

# Public Document Pack



## MAJOR CONTRACTS GOVERNANCE GROUP THURSDAY, 12 APRIL 2018

A MEETING of the MAJOR CONTRACTS GOVERNANCE GROUP will be held in the COUNCIL CHAMBER, COUNCIL HEADQUARTERS, NEWTOWN ST BOSWELLS TD6 0SA on THURSDAY, 12 APRIL 2018 at 10.00 am

J. J. WILKINSON,  
Clerk to the Council,

6 April 2018

<b>BUSINESS</b>		
1.	<b>Apologies for Absence</b>	
2.	<b>Order of Business</b>	
3.	<b>Declarations of Interest</b>	
<b>SB CARES BUSINESS</b>		
4.	<b>Minute</b> (Pages 3 - 6)  Minute of the Meeting of the Major Contracts Governance Group held on 7 November 2017 to be noted. (Copy attached.)	5 mins
5.	<b>Quarterly Performance Reporting</b> (Pages 7 - 16)  Consider report by Finance and Commercial Director on SB Cares Management Accounts as at 31 January 2018. (Copy attached.)	10 mins
6.	<b>SB Cares Projects 2018-19</b> (Pages 17 - 20)  Consider update report by Service Development Manager SB Cares. (Copy attached.)	10 mins
7.	<b>Care Inspectorate</b> (Pages 21 - 42)  Consider update report by SB Cares Operations Director on Inspections by the Care Inspectorate. (Copy attached.)	10 mins
8.	<b>New Service Developments</b>  Verbal update by SB Cares Operations Director on New Services currently being developed.	10 mins
9.	<b>Any Other Items Previously Circulated.</b>	

10.	<b>Any Other Items which the Chairman Decides are Urgent.</b>	
11.	<p><b>Items Likely To Be Taken In Private</b></p> <p><b>Before proceeding with the private business, the following motion should be approved:-</b></p> <p><b>“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.”</b></p>	
	<b>SB CARES BUSINESS</b>	
12.	<p><b>SB Cares Business Plan for 2017/22</b></p> <p>Consider verbal update on the delivery of SB Cares Business Plan for 2017-2022 by Managing Director, SB Cares.</p>	20 mins
	<b>SBc CONTRACTS BUSINESS</b>	
13.	<p><b>Minute (Pages 43 - 44)</b></p> <p>Private section of the Minute of the Meeting of the Major Contracts Governance Group held on 7 November 2017 to be noted. (Copy attached.)</p>	5 mins
14.	<p><b>SBc Contracts Trading Operation Update at 31 December 2017 (Pages 45 - 58)</b></p> <p>Consider report by Chief Officer Roads. (Copy attached.)</p>	30 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.**

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**Membership of Committee:-** Councillors G. Turnbull (Chairman), G. Edgar, J. A. Fullarton, T. Miers, D. Moffat, E. Thornton-Nicol and T. Weatherston.

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**SCOTTISH BORDERS COUNCIL  
MAJOR CONTRACTS GOVERNANCE GROUP**

MINUTES of Meeting of the MAJOR CONTRACTS GOVERNANCE GROUP held in the Council Chamber, Council Headquarters, Newtown St Boswells on Tuesday, 7 November 2017 at 2.00 pm

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Present:- Councillors G. Turnbull (Chairman), J. Fullarton, T. Miers, D. Moffat, E. Thornton-Nicol, T. Weatherston.

Apologies:- Councillor G. Edgar.  
Mr P Barr (Managing Director SB Cares); Ms L Crombie (Operations Director SB Cares); Mr M Joyce (Service Director Assets and Infrastructure); Mr D Anderson (Commercial Manager SBC Contracts); Mr P McNulty, ( Contracts Manager SBC Contracts); Mr D MacDonald (Finance Business Partner SBC Contracts).

In Attendance:- J Wilson (Chairman SB Cares), J McPhail (Finance and Commercial Director SB Cares), P Cathrow (Service Development Manager SB Cares), D Girdler (Chief Officer Roads), S Holmes (Senior Internal Auditor), Democratic Services Officer (P Bolson).

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1. **WELCOME AND INTRODUCTIONS**

The Chairman welcomed everyone to the first meeting of the Major Contracts Governance Group.

2. **MINUTE**

There had been circulated copies of the Minute of the meeting of the Limited Liability Partnership Strategic Governance Group of 19 September 2017.

**DECISION**

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

3. **SETTING THE SCENE**

There had been circulated copies of a presentation by SB Cares providing background to the organisation, the progress made and future goals and targets. Members were advised 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. SB Cares was currently the largest provider of adult social care in the Scottish Borders who delivered a range of services within the community. The presentation gave an awareness of the scale of provision of SB Cares and provided detail of SB Cares' operating context and outlined where efficiencies had been made. The presentation also detailed projects for future development. SB Cares continued to work to improve the grades awarded by the Care Inspectorate. Discussion followed and Members questions were answered.

**DECISION**

**NOTED the presentation.**

4. **QUARTERLY PERFORMANCE REPORTING**

There had been circulated copies of a report by the Finance and Commercial Director SB Cares updating Members on the financial position as at 30 September 2017. The Appendix to the report included details of the year to date spend against budget and

against the previous year spend for both income and expenditure; the year to date spend by service heading; the balance sheet for the period; and the projected cash flow at 31 March 2018. Ms McPhail advised that a surplus of £286k was being reported for the six month period, as opposed to the anticipated surplus £208k and she went on to highlight some of the key elements of the current financial position. The income from Bordercare Alarms had held up well following the price increase for the service agreed by Council in December 2016, with the number of cancelled alarms being lower than expected. The price had been mitigated by publicising widely the availability of VAT exemption for clients suffering from certain chronic illnesses. A shortfall was reported against Spot Contract Income within Homecare which was due in part to reporting issues within the CM2000 reporting system. Bordercare Alarm income had dropped slightly by £13k due to the loss of contracts with two Residential Social Landlords. Members were advised that the forecast budget position of £411k surplus was still on target and regular updates would be presented to the Major Contracts Governance Group. With reference to salary scales and pay rises, Members were informed that staff employed by SB Cares were subject to the same Terms and Conditions as SBC employees and pay increases of 1% had been budgeted for. In response to a question from Members, Ms McPhail advised that a report was being presented to Full Council in November 2017 in respect of the Bordercare Service.

#### **DECISION**

**NOTED the contents of the report and the actions described to manage budgetary pressures.**

#### **5. CARE INSPECTORATE**

With reference to paragraph 5 of the Minute of 19 September 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. Members were advised that since the last report in June 2017, a number of inspections had taken place. The final report for the Hawick Community Support Service had been received and the areas inspected all received a Grade 5. The draft report for the first inspection of the South Area Home Care service awarded grade3 for the areas inspected. This was a reflection of the lack of staff working in the service which affected the ability of managers to carry out their managerial role. Reports are awaited for Waverley Care Home and Grove Care Home. Discussion followed and Mr Cathrow reported that work was being progressed and recruitment events were taking place to address the lower than expected grades awarded in the inspection of Home Care in Hawick. Further details in respect of all inspections were included in Appendix 1 to the report.

#### **DECISION**

**(a) NOTED:-**

- (i) the final report for the Hawick Community Support service;**
- (ii) the draft report for the Home Care South area;**
- (iii) the recent inspections on Waverley Care Home and Grove Care Home;**
- (iv) the improved grades since the transfer to SB Cares as detailed in Appendix 2 to the report.**

#### **6. INTERNAL AUDIT**

There had been circulated copies of a report by the Finance and Commercial Director of SBC Cares on the progress made by the Senior Management Team on implementation of Internal Audit recommendations made and agreed within the SB Cares Internal Audit Annual Report 2016/17 as detailed in Appendix 2. The report explained that Internal Audit was an independent appraisal function for the review of the internal control system as a service to SB Cares and objectively examined, evaluated and reported on the adequacy on internal control as part of the proper, economic, efficient and effective use of

resources and the management of risk. Members noted that some completion dates had been revised as detailed in Appendix 1 to the report. Ms McPhail advised that SB Cares used a financial system other than Business World and this had caused some delays. It was agreed that future reports would include a ratio analysis to enable comparisons as appropriate.

**DECISION**

**NOTED the report and Appendices.**

**7. NEW SERVICE DEVELOPMENTS**

- 7.1 There had been circulated copies of a report by the Operations Director providing an update on the new services currently being developed by SB Cares. Work was progressing to open a Discharge to Assess Unit at Craw Wood Care Home in Tweedbank in an effort to mitigate some of the anticipated winter pressures on NHS in-patient beds. There was a very short timescale attached to this undertaking and GMR Care Consultancy would lead on the setting up and opening of this service.
- 7.2 A Health Care Support Workers Project for the Tweeddale area was originally considered in September 2016. Once recruited, these Health Care Support Workers would support the rapid discharge from hospital for those waiting for Home Care in specified areas of the Scottish Borders. For a variety of reasons, there was a delay in recruiting staff but this is now in progress, with outstanding governance issues being addressed.
- 7.3 The Coldstream Community Model (previously referred to as Buurtzorg) has made slow practical progress for a variety of reasons however Members were advised that an update report was being presented to the Integration Joint Board, requesting project management support to take this work forward. Further information was included in Appendix 1 to the report.
- 7.4 A proposal for SB Cares Enablement Service had been submitted to Social Work and once the model and funding had been approved, detail would be developed and progress would continue towards implementation of the model within the Home Care service.

**DECISION**

**NOTED:-**

- (a) the request to open the Discharge to Assess Unit;**
- (b) the ongoing collaboration with NHS/SBC on the new Home Care models; and**
- (c) the Enablement proposal being presented to EMT for approval.**

**MEMBER**

Councillor Miers left the meeting at the conclusion of the above item of business.

**8. RISK REGISTER**

There had been circulated copies of a report by the Finance and Commercial Director providing an update on the SB Cares Risk Register, its current status as at October 2017 and mitigating actions being taken by the Management Team. Updated reports on the Risk Register would be presented to the Major Contracts Governance Group on a quarterly basis. The report indicated that the number of risks which had previously been graded as "critical" in May had now been reduced from eight to four.

**DECISION**

**NOTED the report.**

**9. SCHEDULE OF MEETINGS**

Members were asked to consider a schedule of dates for future meetings of the Major Contracts Governance Group and following discussion, agreed that the meetings would take place at 2.00pm on the following dates –

Tuesday 6 March 2018; and  
Tuesday 5 June 2018.

**DECISION**

**NOTED the dates for future meetings.**

10. **CONGRATULATIONS**

On behalf of the Members, the Chairman congratulated SB Cares on the achievements and progress the organisation had made since its inception.

11. **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**

12. **MINUTE**

Members considered the Private Section of the Minute of the Limited Liability Partnership Strategic Governance Group of 19 September 2017.

13. **MINUTE**

Members considered the Private Section of the Minute of the Trading Operations Sub-Committee of 14 August 2017.

14. **SBC CONTRACTS TRADING OPERATION UPDATE AT 30 JUNE 2017**

Members considered the update report.

***The meeting concluded at 3.50 pm.***



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**MANAGEMENT ACCOUNTS TO 28<sup>th</sup> FEBRUARY 2018**

**Report by the Business Partner (Finance)**

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**LIMITED LIABILITY PARTNERSHIP  
MAJOR CONTRACTS GOVERNANCE GROUP**

**12 April 2018**

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**1 PURPOSE AND SUMMARY**

**1.1 To update the Major Contracts Governance Group on the financial position as at 28<sup>th</sup> February 2018.**

1.2

This report compares financial performance against the reforecast surplus reported at the Board's previous meeting on 31st January 2018.

1.3

Although the expected outturn of £441k remains unchanged, the report highlights a continuing shortfall in Spot Contract Income

**2 RECOMMENDATIONS**

**2.1 It is recommended that the Major Contracts Governance Group:-**

**(a) Note the financial position reported and the management actions in hand.**

### 3 Background

3.1 The paper attached at Appendix 1 compares income and expenditure to date against the reforecast position reported in detail to the Board on 31<sup>st</sup> January 2018.

Detailed explanations of variances against the original budget were given in that paper.

### 3.3 REVISED REVENUE FORECAST 2017/18 – OVERALL POSITION FOR SB CARES

The following table provides a summary of the overall financial position for SB Cares. (further detail is included within Appendix 1):

3.4

	YTD – February 2018			Full Year to 31/3/18		
	Actual	Current Forecast	Variance	Original Budget	Current Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
<b>Income</b>	<b>16,890</b>	<b>16,905</b>	<b>(15)</b>	<b>18,397</b>	<b>18,464</b>	<b>(67)</b>
Staff Costs	(14,390)	(14,398)	8	(15,853)	(15,707)	146
Transport Costs	(399)	(385)	(14)	(338)	(338)	-
Property/ Energy Costs	(434)	(450)	16	(491)	(491)	-
Other Non-staff costs	(1,222)	(1,287)	65	(1,217)	(1,404)	(187)
<b>Total Expenditure</b>	<b>(16,445)</b>	<b>(16,520)</b>	<b>75</b>	<b>(17,891)</b>	<b>(18,022)</b>	<b>41</b>
<b>Surplus / (Loss)</b>	<b>445</b>	<b>385</b>	<b>60</b>	<b>416</b>	<b>442</b>	<b>26</b>

### 3.5 Points of Note affecting overall position:

#### 3.6 Income

The income from the spot contract continues to reduce. The reforecast considered at the board's meeting in January, revised projected income from this source downwards by £275k to £585k based on extrapolating income trends at that point.

In January and February there has been a further shortfall of £51k against this revised target.

Although a further shortfall of spot contract income is anticipated in March, it is expected that this will not affect the overall target surplus.

#### 3.7 Staff costs

The Homecare service has experienced severe challenges in maintaining staffing levels to fulfil agreed rotas during the winter period. Although it has been necessary to pay high levels of overtime at premium rates, the introduction of additional members of staff into the workforce has dampened the overall impact and the service's staff costs for the full year are expected to be within the agreed forecast.



3.8

## REVISED REVENUE FORECAST 2017/18 – SERVICE AREA ANALYSIS

3.9

The following table summarises the financial information by service area.

	YTD - February 2018			Full Year to 31/3/18		
	Actual	Current Forecast	Variance	Original Budget	Current Forecast	Variance
	£'000	£'000	£'000	£'000	£'000	£'000
Care Homes	(29)	(111)	<b>82</b>	(47)	(122)	<b>(75)</b>
Older People Day Centres	80	111	<b>(31)</b>	122	122	-
LD Day Services, HCSS & BDDS	176	81	<b>95</b>	(43)	56	<b>99</b>
Home Care	148	247	<b>(99)</b>	324	291	<b>(33)</b>
CES and Bordercare	382	389	<b>(7)</b>	389	424	<b>35</b>
HQ	(312)	(332)	<b>20</b>	(329)	(329)	-
<b>Surplus / (Loss)</b>	<b>445</b>	<b>385</b>	<b>60</b>	<b>416</b>	<b>442</b>	<b>26</b>

Detailed comments on performance within services are contained in Appendix 1 "Outturn by service area"

3.10

### MANAGEMENT ACTION

Managers are continuing to review recruitment and retention processes, and to manage staff absence, in order to continue to reduce any adverse pressure on staff costs.

## 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 2017/18.

### 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 2017/18.

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
David Clark	Business Partner (Finance)

SB Cares

Monthly Management Accounts - Income & Expenditure Overview

As at 28th February 2018

ITEM 7 - APPENDIX 1



	YTD -February 2018			Full Year to 28/2/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Revised Forecast £'000	Variance £'000	
<b>Income</b>							
<b>SBC Contract-Based Income</b>							
SBC Contract Income	15,560	15,543	17	16,871	16,978	107	
Spot Contract Income	485	536	(51)	860	585	(275)	Continuing shortfall in the utilisation of the spot contract.
Bordercare Income	306	303	4	330	330	-	
<b>Other Income</b>							
Other Income	539	523	16	336	571	235	
<b>Total Income</b>	<b>16,890</b>	<b>16,905</b>	<b>(15)</b>	<b>18,397</b>	<b>18,464</b>	<b>67</b>	
<b>Expenditure</b>							
<b>Staff Costs</b>							
Payroll Costs	(14,390)	(14,398)	8	(15,853)	(15,707)	146	
Travel Costs	(71)	(75)	4	(82)	(82)	-	
Training and Development	-	-	-	-	-	-	
<b>Total Staff Costs</b>	<b>(14,461)</b>	<b>(14,473)</b>	<b>12</b>	<b>(15,935)</b>	<b>(15,789)</b>	<b>146</b>	
<b>Non Staff Costs</b>							
Property Costs	(248)	(256)	8	(279)	(279)	-	
Energy Costs	(186)	(194)	8	(212)	(212)	-	
IT Costs	-	-	-	(1)	(1)	-	
Community Equipment Service	(408)	(408)	(0)	(465)	(445)	20	
Catering Costs	(233)	(227)	(6)	(248)	(248)	-	
Transport Costs	(328)	(310)	(18)	(338)	(338)	-	
Supplies and Services	(406)	(436)	30	(419)	(476)	(57)	Retrospective refund of rates charges relating to the Community Equipment Service.
Printing and Stationary	(28)	(42)	14	(46)	(46)	-	
Audit Fees	(25)	(21)	(4)	(23)	(23)	-	
Professional Fees	-	-	-	-	-	-	
Depreciation	(119)	(149)	30	(12)	(162)	(150)	Lower than forecast depreciation charge.
Other Finance Costs	(3)	(4)	1	(4)	(4)	-	
<b>Total Non Staff Costs</b>	<b>(1,984)</b>	<b>(2,047)</b>	<b>63</b>	<b>(2,047)</b>	<b>(2,234)</b>	<b>(187)</b>	
<b>Total Expenditure</b>	<b>(16,445)</b>	<b>(16,520)</b>	<b>75</b>	<b>(17,982)</b>	<b>(18,023)</b>	<b>(41)</b>	
<b>Surplus / (Loss)</b>	<b>445</b>	<b>385</b>	<b>60</b>	<b>415</b>	<b>441</b>	<b>26</b>	

**SB Cares**  
**Monthly Management Accounts - Service Analysis**  
**As at 28th February**



Care Homes							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	<b>4,795</b>	<b>4,707</b>	<b>88</b>	<b>5,104</b>	<b>5,135</b>	<b>31</b>	Additional contract funding towards Waverley staff costs post reconfiguration.
<b>Expenditure</b>							
Staff Costs	(4,302)	(4,300)	(2)	(4,612)	(4,691)	(79)	
Transport Costs		-	-	-	-	-	
Property/ Energy Costs	(206)	(214)	8	(233)	(233)	-	
Other Non staff costs	(316)	(305)	(11)	(306)	(333)	(27)	
<b>Total Expenditure</b>	<b>(4,824)</b>	<b>(4,818)</b>	<b>(6)</b>	<b>(5,151)</b>	<b>(5,257)</b>	<b>106</b>	
<b>Surplus / (Loss)</b>	<b>(29)</b>	<b>(111)</b>	<b>82</b>	<b>(47)</b>	<b>(122)</b>	<b>(75)</b>	

Older People Day Centres							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	<b>697</b>	<b>697</b>	<b>0</b>	<b>758</b>	<b>760</b>	<b>2</b>	
<b>Expenditure</b>							
Staff Costs	(361)	(343)	(18)	(372)	(374)	(2)	
Transport Costs	(206)	(196)	(10)	(214)	(214)	-	
Property/ Energy Costs	(28)	(25)	(3)	(27)	(27)	-	
Other Non staff costs	(22)	(22)	(0)	(24)	(24)	-	
<b>Total Expenditure</b>	<b>(617)</b>	<b>(585)</b>	<b>(32)</b>	<b>(637)</b>	<b>(639)</b>	<b>2</b>	
<b>Surplus / (Loss)</b>	<b>80</b>	<b>111</b>	<b>(31)</b>	<b>122</b>	<b>122</b>	<b>-</b>	

**SB Cares**  
**Monthly Management Accounts - Service Analysis**  
**As at 28th February**



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LD Day Services, HCSS and BDDS							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	<b>1,746</b>	<b>1,733</b>	<b>13</b>	<b>1,844</b>	<b>1,891</b>	<b>47</b>	
<b>Expenditure</b>							
Staff Costs	(1,371)	(1,424)	53	(1,638)	(1,586)	52	Forecast overstated for cover required for secondment of KEC manager not needed (£18k) Savings related to overtime, sleep-ins and travel costs (£34k)
Transport Costs	(79)	(86)	7	(94)	(94)	-	
Property/ Energy Costs	(93)	(103)	10	(112)	(112)	-	
Other Non staff costs	(27)	(39)	12	(43)	(43)	-	
<b>Total Expenditure</b>	<b>(1,570)</b>	<b>(1,652)</b>	<b>82</b>	<b>(1,887)</b>	<b>(1,835)</b>	<b>(52)</b>	
<b>Surplus / (Loss)</b>	<b>176</b>	<b>81</b>	<b>95</b>	<b>(43)</b>	<b>56</b>	<b>99</b>	

Home Care							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	<b>7,368</b>	<b>7,447</b>	<b>(79)</b>	<b>8,368</b>	<b>8,146</b>	<b>(222)</b>	Continued deterioration in the use of the spot contract due to scarcity of staff in the Hawick area
<b>Expenditure</b>							
Staff Costs	(7,027)	(7,013)	(14)	(7,840)	(7,651)	189	
Transport Costs	(52)	(43)	(9)	(47)	(47)	-	
Property/ Energy Costs	-	-	-	-	-	-	
Other Non staff costs	(141)	(144)	3	(157)	(157)	-	
<b>Total Expenditure</b>	<b>(7,220)</b>	<b>(7,200)</b>	<b>(20)</b>	<b>(8,044)</b>	<b>(7,855)</b>	<b>(189)</b>	
<b>Surplus / (Loss)</b>	<b>148</b>	<b>247</b>	<b>(99)</b>	<b>324</b>	<b>291</b>	<b>(33)</b>	

**SB Cares**  
**Monthly Management Accounts - Service Analysis**  
**As at 28th February**



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CES and Bordercare							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	1,712	1,770	(58)	1,728	1,931	203	Shortfall in income from Residential Social Landlords Alarm Monitoring Income
<b>Expenditure</b>							
Staff Costs	(582)	(582)	0	(627)	(635)	(8)	
Transport Costs	(62)	(60)	(2)	(65)	(65)	-	
Property/ Energy Costs	(107)	(104)	(3)	(113)	(113)	-	
Other Non staff costs	(579)	(636)	57	(534)	(694)	(160)	Lower than anticipated depreciation charge in respect of rehabilitation equipment
<b>Total Expenditure</b>	<b>(1,330)</b>	<b>(1,381)</b>	<b>51</b>	<b>(1,339)</b>	<b>(1,507)</b>	<b>168</b>	
<b>Surplus / (Loss)</b>	<b>382</b>	<b>389</b>	<b>(7)</b>	<b>389</b>	<b>424</b>	<b>35</b>	

HQ							
	YTD - February 2018			Full Year to 31/3/18			Commentary on YTD position
	Actual £'000	Forecast £'000	Variance £'000	Original Budget £'000	Current Forecast £'000	Variance £'000	
<b>Income</b>	572	551	21	595	601	6	
<b>Expenditure</b>							
Staff Costs	(747)	(736)	(11)	(764)	(770)	(6)	
Transport Costs	-	-	-	-	-	-	
Property/ Energy Costs	-	(6)	6	(6)	(6)	-	
Other Non staff costs	(137)	(141)	4	(154)	(154)	-	
<b>Total Expenditure</b>	<b>(884)</b>	<b>(883)</b>	<b>(2)</b>	<b>(924)</b>	<b>(930)</b>	<b>-</b>	
<b>Surplus / (Loss)</b>	<b>(312)</b>	<b>(332)</b>	<b>20</b>	<b>(329)</b>	<b>(329)</b>	<b>-</b>	

**SB Cares**  
**Monthly Management Accounts - Balance Sheet**  
**As at 28th February 2018**



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	Consolidated accounts as at 31 March 2017	as at 28 Feb 2018
<b>Non Current Assets</b>	<b>678</b>	<b>773</b>
<b>Current Assets</b>		
Stock	74	74
Debtors	650	1,646
Cash at bank and in hand	2,950	537
<b>Total Current Assets</b>	<b>3,674</b>	<b>2,257</b>
<b>Total Assets</b>	<b>4,352</b>	<b>3,030</b>
<b>Creditors</b>	<b>(4,718)</b>	<b>(2,926)</b>
<b>Total Assets less Current Liabilities</b>	<b>(366)</b>	<b>104</b>
Provision for liabilities - pension	(3,624)	(3,624)
<b>Net Assets/(Liabilities)</b>	<b>(3,990)</b>	<b>(3,520)</b>
<b>Funded by Reserves</b>		
Pension Reserve	(3,624)	(3,624)
Other Reserves	(366)	(341)
Current Year Trading Surplus/(Loss)		445
<b>Total Reserves</b>	<b>(3,990)</b>	<b>(3,520)</b>

**SB Cares**  
**Monthly Management Accounts - Cash Flow Forecast**  
**Actuals to 28th February 2018**



	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	Actual	Actual	Actual	Actual	Actual	Actual	Actual	Forecast
<b>Opening Balance B/F</b>	<b>2,950</b>	<b>839</b>	<b>1,185</b>	<b>1,549</b>	<b>1,191</b>	<b>1,495</b>	<b>1,629</b>	<b>670</b>	<b>800</b>	<b>976</b>	<b>527</b>	<b>537</b>
<b>Income</b>												
SBC Income	-	1,945	1,945	1,945	1,945	1,945	1,945	1,945	1,945	1,945	1,773	2,548
Spot Contract Income	60	69	63	72	53	62	70	51	43	53	53	53
Other Income	21	22	40	45	31	21	30	40	42	60	195	195
<b>Total Income</b>	<b>81</b>	<b>2,036</b>	<b>2,048</b>	<b>2,062</b>	<b>2,029</b>	<b>2,028</b>	<b>2,045</b>	<b>2,036</b>	<b>2,030</b>	<b>2,058</b>	<b>2,021</b>	<b>2,796</b>
<b>Expenditure</b>												
Payroll (including recharges)	(805)	(804)	(805)	(803)	(811)	(850)	(850)	(840)	(839)	(960)	(900)	(850)
PAYE	(257)	(255)	(257)	(255)	(256)	(250)	(300)	(350)	(342)	(340)	(420)	(350)
Pension and other payroll	(217)	(217)	(217)	(217)	(217)	(216)	(250)	(240)	(223)	(223)	(240)	(240)
VAT	(634)	(126)	(126)	(820)	(126)	(126)	(668)	(126)	(126)	(674)	(126)	(126)
Supplier payments	(279)	(288)	(279)	(325)	(297)	(452)	(936)	(350)	(324)	(310)	(325)	(325)
Purchase of fixed assets					(18)							
<b>Total Expenditure</b>	<b>(2,192)</b>	<b>(1,690)</b>	<b>(1,684)</b>	<b>(2,420)</b>	<b>(1,725)</b>	<b>(1,894)</b>	<b>(3,004)</b>	<b>(1,906)</b>	<b>(1,854)</b>	<b>(2,507)</b>	<b>(2,011)</b>	<b>(1,891)</b>
<b>Closing Balance C/F</b>	<b>839</b>	<b>1,185</b>	<b>1,549</b>	<b>1,191</b>	<b>1,495</b>	<b>1,629</b>	<b>670</b>	<b>800</b>	<b>976</b>	<b>527</b>	<b>537</b>	<b>1,442</b>





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## **2017-18 SB Cares Project Delivery**

**Report by the Service Development Manager**

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### **LIMITED LIABILITY PARTNERSHIP MAJOR CONTRACTS GOVERNANCE GROUP**

**12 April 2018**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **The purpose of this report is to provide the Major Contracts Governance Group with an update on the progress of each project within the Transformation Programme**
- 1.2 The Major Contracts Governance Group are requested to discuss the updated transformation programme project report (Appendix 1) and note the next steps and risks described for each project.

#### **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Strategic Governance Group:-**
  - (a) **Discuss the updated project report;**
  - (b) **Note the savings and investment; and**
  - (c) **Notes the next steps and risks described for each project**

### **3 PROJECT UPDATES**

- 3.1 The project report has been updated to reflect actions taken since the last reporting period, and to provide an account of progress to date, next steps and risks.

The following notable developments have taken place since the last update was prepared

3.2 **Alarms Service Delivery Review**

Significant project work underway to deliver safe, high quality service transition to East Lothian on 31 March 18. Project on track and no current risk to planned delivery. Current staffing pressures may result in early transfer of some services, continuity plans in place to manage this. As a result of TUPE, deployment and ERVS applications, we are not currently anticipating any staff will enter into the formal redundancy/ redeployment processes. It should be noted that this situation could still change depending on staff decision making.

3.3 **Homecare Rota and Scheduling**

We continue to supply weekly data to SB Cares Senior Management Team and Trade Unions. All teams now working to new rota. Testing and development of Payroll report is underway. Project team now recognising significant work required to align contract sizes with rota and move to payment for full shift. Further scoping underway to establish an accurate timeline to complete this work.

3.4 **Fleet and Travel Cost Reduction**

Ongoing review of SLA with SBC Fleet Services to move to provision of a complete fleet management service. Preparing procurement pack for additional 10 cars for Home Care.

3.5 **FINANCIAL SAVINGS TARGET**

Appendix 1 details the financial savings targets from projects. The savings targets have been reviewed by managers but no changes have been made since the last report. The schedule also details the agreed investment from SBC and external sources to facilitate the delivery of the savings. Saving targets will be continually reviewed and updated as necessary.

## **4 IMPLICATIONS**

### **4.1 Financial Recommendations**

### **4.2 Risk and Mitigations**

(a)

### **4.3 Equalities**

### **4.4 Acting Sustainably**

### **4.5 Carbon Management**

### **4.6 Rural Proofing**

## **5 CONSULTATION**

5.1 .

### **Author(s)**

<b>Name</b>	<b>Designation and Contact Number</b>
Paul Cathrow	Service Development Manager

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## **CARE INSPECTION REPORT**

**Report by the Operations Director**

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### **LIMITED LIABILITY PARTNERSHIP MAJOR CONTRACTS GOVERNANCE GROUP**

**12 April 2018**

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#### **1 PURPOSE AND SUMMARY**

- 1.1 **To update the Major Contracts Governance Group on Care Inspections of SB Cares Services.**
- 1.2 Since last reporting to the Major Contracts Governance Group 5 different services have been inspected these are; Waverley Care Home, Grove House Care Home, Saltgreen's Care Home and Home Care West, Home Care East has just recently been inspected. Further details are contained in this report and in Appendix 1 for Waverley Care Home and St Ronan's Care Home.

#### **2 RECOMMENDATIONS**

- 2.1 **It is recommended that the Strategic Governance Group:-**
  - a) Note the Waverley Care Home report with improved grades
  - b) Note the St Ronans Care Home report with improved grades
  - c) Note the Grove House Care Home report with improved grades
  - d) Note the Saltgreens Care Home report containing improved Inspection grades
  - e) Note the report for the Home Care West service
  - f) Note the Home Care East service has been recently inspected

### 3 Inspections

- 3.1 Waverley Care Home was inspected in October 2017. The gradings for the quality themes have been assessed as; Quality of Care and Support 5, Quality of Staffing 5, Quality of Environment 5 and, Quality of Management and Leadership 4. This is an improvement in two Quality Themes; Care and Support and the Environment. This is very pleasing and a positive return on the investment made within the building, as well as a reflection of the level of commitment from the staff and managers to increase the quality of care and support being provided to people using the service in Waverley. See Appendix 1
- 3.2 St Ronans Care Home was inspected in Nov 2017. Two Quality Themes were assessed during this inspection; Quality of Care and Support and, Quality of Staffing both of which were graded a 5, this shows an improvement in Quality of Staffing from a 4 when this quality theme was last inspected in 2015.
- 3.3 Grove House Care Home was inspected in Oct 2017 and the grades were as follows; Quality of Care and Support 5, Quality of Staffing 5, Quality of Environment 4 and, Quality of Management and Leadership 4. This shows an improvement across all quality themes since the previous inspection, which is a direct result of the positive affect the Acting Manager has had on the service and the commitment of the whole staff team to provide a quality service to the residents.
- 3.4 The inspection of Saltgreens Care Home was completed on the 25th January 2018 and we are now in receipt of the final report. There has been an improvement in the grade for the Quality Theme of Care and Support from grade 4, Good, to grade 5, Very Good. The other grades have been maintained at Quality of Staffing, grade 4, Quality of Management and Leadership grade 4 and Quality of Environment grade 3. See appendix 1. It is pleasing that there is again an improvement in the grade given by the Care Inspectorate and is a reflection of the continued commitment of the management and staff teams. There were improvements in areas of the other Quality Themes too and with some additional improvements the coming months we have confidence that other grades can also improve at the next inspection.
- 3.5 The Home Care West service was also recently inspected, and the final report has been received. The grades for the 3 Quality Themes assessed Quality of Care and Support, Quality of Staffing and Quality of Management and Leadership are all Grade 3. Although these are not the grades we are aiming for, as it shows a reduction in the quality of Care and Support grade, the challenges faced by our Home Care service was acknowledged by the Inspectors and they were able to give positive and constructive feedback in a number of areas. The feedback was also very positive about improvements in some of the areas highlighted at the last inspection, such as the improved recruitment processes and the new Induction and training programme now in place. Unfortunately the report has been written in a way that focuses on the areas for improvement rather than the good care that is being provided and this has recently been subject to negative press locally.

- 3.6 The East Home Care area has also recently been inspected and the draft report has been received, however we are not satisfied that the report is a true reflection of the verbal feedback given by the Inspectors during their feedback session, therefore I am challenging the report content.

**Author(s)**

Name	Designation and Contact Number
Lynne Crombie	Operations Director

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Final Waverley Care Home Inspected 24 <sup>th</sup> Oct 2017			
Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		5	4
How well the service meets the needs of each person who uses it	<p><i>Requirements - 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>What People Told Us</u></b>  <i>I cannot speak highly enough about the staff. They keep me informed of my mother's general health.</i></p> <p><i>The staff are very attentive. We are more than happy with the care provided.</i></p> <p><i>Staff are first class.</i></p> <p><b><u>What The Service Does Well</u></b>            People who received care told us how generally satisfied they were with all aspects of the care home. People expressed high levels of satisfaction when describing the way care staff supported them. We spoke to a number of relatives all of whom expressed confidence in the care provided.....This was consistent with what we saw during the inspection.</p> <p>The transitional care unit which had been operational for around 9 months at time of the inspection has been successful in helping several individuals to return home following hospital stays. Health and social care professionals either based in the service or visiting it expressed confidence in the care provided. The care home was building links with a local nursery and people enjoyed visits by the children.</p> <p><b><u>What The Service Could Do Better</u></b>            The previous inspection report identified areas where recording needed to improve including oral care and topical medication recording. Over all consistency of recording had improved however we continued to find some gaps. We also questioned the quality of recording for people whose food and fluid intake was being monitored. We concluded this was about the need to further improve recording rather than indicating poor care. (See Requirement 1)</p> <p><i>Requirement</i></p> <ol style="list-style-type: none"> <li>1. The service provider must ensure that all records relating to the provision of personal care are consistently maintained.</li> </ol> <p>Timescale for implementation. Within 24hours from the receipt of this report.</p>		

<p><b>Quality of Environment</b></p> <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><i>Requirements – 0</i></p> <p><i>Recommendations - 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The safety concerns from the previous inspection had been resolved. The refurbishment to the care home is now completed with some ‘snagging’ work being undertaken. The refurbishment has resulted in significantly improved facilities for people living at the care home and people using the Transitional Care facility to prepare to move home. People also commented on what they described as a ‘calm’ ‘pleasant’ and ‘relaxed’ atmosphere in the care home. The Care Home was clean tidy and well maintained. The provision of a secure outdoor patio/garden area had been discussed however this work had not been undertaken. The provision of a secure outdoor area would further improve the physical environment.</p>	<p><b>5</b></p>	<p><b>3</b></p>
<p><b>Quality of Staffing</b></p> <p>The quality of the staff, including their qualifications and training</p>	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We spoke to several care staff during the inspection. Staff impressed as being motivated and committed to the care of people living and moving through the care home. The pleasant atmosphere described in the previous section owes much to the work of the staff. Staff described positive support from colleagues and people described working together to solve problems and provide positive care. Senior staff confirmed care staff were good at alerting them to any problems and seeking advice and support appropriately.</p> <p>The previous inspection report referred to additional training needs identified for people working in transitional care. This training is now being delivered and both the people providing the training and the individuals receiving it commented positively on its impact.</p>	<p><b>5</b></p>	<p><b>5</b></p>

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Quality of Management & Leadership		4	4
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 3</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>Staff consistently described the positive day to day support they received from their manager and senior staff who were described as approachable, responsive and supportive.</p> <p>Senior staff described the pressures on their time due to the implementation and growth of the Transitional Care facility. This relates to the number of people passing through the service (a mark of its success) the time taken to ensure admission procedures are correctly completed and the volume of telephone calls and enquiries about people using the Transitional Care Facility. (See recommendation 1)</p> <p>Gaps in supervision could be accounted for by changes of supervisors, however auditing this was overly complicated, and the manager should have an easier overview of the quality of supervision. This was discussed with the manager during the inspection.</p> <p>Training records had improved following the implementation of a requirement made at the last inspection.</p> <p>A recommendation about the need to evaluate the impact of eLearning on an individual and their care practice was made following the previous inspection. The action plan indicated this would be achieved through supervision however we only found one brief reference to evaluation in all the supervision records sampled. (See recommendation 2)</p> <p>A complaints log was being maintained, however it was not always clear how individual complaints were being resolved and in particular how the individual raising the concerns was informed of the outcome of any investigation. (See recommendation 3)</p> <p>On a Sunday during the period of inspection a member of staff was removed from the care home to cover for care at home in the community. This resulted in the care home falling below its staffing schedule, albeit it was not fully occupied at the time. A number of staff expressed their dissatisfaction at this, feeling this type of incident could have a negative effect the quality of care provided in the service.</p>		

	<p><i>Recommendations</i></p> <p><i>1 The changing pressures on senior staff in the care home should be quantified to ensure there is sufficient senior time to meet the needs of both Transitional Care and long stay residents.</i></p> <p><i>2 The services 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.</i></p> <p><i>3 The recording of complaints made to the care home should be improved to include the result of any complaint investigation and how this was communicated with the individual making the complaint. Complaints records should include the full names of staff involved in the complaints process.</i></p>		
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**Final-St Ronans Care Home**  
6<sup>th</sup> Nov 2017

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		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><b><u>What People Told Us</u></b></p> <p><i>Residents and relatives/cares we met during the inspection continue to be very complimentary about all aspects of the service. They also told us that the environment was clean and comfortable and the staff were very considerate and happy to help.</i></p> <p><i>We spoke to the GP who felt the staff team delivered 'high quality care and were always happy to take on board new suggestions in how to manage different situations'. The District Nurse commented on the service being 'very person centered'.</i></p> <p><i>'I strongly agree St Ronans have a high standard of cleanliness and I feel safe'</i></p> <p><i>'Very Good. Most staff are nice'</i></p> <p><i>It's very good living here'</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The service continues to demonstrate a good outcome focus in regards to support plans. Two relatives told us that the staff had been very 'inclusive' in supporting their relative especially in regards to the transition from home to St Ronans, which was a very difficult time. The senior team have participated in the 'Managing Falls and Fractures in Care Homes for Older People' programme supported by the Care Inspectorate and NHS Scotland. This has enabled staff to look at why residents fell and worked proactively to reduce the risk of this happening with the goal of reducing the frequency of falls within the care home environment. The staff team now do regular checks on walking aids and footwear to identify any hazards that could cause the resident to fall, which gives good outcomes for all the residents..</p> <p>Since the last inspection the service has moved from having meals provided by the local school to Apetito meals. This has enabled staff to support residents with more specialised diets but the opportunity to offer choice has been reduced. We would advise the service to</p>		

	look at different ways in which they could promote fresh produce into the residents diets by offering fruit platters or salad bowls 3 or 4 times a week to encourage choice and further variety to their diet.		
<b>Quality of Environment</b>		<b>Not Inspected</b>	<b>5</b>
<b>Quality of Staffing</b>		<b>5</b>	<b>4</b>
The quality of the staff, including their qualifications and training	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The staff team had engaged in 'MY Home Life' which is a UK wide initiative that promotes quality of life and delivers changes n care homes for older people. It's action focused and supports staff to work creatively and collaboratively to reflect and take forward quality improvements. The management team have used this is supervision to support staff members to identify training needs and promote good practice which impacts the residents they support.</p>		
<b>Quality of Management &amp; Leadership</b>		<b>Not inspected</b>	<b>5</b>

**FINAL Saltgreens Care Home  
Inspected 24<sup>th</sup> Oct 2017**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		5	4
How well the service meets the needs of each person who uses it	<p><i>Requirements - 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>What People Told Us</u></b></p> <p><i>"The people who work here are all very nice."</i></p> <p><i>"I'm very happy here, we have some lovely chats."</i></p> <p><i>"People ask me what I want."</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>A key strength of this service is the work of the staff to create a positive, relaxed and caring atmosphere in the care home.</p> <p>We saw evidence of activities and entertainments provided for the benefit of people receiving care. The care home had developed links with a local children's nursery and children visited the care home regularly.</p> <p>We found examples of the care home working collaboratively with other agencies. In one instance a person receiving care had been supported to move into their own tenancy in a sheltered housing complex.</p> <p>The care home had moved to a system of frozen meals. While we received mixed comments on the quality of these meals, it should be noted the majority of comments were positive. Staff were still finding their way with the process.</p> <p>We found a lack of consistency in some areas of recording. We found no evidence that this indicated tasks were being routinely neglected and we concluded our findings indicated poor recording rather than poor care.</p>		

	<p><i>Requirement:</i></p> <p><i>1 The service provider must ensure that all records are maintained to ensure care is safe and the health and well-being needs of people are being met are accurately and consistently maintained.</i></p> <p><i>This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.</i></p> <p><i>Timescale for implementation: within 24 hours of the receipt of this report.</i></p>		
<b>Quality of Environment</b>		<b>3</b>	<b>4</b>
<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 – 3</p> <p>Recommendations - 0</p> <p>(Some) Findings from the Inspection</p> <p>We saw the positive results of investment in the physical environment. New seating had been provided in the lounge and veranda areas. This has significantly improved the appearance of these areas. Redecoration was in progress to repair scrape and impact damage and improve the look of communal areas.</p> <p>Table settings had been improved to enhance the dining experience. We saw evidence of work carried out by staff to improve the appearance of areas and create a homely feel to communal areas.</p> <p>Some of our visits took place during periods of very cold weather with outside temperatures at or below freezing. The homes heating system was struggling in some areas to maintain a comfortable ambient temperature. Some residents, relatives and staff told us they were occasions during periods of cold weather when some areas could feel less than comfortable.</p> <p>This problem with heating had been identified by the service and some actions had been taken to respond. The care home was heated by hot water supplied to radiators from a central gas fired boiler.</p> <p>Bedrooms on the extremities of the circulation system had been identified as at particular risk and a programme to provide larger radiators in these areas was underway and was expected</p>		



to be finished within days of the completion of the inspection. We identified the need for improved recording of temperatures to identify areas of particular risk. Temperatures throughout the building need to be monitored.  
(See requirement 1)

Problems relating to the kitchen areas in the individual flats outlined in previous reports including worn and chipped worktops and exposed areas of chipboard continued. These continued to pose an infection control risk. The requirement made at the previous inspection is repeated.  
(See requirement 2)

The majority of testing and servicing records were well maintained however fixed electrical installations had been due to be checked in 2016 and this inspection had not been carried out. We were informed it had been arranged as a matter of priority.  
(See requirement 3)

*1. The service provider must ensure that air temperatures in the care home are monitored to ensure that comfortable temperatures are maintained in all living areas. Where problems are identified appropriate and effective remedial action must be taken.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (c) Fitness of premises - a requirement that a provider must ensure premises are fit to be used for the provision of a care service.*

*Timescale for implementation: within one week of the receipt of this report.*

*2. 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.*

*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.*

*Timescale for implementation: Within four weeks from the receipt of this report.*

*3. The service provider must ensure that all safety and maintenance checks are carried out within safe specified timescales.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland*

	<p><i>(Requirements for Care Services) Regulations 2011/210 Regulation 10 (2) (c) Fitness of premises - a requirement that a provider must ensure premises are fit to be used for the provision of a care service.</i></p> <p><i>Timescale for implementation: within 24 hours of the receipt of this report.</i></p>		
<b>Quality of Staffing</b>		<b>4</b>	<b>4</b>
The quality of the staff, including their qualifications and training	<p><i>Requirements – 0</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The staff we spoke with were motivated and committed to meeting the needs of the people in their care.</p> <p>Staff supervision was being recorded and the consistency of supervision had improved. We found an improved level of detail in the supervision records we looked at.</p> <p>The current staffing schedule specifies the need for three waking night staff. The group living design of the care home means long travel distances between bedrooms on different floors of the care home. While acknowledging that workloads could fluctuate from night to night depending on the condition of people requiring care, staff told us that the workload could be high.</p> <p>Other factors which placed pressures on night staffing levels were people who found it difficult to settle at night and who could explore their environment.</p> <p>This was discussed as part of the inspection feedback. The manager confirmed that night staffing levels were being monitored.</p>		
<b>Quality of Management &amp; Leadership</b>		<b>4</b>	<b>4</b>
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 – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>Staff described the manager and the senior team as approachable and responsive. This was described as having a positive impact on moral in the staff team.</p>		

	<p>We saw good communication was being promoted by regular "Flash meetings." These provided a regular forum for discussion between managers and staff. We also saw evidence that the senior staff team were meeting regularly. We saw these meetings were being used to plan staff deployment in different areas of the care home.</p> <p>We found evidence of managers being proactive in following up on audits, including infection control issues identified through audits of the environment. Reviews were also being audited. Accident and incidents reports were being maintained up to date and notifications were being made to the Care Inspectorate where appropriate.</p> <p>We did note a failure on managers to identify the poor recording discussed earlier in the report. More regular and effective auditing of recording would have identified these problems at an earlier stage.</p>		
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**DRAFT Home Care West Including Dovecot  
Inspected 15<sup>th</sup> February 2018**

Quality Theme	Requirements/ Recommendations	Grades	Previous Grades
<b>Quality of Care &amp; Support</b>		3	4
How well the service meets the needs of each person who uses it	<p><i>Requirements - 3</i></p> <p><i>Recommendations – 1</i></p> <p><b><u>What People Told Us</u></b></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>The way staff worked with people was a key strength of this service. We found carers to be kind in their approach and respectful of the people they were caring for. Staff used humour appropriately and worked in a way which encouraged choice and independence</p> <p>Care staff were good at explaining what they were doing and making sure people were involved. What we saw was consistent with what people who returned our questionnaires told us.</p> <p>These are a selection of comments we received about how staff do their job.</p> <p><i>"They (the carers) respect me and I respect them"</i>  <i>"Staff are always of a good standard, I have no complaints what so ever."</i>  <i>"The carers are completely competent and polite."</i>  <i>"Very satisfied with the quality of my carers."</i>  <i>"The carers who come to visit my mother are very kind."</i>  <i>"The individual carers are all kind considerate careful and do a first class job."</i>  <i>"Carers are very kind."</i></p> <p>Overall the level of detail in personal plans was mixed</p> <p>We found examples of notes attached to personal plans giving important information on care which were not signed or dated. It was not clear why this information had not been included in the personal plan. There was a danger this information, important to the care of the individual, could be lost.</p> <p>Staff told us.  <i>"Some personal plans need to be looked at because people's needs have changed"</i></p>		

*"Not always enough information in the personal plans"*  
(See requirement 1)

Personal plans in Dovecot contained a higher level of detail. These were useful working documents.

We looked at consistency of staffing, the number of different staff visiting individuals over the months of October 2017 and January 2018. We found examples of over 20 different people visiting individuals in the Galashiels area over a month. Figures for Selkirk were better with more evidence of people being supported by smaller staff teams. The picture in Pebbles was mixed but again included people supported by up to 20 individuals in a month.

People told us:

*"The continuity of carers is not always maintained which leads to new carers unfamiliar with procedures being sent in place of the usual ones."* (See requirement 2)

We found some unaccounted for gaps in medication recording in homes visited. We also found examples of incorrectly completed medication administration records.

Missed visits were being correctly logged. The majority were due to carers not correctly reading their rotas.

People told us that visit times could be erratic.

People told us visit times could often move around. People told us this could lead to anxiety.

One respondent told us

*"The time on the rota list sent to the person's home each week is often changed without our knowledge, this can lead to much longer waiting times before a carer arrives causing delays especially on shower days."*

People told us they were not routinely contacted if a carer was running late. People understood the pressures a service could be under however they had important reasons for wanting to change the times of their or their relatives' visits. (See requirement 3)

People recognised it was not always possible to provide care at the exact time they would prefer however it would be helpful if the service could record preferred times when rotas are changed and opportunities to provide care nearer to the preferred times arise.  
(See recommendation 1)

**Requirements:**

1. *The service provider must ensure that the level of detail in personal plans is sufficient to ensure all staff have the information required to fully meet the care needs of the individuals they are caring for. Changes to personal plans must be made in a systematic manner by a person authorised to carry out this task. Any handwritten changes must be signed and dated.*

*This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.*

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

2. *The service provider must ensure that staffing must be organised and scheduled in a way which ensures all service users are receiving consistent support from people with whom they have time to form a working relationship with.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.*

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

3. *The service provider must ensure that visit rotas are planned to ensure care is provided at times which meet the care needs of individuals and the timings of visits are maintained consistently to meet these needs.*

*This is in order to comply with The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011/210 Regulation 4 Welfare of users - a requirement that a provider must make proper provision for the health, welfare and safety of service users.*

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

**Recommendations:**

1. *The service should record the preferred visit times of all individuals using the service and steps should be taken to adhere as closely as possible to these times.*

*National Care Standards. Care at home. Section 3. Your personal plan.*

Quality of Staffing		3	3
<p>The quality of the staff, including their qualifications and training</p>	<p><i>Requirements – 1</i></p> <p><i>Recommendations – 4</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We found overall improvement in training records and made suggestions at feedback for further improvements including ensuring all training is recorded on the spreadsheets.</p> <p>Records indicated that not all staff have up to date training in line with the services policy on the required frequency for refresher training. This included moving and handling, medication and adult support and protection. A requirement made at the previous inspection is repeated. (See requirement 1)</p> <p>The service has introduced an induction programme for newly recruited staff. Five day long induction courses had been running since October 2017. We found evidence of good practical induction processes including presentations on a number of pertinent topics including falls, continence care and personal safety. Recruitment was being timed to ensure a group of newly recruited staff could be inducted at the same time. Induction included eLearning. We have made suggestions for the improvements to the newly introduced induction programme. Some individuals we taking several weeks to complete eLearning. We found people working at Dovecot Court were completing this learning more quickly. (See recommendation 1)</p> <p>A new staff supervision policy was in place. We found that supervisions were taking place particularly where performance issues with individual staff had been identified or staff absences were being monitored. However overall supervision was not being provided in line with the services own policy. (See recommendation 2)</p> <p>We also found care staff meetings had been held in all areas however these had also reduced in frequency. We saw variations between areas. Well minuted meetings were held on a more regular basis in Dovecot court.</p> <p>Recommendations about the need to provide dementia training and evaluate eLearning are repeated from the previous inspection. (See recommendations 3 and 4)</p> <p><i>Requirements –</i></p> <p>1. <i>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.</i></p>		

	<p><i>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.</i></p> <p><i>Timescale for implementation: six weeks from the receipt of this report.</i></p> <p><b>Recommendations</b></p> <ol style="list-style-type: none"> <li><i>1. To ensure new workers are confident and competent to undertake their role the provider should further develop the induction process. This should include (but not restricted to) the following:-</i> <ol style="list-style-type: none"> <li><i>a) set time period for the induction process;</i></li> <li><i>b) track and monitor the completion of e-learning topics;</i></li> <li><i>c) complete competency assessments and spot checks and undertake one to one supervisions at key stages of the induction process.</i></li> </ol> <p><i>National Care Standards. Care at Home - Standard 4: Management and staffing.</i></p> </li> <li><i>2. All staff should have access to regular one to one supervision as laid out in the services policy guidelines. National Care Standards. Care at home. Standard 4 Management and staffing.</i></li> <li><i>3. 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.</i> <p><i>National Care Standards. Care at home. Standard 4 Management and staffing.</i></p> </li> <li><i>4. 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.</i> <p><i>National Care Standards. Care at home. Standard 4. Management and staffing arrangements.</i></p> </li> </ol>		
<p><b>Quality of Management &amp; Leadership</b></p>		3	3
<p>How the service is managed and how it develops to meet the needs of the people who use it</p>	<p><i>Requirements – 1</i></p> <p><i>Recommendations – 0</i></p> <p><b><u>(Some) Findings from the Inspection</u></b></p> <p>We looked at Quality Assurance. We spoke with three of the four Assistant Home Care</p>		



Managers currently working in the service. At the time of inspection one Assistant Home Care Manager post was vacant. These front line managers were committed to the service however they were also clear about the pressures on the service at the time of the inspection and the pressures placed on their time. Staffing shortages meant staff were regularly undertaking additional visits to fill gaps in rotas.

Additional pressure had been placed on the service by a high incidence of staff sickness in one area. Assistant Home Care Managers described the vast majority of their time being taken up ensuring that rotas were being covered on a daily basis. Front line managers were working to ensure that care was being provided. They told us time for Quality Assurance and supporting staff was limited.

The lack of time for Quality Assurance affects all areas of work We did see some evidence of checks being carried out including checks on medication administration records however these were not being carried out with any degree of consistency

Audits had been designed for the service however overall they were not being used. We found several reviews were overdue and in some areas reviews had not been undertaken in 2017. (See requirement 1)

We were informed that the management structure was being looked at to create more time specific to Quality Assurance this included the introduction of senior carers who would have responsibility for a number of monitoring roles. We found more effective Quality Assurance in one area. We did see consistent use of Quality Assurance audits at Dovecot Court in Peebles. Work to monitor staff practice and support staff was being carried out regularly within Dovecot. Here front line managers had the time to implement the systems which had been introduced by the service to monitor quality.

#### *Requirements*

1. *The service provider must ensure that effective Quality Assurance methods are in place. This must include:  
Ensuring people who use the service have access to reviews six monthly or more frequently if individual circumstances require this.  
Ensuring systems are put in place to routinely monitor staff care practice.  
Ensuring systems are in place to audit records returned to the services office.*
2. *This is to comply with The Social Care and Social Work Improvement Scotland (Requirement for care services) Regulation 2011/210 Regulation 4 (1) (a)(b) - Welfare of users, and should also take account of the National Care Standards, Care at home, Standard 4.*

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



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