Core / Whole Team Area: Core Team	**Annual Report 2025-2026**
Key Activity Areas	**Key Achievements and Impact**
• **Number and type of care homes engaged with:** Independent Sector: 46; NHS: 16 • **Frequency and mode of contact:** Virtual: 360. In person: 129 • **CCHST have provided:** 50 face to face (F2F) visits, 121 virtual support sessions, 157 email contact. • **OT:** Meaningful Activity x 13 Virtual Champions meetings; screening tool, trial of activity care plan x 9 virtual meetings and training; F2F x 4 various Care Homes; CCHST joint meetings virtual: 3; Signposting via e-mail x 6, 2 x Focus visits IS Care Home • **Physio:** Falls Training x 15 F2F sessions; 3 x sessions virtual; Positioning and Postural Care x 2 sessions; focus visits x 11; • **Nursing**: Last Aid x 3 F2F sessions to 3 Districts; FFN x13 sessions F2F across Highland; Restore 2 x14 sessions across Highlands; Stress and Distress; Waterlow. Focus visits: 25 Signposting: 13 • **Joint working:** Parkinsons training and Waterlow training; Focus visits x 10; Signposting: x 43. • **Key themes or common areas of support** 1. Training – See achievements 2. Large scale investigations / improvement notices / requirements / independent sector has requested NHS training to supplement in-house training 3. Quality Improvement (QI) Projects (Food, Fluid & Nutrition) and Meaningful Activity has used a QI approach. 4. Standardised documentation, pathways and policy. 5. Requests for support with referrals, equipment and acutely unwell residents.	**Major achievements or milestones reached** 1. QI Projects on nutrition 2. Successful training over the last year, despite a small team has been far reaching across North Highland. • **OT** - Meaningful Activity Champion Trainings delivered to 26 homes and trial of Meaningful Activity Bundle in 3 homes. Project to be written up to include outstanding resources needed. Supported with Acoustic Sound. • **Physiotherapy** - Falls Awareness delivered to 15 homes F2F and 13 Homes virtually. Support on Posture/ Positioning, Rehab Pathways and equipment. • **Nursing** – Has had the most training requests and varied topics: ABC Charts, Intro to Dementia, Stress + Distress, Skincare for the Older person, Waterlow, Catheter care, Medication, Nutrition, MUST calculation, Catheter Care, Care Around Death, Last Aid, Restore2 mini tool. Facilitated: Autism, Parkinsons & Stoma Care, 3. Positioning and Postural Care - involvement with SLWG, OT on national group revision of COSLA document (equipment provision). 4. CCHST has created and continue to develop team documentation and SOPs leading to efficiency within team process and improved outcomes 5. CCHST Nurse winner of the **Quality & Teamwork** category in the NHS Highland Value in Practice Awards for the Round 4. CCHST Team Nominated for a VIP award Round 4. **Examples of collaborative working that improved outcome** 1. Where training has been delivered collaboratively with specialist services there has been improved reach to care homes, increased staff confidence and prevented further frailty of residents. This collaboration has improved awareness of care home needs with Acute and District Teams 2. Improvement project around developing the Multifactorial Falls Risk Screen with Care Home Lead Nurse- ongoing 3. Medication training with pharmacy has improved documentation in care homes. **Measurable impacts** 1. All 3 Care Homes in LSIs have met their requirements 2. Increase in referrals from Care Homes to Dietetics 3. Better fortification in care homes with Chefs that have attended FFN training 4. Reduction in ONS supplements being ordered by care homes.

Challenges and Lessons Learned	Priorities for 2026-2027
Barriers to progress 1. Development required of standardised record keeping documentation, SOPs and pathways (services available and service criteria –not matched up with needs of homes –making it difficult to make recommendations). 2. Limited equipment, lack of central office storage space. Issues with supporting homes with sourcing equipment. 3. NHS Practice Development unable to support independent sector with training e.g. Venepuncture, Violence + Aggression and Moving + Handling. **Workforce, operational, or system challenges** 1. Vacancies previously not filled (Occupational Therapist, Team Lead) which has lead increase caseload and pressure during LSIs 2. Change of leadership 3. Requirement for clear structure, strategy and remit for cancellation of visits or changes to plans due to staffing issues in homes or plans being changed. 4. Competing demands from other teams and lack of information when planning. **Key learning to inform future practice** 1. Established good links with established CCHST teams across the region 2. QI SIFs training should be mandatory for new team members to ensure a uniform way of working. 3. Area focus visits (Nairn, Lochaber, Caithness, Mid Ross) have shown a need for face-to-face engagement due to care home pressures. They are an effective way to engage with care homes that are a distance from Inverness.	**Planned focus areas** 1. Awaiting yet to be published government CCHST impact measures for 2026-2027. 2. Community Care a. SAS data to drive topics of support b. Collaboration with Integrated Community Teams, GPs, Social Work c. Support around health conditions 3. Frailty a. Hospital Discharges b. Linking in with community and acute frailty teams c. CGA and Care Home MDT 4. Palliative Care Strategy 2025 - 2030 a. Last Aid Training roll out planned with Highland Hospice **Development needs or resources required** 1. Training- Individual team member training and collective training on improvement and education for care home services. 2. Documentation & policy- Robust documentation for CCHST and ASC 3. Additional staffing- capacity and workload struggles reduce impact, additional staffing needed **Opportunities to strengthen collaboration** 1. Pathways for referral to AHPs (including within specialist teams) to include identification of any gaps between what services provide and what needs of homes are. 2. NHS Learning & Development to link in more with CCHST on training needs for the service.

Core / Whole Team Area: Health Protection-Public Health	Annual Report 2025-2026
Key Activity Areas	**Key Achievements and Impact**
• There were 74 in person support visits to care homes in North Highland between April 2025-March 2026. • All older adult, mental health and learning disability homes were visited once. Some homes had more than 1 visit particularly when the infection prevention and control (IPC) training and the environmental audit support could not take place during the same visit). • Alongside in person support visits there were 3034* interactions with care homes, this was mainly for statutory outbreak management across homes, also some general IPC support. These contacts are predominantly phones calls received/made and e-mails sent and received, exchanging Public health and IPC advice. (*this includes health protection / public health management interactions out of hours, and support from within the wider HPT). • The support visits are two parts: 1) to deliver infection prevention and control training mainly for staff. 2) provide environmental audit support. All homes receive a summary report following each full support visit. • 454 staff received IPC training during support visits. • Any additional IPC support required when identified through either LSIs, other processes or visits by wider collaborative team colleagues.	• The **support visit process is fully embedded across the care homes**, which has further enhanced relationships with all care homes. • This has supported **454 staff** with provision of IPC training during visits, further enhancing the IPC knowledge and understanding of staff. Qualitative feedback is collected during these visits. • **Positive feedback** is received from the care home managers on the impact on IPC within homes. • Annual Infection Prevention and Control Link Practitioner (IPCLP) 2 day training event for care home staff. **15 new IPCLPs trained**. • Additional IPC training provided for approx. **30 Care at Home staff.** • Resident participation with the hand hygiene training/use of glo-box in several homes, approximately **30 residents.** • Participation in events/weekly drop in with wider members of the collaborative group, further enhancing relationships across the multi-disciplinary team.
Challenges and Lessons Learned	**Priorities for 2026-2027**
• Currently one funded post (0.65 wte) is vacant (since January 2026). This has an impact on delivery of planned and reactive support. • Challenges in measuring impact of training on numbers of outbreaks/incidence of infection. • When visits are cancelled, sometimes it has been challenging to rearrange. • Challenges to secure venues to deliver IPCLP training. Financial costs and geographical access are the main challenges.	• Maintain and develop the support visit process • Plan to incorporate additional follow-up to establish progress with suggested action plans following support visits. • Recruit to the vacant funded post as soon as possible. • Expand Care at Home IPC training, delivering predominantly via Microsoft TEAMs. • Further explore how impact of training and support may be measured.

Core / Whole Team Area: Lead Nurse (Care Homes)	Annual Report 2025-2026
Key Activity Areas	**Key Achievements and Impact**
• NHS care homes – 20 in person visits in total. • Independent care home visits – in person 16 visits (9 of which were for 1 home) – manager meet and support building relationships • NHS care home visit x4 in person meet with managers build relations, offer support, provided nursing assessments of all residents • Supported the transfer of an independent care home to NHSH • In person Social services event UHI discussing nursing in social care as a career choice with care home managers also. • Attended Independent managers meetings. • Highland Care Home Networking Event and Scottish Care Branch Meetings, • Collaborating for Impact Highland Collaborative Care Home Support Team (CCHST) Event	• TURAS - developed and widened access for Independent care homes and care at home working with Scottish Care colleague – to date Tissue Viability, Continence and hospice syringe driver training now made available. • Presentation to OU 1st year students encouraging nurses into social care – dispelling myths • Established registered nurse forum meeting with NHS homes initially 24/2/25 rolled out now to all registered nurses working within social care in NHSH North Highland • Supporting LSI processes • RESTORE 2 training carried out at NHS Care Home further RESTORE 2 roll out with CCHST online - available for residential care homes and CAH. • Reviewing falls documentation for NHSH care homes with care home collab team now ready to trial • Part of discharge SLWG re discharges and sub group further meetings - new documentation pack created and to be rolled out • Hosted MSU skills bus 2-6 March 2026 good collaboration and support from speakers – good feedback from attendees.
Challenges and Lessons Learned	**Priorities for 2026-2027**
• Prof to Prof line discussions ongoing monthly meetings in place – moving to an e consult platform from telephone number, challenges faced were different contact managers – permanent manager now in place and things progressing, various issues faced surrounding governance and processes needing to be in place for non clinical call handlers and data protection of the new platform • Access to nurse training for clinical skills on venepuncture, catheterisation and verification of death – challenges of not being able to widen access to NHS training due to issues of opening up the booking on process via TURAS, limited spaces, capacity of L&D team, potential of reduction in spaces for NHS staff.	• Collaboration with regarding NHS Nursing care homes diabetic recording review documentation • Linking in with SAS for data surrounding call outs and hospital conveys with reasons of call • SAS collaboration to examine data and reasons for conveyance to hospital and how this can potentially direct CCHST support to homes • Support new managers commencing in post.

Core / Whole Team Area: Primary Care Pharmacy	Annual Report 2025-2026
Key Activity Areas	**Key Achievements and Impact**
• Medication review of all residents across 16 care homes. • Many more care homes have had in-person medicines management support (reviewing systems e.g. ordering, storage, recording, and MAR processes). • Regular activities included medicines management reviews, stock checks, and process to reduce avoidable medicines waste. • Clinical pharmacist-triaged reviews for complex residents. • Ongoing development and use of a data collection tool for interventions and measure prescribing trends. • Delivery of training to care staff on medicines management and documentation. • Engagement with Tissue Viability colleagues to reduce antimicrobial dressing use and optimise wound care product ordering. • Standard Operating Procedure (SOP) development for medication counts and managing medication discrepancies.	• Significant numbers of medicines management interventions. • Significant numbers of medication review interventions. • Early prescribing trends show downward spend for many homes. • Improved accuracy and consistency in medication documentation and improved confidence among care home managers (via competency assessment and training). • Standardised documentation and plans for 'when required' medicines. • Collaboration reduced inappropriate use of antimicrobial dressings. • Enhanced staff capability through comprehensive medication competency training. • Interventions and data trends increasingly used to demonstrate impact and support engagement. • Improved liaison and engagement facilitated by key contacts e.g. Scottish Care Independent Sector Lead.
Challenges and Lessons Learned	**Priorities for 2026-2027**
• Some care homes remain challenging to engage due to competing pressures. • Pharmacy Support Workers require increased supervision due to complexity of arising issues. • Pharmacy Technician input often necessary to resolved issues. • Variable training attendance limits impact and measurable improvements. • Difficult to attribute outcomes directly to training. • Variation in prescribing trends across clinical areas requires deeper analysis. • Medication incidents require correlation with bank/agency staffing levels. • Documentation discrepancies highlighted need for clearer SOPs and support.	• Strengthen engagement with hard to reach homes. • Prioritise homes for medicines management and/or medication review input . • Explore implementation of Scottish Polypharmacy Guidelines 2026. • Embed SOPs and 'when required' medicines templates. • Expand data collection tool to produce outcome measures. • Develop a consistent training evaluation. • Analyse prescribing trends at BNF chapter level. • Strengthen collaboration across services. • Review correlation between incidents and staffing patterns.

Core / Whole Team Area: Stress and Distress Team	Annual Report 2025-2026
Key Activity Areas	**Key Achievements and Impact**

• Stress and distress team have engaged with all 12 Care Homes in Inverness area.
• Stress and distress team have been supporting East and Mid Ross Care Homes and provide support for Care Homes in Lochaber (ANP only)
• Provided NES training programmes:
  – Essentials in Psychological Care in Dementia
  – Psychological Interventions (2 day training programme)
• Team developing bit sized modules to support understanding of stress and distress approach to aid understanding
	• Key achievements:
	  – Number of admissions to New Craigs Hospital: 1
	  – Number of staff trained in:
	  ○ Essentials:
	  • NHS Staff: 18
	  • Non NHS Staff: 71
	  ○ Psychological Interventions
	  • NHS Staff: 33
	  • Non-NHS staff: 3

Challenges and Lessons Learned	**Priorities for 2026-2027**

• Barriers to progress:
  – Care homes ability to release staff to attend training
• Workforce, operational, or system challenges
  – Limited resource due to small team resulting in gaps in service.
	• Planned focus areas:
	  – Training now bookable on Turas
	  – Recruit into East and Mid Ross post.
	  – Focus on offering 2 day training to care home staff
	  – Bite sized modules for care homes to enhance understanding

Core / Whole Team Area: **Independent Sector Career and Attraction Lead Scottish Care**	**Annual Report 2025-2026**
Key Activity Areas	**Key Achievements and Impact**
• Working with key employability partners to create opportunities to promote careers in care to job seekers • Developing a structured ASC workshop offering to schools for senior phase pupils (S4-S6) • Supporting issues relating to the recruitment of international workers (now displaced care workers) into Care Homes • Ensuring Care Homes/Providers are aware of careers activity in their local areas and can choose to participate • Developing assets for use online/social media • Keeping up to date with active job vacancies and maintaining the Highland Care Home Map for signposting potential candidates and employability partners to jobs • Supporting the promotion of pathways into careers in care • Working in partnership with the NHS Career and Attraction Officer to deliver on joint activity	• Delivered **7 Adult Social Care workshops** reaching **76 students** from 10 secondary schools, with 95% of participants reporting they would recommend to a friend • **112 attendees** engaged through three ASC specific employability careers events (Inverness, Alness & Wick) • **320 pupils** engaged via DYW secondary school careers events • **13 displaced care workers** successfully recruited to Highland services – including six to Care Homes • Activity has seen **12 additional care providers** from other types of care services benefit from the career's events • **25,000 social media views** through targeted accommodation support campaigns which generated 20 leads for accommodation • **12,900 visits** to the Highland Care Home Map during the reporting year (22,300 since launch) • **3-part film** launched during Scottish Apprenticeship Week to highlight the experiences of working care home
Challenges and Lessons Learned	**Priorities for 2026-2027**
• Variable capacity across care homes to engage consistently in careers activity due to other priorities, but strong partnership working significantly improves reach and impact when capacity is constrained • Reliance on short-term funding has limited the ability to scale successful initiatives, however now with longer term funding in place, longer term initiatives can be considered • Housing availability remains a key barrier to supporting the relocation of successful candidates to Care Home positions • Loss of dedicated NHS Highland Career and Attraction Officer reduced joint capacity mid-year to deliver on workshops, however links with NHSH employability team will continue • Budget challenges have restricted the professional filming capacity, but the impact of high-quality authentic footage has been well received with positive feedback	• Support emerging work for a Skills Board for Care in Highland ensuring there is sufficient provider representation and collaboration • Developing the existing workshops to incorporate other care services and collaboration with other social service partners • Further collaboration and exploration on housing solutions to support workforce attraction • Continue to develop digital assets for Care Home promotion • Develop a careers forum for independent sector care providers so they can feed into the Career and Attraction Lead and keep up to date with upcoming initiatives and events • Continue to strengthen relationships with partner organisations and seek opportunities for collaboration to promote career opportunities • Opportunities to incorporate support for care at home providers, as well as care homes, capacity dependent