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LIMITED LIABILITY PARTNERSHIP - STRATEGIC GOVERNANCE GROUP TUESDAY, 19 SEPTEMBER 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, 19 SEPTEMBER 2017 at 2.00 pm

J. J. WILKINSON,
Clerk to the Council.

12 September 2017

BUSINESS		
1.	Apologies for Absence.	
2.	Welcome and Introductions	
3.	Order of Business.	
4.	Declarations of Interest.	
5.	Minute (Pages 1 - 4) Minute of the Meeting of the Limited Liability Partnership Strategic Governance Group held on 20 June 2017 to be approved and signed by the Chairman. (Copy attached.)	5 mins
6.	Quarterly Performance Reporting (Pages 5 - 12) Consider report on the performance of SB Cares by the Finance and Commercial Director on the Management Accounts as at 31 July 2017. (Copy attached.)	15 mins
7.	Care Inspectorate (Pages 13 - 26) Consider update report by SB Cares Operations Director on Inspections by the Care Inspectorate. (Copy attached.)	10 mins
8.	Any Other Items Previously Circulated.	
9.	Any Other Items which the Chairman Decides are Urgent.	
10.	Items Likely to be Taken in Private Before proceeding with the private business, the following motion	

	<p>should be approved:-</p> <p>“That under Section 50A(4) of the Local Government (Scotland) Act 1973 the public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in paragraph 6 of Part 1 of Schedule 7A to the aforementioned Act.”</p>	
11.	<p>SB Cares Business Plan for 2017/22 (Pages 27 - 30)</p> <p>Consider update report on the delivery of SB Cares Business Plan for 2017-2022. (Copy attached.)</p>	20 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. Thornton-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 the Council Chamber, Council Headquarters, Newtown St Boswells on Tuesday, 20 June 2017 at 2.00 pm

Present:- Councillors T. Weatherston (Chairman), J. Greenwell, E. Thornton-Nicol.
Ms K Hamilton (NHS Borders).

Apologies:- Councillors E. Robson and G. Turnbull.

In Attendance:- Mr M Leys (Chief Officer Adult Social Work), J Wilson (Chairman SB Cares), P Barr (Managing Director SB Cares), J McPhail (Finance and Commercial Director SB Cares), L Crombie (Operations Director SB Cares), Paul Cathrow (Service Development Manager SB Cares), Democratic Services Officer (P Bolson).

1. **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the first meeting of the Limited Liability Partnership Strategic Governance Group since the Local Government elections in May 2017.

**DECISION
NOTED.**

2. **MINUTE**

There had been circulated copies of the Minute of the meeting of 30 March 2017.

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

3. **SETTING THE SCENE**

3.1 The Managing Director SB Cares, Mr Philip Barr provided some background to SB Cares by means of a presentation. He explained that SBC Cares had been set up in April 2015 to ensure: continuation of publically owned services to the people of the Borders in the most efficient way; support for the implementation of Self Directed Support; the continuation of service capacity and quality; more effective use of staff resources; more efficient and flexible services to meet the needs of users; the generation of a surplus that contributed to overall social care resources; the continuation of a service of last resort provision. Mr Barr advised that SB Cares currently supported 12,000 clients, families and carers through its range of services including: Home Care (821,000 visits during 2016/17); Day Services (150 clients); Care Homes (190 clients); the Community Alarm Service (3,200 monitored alarms); Extra Care Housing and provision of the Community Equipment Service. He went on to explain the SB Cares company structure and the ways in which the organisation had developed its business, delivered financial contributions to the Council in 2015/16 and 2016/17 and enhanced the services it provided, eg increasing the Care Inspectorate grades. Mr Barr listed the key values of the organisation and detailed statistics in relation to Social Care, how satisfied clients were with the service received and how the Scottish Borders compared with Scotland as a whole. With regard to financial targets, Mr Barr advised Members that the stock valuation of £600K had contributed, on a one-off basis, to the financial contribution made to the Council during 2016/17. He went on to explain that some efficiencies and reviews had not been

achieved within the timescales and listed reasons for this. These included Delayed Discharges and being the Provider of Last Resort, both of which were ongoing operational pressures; issues associated with staff resistance to new shift rotas; the development and launch of the new Borders Ability Equipment Store (BAES); and ongoing Day Centres Reviews. Resources and expertise would be required to enable development and change going forward and Mr Barr went on to explain the key activities necessary to accomplish the priorities identified by SB Cares.

- 3.2 Discussion followed and a number of questions were raised by Members. Mr Cathrow, Service Development Manager SB Cares advised that options were being considered for development of the Bordercare Alarm System and that a report would be presented to Council in due course. In response to concerns about delayed discharge, Members were advised of the reasons for such delays and of how changes to the process might be helpful in alleviating the situation, eg decisions relating to discharge should consider the individual circumstances of service-users to ensure that appropriate care would be in place at home. It was acknowledged that delayed discharge was a shared issue and Ms Hamilton indicated that as such, would be considered by the Health and Social Care Integration Joint Board in the coming year. Members noted that routine reviews of care packages were carried out by SB Cares at least six monthly, however staff were encouraged to report any concerns immediately to ensure an effective early response.

DECISION

NOTED the presentation.

4. DRAFT BUSINESS PLAN 2017-2022

With reference to paragraph 7 of the Private section of the Minute of 30 March 2017, there had been circulated copies of the SB Cares Business Plan for the period 2017-2022, the first to be set against the approved Scottish Borders Health and Social Care Partnership Strategic Plan 2016-19. The Plan for 2017-2022 set out SB Cares' vision, goals, priorities and activity for the coming years and included Performance Indicators, reporting mechanisms and resources required to deliver the Plan successfully. The Plan indicated the context within which SB Cares operated and the delivery structures for Health and Social Care Integration both nationally and locally.

DECISION

NOTED.

5. UNAUDITED FINANCIAL OUTTURN 2016/17

There had been circulated copies of a report by the Finance and Commercial Director informing the Strategic Governance Group of the final financial outturn for 2016/17. Members noted that this had resulted in a surplus of £647k against a forecast position of £649k. Details of the variances for 2016/17 were included in the report.

DECISION

NOTED that:-

- (a) SB Cares had achieved a contribution of £647k in 2016/17;**
- (b) this had informed Scottish Borders Council's revenue outturn position 2016/17; and**
- (c) the contribution of £647k would be returned to Scottish Borders Council as a discount to the 2016/17 contract price only.**

6. CARE INSPECTORATE

- 6.1 With reference to paragraph 5 of the Minute of 7 February 2017, there had been circulated copies of a report by the Operations Director SB Cares giving the updated position on the inspection of SB Care services by the Care Inspectorate. Ms Crombie

explained the format of the reports for the new Members and advised that since the last report to LLP SGG, eight final reports and one draft report had been received. The grades for Home Care East were confirmed as grade 4 rating for both Quality of Care and Support, and Quality of Management and Leadership. Quality of Staffing received a grade 3 and the report included 7 requirements and 2 recommendations. Grove House received grade 4 for Quality of Management and Leadership, grade 3 for Quality of Environment and the inspection report included 3 requirements and 4 recommendations. Home Care West was awarded grade 4 for both Quality of Care and Support, and Quality of Management and Leadership and a grade 3 for Quality of Staffing. There were 2 requirements and 2 recommendations contained in the report. Saltgreens Care Home was awarded grade 3 for Quality of the Environment and grade 4 for all other quality themes, demonstrating an improvement from all grade 3 during the previous inspection. There were 2 requirements and 3 recommendations contained within the report. Saltgreens Day Support Service was awarded grade 5 for Quality of Care and Support and grade 4 for all other quality themes, with no requirements or recommendations. Berwickshire Dementia Day Services received grade 3 for Quality of the Environment and grade 4 for all other quality themes, with no requirements and 6 recommendations included in the report. Cheviot Day Service was awarded grade 5 for Quality of Care and Support, grade 4 for Quality of Management and Leadership, and Quality of Staffing. Quality of the Environment received a grade 3 and there were no requirements or recommendations recorded. Waverley Care Home was awarded grade 5 for Quality of Staffing, grade 4 for Quality of Care and Support, and Quality of Management and Leadership. Quality of Environment received grade 3 with 4 requirements and 1 recommendation included in the report. The final inspection report contained some details of environmental issues as a result of the recent refurbishment. Following media interest, SB Cares responded by focusing on the positive care being provided and pointing out that the inspection had taken place during ongoing refurbishment work. Members noted that assessment of the 'finished' areas was still being carried out. A verbal report for Deanfield Care Home was given by the Inspector with the final report expected in the near future. Ms Crombie reported that the application to register South Area Home Care was now complete and an inspection was likely within the next few months. Further information on all the inspection reports were as detailed in Appendix 1 to the report.

- 6.2 Ms Crombie advised that the trend in Care Inspection grades had shown an increase in the vast majority of areas however the environment in a number of buildings had resulted in a number of services receiving a grade 3 (Adequate) for Quality of Environment. SB Cares had met with SBC colleagues to develop an improvement plan for the buildings that they operated from and further information was included in Appendix 2 to the report. Officers responded to questions from Members. Ms Crombie confirmed that there was no dedicated home in the Scottish Borders for people with dementia but there were allocated dementia beds in some units. Further discussion followed regarding the development of any housing strategy and how that might affect the provision of homes for older people.
- 6.3 Mr Barr explained that Members of the previous Strategic Governance Group (SGG) had visited a number of SB Cares units as a way of seeing first-hand the operational side of service provision. As none of the current SGG Members had yet been able to take advantage of such visits, it was agreed that a familiarisation programme would be developed to allow Members to visit SB Cares services in the coming months. Requests to visit an external provider would be directed to Mr Wilson as appropriate.

DECISION

(a) NOTED:-

- (i) **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;**

- (ii) the percentage of services that had received a grade 4 and above;
- (iii) the requirements and recommendations as contained in the report and Appendix 1;
- (iv) the increase in grades since the transfer to SB Cares as detailed in Appendix 2 to the report;

(b) **AGREED** that a familiarisation programme be developed to allow Members to visit SB Cares services and external providers as appropriate.

7. **SB CARES INTERNAL AUDIT ANNUAL REPORT 2016/17**

There had been circulated copies of a report by the Chief Officer Audit and Risk informing the Strategic Governance Group of the findings of the SB Cares Internal Audit Annual Report for 2016/17, the second since SB Cares was established in 2015. The report detailed the context within which it had been carried out and the seven recommendations contained within it. Members were advised that all recommendations had been agreed with management and all actions would be completed within the 2017/18 financial year.

DECISION

NOTED:-

- (a) the findings of the report; and
- (b) the actions agreed by SB Cares.

8. **PRIVATE BUSINESS**

DECISION

AGREED under Section 50A(4) of the Local Government (Scotland) Act 1973 to exclude the public from the meeting during consideration of the business contained in the following items on the ground that they involved the likely disclosure of exempt information as defined in paragraphs 6 and 8 of the part 1 of Schedule 7A to the Act.

SUMMARY OF PRIVATE BUSINESS

9. **MINUTE**

Members noted the Private Section of the Minute of 30 March 2017.

The meeting concluded at 4.00 pm



MANAGEMENT ACCOUNTS TO 31ST JULY 2017

REPORT BY THE FINANCE & COMMERCIAL DIRECTOR

**LIMITED LIABILITY PARTNERSHIP
STRATEGIC GOVERNANCE GROUP**

19th SEPTEMBER 2017

1 PURPOSE AND SUMMARY

1.1 **To update the Strategic Governance Group on the financial position as at 31st July 2017.**

1.2 **Accounts to 31st July 2017**

The papers attached in Appendix 1 describe the financial position as at 31st July 2017. The accounts comprise:

- 1.3 Details of year to date spend against budget and against prior year spend by income and expenditure heading;
- 1.4 Details of year to date spend by service;
- 1.5 Balance sheet at 31st July 2017;
- 1.6 Projected cash flow to 31st March 2018.

2 SUMMARY

2.1 A surplus of £115k against an anticipated surplus of £88k for the four month period is reported. The papers attached contain commentary explaining the key features of the financial position, which the Board are asked to note.

Key elements which the SGG are asked to note include:

- 2.2 Income from Bordercare alarms appears to be holding up well despite the significant price increase agreed by the Council in December 2016. A significant number of clients cancelled their services after they were initially notified of the price rise, but this was lower than expected.
- 2.3 There is evidence of savings in staff costs in homecare which were anticipated through the introduction of new rota arrangements.

2.4 Work is ongoing to analyse the cause of a small reported overspend in staff costs in care homes. The Board will recall that this was a source of significant budgetary pressures in 2016/17. This analysis will inform appropriate management action to manage budgetary pressures.

2.5 Small savings are reported against travel costs (£17k) and catering costs (£15k). Reduction in travel costs reflects anticipated cost reductions within homecare and some LD services. Reductions in catering costs reflect anticipated savings from the introduction of meals supplied by Appetito.

3 RECOMMENDATIONS

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

(a) Notes the contents of the attached management accounts, along with actions described to manage budgetary pressures.

4 IMPLICATIONS

4.1 Financial Recommendations

There are no costs attached to any of the recommendations contained in this report, its content being specifically related to the latest financial positions of SB Cares for 2016/17.

4.2 Risk and Mitigations

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

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

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

4.3 Equalities

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

4.4 Acting Sustainably

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

4.5 Carbon Management

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

5 CONSULTATION

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

Author(s)

Name	Designation and Contact Number
Jen McPhail	Finance & Commercial Director

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	Actual YTD Jul-17 £'000	Budget YTD Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000	Full year outturn Mar-17 £'000
Income							
SBC Contract Income	5,609	5,609	0	16,870	16,870	0	16,458
Spot Contract Income	258	287	-29	861	861	0	811
Bordercare Income	123	110	13	330	330	0	230
Other Income	57	71	-14	329	329	0	715
Total Income	6,047	6,077	-30	18,390	18,390	0	18,214
Expenditure							
Payroll Costs	-5,131	-5,159	28	-15,478	-15,478	0	-15,215
Travel Costs	-151	-168	17	-504	-504	0	-647
Training and Development	-4	-4	0	-10	-10	0	-15
Total Staff Costs	-5,286	-5,331	45	-15,992	-15,992	0	-15,877
Non Staff Costs							
Property Costs	-70	-80	10	-241	-241	0	-278
Energy Costs	-81	-76	-5	-227	-227	0	-212
IT Costs	0	0	0	0	0	0	-1
CES Equipment Costs	-125	-125	0	-303	-303	0	-163
Catering Costs	-68	-83	15	-248	-248	0	-253
Transport Costs	-95	-91	-4	-274	-274	0	-344
Supplies and Services	-190	-182	-8	-636	-636	0	-366
Printing and Stationary	-4	-7	3	-20	-20	0	-47
Audit Fees	-8	-8	0	-23	-23	0	-23
Professional Fees	0	0	0	0	0	0	0
Depreciation	-5	-4	-1	-12	-12	0	0
Other Finance Costs	0	-2	2	-3	-3	0	-2
Total Non Staff Costs	-646	-658	12	-1,987	-1,987	0	-1,689
Total Expenditure	-5,932	-5,989	57	-17,979	-17,979	0	-17,566
Surplus / Loss as at 30th July 2017	115	88	27	411	411	0	648

Commentary

There is a shortfall of Spot Contract Income. Analysis is being undertaken to establish if this reflects seasonal trends in hours fulfilled under the contract, or if it reflects a permanent reduction in income likely to continue throughout the year.

Bordercare income from individual clients appears to be holding up despite the recent price increase. Overall income is lower than previous year as 16/17 reflected additional CES funding of £295k plus transformation funding of £100k. The 17/18 budget consists of sundry recharges (£40k), CES private sales (£36k), RSL Alarm income (£102k), Charges for meals (£48k), Shopping service income (£33k), private homecare income (£12k), funding for CES cleaner (£9k) and funding for provision of Telecare (£50k). The majority of this income is timed to be received towards the end of the year and the budget has been phased accordingly.

There is evidence of some savings within homecare (£35k) netted off against an overspend in carehomes (£20k), LD Services (£24k) and HQ (£8k).

Lower travel costs are reported within homecare, which may reflect the effect of the introduction of the rota pilot in some areas. Savings are also anticipated in Lanark Lodge.

Savings are reported in Carehomes, which were anticipated following the introduction of Appetito meals.



	Care Homes					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
Income						
Total Income	1,700	1,700	0	5,203	5,203	0
	1,700	1,700	0	5,203	5,203	0

	Home Care					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
	2,733	2,762	-29	8,358	8,358	0
	2,733	2,762	-29	8,358	8,358	0

	Older People Day Centres					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
Income						
Total Income	253	258	-5	669	669	0
	253	258	-5	669	669	0

	CES and Bordercare					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
	537	531	6	1,582	1,582	0
	537	531	6	1,582	1,582	0

	LD Day Services, HCSS and BDSS					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
Income						
Total Income	627	630	-3	1,931	1,931	0
	627	630	-3	1,931	1,931	0

	HQ					
	Actual Jul-17 £'000	Budget Jul-17 £'000	Variance Jul-17 £'000	Full Year Budget Mar-18 £'000	Full Year Forecast Mar-18 £'000	Variance Mar-18 £'000
	197	196	1	647	647	0
	197	196	1	647	647	0

Service Commentary	
Care Homes	Home Care
	Shortfall in spot income currently being investigated

Small overspend. We are analysing the position together with service management to establish the reason for this. This area was the source of significant pressures in 1617.	Evidence of savings in homecare, anticipated in the introduction of revised rota pattern
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Older People Day Services	CES and Bordercare

	Small underspend in maintenance costs and cleaning materials.
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LD Day Services, HCSS and BDSS	HQ

	Adverse variance due to placement fees
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SB Cares
Balance Sheet
as at 31st July 2017



	Consolidated accounts as at 31 March 2017	As at 30/07/2017
Non Current Assets	678	678
Current Assets		
Stock	74	74
Debtors	650	447
Cash at bank and in hand	2,950	1,408
Total Current Assets	3,674	1,929
Total Assets	4,352	2,607
Creditors	-	2,858
Total Assets less current liabilities	-	251
Provision for liabilities - pension	-	3,624
Net Liabilities	3,990	3,875
Reserves		
Pension Rererve	-	3,624
Other Reserves	-	366
to date surplus loss	-	115
	-	3,875

SB Cares
Cashflow Forecasting
2017-18
as at 30th July 2017



	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
	Actual	Actual	Actual	Actual	Forecast							
<u>Income</u>												
SBC Income	0	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025	2,025
Spot Contract Income	95	85	75	75	95	95	95	95	95	95	95	95
Other Income	50	100	50	50	50	50	50	50	50	50	50	50
Total Income	145	2,210	2,150	2,150	2,169							
<u>Expenditure</u>												
Payroll (including recharge)	(881)	(885)	(911)	(953)	(906)	(906)	(892)	(901)	(901)	(1,070)	(901)	(901)
PAYE	(180)	(175)	(167)	(180)	(180)	(180)	(180)	(180)	(180)	(214)	(180)	(180)
Pension	(191)	(189)	(197)	(231)	(191)	(191)	(191)	(191)	(191)	(161)	(191)	(191)
Other Payroll payments	(37)	(32)	(32)	(42)	(32)	(32)	(32)	(32)	(32)	(32)	(32)	(32)
VAT	(488)	(131)	(131)	(612)	(131)	(131)	(488)	(131)	(131)	(488)	(131)	(131)
Supplier payments	(345)	(376)	(377)	(453)	(1,020)	(350)	(350)	(350)	(350)	(350)	(350)	(350)
Total Expenditure	-2,122	-1,788	-1,815	-2,471	-2,460	-1,790	-2,133	-1,785	-1,785	-2,315	-1,785	-1,785
Balance B/f	2,950	973	1,395	1,729	1,408	1,117	1,497	1,534	1,918	2,301	2,156	2,540
Balance C/f	973	1,395	1,729	1,408	1,117	1,497	1,534	1,918	2,301	2,156	2,540	2,924



CARE INSPECTION REPORT

Report by the Operations Director

LIMITED LIABILITY PARTNERSHIP STRATEGIC GOVERNANCE GROUP

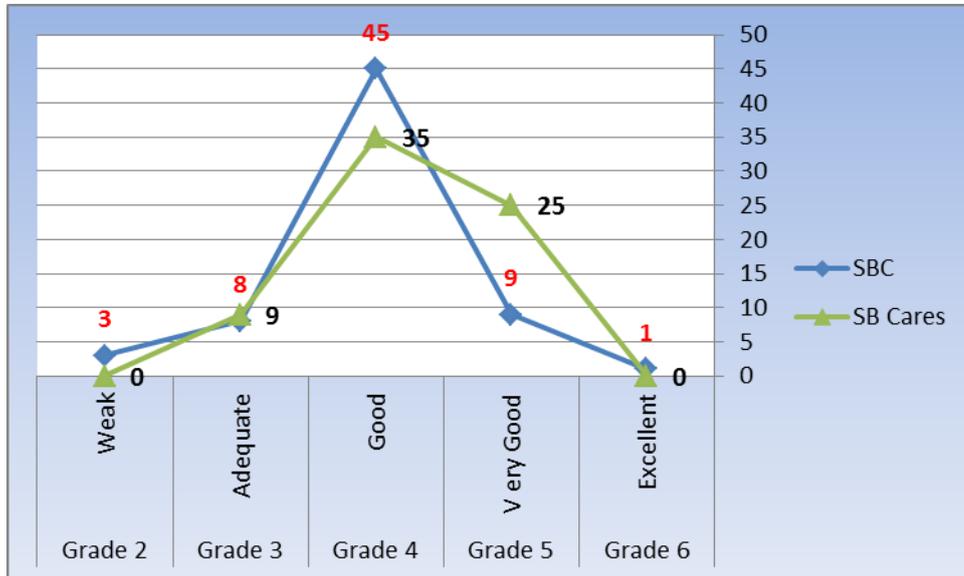
19 September 2017

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 the **Deanfield Care Home** inspection report has been finalised. The service has received a grade 5 for Quality of Care and Support and grade 4 for Quality of Management and Leadership, for Quality of Staffing and for Quality of Environment. The report contains 7 requirements and 2 recommendations. This was a very positive report, reflecting the commitment from the manager and the whole staff team which has resulted in Quality of Management and Leadership now being graded as Very Good, with the Environment grade improving to Good. Further information is available within Appendix 1.
- 1.3 **Hawick Community Support Service** has also recently been inspected and again it was a very positive report with improvements in grades in comparison to the last inspection. During this Inspection there were only 2 Quality Themes inspected, Quality of Care and Support and Quality of Management and Leadership, both of which were graded as a 5 – Very Good. This shows another improvement in the Quality of Management and Leadership grade from Good to Very Good.
- 1.4 **Home Care East** has been recently registered and is currently being inspected. This service includes Hawick, Jedburgh and Newcastleton areas and as it is the first time the service has been inspected as a separate area the inspectors will be looking at all areas of the service very closely. The outcome of the inspection will be reported to the next SGG meeting.

1.5 Quality Improvements in Service Delivery

Since the inception of SB Cares management and staff have been focusing on increasing the quality of service being provided to people receiving our services. As a result of a high level of commitment from everyone involved the trend in Care Inspection grades has shown an increase in grades in the vast majority of areas and the recent Care Inspections reported above continues this improvement.



1.6 The table above shows the Inspection Gradings moving in a positive direction, with consistent improvements towards Very Good gradings.

1.7 SBC had one service which was graded as Weak in 3 Quality Themes, SB Cares has improved this service and there are currently no services graded as Weak within SB Cares.

The number of 'Very Good' grades has increased from 14% inspected while in SBC to 35% since transfer into SB Cares.

2 RECOMMENDATIONS

2.1 It is recommended that the Strategic Governance Group:-

- (a) Note the finalised reports for Deanfield Care Home and Hawick Community Support Service
- (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 REQUIREMENTS AND RECOMMENDATION'S ACTIONS

5.1 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.

5.2 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.

5.3 **GRADES AND THEMES**

Key to Grades:

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

5.4

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)

Name	Designation and Contact Number
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Deanfield Care Home
17th May 2017
Draft Report

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
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.</i></p>		

	<i>Working relationships and communication were also described in positive terms.</i>		
Quality of Environment		4	3
<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>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).

Hawick Community Support Service

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
Quality of Care & Support		5	5
How well the service meets the needs of each person who uses it	<p><i>Requirements - 0</i></p> <p><i>Recommendations – 0</i></p> <p><u>What The Service Does Well</u> <i>There are many good things about this service. These include a committed team of staff providing flexible responsive support to people living in their own homes and community. People knew all the staff and each had a key worker. Staff were encouraged to reflect upon the work they did, learn from it and be responsible for it.</i></p> <p><i>We saw helpful work done where service users were in hospital and they continued to be supported by staff.</i></p> <p><i>Staff said they enjoyed their job and that they were committed to supporting each individual to meet their needs and to promote the best possible outcomes for them. Staff told us they felt supported by their line manager and other colleagues.</i></p> <p><i>They said they had learned a lot in this service and had developed their work practices. Staff seemed well-trained and more were working through or had complete an HNC in Social Care as well as a relevant SVQ.</i></p> <p><i>A main strength of the service was the very good honest and trusting relationships that had developed between staff and people using the service and within the staff team.</i></p> <p><i>Feedback from other professionals was positive of the flexible care and support provided and the positive outcomes for service users. Recently, feedback had been gathered from service users, families and other partners using questionnaires. People were asked to comment on the quality of the service. Individual users were also asked to comment on all aspects of the support they received. Very positive feedback had been given. We saw the requests or suggestions for changes to be made to the care and support were acted on.</i></p>		
Quality of Staffing		N/A	N/A
The quality of the staff, including their	Not Assessed		

qualifications and training			
Quality of Management & Leadership		5	4
How the service is managed and how it develops to meet the needs of the people who use it	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 1</i></p> <p>1. <i>The service should ensure that staff are supervised in-line with organisational policy. It should ensure the recording of sessions reflects the discussions that take place.</i></p> <p><i>National Care Standards, Care at Home – Standard 4: Management & Staffing</i></p> <p><u>What The Service Does Well</u> <i>We saw good examples where the service had identified risks to individuals and had fully involved the service user to look at measures to reduce these.</i></p> <p><i>We saw that the service worked in close partnership with other professionals such as the learning disability team, mental health service and the Adult Protection Team, within the local authority. This helped everyone to work together and promote positive outcomes for individuals. This ensured that service users felt safe, supported and secure within their daily lives. It also meant that more difficult decisions could be made with everyone involved.</i></p> <p><i>The manager had audit tools to regularly monitor areas of the service provided. This included medication and supervision audits. Since the last inspection a more in-depth auditing had been developed, used across all learning disability services. This helped the manager assess the quality and consistency of work being done, such as in support planning and reviews, and where improvements could be made.</i></p> <p><u>What The Service Could Do Better</u> <i>We thought that the quality of support planning had improved and that there was a flow to the support plan itself that help guide staff in the work. New paperwork had been introduced to help staff work with people, to meet their goals and outcomes. Depending on how well this works and information is recorded, further development may be needed.</i></p> <p><i>We saw that supervision and support 1:1 meetings were planned to take place every six weeks but this target was often not met. Staff did say they felt well supported and had many informal discussions.</i></p>		

	<p><i>However, in an outreach service it is important managers meet staff formally too.</i></p> <p><i>We spoke about developing quality assurance systems further. The Manager told us peer evaluation, where a manager from another service comes to evaluate yours, is being discussed.</i></p>		
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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		2016	5	5	5	5
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		2017	5	N/A	5	5
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		21								
	Reduced Grades		5								
	QoCS - Quality of Care & Support										
	QoE - Quality of Environment										
	QoS - Quality of Staffing										
	QoLM - Quality of Leadership & Management										

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