Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: **THURSDAY, 12 MARCH 2026**
TIME: **5:30 pm**
PLACE: **Meeting Room G.01, Ground Floor, City Hall, 115 Charles Street, Leicester, LE1 1FZ**

Members of the Committee

Councillor March (Chair)
Councillor Cole (Vice-Chair)

Councillors Batool, Joannou, Kaur Saini, Orton, Russell and Sahu

Members of the Committee are invited to attend the above meeting to consider the items of business listed overleaf.

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For Monitoring Officer

Information for members of the public

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Further information

If you have any queries about any of the above or the business to be discussed, please contact:
Julie Bryant Julie.bryant@leicester.gov.uk and Katie Jordan
Katie.jordan@leicester.gov.uk
or E-mail: Governance@leicester.gov.uk
Address: Leicester City Council, City Hall, 115 Charles Street, Leicester, LE1 1FZ

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PUBLIC SESSION

AGENDA

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1. **WELCOME AND APOLOGIES FOR ABSENCE**

   To issue a welcome to those present, and to confirm if there are any apologies for absence.

2. **DECLARATIONS OF INTERESTS**

   Members will be asked to declare any interests they may have in the business to be discussed.

3. **MINUTES OF THE PREVIOUS MEETING**   **Appendix A**

   The minutes of the meeting of the Adult Social Care Scrutiny Commission held on Thursday 15th January have been circulated, and Members will be asked to confirm them as a correct record.

4. **CHAIRS ANNOUCEMENTS**

   The Chair is invited to make any announcements as they see fit.

5. **QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE**

   Any questions, representations and statements of case submitted in accordance with the Council's procedures will be reported.

6. **PETITIONS**

Any petitions received in accordance with Council procedures will be reported.

7. **LEICESTER CITY COUNCIL REABLEMENT SERVICE:** **Appendix B**
CARE QUALITY COMMISSION INSPECTION

The Strategic Director of Social Care and Education submits a report providing the Adult Social Care Scrutiny Commission with the Care Quality Commission's inspection report of the Leicester City Council Reablement Service.

8. **SOCIAL ISOLATION AND LONELINESS** **Appendix C**

The Director for Adult Social Care and Commissioning submits a report providing an overview of the approaches that the Department utilises to support people so that they are less likely to be lonely or isolated.

9. **EQUALITY AND DIVERSITY DEVELOPMENT** **Appendix D**

The Strategic Director for Social Care and Education submits a report setting out the Social Care and Education Department's improvement ambitions with regards to equality and diversity over the 2026-27 year.

10. **ANNUAL REPORT 2024/25 ADULT SOCIAL CARE** **Appendix E**
COMPLAINTS AND COMMENDATIONS

The Strategic Director of Social Care and Education submits a report providing the Adult Social Care's Scrutiny Commission with a copy of the Annual Report for 2024/25 produced in relation to Adult Social Care's (ASC) statutory, corporate, Local Government & Social Care Ombudsman complaints and commendations. Information within this report provides a full picture of the formal complaint contacts and commendations received across the Department and accompanying analysis.

**11.** **SCE PRIORITIES AND PERFORMANCE REPORTS** **Appendix F**
2026/27

The Strategic Director for Social Care and Education gives a presentation which displays the fourteen agreed priorities for the Social Care and Education department for the 2026/27 financial year alongside performance ambitions which will be reported on periodically to track progress.

12. **WORK PROGRAMME** **Appendix G**

Members of the Commission will be asked to consider the work programme

and make suggestions for additional items as it considers necessary.

13.   ANY OTHER URGENT BUSINESS
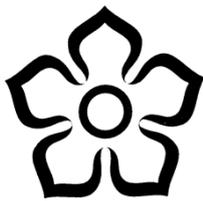
Leicester
City Council

<u>Minutes of the Meeting of the</u>
<u>ADULT SOCIAL CARE SCRUTINY COMMISSION</u>

Held: THURSDAY, 15 JANUARY 2026 at 5:30 pm

P R E S E N T:

<u>Councillor March - Chair</u>

Councillor Batool   Councillor Joannou
Councillor Kaur Saini   Councillor Orton
Councillor Russell   Councillor Sahu
<u>In Attendance</u>
Assistant City Mayor Councillor Dawood
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154. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Kash Bhayani of Healthwatch who joined online.

155. DECLARATIONS OF INTERESTS

The Chair asked members to declare any interests in proceedings for which there were none.

156. MINUTES OF THE PREVIOUS MEETING

The Chair highlighted that the minutes from the meeting held on Thursday 13th November 2025 were included in the agenda pack and asked Members to confirm whether they were an accurate record. It was noted that:

- The minutes for the Declarations of Interest segment should be corrected to state for The Chair: 'Councillor March's employer had been mentioned in the CQC inspection.'
- The Chair clarified a recommendation made for the CQC Report item regarding digital exclusion, was broader than language barriers.
- Social contact and the voluntary and community sector had also been discussed.
- It was noted that Assistant City Mayor Councillor Dawood had not been noted as being in attendance at the previous meeting but was indeed present.

AGREED:

1) That the minutes of 13th November 2025 be confirmed as a correct record, subject to the above amendments.

157. CHAIR'S ANNOUNCEMENTS

None were made.

158. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that none had been received.

159. PETITIONS

It was noted that none had been received.

160. DRAFT GENERAL FUND REVENUE BUDGET 2026/27 AND DRAFT THREE YEAR CAPITAL PROGRAMME 2026/27

The Director of Finance submitted a report setting out the City Mayor's proposed Draft General Fund Revenue Budget for 2026/27, and a report on the City Mayor's proposed Draft Three-Year Capital Programme 2026/27.
As the reports on the Revenue Budget and Capital Programme were related, they were taken as one item.
The Head of Finance (Education and Social Care) gave an overview of the reports, key points to note were as follows:

- The General Fund Revenue Budget set out the budget for 2026/27 and the medium term strategy for the following two years.
- The recent conclusion of the Government's Fair Funding consultation would be included in the final budget presented to Council in February.
- A budget gap continued to be forecasted, and previous the strategy would continue with five strands:
  - Budget savings of £23m
  - Constraining growth in areas such as Social Care and homelessness
  - A reduction in the Capital programme
  - Releasing one off monies
  - A programme of property sales
- The scope for additional investment in services was limited but included areas which had previously been awarded grants.
- For Adult Social Care, the budget would provide additional growth, taking the net budget from £179m in 2025/26 to £191.5m, mainly due to the increasing costs of providing care.
- Cost increases were due to the need to support more people,

particularly those of working age, and due to inflation driven by an increase in the National Living Wage.

- There was an aim to reduce costs by decreasing the numbers of new entrants to Adult Social Care, and through partnership work.
- There was a funded action plan in place relating to the CQC assessment.
- The Three-Year Draft Capital Programme worth £129m. It was fully financed from council resources, government grants and borrowing.
- The final budget would be updated and presented to Council in February 2026 and would include the finance settlement.

The Chair invited questions and comments from the Commission. The following key points were discussed:

- Members questioned whether the budget could support demand to progress from the most recent CQC "requires improvement" rating. It was noted that investment was supported by Equalities Impact Assessments and depended on effective budget management and available reserves.
- Savings from reoccurring vacancies had been reinvested.
- Creative thinking around vacancies could have immediate benefits but could mean a change of culture. Training processes could mitigate new risks.
- Members supported an approach of positive communications to boost recruitment.
- The social care levy position had increased but the growth of adult social care needs far exceeded this.
- Members queried if there was partnership work with universities to aid with recruitment shortfalls. It was confirmed that there was an apprenticeship / student placement scheme in place with De Montfort University for Social Work Degrees. Social Work apprenticeships were run by Warwickshire University and OT placements were offered at Coventry University.
- Members requested a budget amendment to specify the amount that comes in through the Adult Social Care precept, versus the amount the budget needs to increase by to meet need, to emphasise the point of the adult social care levy and show how the gap needs to be funded.
- Members requested a budget amendment to emphasise within the Capital Programme that there was a policy provision around supported living.
- In reference to a previous paper relating to the enhanced element of PIP it was noted that the report identified the maximum that could theoretically be achieved based on assumed rates of benefits awards, but this was not budgeted for in full. The change came into policy this year relating to higher rates of benefits (the mobility element is excluded). The budget included a £250k additional income provision. Around £500k had been achieved, nothing that assumed income is reduced in the first year as there were additional staffing costs for implementation, along with appeals to changes.

- Members requested figures on income to the Council from disability benefits and asked how much additional money was required for staffing.
- Regarding right sizing of care packages, it was confirmed that statutory support would remain in place as required, there was an Early Action programme leading to less requirement for support.

AGREED:

1) That the reports be noted.
2) Members requested a budget amendment to highlight the policy provision for supported living within the Capital Programme.
3) Members requested a budget amendment to specify the amount that comes in through the Adult Social Care precept, versus the amount the budget needs to increase by to meet need. Also, to emphasise the point of the ASC social levy and show how the gap needs to be funded.
4) Members requested figures on Council income from disability benefits.
5) Members requested figures on how much additional money was needed for staffing.

161. LEICESTER SAFEGUARDING ADULTS BOARD ANNUAL REPORT 2024-2025

Agenda Variance – The chair made a change to the order of items to accommodate officer's timings. Leicester Safeguarding Adults Board Annual Report 2024-2025 was taken next.

Cllr Russell noted that whilst she was not required to make a Declaration of Interest, she would not be taking part in the scrutiny of this item due to having been a participatory observer on the board for the period covered by the report.

The Leicester Safeguarding Adults Board (LSAB) submitted their 2024/25 Annual Report which was presented by the LSAB Independent Chair.
The following was noted:

- The Leicester Safeguarding Adults Board (LSAB) was enshrined in the Care Act 2014 Legislation. This required that a Safeguarding Board should be set up in the area a strategic plan and an annual report must be produced and the LSAB commissioned Safeguarding Adult Reviews. There was a need to meet the needs of people in Leicester.
- Whilst the LSAB is separate as a board, it operates in joint arrangements with the Leicestershire and Rutland SAB. The arrangement had been successful for some time.
- In 2024 the Minister for Housing and Homelessness had issued guidance on the responsibility of Safeguarding Adults Boards relating to people who are rough sleeping. There had been debate about the implications of this, as many felt that a wider group of people without an address were vulnerable. However, there was a specific focus on rough sleeping, a requirement to have partners on the board with housing

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responsibility for rough sleepers and to commission Safeguarding Adult Reviews where deaths of rough sleepers were identified as meeting the statutory criteria. Next year would be the first year of reporting on this.

- In terms of data, alert numbers had decreased, and numbers of safeguarding enquiries had risen. This was in line with the national picture across data seen. Factors behind this included people's health and the economic environment. Additionally, people were living longer and were sometimes in poorer health for longer periods of time. Benchmarking had been done against national data.

- Specific areas of work included the representation of safeguarding enquiries against demographics. It was recognised that in care homes, the white population was more represented, and this is a highly regulated area, meaning that safeguarding concerns are more visible and reported. This may explain, in part, the overrepresentation.

- Work had been carried out in the community to meet with community groups and raise awareness. The report included feedback on this. The numbers in other communities had increased and members were in contact with people in the community so they could encourage people to explore engagement.

- Safeguarding and Domestic Abuse in the older community was an area of concern and elected members could help to get the message out. This was also picked up through the 'See Something, Say Something' campaign, and messaging had been carried out via YouTube. The types of abuse seen were consistent and consistent with the national picture.

- Financial abuse was an increasing issue. Additionally, physical abuse was rising. This was often symptomatic of wider issues, for example, where people did not want to pay for care, this could lead to safeguarding issues.

- It was important to involve people in enquiries and understand what they wanted from enquiries. If agencies found that people were affected by abuse, it could sometimes be the case that the individual did not want action taken, however, there was a duty for the Local Authority to act, for example to avoid the risk of harm to others.

- Safeguarding review referrals sometimes went across years. There were currently four reviews ongoing, including one being completed jointly as a domestic homicide review.

- Some issues raised as safeguarding were more appropriately addressed outside the process, for example by care and support assessments.

- It was important to learn from experiences and improve the learning offer and look at opportunities for development.

- It was aimed to promote the voice of people who use safeguarding support in the report. It was aimed to be a live process and there was a need to use opportunities where people could feed back.

- It was necessary to look wider than the Midlands and to look nationally when drawing data comparisons.

- There had been a self-neglect audit, and safeguarding safety plans were in place.

- Priorities for 2026/27 included Equality, Diversity and Inclusion priorities,

and also timeliness and proportionality of safeguarding alerts and also learning opportunities.

In discussion with Members, the following was noted:

- In terms of types of abuse, the picture was consistent across the three Local Authorities, and this had been similar to the previous year. There had been a small increase in self-neglect enquiries, however, this had been expected due to a change in the process.
- Figures could be checked regarding psychological abuse enquiry rates.
- Organisational abuse was abuse conducted at an organisational level, this could include, for example, care homes having inadequate support plans for people at risk.
- With regard to abuse in care homes, this was a broad scope and could encompass many things. For example, it could include falls, neglect, not providing food and/or fluids and medication errors. The CQC required care homes to report many issues, and more was witnessed in care homes. It was important to consider how care homes responded to this. Often appropriate action was taken.
- It was further clarified that 34% of enquiries were about incidents in care homes. There was oversight of care in care homes, and it would be likely that most care homes had raised an alert at some point with the Local Authority. This did not mean that they were unsafe or failing as it was part of the reporting process, it meant that issues were being picked up. Many care homes acted quickly and addressed matters actively.
- It was important to note that some incidents took place between residents, so the issue was not always to do with care by staff.
- The public could report through open referral. People could contact the Council directly, through email or phone, but also through their own social workers or the police. The information on the website was clear that people were encouraged to make contact if there were concerns. The duty numbers and email address could be shared with members.
- In terms of disparity between ethnic groups, part of the reason that various communities were engaged with was to aim to get into the community at a local level, however there had been some limitations as organisations needed staff to do sessions. The issue was on the agenda and the Board were aware of sensitivities around language. Members could help as they had access to communities. The issue was a wider partnership responsibility and anyone who could support would be helpful. The issue was being tackled, and it was aimed to get through barriers and train staff with skills. Training money was within the organisations and most training happened within the organisations; however, the Board undertook some of the work around YouTube and language issues.
- It was suggested that safeguarding messages could be embedded through English as a Second Language (ESOL) classes as people would already be attending classes. This suggestion would be taken back to the Engagement Committee.
- The Assistant Mayor for Adult Social Care was happy to meet with

officers on how the issue could be tackled.

- Overrepresentation had reduced and numbers had increased on the Asian British population.
- In response to a query on the conversion rate, it was clarified that the fact that there was a conversion rate meant that people were picking up on the right things. It was a recognition that there was right targeting, and people were receiving the support they required.
- When a large number of enquiries was looked at, it could be that there had been a bulge or a care home or provider with a large number of concerns had come through. Therefore, there were a variety of reasons behind conversion rates, however, the conversion rate was monitored and audits were undertaken to ensure that people were protected.
- Where risk remained, the challenge was that sometimes people made the choice not to receive support. Professionals would in most situations need to respect people's choices.
- Some information went out in different languages, but this would be confirmed.

AGREED:

1) That the update be noted.
2) That comments made by members of this commission to be taken into account by the lead officers.
3) That consideration be given to embedding safeguarding learning through ESOL.
4) To look into recirculating The Making it Real group's leaflet co-produced with safeguarding in accessible languages.
5) To provide figures on psychological abuse.
6) To share the duty line numbers with commission members.

162. ADULT SOCIAL CARE QUARTER 2 PERFORMANCE (APRIL-SEPTEMBER 2025) AND QUALITY ASSURANCE

The Strategic Director of Social Care and Education submitted a report and gave a slide presentation providing an update on performance in Adult Social Care, and information on monitoring and improving quality. Key points to note were as follows:

- A new performance dashboard was being implemented.
- The figures presented were subject to a built-in reporting delay to allow for data analysis and were therefore not fully up to date.
- At the end quarter 2 the waits for review that were over a 24-month period were still an area of risk hadn't got better or worse. Review team capacity had been increased but the number of cases requiring review had also risen.
- Vacancies among Social Workers and other Social Care practitioners were noted, with recruitment and retention challenges recognised as a sector-wide issue. Improvements to HR arrangements, included the appointment of a dedicated

Human Resources Business Partner. Work was underway on a workforce plan covering recruitment and retention. A Social Care Academy built upon apprenticeship programmes and university partnerships. A head of the academy was now in place.

- Positive performance included a reduction in discharges to care homes.
- Overall waiting times benchmarked well across the East Midlands.
- The bespoke Quality Assurance Framework provided a mixture of reporting and allowed for interrogation of practice.
- Providers were rigorously assessed against service specification standards and underwent due diligence before contracting. A regular internal reporting regime monitored KPIs, and intelligence from multiple sources was used to risk-manage providers.
- Regarding CQC ratings, an improvement had been made in relation to ranking across the East Midlands.
- Next steps included developing a more consistent methodology for Quality Assurance, risk and complaint management would be among the areas for analysis and feedback was a key driver.
- New streams incorporated the Leading Performance Initiative which covered psychology motivation, using data and Ethical leadership and social justice.
- There would be a significant piece of work on Diversity and Inclusion which would involve a lived experience forum and co-production. A maturity matrix would be developed along with Diverse by Design tools.

In discussion with Members, the following was noted:

- Reviews were a significant priority and an explanation was given on how they were prioritised, such as monitoring last contacts.
- Benchmarking with other local authorities continued.
- For performance subgroups, figures would be clarified on specific abuse categories.
- The item could come back to scrutiny to review trajectories.
- Early warning indicators included staff feedback, social work engagement surveys, and workforce metrics such as lone working and absence levels to identify stress factors, with only a small number of reportable instances identified.
- There was a strong managerial focus within the organisation, with an opportunity to further develop leadership by strengthening motivation, promoting a values-based approach, and aligning this with a broad range of skills.
- Members noted the need to measure effectiveness, improve consistency in the use of quality markers, and establish a baseline to assess future results.
- Regarding recruitment, there was an expanded establishment, including both qualified social workers and social care practitioners, but there was a need to better understand retention. A report would be going to the

Overview Select Scrutiny Committee on recruitment. Members noted that it would be useful for details to come back to ASC Scrutiny.

- There was a need to connect with schools and education providers to promote social work careers locally, many training in the city come from elsewhere and were likely to leave.
- Members suggested inviting the new Head of Academy to attend ASC Scrutiny, once established within the role and this invite could also include members of the Children, Young People and Education Scrutiny Commission.
- Members suggested consideration of supporting career changers and diverse career backgrounds, while also raising profile through wider promotion to match other career options.

Councillors Orton and Joannou left the meeting during the consideration of this item.

AGREED:

1) That the report be noted.
2) For the commission to receive a hyperlink to view the dashboard next time the item comes to scrutiny.
3) For the Assistant City Mayor Cllr Dawood and any interested parties to meet with the board and officers to consider challenges around definitions of abuse relating to demographics and population movement.
4) For the commission to receive the current figures on those awaiting a review.
5) For the item to come back to ASC scrutiny.
6) To invite the new Head of Academy to attend ASC Scrutiny, once established within the role. For the invitation to also include the Children, Young People and Education Scrutiny Commission members.

163. REABLEMENT PROVIDER SERVICE INSPECTION - VERBAL UPDATE

The Assistant City Mayor gave an introduction to the item noting there had been many changes since the previous inspection. The work of the managers was commended with positive results were being seen.

The Director of Adult Social Care and Safeguarding explained that the framework was different to the CQC for Local Authority Assessment. Five domains were included, four of which had received a rating of 'outstanding' and one had been rated 'good'. One area rated was 'Well Led' and a score of above 90% had been achieved.

The latest CQC feedback included praise of staff and service leadership had been found to be exceptional and distinctive.

The work of the Head of Service and his management team was noted

together with the efforts of front-line staff.

The Chair asked acknowledged this was a good report and gave thanks. It was requested that the item return to scrutiny as the report is published.

AGREED:

1) That the update be noted.
2) There was a request to bring the item back to scrutiny

164. SELF-NEGLECT AND SOCIAL WORK PRACTICE: AN OVERVIEW

The Director of Adult Social Care and Safeguarding submitted a report providing the ASC Scrutiny Commission with an overview of the issues relating to self-neglect, from the perspective of Adult Social Care**.**

The following was noted:

- The report drew on the challenging and tragic circumstances and learning from reviews.
- Mental Capacity assessments could determine the legal options of professionals for intervention.
- Adult Social Care could be challenged as to inaction, however, there was not always a legal route to act without consent and cooperation.
- Two examples were set out in the slides as attached with the agenda.

In discussion with Members, the following was noted:

- The approach had moved on from using a vulnerable adults risk management framework into safeguarding adults procedures. Increased self-neglect training had drawn in examples, and workshops had been undertaken. Multi-agency work was in place and had been strengthened by pulling it into the safeguarding process.
- In terms of benchmarking, it was important to consider who to look at. There was a need to look at what was being aimed for if data was benchmarked. Numbers didn't always demonstrate if work was effective.
- It could be considered as to how to identify and report issues in different communities.
- In terms of campaigning, the nature of self-neglect meant that people did not engage, therefore, persistence and consistency were needed.
- In terms of how Leicester compared to the national picture, themes were consistent both nationally and locally. Section 42 of the report looked at enquiries taken at an individual level, and the Safeguarding Adults Review was covered in Section 44. A small proportion of around 5-6% were situations which required a review. It was very complex, and it was difficult to maintain consistency, this was often due to a lack of engagement.

- Locally, training, development and learning were supported. Self-neglect was a theme in the safeguarding process, and it was checked as to whether the data was moving in the right direction and areas that had been weaknesses were addressed.
- The possibility of an information campaign on the issue was discussed. It was suggested that it would need to remain a partnership issue. It was added that much of this was done with government money, but there were pathways through safeguarding information.
- In response to a query on how front-line staff were supported, it was explained that staff were supported through looking at resources and sharing learning on mental capacity and understanding. The guidance was new, but the process was consolidating existing practices. Additionally, a recruitment process was under way for a Safeguarding Adults Practice Lead, so there would be a dedicated staff member whose role was safeguarding practice.
- In response to a query on whether there was a threshold on where intervention appeared necessary, it was explained that mental capacity was not binary, so the issue was more complex than just a threshold. It was important to recognise that people had a right to make decisions about their lives.

AGREED:

1) That the update be noted.
2) That comments made by members of this commission to be taken into account by the lead officers.
3) To be considered as to how to identify and report issues in different communities.
4) That consideration be given to an information campaign.

165. WORK PROGRAMME

The Chair reminded Members that should there be any items they wish to be considered for the work programme then to share these with her and the governance officer.

166. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19:50

Adult Social Care Scrutiny Commission Report

Leicester City Council Reablement Service: Care Quality Commission Inspection

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Lead Member: Cllr Mohammed Dawood

Lead Strategic Director: Laurence Jones

Director: Ruth Lake

Date: 12 March 2026

1. Purpose

1.1 To provide the Adult Social Care Scrutiny Commission with the Care Quality Commission's inspection report of the Leicester City Council Reablement Service.

2. Summary

2.1 The Reablement Service was inspected by the Care Quality Commission in December 2025. The outcome was a rating of 'Outstanding'.

2.2 Appendix 1 contains the full CQC Inspection report for detailed information about the inspection findings.

3. Recommendations

3.1 The Adult Social Care Scrutiny Commission is recommended to:

a) Note the CQC report and provide any comments
b) Commend the efforts of staff and managers within the Reablement Service for the outstanding inspection outcome

4. Report

4.1 The Reablement Service is a registered domiciliary care service, regulated by the Care Quality Commission (CQC). It is subject to the CQC Provider Assessment framework. This judges the service quality against 5 key areas:
- Safe
- Effective
- Caring
- Responsive to people's needs
- Well-led

4.2 The Reablement Service last received a comprehensive assessment in 2017. This rated the service as 'Good' overall, with a rating of good in each of the 5 key areas.

4.3 It has therefore been over 7 years since the last comprehensive service inspection. The CQC use a risk approach to completing inspections. There have been national reports highlighting CQC's challenge in completing regular and timely re-inspections. Desktop processes have taken place since 2017, where the Reablement Service has been required to submit evidence of service delivery to CQC.

4.4 The recent CQC inspection took place in December 2025. Inspectors were onsite during one week, meeting staff and managers. Stakeholder interviews, reviews of other information held by CQC and contact with people who have used the service were also sources of evidence to inform the inspection findings.

4.5 The context for service delivery has changed substantially since the last inspection, with the Reablement Service supporting more hospital discharges and supporting people with more complex health conditions. The pressures and demands of the acute system they work within place considerable challenges on the provider in meeting quality standards and also accommodating the volume and pace of service delivery expected to reduce hospital discharge delays.

4.6 The final report was published in February 2026. The service received a rating of 'Outstanding' overall, with 4 of the 5 key areas rated outstanding, and 1 rated good. The CQC report attached at appendix 1 details the findings in each area. This includes direct feedback from people who had used the service, from staff and from stakeholders.

4.7 The service is committed to continual learning and improvement, and this was reflected in the CQC report. As improvement is business as usual, and the inspection findings were overwhelmingly positive, no specific action plan will be developed in response to the CQC inspection report. The service will share its reflections on preparing for inspection within Social Care and Education, via the Learning and Improvement Board.

5.1 Finance

There are no implications arising directly from this report.

Signed: Mohammed Irfan, Head of Finance
Date: 19 February 2026

5.2 Legal

There are no direct legal implications to be considered. The exceptionally positive outcome of the recent inspection is, however, noted as evidence of the strong commitment to ensuring that the authority is meeting with its statutory duties.

Signed: S Holmes
Date: 25th February 2026

5.3 Equalities Implications

The Reablement Service provides short term support to adults following illness, injury or a period of reduced independence, and therefore disproportionately supports people who are older and/or disabled, including people with long term health conditions and sensory impairments. An outstanding rating from the Care Quality Commission gives assurance that the service is delivering safe, effective and person centred support, which helps to promote independence and improve outcomes for these groups. There are no negative equality impacts identified arising directly from this report, as it is for information and oversight only and does not propose changes to service access, eligibility or provision. Ongoing contract management, performance monitoring and future service developments will continue to consider the needs of people with protected characteristics under the Equality Act 2010.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148
Date: 23 February 2026

5.4 Climate emergency implications

There are no significant climate emergency implications directly associated with this report.

Signed: Phil Ball, Sustainability Officer, Ext 372246
Date: 19th February 2026

6. Appendices
    Appendix 1: Reablement Service Inspection Report

HOMECARE SERVICE

Reablement Provider Service

⭐ **Overall** **Outstanding**

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW   (0116) 454 5422
Provided and run by:
Leicester City Council

ⓘ   This service was previously registered at a different address - see old profile

Overview

Latest assessment: 5 September 2025
Report published: 6 February 2026

Safe	Outstanding ⭐
Effective	Outstanding ⭐
Caring	Good ⚫
Responsive	Outstanding ⭐
Well-led	Outstanding ⭐

Specialisms / services

○ Personal care

- Caring for adults over 65 yrs

- Caring for adults under 65 yrs

- Caring for children (0 - 18yrs)

- Dementia

- Eating disorders

- Learning disabilities

- Mental health conditions

- Physical disabilities

- Sensory impairments

- Substance misuse problems

Who runs this service

Reablement Provider Service is run by Leicester City Council

Mr Jagjit Singh-Bains
Registered Manager

Mrs Kate Galoppi
Nominated Individual

Similar services nearby...

Integrated Crisis Response Service
In Leicester, LE5 4PW

Macdave Services Ltd
In Leicester, LE5 4WH

Grace Care UK
In Leicester, LE5 5GE

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Report from 5 September 2025 assessment

Ratings

Overall	Outstanding ⭐
Safe	Outstanding ⭐
Effective	Outstanding ⭐
Caring	Good ●
Responsive	Outstanding ⭐
Well-led	Outstanding ⭐

Our view of the service

Date of assessment 8 to 12 December 2025.

The Reablement Provider Service is a domiciliary care agency providing short term reablement, rehabilitation and recovery, and is part of the local authorities 'home first model', which works with established partner organisations in supporting people to remain in their own home. The service enables people to gain as much as independence as possible to facilitate their continued living at home. Not everyone who used the service received personal care. The CQC only inspect where people receive personal care. This is help with tasks relating to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our assessment 113 people were being supported.

We have assessed the service against 'Right support, right care, right culture' guidance to make judgements about whether the provider guaranteed people with a learning disability and autistic people respect, equality, dignity, choices, independence and good access to local communities that most people take for granted. However, at the time of the inspection, no person with a learning disability or autistic person was receiving care and support.

The provider, registered manager, management team and staff worked collaboratively with key partner stakeholders and agencies from both health and social care to deliver a cohesive, dynamic and responsive service. All those involved were committed to people's recovery, reablement and rehabilitation, maximising the potential of people remaining in their own home, with good quality of life outcomes. Key partner stakeholders and agencies from both health and social care were unequivocally positive about the Reablement Provider Service.

The Reablement Provider Services collaborative approach with partner stakeholders and agencies, ensured a co-ordinated transition of people's care between services. Comprehensive assessments identifying people's needs and risk were undertaken to facilitate safe and effective care, with a focus on the person and their home. Potential risks were minimised in consultation with people and a proactive approach to positive risk-taking facilitated recovery, reablement and rehabilitation.

People's care records provided a comprehensive account as to their progress in the goals identified in consultation with them, ensuring people remained at the heart of any decisions relating to their recovery, reablement and rehabilitation. Records evidenced staffs' collaborative approach, which included referrals to other services and working alongside other professionals to ensure and promote the delivery of safe, effective and responsive care.

The provider's ethos towards care was embedded across the workforce. People's recovery, reablement and rehabilitation was facilitated by staff who had undergone a safe recruitment process, and who had the training, skills and knowledge to facilitate good outcomes for people. Training for staff also considered specific areas of people's needs, which included dementia, learning disabilities and autistic people.

The provider and registered manager were committed to providing a non-discriminatory and inclusive approach within the service, both for people using the service and staff, underpinned by robust strategies, which outlined the provider's commitment to equality, diversion and inclusion.

The registered manager and management team were capable and inclusive leaders and managed a dedicated team of staff. Continuous development of the service was facilitated by a learning culture, underpinned by systems and processes which kept under review the quality and safety of the service provided. People's views, and those of staff, key stakeholders and partner agencies were central to learning and innovation.

Staff well-being was considered a high priority by the registered manager who had facilitated well-being sessions, recognising the positive outcome of people using the service, when staff were supported and valued. Staff were consistently positive of the registered manager's and management team responsiveness, support and good communication.

The collaborative approach of working with key partner stakeholders and agencies, facilitated by the registered manager, provided an overview of the wider landscape of health and social care services, enabling the service to respond to wider system pressures.

People's experience of this service

People's views were consistently positive as to the service, and its impact. A person told us, "We just want to say thank you for everything. The service helped us through a very difficult time." Whilst another said, "I was very happy with the service. It started after hospital when I had an operation and came back home. I've improved with their support." People were unequivocal in recommending the service. A person told us, "I'd absolutely recommend them, they were so good and specific to what we needed."

People's positive experiences and outcomes were in response to the services collaborative approach with key health and social care partners. This was co-ordinated by staff from the reablement service who liaised and shared information, making referrals to other services, ensuring timely responses and solutions which had a direct and positive impact on people's recovery, reablement and rehabilitation. This included the provision of equipment to promote recovery and safety.

People spoke highly of the staff, describing them as caring and respectful. People praised staff's knowledge and understanding, and the positive impact this had on their progress. People spoke of good communication between staff, which included being supported by staff who spoke the same language as them, and who understood their cultural needs. People told us they were fully involved in all decisions relating to their care, from the initial assessment and through the ongoing review as to their progress. People spoke positively about the support and care provided, when they transferred from the Reablement Provider Service to other services for longer term care and support. A person told us, "Staff arranged a review and helped sort out my long-term care before stopping. They didn't abandon me, the handover to the new company was smooth."

People told us they received regular telephone calls from office-based staff, providing them with an opportunity to share their views about the service. People were aware of how to raise concerns. People told us the service was responsive to their changing needs, which included making changes to the scheduled time of care calls. People told us they found it easy to contact and speak with office-based staff.

∧ Page top

Similar services nearby...

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Report from 5 September 2025 assessment

On this page

∨ Overview

∨ Learning culture

∨ Safe systems, pathways and transitions

∨ Safeguarding

∨ Involving people to manage risks

∨ Safe environments

∨ Safe and effective staffing

∨ Infection prevention and control

Safe

9 January 2026

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last assessment we rated this key question good. At this assessment the rating has changed to outstanding. This meant people were protected by a strong and distinctive approach to safeguarding, including positive risk-taking to maximise their control over their lives. People were fully involved, and the provider was open and transparent when things went wrong.

This service scored 88 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Learning culture

Score: 3

The provider had a strong proactive and positive culture of safety, based on openness and complete honesty. Staff actively listened to concerns about safety and thoroughly investigated and reported safety events. Lessons were always learnt to continually identify and embed good practice.

People and family members we spoke with said they had not raised any concerns relating to safety and expressed confidence in the service to keep them safe. People were aware of how to raise a concern.

A collaborative approach of working with and alongside strategic health and social care partners facilitated a positive culture of safety, where potential risks both strategically and within the service were shared and understood. This enabled the registered manager to maintain the service based on staffing and the resources available, and the known needs and resources of external partners. A key stakeholder told us, "The service works constructively with system partners and commissioners to support wider system plans, including 'home first', neighbourhood working, frailty and prevention agendas. It is responsive to system pressures and demonstrates the ability to adapt quickly to changing needs, adjusting delivery models, capacity and focus where required."

Systems and processes for reporting and monitoring safety incidents and accidents were fully understood by staff. A member of staff told us, "If a person falls, we write a falls report." The provider's falls protocol and assessment tool provided clear guidance, enabling staff to assess the risk based on the person's presentation, including identifying any injuries, the initial actions they should take, and the escalation process. For example, seeking the support of a health care professional.

Records provided a clear audit trail of any incidents, including the action taken and the involvement of any other health or social care partner. For example, staff had liaised with a range of services including the manager of a housing complex and a GP in response to their identifying a decline in a person's mental health, and indicators of potential self-harm.

The registered manager evidenced their commitment to a proactive and positive culture of safety, facilitated by a robust and comprehensive analysis of concerns and incidents relating to safety. Senior managers and the provider's health and safety team investigated all incidents with all events being triaged. For example, the 3 incidents reported in the last 12 months found all to be low-harm events which had not required escalation to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and no repeated themes having been identified. The analysis of the individual incidents identified a combination of contributory factors, and in response an action plan was developed. All staff were reminded of the importance of footwear safety and emphasised the significance of their communicating effectively with people as to why a task could not be completed by them, when asked to do so. In addition, the action plan emphasised the importance of managerial staff supporting staff through reflective conversation, to ensure safe practices were prioritised.

Learning from concerns was an intrinsic element of the learning culture. For example, an analysis of concerns identified a theme of medication errors, which had not resulted in harm, but were identified as a potential high risk. The analysis had identified an increase in medicine anomalies when the service changed its electronic call monitoring system. The registered manager was proactive and implemented medication workshops for staff.

Safe systems, pathways and transitions
<div align="right">Score: 4</div>

The provider always worked with people and healthcare partners to design, establish and maintain safe systems of care, in which safety was always well managed and monitored. They made sure there was always continuity of care, including when people moved between different services.

People spoke positively of the referral process which showed how the collaborative approach between hospital-based staff and the service worked in practice. A person told us, "They [hospital staff] asked me questions about our home at hospital, and one of the nurses referred me to the reablement service. They explained the service." The provider's analysis of data for 2025 identified 98% of referrals to the Reablement Provider Service were accepted.

The collaborative approach, supported by effective systems and processes of communication between health and social care partners facilitated the safe transfer of people between services. Social care partners had access to records via an electronic data platform, this facilitated timely and effective sharing of information. Referrals to the Reablement Provider Service were triaged by office-based staff and if accepted, several staff with identified skills and responsibilities shared information to facilitate, for example, a safe discharge from hospital. A key partner told us, "Transition planning begins at the point of referral, with clear identification of goals, risk and anticipated onward needs. This reduces delays and prevents gaps in support when people move from hospital, intermediate care or community services into reablement."

Collaborative working between agencies, ensured the appropriate equipment was sent with the person to their home, for example, a walking aid. A schedule of calls was planned, based on the person's needs as identified within their referral assessment. Assurance was sought that the person could access their home, and arrangements included the involvement of family members if appropriate, to be at the person's home for their return from hospital if required. Other factors considered were also planned for, for example, the installation of a key safe to enable staff to access the person's home, in the event the person was unable to open their door and invite staff inside. This required liaising with other departments to both request the equipment and organise its installation.

Staff from the Reablement Provider Service, along with key partner agencies, which included occupational therapists, assistive technology, social workers and the minor adaptations department, meet each working day to identify any interventions required to support people's recovery and reablement. For example, an update as to a person's progress may indicate an additional item of equipment was required, such as perching stool. This would be agreed at the meeting, ensuring timely action was taken, avoiding any unnecessary delays, and have a measurable and positive impact on the person's recovery in maximising their independence.

In circumstances where a person had reached their recovery goals, it may be necessary for the person to continue ongoing support at home. In this instance, a Care Act Assessment (an assessment undertaken by local authorities to identify a person's support needs) was completed by suitable experienced and skilled staff of the reablement service. This was then shared with partner agencies. A key partner told us, "If someone has ongoing needs following a Care Act Assessment, they [Reablement Provider Service] will make an eligibility decision and transfer the person to the long-term team to undertake a review of their needs." This example, further confirmed how staff supported smooth and timely referrals to support a safe transition to other services.

Safeguarding   Score: 3

The provider worked with people and healthcare partners to understand what being safe meant to them and the best way to achieve that. Staff concentrated on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. The provider shared concerns quickly and appropriately.

People and their family members expressed no concerns regarding their safety and spoke positively of the service and the kindness of staff which made them feel safe. A person told us, "Staff are lovely to have in the house, we felt secure with them. No one was abusive. They know exactly what to do and what I can do safely."

Staff demonstrated a good understanding of what would constitute a safeguarding concern, had an in-depth knowledge as to the forms of abuse, and were aware of the agencies to escalate information of concern to if required, including police and social services. Staff had undertaken training in safeguarding children and adults and was regularly updated.

Staff attended safeguarding meetings where referrals to the service for recovery and rehabilitation had been received, as part of a multi-disciplinary approach to supporting people identified as being at risk.

The provider had systems and processes for the management and escalation of safeguarding concerns. The reablement social work team recorded and progressed safeguarding alerts and incidents, their remit was not exclusive to the Reablement Provider Service.

Involving people to manage risks   Score: 4

The provider always worked well with people to fully understand and manage risks by thinking holistically. Staff provided care that fully met people's needs and was safe, supportive and enabled people to do the things that mattered to them.

People and their family members felt fully involved in the assessment of risk. A person told us, "The carer came and did a risk assessment." Potential risk was assessed, and where required equipment was provided to reduce risk and support the person in their recovery journey. A person told us, "I was provided with 2 walkers and handrails, the walker is near to my bed to help me when I get up."

Care records evidenced a dynamic risk assessment was undertaken upon commencement of the recovery package of care, this identified potential risks and barriers to a person's recovery journey. Positive risk taking was a key in enabling people to gain independence. Records showed the person was at the heart of the assessment, identifying what was important to them and the outcome they were looking to achieve. Agreed specific, measurable, achievable, relevant and time managed (S.M.A.R.T.) goals were identified to facilitate independence of daily living activities, for example preparing food and cooking, mobility, or personal care such as washing and dressing. Any associated risks were identified, and decisions made how to reduce them. For example, the provision of equipment to enable people to facilitate independence, whilst keeping them safe.

A key stakeholder told us, "The reablement service frequently contacts the care technology service for equipment and services which support people to live as independently as possible in their own homes. Referrals from the reablement service are prioritised to support hospital discharges and others who the service is supporting in the community."

Independence was not exclusively related to tasks of daily living linked to people's physical ability. Support was also provided for people whose mental health, substance or alcohol misuse impacted on their ability to care for themselves, which placed them at risk. In these circumstances staff worked alongside other health and social care professionals, with a coordinated strategy to improve people's mental health and well-being by supporting and working with them to improve their ability to self-care.

Safe environments   Score: 4

The provider was fully aware of all potential risks in the care environment and controlled them well. They made sure equipment, facilities and technology supported the delivery of safe care.

People and family members were unequivocal in their praise of the service, and the impact of collaboration between services, which resulted in timely minor adaptations to their property to support their recovery and reablement journey. A person told us, "I had a care navigator, therapy team and reablement visit to look and do an assessment of the environment. It included my mental and physical health as well as my abilities. I got 2 bath rails, 2 stair rails, a wheelie trolley, walking sticks, perching stools and toilet seats. They assessed the space in the main room with me"

A key stakeholder shared how staff went above and beyond to achieve good outcomes for people, by prioritising people's safety and well-being by acting in a way so as not to delay people's commencement of the reablement service. They told us, "The reablement service has, when needed, supported people via the collection of care technology and equipment from the care technology team and installed and demonstrated its use. This has allowed people to be supported without delay."

Measures were taken to reduce risk to remove potential barriers to people's recovery and independence This included making changes to people's home through the installation of equipment, such as grab rails or by making changes to how the person lived. A person told us, "Staff took photographs, as they were concerned about one step into the house. They advised me to clear the bedroom so that it was easy to get in and out."

Records evidenced household risks were identified as part of the dynamic risk assessment process, which included considerations as to people and staff safety. For example, parking arrangements, pets, and whether the home was fitted with a smoke or carbon monoxide alarm. The reablement service referred potential fire risk concerns to the fire and rescue service. A person told us, "We had a smoke alarm fitted."

Collaborative working with key stakeholders enabled staff to make timely referrals for equipment to promote people's safety. In addition to equipment to assist people with mobility, emergency alarms were also requested, which provide a direct link to a control centre when activated. A family member told us, "My [person] has been given a lifeline alarm around their neck and on their wrist."

Safe and effective staffing   Score: 4

The provider made sure there were always enough qualified, skilled and experienced staff, who received thorough support, supervision and strong development opportunities. They worked together well to provide safe care that met people's individual needs.

People and family members were consistent in praising the reliability of the service. A person told us, "Staff turn up at the allotted time." A family member said, "We knew which staff were coming, and at what time."

People's needs, including protected characteristics as defined by the Equality Act were considered when scheduling care calls, which included ensuring staff understood and were able to meet people's communication, religious and cultural needs. A family member told us, "The carers can speak Gujarati and Hindi, so my [person] can understand them, as [person] can't speak English."

People and family members expressed confidence in the ability of staff, they spoke of staff's knowledge and understanding of their specific needs and the impact this had on their recovery journey. For example, a person recovering from a stroke spoke of staff sharing their skills and knowledge by teaching them how to roll over in bed, using their good leg to turn themselves gently and carefully, so as they could transfer from the bed into a wheelchair or sit on the commode.

A collaborative and co-ordinated team approach facilitated the planning of care calls. The number of people requiring support continually changed, as new packages of care were accepted, people's progress resulted in a reduced number of care calls, and people's discharge from the service upon completion of their recovery journey. This meant staff had to keep a continuous oversight, adapting care call schedules as required. The service had not identified any care visits had been missed, which was confirmed by people we spoke with.

An electronic system was used to support staff in scheduling care calls and recording their arrival and departure time, which was monitored to ensure people received a timely service Staff had access to the electronic management system known as 'OneTouch' via an app on their phones. A member of staff told us, "Rota management is completed on 'OneTouch'. We use it for electronic call monitoring, and is effective, with staff having access to it on their phones."

Records showed staff had undertaken training in a range of topics related to health, safety and welfare. In addition, staff received training in key areas specific to the role of reablement and recovery, which focused on assessing and mitigating risk, and the setting of goals through positive risk taking to facilitate people's recovery and rehabilitation journey. Training in key areas of need were undertaken by staff, which included dementia awareness and the Oliver McGowan national learning disability and autism training. Training workshops delivered comprehensive training for staff in a range of topics, including roles and responsibilities.

Staff were recruited in a safe way. Appropriate checks were carried out prior to people commencing work to enable the provider to be confident suitable staff with the right skills and experienced were employed. Staff received the support they needed to deliver safe care; this included supervisions, appraisals and support to develop and learn. Staff confirmed they had regular supervision and had their care practices checked. Staff completed the Care Certificate as part of a structured induction and were encouraged to study for vocational qualifications in care.

Infection prevention and control

Score: 3

The provider assessed and managed the risk of infection. They detected and controlled the risk of it spreading and shared concerns with appropriate agencies promptly.

People and family members confirmed staff followed infection control procedures by wearing personal protective equipment (PPE), which included gloves and aprons. A person told us, "The carers wear gloves, aprons, and masks if needed." People spoke of how staff respected people's homes in keeping them clean. A person said, "Staff wear protective covers on their shoes, and put all the dirty things in a bag, and take them out when leaving."

Staff completed training in infection prevention and control, and observations of staff competency included assurance staff adhered to the provider's infection prevention and control policy.

The registered manager informed us that infection prevention and control remained a core part of the service's working practice. There were clear expectations for all staff and regular refreshers to maintain compliance, with the principles of minimising risk, promoting hygiene, and responding emerging illness remained fully embedded in everyday practices.

Medicines optimisation   Score: 3

The provider made sure that medicines and treatments were safe and met people's needs, capacities and preferences. Staff involved people in planning, including when changes happened.

People were supported with taking their medicine if the assessment had identified this was an area of need. A person told us, Staff give my medicines to me, and I take them whilst they are here." Supporting people to manage and take their medicines safely, for some, was an identified goal as part of their reablement and rehabilitation journey.

People's care records contained information as to people's prescribed medicines, and detailed staff's role and responsibility in supporting with medicine, where required. Where a person was returning to home from hospital, staff liaised and sought assurance medicine, where prescribed, would be dispensed by the hospital pharmacy and sent home with the person. Family members involvement in medicines was also detailed, which included where they were liaising with pharmacies and health care professionals regarding prescriptions and the packaging and delivery of medicines to their relatives' home. The reablement service made referrals for care technology, which included equipment that could be programmed to remind people it was time to take their medicine.

Staff received training and had their competency in medicine management assessed. A medicine workshop had been attended by all staff to emphasise the importance of medicine management, including recording, management of, and liaising with other health care professionals.

The registered manager maintained a medication incident matrix. Any incidents involving medicine were assessed for severity with consideration to the risk of actual or potential harm. Medicine administration records were monitored as part of the provider's quality monitoring process. The severity of the risk informed the action to be taken.

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On this page

Effective

9 January 2026

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last assessment we rated this key question good. At this assessment the rating has changed to outstanding. This meant people's outcomes were consistently better than expected compared to similar services. People's feedback described it as exceptional and distinctive.

This service scored 92 (out of 100) for this area. Find out <u>what we look at when we assess this area</u> and <u>How we calculate these scores</u>.

Assessing needs

Score: 4

The provider always made sure people's care and treatment was effective by thoroughly assessing and reviewing their health, care, wellbeing and communication needs with them.

People spoke positively of the assessment process which began whilst in hospital for some. A person told us, "I was referred to the reablement service by the doctors and nurses. They [Staff from the Reablement Provider Service] came and asked me what I needed. They told me the support was to help me recover until I was better from my operation."

People were at the heart of the assessment process. Staff worked collaboratively with people, assessing their needs based on their home environment, their individual needs and their goals and aspirations. A person told us, "At the assessment I was asked what I wanted, they checked what I could do and what help I needed. Staff watched me and my spouse to see what both of us could do. It was excellent."

The assessment process was comprehensive and considered protected characteristics as defined by the Equality Act. All aspects of people's needs were assessed, including general health, communication needs, age, race, religion and ethnicity. External factors were also included that may influence their recovery and reablement journey. For example, the role of family and friends in their lives, whether the person lived alone, and considered their housing and accommodation.

Staff invested significantly in keeping people's needs under continuous review to enable them to make changes to the support provided in response to people's progress. For example, by reducing the number of care call visits. A person told us, "I was absolutely involved in what I wanted from the beginning. Not only was recovery discussed but it has been regularly reviewed as my confidence improved."

People's care records comprehensively detailed their progress. A day-by-day account was documented and included information as to the involvement of any key partner agencies who had been contacted, and the action and response.

Staff escalated information in a timely manner with a member of the management team when they noted changes in people's needs. Any changes which identified the need for key partner agencies to be involved, for example, occupational therapist support, a housing need or additional equipment, the individual requirements of the person would be discussed at the daily meeting, which health and social care partners attended. A member of staff told us, "There are weekly multi-disciplinary team meetings, that involves the reablement team, supporting a joint review approach." The proactive and collaborate approach prioritised people, ensuring an effective response to their changing needs.

Delivering evidence-based care and treatment

Score: 3

The provider planned and delivered people's care and treatment with them, including what was important and mattered to them. They did this in line with legislation and current evidence-based good practice and standards.

People were supported to prepare and cook meals, where their assessment had identified this was an area where they required support as part of their recovery, rehabilitation and reablement journey. A family member told us, "The staff encourage [person] with making themselves a cup of tea or a sandwich." People's dietary requirements were documented with consideration to their religious and cultural needs, and health needs such as diabetes.

Where people did not require support from the reablement service with regards to meals, their records detailed others, such as family or friends who were supporting with grocery shopping and meals, this evidenced a robust approach to ensure all needs were both considered and met.

The provider used recognised tools in line with legislation and current evidence based good practice and standards. Staff from the reablement service would undertake joint visits to people's home with a speech and language therapy when it has been identified a person would benefit from an assessment, where people had trouble with swallowing, eating and drinking.

How staff, teams and services work together   Score: 4

The provider always worked well across teams and services to support people. They shared thorough assessments of people's needs when they moved between different services, so people only needed to tell their story once.

People benefited from robust systems and processes where information was shared by everyone involved in their care, with key partner agencies working collaboratively to achieve effective care for people.

Key partner agencies worked collaboratively at all levels, sharing information about the person so they only had to share it once. For example, people's initial referral to the reablement service contained all relevant information, including the background to the referral, health and social care professionals involved in their care, information relating to health and wellbeing, and details as to any prescribed medicines.

A multi-agency approach of key partner agencies, including community nursing therapy, care technology, mental health services, social workers, housing and care technology meant all services, facilitated by the Provider Reablement Service, worked collaboratively. This meant people received co-ordinated and timely care as they did not have to liaise with numerous agencies to secure the support and help, they required.

A key partner stakeholder told us, "The reablement service is embedded within the 'home first' model, ensuring seamless transition between hospital, community health services and adult social care in reablement, without unnecessary delay or duplication."

In the event a person required ongoing support, the reablement service forwarded to the relevant agency the Care Act Assessment they have completed. This is another example of how the Reablement Provider Service shares information, so as a person only had to share their story once.

Supporting people to live healthier lives   Score: 4

The provider always supported people to manage their health and wellbeing to fully maximise their independence, choice and control. Staff supported people to live healthier lives and where possible, reduce their future needs for care and support.

People benefited from the purpose of the service which was to facilitate, enable and encourage them to remain in their own homes. This was achieved by providing rehabilitation, reablement and recovery support, with a view to preventing people's transfer to long term care services or hospital; or by supporting people following an illness or stay in hospital. People and family members spoke of the positive impact the service had. A family member told us, "The impact of the service has been excellent, and [person] is very happy. It has given them independence, and a return of mobility."

People's care records provided a comprehensive account as to why the person had been referred to the service. There was an ongoing collaboration between people using the service and staff, to keep under review their recovery, reablement and rehabilitation journey, and setting of goals to maximise independence. A person told us, "When I had a fall and returned home from hospital, I had a lot of support. They have been amazing. I now need slightly less help, and I'm being reassessed next week, to decide what areas we will be focusing on next."

A collaborative approach with key partner agencies maximised people's opportunity to attain maximum independence, improving their quality of life, health and well-being. This included working with a range of health and social care professionals. A key partner stakeholder told us, "The reablement service is co-located with nursing and therapy staff, meaning the reablement service has access to clinical staff. People who are supported via the service typically regain a high level of independence, if not full independence, which reduces or eliminates care needs in the long term."

People's care plans explained the support people required to enable them to stay well and access healthcare services, where necessary. People with specific medical conditions, had detailed information within their care records which provided guidance for staff as to how this affected the person and how best to support them.

Monitoring and improving outcomes   Score: 4

The provider routinely monitored people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they met both clinical expectations and the expectations of people themselves.

People were equivocal in their praise of the service and its impact on them. A person told us, "Staff made a very difficult situation better for me. It was a traumatic and emotional time, that they made easier." People consistently experienced positive outcomes and worked collaboratively with staff to achieve these. A person told us, "The objective has been for me to get as much independence as possible, and it is progressing well. The next assessment will focus on bathing and washing, and how best to enable me to improve my abilities."

The provider's analysis of data demonstrated the positive impact of the service, which found 83% of people remained living at home at the end of their reablement, recovery and rehabilitation journey.

People's care records detailed their progress throughout their recovery, reablement and rehabilitation journey, with information as to the role of other health and social care professionals clearly documented, to ensure effective and co-ordinated care and support.

The collaborative approach between the reablement service, health and social care professionals, and key stakeholder meant outcomes were monitored, both at an individual level but also within the wider context of the health and social care system. A key stakeholder told us, "The reablement service works cohesively with health and social care through integrated pathways, a shared objective and coordinated multi-disciplinary working, ensuring people's care and support needs are met holistically within their community."

Consent to care and treatment
Score: 3

The provider told people about their rights around consent and respected these when delivering person-centred care and treatment.

People were fully involved in all decisions relating to their care and support. Assessments of people's needs considered people's capacity to make informed decisions and noted in some instances people may experience fluctuating capacity. For example, people living with dementia.

The provider understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires, that, as far as possible, people make their own decisions and are helped to do so when needed. Where people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests, and as least restrictive as possible.

Staff had undertaken training on the MCA and were aware that all care interactions required the consent of the person.

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Similar services nearby...

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In Leicester, LE5 4WH

Grace Care UK
In Leicester, LE5 5GE

HOMECARE SERVICE

Reablement Provider Service

⭐ **Overall Outstanding**

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW   (0116) 454 5422
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ℹ️   This service was previously registered at a different address - see old profile

Report from 5 September 2025 assessment

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⌄ Overview

⌄ Kindness, compassion and dignity

⌄ Treating people as individuals

⌄ Independence, choice and control

⌄ Responding to people's immediate needs

⌄ Workforce wellbeing and enablement

Caring   Good ⬤

9 January 2026

Caring – this means we looked for evidence that the provider involved people and treated them with compassion, kindness, dignity and respect.

At our last assessment we rated this key question good. At this assessment the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

This service scored 85 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Kindness, compassion and dignity   Score: 3

The provider always treated people with kindness, empathy and compassion and respected their privacy and dignity. Staff treated colleagues from other organisations with kindness and respect.

People and family members spoke positively of how staff treated them with kindness and empathy and respected. A person told us, "Staff attitude is excellent. They always talk nicely to us and are always kind. They understand dementia."

The provider had collated feedback from people and their families about the service, which highlighted the professionalism and warmth of staff, and the importance of feeling listened to and involved in decisions.

Most people were supported by staff whose gender was as they preferred. However, a few people said the gender of staff was not always as they wished. A family member told us, "My [person] was supported by female carers on some occasions, and [person] is not comfortable with women carers, providing personal care" The person went onto say, "I understand, it's a temporary service, and all the carers were friendly, kind and considerate." The registered manager and staff team, where possible when scheduling calls considered people's gender preferences. However, due to the ever-changing needs of the service, this was not always possible and was explained to people during the assessment process.

People's care records were written by staff with consideration as to people's dignity. Staff detailed the care provided, and any issues were recorded sensitively without bias or judgement. A workshop for staff had been delivered which focused on recording and reporting.

Staff had received training on equality and diversity. A member of staff said, "I have received training on dignity and respect, it's very important in the work we do in the community." The registered manager informed us, which was confirmed by records, that staff received regular training on equality, dignity, human rights and unconscious bias.

The reablement service provided food parcels to those who used the service where required, which included circumstances where a person had returned to their home, following a stay in hospital.

The registered manager spoke of opportunities for reflective supervision and multi-disciplinary discussions, which provided a space to challenge assumptions, consider how to offer choice, and recognised the small adaptations that can preserve someone's dignity or autonomy in moments that matter, from dressing routines to medication decisions or cultural observance.

Treating people as individuals
Score: 3

The provider treated people as individuals and made sure people's care, support and treatment met people's needs and preferences. They took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics.

People were supported by a diverse staff team, which enabled them to meet people's cultural and religious needs. A person told us, "Staff were all nice and knew how to help me. All were lady carers and that's what I wanted. They understood my culture, all of them were Hindu, and respected my traditions."

Assessments of people's needs identified people's abilities, and the areas in which rehabilitation was required to maximise people's independence, to strengthen their abilities, in support of good quality of life outcomes.

The assessment process included identifying any specific needs based on people's culture, religion or language requirements. A member of the management team spoke of a person who had been referred to the service who was deaf. The member of staff had liaised with several key partner agencies with the person, and on their behalf. They told us this had given them greater insight to the challenges faced. This had resulted in a discussion amongst the management team, as to how they could improve their service. In response, to enhance communication, transparent PPE masks would be made available to staff to make it easier for people to read lips and recognise and respond to staff facial expressions. The registered manager confirmed training for staff in supporting people with a hearing impairment would be provided over the next year.

Independence, choice and control   Score: 4

The provider was exceptional at promoting people's independence, so people knew their rights and had choice and control over their own care, treatment and wellbeing.

People spoke of the collaborative approach between themselves and staff by identifying goals based on what was important for them to achieve, promoting and maximising independence. A person told us, "I discussed using a sock applicator with staff, and spoke with them about learning how to get into and out of the bath safely. We spent 2 days practicing getting my socks on. We discussed my progress together." A family member told us, "Staff encourage [person] to be independent, like getting cups out of the cupboard and putting sugar in the tea. They are encouraging [person] to dress themselves."

Staff were highly motivated and committed to supporting people on their recovery and rehabilitation journey. All our interactions and conversations with staff at all levels within the service evidenced they understood the importance of their role, both for the person themselves and their family.

A wide range of key stakeholder partners were unequivocal in their praise of the service, and its impact on those who the service supported. A key partner told us, "The support the service offers to people is tailored to their needs. Working with people to develop their skills and confidence rather than de-enabling them by doing tasks for them."

Responding to people's immediate needs   Score: 3

The provider listened to and understood people's needs, views and wishes. Staff responded to people's needs in the moment and acted to minimise any discomfort, concern or distress.

People were involved in decisions regarding their day-to-day life, for example, what they wanted to wear and worked collaboratively with staff on achieving their rehabilitation and recovery goals. People spoke of the responsiveness of the service. A person told us, "Normally staff come at 10am, however today I asked them for an 8am call on a Sunday so I could go to Church. They have been very accommodating."

People's care records detailed their day-to-day needs, which included any choices they made. This included people's choice not to engage with staff, as well as agreeing to the accepting of new goals. Where people chose not to engage with staff, records were kept of the actions taken by staff to encourage the person, and any follow up actions taken to improve people's engagement. In some instances, people's choices not to engage were temporary, however, in some instances where the person decided not to engage, then the reablement service withdrew their support, in a co-ordinated and measured approach, liaising with other agencies to ensure a safe referral or transfer to other services if required.

People's care plans detailed their day-to-day needs and preferences. Care records reflected how people were to be given choices and have these respected. Communication with staff was effective in sharing information as to any changes in people's needs through a range of forums, which included electronic care records and meetings. Robust and timely sharing of information with key partner agencies, ensured a responsive service that was able to meet people's needs.

Workforce wellbeing and enablement   Score: 4

The provider always cared about and promoted the wellbeing of their staff and was exceptional at supporting and enabling staff to always deliver person-centred care.

The registered manger was committed to recognising and valuing the cultural and religious diversity of both people who used the service and staff. Personal beliefs, traditions and practices were supported. Language and gender preferences were considered, including when scheduling care calls.

Realistic staff rota schedules were developed to ensure sufficient travel time for staff between care visits. Rotas were developed with consideration to the cultural and religious needs of staff. Staff workforce diversity was monitored to ensure the team was reflective of people's demographic and needs.

The registered manager demonstrated their commitment to the well-being of staff. All staff were proactively encouraged to participate in workshops facilitated by an external organisation, whose aim was to encourage staff to explore their own spirituality, learning skills of reflection and meditation in support of well-being. Staff were asked to complete a survey as part of the workshop, which focused on specific aspects of their work. For example, manageable workloads, travelling time between care calls, support when dealing with complex and challenging situations, their perception of personal safety, the support they received from the management team, and an indicator as to their level of stress.

Staff spoke enthusiastically of the well-being workshop and demonstrated a keenness to engage and embrace the information given by the facilitators of the workshop. The registered manager informed us, the feedback from the completed surveys would be used to identify any specific themes and trends, as well as looking as to how further well-being events could be planned and implemented based on staff feedback.

Staff spoke positively of the support they received from their line manager. A member of staff told us, "I am always able to ring managers, I've never had an issue with not getting support, I've had nothing but outstanding support."

The provider's policies further underpinned staff well-being, including well-being passports for staff. A staff member spoke of the reasonable adjustments made, which included flexible working patterns, based on their caring responsibilities. An employee assistance programme, and an occupational health team further supported staff where required. A reward scheme acknowledged individual achievement and recognition. Information around human resources, including all forms of leave and safety were underpinned by the provider's policies and procedures.

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Responsive

9 January 2026

Responsive – this means we looked for evidence that the provider met people's needs.

At our last assessment we rated this key question good. At this assessment the rating has changed to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

This service scored 89 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Person-centred Care

Score: 4

The provider was exceptional at making sure people were at the centre of their care and treatment choices and they decided, in partnership with people, how to respond to any relevant changes in people's needs.

People were at the heart of all decisions and were involved throughout their recovery, rehabilitation and reablement journey, and fully understood the service was short term. People's involvement started with the initial referral to the service, the assessment of their needs within their home, the identifying of goals, and the ongoing review as to their progress. A person told us, "I have been fully involved from the beginning and continue to make decisions around my progress." People's recovery pathway in some instances required them to agree to changes in how they lived. For example, moving their sleeping arrangements to the ground floor. A person told us, "I was asked about moving downstairs, which I agreed to as I knew it would be safer for me and help in my recovery, and I was provided with a hospital bed."

People told us the service was responsive to requests they made regarding the timing of their care calls in response to changes in their circumstances, which demonstrated a person-centred approach to care. A person told us, "There was an appointment with the G.P. so, the office rearranged to come later, they were easy to get through to."

People's care records included information as to their social history, including their living arrangements, and how this related to their recovery, rehabilitation and reablement journey. People's care records provided clear and detailed information as to people's progress and their involvement in all decisions, which included the cessation of the service once the person had attained their goals. In some circumstances people required ongoing support with their day-to-day life, or staff had identified they may benefit from the involvement of other agencies. People's records evidenced their consent in such circumstances.

The provider's processes facilitated and encouraged an inclusive and person-centred approach to care, underpinned by collaborative working with key stakeholders and partner organisations, which placed people at the heart of the service. A key stakeholder partner told us, "Having a reablement, rehabilitation and recovery approach aligns both the social and medical models of social work, recognising the impact of a fall, change in health need or crisis, can have on a person and allowing them time, space and support to return to their baseline abilities via a multi-agency, person-centred approach to care."

Care provision, Integration and continuity   Score: 4

The provider had an exceptional understanding of the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity.

People received support from staff who had a good understanding of their local community, which included supporting people with protected characteristics as defined by the Equality Act. Staff fully understood people's cultural and religious needs and had the necessary training and skills to understand and support people's health care needs. For example, staff's understanding of people's culture and the considerations required when supporting with personal care.

Staff liaised with health and social care professionals as part of people's recovery journey, to achieve the best outcomes for people. A key stakeholder partner told us, "Having a co-ordinated approach avoids duplication for the person and their family, is an opportunity to ensure holistic needs are met and ensures people receive responsive and effective support from both health and social care services."

The registered manager facilitated weekly meetings with key stakeholders and partner agencies, which included sharing information as to the individual pressures specific to each partner and service type, and how they were to be individually managed. The reablement service was able to respond to these changes in the wider health and social care landscape, as the registered manager and management team through robust planning and managerial oversight fully understood the resources available to ensure the service was able to respond effectively.

People benefited from a service which fully understood the wider landscape of health and social care services. The registered manager, management team and staff facilitated and worked collaboratively with key partners and agencies from both health and social care services to meet the diverse health and care needs of people within their community. A key stakeholder partner told us, "The service works in a joined-up way with partners to align development activity with wider system priorities, including 'home first', neighbourhood working, frailty and prevention, ensuring reablement remains a core enabler within the integrated care system."

Providing Information   Score: 4

The provider supplied appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

People's care records, including information as to their progress were accessible to the person and others involved in their care, including their family members. A family member told us, "I have power of attorney, the staff write things down in [person's] file about their progress."

People had access to key information in formats which met their communication needs, which included protected characteristics as defined by the Equality Act. For example, information about the service, including contact details, details about social care fees, and surveys requesting people's evaluation of the service they were available in a range of languages, along with an easy read and large print version. The colour contrast, layout and font were also considered to support people with dyslexia or visual impairments.

People were supported by staff who were able to communicate effectively with them in their preferred language. However, in unexpected or unplanned situations, staff had access to an on-line translate and text-to-speech tool. Flashcards, pictorial guides and communication boards were available to support people with cognitive or speech challenges. Tactile stickers and visual cues were sometimes added to items such as kettles or microwaves to support safe use.

All information generated by the Reablement Provider Service, which was accessible to people using the service, was reviewed by an independent group of people, who looked at the quality of the information, whether the information was easy to understand and was free from jargon. This independent review helped the provider meet the accessible information standard. The accessible information standards ensure people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand with support so they can communicate effectively with services.

The registered manager informed us staff had received training on communication best practices, particularly in relation to non-verbal communication and working with people who were neurodivergent or had fluctuating capacity. They advised every interaction was treated as an opportunity to revisit people's communication needs, with staff being encouraged to adapt not only the material they used, but also their tone, pace and language based on people's engagement with them.

The provider and staff worked with health and social care providers and shared necessary information in support of people's health and welfare. All personal information was managed consistent with the General Data Protection Regulation (GDBR) and Data Protection Act 2018.

Listening to and involving people   Score: 3

The provider made it easy for people to share feedback and ideas, or raise complaints about their care, treatment and support. Staff involved people in decisions about their care and told them what had changed as a result.

People and family members were knowledgeable as to how they could provide feedback about their experiences or the care and support they received, including how to raise concerns. A family member told us, "I have no complaints whatsoever. I'd have addressed them directly if there were any, I have a direct line to them." A person told us, "I have a phone number to contact the office on the front of the folder."

People and family members were provided with the opportunity to provide feedback throughout their recovery journey and at the time the service was ended. This was facilitated through regular phone calls, and a survey upon completion of their recovery journey. A person told us, "The staff from the office call, to check everything is okay." The provider's analysis of surveys found 97% of people were positive about the service.

Staff ensured people were listened to by involving them in decisions, and the setting and reviewing of their goals throughout their recovery journey. A person told us, "I've always been asked for my input about my care." People told us the service listened and acted upon their requests for changes in their care visits. A person told us, "I called the office to cancel a weekend call and to stop evening calls. Staff were nicely spoken and helpful, and they did what we asked."

The provider had a robust complaint policy and procedure. Records showed where concerns had been raised, these had been investigated and responded to, which included the adherence to other policies relating to staff, including disciplinary concerns. Duty of Candour requirements were met, with letters of apology being sent where appropriate when something went wrong during care. The outcome of complaints or concerns were used to support the learning culture of the service.

Equity in access
Score: 4

The provider was exceptional at ensuring people could access the care, support and treatment they needed when they needed it.

The provider recognised and understood the potential barriers which some people may face in accessing services. The collaborative approach of the reablement service in working with and alongside key stakeholders and partners, reduced those barriers, by facilitating people's access to services.

The reablement service facilitated daily meetings throughout the working week, involving health and social care professionals from a range of disciplines and specialist areas. This meant any requests for the involvement of other services were discussed and agreed, without delay to the person, by removing lengthy referral processes. A key stakeholder told us, "Attending multi-disciplinary meetings means we can discuss people and find a solution."

The timely referral and involvement of other services and agencies had a positive impact on people's day to day lives. A key stakeholder told us, "The reablement service is a key component of the local integrated care system, playing a critical role in supporting people to regain independence and avoid unnecessary long-term care or hospital use."

People's care records provided clear evidence of the involvement of health and social care professionals in their recovery journey and its positive impact on the individual. The multi-agency approach, co-ordinated by the Reablement Provider Service, ensured referrals to other services such as technology, housing, occupational therapy or nursing were made in a timely manner to ensure the reablement service was able to effectively respond in support of people's recovery, rehabilitation and reablement journey. For example, people who experienced domestic abuse or who lived within temporary housing had referrals made, with their consent to other services, and staff from the reablement service liaised and worked with staff from those other services in a joined-up way, to enable a positive outcome in an individual's recovery.

Equity in experiences and outcomes   Score: 3

Staff and leaders actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this.

People benefited from the approach of the registered manager, management team and staff in their understanding of the services key role within the wider landscape of health and social care services, in achieving good outcomes, whilst recognising the potential barriers faced by some who used the service.

The registered manager facilitated weekly meetings with key stakeholders and partner agencies across the health and social care landscape. Challenges to all key stakeholder and partner agencies were discussed, and responses to system challenges were shared. A key stakeholder told us, "Our inclusive approach has remained consistent, welcoming people regardless of disability, cultural background, mental health history, or any other protected characteristic. The referral process avoids unnecessary thresholds and instead focuses on strengths and outcomes: ensuring that people aren't excluded due to medical labels or assumptions about potential."

Planning for the future   Score: 3

People were supported to plan for important life changes, so they could have enough time to make informed decisions about their future, including at the end of their life.

Occasionally, people referred to the reablement service experienced a decline in their health and well-being. Staff from the service liaised with health and social care professionals to source the best support and care for the person. Staff had received training in end of life care and provided the support and care when required.

As part of the assessment and referral process, information was shared as to any known wishes expressed by the person regarding treatment in the event their health deteriorated, which had been recorded on a ReSPECT document or DNACPR (a document which records people's advanced wishes should they stop breathing).

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∨ Capable, compassionate and inclusive leaders

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∨ Workforce equality, diversity and inclusion

∨ Governance, management and sustainability

∨ Partnerships and communities

∨ Learning, improvement and innovation

Well-led

9 January 2026

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last assessment we rated this key question good. At this assessment the rating has changed to outstanding. This meant service leadership was exceptional and distinctive. Leaders and the culture they created drove and improved high-quality, person-centred care.

This service scored 93 (out of 100) for this area. Find out what we look at when we assess this area and How we calculate these scores.

Shared direction and culture   Score: 4

The provider had a very clear shared vision, strategy and culture. This was based on transparency, equity, equality and human rights, diversity and inclusion, engagement, and an exceptional understanding of the challenges and the needs of people and their communities.

The provider, registered manager, management team and staffs' commitment of a shared vision, strategy and culture were measured by the positive outcomes people experienced, which was evidenced, in part by data. The provider's analysis of data for 2025 identified the reablement service supported 1,673 people of which, 74% required no ongoing care and support. Key stakeholders shared their views as to the success of the reablement service in achieving good outcomes for people. A key stakeholder told us, "The reablement service appears to achieve a high percentage of success in supporting people to remain at home after their short-term involvement."

The reablement service was part of the local authorities 'home first model', working with key stakeholders and partner agencies. The service provided was bespoke and tailored, facilitated through a cohesive and co-ordinated system wide approach, which enabled staff to provide individualised support to people in their recovery, reablement and rehabilitation journey.

The key values and strategic goals of the service were fully understood by the management team and staff, who worked continuously with partner agencies and services to deliver a good quality service. The culture of the service was positive, and the staff team's commitment to the delivery of the visions and values was tangible in their conversations and discussions. Key stakeholders were equally positive about the culture of the service, and the delivery of its values. A key stakeholder told us, "Frequent engagement with other partners ensures a considered continuity of support being offered by the reablement service."

Staff spoke passionately about their role and demonstrated commitment in delivering high quality care and good outcomes for people. A member of staff told us, "I love my job, I love to help people, to encourage in maximising their independence."

Equality and diversity were actively promoted across the service and embedded into everyday practices, which included staff recruitment and training. Assessments of people's needs considered protected characteristics as defined by the Equality Act, and were considered as part of staff rostering, to ensure for example, that staff were able to converse with people in their preferred language and understood their cultural needs. Key information was available in a range of languages, and formats and reviewed independently with consideration to people's communication needs.

The registered manager and management teams' oversight and monitoring ensured any risks to the delivery of the strategy, including local factors were understood and planned for as documented within the provider's contingency scenarios and response plans, and through meetings with key stakeholders and partner agencies to plan and respond to wider system pressures.

Capable, compassionate and inclusive leaders   Score: 4

The provider had exceptionally inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation. Leaders had the skills, knowledge, experience and credibility to lead effectively. They always did so with integrity, openness and honesty.

The reablement service was led by a registered manager who had been in post for nearly a decade, evidencing sustained leadership. The registered manager kept up to date with good practice and the changing landscape of health and social care through ongoing learning and development, and engagement with key stakeholders. The registered manager had kept under review the requirements of the service and had made changes to the structure of the management team, which included the creating of new managerial roles, which had been successfully appointed to.

The registered manager and management team were highly visible and led by example, modelling inclusive behaviours. They had the experience, capacity and capability to ensure that the organisations visions were delivered, and risks were managed well. The registered manager was proactive in responding to information which could be indicative of a poor culture and potentially affect the quality of people's care or have a detrimental impact on staff. This was facilitated by responding to concerns, incidents or feedback, and by taking appropriate action where required, through the implementation of the provider's policies and procedures.

Staff were consistent in their praise of the registered manager and management team, of their support and availability. A member of staff told us, "The managers support us a lot, there is always someone on duty to provide support, they are available until we finish all our care visits." Another member of staff said, "Managers are always on site. We have 100% support. Managers are always available on MS teams or e-mail, they reply straight away."

Key stakeholder and partner agencies recognised the skills and credibility of the management team to work collaboratively with them, embodying the culture and values of the service, and the context in which care and support was provided. A key stakeholder told us, "Having regular multi-disciplinary meetings, alongside weekly operational meetings, enables open, honest communication across all services, identifying areas for service improvements and developments."

Freedom to speak up   Score: 3

The provider fostered a positive culture where people felt they could speak up and their voice would be heard.

The provider and registered manager acted with openness, honesty and transparency. They promoted staff empowerment and encouraged staff to raise concerns. This was facilitated through staff supervision, meetings and the availability and approachability of the management team. Staff's views were sought in relation to people's care and progress, which enabled them to directly affect and improve the quality of care people received.

We noted a culture of openness, evidenced by staff's demeanour and confidence in speaking with and sharing their views and opinions with the management team. A member of staff told us, "The service is always keen to get feedback. I do tell them how things are going. They want to know how the people I see are getting on."

The provider had a whistle-blower policy, which staff could use to share information of concern, which was accessible to staff.

Workforce equality, diversity and inclusion   Score: 4

The provider strongly valued diversity in their workforce. They had an inclusive and fair culture which had improved equality and equity for people who worked for them.

The provider had a corporate equality and diversity strategy, which focused and reviewed the culture of the organisation, in the context of equality, diversity and inclusion. Policies and procedures relating to the work force which included employment and ongoing accountability were written with consideration to equality, diversity and inclusion and the protected characteristics as defined by the Equality Act. For example, an external speaker had attended the service to talk about the impact and effects of the menopause, and a support group within the reablement service had been established for women experiencing the menopause.

The registered manager celebrated the diversity of the workforce recognising the value and importance of a diverse team in enabling the service to achieve positive outcomes for people, facilitated through staffs understanding knowledge and understanding of the diversity of the population it supported. A member of staff told us, "I work within a diverse team of staff, supporting and meeting the needs of the communities we serve."

The registered manager shared how staff rotas and working patterns were adjusted to respect religious observance, such as Ramadan and Diwali. Wherever possible, duties were redistributed or adapted to ensure staff were not placed in conflict between their work and their beliefs. They advised these adjustments had minimal impact on service delivery but had strengthened trust and staff retention.

Staff who required additional support due to disability, health, neurodivergence or personal circumstances were supported by tailored wellbeing plans, and where required, included referrals to occupational health or mental health resources. A member of staff we spoke with confirmed they were supported through flexible working arrangements.

Wellbeing was considered to be of significant importance by the registered manager, with many staff having attended a workshop recently facilitated by an external organisation. The registered manager spoke of this being the beginning of a process and journey, and as part of the well-being workshops had asked staff what it was, they wanted to happen next.

Governance, management and sustainability

Score: 3

The provider had clear responsibilities, roles, systems of accountability and good governance. They used these to manage and deliver good quality, sustainable care, treatment and support. They acted on the best information about risk, performance and outcomes, and shared this securely with others when appropriate.

The provider had clear and effective governance, management and accountability arrangements in place. This was achieved through ongoing monitoring across all areas of service delivery. For example, feedback from key stakeholders and partner agencies, people who used the service, and its staff. Ongoing monitoring of systems and processes, which included the auditing of records, systems and processes, enabled the registered manager to monitor the safety and quality of the service provided.

Staff understood their roles and responsibilities, with managers being able to account for the actions, behaviours and performance of staff. This was achieved by supporting and monitoring staff, through observation, supervision and training and development.

The performance of the service was kept under continuous review, working collaboratively on an ongoing basis with key stakeholders and partner agencies to deliver a service which focused on quality, the mitigation of risk and continuous improvement. A key stakeholder told us, "The reablement service collaborates closely with commissioners, providers and partner through shared governance, co-production and continuous improvement, ensuring service development is informed by operational insight, population need and system priorities."

Partnerships and communities   Score: 4

The provider clearly understood and carried out their duty to collaborate and worked in partnership, and services worked seamlessly for people. They always shared information and learning with partners and collaborated for improvement.

Key stakeholders and partner agencies comments were unequivocal in acknowledging the significance of collaborative working, and of the positive impact on people as they moved between services. A key stakeholder said, "The reablement service supports safe and effective transitions through early planning, coordinated multi-agency working and a strong focus on individual outcomes, ensuring people experience timely, well-managed moves between services."

The registered manager and management team engaged with people, communities and key stakeholders and partner agencies to share learning with each other, leading to continuous improvements in the service. For example, a key stakeholder was aware of the implementation of events designed to improve the effectiveness and efficiency of the service. A key stakeholder told us, "The reablement service is currently supporting the staff via a series of events. These sessions having included the focus on obtaining and recording information, staff wellbeing and positive thinking. Overall, these sessions were designed to improve the outcome of people being supported."

Learning, improvement and innovation   Score: 4

The provider focused on continuous learning, innovation and improvement across the organisation and local system. They encouraged creative ways of delivering equality of experience, outcome and quality of life for people. They actively contributed to safe, effective practice and research.

The registered manager and management team were committed to ongoing monitoring to measure the outcomes and impact of the service provided. Systems and processes were in place to learn from events when things went wrong and worked in collaboration with key stakeholders and partner agencies to review the effectiveness of the reablement service in the context of the wider health and social care landscape. A key stakeholder told us, "The service demonstrates a strong commitment to continuous improvement, using learning from practice, feedback and system insight to refine how support is delivered for the people it serves. This includes a willingness to test and adopt new approaches that improve outcomes, experience and flow across the system."

The registered manager shared how the service in recent years had implemented the triple R model, of rehabilitation, reablement and recovery, which was now fully embedded. The service by working with the provider's Integrated Crisis Response Service, was now able to provide support to people with more complex needs, which included those requiring 2 staff, which facilitated people's discharge from hospital, improving both the outcomes for the person, and by reducing pressures on the wider health care system.

As part of the provider's commitment to the development of an enhanced management structure to better support staff and improve internal accountability, plans were in motion to introduce dedicated quality assurance, absence management, safeguarding and complaints leads. The aim being to strengthen learning, oversight, and responsiveness across the service.

The provider had introduced the 'OneTouch electronic care monitoring system, which provided accessible electronic data and information as to people's care needs, which could be accessed by key partner and agencies within the social care sector. This had contributed to effective sharing of information, improved communication, directly affecting the service people received as it facilitated timely referrals, including requests for additional resources and equipment.

Similar services nearby...

Integrated Crisis Response Service
In Leicester, LE5 4PW

Macdave Services Ltd
In Leicester, LE5 4WH

Grace Care UK
In Leicester, LE5 5GE

Appendix C

Leicester City Council

Social Isolation and Loneliness

Adult Social Care Scrutiny

Date of meeting: 12 March 2026

Lead directors: Kate Galoppi

Useful information

■ Ward(s) affected: ALL

■ Report authors: Kate Galoppi

■ Author contact details: kate.galoppi@leicester.gov.uk

■ Report version number: 1.0

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1. Summary

1.1 Social Isolation and loneliness are significant challenges that directly impact physical health, mental wellbeing, and demand for social care. While social isolation refers to limited social contact, loneliness is the subjective feeling of disconnection. Both are associated with increased risk of chronic illness, mental health conditions, cognitive decline, and premature mortality.

1.2 As a division, Adult Social Care recognises both the impact of loneliness and isolation, and the likelihood of people who draw on social care being at greater risk of becoming lonely and or isolated.

1.3 There are several approaches that the Department utilises to support people so that they are less likely to be lonely or isolated, across both operational social work teams, and the commissioning approach for services to support people.

1.4 In addition to the work of our Leading Better Lives programme that is working to deliver our early action offer, supporting community connections, there has also been a key piece of work led through the Leicester Health and Inequalities Board aimed at reducing social isolation for people with a severe mental illness (SMI). These further compliment the delivery plan for the Health and Well Being strategy (2022-27), and the priority under the Healthy Minds objective to reduce levels of social isolation in older people and adults.

1.5 This report provides an overview of these approaches and welcomes a discussion from members on what more could be done to address this issue and thereby improve individual health outcomes, addressing inequalities, and reduce demand on statutory services.

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2. Recommendations

2.1 For ASC Scrutiny members to comment on the work that is underway and provide comments for further improvements.

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3. Report

Background and Context

3.1 Social isolation (limited social contact) and **loneliness** (subjective feeling of disconnection) are linked to poorer mental and physical health outcomes, increased use of healthcare, and accelerated need for social care support across all ages. These issues disproportionately affect certain groups including older people, those with long-term illness, people with a disability, neurodiversity, people out of work, living alone and or affected by features of the built environment such as poor access to public transport.,

3.3 Social isolation and loneliness have serious impacts on mortality, physical health (e.g. cardiovascular disease and type 2 diabetes), mental health (e.g. depression and anxiety) and society (e.g. education, employment, economic growth, innovation).

3.4 There is a substantial body of international evidence which demonstrates that social isolation and loneliness are significant risk factors for poor health outcomes in older people. The World Health Organization recognises loneliness and social isolation as key social determinants that affect healthy ageing, linked to functional decline and reduced quality of life.

3.5 Social isolation and loneliness is both a risk factor for SMI, and a potential issue for people who are diagnosed with an SMI who may be more likely to experience anxiety around social situations, live alone, be out of work, and / or have limited support networks.

The position for Leicester:

- The Health and Wellbeing Strategy for Leicester (2022-27) identifies *Approx. 30,000 residents* are estimated to be socially isolated.
- The Health and Wellbeing survey (2024) show around 11% of residents have reported experiencing one social isolation issue at least often. This equates to an estimated 33,500 residents.
    - Further analysis reveals that White British (16%) and residents in the Northwest (26%) were significantly more likely to report feelings of social isolation.
    - Other groups that were significantly more likely to report feelings of social isolation include our LGBTQ+ (42%) communities, those who are economically inactive because of long term sickness or disability (41%), and those resident in social rented accommodation (19%).
- Leicester has higher levels of socioeconomic deprivation (now ranked in the top 6% most deprived areas in England), factors which correlate with increased isolation risk.
- The proportion of people who use services who reported that they had as much social contact as they would like is lower for Leicester compared to the East Midlands region and the England average (ASCOF 5A Part 1 2024/25: 40%;45%45%)
- The proportion of carers who reported that they have as much social contact as they would like is higher for Leicester compared to the East Midlands region and the England average (ASCOF 5A Part 2 2024/25: 34%;29%;30%).

4.0 Social Work interventions

4.1 Given the risk factors of social isolation and loneliness and the individuals at greatest risk, the implications for social care are demand and system pressures with individuals without informal support networks more likely to rely on statutory provision.

4.2 Enablement Service

The Enablement team in the First Contact and Early Support Service helps people to connect with their communities and build networks that will enable them to become socially independent and included within the communities that matter to them. The team reach out to people in the diverse communities that they are already familiar with and feel comfortable in, to find individuals who are looking for opportunities for growth and those facing barriers to achieving independence. The team helps people to identify short, medium, and long-term goals to achieve or maximise their social wellbeing and provides either one-off sessions or a short programme of dedicated input to work towards these.

4.3 Assessment and Support

4.4 In assessing people and identifying appropriate support social workers adopt a strength-based approach to the work they do. Strengths based conversations with people enable social work staff to explore family / support networks, hobbies and interests, cultural and faith connections, and community participation - identifying opportunities for connection. They are seeking to understand 'what makes a good day' for people.

4.5 A support sequence is embedded in practice that structure conversations, decision-making, and care planning in line with the wellbeing and prevention duties of the Care Act 2014.The support sequence addresses loneliness and isolation by identifying loneliness early through strength-based conversations about what matters and relationships. This in turn prioritises natural connections and encourages community solutions, looking at the local opportunities for a person before putting in formal support, linking to the VCSE, faith groups.

4.6 Supported Employment / Connect to work

Our in-house team provides support for people to gain and sustain employment. Originally aimed at supporting people with a learning disability or autism, the teams' remit has expanded through the Governments roll out of Connect to work, to support a broader set of people. Recognising the link between unemployment and social isolation the outcomes that this service delivers includes reducing loneliness and social isolation.

4.7 Asset Based Commissioning

The Department has adopted an asset-based commissioning approach which compliments strengths based social work practice. In practise this means that commissioned services are required to work in partnership to ensure that they are supporting people who use their services to connect to the assets that sit outside of the commissioned service but that can add value and support to a person's

wellbeing, supporting connections, and therefore impacting on social isolation. For example, the home care contract has included in its service specification since 2017 that carers delivering homecare / personal care to people in their homes should work with the person to connect them to other facilities in the local community, not just focus on time and task.

This is replicated across all our contracted services including supported living, and other preventative services such as dementia support, and carers support. Our commissioned community day opportunities service is aimed at connecting people with their local communities, supporting integration into everyday life. Advocacy support can also be a key intervention in helping people reduce isolation.

4.8 Leading Better Lives

Through extensive engagement and coproduction Our Leading Better Lives programme of early action is delivering key actions aimed at addressing social isolation and loneliness and supporting people to know what is available in their communities and where / how to seek help. Delivery so far has included 'Leicester Communities together' information and advice festival in Jubilee Square; development of Local area co-ordinators and street champions in 3 pilot areas of the City; and community drop-ins working with colleagues from across the Local Authority and health in coordinating a 'one stop shop' approach for people looking for advice, information and support at community venues across the city.

The next phase of Leading Better Lives will see us scaling up our ambitions to deliver a programme of early action across 4 pillars of prevention: partnerships; the community offer; ways of working; and digital. Governed by a programme board reporting to the Health and Wellbeing Board, Directors from across the LA will take ownership in sponsoring the work, with the roll out recognising and incorporating much great work already being delivered by Departments and the added opportunity for coordinated effort to maximise impact.

4.9 SMI and social isolation task and finish work

Leicester prevention and health inequalities board identified SMI and social isolation as a significant and preventable health risk and put in place a task and finish group of partners from across the Local Authority and health, and with people with lived experience and carers to identify opportunities to deliver targeted action.

The group has delivered a set of tangible actions that supports early identification, connections to community assets, and physical health interventions noting both the link between physical and mental health, and the opportunity to reduce isolation through access to physical activity classes. Notably Leicestershire Partnership Trust has included questions about social isolation within their patient information booklet. In addition, the Joy platform which has been adopted as the mainstay for IAG for mental health support is being promoted as a tool for professionals to connect people with services, and to the VCSE to register their activities. The live well service, and our leisure centres have confirmed that they can adapt their offer to meet individual needs, as well as offer space for dedicated activity for people with an SMI to attend for example via a day centre / group booking.

4.10 Health and Wellbeing Strategy (2024-27)

The healthy minds theme for action in the 2024-27 HWB strategy has a priority to reduce levels of social isolation in older people and adults. Appendix 1 is a progress report of the delivery against this, demonstrating the raft of work delivered through Public Health, and through the LLR mental health collaborative.

5.0 Summary and Concluding Comments

Loneliness and Social isolation are risk factors for physical and mental health, and mortality, and more likely to be experienced in older people, people with a long-term illness / disability, neurodiversity, and carers.

The strengths-based approach to social work and asset-based commissioning in the Department support a range of interventions aimed at reducing this and its effects. This is complimented by our Leading Better lives early action work recognising the importance of early intervention and community connections.

The report outlines a range of actions and initiatives that are being delivered further to this through the Leicester Prevention and Inequalities Board, and the Health and Wellbeing delivery plan.

In addition to those actions noted in this report, as a local authority we are well positioned to lead preventative action to reduce social isolation and loneliness through our range of universal offers and community infrastructure. The scaling up of the Leading Better Lives work and the sponsorship by Directors across the authority presents an opportunity to build on this work and support coordinated, measurable impact to support improved outcomes for individuals, reducing demand on statutory provision, and preventing avoidable ill health.

4. Financial, legal and other implications

4.1 Financial implications

There are no direct financial implications arising as this report is not seeking additional funding. It is an update report seeking comments on the work that is underway. This work will be funded via existing budgets in Leicester City Council and through budgets held in partner organisations for this.

Mohammed Irfan, Head of Finance
18 February 2026

4.2 Legal implications

There are no apparent direct legal implications of this report. Where services are commissioned from external third parties to facilitate the various initiatives outlined

above, legal support should be sought to ensure that the contracted services meet the requirements of the Procurement Act 2023 and the Council's internal Contract Procedure Rules.

Emma Young, Qualified Lawyer
20 February 2026

4.3 Climate Change and Carbon Reduction implications

There are no significant climate emergency implications arising from this report, however as service delivery generally contributes to the council's carbon emissions, any impacts of carrying out additional activities and projects can be managed through measures such as requesting that staff/partners use sustainable travel options or provide remote services where appropriate, using buildings and materials efficiently and following the council's sustainable procurement guidance, as applicable to the programme.

Phil Ball, Sustainability Officer. Ext 372246
18th February 2026

4.4 Equalities Implications

Under the Equality Act 2010, public authorities have a Public Sector Equality Duty (PSED) which means that, in making decisions and carrying out their activities they have a statutory duty to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected Characteristics under the Equality Act 2010 are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation. The report provides and overview of the work and approaches being taken to address social isolation and loneliness.

Social isolation and loneliness have clear equality implications, because they affect some groups much more than others and can deepen existing health inequalities in the city. Older people, disabled people and those with long-term health conditions, people with severe mental illness, LGBTQ+ residents, people in social housing, and those who are economically inactive due to sickness or disability are all at higher risk of being or feeling isolated.

The strengths-based social work model, asset-based commissioning, Leading Better Lives programme and the SMI task and finish work all contribute positively to the Council's Public Sector Equality Duty by improving access to community assets, targeting groups at highest risk, and promoting inclusion. Continued co-production with people with lived experience, and monitoring of who is accessing and benefiting

from interventions, will be important to ensure that these actions advance equality of opportunity and help to reduce unfair and avoidable differences in health and wellbeing across Leicester.

Equalities Officer, Surinder Singh, Ext 37 4148
Dated 23 February 2026

5. Background information and other papers:

8. Summary of appendices:

Appendix 1 - Mental health and wellbeing related to social inclusion, and supportive networks, progress report

Date 17.02.2026

<u>Title of workstream</u>: Mental health and wellbeing related to social inclusion, and supportive networks

- <u>Objective</u>: *Improving the mental health of our local population by promoting and facilitating community-based offers that support inclusion, connectedness*

Reporting Project (*governance*)	Project KPIs and Targets	Update	Next steps	PLUS Groups - SMI - LD - Homelessness - Care experienced young people	Risks and mitigations	RAG for period	Outcomes Contributing to RAG Rating
Neighbourhood Mental Health Cafés *LLR Mental Health Collaborative*	Case studies demonstrating impact. Quality review of individual cafes. Healthwatch 'Enter and View' Report completed and published. High level findings include; • Consistently positive picture of warm, welcoming spaces offering emotional and practical support.	Monthly data and case studies collated. Reviews of individual cafes ongoing. City: Apr to Dec 2025 X8 VCS Orgs providing cafes X19 café sessions per week across Monday to Sunday Total contacts: 3,397 Total new users: 771	Complete review of cafes by November. Cafes are reviewed twice per year – completed. Webpage live for providers containing all policies and procedure documents for the cafes.	n/a	No risks		

	•Café staff are widely praised for their compassion, active listening and knowledge of mental health needs. •The availability of one-to-one space was noted as particularly beneficial, giving individuals the privacy and time they needed to talk openly and feel heard. •Cafés are described by many people as a "lifeline"						
"Bringing People Together" Social Inclusion Programme *Community Public Health Steering Group*	**Let's Get Together (LGT)** **Offers a range of free activities in community buildings such as arts/crafts, walks, refreshments and gardening** Maintain regular weekly health walks from community	Health Walks are well attended approx. 120 people a month attend health walks and around 18 people attend sociable strolls 3 new health walks started last year Orchard Walks began last year and have been popular	LGT working group members working together to support active travel to undertake Sociable Strolls throughout the year and encourage social interaction afterwards with refreshments	All walks are risk assessed and accommodations made for individual circumstances where appropriate and possible.	LGT operates by close partnership working with other departments. Active travel organise sociable strolls – may be unable to continue this activity past Merch 2026 due to staffing and capacity issues		

locations and encourage social interaction over refreshments					
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Warm Welcome to take place in all libraries between October and April	All libraries are offering Warm Welcome in 25/26	- Early planning for 26/27	- Warm welcome is open to anyone in the city. Anecdotal reports of homeless people participating.	Potential changes due to the library consultation could have a detrimental impact.	
An additional offer targeting people who may not use libraries	A warm welcome operates in the community Hub in the Haymarket Shopping centre on Mondays from 2pm - 4pm as part of the 2025/2026 offer. Hosted by the PH team	Explore possibility of working with the Haymarket in the future	People attending the Haymarket centre include non-english speakers and elderly people.	Being unable to find a suitable location for warm welcome within the Haymarket.	
Let's Get Digital	280 people successfully completed the		The team attend community locations and offer the course	Let's Get Digital is externally funded for 3 years from	

	Sessions focusing on meeting health and social needs continue with regular activities and 'drop-ins' at several locations in the city. Public Health will fund the programme for another three years from April 2027. Let's Get from A to B (travel training online) has been added to the programme as an additional module. Target to enrol 200 people a term onto this module Enrol 240 people per term on the course Maintain 60% of successful attendees accessing follow on courses Work with 10 organisations per	course (Apr '24- June '25) 55% of people continued digital learning after these sessions accessing another course • An additional module 'Let's Get from A to B' is due to start shortly. People will have support with finding information, planning journeys, using google maps and booking tickets online	Relaunch of LGD 2026 including full media campaign.	as people learn on their own devices. Targeted work with social housing tenants and people with poor mental health started in January 2026	April 2026 after which time the programme is at risk unless an alternative source of funding is found. Relaunch media campaign needs to be thorough.		

annum offering LGD at their sites ------------------------ Let's Get Active (contracted service) establish weekly physical activity sessions operate in 5 locations across the city	Provider is achieving targets, seeing around 35 people a month. Of which 25% are from priority groups	Explore options for reprocuring the contract acter the pilot period.	• Identifying and supporting people who are not digitally literate. Increasing accessibility by working with VCSE providing courses in familiar locations increases participation. Women only sessions are held weekly.	None at present time	
Let's Get Growing (Contracted) Increase number of community food growing plots at allotment sites Increase access to food growing through the seed library and other initiatives	Provider is achieving targets Contract up for recommissioning procurement in April 2026 The Leicester and Rutland TCV project has been assisting Let's Get Growing by using Leicester community food	Encourage community groups to take up community plots Continue to support school-based initiatives Encourage participation in the seed library and other initiatives	Promote growing sessions through CWC network Work with VCSE organisations to support more people from plus groups to access activities	TCV deliver community gardening at LCC owned sites, changes to the ownership/ opening times of sites may disrupt provision. Possibility of receiving no bids or low quality bids for the contract.	

Support educational settings to access food growing	growing sites to host corporate volunteering team days. Besides entry level courses TCV have provided a number of intermediate level courses and workshops tailored towards gardeners with existing experience, to allow community groups and individuals to develop their skills further in a supportive environment	Support growing initiatives at the library and community centre				
Community cooking sessions	Internal partnership between public health and adult learning offering free cooking skills courses in community locations, mainly hosted by VCSE organisations .	Sessions are dependent on short-term HSF funding- explore possibility of sessions continuing.	Sessions offered are targeted including young people, older people, people with mental ill health.	Funding is a risk.		

| Prevention Concordat for Better Mental Health

Mental Health Partnership Board | Partnership Board receives reports to address health inequalities

Mental health in all policies, such as access to green space, transport, leisure, arts, and culture | Various sources of information looking at addressing Health Inequalities as they pertain to Mental Health in Leicester:

Mental Health and Wellbeing Survey on mental wellbeing in Leicester.

Real Time Suicide Surveillance Data

African Heritage Alliance report Black Mental Health and Me

Poverty and Mental wellbeing: Foodbanks Plus

Health Equity Audit by Leicester Counselling Centre

Working with LLR Mental Health Collaborative, ICB, LPT, | Working with key stakeholders on

Patient and Carer Race Equality Framework [PCREF]

Raising awareness of suicide risk to MH Collaborative, the Partnership Board, Lead Member and ICB

Procurement of Foodbanks Plus for people at risk of poor mental health linked to poverty.

Mental Health Collaborative for work on Foodbanks and breast screening for cancer.

Application submitted for a refreshed Joint Strategic Needs Assessment on Mental Health in Leicester. This has the support of the Mental Health Collaborative and the Partnership Board. | Patients and carers from minority ethnic backgrounds

People resident in the most socioeconomically deprived areas of Leicester

Women with a serious mental illness | Financial pressures on ICB has risk of sidelining the impetus to address health inequalities and the prevention agenda in favour of supporting services and a reactive approach. | | |
|---|---|---|---|---|---|---|---|

		Leicestershire County Council, on improved uptake of breast screening for women with serious mental illness.					
Joy platform rollout *LLR Mental Health Collaborative*	Quality Review of the impact of Joy including data, case studies and partner testimonies.	Work ongoing with social prescribers to collate data, case studies and testimonies.	Joy added to the agenda of Leicester City Learning Disability Partnership Board is on Monday 28th April. Easy Read poster	n/a			
Mental Health Friendly Places *Leicester City Council - Public Health*	Case studies demonstrating impact Survey collating feedback from the Mental Health Friendly places to measure positive impact	230 organisations signed up to the programme across LLR. • 54 City organisations • 39 organisations that cover	Develop more Mental Health Friendly Clubs by working with the local Football Association and Active Together and Sports and recreation team. Develop a business offer for Mental Health Friendly Places, to	n/a	Organisational capacity to enable training requires flexible offers		

LLR as a whole
- 16 mental health friendly clubs (city)

162 people trained in MH first aid aware in City and LLR organisations

132 MH first aiders trained in City and LLR organisations

30 people trained in Samaritans Listening Skills in City and LLR organisations

22 people trained in Healthy Conversation Skills in City and LLR organisations

30 people trained in Real Talk Suicide Prevention training

include bespoke training to fit with ways of working e.g. lunch and learn. Targeting support for small businesses, e.g. barbers, hairdressers

Continue to offer bespoke training on men's mental health

Ongoing work with FA around 'Mental Health Friendly Clubs, my space my game' to train committee members and welfare leads of 5 clubs. Current City clubs trained are Friar Lane and Epworth FC, GNG FC and AFC Andrews all will be delivering football sessions in the coming months. Mental Health Friendly Clubs launched summer 2025. 16 MHFC's so far in the City. Working in partnership with Active together to host information webinars for clubs. Sporting clubs being targeted to offer mental health training to support adults attending and can be signposted on					

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93		to further support if needed to local services. Together For Men conference hosted in Nov 2025 at Leicestershire County Cricket Ground. Over 100 MHFC's, MHFP's and professionals attended. Talks were given from key services that support men and their mental health alongside stalls showcasing their offers of support. Mental Health Friendly Places and Clubs now have social media platforms on facebook and Instagram to encourage sign ups to the programme and promote the work of mental				

		health friendly places and clubs. Working with partners at LPT to roll out trauma informed care training for personality difficulties through mental health friendly places platform.					
Getting Help in Neighbourhoods Projects *LLR Mental Health Collaborative*	Quarterly case study theming takes place to demonstrate the impacts and outcomes of the GHiN projects.	Monitoring of the scheme has been undertaken by the Mental Health neighbourhood leads. An online Provider meeting has been established which focuses on key and essential developments and information to maintain high quality provision across the GHiN projects.	Grant agreements to be negotiated for 26/27 once budget agreed by ICB.	N/A	At present no risks identified.		

		A coproduction group has been established to increase the number of organisations informing developments, such as improving outcomes recording using recognised evidence-based tools.					

Leicester
City Council

Equality and Diversity Development

Adult Social Care Scrutiny Commission

Date of meeting: 12 March 2026

Lead director/officer: Laurence Mackie-Jones

1. Summary

This report sets out the Social Care and Education Department's improvement ambitions with regards to equality and diversity over the 2026-27 year.

2. Recommendation(s) to scrutiny:

Adult Social Care Scrutiny Commission are invited to comment and make any recommendations with regards to the department's plans.

3. Detailed report

3.1   The Social Care and Education Department has fourteen priority areas for the 2026-27 year. These are:

- Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections
- Developing Leading Better Lives into a programme delivering early action across the city with cross council support and closely aligned to and supporting the delivery of neighbourhood health plans
- Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place
- To continue our financial grip on finances and seek opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery
- To develop a maturity matrix for our Equality, Diversity and Inclusion work and to deliver on a clear plan to advance our growth
- Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement
- Having clear medium- and long-term strategies in place for children's residential provision and adult supported living
- Deliver a programme to develop a performance culture across the department
- Developing a consistent methodology to underpin our quality assurance processes across the department
- Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency
- To review our partnership plans around SEND to deliver on the new government strategy once this is clear

- To develop and officially launch our Social Care Academy and our wider approach to recruitment, retention and continual professional and leadership development
- Refine and begin to deliver our plans on preparing for adulthood and transition to adult services
- Begin to prepare for Local Government Reorganisation

3.2   Equality and diversity is a golden thread that runs through all of these priorities but priority five sets out a specific goal around planning progress in this area.

3.3   The Equality, Diversity and Inclusion (EDI) Action Plan sets out the Social Care and Education (SCE) Department's commitment to strengthening its anti-discriminatory and anti-racist practice over the period 2025–2027. The plan focuses on meaningful staff engagement, organisational self-assessment, capability building, and embedding inclusive values into everyday practice.

3.4   A central element of the plan is a department-wide consultation with staff. During 2025, staff were invited to respond to the question: *"If the SCE Department at Leicester City Council was the best version of an anti-discriminatory and anti-racist organisation in the country, what would have changed?"* This question was published through the SCE newsletter and there have been over fifty individual and group responses. The findings will be analysed by independently by an organisation called Mission Diverse and will be used to inform the department's audit framework and provide a staff-led evidence base for improvement activity.

3.5   Building on this consultation and existing audit tools, the department will develop a bespoke version of the maturity model being adopted corporately to benchmark its current position on equality, diversity and inclusion. This work will involve collating established maturity frameworks, cross-referencing them with staff feedback, and producing a tailored model that reflects the SCE context. By March 2026, this maturity model will be used to develop a clear, prioritised action plan to support continued improvement over the next two years.

3.6   The department will also continue to articulate and reinforce its core beliefs and values in relation to equality and diversity. These values affirm a commitment to dignity, respect, inclusion, and recognition of the structural nature of discrimination. They emphasise the importance of ongoing reflection, challenge, and empowerment so that all staff feel heard and able to thrive. These beliefs have already been published in the SCE newsletter and will be actively promoted and reinforced through further communication and engagement opportunities. The also form part of the consideration of the Value Based and Ethical Leadership" module on the departments "leading Performance programme" which is mandatory for all managers during the first half of 2026.

3.7   In order to strengthen inclusive leadership, the department is committed to ensuring that all managers complete training in active bystander intervention, unconscious bias, and reasonable adjustments. By March 2026, an assessment will be undertaken to identify training completion levels, and a robust system will be established to monitor ongoing uptake. Progress will be overseen through the Learning and Improvement Board, with the aim of achieving full coverage by September 2026. Whilst awareness training exists on unconscious bias we are

investigating at self-testing to help people be aware of how their own biases may impact on their decision making.

3.8 Inclusive decision-making remains an established and ongoing priority. The department will continue to support staff participation in inclusive decision-making forums and will develop a forward plan to identify areas where consultation is required. This work is already in place and will continue to be embedded as part of routine practice.

3.9 The plan also includes the development of a community of practice focused on anti-racist practice. This will be shaped by staff feedback and aligned with existing Social Care Academy and Evidence into Practice initiatives. The intention is to create a sustainable space for shared learning, reflection, and practice development, with a planned launch in November 2026.

3.10 In relation to external scrutiny, the department will continue to actively engage with inspection and peer review bodies to ensure that review teams are representative and have an understanding of unconscious bias. This approach has already been undertaken during the ASEND inspection and will be reinforced through ongoing dialogue, including the Ofsted annual conversation.

3.11 Finally, the department will deliver the *Diverse By Design* workforce and communities baseline assessment. This assessment will support targeted action planning and provide a clearer understanding of current strengths and areas for development, with delivery scheduled for October 2025.

3.12 Together, these actions provide a structured and transparent approach to advancing equality, diversity and inclusion across the SCE Department, ensuring that progress is informed by staff experience, supported by evidence, and embedded into leadership, culture, and practice.

Regional Work

3.13 The Leicester Director of Childrens Services (DCS) is the current lead of diversity and equality for the Regional Improvement Alliance of local authority children's services. The third Diversity in Leadership conference will take place on the 26th March in Nottingham.

3.14 Leicester has had five participants in eth regional development programme for global majority manager, Beyond Barriers. This initiative is aimed at colleagues from the global majority, particularly those who exhibit promise and potential for senior strategic leadership roles in children's services. The regional Directors of Children's Services (DCSs) recognise that individuals from diverse backgrounds face numerous barriers to making career progress. This programme is designed to address and surmount some of these obstacles and challenges.

Expected Outcomes

3.15 Implementation of this Equality, Diversity and Inclusion Action Plan will support sustained cultural and practice improvements across the SCE Department. The planned activity is expected to result in:

- Increased staff engagement and confidence that equality, diversity and inclusion issues are actively listened to and addressed.

- Increased confidence of global majority staff to develop in managerial and leadership roles

- A clear, evidence-based understanding of the department's current position in relation to anti-discriminatory and anti-racist practice, supported by a tailored maturity model and action plan.

- A better understanding of differential outcomes for different demographics within the city

- Improved leadership capability through increased completion and monitoring of training on unconscious bias, active bystander intervention, and reasonable adjustments.

- More consistent and inclusive decision-making, underpinned by structured consultation and staff involvement.

- Improved organisational readiness for inspection and peer review, including greater awareness of unconscious bias and the importance of representative review teams.

- A stronger foundation for continuous learning and improvement through the development of an anti-racist community of practice and alignment with existing workforce development initiatives.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications
There are no direct financial implications arising from this report.

Signed: Mohammed Irfan, Head of Finance

Dated: 16 February 2026

4.2 Legal Implications
There are no direct legal implications in respect of this in respect of plans being progressed.

Signed: Susan Holmes

Dated: 16th February 2026

4.3 Equalities Implications
Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED) which means that, in carrying out their functions they have to pay due regard to the need to eliminate unlawful discrimination, harassment and victimisation, to advance equality of opportunity between people who share a protected characteristic and those who don't and to foster good relations between people who share a protected characteristic and those who don't.

Protected characteristics under the Equality Act 2010 are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

This report summarises the Social Care and Education Department's plans to strengthen equality and diversity during 2026-27, focussing on 14 priority areas. Progressing the work identified within these priorities is expected to deliver positive outcomes for people who use our services, representing a wide range of protected characteristics. The implementation of the Equality, Diversity and Inclusion Action Plan will help to improve cultural and practice improvements for staff via training and development.

In delivering services, it is essential that the city's demographic profile is considered. Monitoring service uptake will help the Council to ensure it is reaching a broad range of groups, particularly those most at risk, and will assist in identifying any gaps or areas of concern so that appropriate mitigating actions can be implemented. Where service changes are proposed, Equality Impact Assessments (EIAs) should be undertaken to ensure equality considerations are addressed and due regard is given as part of the decision-making process.

Signed: Sukhi Biring, Equalities Officer

Dated: 17 February 2026

4.4 Climate Emergency Implications

There are no significant climate emergency implications arising from this report.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Dated: 16th February 2026

4.5 Other Implications

Signed:

Dated:

5. Background information and other papers:

Equality and Diversity Plan 2026-27

6. Summary of appendices:

SCE Diversity Action Plan 2025 / 2026

Commitment	Actions / Milestones	Timescale	Owner	Status
We will consult with all staff across the department on the questions "If the SCE Department at Leicester City Council was the best version of an anti-discriminatory and anti-racist organisation in the country, what would have changed?"	- Publish question in Nov SCE newsletter - Analyse responses - Feed analysis into the audit framework	January 2026	Laurence Jones	On track
We will use the result of that consultation and existing audit frameworks to build a maturity model against which to benchmark ourselves and make a plan of action	- Collate existing maturity frameworks - Cross reference with staff question responses - Build maturity framework - Create plan to advance maturity	March 2026		Not yet commenced
We will reiterate our beliefs and values in relation to equality and diversity: "We believe in the inherent worth and dignity of every individual and we are committed to fostering a culture of respect, equality, and inclusion. We celebrate diversity in all its forms recognising that our relationships enrich us. We recognise that discrimination and equality can be structural and it takes continual, often uncomfortable, reflection and perseverance to challenge this. Everyone must be	- Publish beliefs and values in the SCE newsletter - Find opportunities promote and reinforce our diversity statement	September 2025		Published in newsletter

SCE Diversity Action Plan 2025 / 2026

heard and valued and empowered thrive".				
We will ensure that over the coming year all managers have undertaken active bystander, unconscious bias and reasonable adjustment training.	- By March 2026 to have assessed which managers have competed the training and to have in place a way of monitoring up take - Use Learning and Improvement Board to monitor progress	By September 2026		Not yet commenced
We will continue to develop our model of Inclusive Decision making	- Continue to support release of staff for these meetings - Create a forward plan of areas for consultation	Ongoing	Kate Galoppi	In place
We will develop a community of practice around anti-racist practice	- Develop parameters of COP based on staff feedback - Work this into our Social Care Academy and Evidence into Practice initiatives	Launch November 2026		Not yet commenced
We will ask that any peer review or inspection team for Leicester is representative and understands the challenges of unconscious bias	- Active communication with inspectorate ahead of and at the point of inspections	Ongoing	Laurence Jones	Undertaken for ASEND inspection and will be reiterated in Ofsted annual conversation.
We will deliver Diverse By Design, improving our workforce and communities baseline assessment through targeted action planning		October 2025	Kate Galoppi	

Leicester
City Council

Annual Report 2024/25 Adult Social Care (ASC) Complaints and Commendations

Adult Social Care Scrutiny Commission

Date of meeting:12/03/2026

Lead director/officer: Laurence Mackie-Jones

Useful information

- Ward(s) affected: All
- Report author: Joanne Tansey
- Author contact details: <u>joanne.tansey@leicester.gov.uk</u> 0116 454 2472
- Report version number: V1.3

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1. Summary

The purpose of this report is to provide Adult Social Care's Scrutiny Commission with a copy of the Annual Report for 2024/25 produced in relation to Adult Social Care's (ASC) statutory, corporate, Local Government & Social Care Ombudsman complaints and commendations. Information within this report provides a full picture of the formal complaint contacts and commendations received across the Department and accompanying analysis.

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2. Recommendation(s) to scrutiny:

Adult Social Care Scrutiny Commission are invited to note the contents of the 2024/25 Annual Report for Adult Social Care's statutory, corporate, Local Government and Social Care Ombudsman complaints and commendations.

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3. Detailed report

The Annual Report 2024/25 for Adult Social Care complaints and commendations is included in full at Appendix 1 of this report.

3.1 Early resolution actions

3.2 Where possible, services across Adult Social Care proactively address and resolve the many and varied informal contacts received promptly and directly, outside of the statutory complaint process. Work is continuing within the department to ensure that any themes and trends arising from these broader contacts are usefully captured; to contribute to the department's understanding about the relevance and quality of the services being provided to individuals drawing on social care support and carers.

3.3 Aside from the specific complaint information noted in this report, the Adult Social Care complaint team directly received 193 other general contacts in 2024/25, addressed with some further brief involvement: 66% of these contacts went on to be forwarded to a specific team in ASC for direct action, 16% were redirected for the attention of other Council services, 15% were for Leicestershire County Council, and a remaining 3% were not for the local authority.

3.4 The details noted in the annual report are specifically in relation to the more formal enquiries, statutory, corporate, Local Government & Social Care Ombudsman complaints considered, as well as commendations received by Adult Social Care in the last year. This information is provided with some further analysis of the types of complaints received, by division and across service areas.

3.5 The full version of the annual report is attached for information at Appendix 1.

For the purposes of this meeting and of note from 2024/25:

3.6   The number of formal statutory complaints concluded during the year was 68 (this represents approximately 1.3% of people drawing on long term Adult Social Care support.)

3.7   Twenty complaints were upheld (29% of total) and ten (15%) were partially upheld (44% of total).

3.8   Forty-nine contacts initially forwarded to the ASC complaint team were reviewed and proceeded to be actively addressed by services within the department, further to receipt, rather than being dealt with as formal complaints directly (noted as initial enquiries). The initial enquiries were varied and covered a wide range of topics such as issues around support and care provision, contact/access issues, waiting times, change in support arrangements and potential safeguarding action.

3.9   The most frequent matters complained about in 2024/25 related to aspects of care support and assessment (including finance matters).

3.10 The top reasons for making a complaint in 2024/25 were in relation to the following: challenging practice decision, lack of communication / consultation / information, followed by a delay in receiving a service.

3.11 Complaints with partially upheld / upheld outcomes were also concluded on the same basis above - challenging practice decision, lack of communication / consultation / information, followed by a delay in receiving a service.

3.12 During 2024/25, ASC noted the conclusion of nineteen Local Government & Social Care Ombudsman (LGSCO) enquiries in relation to its services. Four upheld enquiries were noted in relation to the department's actions directly. (A further complaint is also noted for adult social care with the Ombudsman's annual figures, but this complaint specifically concerned the administration elements of a disabled facilities grant, for which the related actions, complaint response and remedies were concluded directly by the Housing Division).

3.13 According to the Ombudsman's Review, 79% of all ASC complaint investigations undertaken across England in 2024/25 were upheld. The City's upheld rate for ASC complaints in the same year was 71%.

3.14 The Department receives many more commendations that it does complaints. There were fewer commendations formally logged than in the previous year but one hundred and sixty commendations were received, reflecting the good service provided. Managers have been reminded to log the positive verbal feedback that they receive, so that this can be formally reported. The commendations received have been acknowledged further within the Department and with the members of staff concerned.

3.15 A key part of managing complaints involves identifying learning and taking suitable actions to avoid similar issues arising again. Follow-up actions may be implemented on a departmental or service-specific basis, or isolated, in relation to an individual complaint. Some of the department's learning and associated actions in response to the complaints considered in 2024/25 is set out at section 7 of the annual report and included such actions as staff training in relation to specific areas of social care work, staff reminders issued in relation to best

practice, changes in practice/processes and further guidance or information produced.

3.16 As noted earlier at paragraph 2.2, further work is continuing to make sure that the Department considers all sources of feedback it receives holistically (including complaint and commendation information), in conjunction with the work of ASC's Practice Oversight Board. This Board focuses on the links between wider feedback received across the department, learning and making practice improvements.

3.17 Further to the Care Quality Commission's assessment of Leicester City's adult social care and the report published in July 2025, specific areas for improvement have been identified for further action and an improvement plan is in place for 2025-2027. It is expected that some of the specific areas noted with the action plan will result in a positive impact on the common complaint themes that arise and include:
- Improving the experience of carers
- Waiting times and timeliness
- Safeguarding

3.18 The ASC complaints team continues to work with managers to ensure that efficient, robust and thorough investigations are undertaken for all incoming complaints. Without compromising the independence of the complaint process, the complaints team provides support that helps to avoid additional costs that could be incurred through the engagement of external complaint investigators. The team works to ensure that quality, open and transparent responses are provided to individuals in receipt of support from ASC: making sure that any corrective actions or remedies are identified and addressed as appropriate, with lessons for wider service learning also being taken forwards.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications

There are no direct financial implications arising from this report.

Signed: Mohammed Irfan

Dated: 21/11/25

4.2 Legal Implications

I confirm that there are no specific legal imps on this annual report.

Signed: Susan Holmes

Dated: 4th December 2025

4.3 Equalities Implications

The Annual Report 2024/25 details information about statutory, corporate, Local Government & Social Care Ombudsman complaints, as well as commendations that have been received by Adult Social Care during the last year. Complaints are a valuable source of information which can help to identify recurring or underlying problems and potential improvements. Having an accessible robust complaints

procedure in place ensures fair redress to dissatisfaction experienced and reported by users of services and carers on their behalf.

This process is in keeping with one of the council's equality and diversity strategy priorities areas, to design, commission and deliver services that are, inclusive and responsive to the needs of people and communities in Leicester. Analysis has been undertaken in terms of complainants' profiles, as recorded in the report, to ensure that the complaint procedure remains accessible and equitable to all. The report provides evidence to inform progress against this outcome. In addition, recording and analysis of complaints received as set out in the report enables the council to consider whether it is meeting the general Public Sector Equality Duty aims of eliminating discrimination and promoting equality of opportunity in its service provision.

Signed: Equalities Officer, Surinder Singh
Dated: 24th November 2025

4.4 Climate Emergency Implications

There are no significant climate emergency implications directly associated with this report.

Signed: Phil Ball, Sustainability Officer, Ext 372246
Dated: 24th November 2025

4.5 Other Implications

None.

Signed:
Dated:

5. Background information and other papers:

The Adult Social Care complaint process adheres to the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

The Regulations' publishing requirements for Local Authorities and complaints highlight that the following details should be made available annually:

I.   The number of complaints received within a period 1st April – 31st March.
II. The number of complaints determined as well-founded.
III. The number of complaints referred to the Local Government Ombudsman.
IV. A summary of the subject matter of complaints received.
V.   A summary of any matters of general importance arising out of the complaints or the way in which they were handled.
VI. Any matter where action has been taken or is to be taken to improve services as a consequence of those complaints.
VII. Ensure that the annual report is available to any person on request.

6. Summary of appendices:

Appendix 1   Annual Report 2024/25 Adult Social Care (ASC) Complaints and Commendations

ANNUAL REPORT 2024/25

ADULT SOCIAL CARE (ASC) COMPLAINTS AND COMMENDATIONS

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APPENDIX 2

Adult Social Care (ASC) complaint process in brief (chart)

APPENDIX 3

Performance indicators relating to the management of statutory complaints

APPENDIX 4

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APPENDIX 5

2025/26 action plan

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1. Executive summary

Early resolution actions

I. Where possible, services in Adult Social Care (ASC) are proactive and take early resolution actions to quickly address and resolve the many and varied informal contacts received, outside of the statutory complaint process. Work is continuing within the department to ensure that any themes and trends arising from such contacts are usefully captured, to help contribute to the department's understanding of the suitability and quality of the services provided to people who draw on support and their carers.

II. The Adult Social Care complaint team directly received 193 general contacts in 2024/25 that were addressed with brief involvement (such contacts for example included more general requests for response, like a change in care call times, or a request for money from a person drawing on support – ultimately requiring redirection for action by a team or worker). Sixty-six per cent of these contacts went on to be directed to a specific team in ASC for further action, 16% were for other Council services, 15% were for redirection to Leicestershire County Council, and the remaining 3% were not for the local authority to address.

III. In 2024/25, 49 specific contacts were noted by the ASC complaint team as 'initial enquiries' (pre-complaint matters). These contacts covered a wide range of topics such as: issues around support and care provision, contact/access issues; waiting times; change in support arrangements and potential safeguarding action. The complaints team had more in-depth involvement with these contacts and addressed some related matters directly. However, the majority still proceeded to be addressed by the responsible service, without the need for further consideration as a formal complaint.

Complaint contacts

IV. Complaints, as well as commendations, provide valuable feedback about the services provided by a Council. They provide an indication of the areas that are performing well and highlight where further attention should be focused to improve service delivery and practice.

V. For those matters that are addressed formally as a complaint, it is a statutory requirement to produce an annual report under the Local Authority Social Services and National Health Services Complaints (England) Regulations 2009.

VI. The number of formal statutory complaints that progressed to conclusion in 2024/25 was 68: 11 complaints more than the previous year. Twenty of these complaints were upheld and 10 were partially upheld (44% of the total). In 2023/24, nineteen complaints were upheld and 7 were partially upheld - 45% of the total.

VII. For further context, the number of statutory complaints concluded in 2024/25 equates to complaints from around 1.3% of people drawing on Adult Social Care support.

VIII. For all contacts that proceed to be formally reviewed under the statutory ASC complaint procedure, investigations at the first stage of the process are based on an allocated response timescale that may be up to 10 working days (green), up to 20 working days (amber), or up to 65 working days (red). Complaints that progress to the second and final stage of the statutory process are considered by the Local Government & Social Care Ombudsman (LGSCO).

IX. In 2024/25 no complaints were responded to in conjunction with Health partners or the County Council, with whom Adult Social Care shares the same complaint process.

X. The highest number of complaints received were in relation to finance related matters, care and support and care assessments.

XI. The top three reasons for upholding complaints either partially or fully in 2024/25 were noted to be: challenging practice decision, lack of communication / consultation / information, followed by a delay in receiving a service.

XII. The average response time for complaints to be addressed during 2024/25 was 19 working days.

XIII. During 2024/25, ASC noted the conclusion of nineteen Local Government & Social Care Ombudsman (LGSCO) enquiries in relation to its services. Four enquiries in relation to the department's actions were upheld: a further complaint was also upheld and noted for ASC by the Ombudsman, but this was in relation to the administration of a disabled facilities grant undertaken by the Housing Division so is not included with ASC's figures in this report.   No public interest reports were published.

XIV. Some complaints fall outside the remit of the statutory complaint procedure and are addressed under the Council's corporate procedure: three such complaints were recorded in 2024/25. All three complaints were from care providers.

XV. A breakdown of the complaints received across Adult Social Care by division and service area is included with Appendix 1 of this report.

Commendations

XVI. The Department receives many more commendations than it does complaints. There were fewer commendations formally logged than in the previous year, but one hundred and sixty commendations were received, reflecting the good service provided. Managers have been reminded to log the positive verbal feedback they receive, so that this can be formally reported. The most common message received in relation to commendations is a 'thank you,' followed by praise for a worker or a team's involvement. The commendations received have been acknowledged further within the Department and with the members of staff concerned.

2. Accessibility of the complaint procedure

2.1 Details relating to the Adult Social Care complaint procedure and how to make a complaint are available on www.leicester.gov.uk (which also incorporates easy read advice and direct access to an online complaint form). Individuals that are new to the service are also advised of the complaint procedure by social care staff as part of initial discussions, with the assessment process.

2.2 Adult Social Care can also take onboard oversight for some matters where it has been involved with the support arrangements for an individual's care (i.e., for complaints in relation to residential or home care provision).

2.3 The majority of complaint contact arises from either the Council's web page link to making a complaint or through direct emails sent to the ASC complaints team.

2.4 Complaint information signposts individuals to advocacy organisations for support but in practice most individuals, their relatives or carers, make an approach directly. The main sources for complaint contacts in 2024/25 were:

- relatives – 63.2%
- direct contact from the individual in receipt of support – 30.9%
- friend/next of kin – 4.4%
- formal representative – 1.5%

2.5 Adult Social Care encourages an open and accessible approach to complaints, which is reflected in the numbers of complaints considered by the Council each year (although the overall number of complaints received Vs the number of people in receipt of service provision remains small in comparison). With each formal complaint that is addressed, the person is advised of their right to go to the Local Government & Social Care Ombudsman and the Department may receive Local Government & Social Care Ombudsman enquiries further to this.

2.6 Complaints received concerning ASC services and other partner agencies, such as the NHS, University Hospitals Leicester, Leicestershire Partnership Trust, and Leicestershire County Council are also responded to under the same statutory complaint regulations. A locally agreed process is in place to help the experience run more efficiently and effectively for the person. No complaints were managed under these arrangements during 2024/25.

3. 2024/25 complaint contacts

3.1 All contacts recorded in relation to complaints and commendations received during 2024/25 are highlighted in the following chart:

Summary 2024 - 2025

Category	Value
Statutory complaints received and concluded in period	68
Dealt with at Green Stage 1 (10 working days)	0
Dealt with at Amber Stage 1 (20 working days)	68
Dealt with at Red Stage 1 (up to 65 working days)	0
Statutory complaints subsequently withdrawn	4
Ombudsman complaint enquiries formally concluded	19
Corporate complaints - Stage 1	3
Initial enquiry (pre complaint stage)	49
Commendations	160

To explain further:

3.2 All contacts noted here were formally recorded during the reporting period, either as an initial enquiry[i] (49) or as a complaint. Sixty-eight statutory complaints were concluded during 2024/25 and all were allocated up to a 20-working day response timescale (there are other locally agreed timescales applied for complaints that concern other organisations, such as health).

3.3 Of the 68 statutory stage 1 complaints that progressed to a formal conclusion, 20 complaints were upheld (29% of total) and 10 (15%) were partially upheld (44% of total).

3.4 Three complaints were logged under the corporate complaint procedure in 2024/25 – all were from care providers.

3.5 During 2024/25, ASC recorded nineteen formal enquiries concluded by the Local Government & Social Care Ombudsman (LGSCO) in relation to services. (Further details about the LGSCO complaints received are provided at section 9).

3.6 Regular contact is maintained with people who raise a complaint and a flexible approach is employed to address the issues being raised. On occasion, open communication between the person raising concerns and the Council encourages resolution earlier on in the complaint process (four contacts were withdrawn in 2024/25).

3.7 Although a decrease on the previous year's numbers (244), a substantial number of commendations were still received in 2024/25 - 160. Commendations are always welcomed by staff and the importance of sharing positive feedback has continued to be encouraged throughout the year.

3.8 Commendations received are highlighted in the Social Care & Education newsletter and any significant feedback is acknowledged further with the member of staff concerned, by the Director. The complaints team also flags up the positive feedback received for a service with the respective Heads of Service, for their further attention. (See Section 10 for some examples of the positive comments received).

4. Comparison to previous years

4.1 To provide some more general information about the nature of contacts received over the past 3 years by the City Council's Adult Social Care Department, a snapshot of the type of contacts recorded by the complaints team is as follows:[ii]

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[i] An initial enquiry is a contact that falls outside the definition of a statutory complaint as it has been resolved within one working day. Additionally, a concern may be classed as an initial enquiry when clarification is pending as to whether the complaint procedure is the appropriate route for addressing the matter further.

[ii] Presently, there is no statutory requirement for local authorities to publish complaint information, and the data that is available from other local authorities does not always offer like for like information for benchmarking purposes. The issues/nature of services that local authorities may include under their statutory complaint process can vary.

Comparison to previous years

Category	24/25	23/24	22/23
Commendations	160		
Total number of complaints	90		
Total number of statutory complaints	68		
Dealt with at green stage 1	0		
Dealt with at amber stage 1	68		
Dealt with at red stage 1	0		
Withdrawn statutory complaints	4		
Ombudsman complaints concluded	19		
Corporate complaints	3		
Initial enquiries	49		

■ 24/25 ■ 23/24 ■ 22/23
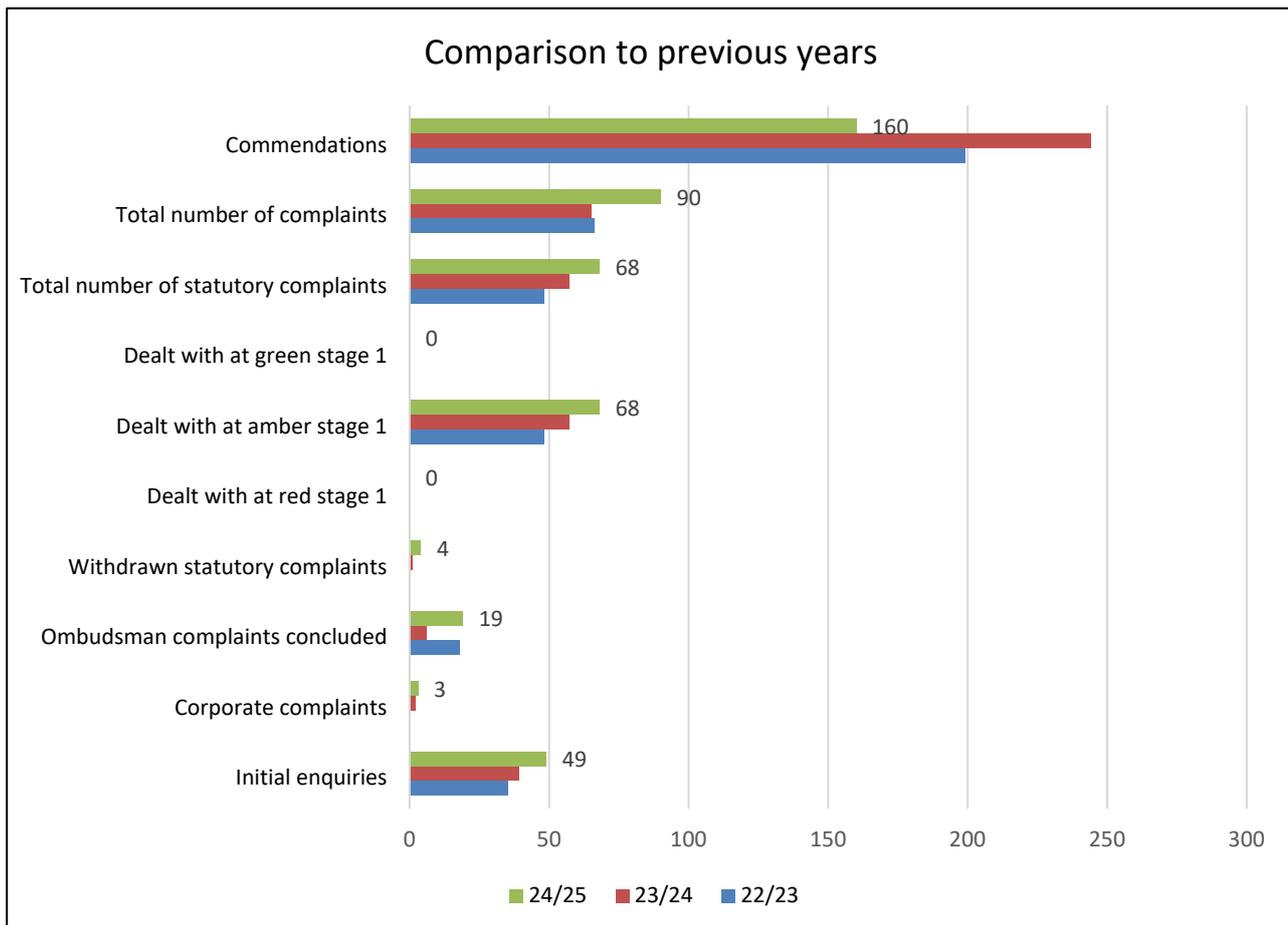
5. Information in relation to people and complaints in 2024/25

5.1 Each complaint received by Adult Social Care is considered on an individual basis and in relation to the specific concerns raised. Any resolution actions for individual complaints are usually addressed at the point of the written response to the person.

5.2 All complaints are subsequently analysed further, to identify any wider lessons, themes or common issues arising. Although the overall number of complaints received represents a small percentage of the people drawing on support from ASC, further analysis has been undertaken in terms of who the complaint is in relation to, as recorded below, to ensure that the complaint procedure remains accessible and equitable to all.

5.3 A total of 982 individuals were deemed eligible to receive support from ASC following a completed assessment in 2024/25. From available data, 5071 people were noted to be in receipt of long-term support from ASC on 31st March 2025.

Complaints in relation to ethnicity

5.4 A detailed breakdown of the ethnicity of those individuals at the heart of complaints received in 2023/24 and 2024/25 is as follows:

Ethnicity of individual in receipt of support	2023/24 Number / percentage of people raising a complaint	2024/25 Number / percentage of people raising a complaint	Overall Number/ percentage of ASC individuals in long term support as of 31st March 2025
Asian or Asian British – Indian	12 (21%)	16 (23.5%)	1496 (29.5%)
Asian or Asian British – Pakistani	-	5 (7.3%)	93 (1.8%)
Asian/Asian British – Bangladeshi	-	-	24 (0.5%)
Asian/Asian British – Other	2 (3.5%)	-	164 (3.2%)
Chinese	-	-	10 (0.2%)
Arab/Arab British	-	-	5 (0.1%)
Black or Black British – Caribbean	4 (7%)	3 (4.4%)	146 (2.9%)
Black or Black British - African	2 (3.5%)	-	152 (3.0%)
Black or Black British – Other	1 (1.8%)	1 (1.5%)	38 (0.7%)
Dual Heritage	1 (1.8%)	1 (1.5%)	89 (1.8%)
White – British	26 (45.6%)	34 (50%)	2473 (48.8%)
White - Irish	1 (1.8%)	1 (1.5%)	53 (1.0%)
White – Other	1 (1.8%)	4 (5.9%)	162 (3.2%)
Other	-	-	38 (0.7%)
Not known	7 (12.3%)	3 (4.4%)	118 (2.3%)

5.5 In 2024/25, further to the 68 complaints received:

- 57.4% of people raising a complaint were White (just above the total adult social care population for White people noted to be 53%)
- 30.8% or people complaining identified as Asian (slightly below the total Asian population drawing on support - 35%)
- 5.9% of complaints were noted to be from Black individuals (just below the 6.6% total of the Black population accessing adult social care support)
- 1.5% related to individuals of dual heritage (total population of 1.8%)
- The ethnicity for 4.4% of people was unknown.

5.6 It is difficult to draw any significant conclusions from the details noted at 5.5 above, as the overall sample size for people making complaints is relatively small (as noted, only 1.3% of the total number of people drawing on support in 2024/25 proceeded to make a formal complaint). In relation to the total number of individuals drawing on support, the number of people raising a complaint is largely comparable to the ethnicities of those drawing on support. This information continues to be noted on a year by year basis, so that any potential barriers to complaining or accessing the complaint process are considered.

5.7 The following complaint outcomes in 2024/25 were noted as follows:

Outcome	Asian	White	Black	Dual Heritage	Not known	Totals (for complaints concluded)
Not Upheld	11	22	3	1	1	38
Partially Upheld	5	5	-	-	-	10
Upheld	5	12	1	-	2	20
Total	*21*	*39*	*4*	*1*	*3*	*68*

5.8 The top complaint reason for either partially upheld or upheld complaints from individuals that identified as Black, Asian or Minority Ethnic was split between lack of communication / information / consultation and poor care plan / needs not met

5.9 The top complaint reason identified for partially upheld/upheld complaints from White individuals was challenging practice decision, followed by lack of communication / information / consultation.

5.10 The top primary service reason for individuals from an Asian ethnicity was physical frail/temporary ill, for Black people there was no leading reason, whereas for White groups it was mental health.

5.11 Given the small number of complaints received, the information under consideration here is not statistically significant, which makes it difficult to draw any firm conclusions in relation to information concerning ethnicity, complaints and any potential impacts arising from this. The ASC complaint process operates to robust standards which are designed to be person-focused,

open, fair, and accountable for all individuals that access it: continuous learning from complaints, whether at an individual, themed or departmental level also remains an active part of the process.

Profile information according to age

5.12   The highest number of statutory complaints received in terms of a specific age group is a shared outcome between the 75-84 and 85-94 age ranges (14 complaints were received for each of these age groups).[i] The top primary service reasons recorded were physically frail/temporary ill and dementia, respectively.

5.13   The complaint outcomes determined by age groups for 2024/25 were as follows:

Outcome	18-24	25-50	51-64	65-74	75-84	85-94	95+
Not Upheld	2	6	6	6	11	7	-
Partially Upheld	0	2	2	2	1	3	-
Upheld	0	4	3	5	2	4	2
Total & %*	2 (2.9%)	12 (17.6%)	11 (16.2%)	13 (19.1%)	14 (20.6%)	14 (20.6%)	2 (2.9%)

According to gender

5.14   In 2024/25 the number of statutory complaints made was equally split between males and females.[ii]

5.15   The leading primary service type relating to both males and females at the heart of a complaint was frail/temporary illness (where details are recorded).

Repeat complaints

5.16   The complaint process remains open to individuals wishing to raise concerns and there may be some occasions when individuals find it necessary to raise more than one complaint during the year, as interactions between individuals and ASC progress. However, some individuals do opt to revisit the complaint process on a more routine basis, turning to this as the first port of call for a concern. On occasion, and as appropriate on receipt of such contact, the complaints team will attempt to redirect concerns to the relevant service to be followed up and addressed outside of the complaint process.

5.17   According to the merits of the situation, the Department sometimes considers the resources being called upon to keep addressing an individual's contact.   There are times when the Department feels that it is necessary to consider special measures for addressing complaints that have been ongoing, or if it appears that contacts have become inappropriately persistent or vexatious in nature: this may also include occasions when officers have been presented with

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[i] March 2021 Census data for Leicester City - the average age of Leicester's population in 2021 was 33 years.
[ii] March 2021 Census data for Leicester City - 50.6% females, 49.4% males

abusive or threatening behaviour. The Department's response to such situations addresses the circumstances at hand but may include a review of the individual's contact with the Department for a specific period or advising that the Department will not keep responding to the same issues it considers have been reasonably addressed already.

6. Complaint reasons

6.1   Some of the more common themes for making a complaint concerned the following in 2024/25:

  i. Delay in assessment/support provision
  ii. Poor communication
  iii. Financial charges and transparency of related processes
  iv. Appointeeship role
  v. Carer's assessment not offered or delayed
  vi. Quality and accuracy of assessment
  vii. Staff attitude and behaviour
  viii. Care planning and suitability of support
  ix. Safeguarding – delayed report and perceived bias

6.2   Adult Social Care's statutory complaint database currently notes 8 specific reasons for raising a complaint: more than one reason per complaint may be identified. The principle reasons behind any complaint are recorded at the point of receipt by the complaints team and full consideration is given to all points raised, whether a major or more incidental part of the complaint.[i] The complaint points noted at the start of the process are then reconsidered on completion of the investigation to establish whether the initial reasons for complaint were upheld or not.

6.3   The following chart shows a more detailed breakdown of the complaint reasons identified on receipt (i.e., pre-investigation) during the last year, together with a picture of those complaint reasons that then went on to be partially or fully upheld after investigation.

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[i] Adopting an approach to encompass all reasons can drive-up the numbers recorded against a specific complaint at the start of the process.

Complaint reasons identified pre-investigation Vs partially/fully upheld reasons 2024/25

Complaint Reason	Complaint reason identified pre-investigation	Complaint reasons upheld/partially upheld
Quality issues*	5	3
Staff Attitude / Behaviour	10	3
Provider Complaints	2	0
Poor Care Plan / Needs Not Met	8	3
Lack of Communication / consultation / Information	12	9
Failure to Undertake Task	7	2
Delay in Receiving a Service	8	3
Challenging Practice Decision	37	10

Quality issues noted concerned recording standards and quality of explanation regarding a person's complex financial arrangements.

6.4 As a further fail-safe, where particularly high numbers of the same complaint reason arise, action is taken to explore why such concerns may be arising and to see if there are any underlying issues to address as part of a trend or theme. During the latter part of the year, the complaints team reviewed those complaints that noted a higher number of similar concerns being raised, to try and get a better understanding of the trigger for such complaints and to see if there were any common issues at the root of these matters.

6.5 Some of the highlighted reasons noted – for instance 'challenging practice decision', (i.e., disagreement with an action or a decision), or 'failure to undertake task' have a clearer rationale for being raised, as well as the reasons why they then proceed to be upheld or not. The reasons noted under this category cover a wide range of actions and decisions made by different services.

6.6 Several complaints were noted with issues in relation to communication, consultation and information sharing. Some of these complaints highlighted the importance of:

- Providing timely, direct responses when issues are raised.
- Making sure that essential information regarding care charges is noted with people.

6.7   Complaints that fall under the umbrella of 'staff attitude/behaviour' often cover a broad range of issues and this year included matters such as:

- Disagreement with the worker's suggestion regarding a person's future care needs and how to meet these for the best
- Worker's approach to the person's assessment
- Member of staff perceived as being rude in conversation or during a specific interaction
- Supported person not feeling listened to/communicated with well by the worker
- Points relating to an individual worker's practice.

6.8   Complaints arising from specific exchanges in communication can be much more difficult to investigate in retrospect, compared to those more self-evident issues, like a delay or a failure in service of some sort. However, with any complaint concerning a specific member of staff's actions, the issues raised are always explored further and considered directly between the member of staff involved and a manager.

7.   Learning and actions identified from complaints received in 2024/25

7.1   At the point that a complaint is addressed, immediate actions are taken to remedy any issues that may have arisen through fault. For those complaints that were upheld, the person received an apology and an explanation around the circumstances that had arisen in response, as a minimum. Other common actions to remedy matters included a further assessment or review being undertaken, or a change in allocated worker.

7.2   The following are further examples of specific actions taken to implement the learning identified from complaints received and upheld during 2024/25 and some broader themes that are currently being considered further in the context of '8' below (Putting learning from complaints into further action).

- Staff training in relation to financial assessments and links to care planning (department-wide action).
- Reimbursement or recalculation of charges where communication was unclear (individual action).
- Repayment plans offered to resolve delayed or incorrect invoicing (individual action).
- Finance appeal process revisited when not followed correctly (individual action).
- Appointeeship team reminded to provide regular account statements to DWP to prevent overpayments (service specific action).
- Staff training introduced for working with neurodivergent individuals (e.g., ADHD) (department-wide action).
- Emphasis given to staff on seeking family/carer views during assessments to ensure holistic understanding (service specific action).
- Information circulated in relation to emergency repairs and protocol to follow (e.g., broken key safe – service specific action).
- Staff reminded of timescales and standards for recording notes (department-wide action).
- Formal arrangements introduced for documenting changes (e.g., personal needs allowance updates) (department-wide action).

7.3   Further work continues to make sure that the Department considers all sources of feedback received holistically (including complaint and commendation information), in conjunction with the work of ASC's Practice Oversight Board. This Board focuses on the links between the many sources of feedback and details received, learning and making practice improvements. A specific feedback and engagement working group has also recently been set up to consider

how all feedback received across the department can be drawn together and managed better.

Repeat complaint themes identified between 2023/24 & 2024/25

7.4 In relation to the overall number of people that draw on Adult Social Care's support, the number of complaints received in 2024/25 remains relatively low. Whilst there is limited information to draw common themes from, any complaint issues that have arisen on a more regular basis have been considered.

7.5 Aspects of communication continues to remain one of the key reasons for complaining. Other, repeated reasons include:

- delay and waiting times
- quality of assessment and advice
- inadequate care support and provision
- transparency in relation to financial matters
- disputed assessment outcomes
- interactions with workers

The details above are reported within the department, as described in more detail at section 8.

8. Putting learning from complaints into further action

8.1 As noted, it is expected that appropriate actions are undertaken 'locally', at the point where a matter first arises in a timely way, to remedy individual concerns as part of the complaint process. Generally, the investigating Service Manager is responsible for identifying and overseeing such action.

8.2 Further to a complaint investigation that highlights specific findings of failure or error, the Service Manager is also asked to consider and provide an update on the actions that may have been taken within their service area or more widely across the Department, demonstrating how any changes have been implemented following complaint feedback. This information is then also discussed with Service Managers, with further reporting on any actions to ASC's Leadership Team and Lead Member.

8.3 All complaints received are also reviewed by the complaints team, to establish whether there are any common trends or issues emerging across the Department and to see if any previously identified themes continue to be repeated (see 7 above). This wholesale review of complaints is intended to provide the Department with a broader awareness of the issues that arise concerning its services and to further identify the impact that our actions have on individuals, to help identify any wider improvements that may need to be taken.

8.4 Wider changes for the department, relating to learning activity identified from complaints, may be in relation to the following (not an exhaustive list):

- new policy introduced or change made to existing policy
- new practice introduced or change made to existing practice
- creation of new staff guidance or revision to existing staff guidance
- staff briefing/information on specific matter shared

- review/revision of publicly available information (website pages etc)
- targeted learning event/workshop
- staff training

8.5   In practice, most learning points from complaints received in 2024/25 resulted in discussions with a staff member as part of reflective practice or supervision or further staff/team training and staff reminders being issued.

8.6   The correlation between learning and any follow-up actions, as well as the impact of such actions, are also explored further in conjunction with the work of the Practice Oversight Board with the aim of establishing how, as a department, we are clearly demonstrating the way in which key feedback is translating into practical and tangible service improvements or actions. This is an area that remains under development still. (See 7.3 above)

8.7   Key feedback identified from complaints, as well as commendations, is also considered alongside other sources of departmental feedback, to establish any other evident shared themes. Progression of these issues are managed through other departmental improvement mechanisms such as the Practice Oversight Board, Operational Leads meetings or the Manager's Forum. The complaints team also provides feedback to the wider department managers and staff, as part of ongoing activity in relation to complaints.

8.8   Further to the Care Quality Commission's assessment of Leicester City's adult social care and the report published in July 2025, specific areas for improvement have been identified for further action and an improvement plan is in place for 2025-2027. The following areas noted with the action plan will also have a positive impact on some common complaint themes that arise and specifically includes a review of:
- Improving the experience of carers
- Waiting times and timeliness
- Safeguarding

9.   Contact with the Local Government & Social Care Ombudsman (LGSCO)

9.1   The LGSCO receives contacts in relation to all Council services and although reported with their own statistics, not all contacts are directed to the Local Authority for further attention. Consequently, there is usually a slight difference in the data sets published by the LGSCO and the City Council for that year.

9.2   Approximately 24% of the total number of Ombudsman enquiries received for the **entire** City Council[i] in 2024/25 were in relation to Adult Social Care**.**

9.3   In 2024/25, Adult Social Care had an upheld rate of 71% noted (the upheld rate for ASC complaints across England is 79%.)

9.4   From ASC's records, **nineteen** complaints were formally determined against the Department by the LGSCO during 2024/25.

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[i] Source - Local Government & Social Care Ombudsman's website www.lgo.org.uk – figures here exclude LGSCO enquiries that were classed as incomplete, where advice was given or those matters that were referred to the authority to investigate in the first instance.

The enquiries in relation to ASC's actions in 2024/25 were concluded with the following outcomes:

Upheld; fault and injustice	3
Upheld; fault, no injustice	1
Not upheld, no fault	2
Closed after initial enquiries; no further action	9
Closed after initial enquiries; outside of jurisdiction	2
Invalid decision	1
No complaint decision	1

9.5 The four complaints upheld against ASC's actions directly required formal recommendations to be agreed and met, with associated actions confirmed to the Ombudsman's office on completion.

A summary of these individual complaints and the recommendations - since met - are as follows:

i. Complaint Ref: 23 011 736
Outcome - Upheld: fault and injustice

Complaint that social care's support to relative after leaving hospital took too long in relation to assessing needs and helping them return home. Also complained that care home fees were invoiced for, before a financial assessment. Significant care fees were owed and at the time of complaint, the person was in a care home without a plan to return home.

As part of the remedy, the Council was asked to apologise for any distress from the delay in reassessing the person's needs, the delay in completing a financial assessment and invoicing.

A payment of £200 was requested to recognise the distress caused by receiving a large invoice for care and the offer of an affordable payment plan. The Council was also asked to review its processes for monitoring outstanding care assessments and ensuring that financial assessments were completed in a timely way.

ii. Complaint Ref: 23 014 962
Outcome - Upheld: fault and injustice

A complaint was made by a care provider in relation to previous funding arrangements for a person they had been providing care to. The care provider's request for additional funding for support did not result in further approval. The complaint was considered jointly by the Parliamentary & Health Services Ombudsman and the Local Government & Social Care Ombudsman.

The Council was requested to apologise for the financial shortfall and pay an amount in relation to extra care provided for a specific, brief period by the provider (prior to Continuing HealthCare funding being agreed).

The Council was also asked to apologise for a missed opportunity to reduce the risk of harm caused by its failings in funding and safeguarding. A reminder was given to staff in relation to the importance of carrying out safeguarding enquiries when care home residents are at risk of harm.

iii. Complaint Ref: 24 003 874
   Outcome - Upheld: fault and injustice

Complaint that the person's finances and Disability Related Expenditure commitments were not fully considered with the financial assessment and appeal process.

The Council was asked to reassess the person's maximum weekly charge, with regard to the limit on the amount of incontinence pads the NHS would provide free of charge.

The Council was asked to apologise for any identified higher charge and for the injustice caused by not following its appeal process. It was also asked to reimburse any difference that may arise from a lower maximum charge calculation and for this to be backdated to a suitable date.

iv. Complaint Ref: 23 000 772
   Outcome – Upheld: Fault, no injustice

This was a complaint that covered the involvement of Adult Social Care's Occupational Therapy Service and the Housing Division.

The complaint was in relation to the City Council's policy concerning the non-provision of a ramp to a person using a scooter, rather than a wheelchair.

The outcome was that the Housing Division was to remind relevant staff that council tenants can apply for a Disabled Facilities Grant, and to ensure that any guidance to staff is clear on this.

9.6   Some of the Ombudsman's most common areas of complaint upheld against ASC services in England in 2024/25 related to assessment and care planning, charging issues, residential care, safeguarding and home care. Leicester City's ASC complaint themes in 2024/25 were particularly around care and support (including financial matters).

9.7   The Ombudsman's office publishes most decision statements in anonymous form on their website. These can be searched for by local authority, subject matter or reference number. They also provide a regular public summary bulletin that notes all decisions found, by authority.

9.8   The ASC complaints team has continued to take on a proactive role with the preparation of responses to all LGSCO enquiries. It is considered that this action has been of benefit to the Department, providing additional support to service areas that would otherwise be involved in addressing time-consuming enquiries. This action also allows for a further 'independent' overview of complaint issues to take place, prior to any response being returned to the LGSCO, as well as supporting timely responses.

10.   The good things people drawing on our support tell us

10.1   Another side to the complaints team's work involves capturing the positive feedback and commendations that come in across the Department, for further acknowledgment and for sharing. In those situations where staff have clearly gone above and beyond their duty, the recognition of the individual's work is shared and acknowledged further in writing by the Director.

10.2   Details of those individuals that have received commendations, acknowledging the value of their work on behalf of the Department, have been reported in the Department's newsletter. Service Managers are provided with the positive reports received for their respective areas, to help determine how to share good news stories more widely within their own service.

10.3   Many more comments, often personal to the individual or the family's experience, have been received within the Department - confirming the importance and the value of ASC's work within the City. Commendations normally reflect the good people skills demonstrated by staff, notably:

- good and clear communication
- empathetic and caring nature
- humility
- the ability to reassure or put the person at ease
- politeness

They also reflect those instances that have resulted in a positive difference to an individual's life. The receipt of useful equipment or guidance is often mentioned.

10.4   Positive feedback is recorded and analysed further and reported via the Practice Oversight Board. Regular reports in relation to commendations (as well as complaints) help to add a further perspective for all the comments that the department receives and considers about its staff and services.

10.5   Positive comments received in 2024/25 have also been considered in relation to I Statements noted as part of the work of Think Local, Act Personal and the ethos of 'making it real' - a key driver behind Adult Social Care's approach to working and supporting people as well as possible, in partnership. I statements reflect what people drawing on the support of social care wish to see happen in relation to their life and support[i]: I statements set the bar in terms of the best outcome that personalised care can achieve.

10.6   Most commendations received during the year can be aligned to the following theme: Workforce – The people who support me - I have considerate support delivered by competent people

10.7   Some of the positive experiences that we have been told about and that link to some of the I statements and themes noted as part of Think Local, Act Personal were reflected in the following feedback:

Flexible and Integrated Care and Support
Flexible and Integrated Care and Support **My support, my own way** • **I have care and support that is coordinated and everyone works well together and with me** "I would like to say a huge thank you for visiting my parents ……. You assessed them and their living situation. You were so patient and kind and considerate towards them. And had spoken about support items for them in the house and garden and offered direction for support with walking aid clinics etc.

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[i] Individual I statements are set out under six main themes Six themes of Making it Real - About - Making it Real - Think Local Act Personal

You have actioned all the suggestions and now their home is in a safer condition. With items fitted. They would like to extend a huge thank you to you and the team."

Workforce
The people who support me
- **I have considerate support delivered by competent people.**

"I want to send sincere thank you for all that you had done to ensure my Mum's discharge from hospital went well.

I think you went above and beyond. A big thank you from me and my Mum.

I feel supported 100% now she is at home in the community thanks to your understanding and your experience to communicate with hospital and outside organisations to help,

This time on my Mum's discharge has been a really positive experience. Without your support this would not have been possible. Thank you so much."

Flexible and Integrated Care and Support
My support, my own way
- **I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and personal goals.**

"I have just finished working with [worker]. I would just like to say she has been a brilliant social worker. I didn't think she could make much of a difference, but she has. She has helped me overcome a range of hurdles including not being so isolated and helping me to address my needs.

Struggling with anxiety, depression & often feeling overwhelmed, [the worker] has helped me tackle things bit by bit and sign posted me to other agencies. She never judges me & lets me make decisions at my own pace."

Information and advice
Having the information that I need when I need it
- **I can get information and advice that is accurate, up to date and provided in a way that I can understand**

"I must commend [the worker] for her professionalism, knowledge, listening skills, helpfulness and personal manner (courtesy, respect, sensitivity, friendliness) in which she conducted herself in our face to face assessment interview.

The questions asked, explanation of procedures, the information given, guidance and support were clearly communicated. As such the timescale and follow up calls were prompt which deemed [the person's] eligibility for local authority services assistance ...."

10.8   The ASC complaints team has also adopted the following 'we' statement, in relation to the role it plays, working with individuals who draw on social care support and their carers.

"we work in partnership with others to make sure that all our services work seamlessly together from the perspective of the person accessing services"

11.   Report contacts

For more information relating to this report please contact:

Joanne Tansey, Customer Feedback & Complaints Manager

Social Care & Education

Email: Adultsocialcare-complaints@leicester.gov.uk

Tel: 0116 454 2470

APPENDICES

APPENDIX 1

1. Commendations by service area

Commendations received 2024/25

Service Area	Commendations
Safeguarding Adults Board	2
Contact & Response	7
Occupational Therapy	5
Projects & Business Support	3
IL - ICRS	14
IL - Reablement	30
Health Transfers	23
Locality West	17
Locality East & Supported Residents Care Team	25
Adult Mental Health	10
Enablement	11
Learning Disabilities	5
Contracts & Commissioning	4
Admin & Business Support	4

Commendation reasons 2024/25

- 142, 38.3% — Thank you/praise in response to service
- 96, 19.5% — Worker's support was amazing
- 72, 16.2% — Workers were lovely and caring
- 23, 7.5% — Went above and beyond expectations
- 21, 6.7% — Involvement was really appreciated
- 11, 6.3% — Made a difference to the person's day/life
- 10, 1.6% — Worked with person and achieved outcomes together
- 6, 1% — Great customer service
- 15, 2.8% — Workers made things easier for the person/relative

Legend:
- ■ Thank you/praise in response to service
- ■ Worker's support was amazing
- ■ Workers were lovely and caring
- ■ Went above and beyond expectations
- ■ Involvement was really appreciated
- ■ Made a difference to the person's day/life
- ■ Worked with person and achieved outcomes together
- ■ Great customer service
- ■ Workers made things easier for the person/relative

Commendations may include more than one message.

2. Breakdown of complaint information received across the Department

2.1 It is perhaps worth noting that teams receiving a higher number of complaints are not necessarily ones providing a poorer service than others. Higher numbers of complaints may indicate that staff are aware of their responsibilities in terms of recording and formally reporting matters, helping to ensure that the complaint procedure remains open and accessible to all. A clearer picture of the Department's 'health' rests with issues that go on to be upheld and where common patterns of concern arise.

2.2 The ratio of complaints received to individuals in receipt of ASC services remains relatively small.

2.3 The distribution of statutory stage 1 complaints received in 2024/25 across ASC was as follows:

Complaints received by Adult Social Care 2024/25

Legend: ■ Upheld ■ Partially Upheld ■ Not Upheld

Categories and values:
- Learning Disabilities: Upheld 1, Not Upheld 4
- Social Care Finance: Upheld 5, Partially Upheld 3, Not Upheld 2
- Contact & Response: Upheld 4, Partially Upheld 1
- Adult Mental Health, AMHP & EDT: Partially Upheld 2, Not Upheld 6
- Occupational Therapy: Upheld 1, Not Upheld 2
- Occuptional Therapy & Housing: Not Upheld 1
- Locality West: Partially Upheld 2, Not Upheld 8
- Locality West & Finance: Not Upheld 1
- Locality East & SRCT: Upheld 2, Partially Upheld 1, Not Upheld 14
- Locality East, OT & Housing: Upheld 1
- Locality East & Finance: Upheld 1, Partially Upheld 1
- Independent Living Services: Upheld 3
- Health Transfers: Upheld 2

3.   LGSCO complaints received by service[i]

LGSCO - Formal complaint outcomes 2024-2025

Legend:
- **Not upheld, no fault**
- **Closed after initial enquiries - no further action**
- **Closed after initial enquiries - out of jurisdiction**
- **Upheld: fault and injustice**
- **Upheld: fault, no injustice**
- **Invalid decision**
- **No complaint decision**

3.1   Comparison information in relation to some of Leicester City Council's statistically nearest neighbours – LGSCO outcomes for ASC in 2024/25:

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[i] Details of the individual complaints upheld are noted at section 9 of the main report.

Authority	Total complaint enquiries decided[i]	Initial investigation – Closed after initial enquiries	Initial investigation – Not upheld	Initial Investigation – Upheld	Upheld rate[ii]
Leicester City Council	21	14	2	5	71%
Coventry City Council	8	3	1	4	80%
Derby City Council	10	7	0	3	100%
Nottingham City Council	10	7	2	1	33%
Sandwell Metropolitan Borough Council	10	8	0	2	100%
Kingston Upon Hull City Council	4	3	1	0	0%
Rochdale Metropolitan Borough Council	10	5	2	3	60%

3.2   Given the small number of complaints under consideration against each local authority, minor changes in numbers significantly impact the upheld rate. (Last year's upheld rate for ASC was 67% when 2 complaints were upheld and 1 was not upheld).

3.3   Some of the key complaint themes noted in the Local Government & Social Care Ombudsman's Annual Review of Adult Social Care Complaints 2045 - 25 were in relation to:

- Assessment and care planning (75% upheld rate)
- Charging (81% upheld rate)
- Residential care (83% upheld rate)
- Safeguarding (63% upheld rate)
- Home care (89% upheld rate)

3.4   Some of the Ombudsman's most common areas for upheld complaints against ASC services in England are noted at 3.3 above.   Leicester City's ASC complaints also reflect these same themes, but in 2024/25 these particularly related to aspects of care support and assessment (including finance related matters).

3.5   From ASC's records, **nineteen** complaints were formally determined by the LGSCO during 2024/25 in relation to the Department's direct involvement. The enquiries in relation to ASC's actions in 2024/25 were concluded with the following outcomes:

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[i] Information published by the LGSCO – 2024/25. Not all complaints reach the initial investigation stage and are often subject to other outcomes, for example 'Advice given' or 'incomplete'. The number here reflects those enquiries that were subject to formal decisions. One upheld complaint noted in the table above will be reported further in relation to the Housing Division's activity, as the complaint was in relation to the administration of a Disabled Facilities Grant.

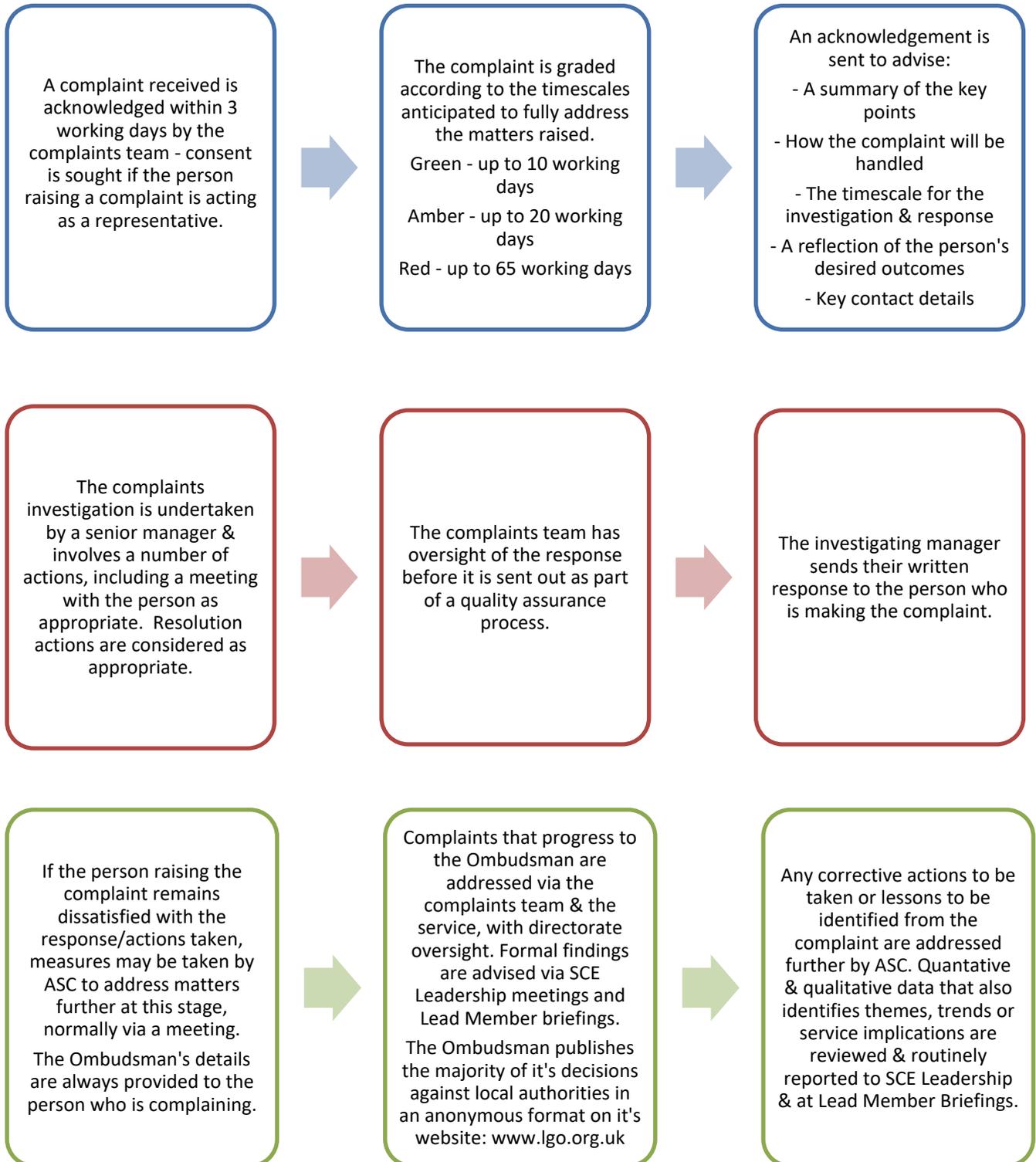[ii] Upheld rate = this is based on the % of upheld complaints from the sum of 'not upheld + upheld' (does not take into account other complaint findings)

Upheld; fault and injustice	3
Upheld; fault, no injustice	1
Not upheld, no fault	2
Closed after initial enquiries; no further action	9
Closed after initial enquiries; outside of jurisdiction	2
Invalid decision	1
No complaint decision	1

APPENDIX 2

Adult Social Care (ASC) complaint process in brief (chart)

Verbal complaints that are resolved to the person's satisfaction within one working day fall outside the complaint procedure.

A complaint received is acknowledged within 3 working days by the complaints team - consent is sought if the person raising a complaint is acting as a representative.

→

The complaint is graded according to the timescales anticipated to fully address the matters raised.

Green - up to 10 working days

Amber - up to 20 working days

Red - up to 65 working days

→

An acknowledgement is sent to advise:

- A summary of the key points
- How the complaint will be handled
- The timescale for the investigation & response
- A reflection of the person's desired outcomes
- Key contact details

The complaints investigation is undertaken by a senior manager & involves a number of actions, including a meeting with the person as appropriate. Resolution actions are considered as appropriate.

→

The complaints team has oversight of the response before it is sent out as part of a quality assurance process.

→

The investigating manager sends their written response to the person who is making the complaint.

If the person raising the complaint remains dissatisfied with the response/actions taken, measures may be taken by ASC to address matters further at this stage, normally via a meeting.

The Ombudsman's details are always provided to the person who is complaining.

→

Complaints that progress to the Ombudsman are addressed via the complaints team & the service, with directorate oversight. Formal findings are advised via SCE Leadership meetings and Lead Member briefings.

The Ombudsman publishes the majority of it's decisions against local authorities in an anonymous format on it's website: www.lgo.org.uk

→

Any corrective actions to be taken or lessons to be identified from the complaint are addressed further by ASC. Quantative & qualitative data that also identifies themes, trends or service implications are reviewed & routinely reported to SCE Leadership & at Lead Member Briefings.

APPENDIX 3

Performance indicators relating to the management of statutory complaints

INDICATOR	2023/24	2024/25	Target for 2025/26
% Completion of Stage 1 complaints within 10 working days (Green)	N/A	N/A	100%
% Stage 1 complaints completed within initial timescale of 20 working days[i] (Amber)	65%	78%	85%
% Stage 1 complaints completed between 21-25 working days[ii]	10%	19.1%	-
% Stage 1 complaints completed between 26-30 working days	5%	0%	-
% Stage 1 complaints completed at 30+ working days or over	20%	2.9%	-
Average complaint response time	23 working days	19 working days	N/A

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[i] Excludes complaints that were responded to jointly with other organisations as different timescales apply.

[ii] Complaint responses that exceed the initial timescale advised are usually acknowledged with the person raising the concerns.

APPENDIX 4   Outcomes for 2024/25 action plan

Action identified	Outcome
Ensure business continuity and performance in meeting core tasks and targets. Focus on complaint response times.	Performance continued to be measured throughout the year with reports to the Practice Oversight Board and reports to Social Care & Education's Leadership Team. Meeting target response times remains a competing priority.
Encouraging better communication with people raising a complaint.	With each complaint allocated for investigation the responding manager was encouraged to ensure that they made initial contact with people making a complaint and maintained communication throughout the complaint process.
To encourage direct resolution actions.	Each complaint was considered on its merits and at the point of concluding an investigation, responding managers were asked to consider any potential actions for resolution – outside of a written response – to address those situations where a difference of view was still held, to try and bring about an agreeable resolution if possible.
Build on current report produced for Practice Oversight Board concerning feedback received across the department and messages highlighted when this information is brought together.	Several activities continue to take place to draw together feedback received across adult social care as a whole.

Complaints received are reviewed on a quarterly basis and discussions take place with Operational Leads to consider whether any further, service wide actions are required (for example, a policy change, revision to practices, issuing of guidance/briefing for staff).

As part of the ongoing relationship with the Practice Oversight Board, details relating to complaint and commendation feedback are presented on a regular basis and aligned with other sources of feedback and improvement activities that are being undertaken across the department. A feedback and engagement working group has been established to review aspects of managing feedback further to help find a more systematic way of recording and utilising information, for departmental improvement.

Repeated complaint themes are reviewed year on year. |

APPENDIX 5   2025/26 action plan

Action identified	Action required	Anticipated outcome	Timescale
Ensure business continuity and performance in meeting core tasks and targets. Focus on complaint response times.	Continuous performance monitoring against timescales to take place: proactive approach employed to ensure responding managers are aware of requirements and timescales and prompted to meet these.	Measurable actions are addressed within specified timescales.	Specific detail of the targets worked to is outlined in the table at Appendix 3.
Encouraging better communication with people raising a complaint.	Service Managers to ensure contact with individuals at the start of the investigation process to discuss concerns being raised directly and to ensure open communication is maintained throughout the process.	That further direct engagement with the person making a complaint encourages a more satisfactory resolution and better outcome for all parties.	Required on a continuous basis – but to be considered further with each quarterly review of complaints.
To encourage direct resolution actions.	When it is apparent that matters remain unresolved/disputed for people who are making a complaint, Service Managers to be reminded of options open to attempt further resolution.	Alternate dispute resolution actions can influence a more positive outcome for complaints and prevent further escalation.	Alternate dispute resolution actions to be considered with each complaint.
Participate and contribute to the work of the Feedback and Engagement Working Group - introducing a departmental system for collating and managing feedback well.	To continue developing a system for all feedback that is gathered so that it can be drawn together in a helpful way and allow for further analysis that will inform the department's actions/activities.	Provides a further perspective on what people think about the support they receive and how well this is working for them (or not). Link this feedback to direct services/practice to inform any further actions.	A project schedule is in place for this work.

Revise current guidance available to staff and complaint literature – to compliment the online presence about complaints on www.leicester.gov.uk	Review and work further on details currently available that advise people about the complaint process and in relation to providing comments or commendations.	New information produced for circulation.	End of March 2026.
Review the current processes around staff commendations to include improvements in communication and overall celebration of successes.	Review how effective details of commendations are being communicated to individuals receiving them and encourage ways of opening up further celebrations around positive communication.	Implement any new, improved processes identified.	End of March 2026.

Leicester
City Council

SCE Priorities and Performance Reports 2026/27

Adult Social Care Scrutiny Commission

Date of meeting: 12/03/2026

Lead director: Laurence Mackie-Jones

1. Summary

The presentation attached to this report displays the fourteen agreed priorities for the Social Care and Education department for the 2026/27 financial year alongside performance ambitions which will be reported on periodically to track progress.

2. Recommendation(s) to scrutiny:

Adult Social Care Scrutiny Commission are invited to comment on the priorities and plans for measuring performance ambitions during 2026/27.

3. Detailed report

3.1 The presentation attached to this report displays the fourteen agreed priorities for the Social Care and Education department for the 2026/27 financial year alongside performance ambitions which will be reported on periodically to track progress. This will include reporting to relevant scrutiny commissions as well as the City Mayor's Education, Health and Care Board. These measures replace the previous dashboard and focus on a smaller set of outcome based measures either with a numerical target figure, direction of travel or narrative description.

3.2 Trial reporting, based on quarter 4 of 2025/26 and using these priorities and measures is expected to be available by mid-May. Its is anticipate that reports with be available 6-8 weeks past the end of a quarter nce data has been gathered, finalised, checked and analysed. Where possible benchmarks with regional or other similar authorities (statistical neighbours and other similar cities) will be included.

4. Financial, legal, equalities, climate emergency and other implications

4.1 Financial Implications
There are no direct financial implications arising from this report however financial implications should be sought for the various reports mentioned in the presentation prior to submission.

Signed: Mohammed Irfan, Head of Finance

Dated: 18 February 2026

4.2 Legal Implications

There are no direct legal implications to this report and the attached Priorities and Performance Ambitions.

The annex to the report has outlined that additional reports will be prepared over the next 12 months to support the Council's priorities. Whilst no legal implications arise directly from the current report, further legal advice should be sought when the identified reports are produced.

Signed: Vicky Sowah, Principal Solicitor, Adult Social Care, Legal Services

Suraiya Ziaullah, Solicitor, Legal Services, Leicester City Council

Dated: 18 February 2026

4.3 Equalities Implications

Under the Equality Act 2010, public authorities have statutory duties, including the Public Sector Equality Duty (PSED), which requires them, in exercising their functions, to have due regard to the need to eliminate unlawful discrimination, harassment and victimisation, advance equality of opportunity between people who share a protected characteristic and those who do not, and foster good relations between people who share a protected characteristic and those who do not. Protected characteristics under the Act are age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

This report presents the Social Care and Education Department's priorities and performance ambitions for 2026/27 and is expected to support fair access and improved outcomes for adults, children, young people and carers, many of whom have protected characteristics under the Equality Act 2010.

Where specific service changes, new programmes (including the use of new technologies such as artificial intelligence tools) or commissioning decisions arise from these priorities, proportionate Equality Impact Assessments should be undertaken to ensure that equality implications are fully considered, potential adverse impacts are identified, and appropriate mitigating actions are built into decision-making.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Dated: 18 February 2026

4.4 Climate Emergency Implications

There are no significant climate emergency implications arising from this report. Implications arising from specific initiatives should be given consideration as and when the relevant reports are submitted for decision.

Signed: Philip Ball, Sustainability Officer, Ext 372246

Dated: 18th February 2026

4.5 Other Implications
Signed:
Dated:

5. Background information and other papers:

6. Summary of appendices:

Social Care & Education Department

2026-27 Priorities and Performance Ambitions

Priority 1

- **Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections**
  - Post-Ofsted ILACS Improvement Plan
  - Post-Adult Social Care CQC Improvement Plan
  - Post-HMIP Youth Justice Improvement Plan
  - Post-Area SEND Inspections Improvement Plan
- Reports to LMB and EHC Board in May and October 2026
- Reports to scrutiny Commissions in June and November 2026

Priority 2

- **Developing Leading Better Lives into a programme delivering early action across the city with cross council support and closely aligned to and supporting the delivery of neighbourhood health plans**
  - Agree the LBL "road map"
  - Develop a Leading Better Lives Board reporting to the Health and Wellbeing Board

- Report on the Road Map and establishment to of the Board to LMB and EHC Board in March 2026

- Report to Health and Wellbeing Board on progress by May 2026

Priority 3

- **Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place**
  - Establishment of six Family Help Teams by June 2026
  - Establishment of MACPT(s) by January 2027
- Reports to LMB and EHC Board in May and October 2026
- Reports to scrutiny Commissions in June and November 2026

Priority 4

- **To continue our financial grip on finances and seek opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery**
    - Develop and track proxy measures such as NHS income, placement and package cost, agency spend, high needs block deficit etc.
- Report to Learning and Improvement Board by April 2026, August 2026 and November 2026

Priority 5

- **To develop a maturity matrix for our Equality, Diversity and Inclusion work and to deliver on a clear plan to advance our growth**

- Report to Learning and Improvement Board by April 2026, August 2026 and November 2026

Priority 6

- **Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement**
    - Development of a capital strategy
- Review by strategic Directors in April 2026 (and then quarterly)
- Report to City Mayor by May 2026

Priority 7

- **Having clear medium- and long-term strategies in place for children's residential provision and adult supported living**
  - Revised sufficiency strategies in place by May 2026
  - Engage in regional conversations about Regional Care Consortium developments

- Reports to LMBs and CMB in July 2026

- Reports to scrutiny Commissions in September 2026

Priority 8

- **Deliver a programme to develop a performance culture across the department**
  - Deliver "Leading Performance" programme between January and June 2026Reports to LMBs and CMB in July 2026
- Review of programme outcomes to Learning and Improvement Board in August 2026

Priority 9

- **Developing a consistent methodology to underpin our quality assurance processes across the department**
  - Develop revised quality assurance methodology by April 2026
- Sign off by Learning and Improvement Board in April 2026

Priority 10

- **Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency**
    - By April 2026 tools available to:
    - Support easier running record keeping in liquid logic
    - Support writing and quality assurance of assessments, plans and reports
    - Minuting meetings and supervision and support sessions
    - By Sept 2026 staff confident in using these tools to support practice and reduce administrative burdens

- Reporting to Learning and Improvement Board bi-monthly from January 2026

Priority 11

- **To review our partnership plans around SEND to deliver on the new government strategy once this is clear**

- Reports to LMB and scrutiny once timeframes are clearer

Priority 12

- **To develop and officially launch our Social Care Academy and our wider approach to recruitment, retention and continual professional and leadership development**
- Launch of Social Care Academy by June 2026

Priority 13

- **Refine and begin to deliver our plans on preparing for adulthood and transition to adult services**
  - Develop, engage and launch PFA Strategy by April 2026
  - Develop implementation plan with key milestones

- Reports to LMB and EHCB Board on progress in June and December

Priority 14

- **Begin to prepare for Local Government Reorganisation**
- Outcome expected late spring / early summer 2026

Performance Ambitions

- **Simplified high level "ambitions"**
- **Will form our high-level reporting to EHC Board, CMB, Scrutiny commission etc from Q1 2026-27** (but aim to have a sample / draft report in mid-May for Q4 2025-26)
- **Will replace the existing dashboards**
- **Adult ambitions have already been to ASC Scrutiny in November 2026**

Adult Key Performance Ambitions – To be measured at November 2026

- **<u>Assessing Needs</u>**

- **Reduction in median and longest waiting times for assessments and reviews**
  - median wait for a Care Act assessment across all teams reduced from 135 days to 90 days
  - for reviews: proportion of people overdue for a 12-monthly review by more than 6 months falls from its current level (706 median delay) to less than 10% of cases.

- **Equitable waiting times across teams / client groups**
  - The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%.

Adult Key Performance Ambitions – To be measured at November 2026

- **<u>Care provision, integration and continuity</u>**

- **Increased uptake of direct payments**
  - 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.

Adult Key Performance Ambitions – To be measured at November 2026

- **Supporting people to live healthier lives**

- **Improved accessibility and responsiveness of information, advice, and guidance (IAG)**

  - 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.
  - Corporate web pages should be capable of easy digital translation

Adult Key Performance Ambitions – To be measured at November 2026

- **Stronger prevention, early intervention, and support for non-eligible needs and for Carers**

  - 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.
  - 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

Adult Key Performance Ambitions – To be measured at November 2026

- **Safe pathways, systems and transitions; Safeguarding**

- **Better safeguarding process performance and oversight**

  - 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."

Childrens Services Performance Ambitions – To be measured at March 2027

- **Looked After Children and Edge of Care**
- To ensure our unregulated placements do not exceed 1% of all children in care across the financial year
- The average number of placement moves decreases year-on-year
- Number of children entering care to have reduced by 8% by 2028 (from the 2024-25 baseline) based on rates per 10,000 of population
- **Children Subject to Child Protection Plans**
- Number of new CP Plans – to have reduced by 8% by April 2028 (from the 2024-25 baseline)

Childrens Services Performance Ambitions – To be measured at March 2027

- **Attainment and NEET**
- The number of 16-17 years olds classified as NEET / Not Known to have reduced by April 2028 (from the 2024-25 baseline)
- The proportion of children in Leicester City Council achieving a Good Level of Development at the end of the 2027/28 academic year is at least 72.0%; and
- b) Disadvantaged children have benefitted at least equally from this improvement; that is, that the
- proportion of children eligible for Free School Meals (FSM) and achieving a Good Level of Development at the end of the 2027/28 academic year is at least 63.7%ii
- The attainment of looked after children to have increased by September 2027

Childrens Services Performance Ambitions – To be measured at March 2027

- **SEND**
- EHCP initial timeliness to improve by 15% by April 2027 (based on the 2024-25 baseline)
- EHCP Reviews to be improved by 25% by April 2027 (based on the 2024-25 baseline)

- **Quality of Childrens Social Work / Family Help Practice**
- Case audit quality – by Q2 2027-28 85% of overall cases audited to be good or better

Adult Social Care Scrutiny Commission

Work Programme 2025-2026

Meeting Date	Item	Recommendations / Actions	Progress
26 June 2025	*Items TBC:* 1. CQC update? (timeline) 2. Engagement on Dementia 3. Social Care and education quarterly dashboard 4. Leading better lives		
~~**28 August 2025**~~			Meeting cancelled, CQC item moved to 13th November.
13 November 2025	*Items TBC:* 1. CQC report 2. Care Arrangement Fees		

Meeting Date	Item	Recommendations / Actions	Progress
15 January 2026	*Items TBC:* 1. Budget 2. Quarterly Performance Update 3. Reablement Inspection Verbal update 4. Adults Safeguarding Annual Report 5. Self-neglect		
12 March 2026	1. CQC Reablement 2. Loneliness and Social Isolation 3. Equality and Diversity Plan 4. Annual Report 24/25 ASC Complaints and Commendations 5. SCE Priorities and Performance Reports 2026/27	3. To include equalities	
23 April 2026	1. LEDeR Report 2. Neurodiversity (Autism delivery) 3. Carers 4. Employment Rights Bill		

Director's suggestions	Chair's Suggestions

Forward Plan Items (suggested) 2024-25

Topic	Detail	Proposed Date
Dementia	To come back with lived experience Case Studies as per June Scrutiny meeting actions.	
Young Carers/Carers		
Supported Housing		
ASC Priority plan		
Neighbourhood Teams		

Internal work force? Unions? EM Care?		
Leading better lives?		
Diverse by Design	Added to Work Programme as part of the June 25 Scrutiny meeting actions.	
Examine rationale between residential and domiciliary care.	Following June 25 Scrutiny meeting.	
Agency Rates	Suggested at June 25 Scrutiny meeting.	
Item following OSC Revenue Outturn	Information to be provided on early intervention for working age adults requiring care packages in order to reduce demand and ensure that ASC remained financially sustainable. Prevention to be taken up as an ASC agenda item.	
Self-funders	Added at 13th Nov meeting. With a view to include partners / VSE. Market shaping and invite providers of care services to share experiences of working with the Council.	
CQC update	Report to come in new municipal year	June 2026
Adult Social Care Quarter 2 Performance (April – September 2025) and Quality Assurance	To come back to Scrutiny when more figures are available.	
Reablement Provider Service Inspection – Verbal Update	To come back to Scrutiny	

Adult Social Care Quarter 2 Performance (April – September 2025) and Quality Assurance	Invite the new head of academy once established - Also invite CYPE Scrutiny members.	
Impact of Recruitment Work	Requested at OSC – to include caseloads for Social Workers.	