

ABERDEEN CITY COUNCIL

ALEO – ANNUAL REPORT

ORGANISATION:	Bon Accord Care
REPORT COMPLETED BY:	Pamela Mackenzie Managing Director
DATE:	April 2020 - present

SECTION 1 - Outcomes and outputs

Please provide a qualitative summary of outcomes, outputs, activities undertaken and progress made to date:

The last 18 months have been extremely challenging for our service users, families, staff and partners. Bon Accord Care has played a significant part in the provision of care and support to the citizens of Aberdeen throughout the pandemic. We have worked flexibly and collaboratively with AHSCP and other providers to meet changing and challenging demands to ensure that the outcomes for the people we support are met. We have offered and supported solutions to the wider community during the pandemic beyond our contractual obligations such as utilising our equipment store as a PPE distribution hub and continuation of the responsive Winter Project throughout the year to ensure people are cared for at the right time and in the right place. The functionality of Rosewell House was reviewed and swiftly reorganised to relieve pressures across the system in October 2020 resulting in people being supported and cared in a more appropriate setting bridging the gap between hospital and home. This initiative and collaborative approach between BAC and AHSCP posed the opportunity to undertake a wider review of ongoing need across the city particularly in relation to the frailty pathway. As a result of this intensive review a business case was presented and approved by both the partnerships IJB and BAC board to develop a joint Intermediate Care facility. This exciting opportunity will offer a unique way of partnership working for the benefit of the people we support and create capacity within the wider health and social care system.

Throughout the year we have continued to receive recognition by maintaining accreditation for:

- Mindful Employer Award
- Armed Forces Covenant
- Healthy Working Lives Gold award
- Maintained ISO9001 accreditation
- Maintained Quality Standards Framework accreditation for our telecare service

In addition, we have been awarded The Young Persons Guarantee award and have almost completed our Investors In People silver award for young people. We are also extremely proud to have been recognised as a Disability Confident employer.

We have reviewed our Service level Agreement to reflect changing needs particularly around our care at home and very sheltered housing services. This has offered the opportunity to offer a flexible approach to meeting people's needs when it is needed most, maximising their potential by using a reablement and person - led approach. This has also enabled us to utilise our workforce more efficiently and effectively during challenging times.

Bon Accord Care has seen some significant changes over the last year with the formation of a brand -new board of non-executive directors, the appointment of a new Managing Director and a new Finance Director.

This has brought stability, leadership and focus to Bon Accord Care. There has been significant work undertaken to improve and enhance our organisational governance including the development of an assurance framework, risk appetite statement and comprehensive governance handbook.

We have tightened our committee schedules resulting in better governance and assurance giving greater visibility of much stricter controls for our stakeholders.

As organisation we are strengthening how we work together going forward. We have undertaken a cultural review and have given full commitment to a programme of development which will involve but not exclusively reviewing our purpose, values and the formation of a behavioural framework which will support and enhance performance.

We are appointing a new Clinical Director who will oversee and support the delivery of our quality agenda and embed continuous improvement methodology consistently across the organisation supporting us to deliver safe and effective care to the people we support.

It is safe to say that we have experienced a year like no other however our staff have worked tirelessly alongside our partners, showing resilience, bravery and the ability to adapt to ensure the safety and standards of quality are not compromised. We have fulfilled our contract against both operational and financial KPI's.

We believe we will be in a very strong position to support the health and social priorities across the city and will be developing our strategic plan collaboratively with our partners, service users and other key stakeholders to address unmet need using innovative service modelling, technology, and a highly skilled workforce.

Performance indicators:

This is the quantitative progress you have made in meeting targets over the year. These were agreed in your business plan / development plan and should be confirmed in your first quarterly meeting with your Lead Officer
PLEASE DO NOT CHANGE THE BASELINE OR TARGET FIGURES.

Please complete all boxes

INDICATOR		TARGET 19-20	ACHIEVED 19-20
Financial Savings		£0.93m	£1.0m
<p>Compliments versus Complaints</p> <p>Complaints are handled in line with company procedure which is aligned to the Scottish Public Ombudsman Service (SPSO) complaint handling best practice. All feedback is welcomed and is received direct from service users and their families and from third parties, Care Management, MP/MSP and Councillors and the Care Inspectorate.</p> <p>Compliments – 242 with a spike in quarter 1 which could be attributed to the service users and their families wishing to show their support for the service at the beginning of lockdown.</p> <p>Formally investigated complaints in comparison to compliments received remain relatively low in relation to the number of service users</p>		N/A	<p>87% Compliments</p> <p>Versus</p> <p>13% Complaints</p>

<p>supported. 37 in total for the year which is marginally lower than last year. There was an increase in the number of upheld complaints linked to communication which could be attributed to the different ways of working the services implemented.</p> <p>Complaints received directly to BAC: 5 Not Upheld, 13 Partially Upheld* and 16 upheld.</p> <p>Complaints received through the Care Inspectorate: 1 Partially Upheld and 2 Upheld.</p> <p>*The SPSO has removed partially upheld from best practice with effect from 01/04/2021.</p>			
Mandatory training for all staff		85%	93%
Delayed discharge – tenants will be home within 24 hours of being classed as fit for discharge		100%	99%
<p>There were reduced inspections over the timeframe with CI concentrating on COVID response within the care homes in 2020 and beginning of 2021. (Q7 How good is our care and support in COVID19 pandemic). This was in conjunction with Care Home Assurance visits carried out by ACHSCP.</p> <p>Care Inspectorate Grades – residential services. Kingswells Care Home achieved 5 – Very Good for Q7. Balnagask House achieved 2 – Weak for Q7 (this area was reinspected on 16/04/21 and increased to 3 – Adequate)</p> <p>Care Inspectorate Grades – Alternative care and short breaks. Rosewell House achieved 3 – Adequate for Q7.</p> <p>Care Inspectorate Grades – non-residential services / Responder – no inspections in timeframe.</p>		Maintain grades and aspire to Grade 5	Average Grade 4.14
Telecare and community alarm – response to high priority referrals within two working days		90%	99%
Telecare and community alarm – response to medium term referrals within five working days		90%	100%
<p>Joint Community Equipment Store</p> <p>Deliveries have been made within 1 day of order, ensuring people are receiving their equipment more quickly</p>		N/A	11% decrease in deliveries made

If you have not met the targets set please give any reasons or explanation for this:

All set targets as set out above have been met with the exception of delayed discharges due to hospital readmissions. Bon Accord Care have always had capacity to welcome tenants home and have therefore not been responsible for any delayed discharges.

Please provide a summary of particular successes or case studies:

Joint Equipment Store

The Joint Equipment Service has been in existence for just over 2 years now and has a total of 42 staff which includes 6 NHS staff who work with us but are employed by NHS. Within the store there are multiple teams – equipment drivers, technicians and warehouse team, Telecare and Hospital Direct all supported by a great admin team.

Hospital direct is made up of 2 FTE OTAs. They are driving a stocked van of equipment, receiving referrals directly from OTs in the hospital to ensure all patients being discharged from hospital have the equipment they require for a safe discharge. In Q1 this year they have seen 356 cases. This is an increase from 289 cases in Q4 last year.

The Joint Equipment service plays a vital part of promoting independence and safety of our service users and their carers, preventing hospital admission, and facilitating discharge. We have a stock control system which prescribers of equipment can place an order for equipment and then the equipment is delivered or uplifted. From the equipment store we deliver, uplift, service, repair equipment across the city. The team strive to ensure that service users are continuing to get their equipment in a timely manner – often within 2 working days of a prescriber placing an order for equipment. The whole team have adapted well to a fast rate of change during Covid and have continued to go the extra mile to help service users and support other BAC and Partner services across the city.

We are currently processing an average of 60 orders a day – a small handful of which are collected by prescribers. The vast majority are delivered. The store has seen a 20% increase in equipment orders on Q4 last year and a 30% increase on Q3.

This has had a marked effect on the equipment budget and to date our monthly spend is 54% higher than budget. This is due to increased demand and supply issues which have seen costs rising considerably. These supply issues have put a great deal of pressure on the store, however, to date we have always managed to fulfil all the requests made of the service and this is down to controlled stock management and timely procurement.

We have an additional technician in place now so can service BAC beds in care homes. Due to Covid restrictions his training has been slower to roll out but in time he will be up to speed to do all in house servicing and repairs and fitting of rails in private properties.

Joint Training - The formation of a joint service has led to closer working relationships with District Nurses and the store team are looking to support their training in Equipment provision – the one drawback to delivering this is that we do not have premises for this training therefore this poses a high risk that staff from the partnership have not received the correct training. By having more people trained to prescribe basic items of core stock it helps reduce the referrals across services.

Risk assessed care. There has been 3 days of training delivered by A1 risk solutions which was attended by a range of people from across the partnership – including some of our fieldwork OTs. There will then be a pilot projects commencing soon. Equipment will be a key part of this. – 2 streams low level e.g., equipment available through retail, telecare. High level – expensive equipment.

Proposal to education. We are waiting to hear back from education about a proposal to run and maintain equipment for education in Aberdeen City. We would employ a part time member of staff and get another van to be able to catalogue, deliver, uplift, service and maintain the equipment owned by ACC. At present education are not servicing their equipment and have all of it catalogued on a spreadsheet meaning they do not have a log of where the equipment has been. All equipment across the city would become a collective pot, there would be a

member of staff with expert knowledge in this complex area of equipment and joint working would be further encouraged across the partnership.

Case Studies

1. OT and NHS drivers were asked as a matter of urgency to assess and deliver a hospital bed and moving and handling equipment for this palliative lady. Request came in late morning and equipment delivered that afternoon. Only bed required as this lady was end of life and would not have tolerated hoisting into chair. Advice given to family as to how to move client onto hospital bed with the minimal discomfort and disruption. Lady passed away the following week.

2. Client was discharged from hospital and was being cared for in bed. Standard NHS mattress was in situ and required changing to airflow mattress to prevent pressure injuries forming. CAARS OT advised that she felt that she did not have the relevant knowledge for completing the task. Liaised with NHS drivers who install the beds, OT gave direction and agreed the plan prior to entering the house. NHS staff (for beds) advised OT on requirements for air flow (does it need to be fully inflated prior to being used etc). HCSW from CAARS met us at the property as he had met client and family previously. OT explained to HCSW, client and family how we were going to complete the task. Client agreed for us to continue. Family remained within the bedroom whilst transfer was completed. Sling was inserted using the roll method, client hoisted whilst continuing to keep her informed of what was happening. Whilst client was in the hoist, mattress removed and replaced within minutes and client was able to be lowered back onto the bed. Sling was removed, client left comfortable. Equipment removed at this time also. The whole transfer took about 15 minutes. The family were very happy with the service.

Message received from relative

Father called earlier arranging collection of equipment and bed which had been supplied to his daughter who died the previous night.

He would like to express his thanks with the level of support, professionalism, quality of equipment that Bon Accord Care gave to his late daughter.

Telecare

Although telecare is an ever-changing service as technology changes rapidly over the last year and the challenges that COVID brought as like many we had to change the way we worked to ensure we still met the needs of our service users. In the beginning of lock down the Telecare team offered self-installation guides for a basic alarm unit to users. Alarms were left on the doorstep and the team followed up with a phone call to ensure service users or their family were managing to install the unit. This helped give more people a lifeline to the outside world at a time when they were locked down.

During the pandemic, the opportunity to promote the service to community groups and staff face to face was lost. To overcome this staff created two videos, one highlighted the Telecare service, and one demonstrated the equipment available. Further short video clips of each piece of equipment are planned which will be a good resource for staff and users.

The Team has recently provided an equipment set up to SRS Care who are in the process of building up a technology room. They are in the process of displaying high-tech equipment and the Telecare Team are working with them to show case the services we offer. As their technology room develops into specific living areas, we will install some working equipment tailored to the individual rooms they set up and to carry out face to face awareness sessions with groups of carers/public.

The Team are also immensely proud that we have held the TSA QSF accreditation for Telecare – assessment of and installation of TEC equipment for the last 3 years and it's a testament to the whole team, through their enthusiasm and work ethic we maintain this QSF standard. This accreditation is due for renewal in April 2022.

The next big challenge we face is the analogue to digital change in the equipment. We have been ready and preparing for this over the last 2 years. It will change the dynamic of the remit within the team. Working in telecare, nothing stands still or is the same as technology is progressing constantly, so the team are used to change and are ready to face this next challenge.

Members of the team are also working with the L+D Team to deliver the PDA in Technology Enabled Care. Bon Accord Care is the only centre in Scotland accredited to deliver this award and NHS Education (NES) have funded 20 people from across Scotland to undertake this programme over the last year. Other organisations have also funded staff to undertake this award.

Case Study

Mrs X was first known to our service in 2015 when she was 81 years old. She has a diagnosis of –vascular dementia and Alzheimer’s Disease. She was having issues with remembering to take her medication and had put a pot on the cooker and forgot it was on, luckily the family were visiting, and it was caught in time before a fire.

Following assessment, a community alarm with linked smoke alarms, CO detector and a heat alarm in the kitchen were installed. She was also supplied with a medication dispenser, which is filled by her family, and it works well as the equipment was introduced in the early stages of dementia. She very rarely misses her medication as it’s become a routine for her.

Mrs X’s family came back to our service in 2020 with concerns that their mother was going out at inappropriate times and not remembering she had been out. On a couple of occasions, she had bruising and was limping, when asked if she had fallen, she said no it was just old age aches and pains.

Just Checking was installed to get a better picture of what was going on. This showed that she was leaving the house at inappropriate times and the family were concerned for her safety. During this time, it was believed she had had a fall as during a visit the family discovered Mrs X could hardly walk and took her to A&E, since then her mobility has greatly reduced and she constantly uses a stick. She lives alone in a two flatted property, and she resides in the upper floor. Access to her house is by her own internal stairs.

Following further assessment from our service she was issued with a Wrist Fall Detector, so if she fell in the home, it would alert automatically, the family make sure she is wearing it as she previously took her pendant off as she forgot what it was for.

A Mindme GPS Locator was installed and attached to her keys as Mrs X always takes her keys with her when she leaves the house. The ethics around the equipment was discussed with the family, but as they had power of attorney and as she was at risk going out at inappropriate times it was felt the equipment was essential to keep her safe.

To keep some independence, she liked to get the bus to her sons, which was door to door, and this worked well for a while until the bus service changed. One day the bus went a different way and it totally disorientated her. When she didn’t turn up at her sons, he looked on the Mindme App and could see she was in a completely different area and could tell by the app she was walking about. She carried a mobile phone but didn’t answer when he phoned her.

The son headed out in his car to collect her. By the time he got there she was gone, and he was able to see by the app the speed showed she was on a bus or car and heading back towards her home. He drove to her home and when he checked the app he could see the bus had went a different way and at that point she had got off the bus and phoned him crying as she was lost and didn’t know where she was. He could see from the app she was at a bus stop and told her to sit on the seat at the bus stop as he was on his way to get her. The Mindme GPS device was so accurate throughout the whole process and the anxiety it saved the family when she went missing as they could see where she was and when they finally caught up with her, Mrs X was so relieved, which helped diffuse the situation for her quickly.

Digital Transformation

The Team are currently working in an A2DT group with Aberdeen City Council and our partners. A project manager has been appointed and after many years of highlighting the importance of this we are making some headway. The move from analogue to digital will incur large costs for alarm units and the ongoing cost per month for sim

cards within the digital alarm units. On average sim usage is £50/year per user. There are currently have just under 2700 users at £50/year, this will cost £135,000 per annum. This would not come into effect until the third year following purchase as alarm units are generally sold with an initial 2-year sim contract.

The initial cost of replacing all units will range from £730,500 which includes the first 2 years of sim cards or alternatively if the service were able to bulk buy the cost reduces to £557,000 including 2-year sim contract. Budget must be identified for this vital work or service users' lives will be put at risk.

All units must be swapped out by 2025 when BT are switching off analogue telephone lines. This will put pressure on our service as a replacement program of units will take 2 to 2 ½ years to complete, fitting the work in alongside their day-to-day work. Aberdeen City need to ensure the transition for our service users is seamless and therefore the programme of replacements needs to be complete by 2025.

The team are already beginning to see the requirement for digital units as more telecom providers are already switching to digital lines and this is having a significant impact on the service and will impact on the budget as digital alarms cost twice as much as analogue alarms.

Distribution of Covid PPE

Since last summer, the store has been the depot for the Scottish Government PPE. We have delivered PPE primarily to care homes and personal carers across Aberdeen City. This has been supported by the driver from Kingswood Day Centre initially, however as the day centre has reopened, we are not incorporating these deliveries into daily delivery runs.

Wellbeing at Work

We continue to support to our employees in the workplace through our mental Wellbeing at Work Team, ensuring that staff who experience health issues, both physical and mental, receive information and support to help prevent absence or make an earlier return to workplace, which maintains consistency and boosts morale. In addition, during the Pandemic our Wellbeing at Work Team have also assisted with managing the impact of Covid on our staff. This has ranged from assisting with Covid testing and results, vaccinations for staff and managing the other aspects of Covid, for example long covid.

Since April 2020 to date our Wellbeing at Work Team have dealt with 299 referrals and 1,472 welfare calls.

Winter Project

Over the past year the Winter Project has continued to support service users across the seasons, so the original project name is not now wholly reflective of the work we are undertaking. We currently support 108 service users and have a dedicated team of 34 support workers on contract and 20 support workers on rolling rotas from the support pool, an assistant manager and two service supervisors who deliver an amazing 983.5 hours a week of care and support. This has enabled a huge amount of people to remain living independently in their own homes, as well as supporting the choice of those at the end of their life, to return home.

Here is a selection of the wonderful compliments received by the team over the last year:

- Please see compliment received via care management on behalf of a service user and their wife. This has been logged.
"they asked me to pass on that the carers are great and they have really made it easy for Mr R to return home."
- "Please give my sincere thanks and gratitude to all the lovely carers who attended my husband Mr B with loving care and cheerfulness. It was very appreciated."
- "Ms A is delighted with the carers, she finds them very helpful and enjoys the banter, getting to know them all. Ms A is delighted to be home, made the right choice she told me, carers are great and are making a difference to Anne, she is up in her wheelchair more now and is able to get around her flat to get herself something from the kitchen, which is a big achievement for Ms A. Can you please pass on Ms A's thanks

to all her carers and as usual I would like you to pass on my thanks to carers as well, they do a great job out there.”

- “Hi X, I have just spoken to the worker, DN are currently on their way over to this lady. Her PPS score is now 20%, just in case box now in place, not eating or drinking. The husband has stated that BAC, “Have been an absolute God send” and very appreciative of the support. It does look like she may not make it to respite, is there a possibility that BAC can continue and possibly increase visits to A?”
- “A little bit of feedback from my visit today regarding the care staff. Mr and Mrs L both praised the staff who have provided their care so far. Mr L advised that he had been concerned about the quality of care they would receive given how busy the care staff are but he has found everyone who has called to be exceptionally caring and wanted that to be fed back.”

Young Persons Guarantee

We were contacted by our Developing Young Workforce Northeast Partners as they have knowledge of the work we do to support young people. Our DYW partners felt BAC were an employer that met the five ‘Asks’ for the Young Person’s Guarantee and encouraged us to become a signatory. The YPG launched by the Scottish Government aims to provide all 16–24-year-olds the opportunity of a job, apprenticeship, education, training, or volunteering.

Bon Accord Care are committed to supporting the YPG by offering the following opportunities for young people

Ask 1 – Prepare Young People for the World of Work

We deliver Foundation Apprenticeships which include a work placement opportunity. On placement young people are assigned a professional mentor who guides them to develop the skills, confidence, and professional responsibilities required to work in the care sector. This helps to provide young people with a rich experience and aids understanding of the expectations of them as individuals and what should be expected of the employer. Key areas focused on include developing professional relationships and supporting service users in person centred ways. Our Young Workforce Lead within the organisation, liaises closely with our young people, managers, and mentors to ensure that young people are appropriately engaged, developed, and supported and that any individual support needs can be met effectively within the workplace.

Ask 2 – Help all Young People Achieve their Potential

We work in partnership with employability groups such as Barnardo’s and North East Sensory Services to support young people who are care experienced, young carers, or experience a challenging background and offer voluntary opportunities for young people to explore the care sector as a potential career pathway for them. We actively encourage those who are interested in such a career, to remain within Bon Accord Care wherever possible and offer various opportunities to support this, including Modern Apprenticeships. Even where our young employees are not employed as part of any apprenticeship scheme, they have access to the support of our Young Workforce Lead who provides coaching, mentoring, guidance, and support to individuals when required alongside that of their line manager.

Ask 3 – Invest in a Skilled Workforce

We have a multi-skilled and professional Learning and Development team within the organisation, who continually develop and deliver a robust induction and training programme to all employees and volunteers, including our young people. The programme is designed to encompass our core values, codes of practice, and the legislation which informs ‘safe and legal’ work practices, so that employees and volunteers are able to work in a way which prioritises the wellbeing, safety, dignity and respect of service users and colleagues.

Ask 4 – Create Jobs and Opportunities

We work in partnership with Skills Development Scotland (SDS) to create Modern Apprenticeship opportunities for young people and are consistently evaluating new frameworks for implementation. We recruit to our apprenticeships on a 'recruit to retain' basis and by investing in our young people through opportunities such as detailed above, including training, development, guidance, and support (including valuable peer support) coordinated by our dedicated Young Workforce Lead, we prepare young people for permanent roles within the organisation.

Ask 5 – Create an Inclusive and Fair Workplace

We are committed to supporting our workforce to balance work and personal needs and have recently embarked on an ongoing review of our culture which has involved staff being given the opportunity to provide feedback about the culture and values in practice and to make suggestions for improvement. This has triggered the development of a workforce and culture action plan which will drive improvement for all. We are accredited in a number of areas such as Disability Confident, Carer Positive, Mindful Employer and work with these organisations to ensure we meet the criteria required to actively support our diverse range of staff within the workplace.

We are committed to the five asks and will continually build on these successes to create further opportunities to inspire young people and promote career development.

Open with Care

In February 2021, The Scottish Government issued the first version of their guidance on how Care Providers could safely allow visiting within care homes.

At Bon Accord Care, we pulled together a focus group who created and implemented a plan. As well as ensuring the health, safety and wellbeing of all involved with care home visiting (which included testing stations, creating visiting areas and hand hygiene and PPE training for relatives), we had 2 key elements that we wanted to achieve; real **consultation** with our residents and their families, as well as a **flexible model** that could change as restrictions relaxed further.

Consultation

We carried out consultation in its truest sense – we asked people what they wanted, listened to their responses, and recorded their aspirations. We managed the expectations of relatives by explaining the guidance and how we would use their wishes to shape their visiting experience in the coming months. As the restrictions have relaxed, we have been able to move forwards to achieve the desired outcomes of residents and families.

We've continued to consult and, where appropriate, inform families of updates through virtual family meetings, individual communication plans and "you said we did" updates.

Flexible Model

From April 2021 onwards, we gradually relaxed the visiting in line with SG guidance and by July our homes were buzzing with family and residents being able to spend time together in their own rooms – hugs included. We retained the visiting areas where families said that they preferred this, and our top request was to bring back the tea and biscuits (which we did once we were allowed,) creating a much more "normal" feel to visiting.

We sought feedback from each of our initial visits, as well as following a change in the guidance and had exceptionally positive responses; most were satisfied purely with the complete pleasure at seeing family again while others commented and commended staff on their attention to detail and the support and training that was provided to ensure everyone's safety.

Good Practice

Our consultative model of “open with care” was recognised as an example of good practice and we were invited to speak to an Improvement Session hosted by the Care Inspectorate.

We continue to follow the guidance laid down by the Scottish Government and have seen some real benefits to this level of engagement in our homes – our front-line staff are much more confident in speaking to families and relatives can see first-hand how we are considering the wishes of those in our care.

Life Curve

The Lifecurve Project was born through partnership collaboration during the Covid19 pandemic. The key objective was to support digital inclusion and to help introduce / support older adults in Sheltered Housing to be more digitally aware / competent. This was also supported by the Stay Well Stay Connected initiative within the wider partnership.

The pandemic clearly identified and intensified the isolation and loneliness of some older adults within our services and the wider community. It highlighted the divide between generations especially with regard to digital technology and the team involved in the initial setup were really motivated to get older adults involved and being part of the digital era. Initial talks started back in November 2020 but due to service pressures within all agencies was delayed. The initiative formally started in May 2021 and the team were desperate to proceed.

The team responsible for the initial action plans consisted of BAC RF, CAARS OT, ACC Wellbeing and ACC Libraries Services. The project is also supported by a kickstart intern from Libraries Services who is a Digital champion and RGU Student OT's as a placement opportunity. The team meets regularly on Teams and evidence / data is recorded weekly in order to evaluate and measure outcomes.

The pilot was agreed to be in Dominies Court and 4 participants joined. The Scottish Government and Connecting Scotland are and have supplied Apple IPAD's / SIM / Mifi dongles free of charge. The participants met individually with the students / digital champion initially to set up the devices and ongoing support is still in place not only to access the Lifecurve App, but to support with accessing things like FaceTime, Near Me, YouTube etc.

The Lifecurve App is available for anyone to download on a device / phone and was developed by Strathclyde University. The objective is for people to set goals / outcomes to improve their physical, emotional, social, spiritual wellbeing by firstly answering a few simple questions (which will determine whether you are on the Lifecurve or not). The app sets personal goals, reminders, tracks improvements and is motivational. The individual therefore sets their OWN personal objectives to meet their OWN outcomes. The digital champion and students have been invaluable in supporting the participants and BAC support workers / supervisors have also been fantastic at providing support, especially at weekends and OOH etc. The support workers in the buildings have had a real sense of connection with the project and are all involved with supporting it.

The participants range from adults already familiar with some digital devices ie mobile phones to others who have had no experience of digital technology. One participant has a Learning Disability, and this has not impacted on the support provided. Staff and students have a great relationship with the participants and each person is recognised as an individual. The data so far evidences the importance of ongoing support and it's also very reassuring that no one has dropped out as yet.

Recently the project was started in another building in the Hilton area, Hilton Court. Currently 8 participants are 'Live' and we have 4 OT students, a social work student and a nursing student involved along with the building BAC staff. Initial data / evidence is good and the hope is to move to another building next year and for this to continue. This will hopefully enable connectivity between older adult's city wide, improve outcomes for them and allow them to be digitally inclusive.

Please provide a summary of any problems or issues that have required attention or action:

This year has presented multiple challenges which have posed significant operational, capacity and wellbeing issues for the organisation. The pace of change and associated pressures throughout the pandemic has placed significant burden and stress on the services, staff and the people we support.

Bon accord Care is an integral part of delivering Health and Social Care across the city and we have worked closely with AHSCP and ACC to ensure we have offered solutions and are responsive to the needs across the city in accordance with National Guidance.

Staff have had to cope with at times high emotions of the people we support and their families when we were closed to visiting. We had to adapt to alternative methods of communication to keep people connected. Families expressed gratitude for all our efforts during this difficult time of enforced separation.

Once guidance allowed us to open, the practicalities of social distancing, named visitors and testing regimes required careful planning and resources to control and manage effectively.

The increased infection control measures and increased cleaning regimes coupled with often conflicting or quick changes to advice meant there was a continual cycle of education and support required on top of the normal mandatory training.

We set up a cross functional covid task force to support and implement the changing needs and assess our business continuity plans to enable us to operate safely and effectively. This empowered our workforce and provided confidence and trust in the organisation.

The reclaims of covid costs have placed a huge administrative burden across front line and support function teams. The process was cumbersome at times unclear.

Our well-being team have been instrumental in supporting well-being and resilience for our at times exhausted and stressed staff. The implementation of mental aid first aiders, resilience forums and counselling are a few of the initiatives we have set up to support staff.

Our most significant and ongoing challenge to BAC and the wider Health and Social Care delivery is the recruitment and retention of qualified and competent staff. We are working closely with AHSCP, educational institutions and other provider organisation to understand and manage the challenges.

We are trialling targeted social media recruitment campaigns, incentivised refer a friend scheme, enhanced rates for our support pool and focussed education programmes for our young workforce.

ACC Strategies and Action Plan Priorities:

Please provide a summary of how your activities have delivered against ACC strategies and action plan priorities.

Bon Accord Care continues to positively contribute by working closely with ACC on their strategic intent. We have active participation on our board from the Director of commissioning at ACC and deputy chief officer for AHSCP. This close relationship ensures BAC operates and develops plans that are aligned to the city's wider strategy.

As mentioned earlier we have reviewed our SLA to move the emphasis to more outcome focussed and enabling activities that offer a more responsive, flexible and appropriate level of care and support.

The aims of the new SLA are fully aligned to the partnership's strategic aims of

- Prevention
- Resilience
- Enabling
- Connections
- Communities

There is no greater example of that than the joint work between BAC and AHSCP. A project that was borne initially to create greater capacity and respond to the escalating needs during the pandemic, however it very quickly created an opportunity to look to the future and look at longer term gains from the joined-up venture and support the redesign of the frailty pathway.

The service model at Rosewell House will be a central part of the Frailty Pathway 'jigsaw' and Bon Accord Care are well placed to be a vital part of the wider system – linking care at home, occupational therapy and reablement models.

The Integrated Intermediate Care Facility will provide a single point of referral reducing avoidable admissions to hospital, supporting early discharge and avoiding unnecessary admissions to care homes.

Compared with admissions to an acute sector bed, Rosewell House provides a more homely setting with greater opportunity for enablement, reducing the risk that people become deconditioned in hospital. Independence and mobility can be promoted through use of the shared facilities, and patients are afforded greater privacy within their own rooms, whilst benefitting from communal living spaces. Patients will also access both the enablement expertise from highly skilled Bon Accord Care staff and expert medical and nursing interventions from our NHS colleagues.

The proposals have provided the opportunity for Bon Accord Care to position itself as a leader in integration, working in partnership with AHSCP to develop a unique forward-facing integrated, intermediate care facility. The service model at Rosewell House will act as a catalyst for development of further community-based models. It will also allow Bon Accord Care to refine and showcase skills in a collaborative and integrated workforce. It provides the opportunity to upskill support workers to further develop roles within social care and allowing them to embed further within the wider multidisciplinary team.

Although in its infancy it is already showing great signs of success with both partners determined to overcome the barriers for the good of the people we support.

Local Priorities:

Please highlight where your outcomes, outputs or activities align against the priorities of the Local Outcome Improvement Plan. <https://communityplanningaberdeen.org.uk/aberdeen-city-local-outcome-improvement-plan-2016-26/>

Bon Accord Care is strategically aligned with the stretch outcome 11. Healthy life expectancy (time lived in good health) is five years longer by 2026, in the Local Outcome Improvement Plan. In the delivery of our services, we strive to meet the aims of the Outcome Improvement Group: Resilient, Included and Supported.

The reablement facilitators continue to work closely with BAC staff and service users to ensure that we are maintaining and enabling service user independence. They along with our Occupational Therapy service and Joint

Equipment Store are ensuring that as many Aberdeen City residents as possible are able to remain safely and as independent as possible in their own homes.

This ethos is strongly reflected throughout BAC Strategy, AHSCP Strategy as well as National Initiatives. It is supported by significant amounts of research, such as Active and Independent Living Lifecurve Study, which demonstrates the importance of early intervention and its impact on prolonging independence throughout the lifespan.

Over the last year we have also worked closer with our partners not only within Aberdeen City Council and Aberdeen Health and Social Care Partnership but with other social care providers in the city to deliver this strategic outcome .

For example, some of the activities have included:

- Having staff trained to deliver risk assessed care across Aberdeen City and not just with service users that get their support provided by BAC but including with other providers
- Increasing the amount of Care at Home capacity that is available across the city to ensure more people can be supported at home
- Joint working on winter planning to create capacity across Care at Home, Care Homes and Occupational Therapy services
- Developing Rosewell House in partnership with NHS to deliver an integrated service

Physical Activity Packs Pilot Project

Data reports that over the last two years, and prior to the pandemic, there had been a steady increase in the proportion of people with a limiting disability or long-term health condition (LTHC). Meeting the recommended physical activity guidelines (CMO. 2019) provides significant health benefits to all and can help to reduce the risk of LTHC (WHO 2020).

This 12 week pilot intervention aimed to test the acceptability of PA packs with 3 different groups of participants, who may have experienced deconditioning whilst shielding during the Covid 19 Pandemic. The packs were introduced to provide a way people could be active within their own homes if they did not have access to digital or online exercise provision.

Overall, the results evidence the acceptability of the packs to encourage PA participation in older adults in supported accommodation, adults with learning disabilities and through supporting PA participation at home between attendances at adult carer physical activity classes. A key enabler to PA packs participation in the BAC and LD groups was the supporting staff.

Next Steps should focus on exploring further mechanisms to support the use of packs to encourage PA in older adults, adults with learning disabilities and adults within supported accommodation across Aberdeen and build further partnerships supporting people to stay healthier for longer and keep safe at home.

Education:

Please provide further information in respect to any education programmes delivered.

Preparing Our Workforce for Future Demands

Over the last 12 months, Covid has placed unprecedented pressures on health and social care providers and continues to do so as rising demand for hospital beds has resulted in patients with ever increasing complex needs being discharged into the community. In order to meet these wide-ranging pressures, our staff require new levels of knowledge, skills and increased competence in order to keep pace.

In Bon Accord Care, we believe that learning matters. Developing staff skills, knowledge, understanding and practice is the key to cultivating amazing people, enabling us to provide the very highest quality service and produce exceptional results for our service users and customers.

All staff, irrespective of role are required to complete mandatory safe and legal Category 1 training, which includes: Manual Handling, Adult Support & Protection, Fire Safety and Health and Safety Awareness. We exceeded the target of 85% completion for Category 1 training and are on course to achieve a similar target of 85% for Category 2 training by the end of the contract.

Bon Accord Care is an established SVQ centre and we provide a wide range of professional qualifications, utilising our digital ePortfolio platform. Our range of awards includes SVQ in Social Services and Healthcare in Adult and Children services, Business Admin, Professional Cookery and Assessor and Internal Verifier awards.

Bon Accord Care is also proud to be the only SVQ Centre in Scotland to be approved to offer the PDA in Technology Enabled Care. We are currently supporting a number of external candidates across Scotland including NHS Education Scotland, Stirling Council, Link Housing and NHS Highland.

Bon Accord Care is now endorsed to deliver a range of accredited national training and qualifications through Highfield, City & Guilds, Maybo, CPD and the SQA.

Bon Accord Care's New Learning Management System

Over the last 12 months, Bon Accord Care has worked closely with its in-house Learning & Development team to source, build and launch a new Learning Management System, the digital Learning Hub. Now in full operation, the learning platform is enhancing the learning experience for all our staff by providing greater flexibility in training delivery and providing unprecedented oversight into staff training trends and recording and reporting.

Case Study – Maybo Rollout

It was recognised through staff reporting that some services were at increased risk of conflict through service user behaviours of concern. Following an extensive sourcing project, Bon Accord Care became a Maybo Accredited Training Centre.

Maybo training encourages our staff to look behind a service user's behaviour to understand what it may be communicating. The human rights-based approach to training aims to ensure that all service users are treated with respect and dignity and their individual needs are understood and being met in helping to prevent distress and improve their quality of life.

Prioritising the highest risk services first, an organisational roll-out has now begun, with cohorts at Kingswells, Rosewell and the Responder service being upskilled.

Developing Our Young Workforce

With staff recruitment and retention facing unprecedented challenges in health and social care, new and innovative career pipelines need to be embraced to ensure service sustainability and flex moving forward. Bon Accord Care believes passionately in developing our young workforce. Over this last year we have continued to successfully deliver Foundation Apprenticeships in St Machar Academy with pupils also attending from Northfield, Lochside and Hazlehead Academies. Providing direct teaching, SVQ assessment and work placement coordination, we are now starting to reap the benefits from our classroom to career pipeline, with six Foundation apprentices joining Bon Accord Care as Modern Apprentices and two former Modern Apprentices successfully gaining permanent contracts.

Career Ready

We are now in our second year of working with Career Ready, where they match employers with schools for participants to access a two-year programme, supported by work mentors and given a four-week paid internship. Through this ongoing initiative, we have been able to recruit into our Modern Apprentice programme and this year we are looking to support five new young people.

Northern Star Business Awards

For the second year running, Bon Accord Care's Young Workforce Development Programme has been nominated in the category of 'Inspiring Futures', with judging to take place in March 2022.

Employment

Please provide information about your volunteers, if you have any:

- What roles do your volunteers undertake within the organisation?
- Training and Policy in action?
- Example of volunteer success stories such as transition to employment?

Bon Accord Care recognises the invaluable contribution that citizens, friends and relatives can provide to the care and well-being of the people we support. We strive to offer varied and supporting volunteering opportunities that integrate with our services and communities.

Bon Accord Care have been running a volunteer service for almost two years which is centrally managed by our designated lead. The aim is to grow, develop and provide further opportunities for volunteering to meet the needs of the people we support, build capacity in our services and within our local communities, strengthen relationships with partners, enable more early intervention initiatives and ensure all our volunteers have a positive and rewarding experience.

All of our volunteers receive full training relevant to their role and have access to other development opportunities within Bon Accord Care.

Number of volunteers across our services in 2020 /2021 has dropped to 10. The Volunteer Programme was paused during October 2020 to May 2021.

“During a time of such upheaval, uncertainty and stress, it has been a calming and deeply rewarding experience to offer some assistance to the Support Workers on their rounds by serving meals, deep cleaning and other General Assistant duties.”

“This was an excellent investment in my time, as a Service Supervisor. I ensured that all our volunteers experienced a sense of being appreciated and supported during these exceptional times. It was so lovely to see the impact of this work in Coronation Court to both staff and Service Users. “

SECTION 2 – Users, Audiences, Participants and Investment **NOT APPLICABLE TO BON ACCORD CARE**

Please complete this section to report on the number of participants from each of the identified areas who have participated during the year.

Participants	Target	Total 2019-20
Total number of participatory opportunities created throughout programme		
Number of participatory opportunities targeted for priority groups		
Young People under 16		
Young People 16-25		
Older People (65+)		
Disability (mental health physical, sensory (e.g. BSL users) and carers of disabled people)		
Ethnic minority communities including Gypsy/ Travellers		
Sexual orientation (LGBTQ)		
Residents of regeneration areas within Aberdeen City		
Other (please specify)		

Please complete this section to report on audience/visitor numbers in relation to your programming.

Users/Audiences	Target	Total 2019-20
Total user/Audience/visitor Number		
User/Audience number from Aberdeen City		
User/Audience number from the wider region or further		
% of user/audience survey rating experience as 'excellent' or 'good'		

We are keen to evidence the added economic value and social return of investment, as such we request that you please complete the table below.

Income 2019-20	Total £
Value of Grant(s) from Aberdeen City Council	
External Grant funding	
External Grant funding	
Sponsorship	
Trading income	
Other (please specify)	
Total add income	

Section 3 – Support Material

Selected Testimonials and Feedback

“I just wanted to drop you an email on behalf of myself and my family to say a huge thanks for providing such a great service to us recently. **Email received from family member**

My mother's needs were dealt with by your organisation so efficiently and quickly throughout her short illness. All staff that came to the house to drop off / pick up items were punctual, professional, full of information on the items provided and most importantly, very friendly. **Email received from family member**

I want to express my particular gratitude to the gentleman that did everything he could in order to deliver a hospital bed to the house on 7th May. My mum had just got out of hospital the day before and was unable to make it to her bedroom upstairs. The bed she'd slept on downstairs the night before was dreadfully uncomfortable. Due to the forthcoming bank holiday we were initially told the bed could not be delivered until the following Monday 11th May but the gentleman I spoke to on the phone rang me back, confirming that he'd in fact been able to source a bed, a vehicle and another colleague that would be able to deliver it that day! I can't tell you how much reassurance that gave my mother.

Sadly, my mother died 2.5 weeks after the bed was delivered but I'm so comforted knowing how much easier the bed made her life at the end. Given the short time she had after being discharged from hospital it made all the difference that it was delivered that little bit earlier than originally planned.

Thanks so much for such a great service.” **Email received from family member for the Joint Community Equipment Store.**

“This is just a short note to thank you all for what you did for Dad while was in your care. K and all care staff went over and above their duties to help Dad which was much appreciated since we are so far from Aberdeen. To the carers who did washing, making his breakfast and heat his evening meal a big thank you. Keep up your good work. Katie, thank you for keeping us to date and keeping us in order.” **Thank you card from family of service user in hospital discharge room – Margaret Clyne Court – Integrated Care at Home service.**

“I have worked joint with the team at Clashieknowe on a number occasions with very positive outcomes for the residents involved. Most recently there was a man with a brain injury that had been in other rehab facilities and had a number of professionals involved. It was felt by these other professionals that he would not be able to return to his home and would require a 24 hour care setting. Clashie agreed to carry out an assessment and worked hard as a team to identify issues he may have returning to the community. The team worked well at identifying issues and helping to resolve them. An example would be his communication, they worked hard to encourage the use of card so members of the public could see he had communication difficulties, this allowed him to be in control and seek help if required. They supported him to be able to use public transport, to plan journeys from his home to places he would go. For a short period they continued to provide ongoing support once he had left.

I also work with the team at Clashie to identify appropriate referral for interim flats, again Clashie support the individual into the flat and continue to provide ongoing support in the community until appropriate supports have been identified. This has allowed individuals to make the next step in moving forward and has always ended with good results and individuals being able to be independent in their own permanent tenancies.

The team at Clashieknowe are dedicated to assisting individuals to reach their potential and move on to the next step in their lives. They have good communication skills and link in well with all professionals involved. They ensure that people only take the next step when this is right for them and is appropriate to move on.

I continue to enjoy working with the team at Clashieknowe.” **Email from Discharge Hub Care Manager – ACHSCP for Clashieknowe – Rehabilitation Service**

We recommend you provide up to five items of support material to help demonstrate the quality and impact of your activity. This may include; case studies, photographs, videos, web links, publications, marketing material, reports, participant testimonials and feedback. If emailing please keep all support material to under 5mb. Please supply details on your support material below

By submitting this you are providing permission for each item to be used for publication. You should ensure you have the creators consent and accreditation is provided where necessary.

Support Material 1:	Bon Accord Care Annual Performance Report 2020 - 2021
Support Material 2:	Testimonials and Feedback
Support Material 3:	www.bonaccordcare.com
Support Material 4:	
Support Material 5:	

Section 4- Declaration on use of information

Aberdeen City Council collects and maintains the data on this form about your organisation for the purpose of contacting you in relation to the funding, monitoring purposes and to collate information for statistical and audit purposes. We will retain Personal Data for six years in accordance with the organisation’s Corporate Records Retention and Disposal Schedule and for the purpose of administering, processing and assessing your report.

For the purposes of processing this information Aberdeen City Council is the Data Controller. The Information Commissioner Office is the UK’s regulator of data protection law (www.ico.org.uk). More information about all of the rights you have is available on our website at: <https://www.aberdeencity.gov.uk/your-data>.

Whenever the Council processes personal data we need to make sure we have a basis for doing so. We understand our basis in GDPR to be Article 6(1)(e) as we consider that it is in our public task to collect this information under our powers set down in the Local Government and Planning (Scotland) Act, 1982 section 14, as amended by section 128 of the Local Government etc. (Scotland) Act, 1994. The act provides for us doing or contributing towards the expenses of providing or doing, anything necessary or expedient for the purpose of ensuring that there are facilities available for recreational, sporting, cultural or social activities as we consider appropriate.

To confirm that all information included in this report is accurate and that you have read and followed the terms and conditions, please sign and date below. If submitting by email an electronic signature or the typed name of the appropriate contact should be inserted.

Name: **Pamela Mackenzie**

Date: **24 November 2021**