

Care Quality Commission Improvement Plan 2025-2027

Theme (s)	Area for Improvement	Actions for Improvement	Commencement Date	Target Date	Lead	Deliverables	Outcomes to Track by Nov 2026
<p><i>Theme 1: How the LA works with people – Assessing needs; Supporting people to live healthier lives.</i></p> <p><i>Theme 2: Providing Support – Care provision, integration and continuity</i></p>	<p>Improving the experience of carers</p>	<p>Establish new board and governance for the oversight of the delivery and review of the Carers Strategy, including Carers self-advocacy group</p>	October 2025	December 2025	Carers Oversight Group	<ul style="list-style-type: none"> Co-produced Carers strategy and delivery plan Improved IAG offer to Carers Community support is available for all carers including young carers Increased number of Carers accessing commissioned support Carers are assessed and supported effectively. Reduced waiting times for carers assessments 	<p>Stronger prevention, early intervention, and support for non-eligible needs and for Carers</p> <ul style="list-style-type: none"> Increase the % of Carers accessing support groups or someone to talk to in confidence from 18.52% (SACE 2023/24) Reduction in the % of Carers facing financial difficulties and an increase in the % of Carers in paid employment
		<p>Commission a peer review on carers and following delivery develop an action plan to address any highlighted areas requiring attention</p>	December 2025	TBC pending review	Carers Delivery Board		
<p><i>Theme 1: How the LA works with people - Supporting people to live healthier lives</i></p>	<p>Accessible and improved information, advice, guidance, and support provided by ASC / Advocacy</p>	<p>Ensure Advocacy is sufficiently detailed in guidance for staff (on assessment, review, and care and support planning).</p>	July 2025	November 2025	Practice Implementation Lead	<ul style="list-style-type: none"> Telephony guidance reviewed and communicated to staff. Automated Call Distribution system reviewed and messaging amended Adult Social Care content transferred to new Leicester.gov.uk website. Self-Referral, Professional Referral and Self-Review implemented. Community Language Support options communicated to staff. Improved performance against IAG maturity assessment Reduced number of presentations to the front Door (through improvements to IAG) Increased up take of advocacy support 	<p>Stronger prevention, early intervention, and support for non-eligible needs and for Carers</p> <ul style="list-style-type: none"> Measurable increase in “prevention contacts” (e.g. care navigators, minor adaptations, self-help referrals) used before more intensive support is needed. A reduction in new referrals to long-term support where earlier intervention could have avoided escalation. A rising proportion of people supported to avoid entering higher-cost packages (e.g. hospital readmissions, institutional care) through reablement or enablement <p>Improved accessibility and responsiveness of information, advice, and guidance (IAG)</p> <ul style="list-style-type: none"> 90 % of users report (via survey) that they can “easily find information and advice about support in a way that suits me (language, format, channel).” All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages (or as requested) within 7 days of request.
		<p>Review and improve all access points, including the digital offer, to support improved navigation for people and ensuring this meets the needs of the diverse communities of Leicester.</p>	October 2025	December 2026	Digitising Adult Social Care Group		
		<p>Review IAG offer and develop action plan to address gaps and support improvements</p>	January 2026	December 2026	Information, Advice and Guidance Group		

						<ul style="list-style-type: none"> Corporate web pages should be capable of easy digital translation 	
<p><i>Theme 1: How the LA works with people – Assessing needs</i> <i>Theme 2: Providing Support – Care provision; integration and continuity</i></p>	<p>Waiting Times and Timeliness</p>	<p>Establish effective identification and consistent recording of people who are waiting for an ASC action (including assessment, review and other key elements of their care pathway)</p>	<p>March 2025</p>	<p>1 April 2026 (changes made in line with annual reporting cycle)</p>	<p>Timeliness Performance Group</p>	<ul style="list-style-type: none"> Accurate reports will be available at team level, that identify people waiting for key activity – allowing for strategic decisions on action to address performance issues People will experience broadly similar waits based on risk and need rather than the service area they are supported by People will have a timelier response and will have clear information whilst they wait Provider led reviews implemented. 	<p>Reduction in median and longest waiting times for assessments and reviews</p> <ul style="list-style-type: none"> median wait for a Care Act assessment across all teams is reduced from 135 days to 90 days proportion of people overdue for a 12-monthly review by more than 6 months is no more than 10% of all reviews pending. <p>Equitable waiting times across teams / client groups</p> <ul style="list-style-type: none"> The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%. <p>Improved equity in access, experience, and outcomes across protected and underrepresented groups</p> <ul style="list-style-type: none"> The representation in assessment, safeguarding, and care provision should more closely reflect the demographic profile of ethnic, cultural, linguistic groups (closing the gap) The satisfaction with the experience of support from people of different ethnicities is broadly similar with a methodology in place to investigate variations
		<p>Understand and address any inequity in waiting times across service areas</p>	<p>Nov 2025</p>	<p>April 2026</p>	<p>Timeliness Performance Group</p>		
		<p>Reduce waiting times and ensure people are 'waiting well'</p>	<p>March 2025</p>	<p>Nov 2026</p>	<p>Timeliness Performance Group</p>		
		<p>Implement Provider-Led Reviews</p>	<p>November 2025</p>	<p>November 2026</p>	<p>Contracts & Assurance</p>		
<p><i>Theme 2: Providing Support – Care Provision; integration and continuity</i></p>	<p>Care Market , Provision and Quality</p>	<p>Address market gaps through effective commissioning; and support quality and sustainability through consistency in assurance and oversight and the use of fair funding models.</p>	<p>October 2025</p>	<p>March 2031</p>	<p>Head of Strategic Commissioning and Head of Quality and Contracts</p>	<ul style="list-style-type: none"> Availability of respite for younger adults; and access to short breaks to support carers Increase number of PAs Increase the availability of suitable accommodation through delivery of 10-year accommodation strategy Increased number of Carers accessing commissioned support Increased number of providers offering cultural specialisms and offering culturally appropriate care Improved CQC ratings in regulated provision Reduced number of hand backs of contracts 	<p>Care Market and Quality</p> <ul style="list-style-type: none"> New Home Care contracts commenced, with 100% good CQC ratings An increase from 50% good ratings in all regulated care for the entire market, not just those we contract with* A decrease from 14.5 % RI ratings in the regulated market for the entire market, not just those we contract with * noting 34% of regulated providers in Leicester are awaiting rating by CQC <p>Increased uptake of direct payments</p> <ul style="list-style-type: none"> Increase the uptake of personal budgets from 45%

							to 50% and to reduce the number of people ceasing direct payments for avoidable reasons (e.g. administrative issues) to nil.
<i>Theme 3: How the Local Authority ensures safety in the system - Safe pathways, systems and transitions, Safeguarding</i>	Safeguarding	Ensure learning from reviews is collated across the LA and embedded in practice	Sept 2025	Mar 2026	Learning and Development Manager	<ul style="list-style-type: none"> Teams will have clear, specific guidance that has been co-produced with them A single view of LA actions from reviews will be available and updated for assurance purposes There will be 4 safeguarding specific audits completed each month (above 5% of activity) to inform quality assurance processes Partners including providers will report confidence in their safeguarding work with us 	Better safeguarding process performance and oversight <ul style="list-style-type: none"> All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months (unless complexity and multi-agency involvement dictates otherwise). Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”
		Ensure detailed and consistent guidance for social work teams is in place including risk prioritisation and use of the LLR Multi-Agency Policies and Procedures.	Jan 2026 (due to recruitment)	Jul 2026	PSW and the Safeguarding Adult Practice Manager (once recruited)		
		Engage partners to understand any safeguarding pathway improvements required: <ul style="list-style-type: none"> Making referrals (ease, feedback) Thresholds 	March 26	Oct 2026	Quality & Contracts Team		
		Complete safeguarding specific practice audits	April 2026	Ongoing	Safeguarding Adult Practice Manager/Quality Assurance Practice Manager		
<i>Theme 4: Leadership - Governance, management and sustainability; Learning, improvement and innovation</i>	Data and Governance	Improve the governance, quality and management of operational data to ensure leaders have oversight of accurate information out key risks	September 2025	April 2026	Performance Programme Board	<ul style="list-style-type: none"> Establish Performance Programme Board Review client level data requirements and develop recording guidance for staff Review and identify key performance indicators Review and amend standard performance reporting dashboards / reports Develop and publish performance framework Develop a suite of data quality reports Develop data quality governance process. 	Data quality, performance management, and continuous improvement embedded <ul style="list-style-type: none"> Leaders routinely receive real-time, accurate data on key metrics (waiting times, outcomes, demographic equity, complaints), with less than 5 % missing or mismatched data. At least 95 % of social care teams participate in peer audit or case review cycles quarterly, with documented improvements or learning actions. Complaints and incidents produce actionable learning, and 100 % of cases of harm or complaint result in a formal action plan with tracking.