



10th YEAR EDITION

SOCIAL ACCOUNTS

JUNE 2016-JUNE 2017

Highland Home Carers

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The following is a statement to explain that permission has been given for use of photographs and names used throughout the documents entirety, this has been given either through a signed confidentiality form (see appendix 10) or through verbal agreement with witness from the Social Accounting team. It was also clearly stated that produced documents would be widely available both internally and externally through printed media and online to wide audiences.

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SECTION 1

INTRODUCTION

Social Accounting allows a company to understand their impact on people, the planet and the way resources are used. Social Accounting and audit is about assessing the social value generated by the organisation (SAN,2011). It is flexible and allows organisations to account for performance and impact, be accountable to stakeholders throughout the process and draw up action plans to facilitate improvements.

This is the tenth set of Social Accounts Highland Home Carers has produced, offering new research opportunities each year. After many successes Highland Home Carers acknowledges Social Accounting to be a valuable method of unified company analysis. It also enables review of impact on main stakeholders, feedback on performances, areas requiring improvement and assistance to improve practice for the benefit of Individuals and Partners.

The Social Accounts team for the period June 2016-June 2017 consists of Tanya Coffey (Social Accounts Co-ordinator) and Ralf Ross (Social Accounts Team Member). Approved Social Accounts 2015/2016 and Audit Summary can be seen on the website www.highland-home-carers.co.uk the printed Audit Summary version can be provided on request from the office, as well as full versions available to read on request from the office.

SECTION 2: BACKGROUND INFORMATION, KEY DEVELOPMENTS AND ACHIEVEMENTS **(Highland Home Carers Services, Individual Achievements).**

BACKGROUND INFORMATION

History and structure

Highland Home Carers was founded in 1994 by Chairperson and Non-Executive Director, Nick Boyle, it became a limited company in April 2001, by 2004 it then became an employee owned company. After an initial office in Lotland Street, it established itself on the first floor of the current premises in Stadium Road, Inverness in 2006. A satellite office was established in Invergordon in 2013 and Highland Home Carers transformed the former showroom/warehouse on the ground floor of 3 Stadium Road into an operational hub in early 2015. During 2016-2017 improvements were made to these premises to facilitate more Partners due to increased company size. At this time the training department received larger work space due to need.

Further Background

Nick recruited Stephen Pennington to gradually assume many of his responsibilities, as he took over in this role, it contributed to Highland Home Carers becoming a more professional all round organisation. Stephen initially commenced as General Manager then assumed the role of Managing Director. Esther Harding became Director of Operations in 2009. Esther's story can be seen on page 9.

Ownership Background

Early in 2004 Nick decided that the best way forward for the employees and for the company was to become employee owned. In July 2004, a deal was concluded to borrow the finance and purchase the company from Nick, thereby transferring the ownership of the company into the hands of the employees (now referred to as Partners). A Board was established to oversee the business and this now comprises the Managing Director, the Director of Operations, 3 elected Employee Directors and 2 Non-Executive Directors. The structure of the Board is currently under review. The Board is responsible for setting the policy and strategic direction of the company, as well as ensuring that its financial basis is strong.

An Employee Benefit Trust is also established within Highland Home Carers. The Employee Benefit Trust was established to hold the majority of shares on behalf of the employees of Highland Home Carers. The trustees of the Employee Benefit Trust are charged with ensuring that the company's Board run the company commercially successfully with a Partnership culture. As the major shareholder in Highland Home Carers, the Trustees of the Employee Benefit Trust waive their rights to any dividend payable each year and this cash is instead paid out as a bonus to Partners. Partners can also benefit from the company's Share Incentive Plan that distributes shares annually to all eligible Partners.

Individual (Service User) Background

The initial need for Highland Home Carers Care Services arose when it was seen that the Highland Council were the only option for the provision of Care Services and there was no other choice available to Individuals (Service Users). Nick Boyle saw this as an opportunity to provide a more attentive and client oriented service. Highland Home Carers began with only limited numbers of Individuals (Service Users) where we were used as relief or if the council could not offer a suitable service, over time this has built up to the current number of Individuals (Service Users) using Highland Home Carers services today. It has from a very small initially Inverness based service been built up to include a range of services and in many more places within Highland region as mentioned below.

Geographical Context

- Inverness
- Ullapool
- Wester Ross
- Invergordon
- Tain
- Alness
- Evanton
- Dingwall
- Muir of Ord
- Conon Bridge
- Maryburgh
- Beaully
- Kirkhill
- Kiltarlity
- North Kessock
- Avoch
- Fortrose
- Nairn
- Aviemore
- Foyers
- Culbokie
- Moy
- Tomatin
- Carrbridge

Policy Background

The company has undergone many changes over the past 10 years. Recently there have been many legislative changes as well as changes in the company growth. This has led the Social Accounts Team and Management to notice that the Mission, Values and Objectives may need future revision as they do not accurately reflect what is needed from Highland Home Carers, Partners and Individuals (Service Users) in the present climate of Care Services.

Some of the big changes in policy that have affected Highland Home Carers in recent periods have been the introduction of:

- **Mandatory registration under SSSC of all supervisors and within this period the SSSC requirement of all care Partners working in the sector to have or be working towards SVQ qualifications with all needing to be included on the SSSC register by the end of 2020 or within 6 months of starting as new Partners.**

It is helpful that the Human Resources team are helping out. Registration of Supervisors and Care Partners is important in raising standards. The cost of the SVQs make it difficult for organisations. This process is still in early days and it is unsure how long this will take. There are systems issues also related to this.

- **The NHS quarterly contract meetings which must be complied with as this is part of the condition of Highland Home Carers being given so much of their contracts from the NHS Social Work Services level. This is intended to improve quality of services delivered. This also ties into need to comply with the Community Care (Delayed Discharges etc) Act 2003.**

This could be more efficiently organised and it would be better if information could be provided in advance.

- **The compliance with National Living Wage which was set by The Scottish Government to ensure all Partners get paid this as minimum.**

Highland Home Carers are truly supportive and NHS have provided Highland Home Carers with the money to allow for this.

- **Employees must be PVG checked by Disclosure Scotland in line with Protection of Vulnerable Groups (Scotland) Act 2007 legislation.**

PVG check is for the reassurance of the public, it is important that every person who is tasked with caring for or supporting vulnerable persons is rigorously checked.

- **Care and Support Providers must comply with requirements laid down by the Scottish Commission for the Regulation of Care. Highland Home Carers are annually inspected, the inspection document is public and made available to all Service Users and on our website. Partners are provided with SSSC Codes of Conduct with which they must comply - under the Regulation of Care (Scotland) Act 2001.**

Highland Home Carers believes strongly in the need for organisations which work with and for vulnerable people to be independently inspected and monitored. Our only criticism is that on occasions a single perspective can try to dictate global changes.

- **Highland Home Carers must also comply with Social Care (Self-Directed Support) (Scotland) Act 2013. This entails the need for Highland Home Carers to create better services with more choice for the people using them in line with set frameworks/options as guidance.**

Highland Home Carers is fully committed to supporting people to access all the four options under the S.D.S act and have been particularly keen to champion Option 2 within Highland.

Introduction of Self-Directed Support (SDS)

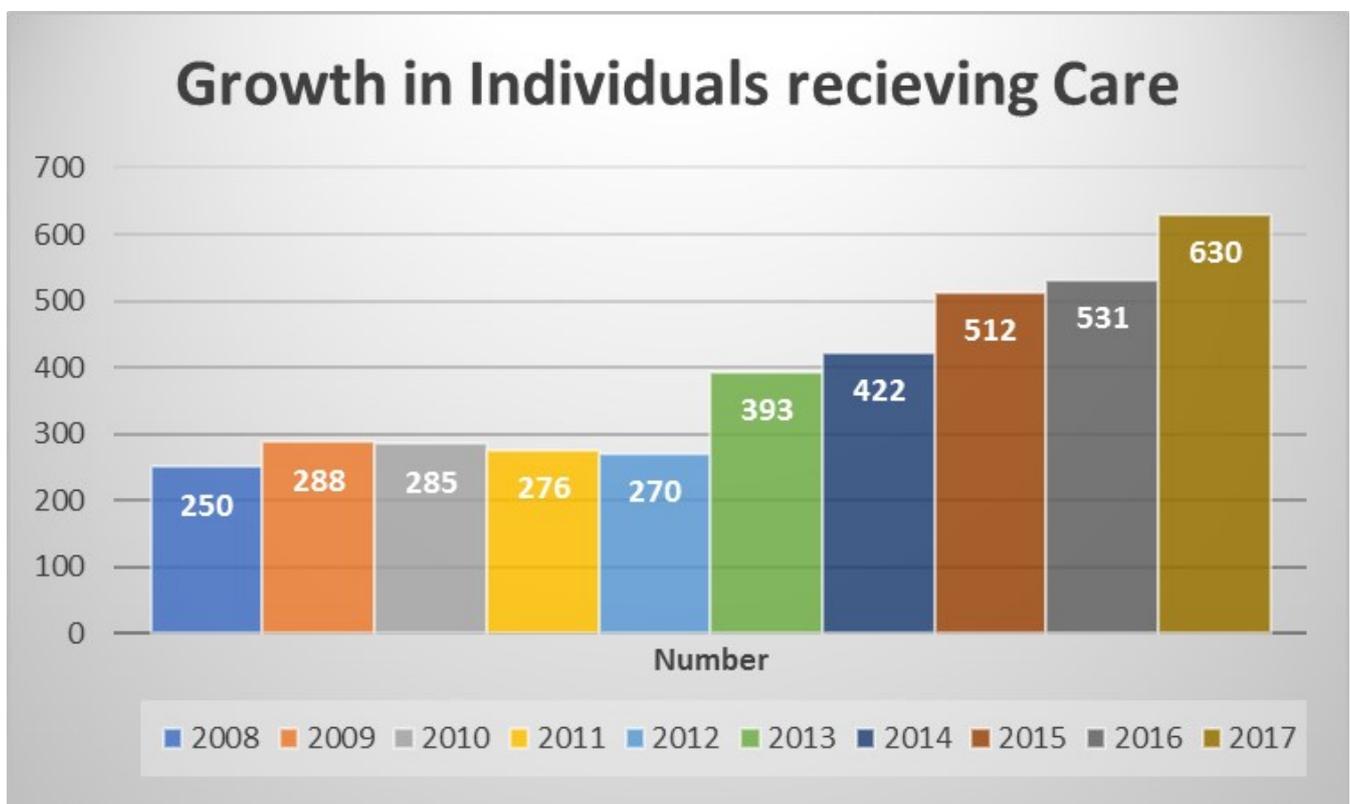
This has implications to all services offered. After the introduction of Social Care (Self-Directed Support) (Scotland) Act 2013 everyone who is eligible for care or support has the right to be offered four ways of receiving that support:

1. Option 1: Direct Payment– this is a cash payment to let you buy all your support yourself. This gives the greatest level of control and choice over given support. However, it does also involve the responsibility of being an employer though help is available with this.
2. Option 2: Individual Service Fund– this is where people choose their own support services but NHS Highland or a provider of choice manages the money. This option supports those who want greater choice but does not hold all responsibilities as the Direct Payment does.
3. Option 3: Traditional Services– NHS Highland arranges support on Individual's (Service Users) behalf to provide what they need. This can support those who do not want to choose their own support and are happy with everything being organised for them by NHS Highland.
4. Option 4: A mixture of 1, 2 and 3 - This is suitable for those who want to choose some of their support but also have some of it arranged for them.

Highland Home Carers has led the way in enabling people to use Individual Service Funds (Option 2) to receive their care and we believe this will become increasingly important. The implications for Highland Home Carers Partners is that we will have to design our services more around the Individuals' wishes and needs and less around what suits our organisation.

Stephen Pennington believes (along with many others in Highland Home Carers) that this is a good thing and a positive step into the future. This also fits better with Highland Home Carers Mission, Values and Objectives and ties into the Mission Statement of delivering high quality, flexible care and support which promotes independence. It can also lead to Partners being encouraged to take more responsibility for meeting the persons' needs and be better rewarded.

The Self-Directed Support legislation and work has also led to Highland Home Carers not only being able to reach a wider area with the Individuals (Service Users) we provide services for but also being able to deliver care to more Individuals than in previous years which can be seen below:



ESTHER HARDING BACKGROUND

I am originally from Mallaig, a small fishing village on the West coast of Scotland. I began my working life when I was 12 making kipper boxes in a fish factory. I also worked shucking clams during the summer holidays to make my pocket money. When I left school, I trained as a chef, working in Dornie in the West coast before moving back home to Mallaig. I moved from Mallaig to Inverness in 1997 with my husband, and worked as a cook in the Highland Hospice whilst my children were young. I decided to pursue a career in nursing and embarked on an access to nursing course at the University of Highlands and Islands. During this time, I worked part-time as a learning disability nursing assistant at New Craig's Hospital for a number of years whilst completing a nursing degree through the University of Stirling, before joining Highland Home Carers in 2007.

Today I have come a long way from working in the kitchens, I am currently the Operations Director and Registered Manager of Highland Home Carers. I began my career with Highland Home Carers in July 2007. Initially, I was employed as a care/support worker, before being contracted for 8 hours a week as a Care Assessor completing Individual reviews and practical supervisions in the field of Care at Home with Partners. I was nominated and elected onto the Board as an Employee Director in 2008 where I sat for 3 years. During this time I was seconded to Lomond Gardens as Service Manager before being successful in my application for the post of Operations Manager. When my 3 years were up on the Board I was asked by them to become an Executive Director.

I love my job; two days are never the same. I very rarely get to visit people who are in receipt of our service, but when I do it just brings back what an important job we do, the best part of working with Highland Home Carers is when we are told by our Service Users how much they value what we bring to their lives. It is extremely rewarding to know that we are making such a difference to people's lives by enabling them to stay at home.

I strongly believe Highland Home Carers is a great company, not only for the service we provide, but for the freedom and voice we strive to give our staff as employee owners to have a fair say in how to develop and improve our company. I really enjoy the challenge of keeping both the Service Users and Employees happy, which is not always easy and can be challenging at times. I believe the key to having happy Service Users is having happy staff. The Employee Ownership model is what really makes the company special and motivates the staff.

I hope to remain with Highland Home Carers in the future and look forward to seeing them continue to prosper. It's a really great company to work with and I couldn't wish for a better job.



Our Commitment to Employee Ownership

Highland Home Carers is totally committed to the concept of Employee Ownership in the care sector for many reasons and will continue to aim its development to the following principles:

- **Quality of care is only as good as the quality and commitment of the people providing it. We believe when Partners are more engaged in the business they are invested in what they do.** To gather engagement Highland Home Carers regularly aim to involve Partners and gather their views (largely via the Social Accounting process).
- **Those who work hard benefit and determine the future of the Employee owned company via higher dedication and commitment knowing they will be rewarded for their efforts.** This can come from promotional aspects as well as financial reward via bonus payments.
- **Employee Ownership has prevented a larger company taking over the business, which has better prevented care delivery issues and enabled transformation of services to more innovative and high quality approaches.** There have been care companies in the area with struggles, Employee Ownership means because Partners own the company it can't be bought over in the same manner as traditional companies and employees are more likely to work together to find ways to prevent this from happening as they feel the company belongs to them.
- **We hold the view that employee ownership can improve staff recruitment and retention rates in a sector that can struggle.** This is because as well as holding shares, Partners can receive bonus payments if the business is profitable, this may prevent Partners leaving for alternative jobs that may pay higher as they are rewarded in other ways.
- **Financially once all debts are paid, any profit will remain in the company and not go to external investors.** This can allow for the re-investment into things that can benefit both Individuals (Service Users) and Partners.

Our Communication

Highland Home Carers has its own website (www.highland-home-carers.co.uk) which provides general information about the company for the public and Partners and has a Social Accounts section where people can access necessary information from all Social Accounting periods. There is also a closed Facebook page where information can be passed onto and between Partners. Soon there will be a staff portal also on the website.

Highland Home Carers also produce a monthly newsletter in which every Partner is encouraged to contribute.

There is also an emergency out-of-hours telephone line and the office open 7 days to accommodate any emergencies and needs for both Partners and Individuals and their families.

KEY DEVELOPMENTS AND ACHIEVEMENTS

Staff Development

During the year, Highland Home Carers continued to grow and develop in a number of ways. A main focus this year were the differences made to Highland Home Carers training department and the developments here. This included such as adding to their suite of training courses the 1-day Emergency First Aid at Work course as well as new Partners being employed in the department. Further achievements are explained within Section 10: Training Analysis.

Information Systems

The way information was gathered initially has improved, for instance more accurate and detailed monthly records were kept and systems regularly updated to allow information to be collected quickly from anyone at any time it was needed. This was with due regards to confidentiality under The Data Protection Act 1998, where S.27 (1) states 'it shall be the duty of a data controller to comply with the data protection principles in relation to all personal data with respect to which he is the data controller', Highland Home Carers are as an organisation expected to know and follow this at all times and within all work processes. Information systems are still an area that is being monitored with ideas to improve in the future and regular ongoing discussions occur until correct approaches can be entwined in daily working practice in all areas.

Future challenges and opportunities

During the year, Highland Home Carers progressed the recommendation from the Care Inspectorate that we need to move from a single registration to a number of registered services. Esther Harding has led on the process which has proven to be very lengthy with the intention of Highland Home Carers having 4 separate registered services: Inverness Care at Home & Housing Support, Ross-shire Care at Home & Housing Support, Complex Needs and Community Teams. Further detail will be described in the next Social Accounting period.

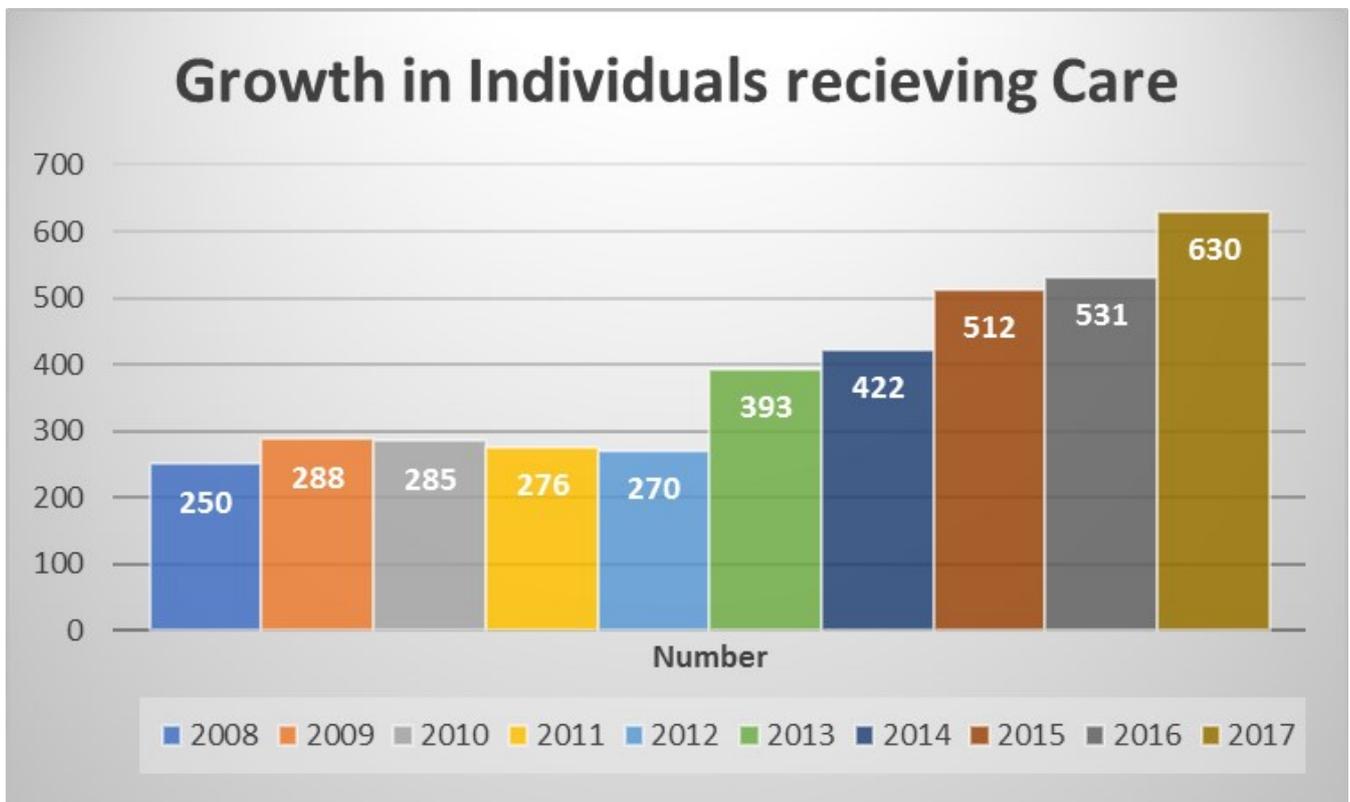
There has also been a need to develop and update the Highland Home Carers website, including a password protected site to enable staff to more easily access to important documents and information. Highland Home Carers did not have control over the domain, so we have initially created a new version of the website and over the next year will be able to transform it. This will be described in the next Social Accounting Cycle.

Challenges of increased Partner growth have been:

- The additional levels of Partner training needed that Highland Home Carers must facilitate and financially account for.
- There is also increased pressure to the Management and H.R Department in order to ensure the safer recruitment process is adhered to for all Partners. Time constraints in such as references and awaiting PVG checks and carrying out risk assessments as well as supporting roles, mean a higher and lengthier workload for office Partners in relation to this.
- Challenges of qualifications requirements has been similar to that of the safer recruitment process, it also has to be considered that Partner engagement with all of these things can be an issue.
- Challenges of lack of Partner engagement have been the need to produce accurate results for Social Accounting which is inspected by the Care Inspectorate when people don't involve themselves even during numerous attempts to target the whole company. The lack of engagement also can mean Partners don't always see things to be their responsibility and so are missing out on ways that services could be better delivered if they engaged further.
- Challenges of ongoing changes with SDS models include the need for numerous ways of service operations to account for both Individual (Service User) needs and requirements, as well as that of Partners. There are also local issues in that the Highland region is very geographically challenging.

Business Growth

Below can be seen the changes in both Individual (Service User) amounts and Partner amounts since the Social Accounts began to monitor this in 2008.



10 YEARS OF SOCIAL ACCOUNTING

During the 10 years Social Accounting has run within Highland Home Carers there have been numerous changes and achievements. The table below outlines the main ones:

<u>YEAR</u>	<u>ACHIEVEMENTS/CHANGES</u>
2007/2008	* First set of accounts *There was an aim to analyse the business better *The point was made that Highland Home Carers are a unique organisation in that most companies similar are privately owned *Analysis was brief and to be improved upon in the future
2008/2009	*There were an improved set of values in this Social accounting period *There was a more extensive stakeholder map *An Involvement Officer was appointed for better collaboration between all stakeholders *A mentor programme was suggested *There were increased Management numbers and changed office structure *Training increased *There were 2 new appointed EBT members
2009/2010	*There was a new Operations Team and structure *There was a trial of Staff awareness days in the period *A duty co-ordinator role was introduced *Training was improved for all *The PRC (Partner Representative Council) was introduced
2010/2011	*Highland Home Carers took over the Leachkin and Lomond services *There was a Business Development Award won from Scottish National Care Awards *There was an introduction of a community care and development team
2011/2012	*There was an Operational Manager recruited *Highland Home Carers took part in the pilot SDS working model *There was improved communication shown throughout the company *Highland Home Carers was shortlisted for a Care Accolade by SSSC
2012/2013	*There was increased care provision to the Ross-Shire area *There was a lease taken on for an office in Invergordon *Management were given geographical remits *There was an increased wage rate to Partners *PRC workshops began to be run for Partners benefit
2013/2014	*There was use of SDS models in line with the new legislation *a new cluster of services was taken on in Fortrose and Invergordon *A new Director of Administration and Finance was appointed *There was a Training Provider of the year award won at The Scottish Care Awards
2014/2015	*The launch of the Boleskine Community Care project as a new SDS remoter community model occurred *There was an expansion to Inverness office *A new website was developed *A new training officer was recruited to lead the SVQs *There were plans to become an SQA centre *A new logo was developed and there was placement of a sign on Inverness office building *New uniforms were developed for Partners in line with the new logo creation
2015/2016	*Strathdearn model was launched under the SDS remit as were more wider areas *Dietics students visited and worked on placements within Highland Home Carers *Highland Home Carers were shortlisted for an award at The Highland Council Quality Care Awards related to Boleskine *The Director Stephen Pennington received a lifetime achievement award at the Employee Ownership Conference *Highland Home Carers were runners up for the Innovation of the year award at the Employee Ownership Conference
2016/2017	This is the cycle shown within this document with all the key developments and achievements listed in the previous pages

Highland Home Carers also continued with developing and growing services into new localities around the region-such as Appin and Lismore, utilising The Social Care (self-directed support) (Scotland) Act 2014 and related principles and guidance. It was felt as this part of Highland Home Carers had been covered in detail in the last set of Social Accounts that the team would not return to do this in the current year, however we have included a brief update on these services.

New and Developing Services:

<u>Service/ Community group</u>	<u>Number of service users (as of June 2017)</u>	<u>Number of staff (as of June 2017)</u>
Black Isle Cares	24	34
Cromarty Care Project	11	15
Wester Ross	10	6
Ross-shire (including Muir of Ord and North Kessock)	13	Ross-shire team and their own team deliver
Boleskine Community Care	11	6
Strathdearn	5	10
Inverness	15	Mixture of methods for delivery
Badenoch and Strathspey	3	Delivered by their own teams
Appin and Lismore	5	7

HIGHLAND HOME CARERS SERVICES

Services provided as a leading care provider in the Highlands include:

Care at home: This remains Highland Home Carers core business and is primarily undertaken under a spot purchase contract with NHS Highland. The bulk of the work is personal care for older and disabled people, but can include some domestic tasks, meal preparation etc. A limited amount of such work is acquired privately by Individuals or their families.

Self-Directed Support: Under this legislation, some people are given direct payments and use it to purchase services, specified by themselves, from Highland Home Carers. However, the use of Individual Service Funds under option 2 of the legislation, has been the most significant growth area for Highland Home Carers, since much of the work of the community teams has been founded on this approach. The individual budgets are paid to Highland Home Carers to manage on their behalf.

Support Work: Highland Home Carers has a contract with NHS Highland to deliver “social support” where Individuals are assessed as needing someone to assist them to access community and leisure pursuits, this adds to their health and well-being.

Housing Support: The Supporting People funding became available in 2003 with strict criteria as to what it could be accessed to provide to enable people to live in their own home; including budgeting, staying safe and assisting with tasks of daily living. Subsequently renamed, it has been a block funded contract for many years and the hours it delivers are allocated to specific Individuals.

Independent Living Services: There are a few Individuals who would have to go into a care home if they did not receive 24-hour care and support in their own homes. Highland Home Carers provides an individually designed and costed package for each of them.

Complex Care: In March 2011, Highland Home Carers took over the services that had been established in Inverness by another provider for 16 Individuals who had been resettled from Craig Phadrig hospital. This included a transfer under TUPE of the staff team. All the Individuals have one to one care 24 hours a day. We subsequently added another two houses (4 Individuals) in Fortrose to the same contract.

Respite Care: Family Carers can obtain home-based respite by purchasing a sit in/caring/activity based service from Highland Home Carers.

These services are measured quarterly within hours delivered to Individuals (Service Users) or number of Individuals (Service Users). It is also measured the amount of Partners employed in each group.

The following shows quarterly figures for the June 2017 period within the following Service groupings:

- **Support (Care at Home, Support work, Housing Support):** Hours Delivered= 2341.5 (this also includes S.D.S hours delivered to Individuals). Number of Partners= 212.
- **S.D.S:** This is not accounted for in this manner with Partners.
- **Independent Living Services:** This is not accounted for in this manner.
- **Respite Care:** This is not accounted for in this manner.
- **Complex Care:** Number of people supported= 18. Number of Partners= 122.

With the support of Highland Home Carers Board, the Training Team, who had previously worked in Partnership with the North Highland College on the delivery of SVQ training went through the rigorous application to be approved as an SQA centre and were successful in December 2016. This means that we can now set our own targets to ensure that all our staff achieve the necessary qualification levels for registration with the Scottish Social Services Council from late 2017.

INDIVIDUAL ACHIEVEMENTS



Individuals (Service Users) and Partners at Invergordon Hawaiian themed party

In August 2016, Invergordon Service Users were treated to a tropical Hawaiian themed summer party. Around 65 Individuals and carers attended the party at Invergordon Social Club.

Partners (including Management) ran a themed dance as entertainment at the event which was a wonderful way to bring the Service Users together for socialisation and company.



Partners providing entertainment at Invergordon Hawaiian themed party

With extensive experience as a medic and nurse, David Holland became our First Aid Trainer in September 2016; to do this role he had to undertake an intensive training course which involved a lot of work. David continues to train Partners and as of June 2017 is due to undertake another course allowing him to also offer moving and assisting training.



David Holland First Aid Trainer and Partner at Highland Home Carers



Individuals (Service Users) and Partners at Inverness Burns event

Held in January 2017 at The Chieftain Hotel, Inverness, was a Burns evening. Service Users from all areas mingled and interacted to make new friends and celebrate. There were an estimated 36 attendees. Partners drove Individuals to the venue in cars or used a hired minibus and music was put on for the event. A meal and drinks were provided and each Service User was given a gift of shortbread for their enjoyment.





Carol Ann, Bernie, Jean and Esther at Scottish Care Awards Ceremony

In May 2017 some staff were attendees at the Scottish Care Awards held in Glasgow. Jurgita Skleinike was nominated for the Training and Staff Development Project Award related to her dementia project and the Appin and Lismore Team were shortlisted for the Innovative Practice Award.

The Appin and Lismore Team were the lucky winners out of 200 nominees and Jurgita was a finalist.



Esther with the received award from the Scottish Care Awards



Jurgita who was nominated for an award at The Scottish Care Awards

Prior to the above awards, Esther attended the Scottish Care at Home conference, where Shona Robison, Cabinet Secretary for Health and Sport, spoke about our innovative work. She talked about our community teams including Boleskine, Black Isle Cares, Cromarty Care Project, Strathdearn Cares and Appin and Lismore. It's fantastic to see Highland Home Carers staff and services being recognised for excellence Nationally.



Appin and Lismore Team with Dianne Maxwell the Partner who delivered training in the area



The Food Bank in Hilton Inverness

Highland Home Carers is now a referral agency for the Highland Foodbank which has been set up to help people in need in our communities. It provides them with food parcels. The amount of parcels available depends on the number of adults and children in the family.

Highland Home Carers hold a number of vouchers which can be given to a family or Individual in financial crisis who can't afford to buy food. They should take vouchers to their nearest food bank.

This has been set up by Bernie Macleod of Highland Home Carers and is a huge achievement to be involved in as a company. This also significantly improves access to the foodbank for Service Users who may be in need and possibly unknown to other agencies or unable to access the foodbank without help from their support workers.



A prescription for prevention

Last week John Bird outlined a new approach to health provision, from cure to prevention. We asked Nigel Crisp, the man who used to be in charge of the nation's health, how to fix the ailing system to build an NHS that's fighting fit for the next generation

Articles mentioning Highland Home Carers and the work carried out

Highland Home Carers had a visit in February 2017 from BBC 4 journalist Andrew Bomford from the PM programme. He was recording a series of programmes about positive innovative solutions to the Social Care crisis and interviewed Stephen Pennington whilst here. He also visited Boleskine where he met Individuals (Service Users) and Partners (carers).

Highland Home Carers also this month had a mention in a Big Issue edition as part of a feature about how to fix the ailing NHS by providing health and care services at home.

INVESTING IN A HEALTHIER BRITAIN

The NHS is at breaking point; social care budgets are being slashed. Big Issue Invest, the Big Issue Group's Social Investment arm, is helping organisations across the country fill the gap. Here are just a few...

CASA

Originally a Sunderland-based home care association, it has grown to become one of the UK's biggest employee-owned providers of home and social care. It operates across north England and employs 750 people who provide a range of services, from 24-hour care to daily visits, which help older people live as independently as possible.

them live independently, from helping the elderly with bathing, dressing, eating and medication, to enabling people with disabilities to live independent, active lives.



HIGHLAND HOME CARERS

Professionals provide at-home care for vulnerable people across the Highlands to help

POSITIVE SUPPORT FOR YOU

A Community Interest Company in the North East that provides social care and support to help people with learning disabilities, mental ill health or autistic spectrum conditions, including some with a history of offending, live well within their communities.

In this period Highland Home Carers also reviewed the Employee handbook as the company had changed during its recent growth and it was a tremendous achievement for the Partners involved to review and produce this document.

The Board approved this and every Partner was due to receive a copy in the summer period of 2017.

This is automatically handed out to all new Partners when they begin their journey with Highland Home Carers.



Employee handbook

**Working together to provide
consistently high-quality care**

Highland Home Carers New Employee Handbook



Fiona Scott with her SVQ 4 award certificate

There were various Partners of Highland Home Carers studying for professional qualifications during the period. Two trainees of the Social Work degree were awaiting exam results from the 3rd and final year of their degrees.

There were a number of Partners who had achieved SVQ 4 qualifications, these were Sandra Brannon, Hilary Prosser, Adrian Macikowskie, Andrew Rodden and Fiona Scott.

Katherine Webb was undergoing her SVQ 3 qualification also in this period.



*Fiona Scott, Andrew Rodden, Hilary Prosser
and Sandra Brannon at their graduation
ceremony*

SECTION 3

CHARITY AND COMMUNITY INVOLVEMENTS

Highland Home Carers is proud to be involved closely with local communities, one of our aims within our company objectives - which Stephen Pennington is an avid supporter and advocator for - is to promote and support community initiatives and charitable organisations not necessarily directly involved with the company (Objective 4).

The Social Accounts Team held a meeting with Stephen Pennington to research work that had occurred related to this from the period 30th June 2016 - 30th June 2017 and present the findings.

This is an important aspect to research as it is related to our objectives which as a company we should adhere to. Any support we give promotes our organisation and ethos, it also is proof as to the caring attitude Highland Home Carers promotes both to those we care for/support, to our own Partners and also to the community/locals. Another benefit of this is that there are savings on corporation tax as a company so more money in the Partner and company pot to be beneficial to the whole organisation.

3.1: Enabling Partners to devote time to charitable organisations (Objective 4.1)

This is something more difficult to promote due to the current size of Highland Home Carers and time constraints placed on us as a conscientious care provider. If Individuals or groups come forward with anything as a company we do account for this and may donate, facilitate and allow time for carrying out these activities.

Although each of the things mentioned below are not time specific, they are listed here as Partners have chosen to take time to bring these things to Highland Home Carers and also ask for donations. Partners have also attended certain events (such as Stephen Pennington attending Inverness Soup as well as donating, also support Partners who attend the Men's Shed regularly with the Service User).

Alzheimer's Scotland

We have a regular membership with Alzheimer's Scotland at £45.00 each year, this was paid 15/7/16. There was also a one off donation made to Youth Highland of £50.00 on the 24/8/16.

Inverness Soup

Two donations were made to this of £100 each time (£200 total) on 7/10/16 and 9/2/17 making Highland Home Carers a sponsor to these events. As can be seen on their website (<https://invernesssoup.wordpress.com/about/>). 'Inverness Soup is not a soup kitchen, it's a night out.' ; people/companies make donations as well as a £5 cover charge for those attending, this all goes into the end fund which is taken away by those with the winning pitch. Individuals or groups local to the area pitch their ideas on community improvement and are voted as to who the audience think would benefit most from the funds. The first event was held 17/11/16 at Eden Court Theatre and the second event was held at the Spectrum Centre 9/3/17.

Soup 2, the most recent event increased numbers (75) and brought in a grand total of £400 for the winning pot. Pitchers made at this event were for Ness Book Fest, Arts in Merkinch (which runs the Bike Shed and the clay studio), Mikey's Line (peer support helpline for young people struggling with depression and suicidal thoughts) and Tru Unity Dance Group. Mikey's Line won.

Men's Shed

A donation of £100 was made on the 19/10/16 to this charity, this was as a thankyou to the Men's Shed who allow Highland Home Carers support staff to park in the premises when they visit Individuals (Service Users) locally. We also have at least one Individual (Service User) whom we support as a care provider that uses the Men's Shed facilities regularly.



Inverness Singers

A donation of £500 was made to this via Alistair Simpson (an ex Highland Home Carers employee) on 9/2/17. This prevented the group who had been running many years from closing completely due to a lack of funding.

Inverness Singers event was "Atlantic Crossing" which was held on 5th April 2017 in the Crown Church. Tickets were donated to Highland Home Carers as a thankyou for this sponsorship.

ATLANTIC CROSSINGS

A programme of
American, Irish and
Scottish songs
performed by



The Inverness Singers

with guest soprano - Miranda Evans

on Wednesday 5th April 2017 at 7:30pm

at Crown Church, Kingsmills Road, Inverness

Admission by programme, available from
The Music Shop and also sold at the door.
Adults £8 Children and students £4

Sponsored by Highland Home Carers Ltd



The Inverness Singers is an energetic mixed-voice community choir which meets between September and April to sing a range of themed music across different genres including folk songs, spirituals and choral classics from around the world.

3.2: Working with charitable and community groups to develop services for Individuals (Service Users) who are particularly isolated (Objective 4.2)

This is the area we focussed on at great length in last year's Social Accounts available at (www.highland-home-carers.co.uk) (on page 31 of the 2015/2016 document) related to services in the community such as Boleskine Community Care amongst others. This year has seen new and expanding areas as well as continuation of good work in all the previously visited places.

Muir of Ord: This team was established in March 2017, working exclusively with people in receipt of a budget under Option 2 of SDS. Initially one individual living in her own home and cared for by a family member began the process. Another Individual was brought home from long-term hospital stay and there is discussion with NHS Highland about others. There were roughly 7 staff working in this team and some collaboration in the early stages to deliver the care with another provider. One individual has developed trust so well, it has enabled them to have their voice heard and allow for personal care that may never have previously been accepted, this brought huge barriers down for her. Individual Service Funds have allowed individuals to purchase such as cooking equipment to enable people to eat home cooked meals when previously they relied on ready meals. The funds allow for shopping trips, staff to take individuals to hospital appointments rather than using patient transport, staff to act as representatives at meetings with other health professionals at their request. This shows how much can be done with the budgets and that there are wide improvements in quality of life and independence.

Burghead: This community from Moray contacted Highland Home Carers and Boleskine Community Care to gather information and help them plan a "home from home" service in respect of palliative care; they wish to also offer services such as respite, care respite, support for coming to terms with a diagnosis. The initial idea was based on a Dutch model of hospice care provision. There was another initiative called Pushing Up The Daisies which had been awarded charitable funds, they worked in line with agencies in Glasgow and Edinburgh to try to expand in the Burghead area, they offered a pilot education scheme for care workers in the care of bodies after death.

Appin and Lismore: In early 2016, Stephen Pennington was approached by the community within the boundary of Argyll and Bute and asked if Highland Home Carers could support them to develop a community based care team to replace what was a very rigid run delivered by another provider from Oban. After many meetings, a coordinator was appointed, funded through the Integrated Joint Board's Integrated Care Fund, a small staff team recruited and trained and services commenced in December 2016. This has remained a very marginal and fragile service and there will be a review to decide whether it is sustainable in the longer term.

Braemare: This community in Aberdeenshire contacted Highland Home Carers for advice on developing community-based care in their locality. Several Highland Home Carer's employees have visited there and joined in discussions. Highland Home Carers will not be the provider in this case but have been happy to share our experiences.

3.3: Working in partnership with other charitable and community companies and ensuring that people throughout the Highlands have access to the full range of resources to meet their needs (Objective 4.3)

This is done in many aspects within Highland Home Carers by working with local charities and companies directly providing services as well as those who may purchase goods and services which can't be provided ourselves (for example related to office tasks) and also through our liaison and guidance as an expertise in helping others through our experiences.

Gairloch: Highland Home Carers assisted another agency who were not ready to commence delivery of care in Wester Ross when the former provider withdrew, by starting a service with a view to handing it over when they were ready. There have been 4 individuals allocated Individual Service Funds and 2 Highland Home Carers employees working with them. It is anticipated that the service will be transferred in the next Accounting Year.

For The Right Reasons (Inverness): This is an Inverness based charity who have the mission of being there 'To support people in the Inverness area who have had the courage to free themselves from drug and alcohol abuse' they 'provide work in our print shop, charity shop and recycling centre as a means to helping people build self esteem, learn new skills and strengthen the will to stay clean by participating in an environment of purposeful work, friendship and encouragement'. More information of this charity can be found at ftr.org.uk. Highland Home Carers purchase printed items from this charity for very reasonable costs and use them to produce a higher quality version of our Social Accounting documents at the publication stages.

Pultney Town Peoples Project (PPP): As explained in the previous Social Accounts, Highland Home Carers supported this very successful charity to set up and provide services that would otherwise have not been available in Wick. This can be seen at (www.highland-home-carers.co.uk) on page 39 and 40 of the 2015-2016 Social Accounts document. At the end of June 2016, PPP took on full responsibility for delivery of the service and Highland Home Carers have only needed to be available for any advice and guidance.

Highland Hospice: One of the strategic priorities of the Hospice is expanding the ability for people living with advancing life limiting illness to allow them to be cared for as close to home as possible rather than just providing services in one structural building. The hospice is aware that greater community involvement in the design and implementation of services (particularly social care) will be vital to support longer term sustainability of services. The hospice are considering establishing a community support fund to act as a catalyst for change and greatly value Highland Home Carers input in order to consider the best ways to design and implement the scheme and consider potential partnerships for delivery of this. This remains under discussion and could broaden out in the future as another community collaboration creating vital services for Highland communities.

Orkney Community Groups: In August 2016, Stephen Pennington was invited by Highlands & Islands Enterprise to lead a workshop in Kirkwall for representatives of the Orkney Island communities on neighbourhood care.

Applecross: In March 2017, Stephen Pennington attended a workshop in Applecross with local community members to discuss possibilities of supporting a neighbourhood care service. The conclusion at the end of the meeting was that recruitment might be a significant difficulty and it was left to the community to think of alternatives.

Duror & Kentallen: The local Community Council approached Highland Home Carers with an idea to link in with the Appin service. After an initial "coffee and chat", Stephen Pennington has agreed to meet the whole Council in the autumn 2017.

3.4: Providing Training support and facilities to community and charitable organisations including family carers (Objective 4.4):

Training provision to wider communities such as Boleskine and feedback:

We have delivered training to some of our satellite services including Boleskine as well as Appin and Lismore. We have utilised our E-Learning resources and used Social Care TV. We have also delivered Moving and Assisting to family carers.

Although Moving and Assisting and First Aid can be delivered in remoter areas if essential, this isn't always cost effective to Highland Home Carers and can be difficult if the equipment needed to deliver training is to be moved from place to place.

During the period, First Aid was delivered every fortnight in the Invergordon office but to make this cost effective for Highland Home Carers there needs to be a guaranteed number of attendees as well as a suitable venue in which to deliver the training, Highland Home Carers also must weigh up the cost to pay for any external venues they may use and the travel costs and/or accommodation costs for trainers to be available to deliver in more remote areas can be quite high. It is more cost effective to deliver training to larger and guaranteed number of Partners within the Inverness office because of these reasons.

For the new service on Appin and Lismore, Induction training was delivered when this service began, the trainer travelled to the area in November 2016. Courses delivered were Record Keeping, Care Essentials, Basic Medication Awareness and Manual Handling. Although this was useful to the team in the area it was found that the venue used was not of a suitable size, also it was costly to Highland Home Carers for the Trainers' travel and two-night accommodation.

It may be suggested therefore that to continue delivering training to remoter communities is not a cost-effective approach for Highland Home Carers. As there are certain courses that must be delivered in the classroom manner this would be something that must still be delivered in Inverness (Care Essentials and Manual Handling); however, the new E-Learning system although not fully available at present could be an option for delivering remote training. In this period there are only a limited number of subjects available which is why all training is still delivered in Inverness. In the future the Training Manager is in the process of creating more courses which do take him time to create and he may need further assistance to complete. Once the courses are completed they can be advertised to allow them to be used for more subjects for all including those who are based further afield from Inverness thus creating savings to Highland Home Carers (this is further analysed and explained within Section 10: Training Analysis of this document).

Also related to remoter communities the S.D.S Facilitator runs courses as and when needed within this some areas where S.D.S Funds are used, some of these are run via online resources (such as a diabetes online course), others are requested through such as District Nurses (such as an Oral Hygiene course for example). The Manager here facilitates any additional training requirements that are asked and will try to find courses externally for training if they are not already offered within Highland Home Carers.

There is also a Social Care TV resource which is being accessed by some individual Partners. In the specified period 9 Partners used it and completed 10 courses. The courses were Record Keeping, Arthritis and Challenging Behaviour. Mainly in the period, Challenging Behaviour was delivered in this manner due to trainer injury rendering the inability to deliver this course, in this respect it was a useful resource to have available.

3.5: Keeping money in the local area by using local facilities and suppliers where possible (Objective 4.5)

This information can be found within the financial section on this document at pages 91-98. Highland Home Carers try to encourage Partners from all areas of the company to spend money in the local area as well as the business using as many local suppliers as possible. In the use of external facilities for the likes of meetings or training, where we can't facilitate this within our own offices, local community centres may be used (this is shown in our Stakeholder map and analysis within this document). We also where necessary for the transportation of Partners and Individuals use local companies such as local taxi firms and bus company hire or local car hire businesses. We try to use locally based waste, water and electrical management companies and Legal businesses as local to the area as possible. Another aspect is using local banking and financial organisations.

3.6: Promoting the Employee Ownership and Co-op movements (Objective 4.6)

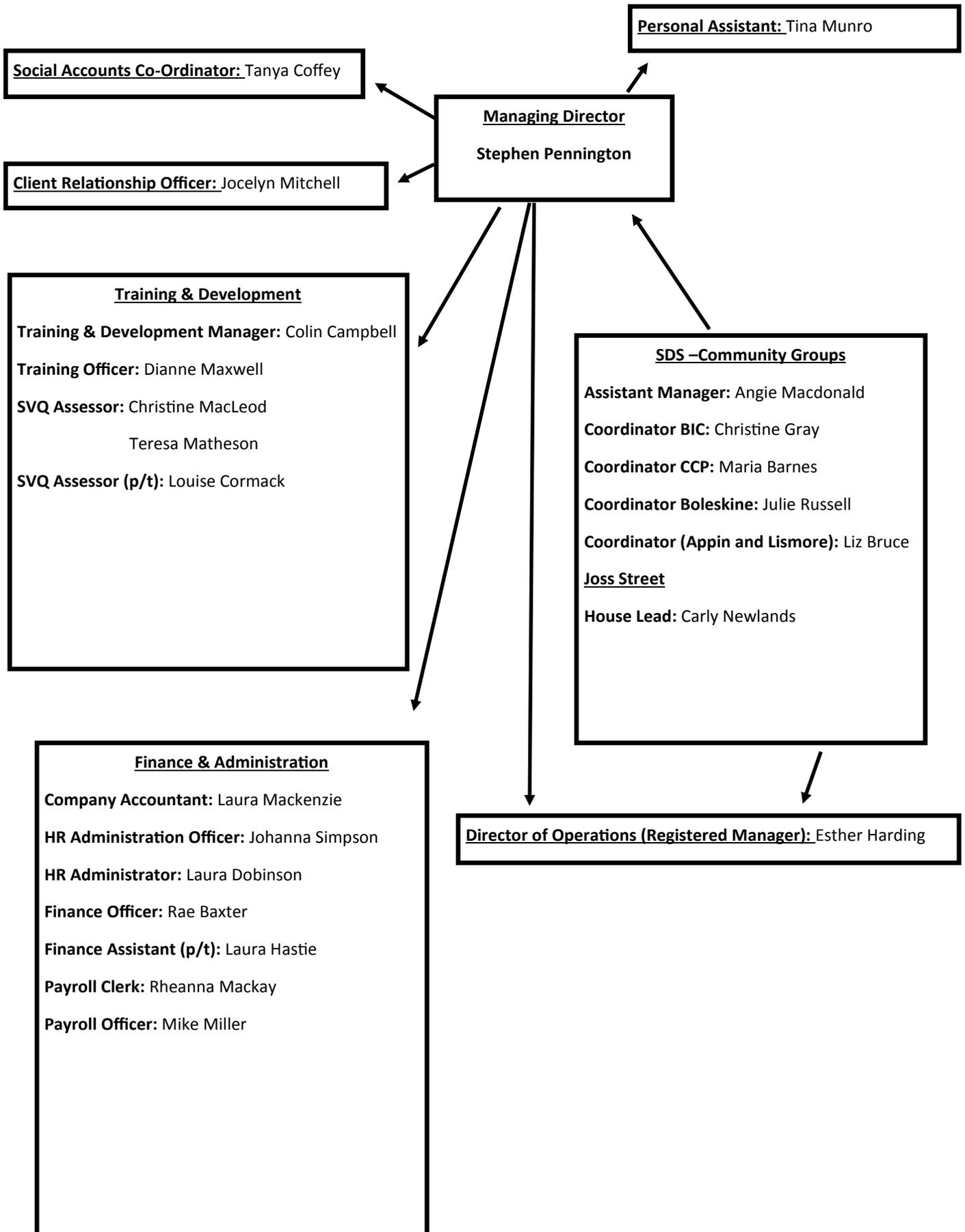
We as an employee owned company promote this widely from the induction stages and throughout all stages of working within the company. As a business Highland Home Carers make profit in part by the sale of our services, this remains within the organisation for Partner and Individuals' benefit.

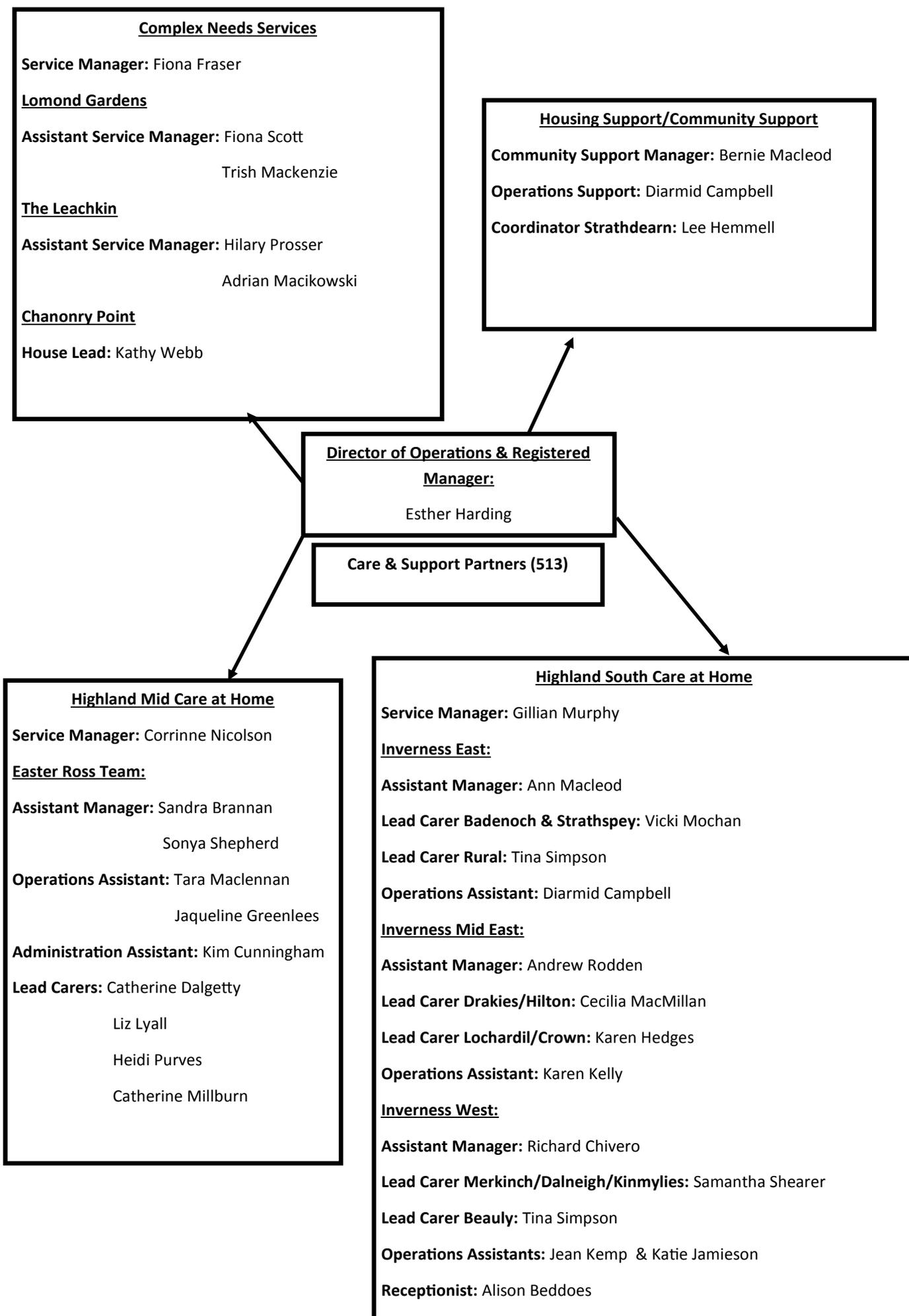
Our governance of being a limited company allows Highland Home Carers to stay solvent as a business. In comparison to charities who don't make profit as they use it all to be put back into the charity.

Highland Home Carers also under Objective 2.6 of our company objectives (which can be seen on page 30,31) promote use of a credit union which has links with the Co-Operative movement aspect; at present work is ongoing to promote this both now and into the future and this was further explained in Highland Home Carers internal newsletter in May/June 2017.

SECTION 4: FINANCE STAFF AND ORGANISATIONAL STRUCTURE AND ORGANISATIONAL CHART

ORGANISATIONAL CHART





FINANCE AND STAFF AND ORGANISATIONAL STRUCTURE

Our Finance

Highland Home Carers continued to pay down the loans secured from Big Issue Invest (BII) & Co-Operative & Community Finance to buy the company. We remain on target to have them cleared by the end of 2017. We negotiated with Big Issue Invest to lend an additional £70,000 at the end of 2014 to cover the costs of the building works on the downstairs office space in Inverness. The length of this was extended to 2019, but there is a clause that allows us to repay early and we fully expect to have it covered within the same timescale as the others.

The financial position for Highland Home Carers at year end (2016-2017) is very healthy and brings the position back to where we were at the end of the 2013-2014 year. In addition the company's cash flow has been steadily improving so that all future spends are fully covered. The projected turnover is £7,885,000 which is an increase from the previous year of 12.2%, with a net profit of £277,000. These figures are still to be finalised in time for the 2017 Annual General Meeting (AGM). Highland Home Carers continue to honour the commitment that all Partners will be paid the Living Wage by increasing the minimum level of pay to £8.45 from the 1st April 2017. In addition a bonus payment of £200 (Full-time) and £100 (Part-time) was announced at the November 2016 AGM and subsequently paid to all Partners. Highland Home Carers has continued paying back the loans from Big Issue Invest and Co-operative & Community Finance so that we are on target to have paid these in full by January 2018.

The significance here is that Highland Home Carers will be completely debt free which will release possible resources for future development.

Staff and Organisational Structure

Our Staff and Organisational Structure is a fluid and ever changing document due to Partners leaving or new Partners starting work with Highland Home Carers. The following page shows the most recent Organisational Chart for Highland Home Carers which was produced by Tanya Coffey and Tina Munro in line with the document produced by Esther Harding in the previous Social Accounting cycle. However, a decision was made in this period to split this into two charts as they were easier to read and understand due to continued expansion of Highland Home Carers making the structure larger. In the next period of Social Accounting it is likely that this structure will be displayed differently due to the re-structuring of services towards the end of the 2016-2017 cycle.

SECTION 5: MISSION, VALUES AND OBJECTIVES

This term the team decided that as an extensive amount of work had been done on the Mission, Values and Objectives in the last period there was no need to repeat this process for this cycle.

MISSION STATEMENT

“Highland Home Carers aims to provide flexible, high quality care at home and support services, enabling people to remain in their own homes by providing assistance to maintain and increase their independence as much as possible.”

VALUES

- Providing a sensitive, flexible, professional service
- Being an open and approachable company
- Encouraging a culture of shared ownership within the company
- Respecting rights and promoting equality

CORE OBJECTIVES AND ACTIVITIES

Objective 1. To enable Individuals (Service Users) to continue to stay in their own homes with our support by...

- 1.1 Providing a 24-hour personal and domiciliary care and support service
- 1.2 Employing safely recruited, properly trained and trustworthy staff
- 1.3 Doing our utmost to provide services which are designed to achieve outcomes for those who require them
- 1.4 Providing activities for those who are socially isolated
- 1.5 Supporting people to retain and increase their independence to their full capacity
- 1.6 providing an effective out of hours emergency contact
- 1.7 Developing and achieving innovative ways to develop services in wider/rural locations which enable people to remain living in these areas

Objective 2. To be a fair and good employer and promote inclusion in the work place by...

- 2.1 Facilitating Partners to become stakeholders after 3 months employment with the company
- 2.2 Providing a high standard of formal and informal training
- 2.3 Providing meaningful supervision for all employees at least every 6 months with written feedback
- 2.4 Working to achieve improved conditions for all Partners
- 2.5 Encouraging a culture of supporting each other and providing a family-friendly environment
- 2.6 Making Partners more aware of their financial wellbeing and available use of the Credit Union
- 2.7 Continually working to embed the culture of employee ownership within the company
- 2.8 Having a supportive, transparent and accountable management structure which recognises that every employee owner is important, whatever role they perform within the company
- 2.9 Ensuring open access to information and involvement in decision making, with due regard to personal and commercial confidentiality
- 2.10 Providing opportunities for Partners to develop and succeed
- 2.11 Communicating openly and honestly throughout the company using verbal, written and digital media

Objective 3. To be an environmentally conscious company by...

- 3.1 Setting environmental objectives, monitoring our environmental performance and aiming for continuous improvement
- 3.2 Actively engaging and communicating with Partners on the means of achieving these commitments
- 3.3 Endeavour to purchase from local suppliers who share our concern for the environment and whenever possible purchase and use recyclable products or products from sustainable sources
- 3.4 Seeking to minimise waste and emissions from our activities and operations and recycle as much as possible
- 3.5 Maintaining a quality waste management system to reduce our costs of waste disposal and protect the environment for the future
- 3.6 Promote the bicycle scheme for improved health to Partners and improvement to environmental pollution in the local areas

Objective 4. To promote and support community initiatives and charitable organisations not necessarily directly involved with the company...

- 4.1 Enabling Partners to devote time to charitable organisations
- 4.2 Working with charitable and community groups to develop services for individuals (Service Users) who are particularly isolated
- 4.3 Working in Partnership with other charitable and community companies in ensuring that people throughout the Highlands have access to the full range of resources to meet their needs
- 4.4 Providing training, support and facilities to community and charitable organisations Inc. family carers
- 4.5 Keeping money in the local area by using local facilities and suppliers where possible
- 4.6 Promoting the Employee Ownership and Co-operative movements

Objective 5. To be a financially viable company by...

- 5.1 Carrying out robust risk assessments in all our financial dealings and developing risk mitigation strategies
- 5.2 Developing robust and prudent strategic plans, budgets and cash flows to predict future investment and expenditure and reporting these to the board
- 5.3 Seeking appropriate financial advice when required
- 5.4 Maintaining good relationships with financial partners

SECTION 6: STAKEHOLDERS: (STAKEHOLDER ANALYSIS)

Stakeholder analysis is an important part of the Social Accounts process. Each year we review all of our Stakeholders and present them in a mind map. This section presents a full description of our stakeholders and shows the selection of stakeholders consulted with this year.

INDIVIDUALS (SERVICE USERS)

Highland Home Carers is now the biggest care provider in the Highlands with a total number of 636 Individuals (Service Users) in this Social Accounting period.

Individuals (Service Users) are the core business of Highland Home Carers and we work closely with them and their families to provide care tailored to their Individual needs. Care plans are reviewed every 6 months to meet changing needs (or sooner if required). Key care/support workers alert office Partners if there are any changes that need updating. The Involvement Officer offers a telephone/visit service on a regular basis.

Highland Home Carers provides intensive support to people with profound learning disabilities/complex health needs. There are housing clusters with intensive 24-hour community support. There are two services in Inverness which have 16 Tenants.

We now as a company provide many Self-Directed Support Services, these are operated in the areas of Fortrose, Boleskine, Cromarty, Black Isle, Strathdearn, Badenoch and Strathspey, Ullapool, Gairloch, North Kessock, Dingwall, Muir of Ord and Appin and Lismore. The current numbers of Individuals (Service Users) are 91 but this is continually increasing as new projects are opened up (These numbers are included in the total Service User count given).

Highland Home Carers prides itself on providing care and support to the best of their ability throughout the Highlands.

PARTNERS

Employee Ownership is embedded in the culture of the organisation. After the probation period of 3 months employees become Partners (there is no distinction between the number of hours worked) and are entitled to free shares as decided by the Trustees. As an Employee Owned company the Partners are a major stakeholder group. For the accounting period, Highland Home Carers employed 536 Partners. Highland Home Carers has a supportive, transparent and accountable management structure which recognises that every employee owner is important, whatever role they perform within the company. Highland Home Carers provides different contracts so many Partners can work flexible hours around their family needs.

PURCHASERS

NHS Highland: On 1st April 2012, NHS Highland (NHSH) and the Highland Council signed a ground-breaking agreement which saw responsibility for all Adult Social Care transfer into the responsibility of NHS Highland and responsibility for children's services transfer to the council. NHS Highlands Contracts Team monitors the operation and functioning of the contracts under which Highland Home Carers delivers services purchased by the NHSH. Statistical returns and other evidence of competency must be provided and at least once a year there is a formal monitoring visit. This team has led the new zoning within Inverness of Home Care provision.

Self-Directed Support: It is anticipated that this will be a growth area as people begin to increasingly access Self-Directed Support (S.D.S). Highland Home Carers has been working in partnership with NHS Highland to set up S.D.S routes which are now working well. This includes Individual Service Funds where Highland Home Carers manages the budget and some of the administrative responsibilities on behalf of the Individual (Service User). This is further explained in Page 7 of this document. When the term S.D.S is usually used it is to refer to Option 1 and 2 but could include any of the 4 options earlier explained. All care service provision now comes under this

GOVERNANCE

Board of Directors: The board currently comprises 7 Directors, 3 elected by the employees – Rikki Mackenzie, Antoinette Burgess, Kimberly Stewart; 2 Non-Executive Directors, Nick Boyle and Noni Cobban and 2 Executive Directors, Stephen Pennington and Esther Harding. The Board holds primary responsibility for setting the strategic and financial direction of the company.

Trustees of the Employee Benefit Trust (EBT): There are 5 Trustees, 4 elected by the employees – Cecilia MacMillan, Keith Bootle, Findlay Walker and Bernie Macleod and one Non-Executive Trustee, Carole Leslie. The EBT retains the ownership of the company on behalf of the employees and manages the share distribution to the Partners.

REGULATORY AND STATUTORY BODIES

Care Inspectorate/ Social Care & Social Work Improvement Scotland (SCSWIS): The Care Inspectorate, as it is known, is the primary regulatory body for the Social Care sector. Highland Home Carers is registered with them to provide a Care at Home and Housing Support service. They undertake unannounced inspections of the company at least once a year and produce a publicly available report which is available on the Care Inspectorate web page. They are also the ultimate body overseeing complaints and Highland Home Carers are required to notify them of any significant failings in service delivery.

Disclosure Scotland: All new employees are required to be registered with the Protection of Vulnerable Groups (PVG) scheme by the end of 2017.

HMRC: Highland Home Carers is required to provide the Inland Revenue with returns in relation to our employee payroll and company finances in order that the correct tax liabilities can be calculated. In addition, there are returns required in relation to our Employee Benefit Trust and share distribution as well as other employee benefits to see if they are liable to be taxed.

Companies House: Highland Home Carers is a company limited by shares and therefore it is registered at Companies House and any changes of Director are recorded there.

Scottish Social Services Council (SSSC): Any person working in Social Care will require to be registered with the SSSC and satisfy certain requirements. At present, only the Management layer and any qualified Social Workers are required to be registered. This is not a requirement if a person is already registered with the Nursing and Midwifery Council (NMC). All new workers will have 6 months from the date they start to be registered with the SSSC.

Scottish Qualification Authority (SQA): It is intended that the Social Care workforce will be entirely registered by 2020 with the SSSC. A requirement of registration is that Individuals will have gained or will be in the process of gaining SVQ qualifications. These are regulated by the SQA. Highland Home Carers is now an approved SQA training provider in their own right, this means there are on site assessors able to deliver and assess the training given to Partners.

Health and Safety Executive (HSE): Highland Home Carers has a Health and Safety Committee to oversee this area and ensure relevant reporting, risk assessment and safety of the workforce.

FINANCIAL

Royal Bank of Scotland: have been Highland Home Carers' bankers since day 1 and we have a current and savings account with them

Johnston and Carmichael: are Highland Home Carers' auditors. They also provide financial advice to the company, handle some of our dealings with HMRC on behalf of the company and assist the company and the Trustees of the Employee Benefit Trust with the management of share ownership.

Big Issue Invest and Industrial Common Ownership Finance (ICOF): The investments arm of the Big Issue Organisation has provided loans to Highland Home Carers.

TRAINING

Community Centres: During the year, Highland Home Carers have used a number of facilities to host training and meetings. These include Kingsview Christian Centre, Invergordon Social Club, James Cameron Centre, Dingwall Community Centre and Strathpeffer Community Association Ltd.

Catering:

Crown Deli, Red Pepper: Catering used by Highland Home Carers for events has been provided by these companies which are local to Inverness

Training Providers:

College and Open University: These places provide various training for those who carry out employer sponsored degree programmes for instance.

Crisis Prevention Institute: This company provides training to Highland Home Carers for MAPPA training

Edge Services: This company provide training to Highland Home Carers for Moving and Handling

In House Training: We provide much of our own training to Partners within Highland Home Carers.

Provided Training:

Red Cross and Merkinch Enterprise: These companies provide us with some training for Partners (staff) outside Highland Home Carers company.

OTHERS:

SUPPLIERS:

Legal:

Harper Macleod: Highland Home Carers utilise this major Scottish firm to assist us when we require commercial legal advice.

Anderson, Shaw and Gilbert: This Inverness firm primarily assists Highland Home Carers with legal advice in relation to the leasing of property.

Law at work: This Glasgow and Edinburgh based firm primarily assists Highland Home Carers with legal advice on Human Resource and Health and Safety issues.

Macroberts LLP: This Glasgow based firm aids Highland Home Carers with the restructuring process.

VEHICLES:

City Taxis and Pete's Hire: These companies are used for both Partners and Individuals (Service Users), not usually for wheelchair users as only a limited number of taxis are available that can carry wheelchairs safely.

Lombard Vehicle Hire: This company provide Highland Home Carers with vehicles on hire which Partners can pay for the use of if needed.

Arnold Clark: This company provide us with a lease for an Individual (Service User) vehicle and the Individual (Service User) pays the bill through Highland Home Carers

UTILITIES:

Electricity and Maintenance: Our electricity is provided by SSE – Scottish Hydro Electric (The Leachkin) and Dual Energy Direct (Stadium Road), Maintenance is provided by Fraser Lee

Water: Our water is provided by Business Stream

Property/Landlords: Highland Home Carers lease our offices at Unit 3 Stadium Road from Nicam Developments; the office accommodation at Riverside Drive in Invergordon is leased from Morrish Ltd.

GOODS:

Macgregors: This family-run Inverness company supplies Highland Home Carers with all the disposable gloves and aprons which enable our Partners who deliver personal care to operate safely and hygienically.

Alexandra: This is a company based in Glasgow who provide Highland Home Carers with uniforms.

Claymore Dairies: Provide milk to our office in Inverness

Norscott Vending Services: Stadium Road based company who provide a drinking water dispenser in Inverness Office

OFFICE:

SFG (Small Friendly Giant): This company provide I.T

Tru Telecom: All the broadband and office telephone systems are provided by Tru Telecom except for two broadband lines provided by BT (British Telecom).

Dows: Highland Home Carers obtains most of our stationary from this Inverness supplier

Invergordon Stationary Stop: Invergordon office obtain stationary from this local supplier

Cleaning Services: Are provided by an Individual Partner to the Inverness office

Lyreco: Provide Highland Home Carers with some of its stationary and supplies

Munro's Waste Management: This company are our refuse disposal company

Highland Office Equipment: Highland Home Carers lease our photocopiers in each of our main offices from this company.

Ord Storage Solutions: This company are used to store office records that by law must be kept for a certain period. They also provide a service shredding all confidential office materials.

For The Right Reasons: Provide us with some external training and printing of leaflets and other similar goods, they are a local charity based in Grant Street, Inverness

Advanced (Staff Plan): Provide IT services within a single system in our offices and allow Partners access to the data from wherever they are based, they also provide software enabling us to run our care planning, wages and invoice systems.

INSURANCE:

Towerhill Insurance: This company are our insurance providers and ensure we are properly covered for all insurance requirements.

Blue Fin: This company are used for all fleet vehicle insurances.

PUBLIC RELATIONS:

Platform PR (Muckle Media): Highland Home Carers has used the services of this Beaully based company to assist us with placing supportive articles in the local media. This company were bought by a new company and thus the name changed in this period to Muckle Media.

WIDER COMMUNITY:

Sponsorship: Highland Home Carers do not have a policy regarding sponsorship but we tend to provide limited sponsorship to Partners who are raising funds for particular causes or activities that they are involved in.

Other: Highland Home Carers provide various other services to the wider community, some of these include Scottish Social Services Council, politicians, media, other, Carers and Users group, hospitals, GPs, District Nurses, other providers such as The Mackenzie Centre and Woodlands centre, solicitors, pharmacies and The Highland Hospice.

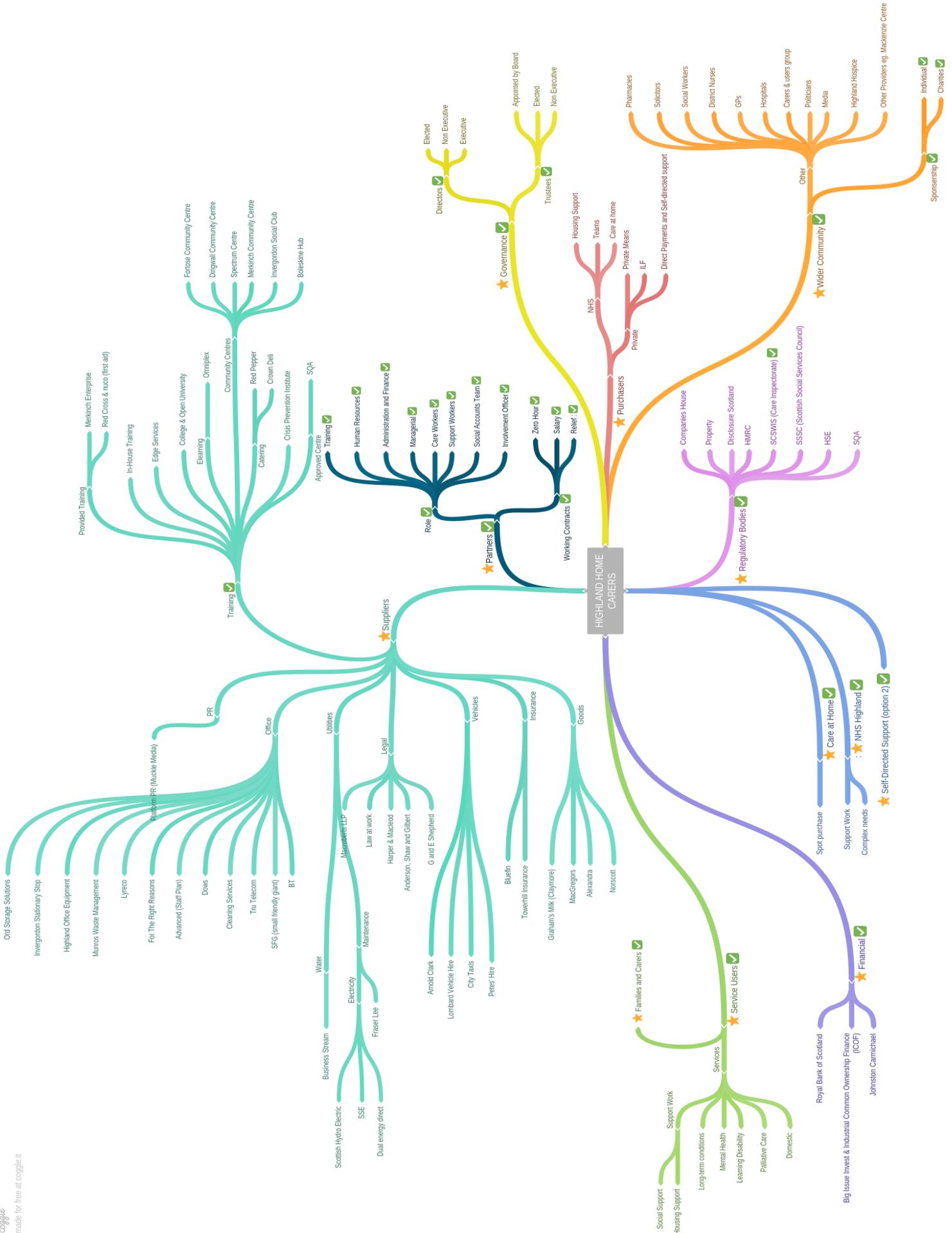
STAKEHOLDER MAP AND CONSULTATION

Our Stakeholder Map can be viewed at (www.highland-home-carers.co.uk) and identifies Highland Home Carers' main Stakeholders. Those highlighted with a star show the main stakeholder groups and those highlighted with green ticks show those consulted with in this Social Accounting period.

We selected Individuals (Service Users) as they are the reason for Highland Home Carers existing. We also selected some Families to find views from Individuals (Service Users) who may not be able to provide this for themselves. Partners, Directors and Trustees were chosen due to us being an employee owned company. We looked into newer areas services have been provided by Highland Home Carers and so approached Wider Community for their views at times and those connected with S.D.S (option 2). We looked at the Care Inspectorate overall views on Highland Home Carers. We looked at all training in greater detail in this period and sought stakeholder views connected here. We also approached Wider Community for views related to sponsorship and charity work we had done in the period. We approached certain Individuals from Care at Home and NHS services to provide views in interviews held related overall to Highland Home Carers, unfortunately we were unsuccessful in ascertaining views from these Individuals. Financial views were gained as to create the finance section and detail throughout this periods research.

STAKEHOLDER ANALYSIS DIAGRAM

* Within this diagram stars show main Stakeholders, ticks show those consulted with this term.



SECTION 7: SCOPE AND METHODOLOGY

Social Accounting Period

These Social Accounts cover the period from 30th June 2016 until June 2017. This is now the tenth year of Social Accounting.

This year we strived to improve our Social Accounts by adding a more person-centred approach. We interviewed internal and external Stakeholders on their perspectives. We also researched our Training Department and their results and changes for the period as well as further researching the work Highland Home Carers do with charitable organisations. The Social Accounting process sharpens the definition of what Highland Home Carers undertakes, accounts for our performance and identifies the perceived impact.

We use Social Accounts as a valuable tool in promoting our company by highlighting the difference we make and the impact we have on the wider community. This report provides a rich source of information about Highland Home Carers.

Who did the work on the Social Accounts?

This year the team consisted of Tanya Coffey as Social Accounts Co-ordinator and Ralf Ross as Team Member. It was agreed at the start the major tasks involved in gathering the information would be jointly conducted. Tanya Coffey has taken on the role of primary lead for writing up the findings and putting it all together. The team was looking forward to completing yet another Social Accounts and was very keen to focus on Training, Partners, Charitable work and the wider outcomes connected to these.

Methodology

We carried out a review of our Objectives and of various Service areas within Highland Home Carers. We have collected relevant factual and statistical information, we have accessed data from Highland Home Carers system. We used a combination of postal questionnaires, internal systems researching and private interviews and case studies to gather qualitative information from our Key Stakeholders. The information we receive through these methods we report using narrative descriptions and in the form of graphs, pie charts and tables. These enable those interested to see the results of the consultation and the opinions of those consulted at a glance, where these are not included in the document we added a hyperlink to the website where the documents can be viewed (or certain things may be found in the Appendices section).

We have included comments in this report. We used positive and negative comments to represent a balanced picture. We believe that in selecting all given comments we have been impartial and that all the comments are representative of the views of that Stakeholder group.

Percentages used throughout the report refers to the percentage of Key Stakeholder Groups who responded and not the percentage of Stakeholders in total.

Scope

The questions we asked were geared to finding out about the difference and impact we make as a major care provider in the Highland area whilst also looking at services provided. The New Guide to Social Accounting and Audit: Prove! Improve! Account! was a very valuable source. Last year SAT greatly improved the report and for this year it was decided to research new areas within the company and give time for last years Social Accounts recommendations to be actioned.

This year we used different personal perspectives to illustrate the impact and difference that Highland Home Carers make to Individuals both internal and external.

The two major Stakeholder groups are the **Individuals (Service Users)** and **Partners**. It has been very important to concentrate on their views about current performance and impact.

We opted not to specifically report on Objective 3 related to being an environmentally conscious company as we felt this had been well covered in the period of 2014/2015; this document can be viewed online at www.highlandhomecarers.co.uk (The Social Accounts document dated 2014/2015).

Last Actions taken in response to Audit Panel suggestions from 2015/2016:

Within the scope of this set of Social Accounts the team based many of their aims upon suggestions from the Social Audit panel after the approval of the previous set of Social Accounts.

The following shows the suggested actions to be taken and what this years Social Accounts Team worked on in response to these:

- **Consider a reduced scope (possibly with some areas being addressed on a rotational basis).**

This was put in place where some objectives were reviewed briefly or not at all compared to others dependant on where it was felt that time was needed for actions suggested to be made effective by Managers for example.

- **Focussing the Partner area on understanding and addressing some of the issues highlighted in this report (participation and morale) as well as on training developments.**

This was where this years questionnaires were used as an attempt to gather clearer statistics from a wider group of Partners to get more accurate results to work with as the second stage of this investigation. In the next period there may be further measurement on this. The Training Department was researched in-depth this term related to this suggestion.

- **Increasing the reporting on Objective 4 in particular in relation to community development by carrying out consultation with key Partners on Highland Home Carer's role as leader in the sector and the outcomes associated with this.**

This became a main focus in this set of Social Accounts during the 2016/2017 cycle, Partner consultation was also carried out as the form of perspectives from various Partners working in a number of capacities within Highland Home Carers, this was also extended to include some perspectives of the organisation from External Stakeholders.

Who has been consulted about what?

Individuals (Service Users)

Questionnaire for most Individuals (Service Users):

First to be consulted were the people who receive our service, apart from Lomond Gardens, The Leachkin, Joss Street and Chanonry residents. Along with the questionnaire we sent a covering letter including a slip to complete if they wished to attend a private interview (Appendices 3 and 8). A pre-paid return envelope was also included. The team discussed what questions would be most suitable for the evaluation and it was agreed that we would aim to see mostly how we were meeting our Mission, Values and Objectives for Individuals (Service Users) and also if we were working in line with National Outcomes. The areas covered are:

- Looking after health
- Independent living
- Involvement in care and care plans
- Care co-ordination
- Effectiveness of care provision
- Effective staff training
- Life quality
- Feeling of safety
- Complaints procedure
- Ability to deal with Service User complaints

We added tables for comments after each section and provided the opportunity to take part in private interviews at request.

Questionnaire for residents at Lomond Gardens, The Leachkin, Joss Street and Chanonry:

We contacted family members of the tenants of these Supported Housing services. The tenants themselves were unable to express their views on the services provided due to the nature of their disabilities. We used the same questionnaire and asked each family to fill this out on behalf of their relative.

The questions posed were closed questions (12 in total) with a choice of answers for ease of analysis although opportunity was also given for written comments after each section; Question 10 was comments only. We kept the questionnaires as short and uncomplicated as possible to ensure maximum response.

Private Interviews

Only a minimal number of Individuals expressed their wish to have a private interview. On the return of the questionnaires 6 Individuals/families expressed that they would like to have a Social Accounts Team visit and conduct a private interview. The Social Accounting Team assisted Individuals to complete Private Interview questions and passed results to Management to attend to.

Individuals were asked five questions and were encouraged to discuss and share their reasons for interview requests, any comments/queries they wished brought to attention, if Highland Home Carers were fulfilling expectations, any suggestions on where service could be improved and if they preferred the information to remain confidential or be passed to management.

Partners

The next group to be consulted was the Partners. All Partners were sent a covering letter relating to a postal (or handed out by line Managers) questionnaire and given the option of assistance with this which was explained in the cover letter, through the Newsletter and through Highland Home Carers Facebook page (Appendices 4, 5 and 6). Partner questions applied also to any Community Teams known under different names. Questions asked related to National Outcomes as well as Highland Home Carers Mission, Values and Objectives. The Partners questions were based on:

- Area of the company worked in
- Value of work partners' provide
- Support in role continuation
- Company performance
- Staff meetings and effectiveness and improvements
- Highland Home Carers being a good workplace
- Explanation of shareholder
- Training
- Use of Credit Union and necessity
- Employee Ownership culture
- Management structure and decision making
- Communication
- Partner Morale

After some sections of the questionnaire we provided comment boxes for any additional points.

SECTION 8: FEEDBACK ON RECOMMENDATIONS FROM LAST PERIOD 2015/2016

In this section, displayed within each group are Actions and Recommendations found in the last terms Social Accounting cycle. These were discussed with Director of Operations (Registered Manager) Esther Harding and subsequently she also discussed and passed these on to relevant Management whom she supervised in carrying out the actions shown.

The same procedure will come from this terms Social Accounts (document for this period and suggestions are shown on page 99-102) and the Management will again be given time to action them so as to report back on them in this manner in the following Social Accounting period as to how the company has progressed with these. The Care Inspectorate also like to look at these to see what has been done to improve Highland Home Carers Services and running on a regular basis.

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>	<u>ACTION</u>
Family and Individuals (Service Users)	<ol style="list-style-type: none"> 1. Investigate the negative questionnaire comments received from Individuals and how as a company providing Person Centred care this can be improved upon (Objective 1). 2. Carry out as recommended before the next Care Inspection improvement to support plans as indicated in the Care Inspectorate report (objective 1). 3. Work hard to improve grades given by Care Inspectorate to attempt to rectify any issues listed in the Care Inspectorate report to achieve highest possible standards as one of the main care/support providers in the Highlands area (Objective 1), this includes consideration of service structure into smaller services as recommended. 	<ol style="list-style-type: none"> 1. Managers to meet to discuss the negative comments and how Highland Home Carers can improve issues raised. All comments passed on to SP and EH. Ongoing (September 2017), will compare with results from current cycle questionnaires and comments. Further to this GM met with each Individual and all issues were rectified. Confidential email evidence was provided by Management. 2. Service Managers and Director of Operations/Manager to meet to discuss recommendations and requirements from Care Inspectorate report and to set an action plan. This has improved. Partners have been trained further and there are now random 6 month reviews on all Partners. 3. Service Managers and Director of Operations/Manager to apply to register Highland Home Carers into separate companies. Ongoing process. Management still in discussion related to this taking advice from various professionals and organisations on the best way to approach this.

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>	<u>ACTION</u>
Partners (Staff)	<ol style="list-style-type: none"> 1. Increase in number of internal assessors within Highland Home Carers to keep up with necessity for training large staff numbers (Objective 1 and 2). 2. Evaluate how the training department visit from SQA which occurred 3rd August 2016 for 'trial' External Verification (EV) went and check on progress regarding this (Objective 2). 3. To investigate why so many Care and Support Partners were unhappy and didn't feel valued compared to Office Partners (Objective 2). 4. To investigate why as high as 41% of Partners who respond to questionnaires felt that morale within Highland Home Carers was poor (Objective 2). 5. Improve involvement of Partners within all aspects of Highland Home Carers. Engagement at Social Accounts was low and this needs to be improved upon if possible in the next period (Objective 2). 6. Better systems and access to collated yearly information from all departments to improve the speed and ease at which SAT and other individuals can access necessary information and accurately (Objective 2). 7. Try to get more feedback from Partners in all areas of Highland Home Carers such as the Leachkin, Lomond Gardens and other areas as well as just Inverness (Objective 2). 8. Review of comments received from Social Accounting Partner Questionnaires to establish why 71 out of 91 comments received were neutral or negative compared to only 20 received being positive (Objective 2). 9. Try to raise awareness of Partners regarding current performance of Highland Home Carers as a company, possibly by monthly additions to the newsletter sent to all Partners (Objective 2,3,4 and 5). 10. Finance Department to try improve data collection to allow us as a company to calculate more effectively impact on the local community in respect of actual spend on local goods and services throughout the Highland area and on the number of jobs created especially regarding impact spending has on remote communities (Objective 1,2,4 and 5) to also improve data collection for future Social Accounting. 	<ol style="list-style-type: none"> 1. Training and Development Manager to approach staff across all Highland Home Carers localities who already have an SVQ to see if they are interested in becoming Assessors. This was an ineffective process. Colleges to be used instead. 2. SAT to evaluate using coding system report given to Training and Development Manager for review –no requirements highlighted in report. In the S/A Training section from 2016/2017 cycle. 3. Service Managers to review and report back to Director of Operations/Manager. EH and SP Ongoing September 2017. Will compare with results from current cycle & questionnaires and comments received. 4. Service Managers to discuss with Partners at Staff meetings why they are unhappy and why morale is so low and report to Director of Operations Manager. Ongoing. Look for changes in current 2016/2017 cycle. To measure in next cycle and compare in future. 5. Service Managers to promote Social Accounts in Staff meetings and to encourage staff to complete questionnaires. This term most questionnaires were handed out by line Managers and encouraged to fill in (March 2017). See current cycle actions and recommendations arising. 6. SAT to work with finance/training and Operations team to collate better reporting systems. Meeting with finance to ensure same information gathered yearly from same systems (August 2017). Ongoing with Training and Operations Teams. 7. Service Managers to promote Social Accounts in Staff meetings and encourage Partner involvement and completion of questionnaires. (same as point 5.) Evidenced by SAT and Management. 8. SAT to meet with Management Team to discuss. EH and SP ongoing review process (September 2017). 9. The Board to report quarterly on performance (financial) to Partners in newsletters/update the website so Partners can access the Staff portal. Has begun in 2017 and ongoing. External company assisting website development. 10. SAT to liaise with Financial Department to gather this information. Meeting held and information found difficult to obtain. In 2016/2017 cycle financial reporting section.

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>	<u>ACTION</u>
Others	<ol style="list-style-type: none"> 1. To monitor how the new learning Management system implemented in July 2016 works, is this effective in automatic feedback given and does it make the evaluation process more proficient? (Objective 1,2 and 5). 2. To ensure as an employee owned company we are maintaining a steady growth and providing a high living wage income to help Partners also contribute to the local economy (Objective 3 and 4). 	<ol style="list-style-type: none"> 1. SAT to liaise with Training Team on learning Management system. Service Manager to take responsibility on ensuring staff are getting up to date training including the learning management system - ongoing. SAT researched this further in 2016/2017 cycle and wrote results in training section 10 of current document. 2. Director and Operations Director/Manager to meet with NHS contracts and Head of Finance to discuss the growth within Highland Home Carers. Highland Home Carers committed to implementing the living wage payment for all Partners. Highland Home Carers are now an accredited living wage employer under Poverty Alliance.

SECTION 9: REPORT ON PERFORMANCE AND IMPACT

9.1: SERVICE USER QUESTIONNAIRE RESULTS AND FEEDBACK

All figures used here are out of 155 respondents and so percentages are based on these figures.

Total Individuals asked	543
Responses received and analysed	139
Returned due to changed address	12
No longer with Highland Home Carers as a provider	4
Not responded	388

*This works out as around a quarter of people responding (26%) compared to around a third of people responding (33%) in the last period. This shows around 7% reduced uptake from Individuals (Service Users) in the last period to current period.

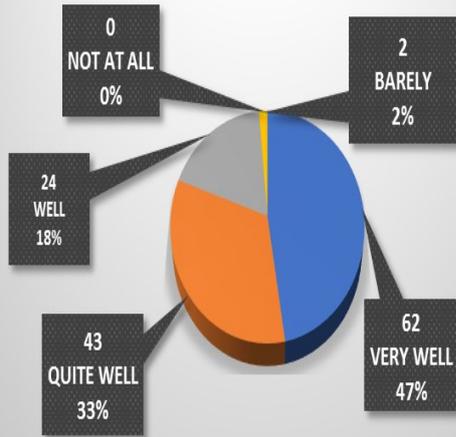
Questions asked were based on National Outcomes and tie in with work Stephen Pennington is doing with other third sector organisations as well as Highland Home Carers Mission, Values and Objectives and findings that the Social Accounts Team felt required more research from last terms Social Accounts.

It is important to note that the questions asked did not specifically relate to Highland Home Carers alone as Community Teams know their care providers under different names and Highland Home Carers as the umbrella organisation (for example Black Isle Cares, Boleskine Community Care, Strathdearn Care).

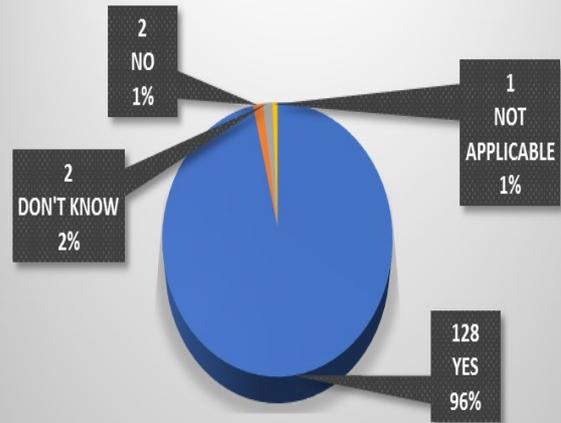
Results given relate to Highland Home Carers Mission, Values and Objectives as a whole. Specifically, questions relate to objective 1 as a whole. Question 1 relates to National Outcomes and objective 1.3; Question 2 relates to National Outcomes and objective 1.5; Question 3 relates to Values of ‘being an open and approachable company’ and ‘respecting rights and promoting equality’ as well as National Outcomes; Question 4 relates to National Outcomes; Question 5A relates to National Outcomes and objective 2.2; Question 6 relates to objectives 1.3, 1.4, 1.5, 1.7 and National Outcomes; Question 7 relates to objective 1.3, 1.6 and National Outcomes; Questions 8A and 8B relate to values of being ‘an open and approachable’ company and results from last terms questionnaire; Question 9 relates to last terms findings and Mission, Values and Objectives; Question 10 relates to objective 1.3 and last terms findings.

Question 10 was comments only, not all Individuals (Service Users) answered this but any received comments have been listed and analysed and added to appendices which can be viewed at www.highland-home-carers.co.uk (appendix 9: ‘Individual (Service User) Comments from Questionnaire’).

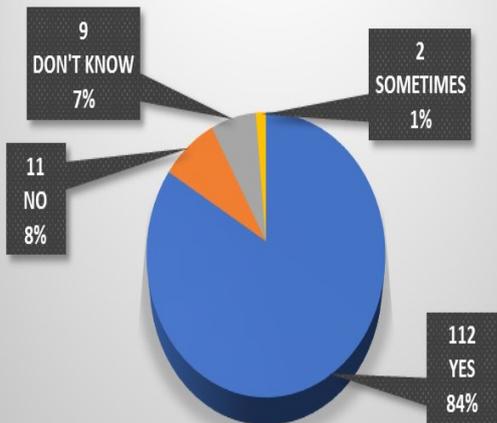
Q1: Do you feel with the support provided you are able to look after your health?



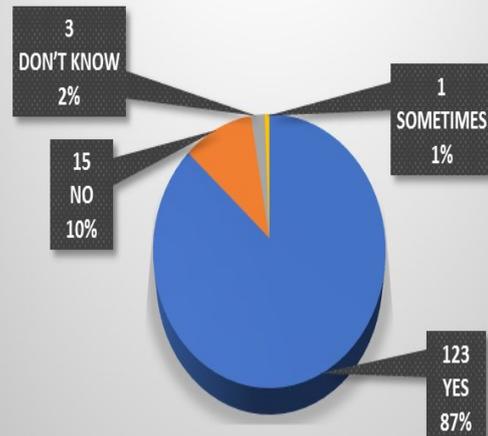
Q2: Do you feel HHC service allows you to be supported in living as independently as possible?



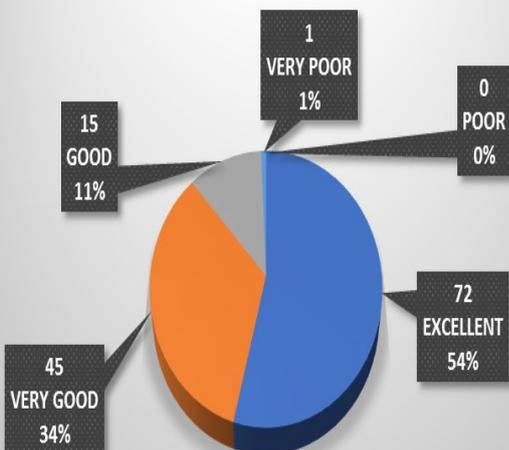
Q3: Do you believe you have been given a say in how any help, care or support has been provided to you and been involved in your care plan?



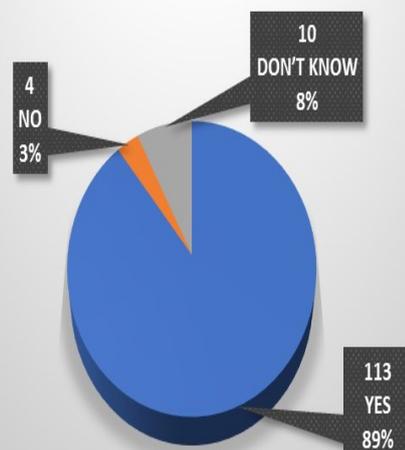
Q4: Do you feel services provided to you are well co-ordinated?



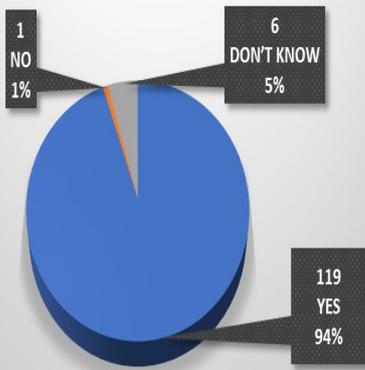
Q5A: How would you rate the care/support provided to you?



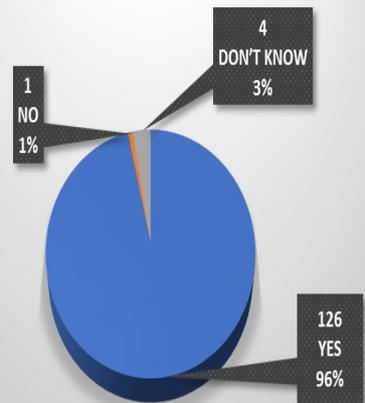
Q5B: Do you feel staff have correct training to do their jobs well?



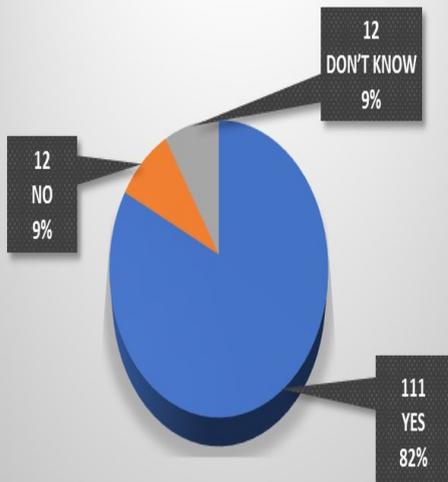
Q6: Do you feel services provided have improved or maintained your life quality?



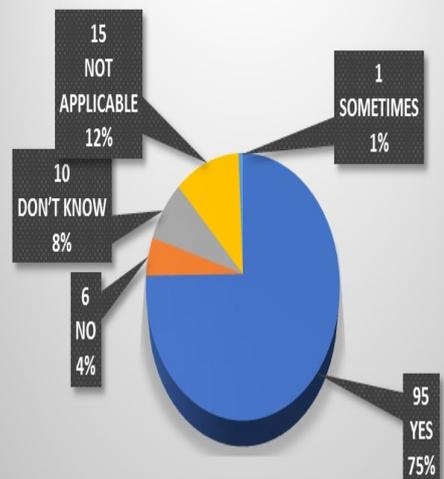
Q7: Does the provided support given at home make you feel safe?



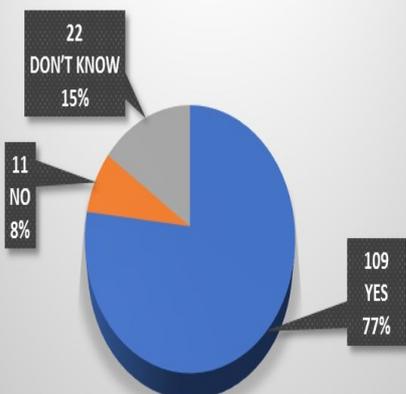
Q8A: Do you know of and understand how to make a complaint?



Q8B: Have any issues if raised been dealt with effectively?



Q9: Do you feel HHC is meeting its Mission, Values and Objectives?



Conclusions:

- A combined 98% of Individuals felt that support provided enabled them to look after their health
- 96% of Individuals felt Highland Home Care service enabled them to live as independently as possible
- 84% of Individuals felt they had been given a say in how any help, care or support had been provided to them and had been involved in their care plan
- 87% of Individuals felt services provided were well co-ordinated
- 88% of Individuals rate care/support provided as excellent and very good
- 89% of Individuals felt Partners (staff) have correct training to do their jobs well
- 94% of Individuals felt services provided have improved or maintained life quality
- 96% of Individuals felt support provided at home made them feel safe
- 82% of Individuals understood how to make a complaint
- 75% of Individuals felt issues raised had been effectively dealt with and 20% felt they hadn't had to make a complaint and so they either didn't know or felt this not to be applicable
- 77% felt Highland Home Care is meeting its Mission, Values and Objectives

Individual (Service User) responses suggest that overall we are meeting Highland Home Carers Mission, Values and Objectives as well as working in line with National Outcomes, this is shown by high percentage rates and an outstanding number of positive comments received compared to negative or neutral comments.

We did find the respondent uptake had decreased in this period from around 33% to 26% of Individuals giving feedback.

In relation to results, the Social Accounts may bring greater understanding of Highland Home Carers Mission, Values and Objectives within our summary document whilst also showing Individuals more about the company overall and the positive things we are doing.

There may need to be an attempt to try to increase responses received in the next period.

* It is important to note also that the Social Accounts Team analysed Highland Home Carers complaints records, the findings here were that in 2016 there were 5 complaints made, in 2017 there were 5 complaints made (10 in total), from these complaints all 10 had been resolved effectively by Management (source of information are confidential complaints records held by Management and viewed by SAT and audit panel as evidence).

Analysis of comments received:

Within the below table showing received comment analysis, both discrete comments by question as well as main issues raised by Individuals (Service Users) have been analysed.

	POSITIVE	NEUTRAL	NEGATIVE	TOTAL COM-
Q1	17	8	2	27
Q2	14	7	1	22
Q3	14	1	5	20
Q4	13	3	16	32
Q5A	17	2	2	21
Q5B	12	4	6	22
Q6	18	0	2	20
Q7	14	1	1	16
Q8A	16	1	2	19
Q8B	21	3	8	32
Q9	6	1	4	11
Q10	45	8	28	81
TOTAL OF EACH COMMENT TYPE	207	39	77	323

Total comment numbers account for if people have added multiple comments under each question comment they made.

This shows there was good response and Individuals (Service Users) wanted to tell us their views. The number of positive comments received were much higher than negatives and there were less neutral which tells most people had clear ideas on what they wanted us to know.

9.2: PERSPECTIVES

Here we have included a section telling of the varying perspectives Stakeholders have on Highland Home Carers as a company both from internal and external Individuals whom we held interviews with as we wished to portray a wider view on what Highland Home Carers is all about as a more whole picture.

In the following section we introduce these Individuals in their own words to allow them to tell their perspectives and hope these views are insightful to the readers.

Views represented within this section came from:

- A retired G.P and Chair of the Highland Senior Citizens Network
- A Social Worker who has had connections with Highland Home Carers, particularly in Complex Needs Services
- A Social Worker in Adult Care who previously went through her degree with Highland Home Carers as her employee sponsor
- A carer who has been with Highland Home Carers since it first began
- An S.D.S Partner who was TUPED from another care provider
- A Support Partner and Employee Director
- A Care Partner and Care Co-ordinator
- An Assistant Manager TUPED from another care provider who has held various roles.

The SAT initially invited these Partners due to length of Service and variations in experience to try to gather a wide range of views from a range of areas and roles within Highland Home Carers. The team also chose other Stakeholders who had connections to Highland Home Carers and also had variable experiences.



Ian McNamara

In an interview at Highland Home Carers office in Inverness, Ian gave a brief history of his working life. Ian retired as a GP in Inverness in 2004. He had also been an Inverness Crossroads committee member for 30 years. Following retirement he became involved with Highland Senior Citizens network in which he continues to be chairman. In 2011/12 integration began between NHS and local authority, this included involving the third sector in Health and social care for adults. Fairly recently this led to the use of the Self-directed Support (S.D.S) type community models of care delivery in which Black Isle Cares were formed. Ian stands as an active member of the board of Black Isle Cares and in doing this has gone from limited knowledge of Highland Home Carers to closely working together.

Ian told the team that he believes Highland Home Carers do achieve their Mission and Values and felt nothing needed to be added here. In discussion of our yearly Individual (Service User) questionnaires and meeting objectives for this group, Ian felt this shows Highland Home Carers have a commitment to quality assurance.

Ian felt that in line with Objective 4 (which can be seen on our Mission, Values and Objectives section and is one area the team are researching this period), that Highland Home Carers “have gone out of their way to help and our organisation would not have happened without their continuing support”.

We were told that Ian had seen Highland Home Carers grow over several years yet it had remained true to its founding principles. In the services Highland Home Carers offers as a care provider Ian said “I have received unsolicited, positive feedback from Service Users” and that he is aware that Service Users of Highland Home Carers cannot care at home themselves, with the majority being older people or younger people with complicated needs.

Ian has come into contact with Highland Home Carers through “contact with Stephen Pennington at various meetings and through being a Trustee of Black Isle Cares. I have been aware at first hand of the immense support Highland Home Carers provided to enable Black Isle Cares to establish home care on the Black Isle. I also knew him decades ago when he was a Social Worker for the Highland Council who attended our practice meetings”. We were also told that the office and other Partners of Highland Home Carers that Ian has come into contact with are all “first class and committed to the organisation”.

We asked for a brief explanation of Ian’s role and how he comes into contact with various aspects of Highland Home Carers. Ian said “ as the current Chairman of the Highland Senior Citizens Network, I meet Stephen at a variety of meetings. In particular those that involve the statutory sector, the independent and third sector. It is patently obvious that Highland Home Carers has been proactive in developing a problem solving approach to developing home care where the statutory sector has struggled and failed to provide home care in several areas of the Highlands”. Ian also believes “Highland Home Carers is an organisation that comes across as one of integrity, with high standards that relishes innovation. It is not complacent as evidenced by ongoing self-examination and opening it self to external scrutiny”.

Ian’s final comments were in the connection of his role as Chairman of Highland Senior Citizens Network related to Highland Home Carers; “I am able to witness Stephen’s joint Chairmanship of the Adult Services Commissioning Group. It has been largely due to his problem solving approach that progress has been made in care at home services in many areas of the Highlands. Much of this is down to the standing and respect that he is held in by the statutory sector. Now jointly working with Highland Home Carers, the NHS social workers mutually agree the allocation of care for new referrals on a weekly basis through agreed areas in Highland. Stephen has also been instrumental in the equalisation of rates of pay for care workers in the independent and statutory sector. Through connection with Highland Home Carers, I’ve gained insight into S.D.S which ensures patients have the right to choose over their Individual care”.

In closing, the team thank Ian for an external and very insightful perspective.



Andrew Newton

My name is Andrew Newton and I currently work as a Social Worker for the Community Care, Inverness West Rural Team at The Corbett Centre, Inverness. I started my Social Work degree in 1999 at Aberdeen, Robert Gordon's University, by distance learning. I had previously worked as a support worker for Highland Home Carers, an Activity Co-ordinator for a Mental Health specialised Care Home and in a Residential Care Home in Inverness. I started at the Corbett Centre as a Social Worker in 2001, in the Learning Disability Team. So far in my career it has been challenging but very rewarding. I feel that it is important, like many jobs, to have personal interests and hobbies out with the stresses that any job might bring, and mine is photography. It helps me to focus in a different way on people and allows me space to relax after a busy week.

I have been working alongside Highland Home Carers as a Social Worker since 2001 and I believe Highland Home Carers achieve a very high standard in terms of their Mission and Core Values. I have worked with many support workers and seniors within the company and I feel they provide a sensible, flexible, honest and sharing approach to promote independency and increase the quality of life for a diverse client group.

When asked of views related to Objective 1 and Service Users Andrew told us he feels that all of Objective 1 of Highland Home Carers Mission, Values and Objectives (to enable Individuals (Service Users) to stay in their own homes with support) are carried out and instilled through Highland Home Carers core values and training programme. This can be seen through workers who support their clients to make achievable goals, maintain their tenancy and improve their quality of life. It has been productive as a Social Worker, that staff have been available to meet and discuss the client first before I meet my client; this allows me to build a picture of the person and what they are good at and what they may need support with. I feel it is a good thing also to ask for Service Users feedback, along with the normal review format, to make sure they have a say in how things are going.

We also asked Andrew's views related to Objective 4 as the Social Accounts Team are investigating this this year and were told: I know that Highland Home Carers are always looking to be in Partnership with other charitable organisations and Stephen Pennington is on groups leading and developing better services within and around local communities. I believe that they do this well and are always trying to improve services, especially with Service Users who are isolated and have no families.

I have worked as a Social Worker with Highland Home Carers since 2001 and seen the company improve and grow in all aspects of training, the office itself, on their risk assessments, quality of care and support workers who on the whole stay with the company to learn and improve their own skills. From management, to senior level, to support workers to secretarial, I have always felt that everyone is valued and has an important part to play in improving and giving best quality of care to a diverse range of people.

As a link Social Worker for the Leachkin service and having many clients over the years supported by Highland Home Carers, I know the company very well and have a good rapport with many of the staff and Management. Management keep me up to date with services they provide, including new ideas. I have been on my Social Worker journey along with Highland Home Carers journey and very much appreciated working closely with a company with high standards of care and who are always learning to try and improve their service with feedback from Service Users and professionals alike.

Related to interactions with Partners of Highland Home Carers, Andrew said: Obviously as humans, I have come across staff who will make time to talk and discuss not just work related things and other staff who don't. On the whole though, staff have been good and I get a relaxed feeling and feel welcome when I visit the office. In meetings, home visits and at reviews, staff have always been professional and appropriately dressed.

As a Social Worker, I feel a good analogy in terms of creating a package of care; it is in relation to a jigsaw puzzle, trying to build up a picture of a person who may have many pieces to their life. Highland Home Carers help along with health, education, housing and police to build up a more balanced picture of someone's needs. Without providers like this, it would be difficult to enable independence, support and reduce risks within a person's life. Staff provide vital information within meetings and reviews to help out in this process.

Since being a link Social Worker with the Leachkin complex (who have also won an award for the best team) in which Highland Home Carers provide support for the eight tenants who all have complex needs, I have had great support from all the professionals involved, including seniors and support staff. The communication has been excellent and in every meeting/ review, it has always focussed on the person's needs and how to improve the service and opportunities for each Individual. This also helps the families involved, to gain trust and rapport with the company and professionals involved.

The Social Accounts Team wish to thank Andrew for this insight and perspectives on Highland Home Carers as a care provider to the Highland region.



Natalie Thomson

My name is Natalie and I live in Inverness with my fiancé, teenage son and our two dogs (miniature schnauzers). I have over twenty years experience, working in a variety of Health and Social Care settings. My hobbies include laughter yoga, reading, running and meeting friends for coffee and cake.

I believe that within my work with Highland Home Carers they are seen to achieve their Mission, Values and Objectives. They constantly deliver a high level of care; enabling Service Users to live at home as independently as possible.

Highland Home Carers remain at the forefront of service providers within Highland working to address rurality and lack of resources. With regards to the annual Social Audit, I strongly believe that other Service Providers should adopt this system as a way of evaluating their service in an honest and transparent way and then implementing changes based on the findings of the Stakeholders.

In relation to Objective 4 and Highland Home Carers charitable work Natalie told us; Highland Home Carers have always supported and encouraged company and Individual involvement in charitable and community projects.

When asked if Natalie had seen Highland Home Carers grow over a period of time and what she thought of the company as it stands today, Natalie says: I first became involved with Highland Home Carers in 2005 and I have seen many changes in that time. The company has doubled in size and continues to take a lead with regards to creative projects and pilots at a local and international level.

I believe that I have good knowledge of Highland Home Carers offered services and have been at some level involved with the company since 2005. I worked as a Support Worker with Highland Home Carers for 7 years (2005-2012) and in my various Social Work roles since then. I find the majority of staff are all friendly, caring and professional. As previously mentioned I was a former employee of Highland Home Carers. When I first qualified as a Social Worker, I joined the Self-Directed Support Team and continued to support Highland Home Carers with the Individual Service Fund Pilot, as well as exploring community capacity projects. I later moved to the Community Mental Health Team and more recently a Community Care Team and I have worked alongside Highland Home Carers in supporting clients to live as independently as possible in the Community.

Highland Home Carers have always supported employees with their professional development and along with another colleague, we were the first to be sponsored through a degree in Social Work. I am very grateful for this opportunity and feel fortunate to be able to continue working with Highland Home Carers, albeit in a different capacity.

The Social Accounts Team wish to thank Natalie for sharing her perspectives and Individual journey with Highland Home Carers.



Kathleen Fraser

My name is Kathleen Fraser. I have worked at Highland Home Carers since December 1999 (18 years!). Nick Boyle, who founded the company, initially interviewed me at his house in Ballifeary Lane. It was a small family run company then, which has grown into the huge company it now is.

At the age of 66, I am now gearing up to retirement, but not ready to go just yet!

It has been a journey and I have seen a lot of changes along the way. I have met some lovely people, carers, Service Users and office staff. Some wonderful characters. It was a learning curve in many ways, not just from standard training but from Service Users also.

I have always been in the care at home side and enjoy it very much. It can be challenging but also rewarding.

I truly believe that the Mission, Values and Objectives of the company should always be to provide the best care possible with the best training provided for all aspects of the job. I have been grateful for training I have received and it's good to know I can ask for additional training at any time.

The thing I most like about my job is the Service Users. They all have a story to tell and they have had life experience, it is also good to be a part of an Employee owned company and to be a shareholder.

I would like to see Highland Home Carers continue to develop in the future. Highland Home Carers must always strive to be at the top, with constant training being offered to new and existing staff. I did have concerns that we may have grown too big, too quickly. I still do to an extent, but hopefully everything is falling into place. After all, Highland Home Carers may be doing my care one day!

I have had the opportunity to meet many lovely people in this job. Lifelong friends, Service Users who have at times, felt like my family. Plenty of laughter and tears, especially when we lose someone we were close to. Each day can bring a new challenge so you can never be complacent. Although I think we do a good job as the main care provider in the Highlands, we must be careful to never let standards slip and must be able to meet every challenge.

To anyone wanting to become a carer, I say give Highland Home Carers a try. It can be hard work, not without its share of stress from time to time. It's not all cups of tea and a wee chat. It can also be very rewarding, being part of a team that enables someone to remain in their own home for as long as possible.

The Social Accounts Team wish to thank Kath for sharing her journey with us as a valued Partner to Highland Home Carers and hope she continues to enjoy this journey for some time to come.



Angie Macdonald

My name is Angie Macdonald, I was TUPED from another care provider in March 2011 where I was an Assistant Manager for Housing Support. The Service Users have been diagnosed with complex needs and are supported to live in their own homes 24 hours a day, I worked there for 3 years.

From feedback from the previous care providers Managing Director, there were two providers that had put tenders in for the complex needs and another service close by. The staff were asked to look on both providers websites as at that point no one knew who would be the provider for the services. I knew a bit about the other care provider who had put a tender in for the service I worked in but knew nothing about Highland Home Carers. My thoughts were, if you don't know or hear anything about a care provider they must be good. I did research the internet and looked up the Care Inspectorate reports for Highland Home Carers. I saw they had excellent scores which is something that encouraged me and other staff to know that we would be working for a good company that supported their clients and staff.

The staff teams met with Esther and other Managers in a local hotel to ask them questions and to offer us all reassurance about moving to another care provider as the majority of staff had worked with the previous care provider for a long time and it was a daunting move to another provider. The meeting helped put all the staff at ease and reassured the staff by answering questions with total honesty. Due to my position as an Assistant Manager I also met Stephen numerous times on a one-to-one basis for a chat, which again I found very helpful. Stephen made me feel at ease about working for Highland Home Carers, he spoke to me about what being Employee owned meant and again this appealed to me as I would also have a voice in the company instead of just being an employee.

I believe Highland Home Carers Mission, Values and Objectives. They are of high standards. The Mission Statement to ensure clients are enabled to stay at home for as long as possible, enabling them to have an individual tailored service to meet their individual needs and ensuring they have a voice and are enabled to maintain their independence in their own home to the best of their ability are apparent in this company.

Staff are trained to a high level; I have been informed numerous times that staff previously worked for another care provider and Highland Home Carers training is excellent compared to the training they received in their previous job. Both staff and myself (as Management) are also encouraged to seek out other training relevant to their positions for their professional development. I feel also the training team will either source training that you require or will inform you of the correct person to contact for this training. I also have been on the full week induction training and other training relevant to my position. I was given the opportunity to undertake and complete my SVQ 4 in Health and Social Care which Highland Home Carers funded for me to undertake as part of my personal development within my job role.

I have in the last year and a half been given the opportunity to develop self-directed support service under option 2 enabling people to stay in their own homes with local staff supporting them. I work alongside NHS Social Work team, Occupational Therapists, other NHS professionals and also meet with the committee members of the local areas employing staff.

I won't pretend this is not an easy job for me as my background has always been adults with learning disabilities, but with both Stephen and Esther's knowledge and support I feel privileged to have been given this opportunity to enable elderly people who would have possibly been put into a care home the chance stay at home with care/ flexible support they require. Also allowing me to develop as a person as it was daunting to move from learning disability Service Users who were supported 24 hours a day and having support of one team in one area, to then lone working as a Highland Home Carers employee in local communities ensuring that not only staff but clients and families could trust Highland Home Carers to work with communities to initially set up and allow them to manage with very little support from Highland Home Carers. I also do shifts in the local communities when initially they are getting started which I really enjoy as I can give less experienced staff an understanding of how S.D.S option 2 works for these local communities.

I feel Highland Home Carers are the only company that allows staff to move from one area to another due to the different services they offer such as care at home and support services, also when job opportunities arise the office staff are encouraged to apply for the positions by all staff being made aware internally of the up and coming jobs that are available to them.

I feel due to the Self-Directed Funding option 2 being offered to more and more people in the community Highland Home Carers can only grow; I feel they are the only company along with the local communities they support who actually have full knowledge of how this option works to support the clients/Service Users, this again is down to Stephen and Esther sharing their knowledge and skills and letting myself and others develop within the company.

Like any company, Highland Home Carers will have up times and down times and I feel it is very important not to dwell on the down times but to think of these as a way to move forward and learn from the experience. Personally for me there have been more positive than negative times in the past 6 years and I feel that Highland Home Carers are doing a good job as the main provider in the Highlands.

Since I was TUPED to Highland Home Carers I have had great experience from starting up 24 hour services with adults with learning disabilities as well as leaving my comfort zone to support Service Users with mental health issues and now ensuring that everyone can live safely in their own homes under the S.D.S remit. I feel if I can be given this opportunity many others can also and Highland Home Carers do not hold people back from self-developing and most of all enjoying their job. I like many others that are employed by Highland Home Carers make a big difference to all the Individuals lives that we support.

The Social Accounts team wish to thank Angie for sharing her journey with us as a valued Partner to Highland Home Carers and hope she continues to enjoy this journey for some time to come.



Rikki Mackenzie

My name is Rikki Mackenzie, I've been employed with Highland Home Carers for 5 years, most recently as a home support worker and an Employee Director. I trained as a quantity surveyor when I was younger, a job role which was unfortunately hit very hard by the 2008 global recession; after a chat with Mike Dela Cruz at my part-time job (as the company had been caring for my grandfather, helping to keep him in his own home as long as possible, thanks to the excellent care and understanding from carers such as June Shaw) I decided to take on more work with Highland Home Carers.

This focus on personalised care for our Service Users, understanding towards their families and a willingness to do the absolute best we can for the people we care for is perhaps our greatest strength as a company. Having worked in several community job roles in Highland Home Carers, it has been heart-warming to see just how far some of our carers go to make sure Service Users are supported to the best of their abilities, even as I was starting out. It became increasingly obvious as the years ticked away in Highland Home Carers that this high level of care would not be compromised among our carers, I was glad to see that as Highland Home Carers began to expand somewhat rapidly, this would show no signs of changing.

Last year, an opening arose on the Board of Directors, I decided to apply for the position. I'd always been interested in how Highland Home Carers was run and was looking to improve my knowledge on Employee ownership and the general running of the company. The position has been eye-opening for me and I would definitely recommend it to anyone interested more in the business side of Highland Home Carers. It was due to this position that I had recently had the chance to visit one of our little heard from community projects, Boleskine. I was very pleased at the high level of care among the tight knit community happening there. It's the innovation found in our community projects and a personalised solution to a common problem that I feel could be a big part of Highland Home Carers future, if it's given the chance to flourish. During my time on the board, I got to visit and meet with the various areas that make up Highland Home Carers and was happy to find that the clear majority I spoke to are happy with what Highland Home Carers is doing, although of course there were gripes that need dealt with.

I feel the reason I have lasted as long as I have with Highland Home Carers comes down to flexibility, which I maintain is a strong selling point for any company to have, it should be kept at the forefront of Highland Home Care recruitment and staff retention efforts. On a number of occasions, I've had to change my work schedule at somewhat short notice in order to accommodate personal circumstances. One such occasion over 2 years ago, I had been given the bad news that a family member had been diagnosed with cancer and required help attending their appointments. I approached my Management fully expecting to cut my hours significantly, or even take a leave of absence, but in the space of half an hour the Manager assured me that they could work around whatever I needed. For 4 months, I watched the Management and Operations team bend over backwards to accommodate what was a very difficult time in my life, for that I am very grateful. I think it's important for a company to look after its employees and Highland Home Carers, in my experience, has done very well in this aspect. I'm not deaf to criticism of Highland Home Carers on the ground level and I know it's popular out in the community to have a negative opinion of Management (I've had my own problems at times, of course) but I've found that if push comes to shove, Highland Home Carers will pull through for its employees.

In conclusion, I think that Highland Home Carers is only as strong as Partners and their relationship with one another. Thank fully and in my experience, this relationship seems to be improving all the time and I hope it maintains. I've always said to myself that I'll do a job as long as I continue to feel like I'm helping in some way. If Highland Home Carers didn't have this focus on providing the best care and support we can, I wouldn't be working here any longer. Thankfully there's no sign of that changing any time soon.

The Social Accounts Team wish to thank Rikki for sharing his journey with us as a valued Partner to Highland Home Carers and hope he continues to enjoy this journey for some time to come.



Jean Kemp

My name is Jean Kemp. I have worked at Highland Home Carers for almost 6 years. Initially I worked out in the community as a carer and latterly in the office as a care co-ordinator. I am considering doing a Management administration course to see if I or Highland Home Carers would benefit from this.

At the age of 17 I left home to be a nanny at Hoddo House. I moved to Inverness and at later dates worked in hotels, care homes then retail as a Supervisor and then Manager over a period of 15 years. I then decided I wanted to get away from targets and get back to what I had loved doing, care!

The next stage for me was to apply to do my nursing training but as I was one point short, I decided at this stage I was too old to go back to college and study for another year to allow me to apply again. How wrong was I?! My next decision was to apply to Highland Home Carers. I had the belief that they wouldn't take me as I had been away from care for 25 years. However, I got the job! Since then I have done a dementia course through Stirling University and my SVQ 2.

I believe Highland Home Carers as a company have a very strong Mission, Values and Objectives. They have high standards and provide a very high level of care enabling people to stay in their own home and be as independent as possible.

My opinion on S.D.S as we are branching more into this, is that it will become more prominent in future. It gives the client more choice as to how their care is given. In my opinion, this is a great idea but would need to be maintained closely as could be open to abuse.

I like the fact that Highland Home Carers is a very flexible company and even though we are growing all the time, if any member of staff is in difficulty, they can still come to anyone they feel comfortable with within the company for help. It will be given to them ourselves or by an outside body.

I was asked where I see Highland Home Carers in the future. I personally hope to still be a part of Highland Home Carers for many years to come and hope to still see them at the forefront of care for the Highlands continuing to give excellent service and growing as a company.

What have the opportunities I have had meant to me? Since I joined Highland Home Carers my confidence in myself has grown immensely. I thought I was getting too long in the tooth to study yet I was only in the company a few months when I did a person-centred course. This was followed by my SVQ 2 and then a 6-month dementia course. At present, I am thinking of doing the prior mentioned Management Administration course. For me personally this is a great achievement and I hope it reflects in the work I do on a day-to-day basis. It is also a position I never envisaged myself to be in and feel extremely pleased.

Being the main care provider in the Highlands, I feel we are still doing an excellent job in providing much needed care and Independence to Individuals.

To conclude, in my opinion Highland Home Carers is the best care provider. Many people have left the company to go elsewhere and returned to us as other companies may not have the same standards. There are opportunities there if you want them and there is always a solution to a problem. I do very little care at home now as I broke a few bones last year but a job came up in the office and I went for the chance when I was called, for this I say a huge thank you. Onwards and upwards!

The Social Accounts Team wish to thank Jean for sharing her journey with us as a valued Partner to Highland Home Carers and hope she continues to enjoy this journey for some time to come.



Sandra Brannon

My name is Sandra Brannon. I began working as a carer for another Care Provider (I.L.S) in February 2012. I was notified in February 2013 that the company was being TUPED to Highland Home Carers, this was a worrying time for both my colleagues and I as we were unsure if our posts would be kept in place.

I was asked to attend a meeting with Esther Harding where she assured me that my job was safe and the only difference would be that my employer would change. For instance, I would still work with my Service Users.

I continued to work as a carer until 2014 when I received a copy of vacancies within the company. I therefore decided to apply for an Operations Assistant role at the Invergordon office which I was successful at attaining. I have now worked with Highland Home Carers for 4 years and have progressed to Assistant Manager, I embrace developing and learning and have recently achieved an SVQ 4 in Social Care. I look forward to my next course which I have just enrolled in, to complete a P.D.A (Personal Development Award) in Supervision.

When asked about her views on various aspects of Highland Home Carers, Sandra told the team: “The Highland Home Care Mission statement requires all employees to adhere to standards, values and objectives, which in turn ensures that all Service Users receive a high standard of care. As the company is employee owned, this allows everyone to have the opportunity to learn and develop their careers and due to this has given me the chance to succeed in my current role. I enjoy my post and have a good relationship with carers as my door is always open and they can see me at any time – this is important as this enables me to support and assist my co-workers as they feel confident that they can approach me and get help when needed”.

Highland Home Carers was thought by Sandra to provide a very high standard of care and she told us “I am confident that the company will continue to grow, having doubled since I first started working and continue to encourage people come and work with us to maintain our good reputation. I do believe that I would not have had the same opportunities in my previous employment and am delighted that Highland Home Carers have allowed me to achieve my goals.”

“Finally as we grow, we should not lose sight of why we work in care and always strive to give our best service to our clients, this is very important to me having worked most of my adult life within this setting”.

The Social Accounts Team wish to thank Sandra for sharing her journey with us as a valued Partner to Highland Home Carers and hope she continues to enjoy this journey for some time to come.

9.3: PARTNER QUESTIONNAIRE RESULTS AND FEEDBACK

The Partner questionnaire was run via copies handed out to Partners by Managers and the remainder were posted out. This was done due to a low response rate when we ran Survey Monkey in the previous year; also due to this low response rate the Social Accounts Team decided to analyse the cost effectiveness of running questionnaires by Paper/postal copies compared to running via the use of Survey Monkey and paying the Partners a set amount to complete these (by doing it in the latter manner it would enable more accurate results as higher uptake) this result is shown in this section also.

The Social Accounts Team sent out Partner cover letters and questionnaires, put out 3 Facebook notices to ask for Partner participation on our closed Facebook page and also included requests for participation in 2 internal company newsletters. 1 person had moved address, 5 had left Highland Home Care employment and 1 was returned 2 weeks too late to be included in the final count as the results had already been analysed.

Total Partners asked	530 (increase since last period also shown within
Responses received	134
Additional number of Partners asked 2016-2017 cycle (compared to last cycle 2015-2016)	145
Number of responses received compared to	61
Response rate last period	18.18%
Response rate this period	25.28%

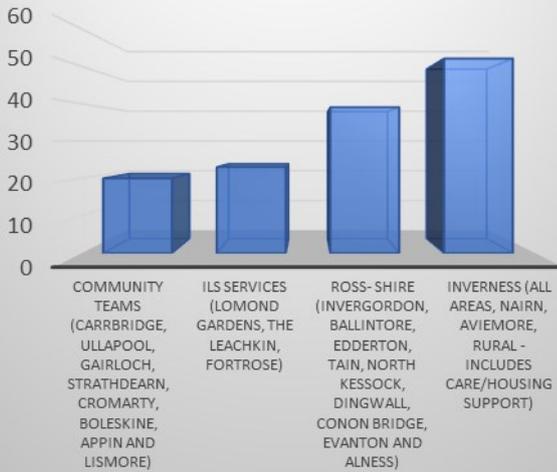
It is important to note that the questions asked did not specifically relate to Highland Home Carers alone as community teams know themselves under various names and Highland Home Carers as the umbrella organisation (for example, Black Isle Cares, Boleskine Community Care, Strathdearn Care).

Questions asked relate to National Outcomes and tie in with work Stephen Pennington is doing with other third sector organisations, as well as Highland Home Carers' Mission, Values and Objectives as a way to ensure these are being achieved. They also relate to last terms findings that required more research from the previous set of Social Accounts. The questions were also split into newly registerable services but as paper copies were sent out it became difficult to analyse the results based on each area compared to when this was done via Survey Monkey in the previous year.

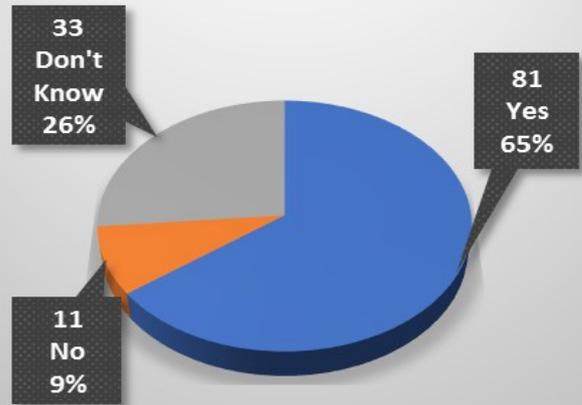
QUESTION	WHAT QUESTION RELATES TO
All questions	Objective 2 as a whole
1.	Areas worked in
2.	Overall Mission, Values and Objectives
3.	Last terms findings
4.	Objective 2.4, 2.8, Past findings
5A and 5B	Past terms findings, Objective 2.9 and 2.11
6A, 6B and 6C	Past terms findings, Objective 2.4, 2.5, 2.8 and 2.11
7.	National Outcomes, Objective 2.2, 2.4, 2.5 and 2.8
8.	National Outcomes and Mission, Values and Objectives
9.	Objective 2.1
10A, 10B and 10C	Objective 2.2
11A and 11B	Objective 2.6
12	Objective 2.7
13A	Objective 2.8
13B	Objective 2.9
14A and 14B	Objective 2.11
15.	Last terms findings

Questions 5B, 6C, 10B and 14B were comments only (190 in total), these were not analysed in the same respect of being positive, negative or neutral as the rest of the comments were because they were suggestions from Partners and ideas based and so were passed on to management to analyse and work through as improvement guidelines.

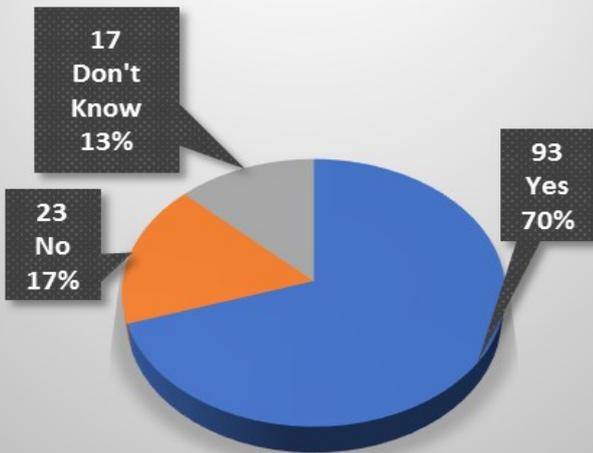
Q1 Within newly registered HHC services, which of the following do you work in?



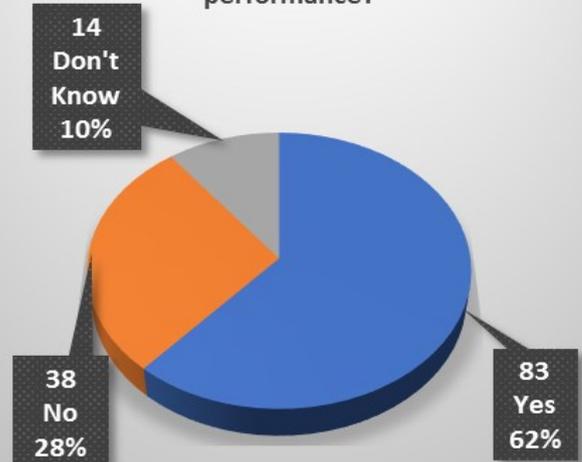
Q2 Are we meeting HHC Mission, Values and Objectives?



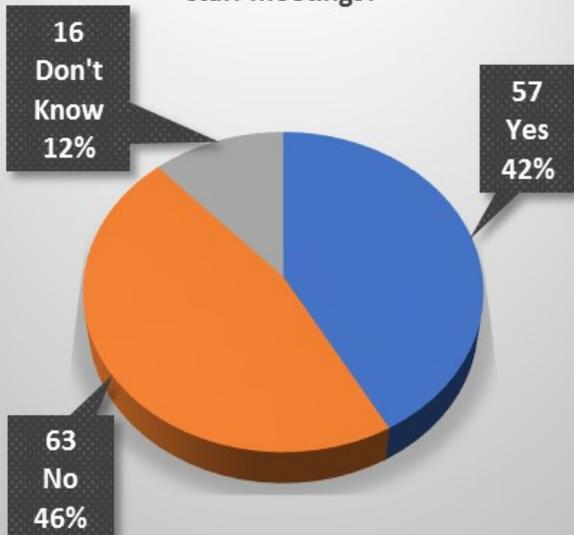
Q4 Do you feel your work is valued by HHC as an employer?



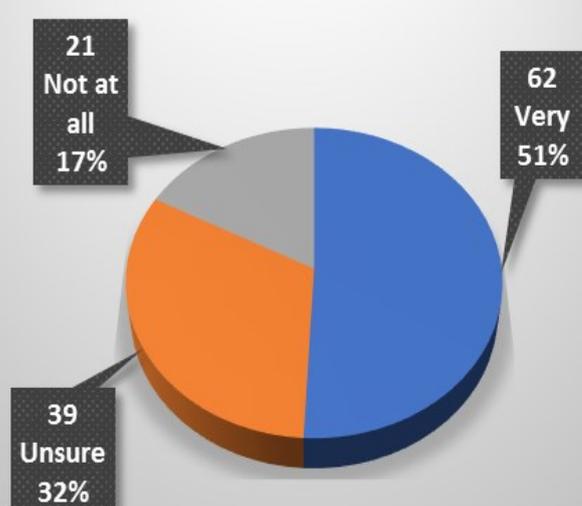
Q5A Do you feel you are given enough knowledge about company performance?



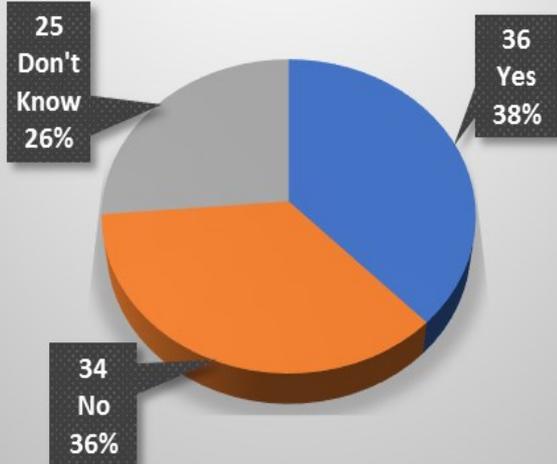
Q6A Do you think we have enough staff meetings?



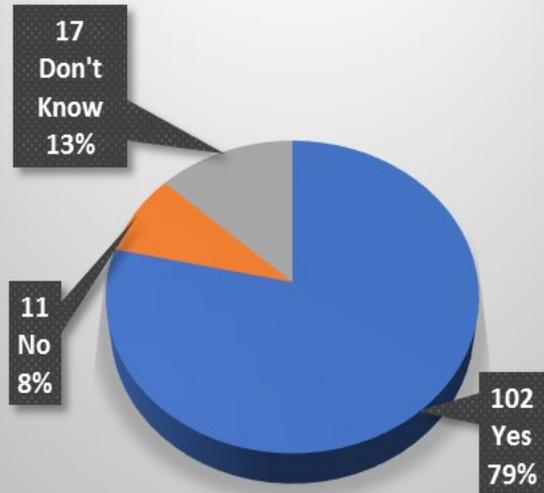
Q6B How effective do you find these?



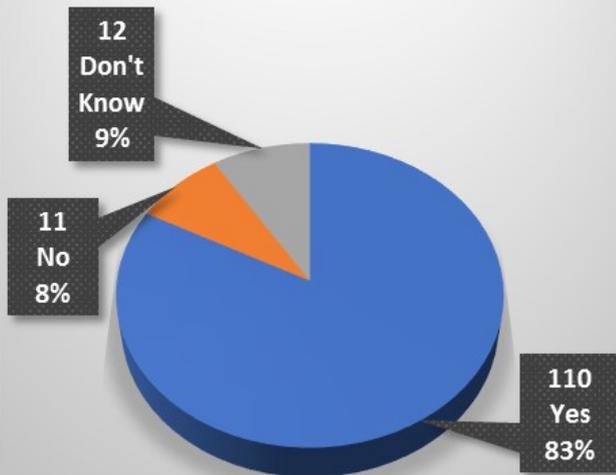
Q6C Can you suggest any ways of improvement in this area?



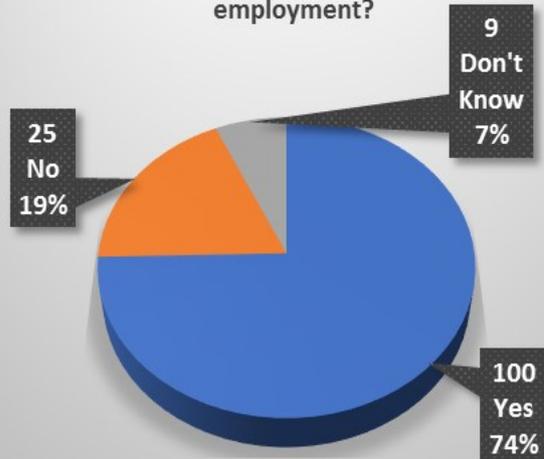
Q7 Do you feel supported to continue your role within HHC?



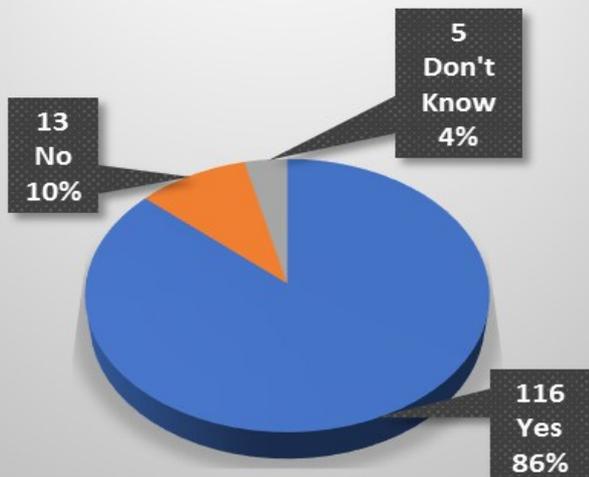
Q8 Would you recommend HHC as a good place to work?



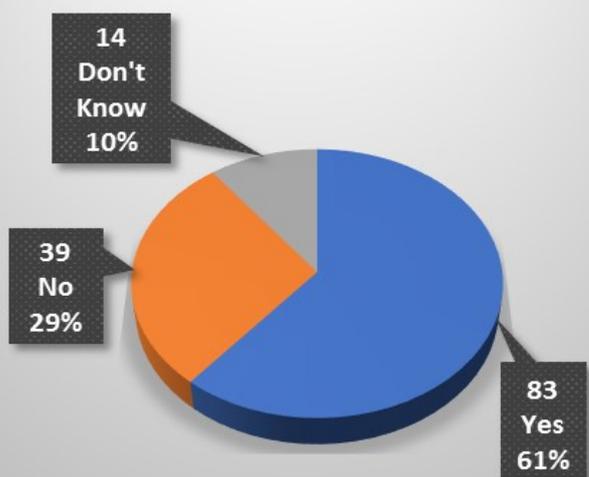
Q9 Was it fully explained and facilitated for you as a Partner of HHC to become a shareholder after 3 months of employment?



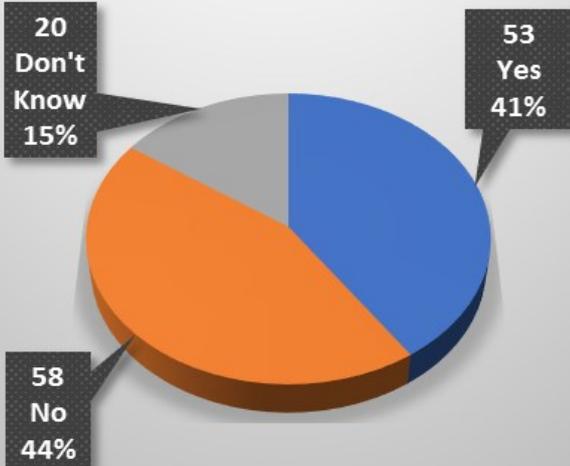
Q10A Was training provided of a high standard and extensive enough?



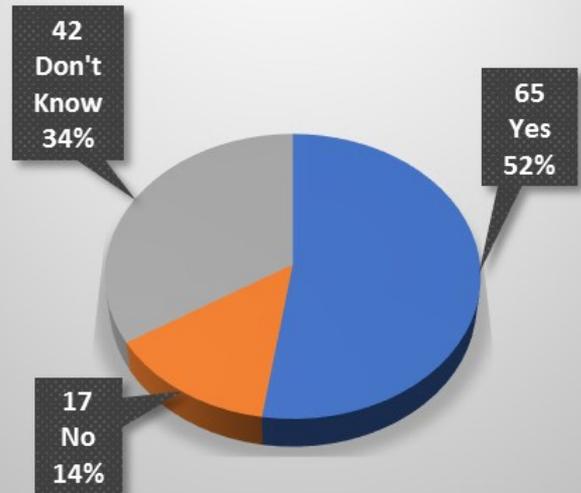
Q10C Do you find your training is kept up to date and reminders prompted?



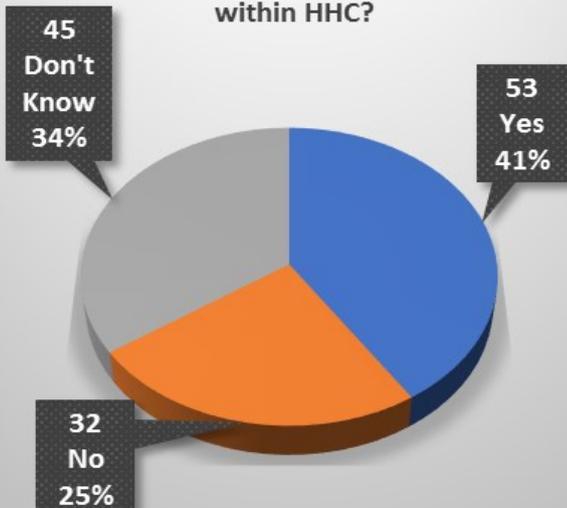
Q11A Have HHC made you aware of financial wellbeing and available use of the credit union?



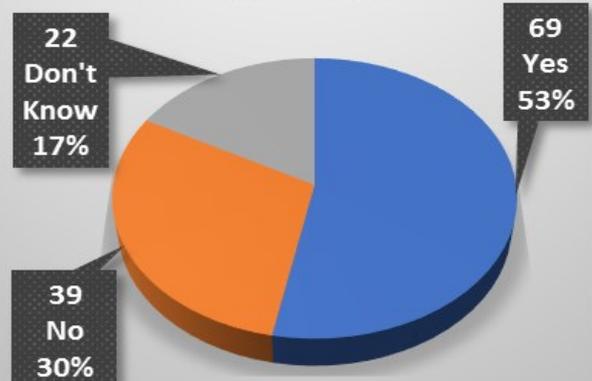
Q11B Do you feel this is necessary?



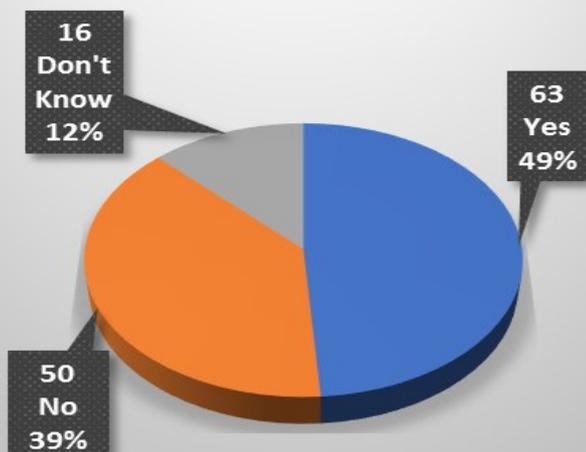
Q12 Do you feel a culture of employee ownership is embedded within HHC?



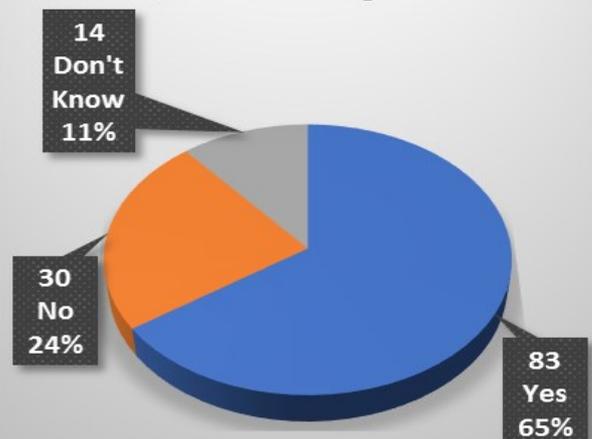
Q13A Do you feel a supportive, transparent and accountable management structure is in place that recognises all employee owners whatever their role?

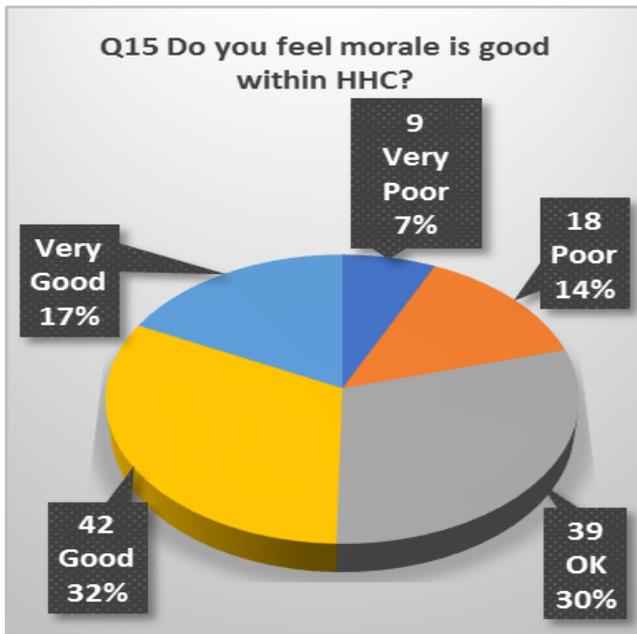


Q13B Do you feel involved in decision making?



Q14A Do you find open and honest communication throughout HHC via verbal, written and digital media?





Conclusions:

- 65% (over half) of Partners believe we are meeting our Mission, Values and Objectives.
- 70% (over two thirds) of Partners feel their work to be valued by Highland Home Carers as an employer but 30% (under a third) either don't know or feel they aren't valued.
- 62% (over half) of Partners feel they hold enough knowledge about company performance whilst 28% (under a third) feel they don't.
- 46% (almost half) of Partners don't think enough Staff meetings are held, 42% (over a third) think there are enough Staff meetings held.
- 51% (just over half) of Partners find Staff meetings very effective, 32% (a third) are unsure, 17% find these not at all effective.
- 62% (over half) Partners either don't know of any improvements that could be made to Staff meetings or feel there are none, however 38% feel there can be improvements made to Staff meetings.
- 79% (four fifths) feel supported to continue their role within Highland Home Carers, 13% (just over a tenth) don't know and only 8% don't feel supported.
- 83% (almost all) Partners would recommend Highland Home Carers as a good place to work, 9% don't know and 8% wouldn't.
- 74% (over two thirds) believed it was a fully explained process of becoming a Shareholder, 7% didn't know and 19% didn't feel it to be sufficiently explained and facilitated.
- 86% (almost all) Partners feel training was extensive enough and provided to a high standard, 10% (a tenth) felt it wasn't, only 4% didn't know.
- 61% (over Half) believe training to be up to date with prompted reminders, 29% (under a third) feel it isn't and 10% (a tenth) don't know.
- Almost equal amounts of Partners are either aware or completely unaware of financial wellbeing and available use of credit union and 15% don't know; 52% (over half) feel this is necessary whilst 48% either don't or don't know.

- 41% (just over a third) feel a culture of employee ownership to be embedded in Highland Home Carers, 59% either don't know or don't believe this is the case.
- 53% (over half) Partners feel a supportive, transparent and accountable management structure that recognises all employee owners whatever their role, 30% (under a third) disagree and 17% don't know.
- 51% feel they don't know or are not involved in decision making with 49% (just under half) feeling they are involved.
- 65% (over half) find open and honest communication throughout Highland Home Carers, 24% don't and 11% don't know.
- 32% (Just under a third) believe morale to be good and 30% (under a third) feel it to be ok. Only 17% believe it to be very good and 21% feel it is poor or very poor.
- Although response rates from Partners has increased by 7.1% since the previous term due to more Partners now in employment results still only present a snapshot of how Partners feel and could be improved further, however managing to increase uptake of respondents is always a difficulty in any organisation.
- It is difficult to break down by area where specific issues arise and so all results look at Partners from within all areas of Highland Home Carers.
- The results in line with National Outcomes could be further analysed due to external work Stephen Pennington is involved in, this may in future measure our Social Accounts results against more National findings to determine if all issues are just Highland Home Carers based or National issues to be addressed.
- Partner responses indicate that they believe Highland Home Carers is meeting its Mission, Values and Objectives. Although two thirds of Partners feel valued a third don't which may require further investigation. Almost two thirds of Partners feel they hold enough knowledge of company performance this suggest information is being passed on, however this could improve if management felt it necessary as the other third are unsure. Looking at results there are seen to be insufficient amounts of Staff meetings held, Partners also appear unsure of how effective these are and suggest that improvements may be necessary. A majority feel supported to continue in their roles and feel Highland Home Carers to be a good place to work and also feel they receive sufficient information and were facilitated well in becoming Shareholders within the company. Almost all Partners feel training to be extensive enough and that it was provided to a high standard, however just over half believe it was up to date and had prompted reminders with 39% feeling it isn't or unsure of this, suggesting room for improvement.
- Awareness of financial wellbeing and availability of the Credit Union showed that work may need to be done to promote and explain this further and also explain to Partners the necessity/relevance of this to them.
- The large amount of Partners who don't know of or don't agree with Highland Home Carers having an embedded Employee Ownership culture may need more research.
- Results show there is only 23% difference between Partners who see a transparent and accountable Management Structure compared to those who don't believe this to be there, this suggests Partners may view this as an area to be explained further to them; this also ties into how they feel regarding decision making suggesting Partners may wish to see changes here. Open and honest communication also shows this is apparent but there are again room for improvements.
- 79% of Partners had positive views on morale compared to only 21% showing negative views. This question must be looked at in line with given comments where 70 people didn't comment at all out of 134 but from the remaining 64 comments received there were more negative than positive.
- The low level of engagement is an issue, addressing this will improve Partner relations as well as providing better services for the Individuals (Service Users) and aid in the business running more effectively for all concerned.

Analysis of Comments received:

Within the below table showing received comment analysis, both discreet comments by question as well as main issues raised by Partners have been analysed.

	Positive	Neutral	Negative	Total Comments Received
Q2	5	8	10	23
Q3	1	29	70	100
Q4	21	8	21	50 *A
Q6A	5	16	21	42
Q6B	12	11	16	39
Q7	11	6	8	25
Q8	16	6	11	33 *B
Q9	5	7	7	19
Q10A	17	3	13	33 *C
Q11A	5	2	8	15
Q11B	7	3	4	14
Q12	2	8	23	33
Q13A	3	2	15	20
Q13B	5	10	22	37
Q14A	6	7	10	23 *D
Q15	23	8	33	64 *E
Total of each comment type	144	134	292	570

*A: 47, some were counted as double comments as several parts to them.

*B: one was counted as separate comments as two separate points made.

*C: one was counted as separate comments as two separate points made.

*D: one was counted as two separate comments as two separate points made.

*E: one was counted as two separate comments as two separate points made.

* Total comments numbers account for if people have added multiple comments under each question comment they made.

This shows that responses were improved since the last period but still are limited. Comments came from all areas of Highland Home Carers. The number of neutral comments received overall were lowest. There were 148 more negative comments than positive and more overall negative comments. This does also show there are clearly some issues needing addressed regarding Partners.

There are also indications of declining engagement between Partners and within Highland Home Carers as a whole (although this may be a company issue it may also be a sector related issue which is why Management need to find solutions and the work in this area is ongoing). Some indications of this are:

- Limited number of Partners standing for the Board - only 2 people stood for election in the last 2 years.
- Although there is no actual comparative AGM attendance numbers, the attendance at these has decreased (this has been witnessed by the Social Accounts Team and Stephen Pennington who have been in attendance at the last 3 AGM meetings).
- Within the EBT no one stood for election as a trustee last year so the Partner who was due to step down remained in position for another year.
- There are a lack of responses every year in the Social Accounts Questionnaires (which can be seen when reading each years Partner Questionnaire feedback), the Social Accounts Team aim to measure within the next set of Social Accounts comparatively year to year over the last 3 years of any differences and similarities here.

OPPORTUNITIES TO INCREASE EFFECTIVENESS OF STAFF QUESTIONNAIRES

We in this period researched as to the effectiveness of the collection of questionnaire data. We compared the results of uptake in the previous period to the results gained in this period and felt although there was a difference it could still be further improved. This led to us looking deeper into the cost comparisons where we could pay staff to fill out the questionnaire via survey monkey and make this part of their work or continue to make this an optional process and post the questionnaires to Partners.

These figures were gathered as accurately as possible but it is important to note that all figures are based on an estimate as it is very difficult to gather an exact figure per sheet of paper for added VAT for example and for Partners there would be extra costs Highland Home Carers must pay in tax for the wages paid (and possibly other variables).

It is also important to note that in working out these figures the Partner costs are based on the fact that running questionnaires by paper/postal copies takes the Social Accounts Team (2 Partners) 2 weeks to create, 2 weeks to print and envelope, 1 week to frank and post out, 2 weeks to count and 3 weeks to analyse and write up (this is an estimate and can take more time than this to do so these costs could incur higher charges to Highland Home Carers). In comparison it takes if run by Survey Monkey 2 weeks to create, 1 week to count, 2 weeks to analyse and write up. This is a difference of 10 weeks to run the process by paper/postal copies compared to 5 weeks by Survey Monkey.

All costs are based on the 530 copies done in the 2016/2017 period.

Costs For Paper/postal Questionnaires:

- A. Partner costs for Social Accounts Team = £3,940.0
- B. Postage costs for 2nd class based on estimates which may be higher as are weight dependant = £0.65 per questionnaire = £344.50
- C. Paper based on need for 2,120 sheets at a 500 sheet pack cost of 2.57 per pack = £10.89
- D. A4 envelopes based on need for 530 at £0.045 per envelope = £23.85
- E. Ink costs for coloured ink based on costs of £0.0467 per sheet of paper for 2000 copies = £93.40
- F. Electricity costs based on £290.46 per month / 30 days in the month to give a cost for one day at £9.68
- G. Headed paper based on 530 sheets at £0.10 / sheet from For The Right Reasons Print Shop = £5.30
- H. Pre paid envelopes to return questionnaires to the office, based on a cost of £0.35 for each returned envelope = £185.50, plus the cost of 530 of these envelopes at £0.06 per envelope = £318.0, plus the cost of the annual mail licence = £114, this gives a total cost for pre paid envelopes of £617.50
- I. Sticky address labels based on 530 needed at £0.29 per label (VAT included at 20%) = £153.70

Adding all of these figures together gives the cost of **£5,198.82**.

Costs for Survey Monkey Questionnaires and paying staff to do this:

- A. Costs to use Survey Monkey for 3 months on an Advantage package which allows full support and analysis for as many questionnaires as required is £34.00 per month but must be paid on annual subscription fee of £408.0
- B. Partner costs for Social Accounts Team = £1,950.0
- C. Other costs for paying 530 Partners to make the process mandatory, based on a set rate for all at £4.20 for the estimate of half an hour it would take to complete this = £2,226.0

Adding all these figures together gives the cost of **£4,584.00**.

Social Accounts Time and Costs of hours worked:

<u>QUESTIONNAIRE TYPE</u>	<u>NUMBER OF WEEKS</u>	<u>PARTNER 1 HOURS</u>	<u>PARTNER 2 HOURS</u>	<u>WAGE COST</u>	<u>TOTAL COST</u>
PAPER/POSTAL COPIES	2 to create	50h	32h	Staff 1 = £2,500 Staff 2 = £1,440	250 hours Staff 1 and 160 hours Staff 2 = £3,940
	2 to print and envelope	50h	32h		
	1 to post and mail out	25h	16h		
	2 to count	50h	32h		
	3 to analyse and write up	75h	48h		
SURVEY MONKEY	2 to create	50h	32h	Staff 1 = £1,250 Staff 2 = £720	125 hours Staff 1 and 80 hours Staff 2 = £ 1,950
	1 to count	25h	16h		
	2 to analyse and write up	50h	32h		

Cost differences shown between the two options:

Paper/postal copies costs in total amount to **£5,198.82**

Survey Monkey and paying Partners to complete this amounts to **£4,584.00**

There is a difference between these two costs of **£614.82**. With it being cheaper to Highland Home Carers to deliver this via Survey Monkey and pay Partners to complete these.

It is also important to bear in mind here that there is a guaranteed higher uptake and so more accurate results if the questionnaire is run by Survey Monkey which is another benefit. Also there is better time management and so a more effective Social Accounts process as the team are spending less time counting and analysing as the Survey Monkey has tools to aid this process.

The findings shown would suggest that it may be more effective to carry out Partner questionnaires in this manner in future periods of Social Accounting (it may also be useful to research other ways of gathering Partner views in future periods) – the costs may increase in both cases if more Partners were to join Highland Home Carers or if costs for any goods or licenses for example were to rise, however it would still be cheaper to do this via the Survey Monkey with less variables to account for it is unlikely this cost would rise high enough to make a huge difference to the savings Highland Home Carers would be making.

SECTION 10: TRAINING ANALYSIS

Introduction

Within Highland Home Carers it is a paramount goal to have correct training provision for all Partners for both Partner and Individual (Service User) benefit. Some of Highland Home Carers main objectives include:

- Objective 1.2 - Employing a safely recruited, properly trained and trustworthy staff.
- Objective 2.2 - Providing a high standard of formal and informal training.
- Objective 2.10 - Providing opportunities for Partners to develop and succeed.
- Objective 4.4 - Providing training, support and facilities to community and charitable organisations including family carers.

These Objectives were decided by Partners within Highland Home Carers and are agreed that to be a good and effective care provider they are essential aims.

Highland Home Carers must also:

- Provide accredited training where possible to ensure that the training delivered is sufficient to meeting organisational and sector needs sufficiently.
- Be regulated in line with SSSC regulatory requirements; all within the registration process must follow Continual Professional Development as a mandatory part of registration.

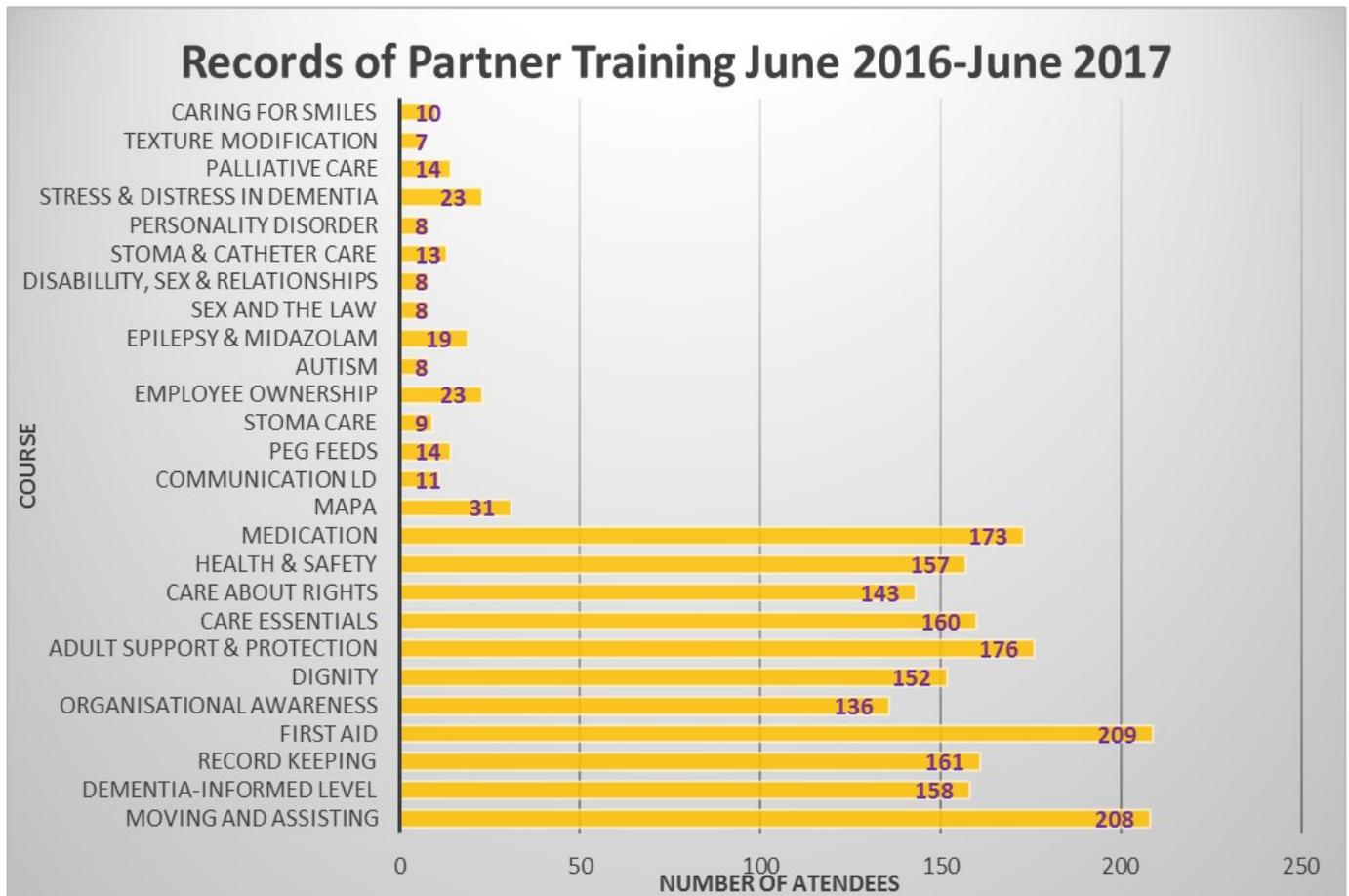
Last year in the Social Accounts cycle 2015-2016 there was a mandatory registration under SSSC of all supervisors; in this period SSSC required all care Partners working in the sector to have or be working towards SVQ qualifications and all must be included on the SSSC registration by the end of 2017 or within 6 months of starting for new Partners.

There are also various laws listed within the Compliance section of this document that must be adhered to.

Partners that are sufficiently trained mean Highland Home Carers are able to deliver a better level of care to Individuals (Service Users); this could also lead to more satisfied workforce as all Partners feel the training needs to fulfil their job roles are met.

Training is a complex area to manage as there are a large number of Partners with various roles within Highland Home Carers. Training courses vary in amount of completion time they take as well as managing when Partners have sufficient availability to attend these. There are also various costs which differ course dependant. It must also be accounted for that refresher courses are to be delivered as well as any new laws/regulations that can come into consideration at any point which must be adhered to and may further increase pressure to ensure Highland home Carers compliance with the law.

Records of what training has been done for the year:



Explanation of each course delivered:

- **MOVING & ASSISTING:** Covering theory and practice. The trainer delivering this course also requires a yearly update from Edge Services. This course is certified by CPD (Continual Professional Development) and the college of Occupational Therapists. This course meets Scottish Manual Handling Passport requirements. Good practice requires an update every 2 years for Partners using this course and others who receive this training.
- **DEMENTIA-INFORMED LEVEL:** This is the 'informed level' (first level) of the SSSC/NHS Education for Scotland Promoting Excellence Framework covered course.
- **RECORD KEEPING:** This course covers the Types of records, How to write professionally and the Data Protection Act. This is mainly drawn from NMC (The Nursing and Midwifery Council) guidelines.
- **FIRST AID:** This course covers Emergency First Aid at work. Content is specified in the Health and Safety (First Aid) Regulations 1981. The Assessor who delivers this course is certified by SQA.
- **ORGANISATIONAL AWARENESS:** This course is an introduction to the company in all its aspects, particularly focussing on our ethos and the nature of our Employee Ownership governance. The course also covers relevant Policies and Procedures.
- **DIGNITY:** This course is adapted from the Department of Health's Dignity Challenge programme, it defines dignity as well as providing criteria for best practice in dignity and also explains how to implement best practice. There also is included a brief outline of commissioning requirements.
- **ADULT SUPPORT & PROTECTION:** This course is adapted from the 'Tell Someone' resources funded by the Scottish Government, it helps people to understand that how they act, affects them and what they should do if they suspect harm.

- CARE ESSENTIALS: This course is covering practical elements of Personal Care, including Pressure Areas, Washing, Dressing and Hygiene and Catheter Care.
- CARE ABOUT RIGHTS: This course gives a brief introduction to Human Rights legislation and how it sits at the core of care services. The course is adapted from the Scottish Human Rights Commission 'Care about Rights' resource. There is also included an introduction to the Codes of Practice, SSSC and the Care Inspectorate.
- HEALTH & SAFETY: This course gives a general overview of Health & Safety legislation relevant to the sector and Employer/Employee responsibilities, it also covers Infection control and food hygiene.
- MEDICATION: This course is adapted from the UKHCA (United Kingdom Homecare Association) 'Medicines in Domiciliary Care' resource. Also included is the SSSC resource 'Safe Administration of Medication for Care and Support Services', the 'Medicine Management' resources from NHS Grampian are also included, as well as the Royal Pharmaceutical Society guidelines in 'The Handling of Medicines in Social Care'.
- MAPA: This course is for Managing of Actual & Potential Aggression including verbal de-escalation, breakaway techniques and physical restraint. It is delivered by a Crisis Prevention Institute trained instructor and is BILD (British Institute of Learning Disabilities) approved. This course is 10 hours.
- COMMUNICATION LD: This course covers Effective Communication with people with learning disabilities, it covers the concepts and techniques which underpin and make possible effective communication with people with learning disabilities such as gestures, body language, good environment tailored to each Individual. This course is 5 hours.
- PEG FEEDS: This course is delivered by the Nutricia Specialist Nurse. The course is 1.5 hours.
- STOMA CARE: This course is delivered by Fiona Barling who is the local Stoma Nurse Specialist. This course is 1.5 hours.
- EMPLOYEE OWNERSHIP: This course is facilitated by Carole Leslie who is an Independent Consultant in Employee Ownership. The course is 13 hours.
- AUTISM: This course is delivered by Carole Mainland who is an Independent Autism Specialist. The course is 3 hours.
- EPILEPSY & MIDAZOLAM: This course is a Quarriers approved course covering Epilepsy Awareness, Rectal Diazepam and Midazolam administration. The course is delivered by Trish Macpherson, one of our Assistant Managers. The course is 4 hours.
- SEX & THE LAW: This course is provided by Waverley Care, a charity providing care and support to people living with HIV or Hepatitis C. The course looks at how the law relates to sexual behaviour and how it applies in real life situations. The course is 2.5 hours.
- DISABILITY, SEX & RELATIONSHIPS: This course is provided by Waverley Care. The course gives a brief overview of safer sex and risk reduction in relation to younger people. The course is 3 hours.
- STOMA & CATHETER CARE: This course is delivered by Dianne Maxwell a Registered General Nurse. The course is 1 hour.
- PERSONALITY DISORDER: This course is delivered by Sarah Roy a specialist practitioner in Personality Disorders for NHS Highland. The course is 6.5 hours.
- STRESS & DISTRESS IN DEMENTIA: This course is delivered by Lorraine Watson & Anne Campbell who are both Senior Nurse Practitioners in Dementia within NHS Highland. The course is 5.5 hours.
- PALLIATIVE CARE: This course is a general awareness course delivered by Catherine Ross who is a Charge Nurse at Highland Hospice. The course is 1 hour.
- TEXTURE MODIFICATION: This course is delivered by Evelyn Newman who delivers Nutrition and Dietetics in Care Homes within NHS Highland. The course is 2.5 hours.
- CARING FOR SMILES: This course is delivered by Marion MacDonald, Oral Health Educator within NHS Highland. The course is 1 hour.

Costs for all other training and Costs for external training (including backfill, cost of course, staffing etc)

We did wish to show this information in a pie chart format, however when trying to gather the information it was brought to our attention that related to the cost of backfill and staffing, to gather this information would be very challenging and extremely time consuming (as this has never been attempted before, it could take months or years to get this from each Manager and be able to analyse into a format to display, also when this was gathered it would be out with the period specified therefore would not work within the Social Accounting time frame given).

We do have a spreadsheet showing figures for all other training (specifically delivered by Highland Home Carers to Partners) but this does not include all of the Social Work courses or any Management or Partners who have carried out other external courses unknown to the Training Department (as they may not have been the ones to organise this). This also means costs for this are not easily accessible for the Social Accounts Team to measure and display and to do this a list of every course that has been attended by every Partner as well as costs of the course (including travel/ accommodation if appropriate) would need to be available.

There are some costs which can be seen in the finance section (Section 11: Financial Sustainability, Economic Impact and Expenditure) but it is strongly recommended for the future that training systems must account financially for all training costs in full (including backfill and so forth).

Explanation of Partners due training and Refresher courses:

To be able to ascertain what and how many Partners are still due training and on what subjects, the Training Administrator has created a spreadsheet that is updated daily, this spreadsheet is passed onto all Managers with a colour coded system to alert when Partners need to attend a course; along with this the Managers are given a schedule of available training dates for each course and the Training Administrator allocates places to internal Partners on this basis with the most urgent being placed on the courses first according to availability. If there are spaces then Highland Home Carers will have the availability to advertise externally and provide training to others at a set cost. These costs are shown within this section under external people we have provided training for and the spending and income generated breakdown section.

This is also how Partners are alerted to the refresher courses they require and providing the information is passed to Partners correctly and in sufficient time from their Manager then Partners will know when they are due and be sufficiently reminded of this. Evidence has been viewed to this data base by the Social Accounts Team but due to large document size and confidentiality cannot be included in this documentation.

After a discussion with the Training Manager the Social Accounts Team found that this database had been created but during the period there was further work underway to streamline the refresher process and ensure Partners were being sufficiently reminded and placed on these courses as this is an area the Training Department had noticed themselves that needed improvements (where such as Managements' access to the database and surrounding issues had arisen), therefore this is ongoing into the next cycle.

SVQ Costs and Analysis:

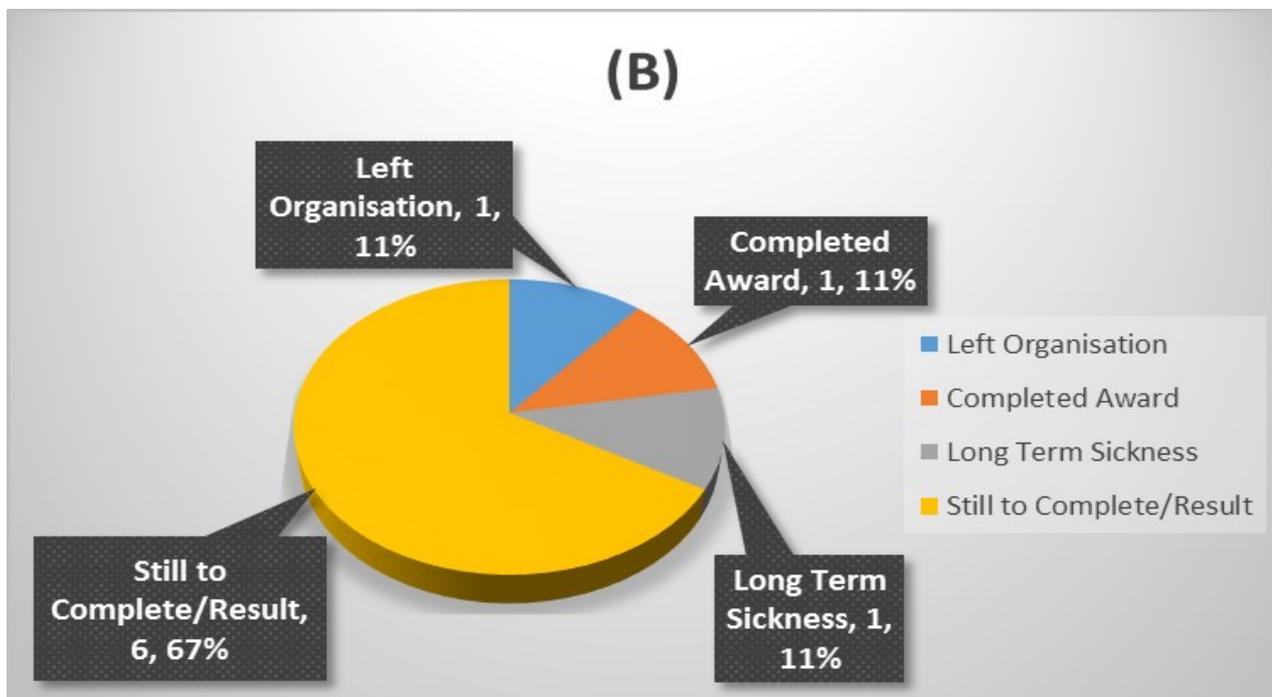
This section was aimed at finding out if it was cost effective for Highland Home Carers to continue to deliver SVQs to Partners and also if there were sufficient number of Partners achieving the relevant qualifications internally rather than using external providers to assist. Due to the large volume of Partners that had to be registered to do SVQs under legislation we felt this was an area that required more analysis.

(A) During the period 30th June 2016-30th June 2017, there were 3 Partners at SVQ Level 3 (SCQF 7) who commenced their award with Highland Home Carers SVQ Centre. Out of these 3 Partners, 2 commenced on the 6/1/17 and 1 commenced on the 26/1/17. Out of these 3 Partners none completed their awards to date.

The following number of Partners commenced their award with Highland Home Carers SVQ Centre prior to the 30th June 2016:

(B) Level 2 (SCQF 6) = 9 Partners

1 has since left the organisation, 1 has certificated (completed), 1 is on long-term sickness and 6 are still to be completed/resulted.



During this period at Level 3 (SCQF 7) there were also 3 Partners who had commenced Awards. All 3 were still to complete/ be resulted.

Level 3 (SCQF 7) = 3 Partners

3 are still to be completed/be resulted.

This tells overall that no SVQ Awards were completed during the period. Only one was completed in the previous period, this was out of a total of 15 candidates over the 2 years. This does not account for any prior to the 2016 period.

Estimated costs for Partners to do the above SVQ Qualifications:

*These costs are estimated as to get actual costs would involve looking at exact hours Partners have or haven't attended, days taken sick and so on for each Partner. Also, Assessor wages due to confidentiality have not been included here. This would be a very time-consuming process and would be difficult within the time frames necessary to gather this information due to systems not being streamlined to allow for access of this data easily. Thus the end figures given could raise rather than drop (if for example tax that the company must pay on top of each hourly rate paid per Partner or verifiers backfill and so on were included. As previously explained there were insufficient systems in place from the Training Department for the Social Accounts Team to gather more detailed information).

To put each Partner through the SVQ Course the costs involved are as follows:

- There is a £50.00 enrolment fee per Partner
- Per hour of Partner to assessor meeting involves £9.00/hour pay rate to the Partner

At Level 2 and 3 the costs are worked out as follows:

6 Months:

6 months at 1 hour per week = 26 weeks * 1 hour = 26 hours per Partner

1 Year:

1 year at 1 hour per week = 52 weeks * 1 hour = 52 hours per Partner

Using the above formulas allows us to work out the costs for (A), (B) and (C) listed above as follows:

(A): Costs to put 3 Partners through SVQ for the period June 30th 2016- June 30th 2017

- 1) £50 Enrolment fee * 3 = £150.00
- 2) 3 Partners at Level 3 =

6 months costs:

26 hours * £9.00/hour = £234.00 * 3 Partners = £702.00

1)+2) = £150.00 + £702.00 = £852.00

1 Year Costs:

- 1) £50 enrolment fee * 3 = £150.00
- 2) 3 Partners at Level 3 =

52 hours * £9.00/hour = £468.00 * 3 Partners = £1404.00

1)+2) = £150.00 + £1404.00 = £1554.00

*As a 0 completion rate was achieved, if awards take 6 months there is a £852.00 loss to Highland Home Carers. If awards take 1 year there is a £1554.00 loss to Highland Home Carers.

(B): Costs to put 9 Partners through SVQ Level 2 for the period prior to 30th June 2016:

1) £50.00 enrolment fee * 9 = £450.00

2) 9 Partners at Level 2 =

6 Month Costs:

26 * £9.00/hour = £234.00 * 9 Partners = £2106.00

1)+2) = £450.00 + £2106.00 = £2556.00

1 Year Costs:

1) £50 enrolment fee * 9 = £450.00

2) 9 Partners at Level 2 =

52hours * £9.00/hour = £468.00 * 9 Partners = £4212.00

1)+2) = £150.00 + £4212.00 = £4662.00

(C) Costs to put 3 Partners through SVQ Level 3 for the period prior to 30th June 2016:

These answers amount to the same as answers for (A).

1) 6 Months = £852.00

2) 1 Year = £1554.00

*During the period in (B) and (C) there was a completion rate of 1 Partner. The total costs to put this number of Partners through SVQs mentioned in (B) and (C) in this period would be at mostly a loss to Highland Home Carers of:

6 Months = (B) + (C) = £2556.00 + £852.00 = £3408.00

Or

1 Year = (B) + (C) = £4662.00 + £1554.00 = £6216.00

Any ILA or SAAS remuneration:

ILA funding is only available if people are studying through the North Highland College, as with SAAS funding it is income dependant and both are the Individuals' responsibility to apply for. There are certain time periods within which both things may be applied for and if the Individual misses this window the funding may not be granted. The payments are usually made in part of the whole fees, in some circumstances they may cover higher amounts. The payments also go directly to the education provider (the College or University) and mean that Partners doing the courses are charged a lower rate.

E-Learning system:

Our E-Learning system consists of authoring software and a Learning Management System (LMS): The authoring software; Articulate Storyline, allows us to develop our own bespoke E-Learning courses. The Software allows the author to add content including text, pictures, video and animations to make them interactive using layers and triggers. This encourages the user to interact with the subject matter. There is also the option of adding quizzes which can be graded.

Each Partner can be sent a link or can access each course through the LMS which stores information on who has completed or not completed the course, how many slides they have viewed. It can also be seen how many times they have viewed a course and when and their scores in any quizzes or tests. The pass mark is set by the author.

There are currently 157 Partners who have active accounts on the LMS (the LMS is unable to provide details on numbers within the requested time frame of this Social Accounting period as the software doesn't allow for this type of search).

There were 5 modules available within the timeframe of this Social Accounting period:

Medication: 42 passes

Adult Support & Protection: 72 passes

Managing Risk & Minimising Restraint: 43 Partners completed but this is not graded to be a pass or fail

Record Keeping: 10 passes

Watch your Step (Health and Safety for primarily office Partners): 4 completed this but this is not graded to be a pass or fail.

Classroom based costs for this would have been:

Medication: $(42 * \pounds 36) = \pounds 1512$

Adult Support & Protection: $(72 * \pounds 22.50) = \pounds 1620$

Managing Risk & Minimising Restraint: $(43 * \pounds 9) = \pounds 387$

Record Keeping: $(10 * \pounds 13.50) = \pounds 135$

Total for all= £3654

The Articulate Online Learning Management System costs are **£4620 p/a**

The Storyline 2 Software costs are **£1176 (for a perpetual license)**

Total for all= £5796

Costs of classroom based training against E-Learning based training



This shows that classroom based learning at present is a cheaper option, however in the long-term (this is only the first year of running E-Learning) the costs for Classroom based training could rise whereas the E-Learning will remain at the same set cost to Highland Home Carers. To ensure this is a cost-effective method of training, the department will be advised to increase this method as at present it is costing £2,142 more to run the E-Learning system than it did to do classroom based training; to make this cost-effective would involve at least doubling the amount of E-Learning training given on a yearly basis.

What are the new developments in the Training Department during this period?

The Training Department have added to their suite of training courses the 1-day Emergency First Aid at Work course and this was run on an almost weekly basis on alternate weeks between our offices in Invergordon and Inverness.

What are the future action plans for the Training Department?

Future plans include expanding the E-Learning courses and having a 2nd Moving & Assisting instructor to offer training both internally and to other agencies. We plan on advertising our training courses through the Highland Home Carers website. We also may aim to add a new policy whereby external purchasers of our training will be advised if there is a cancellation of courses within a set time period there will be charges for this to avoid losses to Highland Home Carers who then can't offer the training to others due to limited space availability. Leachkin and Lomond services in the future hope to offer an Intensive Interaction course (this is run via Speech & Language specialists and is currently something being researched and Management are aiming to set this up for Partners as soon as possible), they also hope to offer a more specific Autism course for Partners who may find this beneficial.

Information on new Partners in the Training Department :

David Holland who works as a Support Worker in Easter Ross has joined the department as the First Aid Instructor, this has alleviated many of the time constraints previously causing issues in the amount of Partners Highland Home Carers were able to train in this course.

Trish Macpherson also more regularly delivers Epilepsy and Midazolam training throughout Highland Home Carers which means less external costs to get Partners trained in this area as in prior years.

Fiona Fraser also delivers the 'Boots' Monitoring Dosset System (MDS) in the Leachkin and Lomond and Fortrose services as this is more specialised training relevant to complex needs medications that would have to be provided externally at cost otherwise.

SQA Approved Centre:

The SQA operates an on-going quality assurance programme for Internal Assessment. Highland Home Carers have had 2 SQA Qualification Verification visits for the Awards we deliver. For the level 2 and 3 Awards we had a visit from an External Verifier on 31st January 2017 which found that we had 'significant strengths in the maintenance of SQA standards' in our Resources, Candidate Support and Internal Assessment and Verification. We had the same results for delivery of the Assessors Award on the 8th March 2017 (documents can be provided as evidence and have been analysed by both the Training Department and Social Accounts Team).

Within the SVQ visit it is important to note the following points:

- SVQ Verification visits are to assess suitability to deliver SVQs.
- Highland Home Carers were part of conversations between the Verifier and Partners doing the SVQs to see how things were going and to aid in Management of any issues with the Training Team throughout
- It was researched if all Assessors were competent to assess and verify as required
- There was evidence given during the visits of ongoing reviews
- There was proof of close and ongoing work with all Partners from their Assessors
- There are shown to be standardised procedures to enable achievement of standardised assessments
- It was easily proven there is clarity as to why assessment decisions have been reached for Partners

Within the second visit:

- Assessors Award Verification visits are to assess suitability to deliver training to Assessors which can also enable more Assessors to be trained
- It was researched if all Assessors were competent Verifiers to assess Partners' work
- There was evidence given during the visits of ongoing reviews
- There was proof of regular Partner/Assessor meetings

- There was standardisation of assessment and process shown
- It was also told it is 'evident Highland Home Carers is a well-managed centre, considerable effort being put into preparing candidates to be effective Assessors'

Related to Objective 2.10 any opportunities provided to Partners to develop and succeed:

Highland Home Carers had their first Partner trained as a qualified Assessor but, unfortunately, they left the organisation shortly after; although this was at a loss, the main cost to the company was only in the wage bill so the financial aspect wasn't too great, this did however mean there were less Assessors available to deliver qualifications.

All other roles within Highland Home Carers are offered internally to all Partners before being advertised externally thus when any progression opportunities are available, Partners are first to know of these and have chances to apply if interested.

Provision of SVQ and Social work qualifications via Highland Home Carers (and any others if relevant):

There are many Partners that are still working towards various levels of SVQ Awards during the period. There is still one Social Work student with 1 and 1/2 years left until degree completion. It is hard to ascertain any other Partners doing courses as they are not always made clear to the Training Administrator to enable record keeping efficiency here, it may therefore be recommended this was to be made mandatory in the future.

Also, it is important to note that there are a team consisting of Colin Campbell and Dianne Maxwell who could deliver Professional Developmental Award in Supervision and Medication if required but this has not been utilised due to time constraints.

Training Evaluation records:

Training Evaluation Comments:

A list of comments received during the training evaluation can be found at www.highland-home-carers.co.uk within appendice 14 (Training Evaluation Comments from Partners). Within the Training Evaluation Comments, all comments were taken from a random selection for fairness purposes. We took five evaluations from each subject to measure (due to such a large availability of these for the period Social Accounts Team would not have had enough time available to them to analyse all of these in further detail or amount).

Upon evaluating these Training Evaluations, it was found:

Epilepsy Course:

Content suitable for Training needs: 4 strongly agree, 1 strongly disagrees

Training delivered well: 4 strongly agree, 1 strongly disagrees

Sufficient time allocated to training: 4 strongly agree, 1 strongly disagrees

Training beneficial for work: 4 strongly agree, 1 strongly disagrees

Environment suitable for the training: 4 strongly agree, 1 strongly disagrees

First Aid Course:

Content suitable for training needs: 3 strongly agree, 2 strongly disagree

Training delivered well: 3 strongly agree, 2 strongly disagree

Sufficient time allocated to training: 3 strongly agree, 2 strongly disagree

Training beneficial for work: 3 strongly agree, 2 strongly disagree

Environment suitable for the training: 3 strongly agree, 2 strongly disagree

Moving and Assisting Course:

Content suitable for training needs: 5 strongly agree, 0 strongly disagree

Training delivered well: 5 strongly agree, 0 strongly disagree

Sufficient time allocated to training: 5 strongly agree, 0 strongly disagree

Training beneficial for work: 5 strongly agree, 0 strongly disagree

Environment suitable for the training: 5 strongly agree, 0 strongly disagree

Overall Training Evaluation Details from the whole period June 2016- June 2017:

Over the period **595** Highland Home Carers Partners (some Partners will have undertaken more than one form of training) and **43** external carers attended some form of classroom based training covering between **12-31** separate subjects. **17** of these were covered by the in-house training team and **16** by external training providers.

In total, the classroom based training amounted to **997.5** hours delivered. However, it is difficult to measure in the number of hours and has little relevance as it is more important that certain courses are delivered rather than how many hours of training are provided in each course, thus this may not be necessary to research in the future.

In terms of Partner time there were a recorded **6801.5** hours at a total cost of **£57,163.0***, it is important to note that hours recorded for Partner training and costs do not account for trainers pay for hours worked.

External carers over the year attended a total of **59** courses and were charged a total amount of **£2,610.0****

The majority of training covered the core mandatory subjects which continued to run once every 3 weeks, however there are additional mandatory subjects run every week to 2 weeks to meet demands.

Mandatory Subjects:

- **‘Care about Rights’:** attended by **153** Highland Home Carers Partners and **4** external Individuals
- **‘Dementia – Informed level’:** attended by **154** Highland Home Carers Partners and **4** external Individuals
- **‘Health and Safety’:** attended by **154** Highland Home Carers Partners and **3** external Individuals
- **‘Organisational Awareness’:** attended by **142** Highland Home Carers Partners

- **‘Adult Support and Protection’**: attended by **167** Highland Home Carers Partners and **8** external Individuals
- **‘Record Keeping’**: attended by **170** Highland Home Carers Partners and **3** external Individuals
- **‘Dignity in Homecare’**: attended by **150** Highland Home Carers Partners and **3** external Individuals
- **‘Care Essentials’**: attended by **170** Highland Home Carers Partners and **3** external Individuals
- **‘Medication’**: attended by **180** Highland Home Carers Partners and **8** external Individuals
- **‘First Aid’**: attended by **207** Highland Home Carers Partners and **8** external Individuals
- **‘Moving and Assisting’**: attended by **202** Highland Home Carers Partners and **9** external Individuals

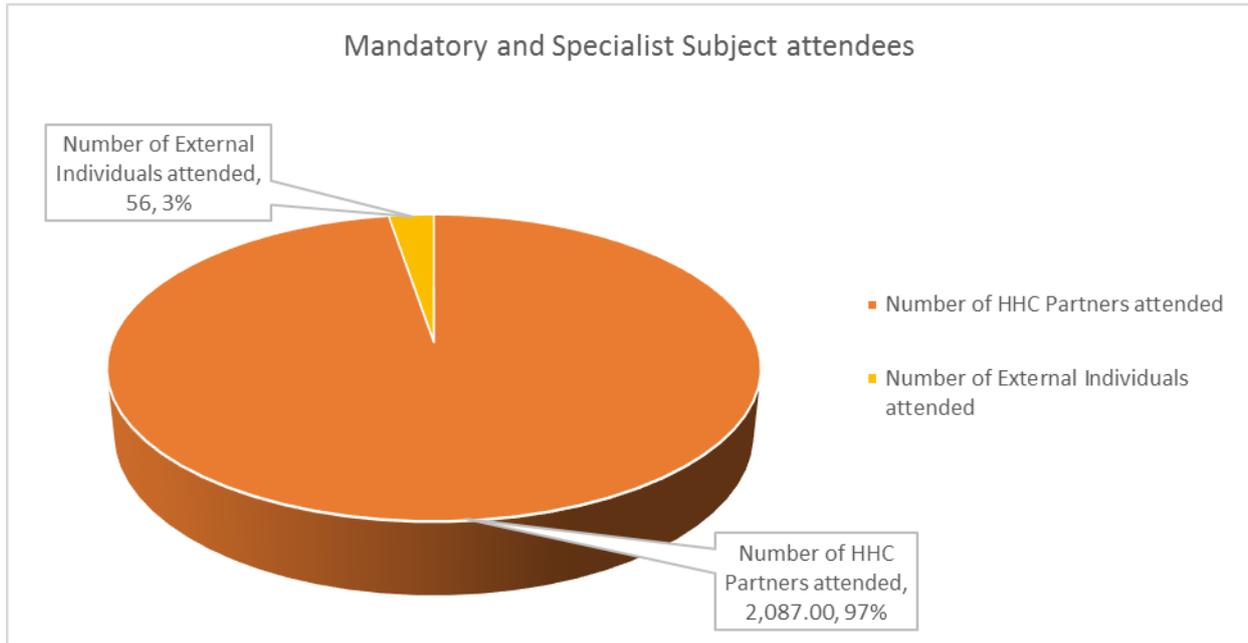
Other specialist courses delivered:

- **‘MAPA’**: attended by **32** Highland Home Carers Partners and delivered by Highland Home Carers in-house trainers
- **‘Epilepsy and Rescue Medication’**: attended by **34** Highland Home Carers Partners and delivered by Highland Home Carers in-house trainers
- External providers ran **‘Moving and Handling’** and **13** Highland Home Carers Partners attended, these were delivered by external providers
- **‘Communication’ (for people with learning difficulties)**: attended by **11** Highland Home Carers Partners, and delivered by Highland Home Carers in-house trainers
- **‘PEG’**: attended by **14** Highland Home Carers Partners and delivered by external providers
- **‘Stoma Care’**: attended by **22** Highland Home Carers Partners, delivered by NHS Highland
- **‘Employee Ownership’**: attended by **22** Highland Home Carers Partners and delivered by external providers
- **‘Moving and Assisting for unpaid carers’**: attended by **3** unpaid external carers (family members) and delivered by in-house trainer
- **‘Sex and the Law’**: attended by **8** Highland Home Carers Partners and delivered by external providers
- **‘Autism’**: attended by **7** Highland Home Carers Partners and delivered by in-house trainer
- **‘Texture modification’**: attended by **7** Highland Home Carers Partners and delivered by external providers
- **‘Managing stress and distress in dementia’**: attended by **19** Highland Home Carers Partners and delivered by NHS Highland
- **‘Diabetes’**: attended by **2** Highland Home Carers Partners and delivered by in-house trainer
- **‘Personality Disorder’**: attended by **8** Highland Home Carers Partners and delivered by NHS Highland
- **‘Palliative Care Talk’**: attended by **14** Highland Home Carers Partners and delivered by external providers
- **‘Foot Care and Hand Hygiene’**: attended by **5** Highland Home Carers Partners and delivered by external providers
- **‘Caring for smiles’**: attended by **6** Highland Home Carers Partners and delivered by external providers
- **‘Social Welfare Fund’**: attended by **8** Highland Home Carers Partners and delivered by external providers
- **‘Fire Safety’**: attended by **6** Highland Home Carers Partners and delivered by external providers

*Training cost is calculated on an average £9.00 per hour as pay rates are different for each area.

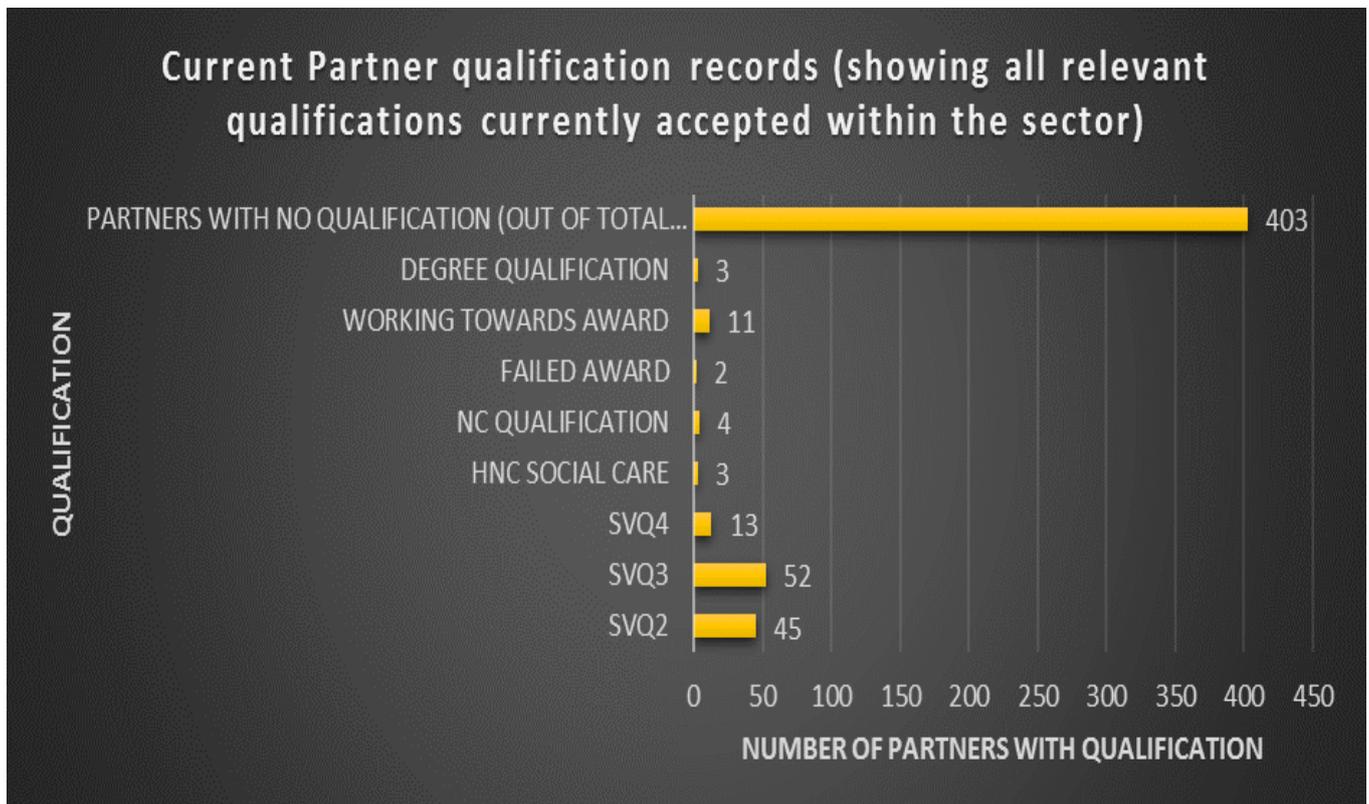
**The cost for external Individuals is £45.00 per person per course – this accounts for money coming back into the company from these Individuals.

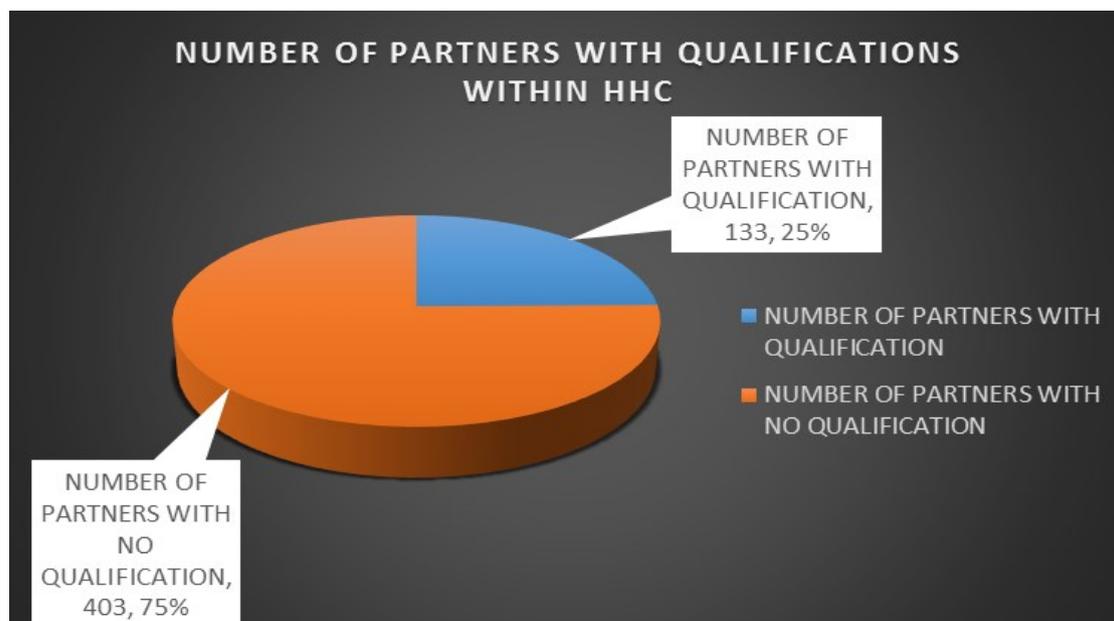
From the period June 30th 2016- June 30th 2017: Comparison of Highland Home Carers Partners who have attended courses and External Individuals who have attended courses.



This shows a collective number for all who attended each course throughout the period.

Current Partner Qualification Records:





*The above pie chart reads in this way as only certain qualifications are accepted within SSSC guidelines, this means that some prior qualifications can't be measured or may not be included in the same respect. Highland Home Carers does therefore have more Partners with qualifications of varying levels. There are also a number of people under 25 who are due to move onto the Apprenticeship Schemes in achieving Awards and therefore will soon be working towards certain qualifications but this was not the case in this Social Accounting period.

How do we ensure under Objective 2.2 that a high standard of formal and informal training is provided?

We have endeavoured to provide accredited training where possible. Our Moving and Assisting training is accredited by the College of Occupational Therapists and the C.P.D (Continuing Professional Development). This course must be updated every 12 months to allow us to continue to train Partners.

<http://edgeservices.co.uk/courses/people-handling-and-risk-assessment-key-trainer-rsquo-s-certificate/>

The First Aid training has been through an organisation called NUCO which is an approved centre with Ofqual and SQA regulated awarding organisation and our Instructor has attained the Level 3 award in Education and Training. This course must be updated every 12 months to allow us to continue to train Partners.

<http://www.nucotraining.com/first-aid-instructor/>

The Management of Actual or Potential Aggression (MAPA) is recognised by BILD (British Institute for Learning Disabilities) and the RCN (Royal College of Nursing). This course must be updated every 12 months to allow us to continue to train Partners.

<https://www.crispprevention.com/>

The Trainer in Epilepsy and Rescue Medication has been trained by staff at Quarriers, which: “provides the only residential assessment and treatment centre in Scotland for adults with epilepsy”. This course must be updated every 24 months to allow us to continue to train Partners.

<https://quarriers.org.uk/about-us/training/>

In other areas we have delivered training which has been devised or recommended by the following: NHS Education for Scotland, Scottish Social Services Council, Scottish Commission for Human Rights, Care Inspectorate, Scottish Care and the Department of Health.

What is Classed as Formal Training and what is classed as informal training:

It is written within Highland Home Carers Mission, Values and Objectives under Objective 2.2 that as a company Highland Home Carers should be 'providing a high standard of formal and informal training' to all Partners.

'Formal training teaches practical skills necessary for understanding preliminary ideas, concepts and tools associated with a job. It is through generating a framework upon which real world experiences are given deeper meaning and specialised content! This is usually run by a trainer on specified subjects at specified times.' *

* <http://www.wda.gov.rw/en/content/what-difference-between-formal-and-technical-training>

Informal training is more flexible such as using learning resources (Learning Management System Online) where individuals can do the work in their own time. This can save time and money to a company with many individuals to train.

All training is regulated in line with SSSC regulatory requirements and all within the registration process must be aware to follow C.P.D (Continual Professional Development) as a mandatory part of registration.

Are there any external people we have provided training to during the period?

During the period there were 43 carers who were provided with training from Highland Home Carers Training Department during the period (this also included family carers)

External carers over the period attended a total of 59 courses and were charged a total amount of £2,610.0**

**this is based on £45.00 charge per person per course, this accounts for money coming into Highland Home Carers from these Individuals. However, it is important to note there were a number who did not attend the places they had booked for a variety of reasons thus Highland Home Carers lost money here as they could not allocate these places to other Individuals. This suggests that there may need to be a new policy in place that if there is not a 24hour notice within these circumstances then there will need to be a full charge to compensate Highland Home Carers financially.

Spending and Income generated breakdown

(A) Amount Spent = Partner costs for mandatory training (calculated by average rate per hour of £9.00 multiplied by the length of the course)

(B) Amount Spent = Partner costs for external training (calculated by average rate per hour of £9.00 multiplied by the length of the course)

Total Amount spent on training = (A) + (B) = £53,784.00 + £9,742.50 = **£63,526.50**

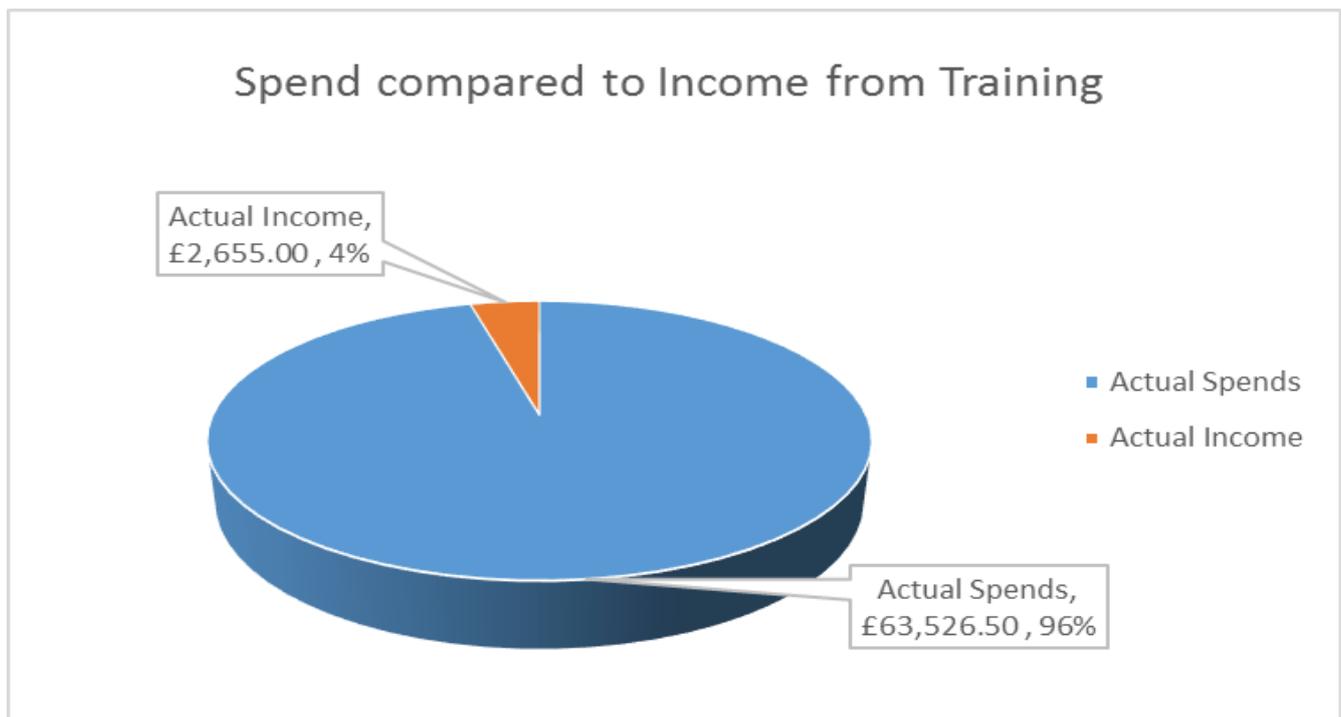
(C) Income Generated = At a cost of £45.00 per attendee = £2,655.00

Income Made as a percentage of costs incurred

This is worked out by looking at (C) above as a figure then working this out as a percentage of (A)+(B) figure:

(C) = **£2,655.00** as a percentage of (A) + (B) = **£63,526.50**

This equates to **4.2%** of income made from the total expenditure figure.



Summary and conclusions from Training Section:

*As page 21 (Objective 3.4) is also related to the training department, a summary has been included within this section as are any actions/recommendations arising from this.

- It is shown to be difficult to move equipment in order to deliver training such as Manual Handling in remoter areas. There must also be enough attendees to ensure a cost-effectiveness for Highland Home Carers to carry this out as well as a suitably sized venue. It is more cost-effective to deliver training to larger numbers within the Inverness office due to these reasons.
- As well as set mandatory courses that must be delivered for remoter communities, within looking at delivering training in remoter areas it is suggested that the E-Learning system could be utilised to deliver other training and may be a more cost-effective approach.
- It was difficult to gather costs for all other training as there was not a unified system noting down the courses attended or how much each course cost. It is therefore strongly recommended training systems must account financially for all training costs in full (including backfill and so forth).
- Using the training and refreshers spreadsheet system, this must rely on Managers to sufficiently pass on information to relevant Partners. There is still work underway as the system has been questioned as to possibly needing improvements.
- No SVQ Awards were completed during the period. Only 1 was completed in the previous period out of a total of 15 candidates over the 2 years.
- Due to zero completion rate in the period 30th June 2016 - 30th June 2017 if courses took 6 months to complete there would be estimated £852.00 loss to Highland Home Carers and if courses took 1 year to complete there would be estimated £1554.00 loss.
- From the period prior to 30th June 2016, there was 1 completed award but this still reads as a loss to Highland Home Carers. If courses took 6 months to complete there would be £3,408.00 loss to Highland Home Carers and if courses took 1 year to complete there would be £6,216.00 loss (estimated).
- No money is gained back to Highland Home Carers via ILA or SAAS remuneration unless Partners apply for this.
- Classroom based training at present is shown as a cheaper option to Highland Home Carers but long-term these costs could rise making E-Learning more cost-effective, therefore it may be advisory to increase the use of the E-Learning system as Highland Home Carers are not delivering enough courses and/or enough training using this method.
- Emergency First Aid has been added to Highland Home Carers training and is now delivered almost weekly at each office in Inverness and Invergordon
- There are plans to expand E-Learning courses being offered within Highland Home Carers.
- There are plans for another Moving and Assisting Instructor to offer more training to Partners.
- There are plans to advertise Highland Home Carers training courses through the website.

- It may be a suggestion to add a new policy whereby external purchasers of our training will be advised if there is a cancellation of courses within a set time period there will be charges for this to avoid losses to Highland Home Carers who then can't offer training to others due to limited availability. The training department must also differentiate between where family carers and external carers attend training and who is charged and not charged as this is unclear from the evidence provided to the Social Accounts Team during their research.
- The Leachkin and Lomond Gardens Services hope to offer some new and improved courses which are service specific.
- Due to a limited number of Assessors this is an area where a solution may need to be reached as soon as possible due to the SSSC registration requirements for all Partners to be trained to a minimum level within a certain period.
- It may be recommended that to enable record keeping efficiency it is made mandatory that the Training Administrator is informed of all courses Partners attend even if these are external to the company.
- Training is mostly centred around Highland Home Carers Partners at 97% compared to 3% of external attendees.
- There are large numbers of Highland Home Carers Partners without qualification (75%) compared to those with relevant SSSC recognised qualification (25%).
- There are a number of under 25 year old Partners who are due to begin the new apprenticeship schemes to achieve awards. This may increase the numbers of Partners with relevant recognised qualifications within Highland Home Carers.
- It is proven accredited training is provided within Highland Home Carers.
- We also as a company provide training to external and community and family Individuals.
- 96% of the money is spent on Highland Home Carers Partner training and 4% of income is gained back to Highland Home Carers from training sales to external Individuals.

SECTION 11:

FINANCIAL SUSTAINABILITY, ECONOMIC IMPACT AND EXPENDITURE

Introduction

This section relates to Objective 5 from Highland Home Carers objectives, all aspects here relate to Objective 5 in its entirety.

Economic impacts can be viewed in terms of business output (sales, volume), value added (or gross regional product), wealth (incorporating property values), personal income or jobs. Any of these measures can be indicators or improvements or otherwise of the economic wellbeing of local communities.

It is important to measure economic impact to:

- Reinforce the commercial importance and social importance of Highland Home Carers within Highland
- Measure the importance of Highland Home Carers as a key company in the sustainability of the local economy
- Measure our performance better, plan more effectively and contribute to national data sets.

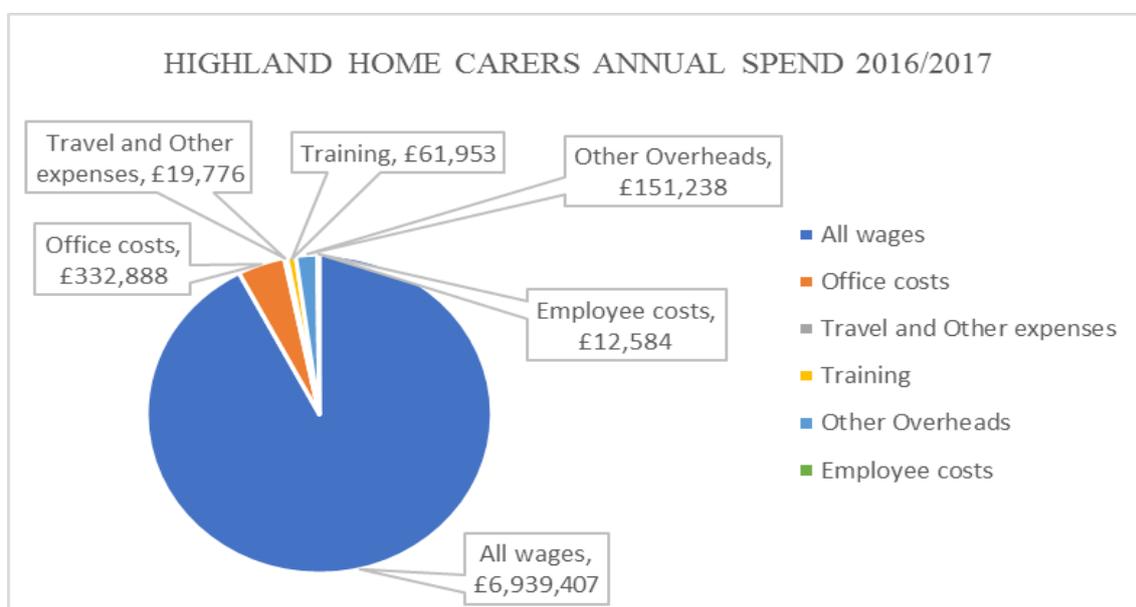
Generally, the types of economic impact can be classified as:

- Direct effect - from Highland Home Carers and its Partner spending in first-line businesses
- Indirect effect - from first line businesses buying from their suppliers and so on down the supply chain
- Induced effect - from the wages earned in other businesses in direct and indirect receipt of Highland Home Carers and its Partner spending

A. HIGHLAND HOME CARERS SPEND IN THE LAST ACCOUNTING YEAR FROM JULY 2016 - JUNE 2017 WAS AS FOLLOWS:

ALL WAGES (including indirect and direct wages) - specifically wages and salaries, Directors remuneration.	£6,939,407
OFFICE COSTS (including Health and Safety costs; Rent, rates and property costs; Repairs and maintenance; Cleaning; Refreshments; Printing, postage and stationary; Computer running costs; Telephone; Sundry expenses)	£332,888
TRAVEL AND OTHER EXPENSES (motor travel and subsidence, Client expenses and Vehicle expenses included)	£19,776
TRAINING (Partner training) - Includes wage costs for all attending internal courses as well as to send people on external and for software etc	£61,953
OTHER OVERHEADS (includes Insurance; Advertising; Consultancy fees; SIP/EBT Professional fees, Legal and Professional fees; Bookkeeping and payroll services; Audit fees; Bank Charges; Bad and Doubtful debts; Donations and sponsorship; Subscriptions; Depreciation on fixed assets)	£151,238
EMPLOYEE COSTS (includes Recruitment expenses; Clothing)	£12,584
TOTAL SPEND	£7,517,846

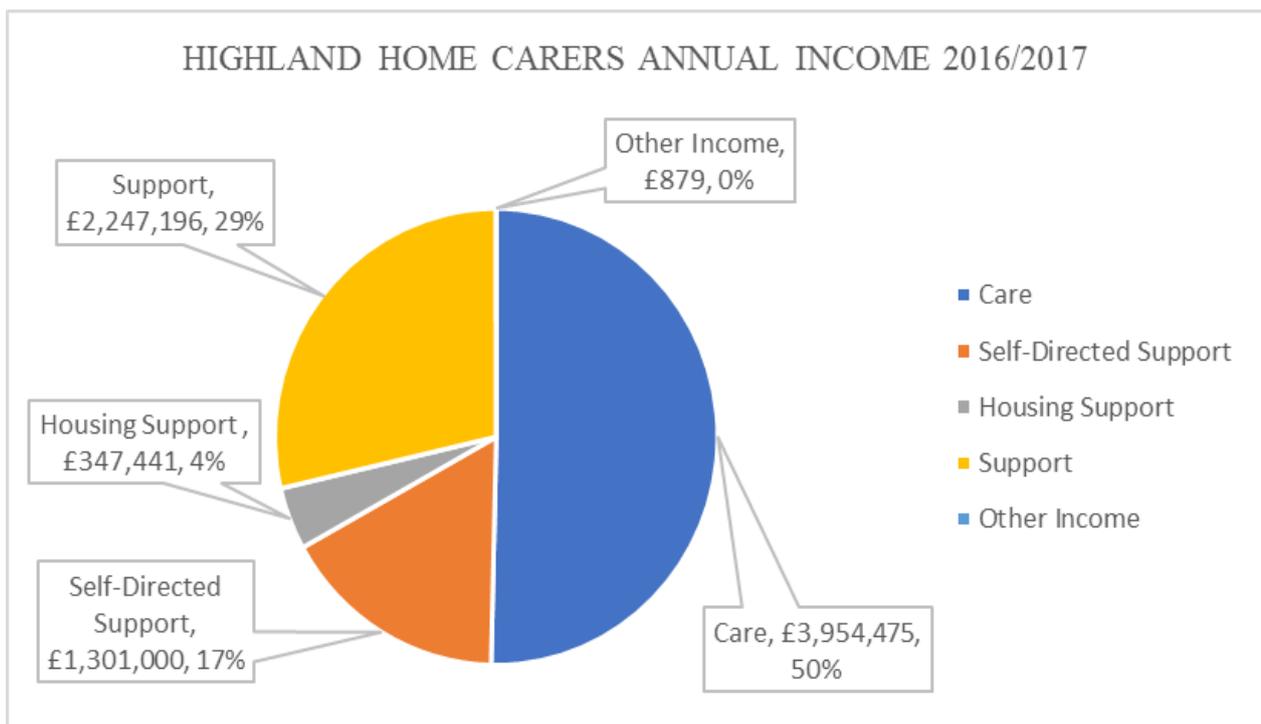
The annual expenditure is presented in the following pie chart:



B. HIGHLAND HOME CARERS INCOME IN THE LAST ACCOUNTING YEAR FROM JULY 2016- JUNE 2017 WAS AS FOLLOWS:

CARE (including Private care; Domestic; NHS care)	£3,954,475
SELF DIRECTED SUPPORT	£1,301,000
HOUSING SUPPORT (including travel invoiced)	£347,441
SUPPORT (including support work NHS; Support work private; Support work Lomond and Chanonry; Support work Leachkin)	£2,247,196
OTHER INCOME * no longer includes rent from warehouse in Stadium Road as no leasee	£879
TOTAL INCOME	£7,850,991

The annual income is presented in the following pie chart:



C. Local Economic Impact

For this year of study, we have as in previous years again regarded the entire Highland area as our local area and hence our area of focus. This is because our business has economic impact throughout the region.

Highland Home Carers impact on the local community is calculated using the actual spend on local goods and services throughout the Highland area and on the number of jobs created. However, it is recognised that the effects, both socially and culturally, will be far greater than just the actual spend and job creation. While we have been working to improve the data collection that informs this study there continues to be limitations to identifying the real impact our spending has on remote communities. Highland Home Carers will always actively pursue working closely with communities and will continue to strive to find measures to reach our performance in this area.

There are 7 areas that can be attributed to Highland Home Carers having an economic impact on the local economy:

- B1) Highland Home Carers expenditure with local suppliers
- B2) Partner spending in the local economy
- B3) Benefits due to the company's training
- B4) Fundraising
- B5) Wider issues such as contribution to regional and local strategy
- B6) Shares/dividend and bonus payments to Partners
- B7) Savings to the NHS

B1) Highland Home Carers expenditure with local suppliers

While there is no formal policy on procurement of goods and service, the spirit of Highland Home Carers is to source as many of our needs locally. Clearly this becomes more challenging as we continue to grow and as some of our hardware is not available locally and is only available from larger national retail outlets.

While this may mean that sometimes we need to purchase from larger National companies it does support the local jobs of employees in these companies. We do however try to avoid leakage of investment outside Highlands by identifying companies that do not have a National structure but who do operate exclusively in Highland or are Highland based companies (wherever possible relative to the local area). This makes good business sense as it encourages infrastructure that is essential to our business, reduces delivery times and we can negotiate discounts more effectively.

Supporting Local Business

One of the activities of objective 4.5 is keeping money in the local area by using local facilities and suppliers where possible. One way to do this is by trading with local companies. We have local company connections of trade with Dows, MacGregors, Norscot, SFG, Highland Office Equipment and others (as listed in the table that follows) who supply £218,703 per year of various types of goods. This is a local spend figure reflecting our dedication to our local area and income retained here.

Local Expenditure

LOCAL SUPPLIERS	(30TH JUNE 2016– 30TH JUNE 2017)	YEARLY EXPENDITURE
Rent	Morrish House; Shepherds	£95,728
Rates	Highland Council *There are changes here to last period as the financial systems have been revised to be more accurate.	£33,429
Printing	For the Right Reasons; A4 Design; Highland Office Equipment	£9,157
Uniforms	Macgregor Industrial *All came from Alexandra based in Grampian in this period	£0
Computer/IT costs	SFG	£22,044
Catering - food/drink	Grahams; Red Pepper; water from Norscott; Crown Deli; James Dow	£3,229
Room hire	Kingsmill's Hotel; Merkinch Community Centre; Black Isle Leisure Centre; in business	£1,602
Bicycles	Highland Bikes	£332
Repairs/electrical	Daryll Fraser Lee Contractors; Logic alarms; Brandon; Black Bridge (mattress); Simpson and Mayer; Ness Tec	£9,779
Vehicle hire	Lombard; Focus Vehicle Rental	£9,952
Office equipment and stationary	James Dow; Lyreco	£7,835
Health and safety supplies and equipment	Macgregor Industrial Supplies	£21,580
Advertising	Velocity; Compass; Inverness Courier; High-jobs	£1,824
Cleaning	Cleaning; Magic Windows; Streets Ahead Cleaning	£2,212
GRAND TOTAL		£218,703

The bulk of Highland Home Carers expenditure goes on wages to Partners, approximately 92%.* This is worked out by taking the wage total and dividing it by total expenditure. We would expect that much of this gained income is spent on local goods and services though we have not conducted studies to ascertain the extent of this. In terms of direct spending on local goods and services Highland Home Carers spends approximately 37% of the income locally by supporting local suppliers. *This is worked out by taking the total local expenditure and dividing this by the total expenditure minus wages figure.

B2) Partner spending in the local economy

In addition to direct company spending on local goods and services will be the spend of the company Partners in the local area. Our Partner numbers continue to increase and this year we employ approximately 536 Partners. Although the remote location means leakage due to spends online which spread to other parts of the UK and spends to large companies such as Aldi and Tesco which has similar leakage, money spent here does support local jobs which has a desired knock on effect.

With the development of care in remote areas, jobs are created in rural areas, this supports local shops and communities and enables people to remain at home. This also reduces carbon footprint as locals do not have to travel far to see family and friends.

B3) Benefits for Partners of company training

By ensuring that all Partners are fully trained to the level required for delivering care and support safely and professionally, Highland Home Carers ensures that all the workforce is given the skills that will enable them to be strong contenders in the jobs market. This training is delivered free of charge unless they depart within three months. The opportunity to achieve SVQs in Health and Social Care also provides a qualification that for some people may be their first certified piece of academic learning.



Training costs are shown to be higher due to a larger workforce and company growth, however the actual spend would be much higher were we not delivering much of the training internally rather than paying external training providers.



B4) Fundraising

Highland Home Carers takes part in a number of fundraising events. We have a relatively large workforce so this can be particularly effective where it involves Partners in terms of the amount of money raised. There have been a number of events where Highland Home Carers as a company have helped raise funds to have benefitted the local community, not just in the primary care sector but also in leisure and education. This has included in aid of Alzheimer's Scotland, Youth Highland, Inverness Soup, Men's Shed Inverness and Inverness Singers.

The amount of charitable donations made by the company for the year 2016-2017 was £895.

B5) Wider issues such as contribution to National, Regional and Local strategy

As the largest provider of Care at Home in Highland and a significant player in the area of Independent Living Services, Highland Home Carers contributes strongly to the strategic direction for Social Care developed through the Highland Health & Social Care Partnership. In each of the Divisions of the Inner Moray Firth Operational Unit of NHS Highland, Highland Home Carers operational teams contribute to weekly/fortnightly Care at Home planning meetings. At a higher strategic level, Highland Home Carers' Managing Director, Stephen Pennington, through his role as Chair of Scottish Care in the Highlands, is Co-Chair of the Highland Adult Strategic Commissioning Group. He is also a member of the Highland Joint Monitoring Committee and is included in a variety of ad-hoc meetings and discussions during the year. During 2016-17, Stephen provided advice and information to Dumfries & Galloway Council, Argyll & Bute Council, Aberdeen-shire Council, Orkney Islands Council, Borders Council; He spoke to the District Partnership of Skye & Lochalsh, contributed to The Highland Council redesign process, ran a workshop at the NHS Unscheduled Care Conference in Stirling, was interviewed for a HIE Community Project, gave a lecture at the Queens Nursing Institute Conference, spoke at a Social Work Scotland event in Edinburgh and gave a short presentation at the NHS Scotland Conference.

B6) Shares/dividend and bonus payments to Partners

The issuing of shares and bonus payments to Partners can lead to increased spend on services within the Highland region. The additional pay that is received via bonus payments to Partners at times of the year when money is often "tight" leads to increased spend in any local markets which has a multiplier effect on the economy. That shares are issued and bonuses paid means Highland Home Carers is better able to retain Partners in what is a low paid sector by effectively increasing rewards. The retention of Partners means better quality care delivery having a knock-on effect for the cost of primary health care in the region effectively reducing costs for NHS.

During 2016-2017 the company recovered from the losses made in 2014/2015 that were the result of increased investment in its infrastructure. This was supported by a higher rate paid for our Care at Home work from NHS (Highland). This increase in our sales was offset somewhat by the payment of bonuses in the year £200/full time Partner, and the need to increase the hourly rate of carers to be over the living wage. The issue of payment of bonuses or a higher valuation of shares is currently under discussion within the company as clearly higher bonuses means less profit and therefore a lower share valuation.

B7) Savings to the NHS

As the care and support services we deliver are at a lower cost than NHS in house services, this is one reason NHS out source work to Highland Home Carers (confidential information between NHS and Highland Home Carers).

As the care and support services we deliver are at a lower cost than NHS in-house services, savings are released for other areas of expenditure. This means that more services can be procured with the money saved.

Comments, summary and recommendations for this section

Highland Home Carers is an employee owned company and all profits not required to fund future growth are paid out to all staff, known as Partners, in bonuses, dividends or wage increases. This years bonuses were £200 for each full-time Partner. The following table shows details of these payments:

	(Wages)	(Average Shares Held)	(Shares Issued)	(Staff Bonuses)	(Training Costs)	(Local Spending)	(Charity Funds Raised)
2016/2017	£6,939,407	£2495	50,000	£82,150	£61,953	£218,703	£895

SUMMARY FROM ECONOMIC IMPACT AND EXPEDITURE

- Highland Home Carers delivers significant savings to the NHS Highland budget enabling these funds to be reallocated to the benefit of the Highland Community generally in improved healthcare. The savings are calculated on the difference between the £18.99/hour payment to independent providers as opposed to £29 average cost per hour of NHS own in-house Care at Home service (these costs are taken from the NHS own figures).
- Approximately 37% of Highland Home Carers expenditure is on the local economy.
- The biggest contribution Highland Home Carers makes to local economy is the payment of almost £7million in wages which will be spent by Partners. Not all of this will be spent locally but it represents a significant boost to the Highland economy.
- Based on our Management accounts our turnover this year was just less than £8 million at £7,885,000. This is more than budgeted due to increased sales and continual savings procedures coming into effect as well as the expansion of the company having increased.
- Highland Home Carers spend was £607,528 more than in the last period.
- Highland Home Carers income had increased by £861,990.
- There was an estimated expected profit of £333,145 (this must allow room for relevant adjustments)
- Highland Home Carers spent £2,587 more in the local area than in the previous period.

- **Due to final financial accounts not being released until out with the Social Accounting period, these figures are based on the draft set of financial accounts. Full finalised accounts (which vary only slightly) can be obtained from the Financial Director upon approved request.**

SECTION 12: COMPLIANCE

Policy manuals are reviewed by Executive Directors annually. Partners are informed about the policies at induction process (the new Employee Handbook on page 20 also discloses what policies are) and a policy file is available in the office as well as digital copies available on the Highland Home Carers systems accessible within the office. In this term, the policy manual had been reviewed and amended as necessary and work was still ongoing to finalise all included policies.

Last year there was mandatory registration under SSSC of all supervisors; in this period SSSC required all care Partners working in the sector to have or be working towards SVQ qualifications and all must be included on the SSSC register by the end of 2017 or within 6 months of starting as new Partners.

The NHSH still hold quarterly contract monitoring meetings, this is intended to assist Highland Home Carers in improving quality of services delivered.

Highland Home Carers also complies with the National Living Wage for all care Partners as set by the Living Wage Foundation to ensure all Partners are paid the living wage as minimum.

Highland Home Carers complies with the following:

- An independent Financial Audit
- Data Protection Registration
- Public Liability Insurance
- The Care Inspectorate Report. The Care Inspectorate regulates and inspects care services in Scotland to make sure that they meet the right standards.
- Contracts with NHS Highland
- Employees checked by Disclosure Scotland
- Health and Safety Executive
- P32 Monthly report and RTI Information to Inland Revenue

We also have a policy Manual Governing Home Care and Support Services which includes:

CORPORATE

- Complaints Policy and complaints handling procedure
- Anti-Bribery Policy
- Equal Opportunities Policy
- Whistleblowing Policy
- Environmental Policy
- Periodic Audit Policy (Social Audit & QA)
- Telephone and Internet Policy
- Confidentiality Policy
- Emergency Policy
- Challenging Behaviour Policy
- Record Keeping Policy
- Codes of Practice Policy
- Social Media Policy
- Data Protection Policy
- Secure Handling of Disclosure Information Policy
- Fair Trade Policy
- Pool Car Policy
- Mobile Phone Policy

PERSONNEL

- Occupational Health Policy
- Staff Placement Policy
- Training and Support Policy
- Disciplinary Policy (Conduct at Work)
- Grievance Procedure Policy
- Drugs and Alcohol Policy
- Bullying and Harassment Policy
- Induction Training Policy
- Maternity Policy
- Smoke Free Policy (and use of E-Cigarettes)
- Dignity at Work (conduct) Policy
- Absence Management Policy
- Recruitment and Selection Policy
- Stress Policy
- Shared Parental Leave Policy
- Recruitment of Ex-Offenders Policy
- Disclosure Policy

OPERATIONS

- Service User Enablement, Empowerment and Advocacy Policy
- Sources of Referral Policy
- Assessment of Service User Need Policy
- Termination of Service Policy
- Medication Policy
- Adult Support and Protection Policy
- Handling Service User Finances Policy
- Restraint Policy

FINANCE

- Financial Regulations Policy
- Debtor Control Strategy Policy
- Expenses Policy

HEALTH AND SAFETY

- Health and Safety Risk Assessment Policy
- Health and Safety Policy
- Moving and Handling Policy
- Lone Working Policy
- HIV and AIDS Policy
- MRSA Policy
- Infection Control Policy
- Display Screen Equipment Policy
- Fire Safety Policy
- Food Hygiene Policy
- Accident and Incident Reporting Policy

Codes of practice pertinent to Highland Home Carers:

- The National Care Standards for Care at Home and Housing Support services come from the Care Inspectorate and Scottish Government.
- Highland Home Carers has contracts with NHS Highland Contracts Team to provide Care at Home, Social Work Support, Housing Support and Independent Living Services. We must abide by the conditions within the contracts if we are to continue being used by the Social Work Service. Highland Home Carers is monitored by the contracts team in relation to these contracts.
- The registration requirements as laid down by the Scottish Commission for the Regulation of Care; Highland Home Carers is inspected annually and must submit a self-evaluation and an annual return. The Inspection Report is a public document and is made available to all Service Users and on our website. All Partners are provided with the Scottish Social Services Council (SSSC) Codes of Conduct with which they must comply.

The laws which impact on Highland Home Carers include:

- Disabled Persons (Services, Consultation and Representatives) Act 1986
- Regulation of Care (Scotland) Act 2001
- Equal Pay Act 1970
- Sex Discrimination Act 1975
- Race Relations Act 1976
- Employment Rights Act 1996
- National Minimum Wage Act 1998
- The Working Time Regulations 1999
- Adult Support and Protection (Scotland) Act 2007
- Data Protection Act 1998
- Human Rights Act 1998
- Adults with Incapacity (Scotland) Act 2000
- Social Work (Scotland) Act 1968
- Access to Medical Reports Act 1998
- Community Care and Health (Scotland) Act 2002
- Freedom of Information (Scotland) Act 2002
- Social Care (Self-Directed Support) (Scotland) Act 2013
- Health and Safety at Work Act 1974
- Health and Safety (First Aid) Regulations 1981
- Care Quality Commission (Registration) Regulations 2009
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Mental Health (Scotland) Act 2015
- Housing (Scotland) Act 2014
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992
- The Equality Act 2010
- The Equality Act 2010 (Gender Pay Gap Information)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995
- Abusive Behaviour and Sexual Harm (Scotland) Act 2016

- Carers (Scotland) Act 2016
- Management of Health and Safety at Work Regulations 1999
- British Sign Language (Scotland) Act 2015
- Provision and Use of Work Equipment Regulations (PUWER) 1998
- The Public bodies (joint working) (Scotland) Act 2014
- Lifting Operations and Lifting Equipment Regulations 1999
- Control of Substances Hazardous to Health Regulations 2002
- Food Safety Act 1990
- Environmental Protection Act 1990
- Fire (Scotland) Act 2005
- Corporate Manslaughter and Corporate Homicide Act 2007
- Domestic Abuse (Scotland) Act 2011
- Protection of Vulnerable Groups (Scotland) Act 2007
- Chronically Sick and Disabled Persons Act 1970
- Carers (Recognition and Services) Act 1995
- Community Care (Direct Payments) Act 1996
- Welfare Reform Act 2009
- Criminal Procedure (Scotland) Act 1995
- Misuse of Drugs Act 1971
- Public Interest Disclosure Act 1998
- Patient Rights (Scotland) Act 2011
- Public Services Reform (Scotland) Act 2010
- Sexual Offences (Scotland) Act 2009
- Public Health etc (Scotland) Act 2008
- The Smoking, Health and Social Care (Scotland) Act 2005
- Antisocial Behaviour etc (Scotland) Act 2004
- Freedom of Information (Scotland) Act 2002
- Community Care and Health (Scotland) Act 2002
- Protection from Abuse (Scotland) Act 2001
- Regulation of Care (Scotland) Act 2001
- Health and Social Care (Safety and Quality) Act 2015
- Public Service Pensions Act 2014
- Immigration, Asylum and Nationality Act 2006
- Work and Families Act 2006
- Criminal Justice and Immigration Act 2008
- Video Recordings Act 2010
- Apprenticeships, Skills, Children and Learning Act 2009
- Education and Skills Act 2008
- Employment Act 2008
- Revenue (Scotland) and Tax Power Act 2014
- Money Laundering Regulations 2017
- Education, Student loans for tuition fees (Scotland) Regulations 2006
- Finance Bill 2016 (Apprentice Levy)
- Health and Safety (Offences) Act 2008
- National Insurance Contributions Act 2014
- Health and Social Care Act 2008
- Education and Inspections Act 2006
- Racial and Religious Hatred Act 2006

- Disability Discrimination Act 2005
- Mental Capacity Act 2005
- Carers (Equal Opportunities) Act 2004
- Higher Education Act 2004
- Community Care (Delayed Discharges etc) Act 2003

Care Inspectorate Report December 2016 Feedback

The Care Inspectorate Report included here is a summary and not the full published report.

The latest Care Inspectorate Report was completed on 15th December 2016. This was an Announced (Short Notice) inspection. During the inspection views were sought from Individuals (Service Users), Partners, Management and from carrying out visits to relevant connected persons as well as looking at various required documentations.

The overall grading had remained alike in one area, risen in another and had not been assessed in one area for this inspection. The grading system rates from a 6 (high) to a 1 (low). Comparisons in the grades previously reported and these inspection grades are shown below:

	(March 2016)	(December 2016)
<u>Quality of Care and Support</u>	Grade 4 – Good	Grade 4 – Good
<u>Quality of Staffing</u>	Grade 4 – Good	Grade 5 – Very Good
<u>Quality of Management and Leadership</u>	Grade 4 - Good	Not Assessed

What the Care Inspectorate were told:

- Out of 150 questionnaires they sent out, 82 were returned by Individuals (Service Users)
- 97% of respondents to questionnaires were happy with the quality of care and support they received
- 100% of respondents stated Carers (Partners) treat them with respect
- 66% of respondents felt they were not asked opinions about the service
- 65% of respondents felt they were aware of the services complaints procedure
- 62% of respondents were aware of the Care Inspectorates complaints procedure
- Comments received from the questionnaires praised care and support provided by Partners
- Concern was highlighted about lack of consistency of carers and inaccuracies in rotas provided to them. Also there were concerns about Management changes and contact with the main office

Self assessment:

Highland Home Carers provided the Care Inspectorate with a fully completed self-assessment document. This was completed satisfactorily and identified what it was believed the service did well, areas for development and any changes planned.

What the service does well (strengths):

- Enabled people to remain as independent as possible and to remain in their own homes.
- Very good level of support to Individuals (Service Users) from Carers (Partners).
- Carers (Partners) treat Individuals (Service Users) with respect, ensuring also that safety, dignity and privacy were maintained.
- Improves and acts on concerns of Individuals (Service Users) appropriately.
- Improved information included within Support Plans to provide more accurate details of support to be provided.
- Good communication methods between Individuals (Service Users) and Carers (Partners) recorded.
- Detailed, consistent Support Plans for disabled Individuals (Service Users) with enhanced description of support needed and outcomes expected.
- Safe medication practices throughout the service.
- Detailed accident and Incident records and debriefing and practice supervisions.
- Plans to develop dementia team to provide specialist support and sufficient training arranged to facilitate this.
- Improved recruitment procedures for safer recruitment.
- Expansion to training department and additional support to community teams provided as well as e-learning system to improve training.
- Most appropriate training provided.

What the service could do better (areas for improvement):

- Ensure 6 monthly reviews of Individual (Service User) Support Plans.
- Continue Pro-active stance in reinforcing the Values of the service, Individual (Service User) rights and SSSC Codes of Conduct at Induction and regular team meetings.
- Review administration systems to avoid any missed visits to Individuals (Service Users).
- Review Care at Home Risk Assessment documents ensuring them to be personalised and not generic.
- Review recruitment checklist to state when new Partner commences work with Individuals (Service Users) - to ensure Partners are not working prior to PVG's and references being received or prior to Induction and correct training – this was mainly an administration error.

Requirements:

- 1) The Service Provider must review the Personal Plan at least once in every six month period whilst the Service User is in receipt of the Service.

This is to comply with:

Social Work Social Care Improvement Scotland (Requirements for Care Services) Regulations 2011, SSI 2011/210 Regulation S(2)(b)(iii) – Personal Plans

Timescale:

To be commenced immediately with all being reviewed within six months.

Recommendations:

- 1) It is recommended that the Service continue their programme of reinforcing the Values of the Service, Service User rights and the Scottish Social Services Council's Codes of Conduct to staff members at Induction and regular team meetings.

This is in line with:

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

National Care Standards, Housing Support Services, Standard 3, Management and Staffing Arrangements.

Complaints:

There were no upheld or partially upheld complaints since the last inspection.

There was no enforcement action taken against this care service since the last inspection.

The service continues to provide a good level of support to people, enabling them to remain at home and also to complex needs Individuals (Service Users) to be part of the community.

Management Views:

Stephen Pennington stated: “ Once again this was a very fair and thorough inspection. Derek Priest, the inspector, spent time visiting a number of our services and Service Users including Lomond Gardens and the Cromarty Care Individual Service Fund service. All the recommendations have been taken on board by Highland Home Carers’ Management and are in the process of being implemented.”

The full care inspectorate report from December 2016 can be found at: <http://www.careinspectorate.com/index.php/care-services>

The specific report details can be found at:

Html/reports/getPdfBlob.php?id=287986

SECTION 13: ISSUES FOR ACTION AND RECOMMENDATIONS:

Issues for action and recommendations arising from the 2016-2017 Social Accounts, following a series of meetings with the Managing Director, Board, Trustees, Director of Finance and Administration, Human Resources, Various Management, Training Department and consultations into other Stakeholders are presented by the Social Accounts Team. The action plans and recommendations are intended to result in more satisfied Individuals (Service Users) and Partners and enhance Highland Home Carers performance.

Upon considering the results gained from Private Interviews with Service Users, Partners, Family and Individual (Service User) questionnaires, Perspectives interviews and internal research, the following are suggested as key areas for improvements and recommendations and are presented for Management to decide upon a set of actions which will be carried into future work and monitored:

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>
Individuals (Service Users) and Family	<ul style="list-style-type: none">• Investigate why in Social Accounts questionnaires the Individuals (Service Users) respondent uptake may have decreased to only 26% feedback and try to improve this in the next period (Objective 1, 1.3 and 2).• Investigate where Individuals (Service Users) feel that Highland Home Carers is not meeting its' Mission, Values and Objectives and try to improve upon this (Objective 1.2 and 1.3).• Improve grades given by the Care Inspectorate and try to rectify any issues listed in the Care Inspectorate report to achieve the highest possible standards as one of the main care/support providers in the Highlands area (Objective 1), this includes review of all Personal Plans at least once in every 6 month period whilst the Service User is in receipt of the service.

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>
Partners (Staff)	<ul style="list-style-type: none"> • Continue and if possible improve our support to community initiatives and charitable organisations not necessarily directly involved with the company (Objective 4) – specifically 4.1 and 4.2. • Aim to increase Partners response rates at Social Accounts Questionnaires (this could be done via the report of Cost Effectiveness in the current document). (Objective 2.4). • Try to investigate why a third of Partners don't feel valued (Objective 2.4 and 2.8) and look to improve the Partner meetings held (Objective 2.4 and 2.8). Also try to implement sufficient explanation to all Partners of how the Management structure is transparent and accountable (Objective 2.8), how decisions are made and how to ensure there is open and honest communication at all times (Objective 2.9). • Seek to increase Partner questionnaire response rates and research alternative ways of gathering feedback (once the uptake towards questionnaires increases this will be easier). It may also be useful to split up the areas to target results further as to what areas of Highland Home Carers are proving problematic to Partners. • Continue to reinforce necessity of the Social Accounts procedure as well as values of Service, Individuals (Service Users) rights and SSSC Codes of Conduct to Partners at Induction, regular team meetings and in any new approaches that could be arranged. • It is suggested the E-Learning system should be utilised to deliver certain training to remoter areas as this would be more cost-effective (Objective 2.2). • SVQ as an area needs urgently reviewed as well as assessor numbers as the Social Accounts results show (Objective 2.2 and 2.4). • It is suggested to add a new policy whereby external purchasers of Highland Home Carers training will be advised to pay a set fee if they cancel courses within a set time period (Objective 5).

<u>GROUP CONCERNED</u>	<u>RECOMMENDATIONS</u>
Others	<ul style="list-style-type: none"> • To consider splitting the Stakeholder Analysis Diagram; due to company growth this has become larger and harder to manage, if split into several parts or reduced in size this process may be more effective and manageable for the Social Accounts Team. • Try to repeat the process of measuring external and internal views on Highland Home Carers' work as a way to measure and monitor our progress in all areas via the form of interviews (Perspectives) as done in the qualitative research in this period. • It is recommended to remain using the same procedure year to year to ensure the same data is gathered to enable better comparative analysis in each department (for example Finance Section and Training Section) (Objective 2,4 and 5). • It is strongly recommended that training systems must account financially for all training costs in full (including backfill and so forth) (Objective 2.4 and 5).

SECTION 14: PLANS FOR DIALOGUE

PLANS FOR DIALOGUE

The finalised full and Audited Social Accounts will be available for all who have an interest to see it on Highland Home Carers' website and a hard copy available on request at Highland Home Care offices. As well as being presented to the Board and Directors, they will be presented at the Highland Home Carers' AGM in November 2017 as part of the annual report.

In addition to this we intend to produce a summary accounts; this will be sent out to current and prospective Individuals (Service Users), Partners, The Care Inspectorate (SCSWIS) and NHS Social Work Service as well as those involved in any case study/interview works during this year. The Summary Accounts will provide those looking to use a Home Care/Support agency and those seeking employment with a comprehensive guide to Highland Home Carers, its' Values and performance as a company. Any feedback on the Accounts from anyone with an interest would be encouraged and welcomed as the opinions/perspectives of others help us to analyse our business and provide the best possible services.

PLANS FOR THE NEXT SOCIAL ACCOUNTING CYCLE

Highland Home Carers remains committed to Social Accounts as a method of measurement as to how we are perceived by our Stakeholders, our impact in the wider community and to identify areas where we can improve.

It was recommended by the Social Audit Panel that future Social Accounts were to:

- Demonstrate how the Social Accounting process is integral to the organisation and the difference it can make for Partners and Individuals (Service Users)
- Introduce more comparative assessment, including comparison across time and using internal/external benchmarks or comparators
- Map topics covered in depth over time in earlier accounts, with a view to managing the scope of the accounts more strategically

For the 2017-2018 period, Stephen Pennington has invited Tanya Coffey to lead the team and produce the final report. Stephen Pennington will identify other Partners who will be available to advise and assist as required.

APPENDICES

All appendices can be viewed at www.highland-home-carers.co.uk

APPENDICES

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109	Individual (Service Users) Questionnaire cover letter	3
110	Questionnaire notices from Facebook and newsletter	4
111	Partner Questionnaire cover letter	5
112-116	Partner Questionnaire	6
117-139	Partner comments from Questionnaire	7
140-142	Individual (Service User) Questionnaire	8
143-153	Individual (Service User) comments from Questionnaire	9
154	Confidentiality Form	10
155-156	Questions for GP/Adult Strategic Commission (Ian Macnamara)	11
157-158	Questions for Social Worker (Andrew Newton/Natalie Thomson)	12
159	Staff Journey Guidance Questions (Kath Fraser, Jean Kemp, Sandra Brannan, Angie Macdonald, Rikki Mackenzie)	13
160-161	Training Evaluation Comments from Partners	14
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Aims for social accounts period June 2016-June 2017

Mission, Values and Objectives

Chosen to leave this term as lots done last term including focus groups

Objective 1

Covering by Service User questionnaire and private interviews

Objective 2

Covering by Partner Questionnaires-to be decided by SAT what to include related to last findings and Mission, Values and Objectives specifically targeting objective 2

Objective 3

Chosen to leave as lots done last period to cover this

Objective 4

Will monitor to see if/what has been done this period – cover in a section similar to achievements etc for year as have noticed we are sponsoring a lot of things lately via Facebook etc

Objective 5

Monitor as usually do yearly, try to expand upon to give more details and move forward rather than at back of main document – this relates to objective 2.6 and 2.7 to do with Partner finances also when comes to write up. What do we want to show here? Any ideas from last findings?

Expansion to training section

Related to last terms findings, there are lots of new and up and coming developments in this area to look at. This relates also to Objective 2 Partners, specifically:

2.2-providing a high standard of formal and informal training and

2.10- providing opportunities for Partners to develop and succeed

This is to use for write up explanations.

Staff Journey

Find someone who has done a number of things in time with HHC for a varied analysis (see questions wrote for last period)

Yearly Developments

As last document

Achievements

As last document

S/W and other independent stakeholder interviews related to HHC outside views

Ideas SP who could ask – make this a section in place of Community Services done last period with images etc (consent for all first)

ACTION PLAN cycle end June 2016-end June 2017

SA – Social Accounts

SAT – Social Accounts Team

Action	Details. How?	By when?
Present the recommendations from the SA report for the relevant period to the managers and operational team.	Presentation at the AGM. Meeting with the Inverness managers and operational team. Meeting with the Invergordon managers and operational team. Meeting with the Board.	November 2017 December 2017 December 2017 January/February 2018
Discuss an action plan for implementing recommendations.	Meeting with the Managing Director and Operational Director.	January 2018
Finalise and print the summary document of Social Accounts for our major stakeholders.	SAT to produce a summary document and to arrange printing and distribution (envelopes etc. to do as a team).	December - January – February 2017-2018
Revise HHC’s Mission, Values, Objectives and Activities. *start of new cycle* NOT DOING THIS TERM	Open groups for all Partners to attend. To invite Partners via Newsletter, Facebook and on rotas (randomly selected). Discussion group with Partners from Inverness area. Discussion group with Partners from Invergordon area.	March 2017 February – March 2017 February – March 2017
Revise HHC’s Mission, Values, Objectives and Activities. NOT DOING THIS TERM	Invite Service Users/family members to attend a focus group. Post invitation letters. Discussion group with Service Users/family members from Inverness area. Discussion group with Service Users from Invergordon area.	February 2017- early March 2017 Early March-mid March 2017 Early March-mid March 2017

SAT to revise HHC's Mission, Values, Objectives and Activities. NOT DOING THIS TERM	Involve Managing Director, Director of Finance and Administration, Director of Operations and Service Manager in this process. Consider and implement recommendations made by Partners and Service Users/Families.	March-April 2017
Carry out a full stakeholder analysis and concentrate on main stakeholder groups who will be included in further consultations.	Finalise a full stakeholder's map and identify HHC's main stakeholders.	February-March-April early 2017
Devise questionnaires for main stakeholder groups. – What do we need to know? Plan 1 st !	SAT to prepare questionnaires and send them out. Postal questionnaires. Survey Monkey.	March-early April 2017 *S.U due back start May *Partner due back start June-July= time for recommendations.
Collect factual and statistical information on all Objectives (put into format to use for final doc's and keep all returned for panel).	SAT to approach service and administration managers for statistical information.	March till the end of June 2017 *out in March must return by end April & count etc. in May (envelopes etc. to be done too)
Case studies. *Staff Journeys *Private Interviews	To focus on the impact and outcomes that HHC achieves. SAT to ask managers to identify Service Users and Partners. Case study on the impact HHC has on the wider community (this was last terms example, these may change yearly)	April 2017
Private interviews with the Service Users.	SAT to carry private interviews with Service Users at their homes (this happens after questionnaire data returned or if need to visit for any other reasons)	June-July 2017 *begin also to write up final document around this
Focus groups with the Service Users.	To phone the Service Users who are interested in attending a focus group with couple of date options. Discuss transport issues. Organise Focus groups in Inverness and Invergordon. Book transport, venues and snacks.	May 2017 *NOT DOING? June-July 2017

	Organise Focus groups in Inverness and Invergordon. Book transport, venues and snacks.	June-July 2017
Consolidation of received information.	SAT – from questionnaires etc. Start to get into formats to produce documentation required at the end	July-August 2017
Arrange SA Panel meeting.	SAT and Managing Director.	August 2017
Finalise Report.	SAT and Managing Director.	September 2017
SAT Panel Meeting.	SAT, Managing Director, Finance and Administration Director, SA chairperson and other panel members. Arrange with SP p.a to have lunch provided.	October 2017 – after this has gone to panel and key aspects checklist returned team are to work on edits of final document to return and be signed off and begin to plan summary document and organize this to printers once approved. Must be in close liaison with Managing Director.
Report recommendations made to the Board of Directors, Senior Managers and Operational Team.	SAT to arrange meetings.	November 2017



March 2017

Dear Sir/Madam,

As part of our commitment to Social Accounts, Highland Home Care would be delighted if you could complete the attached questionnaire (Or a family member/friend/carer assist on your behalf who will be happy to help), so that we can gather valuable feedback on our service provision.

We hope to match or even improve on the feedback received last year. Your views on the quality of service are valuable and help to influence the positive development and improvement of our services.

We would greatly appreciate time taken in completing and returning the questionnaire to us in the pre-paid envelope. It is important that the completed questionnaire be returned to Highland Home Care by the first week in May at the latest. All results of questionnaires are entirely confidential.

If you feel you would like a private interview please fill in the attached form and return along with the questionnaire in the envelope provided.

We hope greatly that you are able to assist us. Please contact the Highland Home Care office and ask for the Social Accounts team with any queries on 01463 241196.

Thank you for your co-operation

Yours Sincerely,

Tanya Coffey and Ralf Ross (The Social Accounts Team)

Please fill out the slip and return it with your completed questionnaire.

I am interested in attending a private interview (please circle appropriately):

YES NO

Name:

Family members/carers welcome. Please return with the questionnaire in the envelope provided.



Rheanna Mackay

27 Apr at 15:29 • 📎

Good Afternoon, the current partner Social Accounts Questionnaire is in the process of being handed to all from line managers or posted to individuals. Due to the low uptake in the last periods it is imperative that partners fill this in and pass on confidentially all views held. The care inspectorate do use this to measure performance and this can affect grades given. There is a box available for these in reception (Inverness Office) or pre paid envelopes enclosed. 📬 😊

Due date - 6th June 2017

Thank you in anticipation,
The Social Accounts Team



Johanna Simpson

10 May at 14:44 • North Kessock • 📎

Social Accounts noticed an error in the newsletter and wish to apologise and correct this. The Service User Questionnaire is now closed, we will accept ones still due but wish for them as soon as possible.

Partner Questionnaire is due to be returned 6th June 2017.

Sorry for the misunderstanding and thanks for assistance in filling these out.

In anticipation, Social Accounts Team.

Tanya Coffey Ralf Ross



Johanna Simpson uploaded a file in the group: **Highland Home Carers.**

5 Apr at 15:39 • 📎

Message from Social Accounts Team, Tanya Coffey and Ralf Ross

Hi all,

As some of you may be aware Social Accounting is a process allowing us to monitor progress within our company. We will soon be sending questionnaires out to Service Users, it is important that these be completed and returned to us by the end of May 2017 and would be appreciated if partners could assist here. Also a Staff questionnaire will be available on Survey Monkey at a later date, please look out for this.

Please be aware this is completely confidential. Also for any issues please contact Tanya Coffey, Ralf Ross or your line manager who can assist this process or print our a questionnaire that can be returned to the office on request. We are more than willing to complete this

Hi all,

As some of you may be aware Social Accounting is a process allowing us to monitor progress within our company. We will soon be sending questionnaires out to Service Users, it is important that these be completed and returned to us by the end of May 2017 and would be appreciated if partners could assist here. Also a Staff questionnaire will be available on Survey Monkey at a later date, please look out for this.

Please be aware this is completely confidential. Also for any issues please contact Tanya Coffey, Ralf Ross or your line manager who can assist this process or print our a questionnaire that can be returned to the office on request. We are more than willing to complete this anonymously by telephone or assist within the Office if required.

Your cooperation is much appreciated.

Thank you in anticipation.

Social Accounts Team 2017



Dear Partner,

Social Accounting and Audit process is essential to drive HHC forward and to enable and monitor our performance and identify where improvements can be made and where things go well. Our company is continuing to grow and we are the biggest home care provider in the Highlands. Your feedback is vital to ensuring our values, objectives and the working conditions are meeting the standards we aim for.

As a part of our commitment to Social Accounts, we would ask you to please complete a questionnaire (enclosed along with a pre-paid envelope) to gather your valuable feedback on our service provision. We hope to improve on last years given responses. **Your views on the quality of service are very valuable** and help to influence the positive development and further improvement in our services. If you struggle with this please call your line manager or Social Accounts team who will be happy to assist and anonymously fill out for you if necessary via a phone call or assist you within the office to complete this.

We would greatly appreciate your time in completing this. It is important that you fill in the questionnaire by 6th June 2017. The results will be entirely confidential.

It is your company and you need to have a say.

Tanya Coffey: 07891723993. Email:social.accounts@highlandhomecarers.co.uk

Ralf Ross on 01463 241196.

Thank you for your co-operation

The Social Accounts Team

Tanya Coffey and Ralf Ross

Partner Questionnaire

1. Within newly registered HHC services, which of the following do you work in? (please tick)

- **Community Teams (Carrbridge, Ullapool, Gairloch, Strathdearn, Cromarty, Boleskine, Appin and Lismore)**

- **ILS Services (Lomond Gardens, The Leachkin, Fortrose)**

- **Ross-Shire (Invergordon, Ballintore, Edderton, Tain, North Kessock, Dingwall, Conon Bridge, Evanton and Alness)**

- **Inverness (All areas, Nairn, Aviemore, Rural – includes care/housing support)**

2. Are we meeting HHC Mission, Values and Objectives?

Yes No Don't Know

Comments:

3. Why do you believe so few staff respond to Social Accounts questionnaires?

Comments:

4. Do you feel your work is valued by HHC as an employer? Please provide feedback

Yes No Don't Know

Comments:

5. A) Do you feel you are given enough knowledge about company performance?

Yes No Don't Know

B) How can this be improved?

Comments:

6. A) Do you think we have enough staff meetings?

Yes No Don't Know

Comments:

B) How effective do you find these?

Very Unsure Not at all

Comments:

C) Can you suggest any ways of improvement in this area?

Yes No Don't Know

Comments:

7. Do you feel supported to continue your role within HHC?

Yes No Don't Know

Comments:

8. Would you recommend HHC as a good place to work?

Yes No Don't Know

Comments:

9. Was it fully explained and facilitated for you as a Partner of HHC to become a shareholder after 3 months of employment?

Yes No Don't Know

Comments:

10. A) Was training provided of a high standard and extensive enough?

Yes No Don't Know

Comments:

B) Can you suggest any improvements?

Comments:

C) Do you find your training is kept up-to-date and reminders prompted accordingly?

Yes No Don't Know

11. A) Have HHC made you aware of financial wellbeing and available use of the credit union?

Yes No Don't Know

Comments:

B) Do you feel this is necessary?

Yes No Don't Know

Comments:

12. Do you feel a culture of employee ownership is embedded within HHC?

Yes No Don't Know

Comments:

13. A) Do you feel a supportive, transparent and accountable management structure is in place that recognises all employee owners whatever their role?

Yes No Don't Know

Comments:

B) Do you feel involved in decision making? (if no please suggest improvements)

Yes No Don't Know

Comments:

14. A) Do you find open and honest communication throughout HHC via verbal, written and digital media?

Yes No Don't Know

Comments:

B) Can you suggest ways this may be improved?

Comments:

15. Do you feel morale is good within HHC? (please grade and comment)

(1)Very Poor (2)Poor (3)ok (4)Good (5)Very Good

Comments:

STAFF QUESTIONNAIRE COMMENTS RECEIVED

Q2 Are we meeting HHC Mission, Values and Objectives?

- Mainly yes. They're quite a number of areas in objectives that could be improved. It's too difficult to choose just one answer to this question.
- More about client needs
- Not been with HHC very long
- Sometimes
- The best you can
- Unsure
- Because sometimes we not offer a continuity service from service users i.e. staff or time of calls
- Confidentiality by male manager broken no consequences. Open honest. Can't go higher with the company unless threaten to leave then position made for you
- Staff do not seem motivated to work to high standards
- Values and Objectives need to change in line with the size of the company
- But with HHC growth this is harder to achieve. Providing a flexible service is proving difficult
- Sometimes. Others not so much
- N/A
- I am very happy with HHC but don't get too involved. I only do about 10 hours per week work to a friend. I enjoy my work. I am well past retirement age
- Not frequently discussed
- Lack of leadership
- Don't know what company values and objectives are
- There is room for improvement
- With some carers, others are a waste of space
- What is the mission now a-days? Service Users? Or money?
- I feel care given is very good on the whole. Flexibility is key
- Compassionate time should be granted without going through "procedures" for any clients who are grieving their relatives
- I would say in as much as it is possible to given some obstacles

Q3 Why do you believe so few staff respond to Social Accounts questionnaires?

- I don't know
- They don't see the changes happening! Same issues come up year after year. Plus lack of understanding of the value of the accounts
- Time
- I don't think we tried hard enough to encourage people to see the value of Social Accounts
- They feel it doesn't make any difference
- Because they have better things to do with their time. It may be better to fill them in at the staff meetings
- Not interested enough
- Staff might think the questionnaires a waste of time

- Time consuming
- Too lazy
- I myself don't feel like a part of Employee owned company any more. I believe I'm not alone
- Makes no difference
- No idea
- Don't know
- Same questions and no changes
- This is a problem in any organisation I my experience
- Laziness or they feel like their opinion isn't valued and won't make a difference therefore feel it's pointless
- I don't know anything about it
- Lack of interest
- Because they do not understand it
- Don't feel they make a difference
- Maybe the least important thing in their busy days? I don't know....
- Not interested
- Too busy. Not interested in the accounts
- I wish I knew. I have always responded as I know they are important and costing HHC
- Due to employees being busy with work, home life etc
- People aren't interested!
- Not everyone sees the importance of completing them
- Paperwork, length of comments required can be off-putting
- Too busy
- Don't believe change will happen
- No time, waste of time
- Apathy
- Probably not felt it's a priority, always something you will do later then gets forgotten
- I don't think people understand the importance of it
- They may feel that their thoughts won't be taken into consideration nothing will change
- No incentive to do so
- No time to do so
- A lot of people don't understand what it is about
- Do not like to fill paper formats
- Perhaps they don't realise how important it is to our company
- No time, too busy, staff don't see the point, forget about having the form
- It holds no importance to staff. In them doing their job or being valued
- Maybe because they are not mandatory
- Due to no positive outcomes higher up ladder. No consequences for their behaviour. In effect no questionnaires completed staff feel pointless
- They are not motivated

- Because issues and concerns are never addressed
- Probably pre-occupied with their HHC duties + not aware/interested in the importance of such questionnaires
- Can't be bothered/don't have the time
- Because nothing ever gets done about issues raised. Yet another box ticking exercise
- Very busy and tired when finished work
- Don't think they are worded very well
- I think it because change/improvement is slow. Better feedback from Service Managers may help
- Nothing ever gets done or changes
- Some don't understand it
- I don't know
- Not sure
- It does not make any difference
- Staff are perhaps unaware of just how important it is. Viewed as 'not needed' and 'optional'
- Maybe mean to fill it in and leave it too late
- Feel it doesn't make a difference either way
- It's time consuming
- Don't know enough about them
- Lack of interest in the bigger picture
- Sometimes because of the wording of the questions
- Don't know enough about the company
- Lack of time
- It was not easy to respond through mail it is easy now as this is in paper
- Because they don't know about it
- They do not feel involved
- Lack of motivation. Maybe an online survey through feedback would increase responses
- Possibly don't realise the importance or they don't feel they are included and that it is pointless as they feel they are not being listened to !
- Time to do them?
- Don't know
- They're not committed enough
- Apathy
- I believe they don't think it's important
- Lack of understanding. Staff give feedback + nothing within company changes
- Cannot be bothered
- Lack of communication/knowledge/understanding of Social Accounts
- Lack of understanding
- Staff leave questionnaires + then forget about it
- Apathy

- Don't know
- Because they do not appreciate that it has any value
- Maybe 'cause it doesn't matter what is said nothing will change
- I don't know
- In case what they say may be misconstrued
- In general people don't like filling n forms or answering questionnaires
- Waste of time nothing changes
- I feel it's not getting the right questions asked
- No incentive?
- Don't understand why it's important
- Nothing changes!
- Don't know!
- No feedback or actual changes
- People are just busy with other stuff. When not working and at home, work is way down priorities after family etc
- Maybe time, on line there could be more responses as you can do it in your own time and it's posted straight away
- Complete waste of time as management don't care and don't listen
- Too busy an down on priority list then gets forgotten!
- Pass!

Q4 Do you feel your work is valued by HHC as an employer? Please provide feedback

- Not enough
- At least by the team leaders no one from HHC technical dept. has been in touch r.e my problem with e-learning
- Never been told
- By clients/ clients family yes, management no
- I feel well supported by Invergordon office which in turn leads me to feel valued
- You're not often told you're doing a good job or that you're appreciated. Feels like management do not realise a lot of your efforts – forget what it is like
- Do not receive any feedback so do not know
- Management only contact with negative news never praise
- Very much so
- My line manager is always appreciative at whatever help I can give
- Always feel appreciated, help and support is always readily available
- On occasion, could be shown more appreciation. Never informed of positive feedback from S/U
- Yes and no, some people don't appreciate the work that is being done and pressures of certain roles
- Sometimes when I get a bonus and shares
- Sometimes feel as if we are forgotten

- Sometimes we are told we are valued. Then we feel used
- Yes because we get together often to discuss how things are going and how to improve
- One rule for one another rule for others. Pays not equal
- Definitely not. Feel totally undervalued
- Sometimes by certain people and staff
- It's never really been mentioned personally. I value my role/position
- Staff are overworked and undervalued
- Undervalued and unappreciated
- Sometimes yes & sometimes no
- There is always someone from senior management who will take the time to listen
- I feel I don't get listen to, I feel I am an employee just being told what to do & opinions are not valued or listened to
- Yes you feel very welcomed and praised for your work
- Nice comments, from clients and management
- Generally feel valued
- Definitely appreciated by our line manager
- Good communication with manager and other staff
- Don't really get recognition (carers) maybe do appraisals quarterly
- My work is valued by my service user and his wife – so that is true
- No pay rise for 3 years
- Never hear from anyone other than other carers. No option to better or move higher
- I never receive feedback on performance at work
- Always get good feedback from my boss
- ** and other managers are always appreciative of work achieved!
- Can be improved
- I feel the value of the work I do. I feel less valued when calls are cancelled and my time is wasted
- We don't get any feedback
- Over the last 6 months definitely
- I would like to think so
- Sometimes feel they just want a call covered...don't listen to our concerns!
- Pay scale for what we do is low currently £8.45 should be more!
- Been too short a time maybe after 6 months of working for HHC
- A 10 year service carer is being treated the same way as a new carer – NO LOYALTY NO VALUE

Q5A Do you feel you are given enough knowledge about company performance?

Q5B How can this be improved?

- N/A
- There's always opportunity to ask!
- More feedback!

- More information in newsletters and on a HHC staff portal on the website
- Although company performance doesn't as a whole interest me, the performance of the community teams do
- Improve management skills
- Don't know
- Not updated on things often enough- especially not in the area I work - it's all about the community side of HHC
- Unsure, not really interested in how performances go as long as I get my pay
- Memos
- N/A
- N/A
- Is sufficient
- More training
- Financial yearly newsletter is enough there's more important tasks to do than making updates
- Continue to share and be open
- Regular updates. Perhaps more meeting
- More transparency with staff, more involvement, regular changes to the board and trustees
- Given a regular newsletters
- Through social media
- Stop finger pointing. Be honest, so we can see improvement, where there are problem areas
- Maybe add some updated memos for staff to read if they want to
- More communication
- Don't know
- More emails sent out
- More frequent announcements about company care performance please
- The 2 offices (Inverness & Invergordon) need to communicate with each other. At moment one barely knows what other is doing and feels almost like 2 separate companies
- Although this is much better with reports from the board going in the newsletter. But always room for improvement. Should be discussed at staff meetings!
- More information passed from Board + Trustees to lower grades
- Email updates or regular meetings
- N/A
- I just want a job/wage
- A staff meeting is rare
- Paper copies, online info it's easily bypassed or forgotten about
- In my situation I am quite content. Maybe by organised meetings – but would people come to them
- With regular meetings
- More info in the newsletter
- Newsletter is informative

- Team meetings – kept in the loop. Be able to have our say
- 1-2-1 meetings with care co-ordinators r.e individual performance vs company performance
- The newsletters are now updating us, which is fab!
- More information
- Highlight performance in the newsletter and include care inspectorate reports
- Improvements are happening through the newsletter
- Make sure our co-ordinator keeps up to date
- A facts and figures quarterly newsletter or email
- At meetings
- I know what I want to know
- Regular minutes
- !! performance of the company could be shown along side monthly updates or pay slips!!
- The financial decisions are being kept quiet, we have no say as to how money is spent

Q6A Do you think we have enough staff meetings?

- Would prefer fortnightly meetings
- Every 3-6 months would be good
- Although managers do frequently pop in, there is not any set times you know they'll be at the service for informal meetings and general updates/advice
- Monthly would be better for moral
- We have local ones, not much with HHC so maybe that could be increased
- Same things as topics – never get solved, pointless going, very unorganised
- Not been with HHC very long
- Where time allows, Individual areas would benefit with their own meeting
- Staff meetings could be more regular, but this is tough as many staff don't turn up
- Especially for new staff meetings every few months with other members of team would be useful
- Difficult to get everyone together
- Could do with having meetings more frequently
- As a lot of staff see these meetings as a waste of their time
- Staff don't attend only if negative issues do they attend
- It should happen more often
- N/A
- I never hear of any
- Yet again no reason to attend these as nothing ever changes
- Timing of such meetings is really difficult
- Trying to improve that ourselves
- It was better when they were care/support workers meetings – rather than manager run
- I meet for supervision rarely. Have never attended a team meeting
- Don't know half of the staff

- Once in a blue moon is not enough at service level
- Advised more regular staff meetings and some smaller teams. Promised regular meetings monthly not happened
- At least 1x monthly
- No agendas at meetings either. Only meetings called when something negative happens. Little to no follow up on meetings
- There are more now which is good
- Four times a year would be good two at minimum
- Staff meetings in my experience are poorly attended
- Yes now we have meetings in Nairn
- Staff meetings don't tend to be offered for office staff. However I don't see this as a negative!
- The more difficult or challenging the service user is the more meetings are devoted to them perhaps to the detriment of other service users
- I would like to be involved in small team meetings
- We haven't had a meeting since February
- Impossible for the whole team to gather as people are on shift
- This is, meetings within our Boleskine group but I can't comment on other areas
- Heard of possible more meetings
- I feel we would benefit having more, to keep updated more frequent about clients
- We have staff but far too many will not work after 4pm
- Should also hold team meetings run by keyworkers for service user specifics
- "one to one" meeting more efficient

Q6B How effective do you find these?

- Very little
- Good when we have them
- Especially in the rural area
- Never find out the outcome
- The outcomes are not fed back to staff. often seem pointless as no changes are made. We're left out the loop on some things too
- Can identify any problems that need addressed about carers + work situations
- People scared to voice their concerns
- Our own meetings are key to how we work
- Not been to one yet. Not long with HHC
- If they're constructive and the decision made on whatever is carried out and staff know the outcome
- When the meetings happen, positive change usually follows
- As lots of promises are made, but no change or action as the manager leaves. Twice this has occurred!
- Helps carers to discuss and exchange ideas
- Depends how structured meetings are, can get carried away discussing other matters

- As the meetings have no realism to them
- So far I think the meetings have been very effective for me personally
- N/A
- It's the same stuff and problems and nothing gets acted on
- See above
- When suggestions are made it would be nice for these to be taken into consideration
- Sometimes they can be but often feels like it's just to be informed of new rules to be obeyed and sometimes suggestions meant well can be viewed as criticism and received badly
- Usually only focus on one area. Sometimes feel like why am I there as not much interest in where I am
- Generally effective
- Things could be resolved quicker and easier if more regular meetings instead of "Chinese whispers" between carers
- I don't know, because I don't need to go to them
- No follow up. Inaccurate meetings
- Carers that want extra calls don't seem to get them and ones that are on a "back-to-back" are pressured to taking on more
- When they happen
- Perhaps not 'very' but they are effective, however there is a tendency for some staff to dominate. This can mean lengthy and unproductive meetings sometimes
- It is not currently involved
- You can voice your opinion
- Not all team members attend
- Important to keep communication running and keep everything up to date
- Same as question 3
- If all staff pulled together it would help
- Brings down moral
- Have not been to staff meeting yet. But it could be somewhere that any staff concerns could be discussed
- Always the same issues anyway so what is the point?
- Rarely attend

Q6C Can you suggest any ways of improvement in this area?

- Be consistent, listen, address issues, praise partners, provide update of changes happening t the previous issues. No blame culture!
- By giving more feedback
- Delegate responsibility to someone in each area to plan/organise these
- They should listen to the staff
- Have them regularly

- People like to be heard at these meetings
- More staff required
- Outcomes could be discussed at next meeting
- More house meetings
- More frequent meetings and minutes given back to those who attended with plans of action, what's discussed
- Put all staff meetings on carers rota so they will attend
- To write down concerns so they are not singled out
- More HHC involvement so they understand the communicating team work
- Smaller groups, relevant issues
- Different staff grades have their own meetings that concern them and so their questions that are useful for them can be covered, and can be answered by head of meeting
- 1. Service meetings every two months 2. Specific team meetings every 6 weeks 3. Meetings should be made compulsory. Key workers must attend all meetings so as to engage with team members. Names of key workers, their availability, example if they are on leave, should be posted at individual houses. Example: when one of the service users was moving houses the team was not informed that one key worker had resigned from being one whilst the 2nd one was on leave, I kept waiting for the leadership on the move that never came. I took up the initiative finally when I could not wait any longer. I felt let down. Managers should also chair team meetings. I heard from some key workers that they call a team meeting and no team member came. Feedback and suggestions for meetings should be submitted anonymously before the meetings for managers to read out and respond to avoid meetings turning into accusations from staff.
- More meetings (3 monthly) put onto staffs rota for better
- Maybe if minutes were taken. Things cannot be followed up and actioned
- Have more regular team meetings
 - More get together more often. One to ones etc
- Have more staff meetings
- Staff meetings could two appointed people to chair and organise them. And have someone to take minutes of the meeting, an agenda is set out, and if a Director or Manager is asked to attend, they should be there to give any replies
- Concentrate on problem solving and not pointing the finger
- Need to get staff morale up
- More communication, regular dates
- As above
- It may be necessary to stagger the meetings so that all staff are covered
- Not to make staff feel that all the compromises to achieve targets fall on them and not on management and to be more open to suggestion
- Have the meetings open to all – not just West or East. Staff meetings should be that. Not group supervision meetings
- More authority to managers to deal with sickness and attendance and staff behaviours
- Have made comments before but not listened to so don't bother now
- Local office
- I sometimes think it would be good to meet other workers in my area for coffee or a meeting
- More staff meetings
- Feedback from other carers towards the care for the clients
- Maybe a meeting every 3 months minimum
- More meetings

- Have regular meetings
- Monthly meetings
- Have an agenda. Have regular meetings. Follow up actions
- Staff need to be listened to and see changes implemented
- Regular meetings
- Give hours to people that want them instead of hassling those that don't
- Meeting should be chaired by someone from HHC with no management present
- Appreciation of carer. Option to better ourselves
- More meetings
- I think we need to try and engage staff to take an interest in company at all levels
- More staff
- More regular meetings. More communication with staff
- The manager should set clear objectives and outcomes sought at the beginning. What is the meeting about? What are we trying to achieve?
- More action should be taken as usually they are just words
- Sometimes it's like the secret service to get any information
- Manager has advised of more meetings
- Meetings telling truth not lies
- More meetings
- Hold more or give out more updates
- Listen & improve
- Respecting staff commitments
- More meetings
- Listen and implement ideas, if it doesn't work, we would have tried at least

Q7 Do you feel supported to continue your role within HHC?

- Sometimes
- By my team leader only
- As afore mentioned management visits to the service can be infrequent
- I can approach any senior member of staff anytime to get supported on any of the concerns or problems I may have
- To a certain point – yes – but feels like you are alone most of the time, until there is issue- no praise
- Really enjoy my job with HHC
- I feel confident with the support and appreciate the open and approachable work ethics
- My house leader is good at supporting me
- I have put yes and I hope that I am valued for my work I do. For our service users, and within HHC
- I feel I have all the support I need
- Sometimes only when doing things right at times put down even though know my job
- Sometimes

- Only with ongoing training? Supported how?
- Sometimes office staff aren't very understanding/stressy
- Not happy at having to do SVQ to stay in job for such a few hours work
- Support is always there. We just need to ask and not be too proud to ask for help
- Not really I use to but not recently
- Poor support from management
- Maybe new carers should be given supervision which is ongoing to help them understand their role, especially if new to care
- At times I do feel supported by senior management
- Sometimes not but mostly yes
- Very happy to get great support
- Sometimes
- Doing overtime no extra cash or thanks for doing it just one less day off!
- In BIC support can be good or not available. Very varied. Has ranged between good and "get on with it yourself"

ATTITUDE

Q8 Would you recommend HHC as a good place to work?

- It is a steady company
- Long days. Poor pay for what we actually do. Asked constantly to do extra even if you're on holiday
- The majority of staff are great and the service users are amazing to work with – the service offered is good
- Very approachable
- It is a good company to work for
- Management talk down to carers. Op's team - unorganised
- Enjoy my job with HHC
- Feel appreciated and valued as an employee
- Dependant on role and area worked in
- Enjoy my work, proud to say that I work for HHC
- There are many problems that need to change within HHC from training, new starts, workloads and NHS contracted
- Without doubt, I love it here and would recommend it to anyone considering caring
- Due to lack of office staff leaving total lack of support from higher up the ladder
- Sometimes
- I've enjoyed my work here as a carer, I'm given chance to make a difference to a community care and also get paid....

- Yes if you enjoy the work/can work on your own
- Sometimes
- Again I use to say yes but at the moment not so much
- Not for single people (wage related)
- Not at the moment with no contracts!
- Yes however like any business needs improvements
- Poor money. Standards seem lower than a few years ago
- I love my job
- Flexibility is good, however sometimes calls can be cancelled at short notice and gaps in schedules constitute a waste of ones time
- But not Cromarty Cares
- Really enjoy my work with HHC
- There is always someone you can contact
- Always trying to recruit
- Sometimes
- Pay is poor, manager styles vary
- Keep away
- I've always felt looked after by office team, enjoy my visits and my pay/bonus scheme is good

Q9 Was it fully explained and facilitated for you as a Partner of HHC to become a shareholder after 3 months of employment?

- I'm not sure weather this includes the community teams
- Been with the company over a year and have heard nothing about owning shares
- Have no idea how the shares work
- At my training
- Vaguely I thought it was 3 years
- I was made aware of this during the interview process
- I do not have a contract
- It'll be interesting to see next years share value as HHC's loan will be paid off
- Only mentioned in initial training
- Does not make any difference to me
- Moved over when sense left – have adequate knowledge of being a Partner at HHC
- But then I just go with the flow
- Was not aware of this
- Only in paperwork, not verbally
- Which is good
- I feel it is too soon as not had enough time with the company. I feel 6 month as after this time staff feel more settled
- Can't remember
- I have been so busy with life in general, I can't remember
- The shares money don't cover your lack of hours

Q10A Was training provided of a high standard and extensive enough?

- Training was excellent
- Very good training
- Very good
- Not followed up- as many is out of date
- Still need to do more
- Very informative covers all topics, very thorough
- Requests for training are always acknowledged and acted upon
- More time could be spent on proper communication writing
- I haven't had any training for my role
- Very basic
- Up to date with training. An if asked for a specific training they always try to provide it for us
- Training needs to be reviewed
- Maybe more training should be directed at us at Lomond rather than just home care
- N/A no training given
- To a point yes
- Very good training although too much swearing in some by trainer
- Training is brilliant
- On line training also helpful
- Had moving and handling training at start 4 years ago, not updated although advised at supervision. Only got meds and first aid, nothing else offered
- For me but then I only have one service user
- Poor training for support staff. not enough training to work with people with learning disabilities
- Training very good. Trainers excellent. Admin staff very organised. Really good could do it over a few weeks
- Very good
- Office based – minimal training provided
- I feel that my team and manager have invested their time in me
- Training is good, however for some new starts without previous experience supplementary training could be beneficial
- Very good. Pity all didn't go as some didn't need to do training and were employed
- Very good training
- External and more advanced certifications I have HHC don't wish to use this benefits HHC!
- Didn't differentiate between HHC and BIC which caused miss-understandings
- You need to practice your training so maybe more hours....

Q10B Can you suggest any improvements?

- None
- Not been in long enough
- Training should be adjusted to service provided
- Provide lunch

- No
- More training on different aids such as ETAC, SARA, Steady
- Longer shadowing for beginning new staff
- In house training
- No
- Keep up to date with the training – outsource some training
- Updated co' refresher courses
- No
- Updating courses more for all staff not just new staff
- No
- There are a lot of misunderstandings between staff and rota personnel. If new staff can be given half a day to observe the complexities of rota, a lot of unjustified complaints from staff work will be resolved
- Staff incentives to boost morale
- I have been waiting to do my SVQ for 5 years should increase assessors or put me through college
- The whole area of training needs to be reviewed
- More info and guidance for people working in Lomond Gardens
- More specific training. Have to ask if updates needed
- Stop the swearing and stick consistently to NCS and SSSC codes of practice facts. Plain and simple
- More training in the Invergordon office rather than having to travel to Inverness
- After initial training, regular refresher training would be of great benefit
- Better communication
- Maybe ask all staff what training they want and need – out with supervision
- Nope
- More often
- On-going training
- Would find training on mental health issues helpful (including dementia)
- Incest more staff training, get staff to keep records of their own training as well, dates
- Tell at the interview that it was a 0 hours contract. We were not aware of this
- Make relative training for support staff
- Doing a great job already. More on line modules would be good once in the job
- None
- To be offered courses or offered which date to do a course on, some people have commitments
- Employee Ownership Workshops? Training for staff at all levels
- Refresher training is important as a means of avoiding complacency and updates skills/knowledge
- Constant mentorship of new starts particularly those with no previous experience
- Is there a qualification that everyone needs to enable them to continue in the care sector

- Not kept up to date with what training I need updated
- Some people need more training
- Dementia training-proactively offered!
- Too much ask and always on your day off or you have a shift after the training
- Need more training
- For BIC to be much clearer about what BIC is and the vision for this service -from advertising stage onwards
- Haven't been working with HHC long enough
- Don't put on a new carer shadowing another new carer for a start
- Extending home care service to provide more complex mental health needs e.g. companionship/stimulation of interests for dementia patients! Assessing best way & managing care needs to sync with carers (HHC) & family carers

Q11A Have HHC made you aware of financial wellbeing and available use of the credit union?

- I use the credit union for savings
- I know nothing of this
- Unsure of what this is/means
- Don't know what this is
- Maybe in a newsletter?
- Spending needs more control
- During our last meeting finances were discussed
- I've joined – it was very easy
- Difficult to find time on days off
- I did not know there was a service like this – not interested though
- When going through financial difficulty
- News to me
- I have joined
- Don't know what it's for
- I would say no but I may well have just forgotten!
- **Q11B Do you feel this is necessary?**
- Is it relevant to me?
- Not relevant to me but others?
- Never been made aware
- What is important is the financial wellbeing of HHC and if staff see waste spending, they have the right to ask why
- It is an employee owned company and fully agree that this is necessary
- It's always beneficial to know
- If it's for all then yes, it's necessary to know about it?
- It's always good to save
- If this was on the website or Facebook site it would be good
- This has to be better for staff than pay day loans
- Depending on circumstance
- I think it's a good idea
- Own choose

Q12 Do you feel a culture of employee ownership is embedded within HHC?

- But we can do a lot better
- Not really
- Is it within Lismore and Appin group in the short time of its existence
- As stated previously I've been with the company for over a year and don't know if I have shares or not
- The culture is a bit lost on the ILS services. Feel quite detached from the general HHC work. Other staff aren't very well informed about the work in the service – most newsletters seem to focus on home care aspect of HHC
- Can be but decisions don't go via board or employees for consideration
- Some staff seem to think EO gives them the right to be critical of management without realising it's also for them to be committed to their work load and their company. Management can perhaps use the newsletter or appearance at staff/team meetings to encourage staff's commitment and enthusiasm
- Continue to embed and make aware
- I know we're employee owned but it's not emphasised enough
- In some areas, not others
- Employee ownership no longer has no importance for staff these days. Sad yes, but true
- Again I love it here and feel that I get treated very well. I have had no issues and am very happy here
- Decisions made without others being informed. If staff don't like answer given step over manager to ** or ** then blame game. No respect. Staff shouted at off higher managers
- More communication. Better communication. Please, just one standard. Please, clear communication at meetings when/ where. I think HHC has a long way to go yet to sincerely thank staff & help staff become more confident in their personal ownership role. (those staff that want/understand/wish for employee ownership).
- HHC rightly used to be a beacon of Employee Ownership. This is no longer the case. The company has grown too big, too fast. All this is now lost
- Employee Ownership often feels like it is used as a stick rather than a carrot – you need to agree to this or that as it's your company so you have to make it work et. It's seldom mentioned otherwise
- But HHC could do more. At staff meetings and newsletter
- Maybe too much. Need to change slightly. More structure and more rules in place
- To me employee ownership seems to be said a lot but doesn't seem to be backed up as I have made suggestions in my area in the past & just got ignored even though you work in the area & know what works. Now I feel I am better keeping quiet
- Just words not actioned
- Not now the company has grown
- Some management would benefit from a proper EO training course (Equal Opportunities)
- But...most people just want to go to work, do their job to the best of their ability and go home
- But some staff just don't get it
- Never get a say in anything within the company and supposed to be employee owned
- I feel employee ownership is a term that gets banded about HHC when it suits management
- Heard about it, not sure about it
- Seems to have got lost as company has grown
- Although some staff see only the benefits for themselves rather than collectively. There are a minority who abuse the privilege while shirking their responsibility to others
- I'm not convinced all staff understand the ethos of employee ownership and still refer to a culture of 'them and us'

- Small cog in a large machine
- I think so there doesn't seem to be the negative vibe I used to get when working in the NHS
- There are 2 different worlds: the carers who work hard and are shut down and the office people who never put themselves in others shoes

Q13A Do you feel a supportive, transparent and accountable management structure is in place that recognises all employee owners whatever their role?

- It's not strong enough but it's not any one persons fault. HHC can always do more to support people
- Would hope so
- Perhaps a structure on the wall so new carers know who is who
- Management available to speak to when necessary and answers issues quickly
- Again there are areas that need to improve for staff
- Again no respect. Dictated to. Voice not heard not accountable as overleaf
- Only by some staff
- Not in many years
- Yes only because of **
- No I feel where I am it's you answer to one do as your told and don't suggest anything
- Generally
- Sometimes feel in Ross-shire that we're a separate company
- But for me yes
- No to all three
- Sometimes lack of communication between management is frustrating for employees and service users
- Lack of consistency with management in Nairn due to level of attrition
- Management is the weakest point of the company
- Cromarty don't carry out the HHC to the letter and don't report when something is wrong with a carer
- As said on many occasions, they don't listen to hard working loyal staff and concerns. Nothing is fed back and followed through
- Management structure for BIC has appeared muddled and confusing
- Still waiting for contract (over a year now)

Q13B Do you feel involved in decision making? (if no please suggest improvements)

- My role gives me the good fortune to be making decisions (shared)
- Nobody asks our opinion on decisions
- There supposed to be outcome after team meeting not just recording only
- Sometimes, others are saying things that management deal with, that staff don't receive enough feedback on
- Changes to holidays have not been explained
- I don't have a say
- Would be polite to be asked about decision making instead of decisions just being made about myself
- Within this office (I.G)
- Not always
- Not long with HHC
- With my client

- No
- More accountability, some changes are made and we are told later
- At one time that may have been the case. But now NHS is boss
- Employee ownership means have a voice. Office staff walk into roles no advert out, no equal opportunities, breaking employment law
- Sometimes
- Management always correcting or 'pulling staff back', which is why HHC loses GREAT carers
- Not all decisions
- To an extent. Often we are informed when decisions made without consulting e.g. changing holidays to hours instead of days
- We vote for employee Directors, maybe they could feedback more
- Definitely not. Listen to carers especially when they work with service users
- Would like more input towards client care
- Rarely -work nights. Few house meetings
- Questionnaires sent to people changes concern e.g. holidays and phones!!
- More involvement input from staff within the actual day to day role
- Never been included
- A lot of decisions are top-down staff usually have better ideas of what is needed
- Meetings
- For my department
- Some middle management decisions appear to be overturned by staff approaching senior managers
- However management follow up can occasionally be weak
- It's very hush hush in Cromarty
- Within our group of Boleskine
- To my knowledge decisions are made behind closed doors??
- Suggested lots of managers will "look into this" no feedback or action taken
- I have not worked long enough with HHC to make a comment on this
- "on call" system instead of taking more staff

Q14A Do you find open and honest communication throughout HHC via verbal, written and digital media?

- Too many small teams have formed with their own intents. Too much talking behind the backs. I would love to see HHCs web page more interesting and being updated regularly
- I hope so
- Definitely
- Lot of back stabbing
- At time, depends what you're asking and what it is your asking
- All communications are acknowledged
- Communication could be better, sometimes takes a while to get an answer, being passed from one person to the other! sometimes not getting back at all
- Honest communication should be HHC main aim in all area of the company, but sadly staff do not see or feel this

- Not always
- Sometimes
- I don't have digital media so I can't comment on that. Maybe I'm being left behind?
- Some people you can speak to others not. Even though supposed to be confidential sometimes is never kept that way
- Invergordon office is honest
- Sometimes unsure who to contact to answer relevant question
- Facebook site is very good
- Not sure
- Sometimes
- Verbal communication is good – face to face and over the phone. I've never had any success getting email responses and I've no experiences with digital media comm's
- HHC yes. Cromarty care no
- Too much point scoring to make themselves seem better than what they are
- Sometimes
- 3 lies said to me this last year: (SVQ3, back to back and holiday pay)

Q14B Can you suggest ways this may be improved?

- Managers/office always/most of times speak down to staff and we're supposed to be all Partners
- No
- More communication
- Give everyone honest, clear communication at all times
- Need to listen and take account clients wishes and needs
- Newsletters to be posted with rotas again
- No
- More often and include more
- Co-ordinators better informed of everyday issues can give you directions to a new client in rural areas even though they're in town. More courteous on the phone
- Involve staff more
- Having info available on website like a private staff page
- Getting back ASAP. We know offices are very busy, but would like a response of some kind
- I feel comfortable
- For all staff from directors/management/office staff/carers, to be honest, and responsible in communication and stop finger pointing, and promote staff in their work
- Too many people involved in the communication process, I often hear things 2nd or 3rd hand which is wrong
- Work with carers more
- Open staff meetings
- Improvements in confidentiality between manager or higher up role & carer when seeing information. More listening

- N/A
- More information when staff leave and someone takes their place. Senior management could attend more staff meetings
- Better mileage rates
- Transparency. Staff on a “need to know” basis
- No
- The general running of Nairn
- General communication to be improved
- Have a form on the website, different areas for carer chat and more formal areas for finance queries etc
- More communication and don’t wipe carers bad reports under the carpet
- More honesty and admit mistakes
- More open meeting without managers as some staff will not talk if they are there
- Decisions should be made more public (or publicise before they are made)
- Treat carers the same way as you would like to be treated yourself

Q15 Do you feel morale is good within HHC? (please grade and comment)

- Again, we must do better in some areas of our service
- Most staff not happy & feel unappreciated
- Within L & A community team from the outset we had team building meetings including a Christmas dinner with all trust members which formed a bond of mutual care and respect
- Over worked and under paid
- A lot of frustrations between staff in management and staff
- It is very good for me personally. I work alone supporting 1 individual but feel well supported by the Invergordon office
- For the majority yes
- Employee ownership workshops would improve this
- Lack of hours a major problem. Sometimes don’t feel listened to
- Feel no understanding if you drop hours
- From our team is excellent
- Hear from others how they feel. This can cause a knock on effect
- I’m very happy working for HHC. I’m not however bothered about being any more involved in the company. Thankyou for all you’re doing
- Not sure but to me good to very good. Not long HHC
- All staff overworked, underpaid and under supported
- Hours not guaranteed. Having to work too many long days to make a wage. Not enough clients in the day to make it worth your while going out. No contracts. Clients not properly assessed before carers take over. No plan B when things go pear shaped. It doesn’t pay the rent
- Some staff who are committed show very good morale but some who don’t show poor morale

- HHC a great company working to a high standard
- In my experience morale is good
- I have had my hours cut from 2 ½ days to 2 days due to new staff starting and hours have been shared – whilst I can see this is fair to new staff – although I don't think I would have expected that as a new employee and has left me with a smaller wage packet to the extent that I will probably have to go back to paying NI myself as I am now not earning enough. The changes to my hours – were not discussed it has just happened! I am not going out at 07.30 in the morning to do 3 calls! Whilst I realise that managing rotas is not easy, I think that a little bit of loyalty to staff who have been here a while would have been nice. I think Strathdearn the manager here have been badly supported from the start, lots of things are promised at meetings then the manager of HHC leaves the company and nothing is followed up! For example gloves were going to get delivered to the village to save us going into town to pick them up, which we don't get paid for, HHC manager left so that never happened. I believe in a small village such as this it is important to have the support of a manager at HHC to give an unbiased opinion on rotas and decision making as I believe it is difficult for our local manager here to do so as this is a very small close knit community. (please note this is not a dig at the local manager rather at the next tier in the management system). It is also difficult for staff to voice their views for the same reason
- Atmosphere in the office is strained at times and this should be looked at
- Would be nice to hear that we are doing well occasionally
- I am very comfortable and supportive. So I am happy with HHC
- Because changes are slow, not listen to, poor pay, and increased work load for staff and no being valued, for the extra work they are asked to do. And all we hear is the NHS contract. If we do not look after our staff, they leave, they become sick, and bad feelings just grow more. Act now before it's too late
- The only reason I have circled good is because no matter how good it is there are always room for improvement
- Due to losing very good office staff since September 16 HHC office morale has declined dramatically. Service manager shouting at staff no repercussions. Male manager lies, breaches confidentiality, rude to fellow workers. Very much them and us. One lead carer nice to face slag off behind back. Good long term staff left HHC to do this
- Staff feel undervalued and pay scale is not enough
- To be left alone to get on with our individual roles, yet supervised would be absolutely great
- Always bitching/stressed
- More and more staff keep leaving. There is a revolving door at the moment. Undervalued, unappreciated and unsupported, this is the nature of the job. HHC will not be able to retain good members of staff because of this. The values of what the company was have been eroded. It does not bode well for the future unless changes are made
- I believe a lack of staff meetings is causing morale to be not as good as it could or should be
- Our team work fantastic together but communication out with and morale not good in other areas nearby
- Most of the staff are happy in the main I think but because it is short staffed extra calls are seen as a duty rather than a choice and this can be quite demoralising
- It's difficult when so many people work on their own to keep morale high
- I feel it has been better and I hope it will improve
- *very supportive *amazing staff *always someone to talk to if needed
- Personally very happy in my role but aware others have issues. Morale at present is better than it has been in the past
- Has been better
- Few issues for carers makes morale bit lower. Rotas not well arranged at times. No travelling time between calls, even 5 minutes. Better training, 3-6 monthly appraisals

- Morale is good with the carers I work with. We are a friendly team
- Poor wages, no rise for some staff for 3 years. Almost all staff at my service are looking for other employment. I used to have faith in HHC but not any more
- Company, so big now, everyone seems so stressed and unsupported! Poor management leadership! Lack of respect and unfair biased treatment of staff!
- The team morale is good on a working day. If employees feel part of decision making and communication is good from management it goes really well. Has really improved lately and is good
- Although I'm very happy, I know a lot of employees are just so so. The ones that are not able to do a "back to back" feel victimised and are struggling to get enough hours!
- Thankful the morale is never low. Sometimes the staff do feel it's all about filing sheets
- Jobs for promotion should be advertised to all and for everyone to be able to go for it and be interviewed fairly. Seems to be chosen few given promotions
- Cannot comment on other departments
- All my colleagues are great! :)
- This can vary dependant upon the service. For example morale at Leachkin is poor at the moment. This is not entirely the fault of the management due to attitudes alluded to in answer 12. The rota is difficult also the change to a shorter week is welcome. Working late then early is tiring however. For example a week that goes LEELE is more tiring than ELLLE. A break after L then E gives a person chance to recover ☺
- Personally I feel morale is good, this may be coincidental with current good weather though!
- But Cromarty Cares it's those that can shout the load is hard
- All depends on the makeup of teams
- Good in the area I work in but have spoken to others. Members of staff who don't feel they are being listened to or supported in ways they need
- Depending on the work load
- I have never been so low in my job...it's my loyalty to my clients that keeps me with HHC. Certain members of line management seem to have no interest or listen to our concerns & I feel they are bringing about what used to be a fantastic company to work for down!!! So many good staff have left because of this and you risk losing more!
- Amongst carers v.good not so office/carers
- If you increased pay to a decent amount and offered time and a half or double for taking on extra shifts followed by a thanks for doing it by service managers! This for me would put morale to a 4 or 5. Until then it remains a 2 or below
- I feel they have improved a lot
- As a recent recruit to HHC as far as I can see morale seems very high
- I don't have any positive background to say, sorry – I am trying not to say too much but I know I haven't got much time left. Shame for service users – honestly, the management decisions have got to change for the better.
- Very supportive team
- Conclusion: I am completely satisfied with my conditions of employment

March 2017

Service user (Individual) questionnaire

Please circle appropriate answer and note down comments if necessary.

1. Do you feel with the support provided you are able to look after your health?

Very Well Quite Well Well Barely Not at all

Comments:

2. Do you feel HHC service allows you to be supported in living as independently as possible?

Yes No Don't Know

Comments:

3. Do you believe you have been given a say in how any help, care or support has been provided to you and been involved in your care plan?

Yes No Don't Know

Comments:

4. Do you feel services provided to you are well co-ordinated?

Yes No Don't Know

Comments:

5. A) How would you rate the care/support provided to you?

Excellent Very good Good Poor Very poor

Comments:

B) Do you feel staff have correct training to do their jobs well?

Yes No Don't Know

Comments:

6. Do you feel services provided have improved or maintained your life quality?

Yes No Don't Know

Comments:

7. Does the provided support given at home make you feel safe?

Yes No Don't Know

Comments:

8. A) Do you know of and understand how to make a complaint?

Yes No Don't Know

Comments:

B) Have any issues if raised been dealt with effectively?

Yes No Don't Know

Comments:

9. Do you feel HHC is meeting its Mission, Values and Objectives?

Yes No Don't Know

Comments:

10. Do you feel there are any areas HHC can offer improvements in service provided?

Comments:

Service User Comments from Questionnaires

Question 1: Do you feel with the support provided you are able to look after your health?

- With reservations in the case of the individual carer
- I reply on behalf of my father as he is unable to talk or write
- Great carers= Great care= better health prospects
- Quite happy all care
- I am not 100% sure of the remit of the home carers in my fathers case. I know they provide a valuable service in helping him get his shopping and out of the house but not sure what other role they might play in supporting "health"
- Happy with my two girls
- When I get a shower the carer can spot changes in my skin
- Yes things have improved since housing support in place
- Waiting for OT visit
- It's good that I have HHC to look after me
- With large input from my wife
- This form is being filled in by the parents of the young man needing support
- Health?
- Like the company
- Having the same carer on a daily basis helps
- Support from staff giving assistance with showering most valuable
- All the ladies check to establish I have no problem e.g. dry skin, itch or sores. Very important knowing the problems I had when in hospital
- My carers are excellent at looking after my health needs
- Getting to take my meds at the right time of day or night
- Would appreciate one more day of personal care
- Very well. Any items which I am finding great difficulty in managing now are helped with during the care at home. I've been eating a well selection of meals since the new year when HHC have taken over both the 30 min tea-call and the 2 hour social care for shopping
- Satisfactory
- ** health is mainly my responsibility
- Service delivered is cream put on less and less and then medical stockings. I currently require replacement hips and am unable to reach my lower limbs so cannot keep cellulitis under control by myself.
- I get on very well with all the carers who attend, they are a pleasure to meet
- Yes indeed
- Without the support of HHC carers we would not have been able to keep & look after mum in her own home. Her situation has altered over the period of care however the carers have adapted amazingly to help her at each stage

Question 2: Do you feel HHC service allows you to be supported in living as independently as possible?

- The vast majority of carers are capable and caring
- Allows my wife to work, not be independent
- HHC have attended for the past 5 years. Without this I would not have been able to come back to my own home, and who knows what the consequences could have been
- As mentioned above as I am not 100% sure on the role remit I can't judge if that would qualify "as independently as possible"
- In the past I had several carers a week. This allowed me to live independently and now I can manage with less support
- Yes the staff help me with things that make my life easier
- Would be in care without support
- Not applicable. He lives at home
- Not applicable?
- Otherwise I would be in care
- Sometimes it would be nice to get some extra help. Just as a 1 off
- Very much so, in addition they give my wife some respite and rest and some "peace and quiet"
- Not relevant, I live with my wife
- Would improve with extra day of personal care
- But being in the back of beyond I really need the support I receive
- When out shopping with the carer I'm safely helped with it all. If I'm out alone I'm made ready to manage well
- Depends what it actually meant by 'independent living'
- Without HHC I would be in a nursing home
- Good at offering support to assist me
- Yes indeed
- For the present time
- The client is now bed bound but carers enable her to feel comfortable in this phase of her illness. The family do not believe she would have survived a move to a care facility

Question 3: Do you believe you have been given a say in how any help, care or support has been provided to you and been involved in your care plan?

- Generally the level of care has been delivered capably and in a friendly manner
- Not all carers listen to my requests
- Very much, every detail, any special needs, any personal touch
- Always involved in care plan. Work with carers to achieve best care
- I have received calls and been encouraged to call if needed
- I have discussed with CPN and carers although the present level of care I get was brought into action without a group meeting
- Care plan made with my wife and myself present at R.N.I hospital
- Yes, as parents
- They discussed my needs with me
- Yes, with a struggle. I am quite mentally aware & can fight my own corner

- Sometimes
- Involved throughout
- Each lady takes my “advice” when seeing to my personal needs
- I was informed I would possibly get 2 days care but after my interview the wrong information was passed on.
- Since HHC took over from lifeways I chose of having the same carer doing the tea-call also so a better diet. I had an accident last summer and a change in rotas was made.
- Sometimes yes, sometimes no
- Lead carer has been to house had chat r.e care plan and respected my wishes
- It certainly has
- The care provided by the girls is of the highest standard. The care plan & risk assessment were well out of date & so family member involved in care between HHC. Care times, wrote the care plan: this information was not updated on the HHC computer system.

Question 4: Do you feel services provided to you are well co-ordinated?

- Mostly. The service is of good quality but suffers due to staff shortages from time to time due to illness etc
- Very well co-ordinated, down to the last detail. How the coordinator manages to coordinate and do caring I don't know, the pressure to do both is huge and hopefully appreciated as much as this service user does
- Rota is much more consistent now
- On balance-for my dad yes. However it would be helpful to have a copy or email as my dad cannot communicate and I don't know his schedule. As I am based in London and can only communicate with him on facetime
- As well as possible except when staff changes
- Do not always let me know if carer expected is not coming and someone else is coming instead and I would prefer if I could be informed
- There have been many times staff have not turned up and not been told of any change
- Some time changes and not informed
- Times can be altered with no warning
- Information comes regularly and at good time
- When someone is sick they don't always phone to tell you there is a change in carer
- Service providers should speak to each other
- Very much so
- Having to be flexible with hours provided
- Even if sickness or problems encountered by any of the ladies any necessary re-arranging or delaying (slightly) is dealt with efficiently
- I don't like lots of different carers coming in
- We never get told when a different or non scheduled carer is coming
- Dates frequently changing

- I am not always sure as to who will be coming to visit
- The carers do all they can to help
- Have improved since been in care of HHC
- Times of services can be quite erratic in the morning visit
- Could be better
- Fill ins for unallocated visits are normally able to be arranged quite easily
- Kept in the dark about staff changes
- As well as they can be when not under pressure
- No continuity for holiday cover
- Yes sometimes/no sometimes
- Sometimes: only very occasionally unknown carers attend-to cover sickness and they do not know the service users requirements but not generally problematic. Advised to read “the folder” r.e medical history (dementia)
- Very good indeed
- Not always. Changes in rotas and not always informed beforehand
- Although mum requires 2 carers on every visit there is little continuity in the faces she sees. This is vital in clients with vascular dementia. Management at HHC seem unable to construct rotas which provide clients with carers they know, have little conception of distance between clients or the actual time required to perform personal care.

Question 5A: How would you rate the care/support provided to you?

- As stated previously, possibly would not be able to answer this question, without it, as could have been much different circumstances
- If you could clone the carers we have you would be onto a winner!
- Quite happy care for mother and provided for me has possibly saved my life too!
- If it's the same care staff I get it's fine
- My care from my two girls who know my needs is excellent
- Carers are always cheery and confident
- Only good as most people don't turn up/change time and no one tells me.
- Very pleased with **
- Carers are always more than happy to help and some go above and beyond
- Some carers are better than others the older carers seem to be the best
- My normal girls are excellent and know if I am not feeling well and leave a note for my daughter

- When continuity is provided
- As above and very kindly
- Most of carers good but some not so good at time keeping etc
- No complaints
- Best I've ever had
- Top class, all very supportive and friendly
- All carers kind and compassionate
- Girls are very helpful
- 1st class
- The girls are professional; friendly, courteous & pay attention to all details of my care. The family would again like to especially mention ** & ** although all mums' team can be complimented.

Question 5B: Do you feel staff have correct training to do their jobs well?

- Some have no idea how to put a splint on properly
- From a personal point of view, it would seem to be the case. The carers I have, have people "shadowing" sometimes and they've gone on to be very good carers, so from that side, it works.
- Most of them
- Too difficult to answer both without the service old age would have reduced my life quite considerably
- I would hope they have
- I presume so but do not know anything about training
- Some lack training or confidence in the use of hoists
- Yes I know their training exceeds few months
- All staff good at their jobs but some more aware of procedures than others
- Some staff appear more skilled than others
- Lack of dementia awareness
- Happy, cheerful staff
- Ditto
- Regular carers-yes. Some don't
- Occasionally staff have been trained in colostomy training
- No complaints
- Most of the carers
- But slightly "older" carers are more aware of service users requirements . In the beginning a certain carer didn't do things like "lock" the door or wake service user to check ok
- I think so
- Do carers follow SVQ training and to what level
- They have a vast skill set in handling the needs of numerous clients but HHC management must be made aware of the time required to perform tasks.

Question 6: Do you feel services provided have improved or maintained your life quality?

- My wife has to regularly clean my bottom for me as carers don't make sure I'm completely cleaned
- Improved very much, as I get older, I'm sure everything gets more difficult
- Care services have made living at home possible. Could not be home without good care
- Maintained
- I am able to get out and about at least once a week, whereas before I was dependant on taxis or friends there was no consistency
- Wouldn't like to be without it
- Yes if there any issues I know I can talk to them and help with health etc
- My life quality will not improve but carers keep maintained to the best they can
- Have helped take some care/strain away from my wife
- Very helpful
- Maintained
- Very definitely
- No complaints
- Would feel a lot better if I could have two mornings of personal care as first discussed
- Without them I don't think I would manage really well
- As health deteriorates-caring increases
- Absolutely
- Enjoy their company/chat look forward to their visits
- Indeed
- Mum has been able to remain at home with the family. We would not be able, after over 2 years, to sustain the job of looking after mum without the help & support of the carers

Question 7: Does the provided support given at home make you feel safe?

- With my dog Fred who loves ladies. I can feel safe, a working spaniel who loves me. I can live in a big house. Knowing a person will come at certain times it is comfort I feel
- Any health or medical issues, I know my carers will call the necessary medical team and my family security is important & great care is taken by all the HHC staff
- All the carers have great care with safety
- Am everyday quite content
- If I get the same staff
- I do not have to heat up soup the carer does this for me
- Yes it does
- Very good for me
- As my wife is at home I feel safe
- I feel safer at home as I know round about what time the girls are coming

- Not always, when there is lack of continuity of carers
- All the ladies are very capable and inspire trust
- I feel if I was getting any bother I would just mention it to one of the carers
- Yes but is not a question that should be asked
- It does indeed
- Mum is unable to communicate such an emotion but she welcomes the girls with a huge smile on every visit

Question 8A: Do you know of and understand how to make a complaint?

- ** said she doesn't feel that she needs to put in a complaint, but wouldn't know how to do so if needed
- If I had one
- But my daughters would help me. However, I'm not one to complain, I'm grateful for the help
- Nothing to complain about
- Would just tell my girls or phone office number
- My daughter would know
- Yes I do
- Hope not to have to complain
- Just telephone I presume
- By phone if necessary
- Call or write
- Either mention to a carer or phone office in Invergordon
- Telephone, letter or email but I can't remember the names
- Although I do, there is no way my father would be proactive in raising this as a result of his illness-dementia
- Unable to(couldn't decipher writing)
- Would phone office or speak to ** (manager) directly. Ask for complaints form
- I know how to find out how to do this
- Sure do but no need to
- I would contact the local office and if necessary would go to a higher level if I didn't get satisfaction

Question 8B: Have any issues if raised been dealt with effectively?

- But not always
- N/A
- Due to difficulty chewing and a risk of choking, a half hour at lunch, was felt to be very rushed, so I wouldn't eat properly, a request for an hour was made & implemented successfully
- Usually raise issues with carers who take on board any problems
- Irrelevant
- They are now
- No issues raised
- No issues
- N/A no issues raised
- No issues
- There have been issues that have been raised but nothing can change

- Not applicable
- Very good
- All small issues
- No issues
- Have not had any issues
- Sometimes. Unallocated calls have been reduced from 25% to 1 per fortnight
- Haven't had any
- Issues with individual carers seem to be completely ignored
- Some carers that I don't want
- Carer keeps changing her dates
- No complaints
- Not had any
- No issues raised
- Morning visit time is more consistent but could be better!
- No issues raised
- I would like to be advised of changes of staff
- Not had any issues
- Have had no issues
- Times changed so more suitable
- Never had any reason to complain except in one case which is ongoing
- I have pointed out on several interviews with Jocelyn the problems with making up rotas, utilisation of staff effectively; analysis of mileage to monitor the inconsistencies in allocation of carers etc. but carers are still working on 'days off', being contacted to go elsewhere whilst in a clients house etc which illustrates poor manners & management in the ops team at HHC office.

Question 9: Do you feel Highland Home Carers is meeting its Mission, Values and Objectives?

- With success comes more pressure & expansion in order to achieve "back to back" teams, as was intended, recruiting is possibly needed. My own area is ok, thanks, I feel too, the willingness of the area team to help each other to ease the pressure.
- In a very difficult environment HHC have more than excelled
- Most of the time
- Girls very helpful at all times cheer me up every night
- Don't know because staff not been coming in on time have to wait in all day or not turn up. Plus not been told
- Very good
- More than!
- Have mentioned the drought that comes in the front or side door
- This is very hard to evaluate precisely
- 1. Not enough carers 2. Suggest a 'bank' staff to cover emergencies
- The carers provide this do management?

Question 10: Do you feel there are any areas HHC can offer improvements in service provided?

- I am completely satisfied with the care. I give a gold star. Well done
- Obtain more carers, and there will be time to be relaxed!
- Not happy with so many changes of visit times on rota. Carers are polite and caring.
- I consider myself very fortunate to have the carers I have. At the moment there is nothing I would change or would be improved for my benefit
- N/A
- I would say that your rural carers work a better rota than possibly urban, having spoken to other service users. They seem more adaptable, mainly on the "time" side. My carers are always at my appointed time and spend the appointed time with me, so again, maybe evening carers have the correct time to do their jobs and travel time in between. Don't overload them with too many extra clients. Back to back most definitely works, continuity for client and continuity for staff
- You have a wonderful team that are brilliant looking after service user **, can only praise the team work from carers-** and the office for their hard work and most importantly care to extreme high standard. They are all worth their weight in gold. Many thanks
- Every year-for many years we raise the same issue in this questionnaire. You need to do a bed run that is suited to your clients and not your carers. 'Early to bed and early to rise' is taken to an extreme level for many of your clients. No point in having Q no 10 if you don't address the comments. Think about what time you go to bed at night. That shouldn't change just because you become unable.
- Best knowledge no
- Communications is the only thing that lets you down
- Don't think so
- I don't have as many carers as I used to and I am very happy with the service so far
- I feel I get good service
- Service provided is adequate to my needs
- No
- Very happy
- Very happy with the services we are receiving
- Bed making not good
- No, overall I feel that the service that I have received has been very good. The staff are very approachable and friendly.
- No idea
- I use a communication device with voice output to speak and not all those working in the office seem to know how to deal with this on the telephone. And I have been hung up on several times. A note could be made against my file/tel no to try to avoid this happening. A very small part of my overall experience of the service though-I am generally very pleased with the service provided for me-thankyou!
- Don't know as mother only has a bath twice a week
- I am pleased with the treatment, I receive the best of treatment. The girls are very friendly and can't do enough for you. Yes I am pleased with the treatment I receive from them.
- No just the main issues I have raised in this form in that if these issues not happen then HHC would be meeting all its values/objectives and therefore praised for all very good support
- I am happy with the service provided to me

- No. I am more than happy with HHC
- None made!!
- Communication on changes i.e. time
- Only maybe to let the client know if there is any change to the rota
- No improvements
- Not at the moment apart from no 4
- No comment- service is satisfactory
- In my opinion it meets present needs very accurately
- No, happy with support
- Yes, easier on their staff. Where I live there are 3 of us get care. In one morning. At one time the same carer did all 3 of us. There are 3 carers with 3 cars-a time motion study is called for
- More time spent with vulnerable clients. Continuity of care. Up to date training in dementia plus how to give inhalers. Girls have very little time to read book and carry out their duties. Half hour calls are not really long enough to toilet, feed and wash dishes and supervise medication if client has dementia and is being awkward.
- Everything's fine
- Excellent service, well co-ordinated
- I would like to see recognition of the individual ladies rewarded in some way by me & no doubt other clients; nothing elaborate but a measure of our thanks. I appreciate this is difficult but I'm sure some way could be considered
- Satisfied
- When regular carers are on holidays, it would be nice if the replacements could come at a reasonable time
- No advance info of change of carer. It appears that last minute changes cause HHC big problems
- Home care are continually seeking ways to improve my quality of life
- Try to keep to the minimum of carers
- To let us know in good time when an alternative carer is coming
- Would like to get help with shopping as I don't think I can do it myself I get my shopping on a Monday
- No
- No
- None
- Carers are very good at what they do showering and washing me
- No thankyou. Just a quick note to say a huge thankyou to you all. We could not begin to cope without you!
- It would be good if the carers had more time. They just rush the job!
- Satisfactory
- Everything is good, pleased to keep team of ** and **
- Don't know
- There should be more opportunities made available for support workers to visit at night
- No
- Excellent service
- Happy with care. Girls great

- Retaining staff is obviously difficult in this particular business sector, although from the clients viewpoint, it is important to retain “known faces” which reduces the incidences of unfamiliarity with clients routines, and quirks of habit, preference and requirements. I acknowledge that this is a tough hope to achieve within your business sector
- Originally my first time carers were able to help me go outdoors, but subsequent pressures are now not able to do this, as most days they can only give me 15 Minutes
- Better communication
- No
- Retrain office staff, to be more polite to people with mental health issues.
- No, I am currently happy with the service supplied to me to remain at home whilst health issue is dealt with daily by carers – task is one I’m unable to undertake myself due to disability
- I think the service provided to my mother is very good but sometimes the visit from carers can be a bit rushed and stress my mother especially the younger carers
- Probably have more ‘spot checks’/supervision to highlight training needs of staff
- Often have phoned in to cancel a carers visit as being taken out by family & this message has not been passed on therefore carer arrive to an empty house their time wasted and then the protocol of family receiving a call checking if something “wrong”. Certain people who give the message you know won’t pass it on (same ones)
- I feel I have been very lucky with my carer **. She has delivered care to a high level. It makes a big difference when you have consistently the same carer or carers.
- Not at all. Carers are excellent. No problem at all and all very pleasant indeed
- 1. Zero hours contracts should not exist
- 2. probably carers feel undervalued
- 3. what happened to the phone system of signing in and out
- 4. Highland Home Carers could have taken advice from NHS who had already discovered the problems with a lack of reception
- 5. some carers didn’t even try to use phones
- 6. money spent on phones could have been used on other aspects of caring etc
- Yes, an eight o’clock instead 9 o’clock morning rise would help me health wise. Thankyou
- I have filled in this questionnaire on behalf of my wife ** who is unable to do so. The service provided whilst she was at home has been of a very high standard, particularly so when she broke first one arm and then the other
- When HHC took over mums care from the NHS care service we were interviewed and told what was to happen. HHC would zone the areas they were responsible for, ensuring care was provided timeously & consistently, our times have been altered but without contact from the office. Often, especially at holiday periods, carers arrive who are unknown to mum & who have incorrect instructions on their I-connect phones or paper rotas. Simple updating of computer systems would prevent this e.g. A bed bath is very different from making bed- bound patient take a shower.
- HHC should consider how they allocate carers to minimise distance covered and reduce stress on them when trying to rush across town to be on time for their next client. Consider taking on ‘stand-by’ carers to fill in for holidays, sick leave & training classes. Again, as a family we cannot thank the girls enough for their kindness and dedication to mum & support for us all as a family.

Confidentiality form

Social Accounting is an important method of collecting and analysing data and various types of information to tell Highland Home Carers how they are doing as a business, it tells of areas doing well and areas where improvements could be made, Social Accounting is beneficial to all involved with Highland Home Carers.

Any information collected for use of Social Accounting – unless a risk or danger is posed to individual(s) – will remain confidential unless otherwise agreed.

This form allows Social Accounting staff to publish collected information for the use of a Social Accounts Document produced at the end of the term. Some interviews, comments, video, audio, photographic material may be used and/or securely added to the Highland Home Carers web site.

If for any reason you do not wish us to identify you/relatives please sign below:

Name:

(Please print in block capitals)

Date:

Signature (or that of relevant person):

QUESTIONS FOR GP AND ADULT STRATEGIC COMMISSION

- 1. DO YOU BELIEVE WITHIN YOUR WORK WITH HIGHLAND HOME CARERS THAT WE ACHIEVE OUR MISSION AND VALUES? DO YOU HAVE ANYTHING TO ADD HERE**

- 2. WE ASK SERVICE USER QUESTIONS IN YEARLY QUESTIONNAIRES AND PRIVATE INTERVIEWS TO SEE IF WE MEET OBJECTIVE 1 FOR THEM, WHEN LOOKING AT THIS OBJECTIVE WHAT ARE YOUR VIEWS?**

- 3. RELATED TO OBJECTIVE 4 ON OUR OBJECTIVES CAN YOU OFFER ANY INSIGHTS IN THIS AREA? FOR EXAMPLE DO YOU BELIEVE WE DO THESE THINGS, IF SO DO WE DO WELL, POOR; COULD THERE BE SUGGESTED IMPROVEMENTS TO THIS AREA?**

- 4. HAVE YOU SEEN HIGHLAND HOME CARERS GROW OVER A PERIOD OF TIME AND WHAT DO YOU THINK OF THE CHANGED COMPANY AS IT STANDS TODAY?**

- 5. WHAT DO YOU KNOW OF THE SERVICES HIGHLAND HOME CARERS OFFERS AS A CARE PROVIDER?**

QUESTIONS FOR SOCIAL WORKER

- 1. DO YOU BELIEVE WITHIN YOUR WORK WITH HIGHLAND HOME CARERS THAT WE ACHIEVE OUR MISSION AND VALUES? DO YOU HAVE ANYTHING TO ADD HERE**

- 2. WE ASK SERVICE USER QUESTIONS IN YEARLY QUESTIONNAIRES AND PRIVATE INTERVIEWS TO SEE IF WE MEET OBJECTIVE 1 FOR THEM, WHEN LOOKING AT THIS OBJECTIVE WHAT ARE YOUR VIEWS?**

- 3. RELATED TO OBJECTIVE 4 ON OUR OBJECTIVES CAN YOU OFFER ANY INSIGHTS IN THIS AREA? FOR EXAMPLE DO YOU BELIEVE WE DO THESE THINGS, IF SO DO WE DO WELL, POOR; COULD THERE BE SUGGESTED IMPROVEMENTS TO THIS AREA?**

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- 5. WHAT DO YOU KNOW OF THE SERVICES HIGHLAND HOME CARERS OFFERS AS A CARE PROVIDER?**

- 6. IN WHAT WAYS HAVE YOU COME INTO CONTACT WITH HIGHLAND HOME CARERS?**

Staff journey questions

1. Can you give us some background information about yourself and your connections to highland home carers?
2. What do you think about our mission, values and objectives as a company?
3. What things do you like most about highland home carers as a company?
4. Where would you like to see Highland Home Carers in the future?
5. What have the opportunities you have had connected to Highland Home Carers meant to you?
6. Finally are we still doing a good job providing essential things as the main care provider in the Highlands?
7. Any other views or comments you would like to pass on?

Training Evaluation Comments from Partners

EPILEPSY COURSE:

Things Learned:

- Should a problem arise I will be confident in dealing with situation
- Seizure types/ what epilepsy is. Administering medication
- Different types of seizure and recovery medication
- Different triggers to epilepsy and every persons are different
- How administer emergency medication if need be. Better understanding epilepsy

Other Comments:

- Very informative
- Very good course and very interesting

FIRST AID COURSE:

Things Learned:

- To assess situations before acting
- CPR enjoyed. Choking was excellent: which will all help with my working with our service users
- CPR, choking
- How to carry out CPR, everything else

Other Comments:

- Course could have been improved if there was a AED device for demonstration. Excellent course, well presented
- Excellent day
- Course could have been improved if there was a child dummy to practice on
- Enjoyed course. Well delivered
- Really good and informative day

MOVING AND ASSISTING COURSE:

Things Learned:

- Moving using a hoist
- I have learnt how to use a hoist and sliding sheets, also how to lift safely
- I have learned to assist and aid service users to the best of my ability
- How to move and assist safely. Legislation
- Being able to assist someone in and out of a hoist and getting them into a chair and bed and how to use slide sheets.

Other Comments:

- Very helpful course
- The trainer was very accurate and is very capable in what she actually explains. Very beneficial to my work
- Brilliant. Very hands on and well delivered

Key Aspects Checklist

Dates: 30/6/16-30/6/17

1 Human Resources

		Number			Date/Details/Comment
1.1	Number of employees:	537 of which 466 are female and 71 are male			HHC provides various contracts HHC doesn't have any volunteers
	Full-time	217			
	Part-time	320			
	Occasional				
	Volunteer				
1.2	Number of members				
1.3	Policies and Procedures in place:	Y	N	NA	
	a. employee contracts	x			HHC provides full-time, part-time, 0 hour and various fixed hour contracts for Partners holding SVQ2/3
	b. employee job descriptions	x			
	c. staff appraisals		x		All staff receive supervision every 6 months or sooner if required
	d. grievance procedures	x			HHC policy manual
	e. disciplinary procedures	x			HHC policy manual

	f. equality and diversity policies	x			HHC policy manual
	g. equal opportunities	x			HHC policy manual
	h. pay differentials between the highest paid and the lowest paid	x			There are different levels of pay and we now must publicise some peoples earnings in accordance with the law (such as Directors Remunerations). The differentiation between the highest and lowest paid wage is 3.5:1
	i. other, such as family friendly policy:	x			Independent voice for Service Users and their families
1.4	Investors in People		x		
1.5	Consultations:				
	a. with paid employees	x			Included in the consultations under Social Accounts
	b. with volunteers			x	
	c. other	x			Family members. Included in the consultations under the Social Accounts

Additional information

2 Good Governance and Accountability

		Y	N	NA	Date/Details/Comment
2.1	<p>Legal form of organization:</p> <p>Constitution (tick appropriate):</p> <p>Sole trader 0</p> <p>Association 0</p> <p>Partnership 0</p> <p>Company limited by shares 0</p> <p>Company limited by guarantee 0</p> <p>Industrial and Provident Society 0</p> <p>Credit Union 0</p> <p>Community Interest Company 0</p> <p>Workers Co-operative 0</p> <p>Charitable status 0</p> <p>Housing Association 0</p> <p>Other What?..... ...</p>	x			HHC is an Employee Owned Company

2.2	Appropriate annual re- turn filed	x		<i>Companies House December 2017</i>
2.3	Annual General Meeting held	x		<i>End November 2017</i>
2.4	Regular Board/ Management Committee meetings	x		<i>Usually on the last Thursday of every month</i>
2.5	Annual Report published	x		Last one was November 2016
2.6	Membership increased/ decreased		x	
2.7	Social Accounts pre- pared	x		It's the 10 th year of HHC preparing Social Accounts
2.8	Social Accounts verified by Social Audit Panel	x		Panel meeting held on 01/11/17
2.9	Social Accounts reported to Stakeholders	x		<i>We do publish a summary of Social report which was reported at the AGM November 2017</i>
2.10	Consultations:			
	a. with members of the or- ganisation	x		Partners, Non-Exec Board of Directors and Trustee, Service Users and some of their family members
	b. with members of the Board or Management Committee	x		SAT met the Board at their AGM on end November 2017
	c. with Advisory Body members (if appropriate)		x	
2.11	Other quality systems used:			<i>None</i>

Additional information

3 Asset Lock and Use of Surplus

		Y	N	NA	Date/Details/Comment
3.1	Asset Lock in constitution	x			<i>HHC is 100% Employee owned and therefore all assets are used for the benefit of Employees. This is enshrined in our Memorandum of Association</i>
3.2	Use of surplus:				
	a. no surplus made		x		
	b. to reserves or re-investment		x		Opening another office – expanding business
	c. to charitable purposes	x			
	d. to employee bonuses	x			£82,150.00
	e. to directors' emoluments		x		
	f. to other	x			<i>Paying off companies loans and share repurchasing</i>

Additional information

4 Financial Sustainability

		Y	N	NA	Date/Details/Comment
4.1	Annual Accounts prepared and filed	x			<i>Companies House</i>
4.2	Balance sheet strengthened/weakened	x			Balance sheet strengthened
4.3	Profit/loss for year	x			<i>£277,000 in profit</i>

Additional information [*a summary of latest audited accounts is available*]

5 Environmental Sustainability

		Y	N	NA	Date/Details/Comment
5.1	Environmental policy in place	x			Available within Policy Manual available in HHC office
5.2	Reports on environmental practices available:				
	a. energy use: heat and light		x		
	b. energy use: transport		x		
	c. consumption of materials		x		
	d. re-use of materials		x		
	e. recycling of materials		x		
	f. waste disposal		x		
5.3	Carbon footprint calculated		x		
5.4	Other				<i>None</i>

Additional information

6 Economic Impacts

		Y	N	NA	Date/Details/Comment
6.1	Purchasing policies defined		x		We try to purchase everything in the Highlands
6.2	Report on effect of purchasing policies available		x		
6.3	Local multiplier effect of organization calculated		x		
6.4	Savings to public purse calculated		x		
6.5	Value of volunteer contribution			x	
6.6	Total inward investment attracted			x	
6.7	Cash and in-kind contributions to the community	x			Some charitable work by Partners and organisation
6.8	Other financial and economic impact calculations:	x			Fundraising and charitable donations £895.00

Additional information