicol, G. Turnbull and Ms K Hamilton

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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 Thursday, 30 March 2017 at 3.00 pm

Present:- Councillors F. Renton (Chair), J. Brown, B White.
Apologies:- Councillors J. Greenwell and J. G. Mitchell. Ms K Hamilton (NHS).
In Attendance:- Ms E Torrance (Chief Social Work Officer), Mr M Leys (Chief Officer Adult Social Work), Ms L Campbell (Internal Auditor), 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), Paul Cathrow (Service Development Manager SB Cares), Mr D Clark (Business Partner for SB Cares), Democratic Services Officer (P Bolson).

1. **WELCOME**

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

**DECISION
NOTED.**

2. **MINUTE.**

There had been circulated copies of the Minute of the meeting of 7 February 2017.

**DECISION
APPROVED the Minute for signature by the Chairman.**

3. **SB CARES BUDGET MONITORING TO 28 FEBRUARY 2017**

With reference to paragraph 3 of the Minute of 7 February 2017, there had been circulated copies of a report by the Finance and Commercial Director of SB Cares, informing Members of the financial position based on the actual income and expenditure at 28 February 2017. Ms Collins explained that the latest forecast contribution for 2016/17 had remained at £650k as reported previously. This included the forecast savings from projects, stock capitalisation agreed with SB Cares' external auditors and took account of the continued pressures from increasingly complex packages of care. Members noted that SB Cares Senior Management Team had, and would continue to review the remaining forecast spend across delivery of all services and projects alongside the predicted shortfall of £650k. Members raised a number of questions which were answered by officers present.

**DECISION
NOTED SB Cares financial forecast position for 2016/17 of £650k as at 28 February 2017.**

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.

5. **MINUTE.**
Members approved the Private Section of the Minute of 7 February 2017.
6. **HOME CARE SURVEY FEEDBACK.**
Members considered the feedback from the Home Care Survey.
7. **2017/2022 BUSINESS PLAN.**
Members considered the SB Cares Business Plan for 2017/2022.

The meeting concluded at 4.05 pm



Business Plan 2017-2022

Our vision: to become *the **provider of choice** for adult social care services in the Scottish Borders*

| | |
|--|----|
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DRAFT

Chairman's and Managing Director's Summary

Welcome to the SB Cares Business Plan, covering the period 2017-22. The Plan sets out what we want to achieve over the coming years, what we will prioritise, the resources we need, and how we will measure and report on our performance.

This is the first business plan set against the approved Scottish Borders Health and Social Care Partnership Strategic Plan (2016 -19). The strategic aims and priorities that we have established for SB Cares align completely with the objectives within the Borders Strategic Plan, and the Scottish Government's aims of integration which are:

- **Better outcomes and experiences for individuals and communities**
- **Better use of resources across health, care and support systems**

(Health and Social Care Integration Public Bodies (Joint Working)(Scotland) Act 2014)

We will only be able to meet the challenges we face and deliver our strategic aims by working as a key partner influencing the client pathways within the context of integrated Health and Social Care and by building strong relationships with those who commission services from us.

2016/17 was our second full year of operation and we have achieved many successes:

- we supported **12,000 clients, their families and carers** in the following ways:

| | | | | |
|------------------------------------|--|---|--|---|
| 821,000 Home Care visits | 45,000 Pieces of ability equipment | 3,200 Personal monitored alarms | 190 Clients supported in Care Homes & Extra Care Housing | 150 clients attended our day services |
|------------------------------------|--|---|--|---|

- we **improved the quality of our services**, with 84% of our services receiving Care Inspectorate grades of Good or above
- we **grew our business**, increasing our Home Care provision by 25% (1200 hours per week) and launching our direct sales of personal alarms and ability equipment
- we stepped in as **provider of last resort**, on behalf of Scottish Borders Council, to provide emergency support to a significant number of vulnerable clients
- we introduced **new ways of working**, for example sharing staff and expertise across service types
- we delivered a contribution to the Council of **£480k in 2015/16**, are on target to deliver a contribution of **£650k for 2016/17**, and this Business Plan will ensure we deliver a **£924k** contribution in 2017/18

Delivering best value remains high on our agenda and our Management Team and Board are now focused on strengthening SB Cares' position in the market place whilst striving to provide the highest quality adult social care services.

We believe that by addressing the priorities in this plan, SB Cares will work to be recognised as **the provider of choice for adult social care services in the Scottish Borders** and can be benchmarked against the best in class. This is the vision that should drive all our work over the coming years.

Jim Wilson, Chairman

Philip Barr, Managing Director

Our Strategic Aims, Priorities & Key Activity for 2017-2022

For SB Cares to become *the provider of choice for adult social care services in the Scottish Borders*, we will focus on 3 strategic aims:

| Quality | Efficiency | Business Growth |
|--|--|--|
| <i>To have a team of staff who deliver seamless, high quality care and support to every client</i> | <i>To deploy our staff, resources and finances as efficiently and effectively as possible, ensuring best value</i> | <i>To expand and grow the services we provide for the people of the Scottish Borders and generate income to invest in future care services</i> |

| Our Priorities | Key Activities |
|--|--|
| 1. Invest in our Staff to improve Client outcomes | <ul style="list-style-type: none"> Develop and deliver a robust, long term People Plan focused on recruitment, training and development, and succession planning Deliver a staff training programme, which supports the efficient and effective delivery of services and focuses on quality Develop and implement a robust Communications Programme that engages all levels of staff |
| 2. Build on key partnerships | <ul style="list-style-type: none"> Influence the development of new innovative models of care to support client pathways Build relationships with partners and commissioners to ensure that SB Cares is an influential partner within the provision of Health and Social Care in the Borders Improve our joint working and communication with partners Ensure maximum value through our Service Level Agreements (SLAs) with Scottish Borders Council |
| 3. Make our services as efficient and effective as possible | <ul style="list-style-type: none"> Review and implement our Procurement Strategy to ensure we have the right goods and services at the right time at the right cost Deploy staff more effectively across all services, using technology and data Help staff simplify and standardise processes and reduce unnecessary bureaucracy Constantly review and challenge how we deliver our service Working with Scottish Borders Council, develop a strategic plan for improvements to care homes, premises and other capital assets |
| 4. Modernise our services through technology | <ul style="list-style-type: none"> Develop and implement a Digital Strategy to support efficient and effective delivery and monitoring Maximising the use existing IT systems to support service delivery Develop client-focussed technology solutions Improve data collection to develop services and support decision making Maximise the benefits from our business intelligence tools |
| 5. Grow and develop our business | <ul style="list-style-type: none"> Commercialise our alarm and equipment services Identify new income streams and increase revenue (expand our services to new clients not eligible for service through Scottish Borders Council) Develop new services in conjunction with partners and stakeholders Develop and implement a Marketing Strategy to build a strong reputation Commission external expertise where required |
| 6. Develop excellent governance | <ul style="list-style-type: none"> Continue the development of our new approach to Financial Management Develop benchmarking and performance reporting to monitor and support decision making within services Fully develop a performance reporting framework for our Board, Strategic Governance Group (SGG) and other key stakeholders Develop a robust and effective approach to Programme Management Develop more robust internal controls for SB Cares to satisfy audit requirements and provide assurance to our Board and Scottish Borders Council |

Some of the projects we have already started are detailed in **Appendix 1**

About this Business Plan

This plan covers the period 2017-2022. It has been shaped by:

- the challenging targets we have been set by Scottish Borders Council for generating future financial contributions
- the ongoing development of integrated health and social care
- engagement with our staff, partners and stakeholders
- feedback from customers, through our satisfaction surveys, comments and complaints
- Care Inspectorate standards, requirements, recommendations and feedback
- other regulatory and statutory/legal requirements
- areas for improvement that we have identified during the first two year of operation

Structure of the Plan:

| | |
|--|--|
| About us | Who we are and what we do |
| SB Cares' Operating Context | The national and local backdrop for our work |
| Our Values | The values we have adopted as an organisation, that should run through all our work |
| Delivering this plan | <p>What is involved to deliver this plan, including:</p> <ul style="list-style-type: none"> • Financial Strategy • People Plan • Marketing and Sales Plan • Communications Programme • Digital Investment • Innovative and effective Contract Management |
| Measuring performance and reporting success | How our Board, stakeholders and partners will know how we are doing, including benchmarking |
| Finance | What we are targeted to achieve; how we will do it; identified financial risks |

About us

Established as a fully owned Council Company in 2015, SB Cares is a forward thinking care provider, delivering adult social care across the Scottish Borders. Previous to SB Cares being established, adult social care was provided by Scottish Borders Council . However, with a changing context and demographic pressures, the SB Cares model gives us the ability to:

- effectively and efficiently support the implementation of Self Directed Support (SDS)
- provide and sell a range of services to people who do not meet the Council’s current eligibility criteria to provide preventative services
- establish a robust business culture and ethos (sometimes difficult within a Council)
- efficiently and flexibly deploy resources, resulting in efficiency savings
- provide a more responsive service at a local level to service users and carers, through streamlined management structures and a clear focus on the provision of adult social care
- ensure the Council continues to be able to meet its statutory responsibilities by establishing a “provider of last resort”, one of the key benefits of the Council setting up an organisation which it wholly owns, ensuring the continuation of publicly owned services to the people of the Borders in the most cost effective way possible.

We are the largest provider of adult social care in the Scottish Borders and, after Scottish Borders Council and NHS Borders, one of the largest employers in the region. Our annual turnover is **£18 million**, with 92% of income coming from Scottish Borders Council to provide commissioned care.

We have a range of premises across the Scottish Borders from which we deliver services to clients including **5** care homes, **1** extra care housing development (in Peebles), and **13** premises for delivering a range of day services. We also have our head office in Newtown St Boswells, **1** alarm monitoring centre, **1** community equipment store and **5** homecare offices.

850 highly trained staff delivers a range of services within the community to help people remain at home, or in a homely setting, and ultimately stay out of hospital. Services include:



We work in partnership with Scottish Borders Council and NHS Borders and are regulated by the Care Inspectorate.

SB Cares' Operating Context

The Scottish Government is committed to enabling older people to live healthy, active and independent lives, and wants older people to have the services they need, and to be involved in the planning of those services. Since the introduction of the Community Care and Health (Scotland) Act in 2002, and the introduction of free personal care, the focus has been on helping older people remain at home or in a homely setting. With the recent integration of Health and Social Care, outcomes should improve further, with shorter routes to services and faster journeys along these routes.

SB Cares' operating context in the Scottish Borders is extremely challenging. By the year 2032, the number of people aged 65 and over in the Scottish Borders is projected to increase by 51%, a faster rate than the 49% for Scotland overall. The number of people *under 65* is also projected to decrease in the Scottish Borders (which presents real challenges for large employers such as SB Cares). Age is strongly related to patterns of need for health and social care. These changes will influence how we deliver services in the future.



Source: National Records of Scotland 2012-based population projections

The Borders is largely a remote and rural area, with each area having individual characteristics and therefore different needs. From the more remote rural areas south of Hawick to the coastal communities around Eyemouth, scheduling and delivery of services is complex. About a quarter of the households in the Borders are composed entirely of people aged 65 and over. This age group has a greater need for our services. The growing number of people with dementia is also a big challenge. People are living longer than ever and this trend is set to continue.

The Scottish Borders Health & Social Care Partnership Strategic Plan 2016-19 identifies the case for change in the Scottish Borders:

- Increasing demand for services from growing aging population
- Increasing pressure on limited resources at a time of constraints on public funding
- High expectations from service users.

Appendix 2 shows the delivery structures for integration, both nationally and locally.

Our values

Our clients are at the centre of everything we do. The six values below, established when SB Cares was set up, define how we will work:



Our values reflect the very human nature and the singular focus of the care services we provide. As such, all our staff must operate with integrity, compassion and care, whether they are dealing with a vulnerable young adult who is in receipt of our service for the first time or an older person who has been in receipt of care over a number of years. Because our services are often delivered at difficult times, for example towards the end of life, it is crucial that all staff are aware of and embrace our values fully.

The values are equally important when dealing with other staff and partners. The way we treat each other, and those with whom we work to deliver services, is key to creating an organisation where people want to work.

And as resources tighten within the public sector, innovation will become increasingly important if we are to be the provider of choice well into the future.

Delivering this plan

Successful delivery of this plan will require time and resource being invested in the following areas:

- **Financial Strategy** – We will continue to develop robust approach to financial management to support effective decision making and high quality planning. In addition we will work to a detailed procurement strategy, simple financial process, to ensure excellence in compliance with SB Cares policies.
- **People Plan** – Through application of a detailed People Plan we will ensure that the business is sufficiently resourced and skilled to deliver services now and in the future. Currently near completion, the People Plan is comprehensive and covers areas such as training, recruitment and retention, succession planning and staff development. Successful implementation of this plan will require continued close working with our colleagues in Scottish Borders Council Human Resources, Training and Communications teams.
- **Marketing & Sales Plan** – Resource and financial investment as well as staffing restructure will be required to maximise commercial sales opportunities. In addition; external expertise will be commissioned to assist with the development and implementation of a comprehensive marketing plan.
- **Communications Programme** – SB Cares has a wide range of internal and external stakeholders and we have previously recognised the challenges in ensuring clear, accurate and timely engagement with all stakeholder groups. We will continue to work with our partners in Scottish Borders Council Communications team to implement a detailed and proactive communications programme.
- **Digital Investment** – We will continue to work with Scottish Borders Council and other ICT partners to ensure the business benefits from the focussed development of existing technology and introduction of new technologies. We recognise that technology presents opportunities to develop our services in an innovative fashion to meet projected demands as well as offer new services.
- **Innovative and effective Contract Management** – SB Cares will maintain excellent working relationships with all partners to ensure effective contract management to meet the continuing market challenges. We will apply simple and effective business processes whilst encouraging flexibility, best value and innovation in the provision of adult social care services.

SB Cares colleagues from across the business will be involved in every aspect of the delivery of this plan, engaging through working groups, consultation with stakeholders and discussions at team meetings.

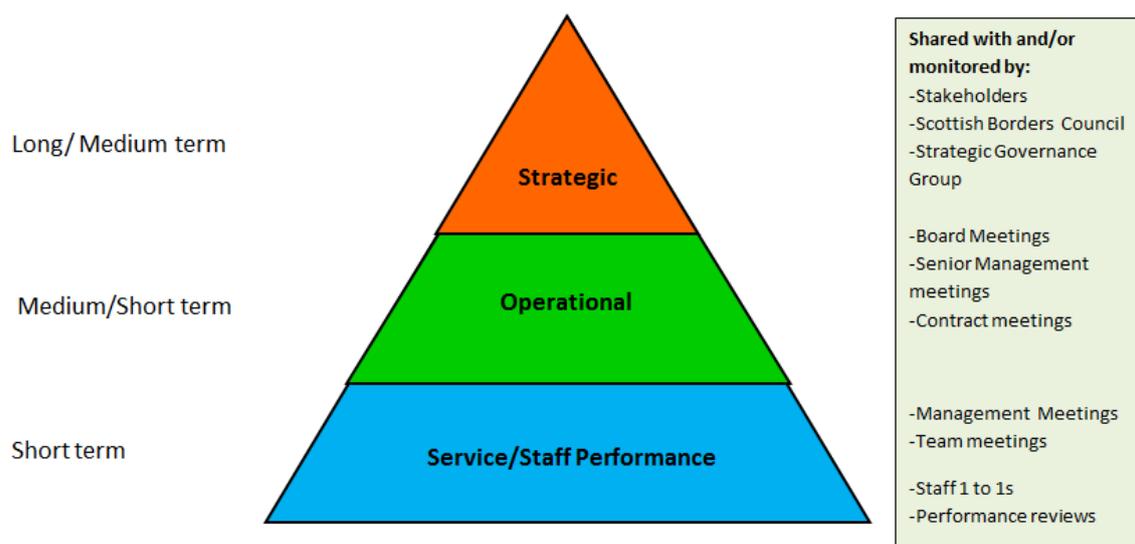
Measuring performance and reporting success

As part of our 2016/17 business plan, we developed a set of Key Performance Indicators (KPIs) that require to be further developed to allow us to demonstrate to our Board and other stakeholders that we are making progress against our 3 strategic aims.

As well as strategic reporting, we must also develop our operational performance management capability which is presently constrained by a lack of appropriate systems to allow the collection of relevant data. The development of a Digital Strategy and implementation programme will be critical to allow the monitoring of operational activity and the demonstration of best value.

We aspire during 2017/18 to develop an initial suite of performance measures which will be reported from the following way:

- to our management team on a regular basis to support operational decision making
- to our Board on a monthly basis to show how well we are working toward our 6 priorities. We will also provide a fuller, quarterly report
- to the Strategic Governance Group (SGG) twice yearly, providing assurance that we are meeting our 3 strategic aims and achieving best value
- to Scottish Borders Council's Executive Committee twice yearly (after our SGG) to ensure that Scottish Borders Council fulfils its duty under the Local Government in Scotland Act in terms of public performance reporting
- an annual report in August each year that can be used with a variety of internal and external stakeholders



We will endeavour to ensure that our KPIs link clearly to our 3 Strategic Aims:

- Quality- training, inspections, customer satisfaction
- Efficiency- deployment of staff, finance, other resources, contribution generated
- Business Growth- new customers, products, sales

Benchmarking our performance

Reviewing our own performance and monitoring trends over time is important to drive improvement within our business, but looking at how we compare to others is also important.

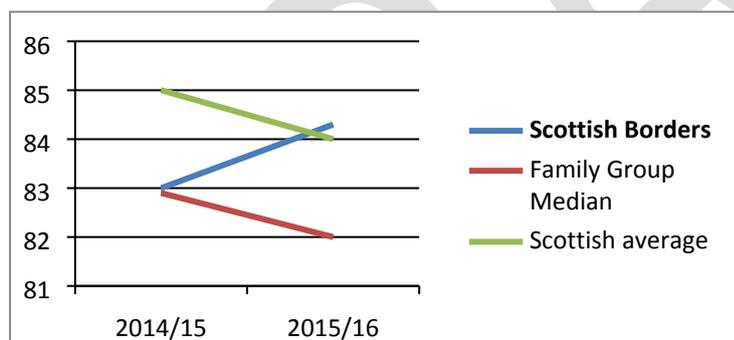
The introduction of the Local Government Benchmarking Framework (LGBF) a few years ago, co-ordinated by the Improvement Service, requires Councils to include comparisons with other Local Authorities as part of their public performance reporting, and to link clearly to the [“my local council”](#) site where benchmarked data from all Scottish Local Authorities sits.

As councils increasingly use alternative models of service delivery, direct comparisons will become increasingly difficult but some of the new measures introduced during 15/16 are influenced heavily by SB Cares’ work, in particular:

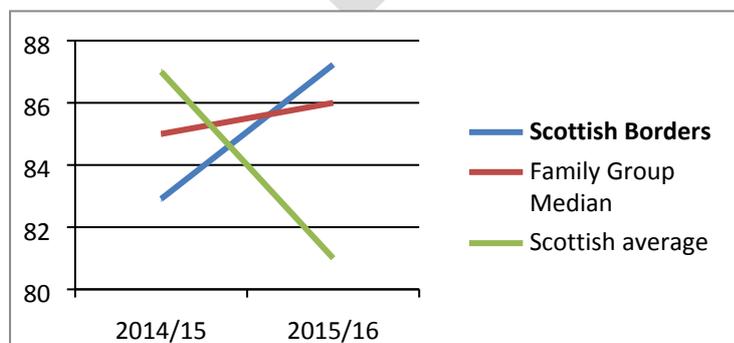
- How satisfied are adults with their care or support?
- How satisfied are adults supported at home that their services and support had an impact on their quality of life?

These measures are taken from the Scottish Government’s “Care and Experience Survey” and between 2014/15 and 2015/16 (during SB Cares’ first year of operation), adults in the Scottish Borders were increasingly satisfied with the care they received, with rates higher than both Scottish average and the median for other similar local authorities (those in the same “family group”). See below:

% of adults receiving any care or support who rate it as excellent or good



% of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life



Each year, SB Cares will review LGBF data and will, during 2017/18, explore others against whom we can benchmark. The more benchmarking we do, the more we can focus on service improvement and look at what is best practice.

Demonstrating impact

As well as reporting the “numbers”, we are keen to show the human side of performance, the impact that we are having on people’s lives on a daily basis. We will therefore include, within our reporting to Strategic Governance Group, a range of case studies that demonstrate we are making a difference across the Scottish Borders. We will also show where we have made significant service improvements and grow the business.

Finance

SB Cares has set out its 3 strategic aims for the next 5 years and the investment required achieving its 6 priorities, and we need to ensure that this is supported by the right level of financial resource. The majority of our income is from Commissioned Services with total income for 2017/18 forecast at £18.5m.

As a service-based company, our largest expenditure is our staffing cost which accounts for 85% of our direct costs and deploying our staff efficiently and effectively will be a key focus for the period of this Business Plan.

We have a very lean management and business support structure, and have identified that this is an area that requires investment to support the delivery of this 5 year business plan.

We recognise that there is continued pressure on public spending and SB Cares has already permanently returned £480k to Scottish Borders Council through a reduction in contract price in 2015/16 and we are on target to achieve a further £650k contribution for 2016/17.

To deliver this Business Plan and achieve the target contribution agreed with the Council of £5.724m over the next 5 years we need to set a financial strategy to support the delivery of this business plan.

Our high level financial strategy is to:

- Set a prudent, sustainable budget in line with activity, forecast income and support the delivery of target contribution
- Continue to invest in our transformation programme to improve the quality of our services and deliver savings
- Work with our partners to identify cost avoidance opportunities through new ways of working to meet existing and increasing demand
- Work with Scottish Borders Council to invest in our properties through the Council’s Capital Plan to improve the quality of our services and reduce revenue costs
- Grow our business to maximise income to support the delivery of adult social care services
- Access available grant funding to support the delivery of SB Cares priorities in particular funding to develop new technology to support the provision of our care services

Identified financial risks

The target contribution in 2016/17 was a challenge with the majority of savings achieved through temporary measures. The key areas of risk to deliver SB Cares Business Plan and financial targets are:

- Lack of resources to deliver the business plan
- Continuing pressure from Commissioners to do more with the same or less
- Continuing step ins as provider of last resource diverting staff from delivering SB Cares 6 priorities
- Lack of political buy in for proposed efficiencies
- Anticipated market growth not as buoyant as forecast
- Significant reduction in public funding over the period of the plan

This business plan reflects the actions necessary to mitigate against those factors we can influence.

The forecast below sets out the target contribution set by the Council of **£5.724m** that needs to be achieved by SB Cares over the next 5 years.

| 5 Year Target Contribution | 2017/18 | 2018/19 | 2019/20 | 2020/21 | 2021/22 |
|--|-------------------|-------------------|-------------------|-------------------|-------------------|
| | £ | £ | £ | £ | £ |
| Income | | | | | |
| Scottish Borders Contract | 16,736,080 | 16,736,080 | 16,736,080 | 16,736,080 | 16,736,080 |
| Other Income | 1,708,709 | 1,768,709 | 1,868,709 | 1,868,709 | 1,868,709 |
| Total Income | 18,444,789 | 18,504,789 | 18,604,789 | 18,604,789 | 18,604,789 |
| Expenditure | | | | | |
| Staff Costs | 14,765,251 | 14,663,423 | 14,611,606 | 14,611,606 | 14,611,606 |
| Rent for Properties | 41,138 | 41,138 | 41,138 | 41,138 | 41,138 |
| Supplies & Services | 2,094,108 | 2,094,108 | 2,094,108 | 2,094,108 | 2,094,108 |
| Total Service Expenditure | 16,900,497 | 16,798,669 | 16,746,852 | 16,746,852 | 16,746,852 |
| Contribution to Overheads | 1,544,292 | 1,706,120 | 1,857,937 | 1,857,937 | 1,857,937 |
| Management and Business Support | 619,930 | 619,930 | 619,930 | 619,930 | 619,930 |
| Target Contribution | 924,362 | 1,086,190 | 1,238,007 | 1,238,007 | 1,238,007 |

Where our Business Plan delivers savings for our partners these will contribute to our target contribution above.

Appendix 1: Current Business Change Projects

SB Cares has in place a programme of business change to provide structure to the delivery of various outcomes, priorities and actions. The distinct work streams are grouped into five overarching projects. Projects and Workstream currently in progress include:

| Project Name | Workstream | Project Description |
|----------------------------------|--|--|
| Commercial | Borders Ability Equipment Service Sales | Maximise income from direct sales of equipment |
| | Personal Alarms Service New Income | Maximise income from direct sales of alarms services |
| | Service Delivery Reviews | Review alternative options of service delivery of existing SB Cares services |
| Home Care Review | Staff Scheduling | Ensure effective deployment of staff in all areas |
| | Management and Admin Review | Review of structure, numbers & function to meet service demands |
| | Shopping Service Review | Review of Shopping Service model |
| Procurement | Supplies and Services Savings | Efficiencies through procurement |
| | Fleet Optimisation | Reduce cost of Business Miles and make best use of Fleet options including electric vehicles currently in use. |
| Service and Staff Reviews | Kitchens in care homes | Review remaining on site catering provision |
| Systems Development | Care Operating IT System Contract Review and Development | Maximise benefit from use of existing care operating IT system |
| | Borders Ability Equipment Service Stock Management Valuation & System development | Adjustments to accounting process for stock and development of supporting IT systems |

Appendix 2: Delivery structures for Health and Social Care integration, both nationally and locally

Health and Social Care Integration Public Bodies (Joint Working) (Scotland) Act 2014

Better **outcomes and experiences** for individuals and communities

Better **use of resources** across health, care and support systems at national and local levels.

Scottish Government Health and Wellbeing Outcomes (for all partnerships to address)

| | | | | | | | | |
|----------------------------------|------------------|---------------------------------------|--------------------|------------------------------|----------------------|-------------------------|--------------------------------|---------------------------------|
| Quality of life of service users | Healthier Living | Positive experiences of service users | Independent living | Reducing health inequalities | Carers are supported | Safety of service users | Resources are used effectively | Supported and engaged workforce |
|----------------------------------|------------------|---------------------------------------|--------------------|------------------------------|----------------------|-------------------------|--------------------------------|---------------------------------|

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Scottish Borders Strategic Plan 2016 -19

“work together for the best possible health and well-being in our communities”

9 local objectives (defined locally during consultation on the Borders Strategic Plan in 2015)

| | | | | | | | | |
|---|-----------------------------------|-------------------------------------|--------------------|---|------------------------------------|------------------------------|----------------------------|--------------------|
| Accessible services / develop communities | Prevention and early intervention | Reduce avoidable hospital admission | Care close to home | Integrated care model to deliver services | Choice and control for individuals | Efficiency and effectiveness | Reduce health inequalities | Support for carers |
|---|-----------------------------------|-------------------------------------|--------------------|---|------------------------------------|------------------------------|----------------------------|--------------------|

For more information on any aspect of this plan, contact:

Tel: 01835 826700

Email: info@sbcare.co.uk

Web: www.sbcare.co.uk

SB Cares

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UNAUDITED FINANCIAL OUTTURN 2016/17

Report by the Finance & Commercial Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

20 JUNE 2016

1 PURPOSE AND SUMMARY

To inform the SGG of the unaudited financial outturn for 2016/17.

- 1.1 The final financial outturn for 2016/17 has resulted in a surplus of £647k against a forecast position of £649k. In addition to the £450k efficiency savings generated in the prior year and reflected in a reduction in contract fee in year.
- 1.2 Details of the variances are set out in the report.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
 - (a) **Note SB Cares achieved a contribution of £647k 2016/17**
 - (b) **Note that this has informed Scottish Borders Councils revenue outturn position 2016/17**
 - (c) **Note that the contribution of £647k will be returned to the Council as a discount to the 2016/17 contract price only**

3 UNAUDITED FINANCIAL OUTTURN POSITION 2016/17

3.1 SB Cares has achieved an unaudited outturn contribution of £647k for 2016/17 prior to any statutory adjustment in addition to the £450k efficiency savings generated in the prior year and reflected in a reduction in contract fee in year. The outturn was achieved through:

- an operational surplus of £47k
- capitalisation of ability equipment stock of £600k.

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 eligibility criteria. Work commenced in 2015/16 which successfully delivered the target contribution of £480k in the first year and contributed a further £47k in 2016/17.

3.2 The outturn position is £2k below the forecast outturn but fell short by £100k of the target contribution of £747k set by Scottish Borders Council.

3.3 The contribution will be returned to the Council as a discount to the contract price for provision of services for 2016/17 only

3.4 A Summary of the final outturn position is set out in the table below:

| Summary | Outturn | Budget | Variance to Budget | Forecast | Variance to Forecast |
|---------------------|---------------|---------------|--------------------|----------------|----------------------|
| Profit & Loss | Actual £000's | Actual £000's | 2016/17 £000's | 2016/17 £000's | 2016/17 £000's |
| Income | 18,214 | 17,906 | 308 | 18,185 | 29 |
| Direct Cost | (16,949) | (16,619) | (330) | (16,933) | (16) |
| Gross Profit | 1,265 | 1,287 | (22) | 1,252 | 13 |
| Overheads | (618) | (540) | (78) | (603) | (15) |
| Contribution | 647 | 747 | (100) | 649 | (2) |

3.5 **OUTTURN v FORECAST**

The final outturn position has come in short of the final agreed forecast by £2k which has been mainly due to additional finance team costs and a provision for bad debt at year end. Further explanations of the variances to forecast are set out below.

3.6 **Income**

Income for the year is higher than the forecast in March 2017 due to income for additional orders of ability equipment and consultancy fees for stepping in as provider of last resort.

Direct Cost

3.7 Direct costs across most services are in line with forecast with the variance due to the direct cost for the additional ability equipment purchased by the Council.

3.8 **Overheads**

Overheads increased for the final month in 2016/17 due to:

- additional cost for stepping in as provider of last resort which has been fully recovered from SBC
- bad debt provision for debtors for risky debt
- additional finance staff cost during the handover period for the Finance Manager

OUTTURN v BUDGET

The outturn position for 2016/17 fell short of the target contribution set by the Council of £747k by £100k. The Senior Management Team developed a programme of work to deliver the agreed business plan for 2016/17 of £747k. The delivery and implementation of the programme of projects continued to be challenging throughout the year due to resource implications.

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

KPMG have indicated during the audit that the £600k capitalisation is acceptable within BS Cares accounts. This is still a risk of audit adjustment recommendation until the accounts are signed off.

Continue to work closely with KPMG to ensure provision of all information as requested

4.3 Equalities

There is 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 SB Cares Board and Senior Management Team have agreed the draft accounts. The base audit work has been completed by KPMG and is currently being reviewed at a senior level for audit sign off.

Author(s)

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CARE INSPECTION REPORT

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

20 JUNE 2017

1 PURPOSE AND SUMMARY

- 1.1 **This report updates the Strategic Governance Group (SGG) on the inspection of services by the Care Inspectorate. Where services have been inspected by the Care Inspectorate between SGG meetings, the grades are reported to the SGG meeting as one of the Key Performance Indicator measures previously agreed.**
- 1.2 Since the last SGG meeting **Home Care East** has been inspected and the finalised report has been received grade 4 being given for Quality of Care and Support and Quality of Management and Leadership with Grade 3 for Quality of Staffing. The report contains 7 requirements and 2 recommendations. Discussions were held with the Inspector regarding the outcome of the report and some parts were challenged, which has resulted in changes being made to the report. Quality of Management and Support has gone up to a grade 4 since the last inspection. Further information is available within Appendix 1.
- 1.3 **Grove House** has received their final inspection report with Quality of Care and Support and Quality of Staffing given Grade 4 and Quality of Management and Leadership and Quality of Environment was given grade 3. The report contains 3 requirements and 4 recommendations, parts of this report were challenged and changes made to the final report as a result.
- 1.4 **Home Care West** has just been inspected and again the draft report was challenged with changes made to the final report as a consequence of the challenge. The final report contained grades; 4 for Quality of Care and Support and Quality of Management and Leadership and grade 3 for Quality of staffing. These grades have remained the same as last year's inspection. There are 2 requirements and 2 recommendations contained in the report.
- 1.5 **Saltgreens Care Home** has been inspected and the final report received with the following grades given; grade 4 for all quality themes except environment which is grade 3. This is an improvement from all themes being graded a 3 during the last inspection. There are 2 requirements and 3 recommendations included with the report.

- 1.6 **Saltgreens Day Support Service** has been inspected and final report received giving the following grades; grade 4 for all Quality Themes, with potentially Quality of Care and Support being a 5. There were no requirements or recommendations contained in this report.
- 1.7 **Berwickshire Dementia Day Service** has been inspected and the final report received giving the following grades. Quality of Environment has been given grade 3 with all other Quality Themes being graded at 4. The report contained no requirements and 6 recommendations.
- 1.8 **Cheviot Day Service** has been inspected and the final report received giving the following grades; 3 for Quality of Environment, the Quality of Staffing and Quality of Management & Leadership were given a grade 4 and Quality of Care and Support a grade 5. There were no requirements or recommendations contained within this report.
- 1.9 **Waverley Care Home** has been inspected and final report received giving the following grades. Quality of Care and Support grade 4, Quality of Environment grade 3, Quality of Staffing grade 5 and Quality of Management & Leadership grade 4. The report contained 4 requirements and 1 recommendation. Although the care being provided was graded as being good and the quality of staff as being very good the final inspection report contains some details of environmental issues as a result of the refurbishment. There has been interest from the media as a result of this, which we have responded to, by focusing on the positive care being provided and also pointing out that the inspection took place while refurbishment work was ongoing and assessment of the 'finished' areas was still being carried out.
- 1.10 **Deanfield Care Home** has recently been inspected and the initial verbal feedback indicates that the grading's are likely to be; Quality of Care and Support increasing to a 5 from a 4; Quality of Leadership and Management 4, again increasing from a 3; Quality of Staffing remains at a 4; Quality of Environment may be a 4 for this due to the investment and improvements in one area of the Care Home although as there is still work to be done in other area the Inspector said he may leave the score at a 3, he wants time to consider this grade.
- 1.11 The application to register the **South Area Home Care Service** has now been confirmed. It is expected that this area will receive an Inspection within the next few months.
- 1.12 Since the inception of SB Cares we have been focusing on the quality of service being provided and the trend in Care Inspection grades has shown an increase in grade in the vast majority of areas. The environment in a number of our buildings has resulted in a number of the services receiving a grade 3, or Adequate for Quality of Environment. We have been meeting with our SBC colleagues to develop an improvement plan for the buildings we operate from. See Appendix 2

2 RECOMMENDATIONS

2.1 It is recommended that the Strategic Governance Group:-

- (a) Note the finalised reports for Home Care East & West, Grove Care Home, Saltgreens Care Home and Day Service, Berwickshire Dementia Day Service, Cheviot Day Service and Waverley Care Home**
- (b) Note the percentage of services receiving a grade 4 and above**
- (c) Note the requirements and recommendations contained in the report and appendix 1**
- (d) Note the increase in grades since the transfer to SB Cares in appendix 2**

3 3.1 SERVICES STILL TO BE INSPECTED

As the Home Care South area has just recently been registered as a separate area it is therefore the only service still to be inspected in. The outcome of the inspection will be reported to the SGG once it has taken place.

4.1 OVERALL GRADINGS Of 4 - GOOD AND ABOVE

- Care Homes 80%
- Care at Home 67%
- Older People Day Services 86%
- Learning /Physical Disability Services 100%

5 5.1 REQUIREMENTS AND RECOMMENDATION'S ACTIONS

The common requirement across a number of services is in relation to the lack of completion of mandatory and refresher training by staff. We are working with our colleagues in HR to review the appropriateness of the mandatory training currently commissioned and also to ensure the correct number of training courses are available to our staff.

As described above a number of the requirements from the Care Inspectorate are in relation to the Quality of Environment and we are currently developing an improvement plan to focus the capital spend on the priority areas.

5.2 **GRADES AND THEMES**

Key to Grades:

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

5.3

THEMES

Quality of Care and Support:

How well the service meets the needs of each person who uses it

Quality of Environment:

Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is

Quality of Staffing:

The quality of the staff, including their qualifications and training

Quality of Management & Leadership:

How the service is managed and how it develops to meet the needs of the people who use it

Author(s)

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|---------------|----------------------------------|
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**Home Care East
23rd February 2017
Final Report**

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
|---|---|----------|--------------------|
| Quality of Care & Support | | 4 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 2</p> <p>1- The service provider must ensure that the level of details 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.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 6 weeks of the receipt of this report.</p> <p>2- 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.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 6 weeks of the receipt of this report.</p> <p>Recommendations: 1</p> <p>1 –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.</p> <p><u>What People Told Us</u> <i>These girls (the staff) are keeping my Mum independent and at home</i></p> <p><i>I get very well looked after. Everybody is just super and they all show extreme attention. Nothing is too much trouble.</i></p> <p><i>Every one of them is brilliant.</i></p> | | |

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|---|---|----------|----------|
| | <p><i>All carers are excellent.</i></p> <p><i>The carers are very helpful and considerate.</i></p> <p><i>They are always in time and all very good</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People who used the service and their relatives told us how important the service was to them and how they appreciated the way staff carried out their duties. We saw examples of good care. We saw staff working to create and maintain a positive rapport with the people they were caring for.</i></p> <p><i>Staff offered choice and followed good moving and handling practice. Staff were aware of keeping people safe and checking people were comfortable before leaving. Travel time had been included in staff rotas and people told us visits were generally punctual. Some of the staffing rotas we saw included a number of consecutive 15 minute visits. People who used the service did tell us they felt staff needed to work quickly to keep to schedule.</i></p> <p><i>The consistency of reviews had improved.</i></p> <p><i>The quality of personal planning was mixed. We saw examples of good personal plans particularly for people with higher support needs, although this was not consistent. We found weaknesses in some personal plans.(See requirement 1 and recommendation 1)</i></p> <p><i>Most people were being supported by a smaller group of care staff. We did find some service users in one area who were visited by high numbers of individual staff. Managers told us these individuals had complex care packages including over night care however numbers of staff providing support were high over short periods of time. Managers expressed optimism that the introduction of new working patterns would also improve consistency.(See requirement 2)</i></p> | | |
| Quality of Staffing | | 3 | 3 |
| The quality of the staff, including their qualifications and training | <p>Requirements: 2</p> <p>1- The service provider must ensure that all staff receives 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.</p> <p>.</p> <p>Timescale for implementation: Six weeks from the receipt of this report.</p> | | |

- 2- The service provider must ensure that all new staff are fully prepared for the duties they have to undertake.

Timescale for implementation: six weeks from the receipt of this report

Recommendations: 1

- 1- The service should ensure that methods are put in place to evaluate the effectiveness of elearning 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.

(Some) Finding from the Inspection

Staff commented positively on the day to day support they received to carry out their duties. Managers were described as approachable and as responding quickly to requests for support. Staff also described the positive support they received from colleagues. We saw staff communicating well with people who used the service, their relatives and with each other.

The provision of one to one staff supervision had improved since the last inspection particularly in the Duns area although the quality of recording was mixed. Regular staff meetings were also taking place in the Duns area and again the quality of recording was mixed.

We found that Moving and Handling training was up to date... We found continued problems in several areas of training including adult protection, dealing with medication, health emergencies, dementia, infection control and food hygiene. Records sampled showed that several staff had either not received training in these areas or their training was years out of date. A requirement about the need to ensure staff are prepared to undertake care tasks safely is repeated. (See requirement 1)

A rolling programme to assist staff to achieve SVQ (Scottish Vocational Qualifications) in care was being maintained.

Overall Induction training included Moving and Handling training, sometimes medication training and shadowing experience but no further training. (See requirement 2)

Improved training had been planned....This included classroom based training with increased e learning. In the previous report we recommended that the service put in place methods to evaluate the impact of this training on the care practice of the staff to ensure that the training was effective and led to improved outcomes for people who used the care service. (See

| | | | |
|---|--|----------|----------|
| | recommendation 1) | | |
| Quality of Management & Leadership | | 4 | 3 |
| How the service is managed and how it develops to meet the needs of the people who use it | <p>Requirements: 3</p> <p>1- The service provider must ensure that effective Quality Assurance methods are in place. They must include:</p> <ul style="list-style-type: none"> Ensuring records maintained in the home 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 put in place to routinely monitor staff care practice. <p>Timescale for implementation: Six weeks from receipt of this report</p> <p>2- The service provider must ensure that all schedule care visits are carried out. Any missed visits must 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 change of visits being missed in the future.</p> <p>Timescale for implementation: one week from receipt of this report.</p> <p>3- The provider must ensure that the Care Inspectorate are informed about all notifiable events using the eform 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 it considers necessary or expedient to have for the purposes of its functions under this Part.</p> <p>Timescale for implementation: within 24 hours of the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>Carers told us they felt well supported by Managers. Assistant Home Care Managers attend regular monthly meetings to ensure consistency of management across the service.</i></p> <p><i>Managers had issued questionnaires to seek feedback from both people who received the service and the staff who provided it. Results were predominately positive and these were being correlated at the time of inspection.</i></p> | | |

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| | <p><i>We saw improvements had been carried out to audit records returned to the offices including medication and daily recordings. Work had been undertaken to improve the scope of audit and to improve the recording of the auditing of records to improve quality assurance.</i></p> <p><i>The service had experienced several missed visits..... The service had identified the need to further improve recording in this area. This included the introduction of an electronic recording system to replace the limited book based recording stored in the local offices, making them more difficult for all managers to access.... Improved recording of actions identified to reduce the risks of errors being repeated was also needed. (See requirement 2).</i></p> <p><i>We made a requirement in the last inspection about the need to inform the Care Inspectorate in instances where actual or potential harm was caused to a person using the service. Notifications were not being made in all instances and the requirement made at the last inspection is repeated. (See requirement 3).</i></p> | | |
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Grove House Care Home
31st January 2017
Final Report

| Quality Theme | Requirements/ Recommendations ¹ | Grades | Previous Grades |
|---|---|----------|--------------------|
| Quality of Care & Support | | 4 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements – 0</p> <p>Recommendations – 2</p> <p>1- It is recommended that the service regularly audits service user’s personal plans to ensure that the documentation is consistently completed and changes promptly updated.</p> <p>2- The service should look at how activities are provided in the care home to ensure all residents have access to staff time to support them in their preferred activities.</p> <p><u>What People Told Us</u> <i>The staff are so nice and friendly</i></p> <p><i>Staff go out of their way on a daily basis to ensure (my relative) is comfortable</i></p> <p><i>You are always made to feel welcome</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People who used the service and their friends and relatives gave us a range of positive comments about their experience of living in and visiting the care home. Staff were described as friendly, helpful and welcoming. This was consistent with the positive interaction between staff and residents and their visitors which we saw during the inspection.</i></p> <p><i>The quality of recording was mixed we saw some good examples of daily recording however we also found gaps in daily records. (See Recommendation 1)</i></p> <p><i>The recording of topical medication, weight records and oral care were generally well maintained. Regular reviews were recorded. Medication storage and recording sampled</i></p> | | |

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| | <p>were being correctly maintained.</p> <p><i>We found a lack of consistent planning and recording of activities to provide interest and stimulation for residents. We did see individual staff interacting with residents, this was positive, however staff described this as done 'if we have the time to do it', rather than something planned and consistent. (See recommendation 2)</i></p> | | |
| Quality of Environment | | 3 | 3 |
| <p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p> | <p>Requirements: 1</p> <p>1- The service provider must ensure a safe environment is maintained at all times. This must include:</p> <ul style="list-style-type: none"> - All alcoholic drinks and any other items which might post a potential risk if consumed in error by a resident living with dementia must be securely stored at all times. - Mobility aids must be stored in a manner which might provide a trip hazard - Outdoor lights are working correctly - Where problems with water temperature is identified remedial action is taken <p>Timescale: The provider must do this within 24 hours of the report being published.</p> <p>Recommendations: 2</p> <p>1- The Care home should be maintained free from clutter to ensure all areas can be accessed and enjoyed by residents. National Care Standards, Care Homes for Older People</p> <p>2- The service should ensure any unnecessary signs and notices to staff and other items which create an institutional feel in the care home are removed.</p> <p><u>Some) Finding from the Inspection</u> <i>The environment had many positive attributes. There were a range of sitting areas for residents including outdoor seating areas at the front of the care home where residents were enjoying some winter sun on one of the days of the inspection. People living at the care home also enjoy a well maintained enclosed garden area. We found several example of high quality period furniture which enhanced the physical environment. However we found many areas of the home were cluttered. This was beyond the point of being 'homely'. Many storage areas including shelving and furnishings were full of a variety of items. (See recommendation 1)</i></p> | | |

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| | <i>There was a lot of signs and notices in public areas of the home which could give an institutional feel to what is a potentially pleasant environment. This was linked to a lack of attention to detail in maintaining a homely environment for example a medication cabinet was fixed to the wall of another wise attractive ground floor. (See recommendation 2)</i> | | |
| Quality of Staffing | | 4 | 4 |
| The quality of the staff, including their qualifications and training | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We spoke with staff who displayed a strong commitment to meeting the care needs of the individuals they cared for. We observed staff providing care and support to residents in a polite professional manner. We observed staff communicating effectively with residents, their visitors, healthcare professionals and with each other.</i></p> <p><i>Comprehensive training records were being maintained, these identified the need for some staff to receive update training, This has been brought about by the changes in the frequency of training and the service had correctly responded by planning access to training. Staff commented positively on recent dementia training.</i></p> <p><i>We observed a staff handover and observed staff demonstrating a good knowledge and understanding of the changing needs and care needs of the people they supported.</i></p> <p><i>Staff demonstrated good infection control, practices including correct use of personal protective equipment.</i></p> | | |
| Quality of Management & Leadership | | 3 | 4 |
| How the service is managed and how it develops to meet the needs of the people who use it | <p>Requirements: 2</p> <ol style="list-style-type: none"> 1. Methods of determining dependency levels in the care home linked to required staffing levels must be carried out at a frequency of at least once in every four week period. <p>Timescale: The provider must do this within one week of the receipt of this report.</p> <ol style="list-style-type: none"> 2. The service provider must ensure that minimum staffing levels as stipulated in the | | |

care homes staffing schedule are maintained at all times.

Timescale: The provider must do this within 24 hours of the receipt of this report

Recommendations: 0

Some) Finding from the Inspection

The care home has been without a manger since October 2016 and staff were being supported by the Senior Care team with additional visiting support from a senior manager. Senior staff described a strong commitment to their roles and responsibilities and we observed staff working hard to this end. We received several positive comments from staff about the approachability and helpfulness of senior staff. .

*The inspection identified areas where more consistent management was needed. Care Homes are required to carry out regular dependency assessments of residents needs relating to staffing levels in the care home to ensure that residents can be adequately and safely cared for. These assessment must be done with a minimum frequency of 4 weeks. We found that no dependency assessments linked to staffing levels had been carried out since September 2016. Prior to this we found that dependency assessment had not been carried out during April & May 2016 (**See requirement 1**).*

*The care home was providing care staff in keeping with the staffing schedule which outlines the number of staff required at various times of the day.....We made several visits to the dining room during the morning sessions and observed one member of staff working in the downstairs kitchen during each visit. Staff working in the kitchen are not providing direct care. The care home therefore was not meeting their staffing schedule. Further pressure is placed on care staff who also need to staff the care homes laundry. (**See requirement 2**)*

Home Care West (Including Dovecot Court)
16th March 2017
Final Report

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
|---|--|----------|-----------------|
| Quality of Care & Support | | 4 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 1</p> <ol style="list-style-type: none"> 1. The service provider must ensure that the preferred rising times of all individuals living at Dovecot Court are clearly identified in individual personal plans. Staff support must be provided to adhere to these times. Where an individual is unable to state their preferred rising time care must be provided in line with their preferred routines based on staff observation and recording. The preferred rising times of people using the service and the response of staff to meet these must be regularly monitored and reviewed and changed where necessary in accordance with the preferences of people using the service. <p style="text-align: center;">This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulation 2011/210 Regulation 4 (1) (a) (b) Welfare of service users and should also take account of the National Care Standards Care at Home, Standard 4.</p> <p style="text-align: center;">Timescale for implementation: Within 24hours of the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>“Care is brilliant”</i></p> <p><i>“Carers are kind and respectful”</i></p> <p><i>“I think the girls are great. They do the best they can in the time they are given”</i></p> <p><i>“My relative feels she can trust the staff caring for her and feels respected”</i></p> | | |

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| | <p><i>“Most of my concerns are about time keeping bot arrival and length of stay”</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw good care being provided while shadowing staff. This included staff working to promote a positive rapport with the people they were caring for. We saw good moving and handing and infection control practice.</i></p> <p><i>We sampled visit records for nine people using the service and the levels of staff consistency was largely good, meaning people were not being visited by large numbers of different staff although we did receive one comment from a carer which described numerous different carers visiting.</i></p> <p><i>Following an earlier visit to Dovecot Court a requirement was made about the need to ensure morning routines and the times people were being supported to get up were linked to the preference to the service users. Changes had been made to morning routines in line with the requirement however we had continued concerns about the way care was being provided to one service user. The service confirmed a review would be carried out involving professionals supporting this individual and the Care Inspectorate would be informed about the outcome of this review. Given the continued concerns about this individual the requirement has been repeated in this report. (See requirement 1)</i></p> | | |
| <p>Quality of Staffing</p> | | 3 | 3 |
| <p>The quality of the staff, including their qualifications and training</p> | <p>Requirements: 2</p> <ol style="list-style-type: none"> 1. The service provider must ensure that all new staff are fully prepared for the duties they have to undertake. <p>This is in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (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.</p> <p>Timescale for implementation: Six weeks from the receipt of this report.</p> <ol style="list-style-type: none"> 2. 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 in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15 (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 for implementation: Six weeks from the receipt of this report.

Recommendations: 3

1. All staff should have access to regular one to one supervisions as laid out in the services policy guidelines.

National Care Standards. Care at Home. Standard 4 Management and Staffing

2. 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.

3. The service should ensure that methods are put in place to evaluate the effectiveness of elearning 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.

(Some) Finding from the Inspection

The previous inspection report referred to the need for staff, some of whom may have no background in care, being adequately prepared to support vulnerable people with complex needs living in the community. A requirement at the previous report is repeated. (See requirement 1)

We found examples of training records were poor and difficult to follow. Gaps were particularly notable when we looked at Dovecot Court. A requirement made in the previous report is repeated. (See requirement 2)

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| | <p><i>We found good improvements in the frequency of staff supervision had been made in some areas, include Dovecot Court, Galashiels and Lauder. However the regularity of supervision was not so consistent.... (See recommendation 1)</i></p> <p><i>Recommendations about the need to provide more in depth dementia training and evaluating the effect of eLearning on staff care practice are repeated from the previous inspection. (See Recommendation 2 & 3)</i></p> <p>We found evidence that team meetings to support staff and inform them about planned changes were being held in all areas. We found evidence from thank you letters and emails of acknowledgement made in particular by the relatives of people using the service of the high regard staff were held in by the way they carried out their duties.</p> | | |
| Quality of Management & Leadership | | 4 | 4 |
| How the service is managed and how it develops to meet the needs of the people who use it | <p>Requirements: 1</p> <p>Recommendations:0</p> <p>Requirements:</p> <p>1 The service provider must ensure that the Care Inspectorate are informed about all the notifiable events using the eform notification system in line with the Care Inspectorate Guidance.</p> <p>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 it considers necessary or expedient to have for the purposes of its functions under this Part.</p> <p>Timescale for implementation: 24 hours of the receipt of this report.</p> <p>(Some) Finding from the Inspection <i>Managers described a strong commitment to maintaining a pro-active attitude toward quality assurance and it was evident from our discussions with the manager and her assistants that they had good background information on any of the individual service users who we asked questions about as part of the inspection. Staff described managers as approachable and responsive.</i></p> | | |

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| | <p><i>A new quality assurance system had been developed and we saw some progress had been made in implementing checks. This included good examples of audits being carried out.</i></p> <p><i>Managers expressed optimism that the “four days on four days off” rota for staff already introduced in some areas and planned to be rolled out across the service would improve the consistency of the managerial support to and communication with staff by improving the regularity of staff supervision and team meetings. We found evidence that this was starting to happen.</i></p> <p><i>The recording of missed visits had improved, however the service were not notifying us about missed visits. Missed visits can cause real or potential harm to people using the service and therefore notifications are necessary. (See Requirement 1).</i></p> | | |
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Saltgreens Care Home
6th March 2017
Final Report

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
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| Quality of Care & Support | | 4 | 3 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 0</p> <p>Recommendations: 2</p> <p>1. 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.</p> <p>National Care Standards. Care homes for older people. Standard 5. Management and staffing arrangements.</p> <p>2. The service should ensure that all medication records are consistently maintained.</p> <p>National Care Standards. Care homes for older people. Standard 15. Medication.</p> <p><u>What People Told Us</u> <i>"The staff are very nice, I am happy here"</i></p> <p><i>"I would recommend this place to anybody"</i></p> <p><i>"I was a bit worried before I came here but I was surprised how nice it was."</i></p> <p><i>"I can't fault this place, the people who work here are fine."</i></p> <p><u>(Some) Finding from the Inspection</u> <i>The service had made clear progress in addressing areas of weakness identified at the previous inspection including resident's reviews and medication storage and recording.</i></p> <p><i>Medication was being safely stored. Where people were prescribed "as and when required" medication guidance was provided to ensure staff were supporting residents in a correct and</i></p> | | |

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| | <i>consistent way. Medication recording sampled was generally correctly maintained although we did find some unaccounted for occasional gaps in recording. (See recommendation 2)</i> | | |
| Quality of Environment | | 3 | 3 |
| Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is | <p>Requirements: 2</p> <p>Recommendations: 0</p> <p>1. The service provider must ensure that a safe environment is maintained at all times and that all furnishings, fittings and equipment provided are safe and appropriate for a care home for older people.</p> <p>This is 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.</p> <p>Timescale for implementation: Within 24 hours from the receipt of this report.</p> <p>2. The service provider must ensure that furnishings fittings and levels of decoration are maintained in a manner appropriate for a care home for older people.</p> <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.</p> <p>Timescale for implementation: Within six weeks from the receipt of this report.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>A condition of the current certificate refers to the development of a best practice dementia environment. Plans to change the colours of doors and walls to assist people living with dementia navigate their environment as independently as possible had been discussed but these had not been implemented.</i></p> <p><i>We found other areas where the physical environment needs attention. These included significant scrape and impact damage to woodwork including doors and skirting's throughout the care home, we found this in both corridors and living areas. (See requirement 2)</i></p> | | |

| Quality of Staffing | | 4 | 3 |
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| <p>The quality of the staff, including their qualifications and training</p> | <p>Requirements: 0</p> <p>Recommendations: 1</p> <p>1. 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.</p> <p>National Care Standards. Care homes for older people. Standard 5. Management and Staffing, and the Scottish Social Services Councils, Code of Practice for Employers Section 2.2.</p> <p><u>(Some) Finding from the Inspection</u> <i>Staff were motivated and expressed a clear commitment to meet the needs of the individuals they were caring for. We saw staff carrying out their duties in a thoughtful professional manner. The way staff provide care was one of the contributory factors in the positive relaxed atmosphere we found during the inspection</i></p> <p><i>Residents and relatives we spoke with and people who returned questionnaires expressed high levels of satisfaction with the way staff provided care and support.</i></p> | | |
| Quality of Management & Leadership | | 4 | 3 |
| <p>How the service is managed and how it develops to meet the needs of the people who use it</p> | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>Staff commented positively on the day to day support that they received to carry out their roles and responsibilities. Managers were described as approachable and responsive. Staff did tell us they would, in general, like to get more feedback on the way they worked though comments were mixed, some of the staff we spoke with told us they received feedback thorough supervision.</i></p> <p><i>We found quality assurance was being provided through audits of different areas pertinent to care. A range of environmental checks including infection control audits had been carried out during the second half of 2016.</i></p> | | |

Saltgreens Day Service (Older People)
13th March 2017
Final Report

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
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| Quality of Care & Support | | 5 | 4 |
| <p>How well the service meets the needs of each person who uses it</p> | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>‘Staff are grand we like coming here and we enjoy the activities it keeps us active and we have a laugh. We enjoy the food and the company’.</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We observed service users taking part in meaningful activities such as reading the latest news and taking part in crosswords and quizzes. We saw that service users enjoyed this and shared conversations and laughter with staff.</i></p> <p><i>We thought the outcome for service users were very good.</i></p> <p><i>We made a number of suggestions on how the meal time experience could be improved e.g. the use of menus, having personalised tabards, and staff reminding service users of the choice of meal they had made while serving.</i></p> | | |
| Quality of Environment | | 4 | 4 |
| <p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p> | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We were pleased to head that they service planned to use the ‘Kings Fund Environmental Tool’ to assess the service to ensure that facilities are dementia friendly.</i></p> | | |

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| | <i>We were pleased to head that the Manager plans to visit Stirling University dementia unit for ideas of how to improve the environment and make it dementia friendly as possible.</i> | | |
| Quality of Staffing | | 3 | 4 |
| The quality of the staff, including their qualifications and training | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>The service had a range of mandatory training which was available for staff and staff told us they had sufficient training to enable them to do their job.</i></p> <p><i>We thought the process of supervision and appraisal could be improved and this was discussed with the Manger during the inspection and we signposted the Manager to a range of best practice publications, such as Scottish Social Services Council (SSSC) The Framework for Continuous Learning and Effective Supervision for advice.</i></p> | | |
| Quality of Management & Leadership | | 4 | 3 |
| How the service is managed and how it develops to meet the needs of the people who use it | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u> <i>We found that the service had a range of tools it used to evaluate the effective running of the services e.g medication and environment audits.</i></p> <p><i>We found that there was good evidence that service users were encouraged to express their views of the running of the service and these were listened too.</i></p> <p><i>Where relatives have power of attorney we would like to see documentary evidence to support this.</i></p> <p><i>Staff said that the manager was approachable and supportive.</i></p> | | |

**Berwickshire Dementia Day Service
16th March 2017
Final Report**

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
|---|--|----------|--------------------|
| Quality of Care & Support | | 4 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 0</p> <p>Recommendations: 3</p> <ol style="list-style-type: none"> 1. 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. 2. 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. 3. 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. <p><u>What People Told Us</u></p> <p><i>The service users we met appeared relaxed in the day service and indicated they liked the service and the staff.</i></p> <p><i>We observed a positive rapport between staff and service users</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>A key strength of the service was the warm relaxed rapport between staff and individuals</i></p> | | |

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| | <p>receiving care. Something that impressed us during the inspection was the appropriate use of humour by staff and the laughter generated in interactions between staff and individuals using the service.</p> <p>We observed staff providing support in a way which encouraged choice and promoted dignity. A review for one service user had been held in the previous six months and the individuals spouse had been fully involved. One review was outstanding. A recent review meeting has been postponed by the individual's family. This was in the process of being rearranged.</p> <p>The previous inspection report include a recommendation about looking at how people using the service could be supported to access facilities in the local community as part of the care and support they received. We found no progress in this area and this recommendation in repeated. (See Recommendation 3)</p> | | |
| Quality of Environment | | 3 | 3 |
| <p>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</p> | <p>Requirements: 0</p> <p>Recommendations: 1</p> <ol style="list-style-type: none"> 1. A suitable environment including appropriate decorative standards and the maintenance of fittings should be provided in keeping with the aims and objectives of the care service. <p>National Care Standards Support Services. Standard 5 Your Environment.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>The small homely scale of the building which houses the services remains one of its main strengths however there are also disadvantages in a lack of space for people who may be anxious or agitated.</i></p> <p><i>An environmental risk assessment had been updated during January 2017 to provide as safe an environment as possible.</i></p> <p><i>We found examples of poor upkeep of the building including loose kick boards in the kitchen and a gap between the wash hand basin and the wall also located in the kitchen. (See Recommendation 1)</i></p> | | |
| Quality of Staffing | | 4 | 4 |
| The quality of the staff, including their | Requirements: 0 | | |

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| <p>qualifications and training</p> | <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff were receiving one to one supervision and records indicated this had provided staff with the opportunity to discuss any additional training needs. Training records were being maintained and these had identified when refresher training was needed.</i></p> <p><i>We found examples of staff meetings being held which covered a range of practice issues pertinent to providing a support service to people living with dementia.</i></p> <p><i>We observed staff communicating well throughout the inspection with each other and with service users. Staff were supportive of people using the service being involved in the inspection process and provided advice and assistance to facilitate this.</i></p> | | |
| <p>Quality of Management & Leadership</p> | | <p>4</p> | <p>4</p> |
| <p>How the service is managed and how it develops to meet the needs of the people who use it</p> | <p>Requirements: 0</p> <p>Recommendations: 2</p> <ol style="list-style-type: none"> 1. People using the service and potential service users should have access to information on what they can expect from the service. <p>National Care Standards. Support Services Standard 1. Informing and Deciding.</p> <ol style="list-style-type: none"> 2. The service should carry out a quality assurance survey specific to Berwickshire Dementia Day Service which seeks the view of involved professionals. This should be used to assess the quality of the service and as a planning tool for development. <p>National Care Standards. Support Services. Standard 2. Management and Staffing Arrangements.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>The section on staffing noted the feeling of optimism staff were placing on the new managerial arrangements. We spoke to the individuals who would be providing this support and they also shared this sense of optimism and expressed a commitment to continue the development of the service to meet the needs of people living with dementia.</i></p> | | |

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| | <p><i>The service was still using a generic Scottish Borders Council brochure dates 2013 to provide information to prospective and new service users and their families. This did not cover the particular aims and objectives of a specialist service. The production of information specific to the day service could also provide the opportunity to take a fresh look at and review aims and objectives for this specialised service. (See Recommendation 1)</i></p> | | |
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**Cheviot Day Service
15th March 2017
Final Report**

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
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| Quality of Care & Support | | 5 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u></p> <p><i>'I enjoy coming here it gets me out of the house and I enjoy the company. It's made a big difference in my life'</i></p> <p><i>'The staff are great and I really enjoy the activities we do we have fun'</i></p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We observed that staff were inclusive and asked services users for their opinions throughout the day.</i></p> <p><i>We thought the outcomes for people were very good.</i></p> <p><i>We signposted the service to best practice publications living well in care homes and the Care Inspection falls prevention toolkit.</i></p> | | |
| Quality of Environment | | 3 | 3 |
| Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We thought the environment was adequate and we acknowledge the provider may be limited in what it can do with the premises: a number of areas could be better in terms of dementia friendly signage and consideration to new chairs as the ones being used were tired and</i></p> | | |

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| | <p><i>dated.</i></p> <p><i>The rear garden could be tidier.</i></p> | | |
| Quality of Staffing | | 4 | 4 |
| The quality of the staff, including their qualifications and training | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff spoken with said they had sufficient training to do their job and felt they were supported by management and they said they were a good team.</i></p> <p><i>We thought staff had access to a good range of mandatory training.</i></p> <p><i>We thought that staff were skilled in the delivery of person-centred care and focussed on the person.</i></p> | | |
| Quality of Management & Leadership | | 4 | 4 |
| How the service is managed and how it develops to meet the needs of the people who use it | <p>Requirements: 0</p> <p>Recommendations:</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We found the service had a range of audits to monitor how the service was performing e.g. medication, care plans etc</i></p> <p><i>The manager was responsive to the advice and guidance offered during the inspection.</i></p> <p><i>Staff spoken with said they were confident in management and said they felt supported.</i></p> | | |

**Waverley Care Home
30th March 2017
Final Report**

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
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| Quality of Care & Support | | 4 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 1</p> <p style="padding-left: 40px;">1 The service provider must ensure that all records relating to the provision of personal care are consistently maintained.</p> <p style="padding-left: 40px;">This is to comply with The Social Care and Social Work Improvement Scotland (Requirements 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.</p> <p style="padding-left: 40px;">Timescale for implementation: Within 24 hours from the receipt of this report.</p> <p>Recommendations: 1</p> <p style="padding-left: 40px;">1 The service should ensure daily records are maintained consistently for all people who use the service. Activities which people supported to be involved in should be recorded daily.</p> <p style="padding-left: 40px;">National Care Standards, Care Homes for Older People. Standard 5. Management and Staffing arrangements.</p> <p><u>What People Told Us</u></p> <p><i>‘Staff are consistently friendly and approachable, my relative has settled well in this environment’</i></p> <p><i>‘The quality of my relatives care has been exceptional’</i></p> <p><i>‘I like to be independent and the staff understand this’</i></p> <p><i>‘The staff are all very helpful, always someone there if you need any assistance’</i></p> <p><u>(Some) Finding from the Inspection</u></p> | | |

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| | <p><i>We received a range of positive comments from both short and long stay residents and their relatives. People told us staff were caring, friendly and helpful.</i></p> <p><i>We identified areas where recording needed to be improved particularly in detailing actual care provided including oral care and topical medications. We found several unaccounted for gaps in these records. (See Requirement 1)</i></p> <p><i>Work is also being undertaken to improve staff recording in the transitional care unit where staff were described as providing information well verbally. However written records were not always maintained to the same degree.</i></p> <p><i>Staff did describe engaging residents individually in conversation. However this was not always described or recorded as an activity. It was not clear from records sampled how activities were planned or recorded. (See recommendation 1)</i></p> | | |
| Quality of Environment | | 3 | 3 |
| <p><i>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</i></p> | <p>Requirements: 1</p> <p>1 The service provider must ensure that a safe environment is maintained at all times and that all furnishings, fittings and equipment provided are safe and appropriate for a care home for older people.</p> <p>This is 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.</p> <p>Timescale for implementation: Within 24 hours of receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>People using the service, their relatives and staff all commented positively on the general improvements including the additional living space provided.</i></p> <p><i>In some of the en-suites, vertical hot water pipes running for most of the height of the room were in place. These pipes were chrome and appeared to be designed to be displayed. A service user falling against a pipe could receive a burn. (See Requirement 1).</i></p> | | |

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| | <p><i>New chairs provided in upstairs lounge were reported as slipping back when people sat down and walls were already marked by impact damage. Staff reported these chairs were too low for many service users and alternatives chairs had been provided for some individuals. The chair legs were not compatible with chair risers currently in the care home. (See Requirement 1)</i></p> <p><i>The service provider has invested in a major refurbishment which has improved the physical environment however a number of health and safety concerns came to light during the inspection which need to be addressed as a matter of urgency. Once these concerns have been addressed a re-grading can be considered to reflect the overall improvements made following significant investment in the environment.</i></p> | | |
| Quality of Staffing | | 5 | 4 |
| The quality of the staff, including their qualifications and training | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>Staff were motivated and committed.</i></p> <p><i>We found throughout the inspection visit staff were helpful in encouraging and supporting residents to be involved in the inspection process.</i></p> <p><i>The refurbishment of the care home had placed additional stress on the staff supporting people moving as the environment was being developed. Relatives were highly appreciative of the support provided during this period and recognised the work undertaken by staff to provide a continued good level of care during a difficult period. Staff were described as ‘going the extra mile’. Managers were also aware and appreciative of the work of staff supporting residents during a potentially difficult time.</i></p> <p><i>Managers confirmed additional training needs had been identified for staff working in the transitional care unit. This was being planned in conjunction with the health professional (Occupational Therapist and Physiotherapist) supporting the unit. Managers felt that some of the general principles could also be useful to staff when they were planning and delivering care to some of the long stay residents.</i></p> | | |

| Quality of Management & Leadership | | 4 | 4 |
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| <p>How the service is managed and how it develops to meet the needs of the people who use it</p> | <p>Requirements: 1</p> <ol style="list-style-type: none"> 1 The service provider must ensure that training records are correctly maintained to ensure an accurate record is maintained and managers can be confident that all mandatory staff training is up to date. <p>This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 15 (b) Staffing – a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users – a requirement that staff are training to undertake the tasks they are expected to perform. Welfare of users – a requirements that a provider must make proper provision for the health, welfare and safety of service users.</p> <p>Timescale The provider must do this within 24hrs of the report being published.</p> <p>Recommendations: 1</p> <ol style="list-style-type: none"> 1 The service should ensure that methods are put in place to evaluate the effectiveness of elearning undertaken by individuals to confirm it is having a positive impact on the care and support provided by individual staff who are undertaking the training. <p>National Care Standards. Care Homes for Older People. Standard 5 Management and Staffing arrangements.</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw clear and effective management and leadership being provided by the care home manager in preparing senior staff to cover duties relating to the development of the transitional care unit. Managers were aware of the need to promote positive working relationships with healthcare colleagues as the transitional care unit developed and were promoting this with care staff.</i></p> <p><i>We found evidence of quality assurance which included environmental audits being carried out. We also found examples of personal plans being audited to ensure the correct information was present and that information was up to date and pertinent to the current</i></p> | | |

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| | <p><i>needs and abilities of services users. A spreadsheet for recording training to have an overview to ensure training was up to date. This spreadsheet was not being correctly maintained so it was not possible to have confidence that it was an accurate record. (See requirement 1)</i></p> <p><i>The previous inspection report contained a recommendation about the need to have processes in place to evaluate the effectiveness of eLearning on staff practice. (See recommendation 1)</i></p> | | |
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Deanfield Care Home
17th May 2017
Draft Report

| Quality Theme | Requirements/ Recommendations | Grades | Previous Grades |
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| Quality of Care & Support | | 5 | 4 |
| How well the service meets the needs of each person who uses it | <p>Requirements: 0</p> <p>Recommendations: 0</p> <p><u>What People Told Us</u> <i>"They (the staff) treat us very well."</i></p> <p><i>"It's lovely here."</i></p> <p><i>"Always made welcome, find staff very friendly."</i></p> <p><i>"Staff easy to talk with and helpful."</i></p> <p><i>"My relative is very happy her."</i></p> <p><i>"The food is very good."</i></p> <p><i>"Felt review meeting was well run."</i></p> <p><u>(Some) Finding from the Inspection</u> <i>Residents told us they were happy with the way staff provided care. They described staff as caring, helpful and friendly. Relatives also expressed confidence in the care provided and the way staff carried out their duties. People told us they were made welcome when visiting and kept up to date with any developments. This was consistent with what we saw during the inspection. We found a warm, relaxed and friendly atmosphere and observed staff providing support in an attentive manner promoting both dignity and choice.</i></p> <p><i>Health care professionals in regular contact with the care home told us they were confident in the standard of the care provided. Staff were described as good at observing the condition of residents and reporting any concerns. Any treatment plans were consistently followed. Working relationships and communication were also described in positive terms.</i></p> | | |

| Quality of Environment | | 4 | 3 |
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| <p><i>Where the service is delivered; for example, how clean, well maintained and accessible it is, the atmosphere of the service, how welcoming it is</i></p> | <p>Requirements: 1</p> <ol style="list-style-type: none"> The service provider must ensure that flooring and levels of decoration in the lower ground area of the care home are maintained in a manner appropriate for a care home for older people. <p>This is to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (a) and (d) a requirement that premises are decorated and maintained to a suitable standard.</p> <p>Timescale for implementation: Within six weeks from the receipt of this report.</p> <p>Recommendations: 0</p> <p><u>(Some) Finding from the Inspection</u></p> <p><i>We saw the positive results of investment in the physical environment. New improved seating had been provided throughout the care home. New flooring had been provided in the communal areas on the upper floor of the care home. This area had also been attractively redecorated. The re-decoration included a clear colour definition to assist people who might have a visual impairment including people living with dementia. We saw good levels of personalisation throughout the care home. The care home was clean. Cleaning staff worked to schedules which were regularly audited.</i></p> <p><i>The care home has a lot of communal areas for residents to enjoy. Residents were also making use of the outdoor sitting areas enjoying the spring sunshine. The home would benefit from an enclosed outdoor area which would help people living with dementia to enjoy outdoor areas more independently.</i></p> <p><i>Flooring had not been replaced in the lower area of the care home. The flooring had been cleaned however this carpeting has been in place for a number of years and showed the signs of wear and tear and was stained and discoloured in places. This area of the care home also showed significant signs of impact and scrape damage in the lounge dining and corridor areas accumulated over a number of years.</i></p> <p>(See requirement 1)</p> | | |

| Quality of Staffing | | 4 | 4 |
|--|---|---|---|
| <p>The quality of the staff, including their qualifications and training</p> | <p>Requirements: 0</p> <p>Recommendations: 1</p> <p>1. The service should ensure that methods are put in place to evaluate the effectiveness of eLearning 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 .</p> <p><u>(Some) Finding from the Inspection</u> <i>We observed staff communicating well with residents, with visitors, including relatives and professional visitors and with each other. Visitors confirmed staff were approachable and responded appropriately to any queries. Staff were supportive and helpful in making sure residents had the opportunity to be involved in the inspection. The service had introduced a short meeting involving care staff and ancillary staff held at the same time each day. Staff described this as being a helpful development which had improved communication in the care home. We saw staff were using these meetings positively to make suggestions on developing care.</i></p> <p><i>Staff were undertaking eLearning on a range of topics relevant to their role and responsibilities. However it was not clear how this training was evaluated in terms of how training undertaken effected the care practice of the individual staff completing the training. (See recommendation 1)</i></p> | | |
| Quality of Management & Leadership | | 4 | 3 |
| <p>How the service is managed and how it develops to meet the needs of the people who use it</p> | <p>Requirements: 1</p> <p>1. The service provider must ensure that all staff receive mandatory training within stipulated timescales. This in order to comply with the Social Care and Social Work Scotland (requirements for Care Services) Regulations 2011. SS12011/210 15(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.</p> <p>Timescale for implementation: six weeks from the receipt of this report.</p> | | |

Recommendations 1

1. All personal and confidential information should be securely stored. National Care Standards. Care homes for older people. Standard 10. Exercising your rights

(Some) Finding from the Inspection

We found the manager and senior staff had responded positively to issues raised in the previous inspection. Proactive management had led to improvements in a number of areas. Improvements had been made in staff deployment to increase the activities provided for residents resulting in positive outcomes for people living at the care home. Staff time was being managed to ensure all residents had access to stimulating activities either on a one to one basis or in small groups. Short daily meetings had also improved communication. Staff told us they were more confident of consistent support from individual members of the senior team.

Improvements had been made in the recording of training following a requirement made at the last inspection. These records had been updated and evidenced staff were being provided with access to a range of training opportunities. The service were working to ensure all staff were undertaking mandatory training and refreshing this training at the required frequency. However there was still some catching up to do with records indicated some staff had not attended refresher training within stipulated timescales.

(See requirement 1)

We noted two areas where confidential information was not being securely stored. This included both medication and personal planning information.

(See recommendation 1).

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| SBC | | | | | | SB Cares | | | | | |
|---|--|------|-----|-----|------|---|------|------|-----|-----|------|
| Service | Date | QoCS | QoE | QoS | QoLM | Service | Date | QoCS | QoE | QoS | QoLM |
| Care Homes for Older Adults | | | | | | Care Homes for Older Adults | | | | | |
| Deanfield Care Home | 2014 | 4 | 3 | 4 | 4 | | 2017 | 5 | 4 | 4 | 4 |
| Grove House Care Home | 2014 | 4 | 3 | 4 | 4 | | 2017 | 4 | 3 | 4 | 3 |
| Saltgreens Care Home | 2014 | 4 | 4 | 4 | 4 | | 2017 | 4 | 3 | 4 | 4 |
| Waverley Care Home | 2014 | 4 | 3 | 4 | 4 | | 2017 | 4 | 3 | 5 | 4 |
| St Ronans Care Home | 2014 | 4 | 4 | 4 | 4 | | 2015 | 4 | 4 | 4 | 4 |
| Older People Day Services | | | | | | Older People Day Services | | | | | |
| Oakview Day Centre (OP) | 2014 | 4 | 3 | 4 | 4 | | 2016 | 4 | 3 | 4 | 4 |
| Deanfield Day Service (OP) | 2014 | 4 | 3 | 4 | 4 | Teviot Day Centre (OP) | 2016 | 4 | 4 | 4 | 4 |
| Saltgreens Day Centre (OP) | 2013 | 4 | 4 | 4 | 4 | | 2017 | 5 | 4 | 4 | 4 |
| Tweeddale Day Centre (OP) | 2013 | 4 | 4 | 4 | 4 | | 2016 | 4 | 4 | 4 | 4 |
| Cheviot Day Service (OP) | 2014 | 4 | 3 | 4 | 4 | | 2017 | 5 | 3 | 4 | 4 |
| Berwickshire Dementia Day Service (OP) | 2014 | 3 | 2 | 2 | 2 | | 2017 | 4 | 3 | 4 | 4 |
| Learning Disability/Physical Disability Day Services | | | | | | Learning Disability/Physical Disability Day Services | | | | | |
| Lanark Lodge Day Centre (LD) | 2014 | 5 | 3 | 5 | 5 | | 2016 | 5 | 5 | 5 | 5 |
| Ability Centre (PD) | 2014 | 4 | 4 | 4 | 4 | | 2016 | 5 | 5 | 5 | 4 |
| Katharine Elliot Day Centre (LD) | 2013 | 5 | 5 | 5 | 4 | | 2016 | 5 | 5 | 5 | 4 |
| Victoria Park Day Centre (LD) | 2013 | 5 | 6 | 5 | 5 | | 2016 | 5 | 5 | 5 | 5 |
| Learning Disability 24 Community Support (HCSS) | | | | | | Learning Disability 24 Community Support (HCSS) | | | | | |
| Hawick Community Support Service | 2014 | 4 | N/A | 4 | 4 | | 2016 | 5 | N/A | 5 | 4 |
| Home Care | | | | | | Home Care | | | | | |
| Home Care Galashiels | 2014 | 4 | N/A | 4 | 4 | Home Care West | 2017 | 4 | N/A | 3 | 4 |
| | | | | | | Home Care East | 2017 | 4 | N/A | 3 | 4 |
| Key | Increased Grades Reduced Grades QoCS - Quality of Care & Support QoE - Quality of Environment QoS - Quality of Staffing QoLM - Quality of Leadership & Management | | | | | | | | | | |

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SB CARES INTERNAL AUDIT ANNUAL REPORT 2016/17

Report by Chief Officer Audit & Risk, Scottish Borders Council

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

20 June 2017

1 PURPOSE AND SUMMARY

To inform the SGG of the findings of the SB Cares Internal Audit Annual Report 2016/17

- 1.1 The report context and 7 recommendations.
- 1.2 Details of the action plan agreed by SB Cares.

2 RECOMMENDATIONS

- 2.1 **It is recommended that the Strategic Governance Group:-**
 - (a) Note the findings of the report.**
 - (b) Note the actions agreed by SB Cares.**

3 INTERNAL AUDIT ANNUAL REPORT 2016/17

3.1 Introduction

SBC's Internal Audit team carried out its second internal audit review of SB Cares since it was established on 1 April 2015 as an arms-length external organisation (ALEO) majority owned (99%) by Scottish Borders Council.

The SBC Internal Audit function conforms to the professional standards as set out in Public Sector Internal Audit Standards 2013 (PSIAS) including the production of this report to communicate the results of the audit work.

3.2 Operating Context

SB Cares Business Plan sets out its 3 Strategic Aims which are: Quality; Efficiency and Business Growth. As it cannot differentiate on cost (because its costs are higher than its competitors owing to the additional services that it is required to provide such as step-in as Provider of Last Resort (POLR) and attending visits in outlying locations which are unprofitable), it aims to be the provider of choice. So to achieve this and be successful it needs to deliver on quality over its competitors.

It is recognised the contribution that SB Cares and SB Supports staff have made. SB Cares have been working very hard to ensure the success of the commissioned venture, often in uncharted territory with limited resources to do so. SB Cares have been delivering the service to a quality standard as recognised by the Care Inspectorate within the reduced budgets that were agreed. The challenges are the financial constraints, cost control and achieving further efficiencies, income generation, and insufficient specialist resources to deliver a commercial / public service hybrid venture within reasonable timescales. Improvement action is likely to be in the 'spend to save' arena and sufficient investment with the right people in place will maximise the chances of success.

3.3 Scope:

The scope of the Internal Audit work during 2016/17, involved assessment and evaluation of the following areas:

- **Corporate Governance:** To establish that the governance framework that has been put in place is effective and that roles and responsibilities have been established, are clearly defined and are being fulfilled and whether the governing bodies are receiving sufficient management reporting and information to be able to effectively make decisions, challenge and review.
- **Financial Governance:** To establish whether the systems and controls have been put in place and that they are effective (including segregation of duties, reconciliations, and authorisations). Two discrete pieces of work on areas that Management requested for review (Income and Payroll).
- **Financial Management:** To review financial management and assess whether assurance, provided through financial reporting, is delivered to Management and governing bodies and is sufficiently useful and transparent to enable effective decision making.
- **Performance Management:** To establish whether appropriate performance management arrangements are in place which recognises both the strategic and operational objectives of the Company as well as the contract monitoring requirements of the Council's Adult Social Care service.
- **Follow up on previous audit recommendations and Management Improvement Plan** agreed at conclusion of previous Internal Audit review. This included the following development areas: Payroll; Home Shopping, BAES and Management Accounts.

3.4 Audit Conclusions, Opinions and Recommendations

| Area | Audit Opinion | Recommendation | Priority |
|----------------------|---|---|-------------|
| Corporate Governance | <p>The governance framework is in place and Internal Audit considers that the governing bodies are generally effective however is hindered by :</p> <ul style="list-style-type: none"> • Lack of complete and quality business information to Board and SGG • Lack of strategic direction and equal partnering • Mix of non-optimal use by SB Cares of support services SLAs and insufficient resources from SBC as defined in the SLAs • SB Supports working within a very lean structure • Performance Management not in place as yet | <p>All contracts and SLA'S should be reviewed by Management and formally signed-off by relevant parties with a complete set held by both SBC and SB Supports LLP.</p> | <p>P3 *</p> |
| Financial Governance | <p>From the high level limited audit testing that was carried out this year Internal Audit established that the systems and processes have been put in place and the systems of internal control have been established.</p> <p>From the more detailed work that was carried out on Payroll, Internal Audit identified some areas of weakness and inefficiency where improvements could be made.</p> <p>Internal Audit intends to focus on the effectiveness of the systems of internal control and undertake a greater degree of substantive testing within the Internal Audit programme of work for 2017/18.</p> | <p>Management should implement the more specific recommendations relating to Payroll controls</p> | <p>P3 *</p> |

| Area | Audit Opinion | Recommendation | Priority |
|---|--|---|-------------------------|
| <p>Financial Management including Business Planning, Transformation Programme and Reporting</p> | <p>Target contribution for 2016/17 was only met due to the one-off stock capitalisation which will not be available for future years. The 2017/18 target contribution is at risk of not being met. The income and efficiencies projections forecast in the original Business Plan appear to be too ambitious in terms both time and amount.</p> <p>The income projections require further analysis to determine accurate profit margin projection figures and this can only be done once the associated cost per unit is known. Slow development of the necessary costing models means that the information is not yet available to accurately calculate projected profit margins. Additionally the cost to bring the product / service to market needs to be established and factored. Projected Efficiencies based on the 4 cases requires further review to identify whether they are achievable within the environment in which SB Cares operates.</p> <p>The Transformation Tracker document needs to cover whole of project /programme not just in year and evidence clear justification for the projects inclusion in the Programme supported by ROI (Return on Investment) data.</p> | <p>The original Business Case and Business Plan forecasts should be compared with up to date, more accurate data and the targets revised accordingly in agreement with the Board and the SGG.</p> <p>The Transformation Tracker Document should be developed to include whole of programme and individual projects income and costs and clear Return on Investment (ROI) information.</p> | <p>P2 *</p> <p>P3 *</p> |

| Area | Audit Opinion | Recommendation | Priority |
|---|--|---|-------------------------|
| Financial Management including Business Planning, Transformation Programme and Reporting (cont'd) | Management Accounts and Budget Monitoring are in place but require to be further developed to enhance transparency and comparability. The quality of the Management Accounts and Budget Monitoring relies on improvements to the quality and accuracy of information available. This should be improved by the introduction of Zero Based Budgeting and Activity Based Costing models that Management intend to develop and introduce for 2017/18. | Balance Sheet Analysis and Cash-flow Statements should be added to the routine reporting and Management Accounts developed to maximise transparency and comparability. Ratio analysis should be carried out. | P3 * |
| Performance Management | The Performance Management Framework has not been fully developed and so fully effective performance monitoring and contact monitoring cannot take place. | <p>Management should carefully consider what aspects of performance should be measured and how to measure them in order to deliver meaningful management information.</p> <p>Management should again request support from performance specialists within the Council to complete the Performance Framework.</p> | <p>P3 *</p> <p>P3 *</p> |

*** Gradings of Internal Audit Recommendations are:**

Priority 1 – Arising from a finding which leaves SB Cares open to a very high risk of not achieving its strategic objectives, and where the risk is sufficiently significant to require immediate action within one month of formally raising the issue.

Priority 2 – Arising from a finding which leaves SB Cares open to significant risk of not achieving its strategic objectives requiring reasonably urgent action within three months of formally raising the issue.

Priority 3 – Arising from a finding which leaves SB Cares open to moderate risk of not achieving its strategic objectives requiring action within six months of formally raising the issue to improve efficiency, effectiveness and economy of operations

Action Plan Summary

All recommendations made have been agreed with SB Cares Management Team for implementation and are complete or in process. Progress on their implementation will be followed up by Internal Audit during 2017/18.

4 IMPLICATIONS

4.1 Financial Recommendations

There are no costs attached to any of the recommendations contained in this report. Implementation of Internal Audit recommendations will be complete within current budget.

4.2 Risk and Mitigations

All Internal Audit recommendations have been approved and will be implemented in year.

4.3 Equalities

There is 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 SB Cares Board and Senior Management Team have agreed the Internal Audit Annual Report 2016/17.

Author(s)

| Name | Designation and Contact Number |
|-------------|--|
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