NHS Highland



Meeting: Health and Social Care Committee

Meeting date: 7 May 2025

Title: Independent Sector Care Home Overview

and Collaborative Support Update

Responsible Executive/Non-Executive: Pamela Stott, Chief Officer

Report Author: Ruth MacDonald, Interim Depute

Director of Adult Social Care / Gillian

Grant, Interim Head of Commissioning

Report Recommendation:

The Health and Social Care Committee is asked to **note** the content of this report.

1 Purpose

This is presented to the Board for:

Assurance

This report relates to a:

- Emerging issue
- Government policy/directive

This report will align to the following NHSScotland quality ambition(s):

Safe, Effective and Person Centred

This report relates to the following Strategic Outcome(s)

Start Well		Thrive Well		Stay Well	Х	Anchor Well	
Grow Well		Listen Well		Nurture Well		Plan Well	Χ
Care Well	Х	Live Well	Х	Respond Well	Х	Treat Well	
Journey Well	Х	Age Well	Χ	End Well	Χ	Value Well	
Perform well		Progress well		All Well Themes			

2 Report summary

2.1 Situation

NHS Highland (NHSH) relies heavily on the capacity, availability and quality of independent sector care home provision as part of the wider health and social care system, and crucially, to enable flow within this system.

As in previous years, there have been continued concerns regarding independent sector viability over the last 12 months, mainly around the ongoing operational and financial sector pressures relating to small scale, remote and rural provision and the challenges associated with attracting and retaining staff, and the financial impact of agency use.

Whilst there has been some recruitment improvement arising from the support of the Care Home Career and Attraction Lead (noted later), these issues are generally continuing and are compounded with further additional financial pressures.

Care home quality across Highland is generally good, although there has been experience of some quality issues. In such instances, there is close cooperation and collaboration with and between NHSH and individual providers.

NHSH has sought to build on existing supportive and collaborative arrangements to best support the delivery of care home services and to improve the lives of those living in care homes.

This report provides an updated overview of current commissioned independent sector care home issues as at April 2025 and describes the embedding collaborative approach and arrangements in place to support independent sector care home delivery and the achievement of good outcomes for residents across Highland.

2.2 Background

Independent Sector Care Home Overview

There are a total of 62 (1 April 2025) care homes across north Highland, 45 of which are operated by independent sector care home providers and 17 of which are in house care homes operated by NHSH.

Spend on commissioned care home provision is around £59.9m pa, with in house costs around £19.2m pa – a total of £79.1m pa on care home spend.

There are currently around 1,856 care home beds commissioned or delivered, with approximately 84% of beds commissioned from independent providers.

In terms of size of care homes within Highland:

- 16% (7) independent sector care homes have 50 beds or over; 3 of these care homes have more than 80 beds.
- 84% (38) care homes are under 50 beds, with 22 care homes operating with 30 beds or less.

2024-2025 Key Issues

Over the course of 2024 / 2025 the following areas have represented key issues in relation to independent sector care home delivery:

NCHC: fee settlement was reached in March 2024 for fees to apply for 2024-2025. Whilst this was accepted nationally by the majority of Scottish Care members, this was highlighted by Highland providers as not fully covering the cost of care. The NCHC presents increased financial sustainability and vulnerability risks, particularly given that the National Care Home Contract (NCHC) rate is calculated on the basis of a 50 bed care home, operating at 100% occupancy.

Financial viability:

- Scale smaller size of provider and care home, impacting on economies of scale
- Geography staff scarcity, supply costs, staff accommodation, transport accessibility for staff to get to work
- Ageing stock higher maintenance costs / utility inefficiency
- Smaller customer base (unevidenced) lower self funding demand to off-set costs
- Sector fragility several financial risk situations have arisen over the last year.
- Recruitment: Independent providers (and NHSH care homes) continue to experience difficulties in recruiting and retaining staff and this represents a high risk across the sector. The most significant difficulties are with recruiting nurses to work in care homes. There is an increasing use and reliance on overseas recruitment, which is a slow and expensive process, time consuming and requires available accommodation and additional support for these staff to settle, learn cultural differences in delivering care and integrate into a foreign country. The input from the Care Home Career and Attraction Lead has been key to supporting this area.
- Moss Park: HC-One served notice to NHS Highland on 17 September 2024, providing 13 weeks notice of their intention to close Moss Park care home. This development occurred following the care home being on the market since 2021 and various previous attempts at alternative provider interest and transfer. The Highland Health and Social Care Partnership explored various opportunities to avoid the closure of the care home and the necessary relocation of the 32 residents to alternative locations, some proximity from Fort William. The Highland Council subsequently considered a confidential item on Moss Park in late October 2024 and the arising decision was that The Highland Council would seek to purchase the care home, to be operated by NHS Highland. The acquisition and transfer took place on 1 April 2025.
- Large Scale Investigations (LSIs): there were 4 LSIs in care homes across
 Highland during 2024-2025. All of these care homes received significant support
 from NHS Highland across a number of areas to support the provider to make and
 sustain improvements.

Listening and Learning Event, August 2024: this was a session hosted jointly by NHSH and Scottish Care, to enable senior managers from the Partnership to hear directly from care home providers on operational challenges, what is going well, and how we can all improve the lives of people living in care homes. An action plan was developed from this event, which is being overseen by the Collaborative Care Home Support Strategic Group.

Quality

Whilst operational challenges and financial pressures persist, the quality of care home services has, overall, continued to be delivered to a good standard.

The attached **Appendix 1** sets out the Care Inspectorate grading summary as at March 2025. The majority of services are graded as good or better.

Where there are gradings of weak or below, there is proactive work alongside providers to develop, support and oversee Supported Improvement Plans. This input is provided by contracts, operational colleagues and the collaborative care home support team with other specialist input as required.

Market and Service Changes

There have been no new care home closures since the previous update to this committee in May 2024.

A reminder of the closures since March 2022 is as noted:

- 1. Shoremill in Cromarty (13 beds), March 2022
- 2. Grandview in Grantown (45 beds), May 2022
- 3. Budhmor in Portree, (27 beds), August 2022
- 4. Mo Dhachaidh in Ullapool, (19 beds), March 2023
- 5. Castle Gardens, Invergordon, (37 beds), June 2023
- 6. Cradlehall Care Home, Inverness, (50 beds), April 2024

There have been three care home acquisitions by NHS Highland / The Highland Council since November 2020, these being:

- 1. Home Farm, Portree, November 2022 secured by NHSH during Covid, arising from quality issues
- 2. Main's House, Newtonmore, April 2023 secured by the Partnership to avoid the loss of this and Grandview at the same time
- 3. Moss Park, Fort William, April 2025 (as noted above) no buyer identified and secured by the Partnership to avoid the loss of this care home.

A common theme across all of the closure and acquisition situations relates to staff recruitment and retention, the cost of securing agency cover and financial viability.

It is also relevant to note that there have also been a number of in house care home closures. These have arisen due to acute staffing shortages which has meant that the services have not been able to be safely and sustainably staffed. The status of these care home are as noted:

- 1. Dail Mhor, Strontian, (6 beds), December 2022 (temporarily closed, options under discussion)
- 2. Caladh Sona, Talmine (6 beds), May 2023 (closed)
- 3. Mackintosh Centre, Mallaig (6 beds), August 2023 (was temporarily closed, reopened in November 2024)
- 4. Strathburn, Gairloch (7 beds), July 2024 (temporarily closed, to reopen in May 2025)

The current impact of the care home closures since March 2022, is a reduction of 204 registered beds.

In terms of forward developments and expected capacity, the following is understood:

- There is additional capacity becoming available in June 2025 in the new build 56 bed care home at Milton of Leys in Inverness.
- There are planning applications intended for 2 care homes for additional wings, which will provide a further 22 beds. Subject to planning approval, work is expected to begin later in 2025.

The above developments will create a total of 78 beds.

Strategic Direction

NHSH / THC have been developing a locality model as a preferred and intended direction of travel for the provision of health and social care services, the key objectives of which are safe, sustainable and affordable locality provision. This is the direction as set out in the Joint Strategic Plan.

However, there has been and continues to be, immediate and operational challenges from arising and anticipated care home closures, which require to be addressed.

Given the evolving nature of the developing situation, the available courses of action to prevent a significant scale of lost provision may not entirely align with the intended strategic direction but these actions are being taken or considered out of necessity.

Work to progress a care home strategy, commissioning plan and market facilitation plan has been delayed due to operational pressures.

Capacity has now been created within the Partnership's joint Transformational Programme, which will now see some much needed progress in these areas. This transformational activity will consider sustainable forward care models, with an initial Lochaber care village focus.

The key ongoing actions currently being progressed to address concerns around viability and recruitment and provide clarification on strategic direction, are:

1. Ongoing dialogue with Scottish Ministers, Scottish Government, Cosla for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.

- 2. Ongoing dialogue and engagement with providers
- 3. Continued investment in a Scottish Care hosted Independent Sector Care Home Career and Attraction Lead.

Collaborative Support

Background

There have been ongoing support requirements of NHS Highland in respect of independent sector care homes since May 2020, when the Scottish Government mandated Boards to have clinical and care oversight of all care homes, in addition to their existing adult social work and social care, commissioning and public health responsibilities.

The focus and emphasis has shifted since this time from oversight to collaboration, following both the publication of the My Health, My Care, My Home - Healthcare Framework for Adults Living in Care Homes in June 2022 My Health, My Care, My Home - healthcare framework for adults living in care homes - gov.scot and also the updated direction from Scottish Government in December 2022 and March 2023 around collaborative support to care homes to improve the lives of people living in care homes.

This area of activity falls under a Collaborative Care Home Support – Strategic Group, co-chaired by the Chief Officer and Director of Nursing.

There has been specific funding from Scottish Government in relation to collaborative care home support. This funding has been non recurring to date, but has been received annually in different forms since 2020, all associated with supporting care homes and improving the lives of people living in care homes. In 2024-2025, the Partnership's allocation was £681k.

The cyclical nature of the funding has resulted in the need to annually rebuild the collaborative care home support team, as staff have moved on to other roles for job security. This disruption has heavily impacted on the ability to achieve sustainable outcomes and ongoing representations have been made to SG to mainstream this funding, to improve impact.

In December 2024, the EDG of NHSH agreed to extend the posts within the current team on an "at risk" basis. This enabled the work of and support from the team to continue and develop.

The Scottish Government has since (March 2025) confirmed that the funding will continue for 2025-2026 and has now been baselined. Plans are therefore in development for forward arrangements to be put in place.

Collaborative Care Home Support Team

Throughout 2025/2026 the CCHST has established themselves as a core team compromising nursing, physio and OT. There has been a strengthening of MDT working with multiple professionals including pharmacy, SALT, dietetics and older adult mental

health services. There are also close links with Lead Nursing, ASC Lead Officers, Contracts and Commissioning Team and Scottish Care colleagues.

The Team have been reporting into a Steering group who have been able to support the development of the team on the advice of the Strategic Group in terms of required outcomes of the service.

The Team has been able to develop from primarily a training resource in its initial year (due to funding and recruitment restrictions) to a service that can be proactive through support visits and reactive when there are any concerns raised. Training has been tailored to individual service needs. An informal network has been created that allows for drop in sessions, sign posting and forward advice to ensure access to timely information and support.

The team have been a crucial support during any Adult Support and Protection improvement activity and have contributed to timely progression through protection plans but also to assist with assessing prior to any Adult Support and Protection activity progressing, or being resolved due, in part to their support.

A sample of the work from key areas are included in **Appendix 2**.

Independent Sector Care Homes Career and Attraction Lead

At the sector's request, this post was created in January 2024 and is hosted by Scottish Care. The focus of this role is to increase number of people working in independent sector care homes and specifically, to:

- Lead and support coordinated sector care home attraction activity
- Create single online presence and positive social media content
- Proactively identify potential new employees, generate interest in care home employment, raise positive profiles and support locality attraction initiatives

A summary of the activity supported by this post is provided at **Appendix 3**.

This role has had made a demonstrable impact in creating and maintaining awareness and a social media profile of independent sector care home roles and has also had a significant reach into secondary and further education to innovatively promote care as a positive career option.

Resident Wellbeing Fund

Following on from the successful wellbeing fund in 2023-2024, £200k of the available Scottish Government funding was again redirected from unfilled posts for the purpose of a resident wellbeing fund in 2024-2025:

- Care home managers, staff and residents were approached for input as to where the money would be best spent to help improve residents' experience of being in a care home.
- 4 themes were identified for spend (experiences, activity, sensory and technology) and funds were directly issued to care homes based on bed capacity.

 a significant number of outcomes were met from the fund, positively impacting the lives of the residents in the care homes.

98% of residents in Highland (1,798 people) were able to directly benefit from the fund.

A detailed outcome report around this fund is provided at **Appendix 4** which clearly illustrates the positive and direct impacts.

2.3 Assessment

Commissioned care home services represent a key area of activity and a key component of the wider health care system.

It is essential that residents continue to receive good care experiences and that care homes continue to be supported to deliver quality and sustainable care.

It is also important that this support is provided collaboratively, in partnership, and that we look for opportunities to further develop these collaborative aspirations.

There is a need to involve care home providers and wider stakeholders in the forward direction of care home provision in Highland.

The following specific actions will progress the above intent:

- a) Continued dialogue and escalation to Scottish Ministers, Scottish Government and Scotland Excel for a national care home contract rate (and funding) which recognises Highland delivery scale and geography.
- b) Development of a specific care home strategy and market facilitation plan.
- c) Embedding of collaborative support from baselined funding.

2.4 Proposed level of Assurance

Substantial		Moderate	Χ
Limited		None	

Comment on the level of assurance

NHSH is unable to individually control the circumstances around sector turbulence. This is a broader national issue, but one that NHSH is seeking to influence through regular dialogue with the Scottish Government.

NHSH can however be confident in its organisational response to any arising situation.

The following specific assurances are noted:

- There is a good understanding of the Highland market, issues and current challenges.
- There is a clear direction of travel for future delivery quality care home provision in locations where they can be safely, sustainably and affordably resourced.
- The Partnership is responsively and comprehensively responding to individual viability issues as they emerge, the arising actions from which may by necessity not accord with the intended and desired direction of travel
- There is senior Partnership visibility of issues, risk and impact.
- There are ongoing and open channels of communication and support with providers and sector representation forums.

3 Impact Analysis

3.1 Quality/ Patient Care

There are positive impacts from the continuation of provision at Moss Park, given that this care home has not closed and residents are not now required to relocate out of the locality.

There are also positive impacts from the reopening of the MacIntosh Centre.

There remains continuity risks across the sector due to the ongoing challenges in recruiting and sustaining workforce levels.

3.2 Workforce

There are significant challenges to all providers in attracting and retaining staff within care home provision, and pressures on existing staff working within these services. These pressures are exacerbated where independent sector staff move to NHSH employment for better terms and conditions.

3.3 Financial

Commissioning care home services in Highland using the nationally negotiated National Care Home Contract, presents particular challenges to providers operating on a scale below 50 beds.

There are significant financial impacts associated with the Partnership's operational response to arising care home sustainability situations and the implementation of any agreed solutions. Further, where any closures occur, there are costs associated with alternative placements and resourcing implications.

3.4 Risk Assessment/Management

There are significant risks identified with the foregoing detail. The key risk areas are noted as follows:

- System impact from reduced care home bed capacity and availability from care home closures. Seeking to mitigate by increasing visibility of issue, contingency and strategic planning.
- Residents requiring to relocate a significant distance from their current location. Seeking to mitigate by contingency and strategic planning.

 Further care home closures occurring. Mitigating by close sector liaison and early response and also ongoing escalation to SG on NCHC arrangements.

3.5 Data Protection

None.

3.6 Equality and Diversity, including health inequalities

None.

3.7 Other impacts

None.

3.8 Communication, involvement, engagement and consultation

As and when, upon care home closure announcement or any significant change, this is supported by a communication plan.

3.9 Route to the Meeting

There have been various prior reports / updates on care home sustainability and collaboration as follows:

- Reports to the Joint Monitoring Committee
- NHSH Board
- Health and Social Care Committee (26 April 2023, 8 May 2024)

4.1 List of appendices

The following appendices are included with this report:

Appendix 1: Care Inspectorate Grading Summary, March 2025



• Appendix 2: Collaborative Care Home Support Team Summary



Appendix 3: Independent Sector Career and Attraction Lead



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• Appendix 4: Resident Wellbeing Fund Outcomes



Care Homes and Care at Home services in North Highland - Care Inspectorate Grades effective as at

31 March 2025

* Data is based on the Care inspectorate Datastore as at 28 February with updates for homes inspected since then to reflect the most up to date gradi	ng position
** Note Key Question 1 is always inspected, however some inspections only focus on specific Key Questions and some grades will be from the previous	s inspection.

Care Homes in North Highland										
					Quality Inspection Framework Evaluations					
Service Town	Service Name	Subtype	In-House or Independent Sector	Number of Registered Places	Last Inspection Date	Key Question 1: How well do we support people's wellbeing?	Key Question 2: How good is our Leadership?	Key Question 3: How good is our staff?	Key Question 4: How good is our setting?	Key Question 5: How well is care and support planned?
Ballachulish	Abbeyfield Ballachulish (Care Home)	OP	Independent	37	09/12/2022	5 4	5 4	6	6 4	6 4
Inverness	Aden House (Care Home)	OP	Independent	24	21/02/2025					
Inverness	Ballifeary House	OP	Independent	24	11/03/2025	4	5	4	4	4 5
Inverness Inverness	Beechwood House Birchwood Highland Recovery Centre	Alcohol & Drug MH	Independent Independent	15 23	16/08/2022 12/08/2024	4	4	4	5	3
Nairn	Bruach House	OP		22	27/02/2025	5	4	5	4	4
Inverness	Cameron House (Care Home) - active SIP	OP OP	Independent	30	21/02/2025	3	3	3	3	3
Nairn	Carolton Care	OP	Independent	20	19/12/2024	4	4	5	4	4
Inverness	Castlehill Care Home - active SIP	OP	Independent	88	10/02/2025	3	3	2	4	3
Alness	Catalina Care Home	MH	Independent	28	13/05/2024	4	4	4	4	4
Inverness	Cheshire House (Care Home)	PD	Independent	16	18/07/2024	4	5	4	6	5
Inverness	Culduthel Care Home	OP	Independent	65	24/06/2022	4	5	4	4	4
Inverness		OP	Independent	94	05/12/2024	4	4	5	5	4
Fortrose	Eilean Dubh	OP	Independent	40	30/09/2024	5	5	5	5	5
Muir of Ord	Fairburn House	LD	Independent	40	08/08/2022	5	4	5	5	5
Dingwall	Fodderty House	OP	Independent	16	07/11/2024	4	4	5	4	4
Beauly	Fram House	LD	Independent	5	21/11/2023	5	4	5	5	5
Nairn	Hebron House Nursing Home Ltd	OP	Independent	22	14/11/2024	4	4	4	4	4
Inverness	Highview Care Home	OP	Independent	83	03/10/2024	5	5	5	5	5
Nairn	Hillcrest House	МН	Independent	23	24/03/2025	5	5	5	5	5
Tain	Innis Mhor Care Home	OP	Independent	40	28/08/2024	5	5	5	5	5
Achnasheen	Isle View Care Home	OP	Independent	25	13/06/2024	5	4	5	4	4
Inverness	Isobel Fraser Home	OP	Independent	30	31/07/2024	5	5	5	5	4
Inverness	Kingsmills Care Home - Grades from feedback 18/07/2024	OP	Independent	60	17/07/2024	3	4	3	4	4
Inverness	Kinmylies Lodge	МН	Independent	18	04/10/2022	5	5	4	5	4
Invergordon	Kintyre House (Care Home)	OP	Independent	41	01/10/2024	4	4	4	2	5
Grantown-on-Spey	Lynemore	OP LD	Independent	40 18	17/12/2024	4	4	4	5 4	4
Inverness Inverness	Maple Ridge (Care Home)	ID.	Independent	18	05/10/2023 26/03/2025	4	4	3	3	4
Fort William	Mayfield Lodge - active SIP Moss Park Nursing Home	OP	Independent Independent	40	24/07/2023	4	4	4	4	4
Invergordon	Mull Hall (Care Home)	OP	Independent	42	24/12/2024	4	3	4	3	3
Dornoch		OP	Independent	24	28/02/2025	3	3	3	4	4
Thurso	Pentland View - Highland	OP	Independent	50	17/10/2024	5	4	5	4	5
Alness	Redwoods (Care Home)	OP	Independent	42	06/08/2024	5	5	5	5	5
Wick	Riverside House Care Home	OP	Independent	44	26/09/2024	4	4	4	4	4
Dingwall	Seaforth House Ltd (Care Home)	LD	Independent	22	14/11/2024	4	4	4	4	4
Wick	Seaview House Nursing Home	OP	Independent	42	17/10/2024	5	5	5	4	5
Inverness	Southside Care Home	OP	Independent	33	21/03/2025	5	4	5	4	4
Nairn	St. Olaf - Cawdor Road	OP	Independent	44	11/09/2024	5	4	4	5	4
Strathpeffer	Strathallan House (Care Home)	OP	Independent	32	10/06/2024	5	4	5	4	4
Nairn	The Manor Care Centre	PD	Independent	43	10/05/2024	4	4	4	4	4
Dornoch	The Meadows (Care Home)	OP	Independent	40	20/06/2023	4	4	4	4	4
Muir of Ord		LD	Independent	4	21/11/2023	5	4	5	5	5
Muir of Ord		OP	Independent	40	18/09/2023	5	5	5	5	5
Nairn		OP	Independent	24	19/02/2025	5	4	4	4	4
Dingwall Inverness	Wyvis House Care Home	OP OP	Independent	50 24	23/07/2024	4	4	4	4	4
Isle of Skye	Ach-an-Eas (Care Home) An Acarsaid (Care Home)	OP OP	NHS Highland NHS Highland	10	25/10/2022	5	4	5	4	4
Thurso	An Acarsaid (Care Home) Bayview House (Care Home)	OP OP	NHS Highland	23	08/09/2022	5	4	4	4	4
Acharacle	Dail Mhor (Care Home) - Temporarily closed	OP OP	NHS Highland	6	21/09/2022	4	3	4	4	5
Grantown-on-Spey	Grant House	OP	NHS Highland	20	12/04/2023	4	4	4	4	4
Portree	Home Farm Care Home	OP	NHS Highland	35	10/01/2025	4	3	4	3	3
Fort William	Invernevis House (Care Home)	OP	NHS Highland	32	07/08/2023	5	4	4	4	4
Ullapool	Lochbroom House (Care Home)	OP	NHS Highland	11	05/11/2024	5	5	5	5	5
Mallaig		OP	NHS Highland	8	22/08/2023	4	2	4	4	3
Newtonmore		OP	NHS Highland	25	24/05/2024	4	3	4	3	3
Thurso		OP	NHS Highland	6	17/12/2024	4	3	3	4	3
Wick		OP	NHS Highland	18	26/09/2022	5	4	5	5	5
Golspie	Seaforth House (Care Home)	OP	NHS Highland	15	14/06/2022	4	5	5	5	5
Gairloch	Strathburn (Care Home) - Temporarily suspended	OP	NHS Highland	13	20/05/2024	4	3	4	4	3
Fort Augustus	Telford Centre (Care Home)	OP	NHS Highland	10	28/06/2024	4	4	5	4	4
Kingussie	Wade Centre (Care Home)	OP	NHS Highland	40	30/01/2025	5	4	5	4	4



Appendix 2

Care Home Collaboration Team Overview

The CCHST core team has implemented a comprehensive work plan to enhance training delivery to care homes, focusing on immediate, practical, and lasting benefits. Key areas of training include nutrition, pressure ulcer prevention, falls prevention, meaningful activities, and medication management.

Nutrition and MUST (Malnutrition Universal Screening Tool)

- **Training Sessions**: Weekly mandatory training on MUST and nutrition facilitated by both the Dietician and Nurse.
- Issues Identified:
- Errors in MUST Score Calculation: Incorrect calculations have led to delayed or missed referrals to Dieticians.
- **Misunderstanding of Fortification Practices**: Confusion among chefs and care staff has resulted in missed opportunities to address malnutrition.
- **Inadequate Documentation**: Poor record-keeping has hindered the ability to demonstrate efforts and interventions.
- Improvements:
- Increased staff confidence in handling nutrition-related issues.
- Better communication among staff, including catering personnel, fostering a unified approach to the "food first" strategy.
- Reduction in the number of residents at risk of malnutrition.

Medication Management

- **Epilepsy and Buccal Midazolam**: Training initiated for proper administration protocols, following focus visits that revealed a need for all medication administrators to be trained.
- **Collaboration**: Senior Nurse and Prescribing Support Nurse from the Pharmacy Department have been working together to deliver this training.

Pressure Ulcer Prevention

- Waterlow Assessment: Improved accuracy in assessments has led to better prevention of pressure ulcers and more robust support planning.
- **Training Focus**: Ensuring correct use of pressure-relieving equipment (mattresses and cushions) and accurate recording on SSKIN bundles.

Falls Prevention

- Physiotherapy Focus: Falls awareness training has been conducted in several care homes, focusing on identifying risk factors, creating individualised falls care plans, and increasing confidence in responding to falls.
- Training Needs Identified:
- Positioning and postural management.
- Walking aids.

- Physical activity.
- **Collaboration**: Development of training has involved collaboration with key professionals in each field.

Meaningful Activities

- Occupational Therapy: High interest in training on meaningful activities has been reported.
- Work Completed:
- Introductory presentations on what constitutes meaningful activity.
- Screening tools to specify training needs, trialled with several care homes and modified following PDSA cycles.
- Next Steps:
- Specific training and support sessions.
- Creation of an activity bank and guidance on adapting activities.
- Documentation of activities (activity care plan/diary) and sensory activities.

Face-to-Face Training - Overview

Training Topic	Independent Sector Care Homes	NHSH Care Homes	Total Homes
Meaningful Activities	0	2	2
MUST & Nutrition	6	9	15
Waterlow Assessment	1	3	4
Skin Integrity	3	5	8
Falls Awareness	2	4	6
Epilepsy Awareness	0	2	2
Rescue Medication	0	2	2

Support Topic Independent Sector Care NHSH Care Total Homes Visits	Support Topic		Sector	Care		Care		
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Support Topic	Independent Sector Care Homes	NHSH Care Homes	Total Visits
MUST & Nutrition	25	12	37
Waterlow Assessment	8	18	26
Skin Integrity	6	12	18
Falls Awareness	10	10	20
Medication	4	6	10

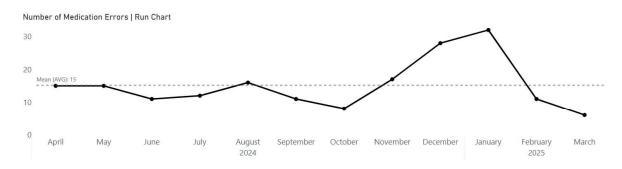
Stress and Distress Management

- **Support Provided**: The Stress and Distress Team in Inverness Sector continues to support care homes, providing assistance to teams and patients with distressed behaviours.
- **Training**: Psychological interventions and regular consultation slots for care home staff to discuss current cases or obtain general advice.

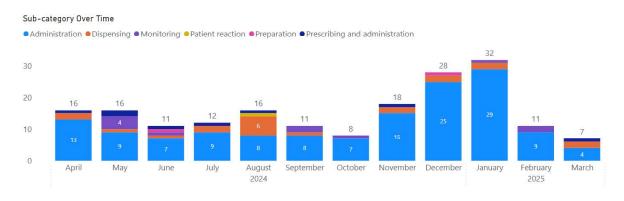
Pharmacy.

- Aim to collaborate with Care homes to review residents medications, enhance medicines management, and reduce medication incidents, therby improving residents' pharmaceutical and clinical care.
- These efforts are also expected to improve stock management, minimise waste, leading to financial benefits.
- Training Topics:
- Documentation and completion of medication administration record (MAR) charts.
- Care planning and administration of 'when required' medications.
- Correct use of creams and emollients.
- Palliative care medications.
- Self-audit by homes to identify areas for improvement.
- **Improvements**: Reduction in medication incidents in NHS care homes, as evidenced by data tracking.

Graph 1 - Medication Incidents NHS Care Homes, HHSCP



Graph 2 – Medication incidents by Sub-Category NHS Care Homes, HHSCP



Health Protection Team Activities

- Outbreak Management: Managed 123 outbreaks (respiratory/gastrointestinal) and provided IPC support.
- **Training**: IPC education delivered to 889 staff, interactive sessions with residents, and IPC Link Practitioner training.
- Additional Activities:
- Hand hygiene sessions with residents.
- Ongoing data collation and feedback for Care Home COVID-19 Inquiry requests.
- Development of support materials based on training feedback.

Lead Nurse Activities

- Visits and Support: Regular visits to care homes for support and completion of mandatory documentation.
- Training Initiatives:
- Development of Waterlow training material with competency assessment.
- Training on venepuncture, verification of death, and catheterisation.
- Participation in various groups and committees to enhance care home support.
- Developing a services who to call poster and when to be released soon in collaboration with Highland Hospice, SAS, NHSH, Scottish care colleagues hopefully including a Prof to Prof line.

 Linking in with SAS for data surrounding call outs and hospital conveys with reasons of call, linking in with practical sessions on RESTORE 2 roll out and SAS webinar on what to expect when you phone 999 to be rolled out soon.

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Date	Independent Sector / NHSH	Purpose/Activity
Nov 2024	IS x2	Support as under LSI
	IS	Support as under LSI
Dec 2024	IS	Support
	IS	Support
	IS	Support
Jan 2025	NHSH	Support and completion of mandatory documentation
	IS	Support and completion of mandatory documentation
	NHSH x2	Support and completion of mandatory documentation
	NHSH	Support and completion of mandatory documentation
Feb 2025	IS	Support as under LSI process
	NHSH	RIDDOR report with H&S (31/1/25)
	NHSH	RIDDOR report with H&S (28/2/25)
	NHSH	Recruitment
	IS	Support
	IS	Review
Mar 2025	NHSH	Support

Date	Independent Sector / NHSH	Purpose/Activity
	NHSH	Support
	IS	Support for manager
	NHSH	RIDDOR checklist with health and safety (19/3/25)
	IS	Support for manager

Independent Sector Career & Attraction Lead (Care Homes) **Annual Summary 2024 - 2025**









with 1,032 people Directly engaged

VR Collab with JHI Inverness

> 9,400 visits to CH Map



































22 Care Homes participated in Career activity











Ministerial Visit - 1/ts really powerful to see

What I love about working in a care home' - viewed

NHSH colleagues Joint working with

Visited and/or engaged

Engagement

Collaboration &

with 96% of IS CHs

over 10,000 times

CARE HOME HIGHLAND

Views 143,427 Reach 50,072

Careers in Care

NHSH Partners Podcast with

Impressions 15,502

Identifying opportunities

paid placements to utilise Third sector

Employment

<u> ৪əiזinut</u>roqqC

Impressions 15,923

Bib9M

Presence &

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Carers Week Professional

social Care' - Maree





and hear the

challenges facing the Care Home.....helps me to fight hard for



Experiences for students

interactive activities or

to try care through

in a work experience

Hosted a targeted

Developing resources to support to C&A

Lead activity

Careers Event



keeping up to date with Job vacancies

staff vacancies across 23.66% reduction in

Care Homes compared Independent Sector to March 2024

would definitely do this again" – Care Home Manager "It was really good to connect with young people,

"Fabulous piece of work" - NHSH colleague in ref to Care Home Map deas, I think it's great' - Care Home Manager

'I don't know how you come up with all your

'Having Laura in this post has been great, it's the best engagement we've had from the sector in a long time" – UHI Partner