



## **CQC upgrades rating of Leicester domiciliary care agency from good to outstanding**

The Care Quality Commission (CQC) has upgraded the rating of the Integrated Crisis Response Service in Leicester from good to outstanding following an inspection in February.

The Integrated Crisis Response Service, run by Leicester City Council, is a domiciliary care agency which supports people who have fallen at home, preventing admission to hospital and facilitating people's discharge from hospital to home. It is part of the local authority's 'home first model', which works with established partner organisations in supporting people to remain in their own home.

CQC carried out the inspection in line with its 'right support, right care, right culture' [guidance](#), which assesses whether a service guarantees autistic people and people with a learning disability the respect, equality, dignity, choice, independence and access to local communities that most people take for granted.

CQC has rated the Integrated Crisis Response Service as outstanding for being safe, effective, caring and well-led, up from good. Responsive was re-rated as outstanding.

**Greg Rielly, CQC's deputy director of adult social care for the East Midlands, said:**

"When we inspected the Integrated Crisis Response Service, we found an incredibly responsive service with staff who were putting people at the heart of their care, ensuring both positive experiences and outcomes for them.

"Leaders had created an inclusive and person-centred approach to care. People were fully involved in all decisions relating to their care and determining the support they received, including any referrals to other services or agencies.

"It was clear that staff fully understood the diverse health and care needs of people within the community. We found that leaders were exceptional in ensuring people could access the care, support and treatment they needed, when they needed it. People received a response within two hours of being referred to the service, promoting their safety by reducing risk and enabling people to remain at home or return home from hospital.

## Appendix 1

“The service co-ordinated a multi-agency approach, which ensured referrals to other services, such as housing and technology, were made in a timely manner to support people’s independence. Staff also worked alongside occupational therapists and nurses to seek advice and guidance in people’s best interests, ensuring they had the best access to care.

“In 2025, the service received 1726 requests for assistance to people who had fallen at home. Of those, 72% of people remained independent following short-term support and just 4% had to be admitted to hospital, highlighting the effectiveness of the service and the positive impact it has on people’s health and well-being.

“Overall, staff and leaders should be incredibly proud of their ethos and approach to care in ensuring the best outcomes for people, allowing them to be as independent as possible, for as long as possible.”

### **Inspectors found:**

- Staff made sure people’s care records provided clear information of the circumstances which led to their referral to the service, including their physical, mental, emotional and social needs.
- Staff treated people with care and respect, and people were supported by staff who spoke the same language as them and understood their cultural needs.
- Staff made sure people’s care records were accessible to them and in formats which met their communication needs. Flashcards, pictorial guides and communication boards were available to support people with cognitive or speech challenges.
- Staff and leaders were innovative in how they listened to, and used, information about people most likely to experience inequality in experience or outcomes to provide exceptionally tailored care, support and treatment in response.
- Staff supported people to plan for important life changes, giving them enough time to make informed decisions about their future, including at the end of their life.
- Leaders made it easy for people to share feedback and ideas or raise complaints about their care, treatment and support and people knew how to do this.
- Staff listened to concerns about safety and investigated and reported safety events. Lessons were learnt to continually identify and embed good practice.

The report will be published on CQC’s [website](#) in the coming days.

### **Contact**

For media enquiries:

## Appendix 1

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