



Leicester
City Council

MEETING OF THE ADULT SOCIAL CARE SCRUTINY COMMISSION

DATE: THURSDAY, 25 JUNE 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.

For Monitoring Officer

Officer contacts:

If you have any queries about any of the above or the business to be discussed, please contact: Julie Bryant, Governance Services on Julie.bryant@leicester.gov.uk or Katie Jordan on Katie.jordan@leicester.gov.uk Alternatively, email governance@leicester.gov.uk, or call in at City Hall.

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- ✓ where filming, to only focus on those people actively participating in the meeting;
- ✓ where filming, to (via the Chair of the meeting) ensure that those present are aware that they may be filmed and respect any requests to not be filmed.

Further information

Julie Bryant (Governance Services) Julie.bryant@leicester.gov.uk and Katie Jordan (Governance Services) 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

FIRE / EMERGENCY EVACUATION

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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 23rd April have been circulated and Members will be asked to confirm them as a correct record.

4. MEMBERSHIP OF THE COMMISSION 2026/27

The Membership of the Commission will be confirmed and noted.

CHAIR Councillor Melissa March

VICE CHAIR Councillor George Cole

Councillor Misbah Batool

Councillor Manjit Kaur Saini

Councillor Sarah Russell

Councillor Hazel Orton

Councillor Jenny Joannou

Councillor Liz Sahu

Healthwatch

Kash Bhayani

5. DATES OF THE COMMISSION 2026/27

Members will be asked to note the meeting dates of the commission for 2026/27

25th June 2026

27th August 2026

12th November 2026

21st January 2027

11th March 2027

6. SCRUTINY TERMS OF REFERENCE

Appendix B

The Commission will be asked to note the Terms of Reference.

7. CHAIRS ANNOUNCEMENTS

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

8. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

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

9. PETITIONS

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

10. CARE QUALITY COMMISSION ASSESSMENT: ACTION PLAN UPDATE

Appendix C

The Strategic Director for Social Care and Education submits a report providing the Adult Social Care Scrutiny Commission with an update on progress against the Care Quality Commission (CQC) Assessment action plan.

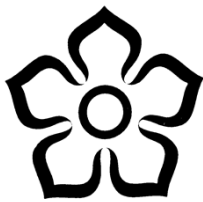
11. PRIORITIES AND PERFORMANCE AMBITIONS Q4 2025-26 **Appendix D**

The Strategic Director of Social Care and Education submits a report providing an update on performance in social care and information on monitoring and improving quality.

12. WORK PROGRAMME **Appendix E**

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

Minutes of the Meeting of the
ADULT SOCIAL CARE SCRUTINY COMMISSION

Held: THURSDAY, 23 APRIL 2026 at 5:30 pm

P R E S E N T:

Councillor March – Chair
Councillor Cole – Vice Chair

Councillor Bonham
Councillor Dr Moore
Councillor Dawood, Assistant City Mayor, Adult Social Care
Councillor Bora
Councillor Russell
*** ** **

14. WELCOME AND APOLOGIES FOR ABSENCE

It was noted that apologies for absence were received from Councillors Joannou, Batool, Kaur Saini and Sahu with substitutions as above.

15. DECLARATIONS OF INTERESTS

Members were asked to declare interests.

The Chair advised that she had responded to the Carer's survey in her work capacity.

Cllr Russell declared that she had Carer responsibilities.

16. MINUTES OF THE PREVIOUS MEETING

The minutes from the meeting on Thursday 12th March were agreed as correct.

The following matter was noted:

The minutes of the 12th March had seen an action arising during the Leicester City Council Reablement Service: Care Quality Commission Inspection item. The action had noted:

Scrutiny of the Integrated Care Service could be added to the next agenda.

The action should have read:

Scrutiny of the Integrated Crisis Response Service be added to the next agenda.

17. CHAIRS ANNOUNCEMENTS

The Chair explained that there were some technical issues with the microphones.

18. QUESTIONS, REPRESENTATIONS AND STATEMENTS OF CASE

It was noted that there were none.

19. PETITIONS

It was noted that there were none.

20. LEICESTER CITY COUNCIL INTEGRATED CRISIS RESPONSE SERVICE: CARE QUALITY COMMISSION INSPECTION

Please see item 1 for supporting report.

The Strategic Director for Social Care and Educations submitted a report providing the Adult Social Care Scrutiny Commission with the Care Quality Commission's inspection outcome for the Leicester City Council Integrated Crisis Response Service (ICRS).

The Service Manager for Independent Living Services and the ICRS Manager gave an overview of the report. Key points to note were as follows:

- Each of the five domains assessed had received a rating of Outstanding.
- The service operated 24-7, offering critical care. The inspection outcome was a true reflection of the work of each member of staff and both the internal and external partnerships.
- The team of 55 staff, served the region, supporting 500 people per month, over 6,000 people per year. Nearly 80% of service users would continue to live at home after a crisis.
- An excellent culture of psychological safety had been cultivated amongst staff.
- Key themes of the report included the noting of; a proactive and positive culture, comprehensive assessment of need a person centric approach.

The Chair acknowledged the report and commended the team for their work.

Member questions followed, key points to note were:

- Members agreed this was an excellent report and recognised the service for flexibility in responding to care needs.
- The culture of promoting staff welfare was noted.

21. SUPPORT FOR CARERS

The Director for Adult Social Care and Commissioning submitted a report providing an update on carers work in the city and setting out key priorities over the next 9 months.

The Head of Strategic Commissioning gave an overview of the report, key points to note were as follows:

- There were around 6500 Carers working in the city.
- The new Carers strategy was being co-produced.
- A structured improvement scheme had been put into place to address the key issues during the CQC inspection.
- A range of initiatives were delivered under the Accelerating Reform Fund including; emergency planning, discharge grants and staff training
- The Carer's Week would take place in June.

In response to member discussion, the following was noted:

- Members noted the latest feedback from the CQC inspection and peer review and highlighted the importance of an effective strategy.
- Carer definitions could be problematical.
- Some Carers did not know that they would be eligible for assistance. A follow up would be raised with the Carer's Delivery Group.
- There was a considerable diversity of carers within the city and strategy needed to reach all, including those of working age. Members suggested raising awareness of Carer support via the school networks, to inform younger carers.
- The Citizen's Space online survey would help to capture relevant evidence to build a robust strategy.
- Work on Short Breaks was ongoing, including joint work with the Learning Disability and Autism (LDA) Collaborative.
- More data could be provided to the Commission on numbers supported by the Age UK Contract.
- More data could come back to the Commission on the Accelerating Reform fund. The fund had supported the Shared Lives offer as well as carers.
- The Hospital Discharge Grant for Carers had come to an end. Age UK had supported several people. .
- It was noted that support for diverse communities was vital with traditional family care arrangements dwindling.

AGREED:

- 1) For the report to be noted by the Commission.
- 2) To follow for the report from Age UK.
- 3) To follow the work on Short Breaks.
- 4) For a break of the Reform spending figures to be provided to the Commission.
- 5) More data could be provided to the Commission on numbers supported by the Age UK Contract.
- 6) For the Carer's Strategy to come back to Scrutiny, including a reflection on the diversity of carers.

22. AUTISM AND NEURODIVERSITY DELIVERY PLAN UPDATE APRIL 2026

The Director for Adult Social Care and Commissioning submitted a report updating the commission on progress made, highlighting key developments, outcomes achieved, and next steps.

The Lead Commissioner of Adult Social Care and Commissioning gave an overview of the report. Key points to note were as follows:

- The plan had been strengthened following feedback from the previous year's Scrutiny Commission.
- The overall aim was to bring accessibility to clear and consistent information.
- Early progress had been made since the launch of the plan in January 2026.
- A project delivery group had been established.
- A programme of community engagement sessions was in place under the Leading Better Lives scheme.
- Work had included visits to community groups.
- The ADHD support service had been mobilised and benchmarking was in place.

In response to member comment and discussion, the following was noted:

- Further work was planned with community groups such as the African Heritage Group.
- Regarding the health services, ADHD Solutions had ceased trading. A commissioned service was in place and there was close work with the Leicestershire Partnership NHS Trust (LPT).
- The aim was to create a neurodiverse supportive environment across the city.
- Following the recent mobilisation of the ADHD service, a Key Performance Indicator (KPI) to see 40 people per month was set.
- The Local Supported Employment programme supported people with a learning disability or Autism into work.
- Members noted the benefits of mental health cafes and local support

groups.

AGREED:

- 1) For the report to be noted by the Commission.
- 2) For Councillors to work with Officers to broaden the scope of support, considering community groups and mental health cafes.

23. EMPLOYMENT RIGHTS ACT 2025

The Director for Social Care and Commissioning submitted a report to update the Commission on new legislation.

The Assistant City Mayor for Adult Social Care introduced the item noting significant changes in employment protections, with key legislative changes.

The Head of Quality and Contracts, and the External Workforce Lead for Inspired to Care gave an overview of the report. Key points to note were as follows:

- The Employment Rights act represented one of the most significant changes to employment protections in recent years.
- The report focussed on the anticipated upcoming challenges.
- The creation of a new Fair Works agency would strengthen enforcement activity.
- By October 2026 several further reforms would come into effect to shape employment practices over the Adult Social Care (ASC) sector, including The ASC negotiating body and the Fair Pay Agreement.
- Leicester was currently experiencing difficulties with recruiting for employment.
- There was a diverse market of providers, often with limited HR facilities.
- Inspired to Care had commissioned a specialist HR company to support local providers in adapting their HR practices.
- For Leicester City Council quality and contracts, the aim was to strengthen the risk matrix and quality assurance framework.

In response to member comment and discussion, the following was noted:

- The Quality Assurance Framework was being redrafted.
- A QR code was in development for frontline staff to feed back.
- Plans were in place to strengthen the position for staff on work visas.
- Members suggested the potential care work shadowing opportunities for those on long term sickness leave.

AGREED:

- 1) For the report to be noted by the Commission.
- 2) For the Commission to follow up on the Fair Pay agreement.

- 3) For the Commission to follow up on the Social Care Academy.
- 4) For an item on modern day slavery to be added to come to Scrutiny.
- 5) For consideration of the GR code and whether it could go to a form that could be translated online.

24. LLR LEDER ANNUAL REPORT SUMMARY 2025

The Director for Social Care and Commissioning submitted a report to update the Commission on new legislation.

The Assistant City Mayor for Adult Social Care introduced the item noting significant changes in employment protections, with key legislative changes.

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- 6) For the report to be noted by the Commission.
- 7) For the Commission to follow up on the Fair Pay agreement.
- 8) For the Commission to follow up on the Social Care Academy.
- 9) For an item on modern day slavery to be added to come to Scrutiny.
- 10) For consideration of the GR code and whether it could go to a form that

could be translated online.

25. WORK PROGRAMME

The chair highlighted the work programme.

26. ANY OTHER URGENT BUSINESS

There being no further business, the meeting closed at 19:38

Minute Item 20



HEMECARE SERVICE

Integrated Crisis Response Service



Overall Outstanding

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:

Leicester City Council

Report from 5 December 2025 assessment

Ratings

Overall	<u>Outstanding</u> 
Safe	<u>Outstanding</u> 
Effective	<u>Outstanding</u> 
Caring	<u>Outstanding</u> 
Responsive	<u>Outstanding</u> 
Well-led	<u>Outstanding</u> 

Our view of the service

Date of assessment 16 to 19 February 2026.

The Integrated Crisis Response Service (ICRS) is a domiciliary care agency providing short term crisis intervention 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 operates 24 hours a day, 7 days a week and has a target response time of 2 hours. The ICRS role includes responding to people who have fallen at home by working in collaboration with other services, preventing admission to hospital and facilitating people's discharge from hospital to home. The service is part of the local authorities 'home first model', which works with established partner organisations in supporting people to remain in their own home. Not everyone who used the service received personal care. 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 25 people were being supported who received personal care.

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 as 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 health and social care partners and agencies, to support the delivery of a cohesive, dynamic and responsive service, 24 hours a day, 7 days a week. All those involved were committed to providing a 2-hour response time, responding to requests and referrals for assistance from people and health and social care partners. Key health and social care partners and services were unequivocally positive about ICRS.

ICRS collaborative approach with health and social care partners and services, enabled them to support people timely and effectively when they had fallen at home. Providing an expedited service in promoting people's health and wellbeing, executed by staff who had receiving training in assessing people's health and wellbeing, the mitigation of risk and the deployment and safe use of equipment to assist people from the floor.

Collaborative working with health and social care partners ensured a co-ordinated transition of people's care between services, which included in some instances working from a hospital site. This collaborative and timely response to referrals enabled people to remain at home by preventing admission to hospital, or expediting people's discharge from hospital emergency departments or wards, where people had been accessed as having no clinical needs, and may benefit from social care support.

Comprehensive assessments identifying people's needs and any potential risks were undertaken by ICRS staff, focusing on the person and their home. Assessments identified potential areas of support, and where involvement from other services or agencies may enhance and support health, wellbeing and independence. Collaborative working and streamlined processes enabled ICRS staff to expediate referrals to other services and agencies, including housing, assistive technology, specialist and therapy services. Care Act Assessments were carried out by ICRS staff, which both identified any ongoing social care support and accelerated the process in securing this.

People's care records evidenced staffs' collaborative approach with other services, including the documenting of referrals and discussions with other professionals in the promotion of the delivery of safe, effective and responsive care.

The provider's ethos towards care was embedded across the workforce. People's support and care was facilitated by staff who had undergone a safe recruitment process, and who had the training, skills and knowledge to facilitate excellent outcomes for people. Training for staff reflected specific areas of people's needs, which included dementia, learning disabilities and autistic people, underpinned by tailored training specific to the role of the ICRS service.

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. Information about the service and supporting information was available in a range of formats and languages.

The registered manager and management team were dedicated and inclusive leaders and managed a committed 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 worked collaboratively with each other and other services. They were consistently positive about the registered manager and management team, including their responsiveness, support and good communication.

The collaborative approach of working with key health and social care partners, facilitated by the registered manager, provided an overview of the wider landscape of health and social services. This enabled the service to respond to wider system pressures. A commitment to continuous learning and development enabled ICRS to evolve and expand the services it provided. A key stakeholder told us, "ICRS is widely regarded as a trusted and valued service across the system."

People's experience of this service

People's views were overwhelmingly positive as to the service, and its impact. A family member of a person who had experienced a significant decline in their health told us, "The service and staff probably saved [relative's] life."

People's positive experiences and outcomes were made possible due to the responsiveness of the service to the referrals it received. Collaborative working with key health and social care partners, reduced the need for people to be admitted to hospital following a fall at home, and expedited people's discharge from hospital. A family member of a person who was discharged from hospital following a fall, told us. "The support from this service was a life changer."

People spoke highly of the staff, describing them as caring and respectful. They praised staff's knowledge and understanding. 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 where applicable their transfer to other social care services. A person told us, "ICRS supported me for 2 weeks, and then another company took over. The ICRS passed on all my information to the new service, it was very good."

People and family members had access to information about the service, including its aims and objectives. Contact details were presented in a format which suited the needs of every person. People spoke of effective communication and sharing of information. A person told us, "Communication with the office was very straightforward. The team left a folder with all the contact numbers and all the information we needed."

People and family members were encouraged to provide feedback on their experience of the service. A person told us, "I would recommend them. I put on my feedback from, 'how can you improve on perfection' and that's how I felt. I've got nothing but praise."

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Similar services nearby...



Reablement Provider Service

In Leicester, LE5 4PW



Macdave Services Ltd

In Leicester, LE5 4WH



Grace Care UK

In Leicester, LE5 5GE

© Care Quality Commission 2026



HEMOCARE SERVICE

Integrated Crisis Response Service



Overall Outstanding

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:

Leicester City Council

Report from 5 December 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

▼ Medicines optimisation

Safe

Outstanding 

18 March 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 91 (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: 4

The provider had a proactive and positive culture of safety, based on openness and honesty. Staff listened to concerns about safety and investigated and reported safety events. Lessons were 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 person told us, "They gave me information at the beginning and so I knew who to contact if I was worried, but I didn't need to."

Systems and processes for reporting and monitoring safety incidents and accidents were fully understood by staff. A member of staff told us, "We have a form which is to be completed within 24 hours of the incident. Information collected includes the time, place and any supporting photographs. The completed form is forwarded to the health and safety team for triage (determine level of risk). If needed, referrals are made for support such as physiotherapy and temporary adjustments."

Learning was shared following incidents. A member of staff told us, "If there's anything to be aware of, we will be informed. Relevant information concerning accidents and incidents will be recorded on the system and office-based staff will ring us to de-brief. Where they are safety concerns, they normally send 2 staff." A member of staff shared an example of where a member of ICRS had been physically assaulted by a family member of a person using the service. The required form had been completed, and the incident was reported to the relevant authorities. Following the incident a de-brief was held and a risk assessment put in place to mitigate future risk.

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 8 incidents reported in 2025 were all found to be low-harm events which had not required escalation to RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) and no repeated themes were identified. The analysis of the individual incidents identified a combination of contributory factors, and in response follow up actions were taken.

A key health care partner told us, "ICRS actively seeks input from system partners rather than managing risk in isolation. Clear documentation, sharing of assessment and regular updates enables informed decision making and co-ordinated care planning. This approach demonstrates a strong safety culture."

Safe systems, pathways and transitions

Score: 4

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 to the Integrated Crisis Response Service (ICRS), which showed how the collaborative approach between health and social care partners facilitated a smooth and timely referral process. A person told us, "We were referred via a paramedic. ICRS staff came out and explained that it was a short-term service for about 6 or 7 days."

As part of the support provided, ICRS staff with the necessary experience and skills undertook a Care Act Assessment (an assessment undertaken by local authorities to identify a person's support needs). This was then shared with partner agencies, where ongoing care and support had been identified. A person told us, "ICRS were with us for about 8 days and they passed on all the information to the new company, it was a very smooth process. The crisis team made everything easy for us."

A social care partner told us, "ICRS liaise with various teams within the local authority to ensure any person transferring between services has a clear support plan, assessment and transfer summary so that care is continuous, and the service to which the person is being transferred to understands their situation and needs. ICRS works closely when arranging ongoing care where the need is identified, and because they have provided the initial period of support, they can supply a clear outline of the practical aspects of care delivery when requesting follow on care."

The focus on high-impact crisis intervention to avoid hospital admission and provide hospital discharge support and response to falls resulted in 6,100 referrals to ICRS in 2025. A health care partner told us, "Strong working relationships with partner agencies support efficient pathways, with staff maintaining a clear understanding of the services available across the system. This shared awareness helps prevent delays in referrals and ensures people receive the right support at the right time. Where additional input is required, the service works collaboratively with partners to resolve barriers and coordinate care."

A health care partner told us, "ICRS supports safe transitions and continuity of care through a rapid, coordinated approach to crisis intervention. The service provides a 2-hour response, completing an initial holistic assessment and implementing immediate interventions to stabilise risk and support people to remain safely at home wherever possible. While ICRS typically delivers short-term support (up to 72 hours) to stabilise a crisis, there is a strong focus on ensuring that any ongoing health or social care needs are identified early, and that onward support is in place prior to discharge from the service." The provider's data showed the 2-hour response time was consistently achieved in 2025.

Referrals to ICRS were received from a variety of partner agencies, including emergency and out of hours health care services, and social care partners. During the day referrals were managed by a dedicated member of the ICRS team, whilst at night referrals were made direct to front line staff, in most instances these were a request for assistance for them to attend a person who had fallen at home.

Multi-disciplinary team meetings were regularly held, which involved ICRS and the Reablement Provider Service, which supported a joint up approach to care. ICRS staff supported their colleagues within the reablement service by providing a second member of staff, where people required 2 staff to support them.

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, "I felt very safe, knowing that someone was coming each day."

Staff raised safeguarding concerns, liaising with a range of services to protect people from discrimination, harm or abuse. This included services who supported people with mental health, and alcohol and drug support services.

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. A member of staff told us, "I will check with the office, in some cases I have rang the safeguarding number whilst onsite. We have relevant contact details for safeguarding concerns." Staff had undertaken training in safeguarding children and adults, and this was regularly updated.

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 family members spoke positively of how risk was mitigated by the staff of the Integrated Crisis Response Service and the impact this had on them. A person told us, "I was desperate and I googled for Social Services help, and I spoke to someone in social services. ICRS staff arrived the next day to do the assessment. From there help and support came quickly." This provides an example as to how the referral process to ICRS from social care partners, works in a timely and seamless way in promoting people's safety and wellbeing.

People and family members told us how they were involved in decisions relating to their care, which included when equipment was identified to support people's safety and facilitate their independence. A person told us, "A member of staff came out, I was there and they ticked every box. They were so kind and did a risk assessment and made suggestions of aids and what were available. They put in place bath aids, seating in the shower, a frame with a table. They identified everything we needed."

In some instances, ICRS based themselves within a hospital setting, and were able to respond immediately to a referral made by hospital staff. ICRS staff spoke with the person either in the accident and emergency department, or on a ward. ICRS staff were able to identify with people any concerns they had about returning home, and to agree the support ICRS staff could provide to reduce risk and support a person's safe return to home. For example, a short-term package of care to provide assurance and support following their discharge from hospital. A person told us, "I was referred from the hospital, ICRS came in the same day."

The ethos of the service was to mitigate risk to people by providing high impact crisis intervention, which operated 24 hours a day, 7 days a week. Referrals at night were directly received by ICRS staff on duty, with most requests for assistance at night being to attend people who had fallen at home and to conduct welfare checks. ICRS staff were provided with equipment and the required training, which enabled them to assist people from the floor, when assessed as being safe to do so. Protocols for assisting people were adhered to by staff, which included speaking with the person, identifying what had happened, and noting any obvious injuries, pain or discomfort. Staff throughout their involvement continually assessed any potential risk.

Statistics provide clear evidence of the negative impact on people's health and well-being of remaining on the floor for long periods of time, known as a 'long lie', having fallen, and the increased potential of their having to be admitted to hospital. In 2025 the service received 1726 requests for assistance to people who had fallen at home, of which 72% of people remained independent following short-term support from ICRS, with only 4% having to be admitted to hospital, which demonstrates the effectiveness of the service and the positive impact on people's health and well-being.

A social care key stakeholder told us, "ICRS acts as a responder service for telecare alerts when there are no other local responders able to respond. The service is also a designated responder for people who have fallen, able to attend to a person promptly and reduce the likelihood of a long lie."

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 their receiving equipment to maintain their safety and support their independence. A family member told us, "A member of staff came out and did a full assessment including equipment, we were given a commode to help in the short term." A second family member said, "Staff came out the same day of the referral to assess, they had a big list of what we needed, hoist, hospital bed and commode, were all sorted out for us."

A social care key stakeholder told us, "ICRS has, when needed, supported people by collecting equipment, and installing and demonstrating its use. This has allowed people to be supported without delay and without requiring other immediate care support."

Collaborative working with key partners enables ICRS to refer people to physiotherapy and occupational health colleagues, in a timely manner, supporting good outcomes for people. A social care key stakeholder told us, "ICRS have close links with health partners and can obtain appropriate support quickly when this is identified. For example, their links with HomeFirst mean that they can initiate therapy input, access to equipment and aids for someone quickly to reduce risks and commence recovery."

Records evidenced household risks were identified as part of the dynamic risk assessment process, which included considerations of people and staff safety. For example, parking arrangements, pets, and whether the home was fitted with a smoke or carbon monoxide alarm. The Integrated Crisis and Response Service referred potential fire risk concerns to the fire and rescue service. A member of staff told us, "We complete a dynamic risk assessment, which includes details including, key safe and access to a person's home, lone working, fire risk, infestation, mobility needs, people's preferences, pressure ulcers, assistive technology and equipment."

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 staff of the service for their execution of their duties and their responsiveness, evidencing there were sufficient staff with the necessary skills and experience. A person told us, "I was discharged from hospital, and the ICRS came the same afternoon, and we decided what I would like help with. They asked all the questions and did a full assessment and offered me 3 support calls a day."

People's needs, including protected characteristics as defined by the Equality Act, were considered as part of the assessment and when scheduling care calls, which ensured staff understood and were able to meet people's communication, religious and cultural needs.

An ICRS member of staff whose role was to respond to referrals and schedule care calls told us, "During the day a co-ordinator is on duty, who takes the initial referral and schedules care calls. We respond to queries from the ICRS care staff, emergency duty team (social services) and people's families, working between 7am and 10pm. When scheduling care calls, we only book a day in advance, due to things changing very quickly. We consider where a person requires 2 staff, if Elk (is an emergency lifting device that uses an air powered cushion designed to inflate and gradually lift a fallen person up off the floor.) or moving and handling equipment is required." In some instances, care calls were scheduled for during the night between the hours of 10pm and 7am, either to provide personal care and support or to carry out a well-being check. In addition, front line staff responded within 2 hours to referrals and requests they received during the night.

Staff had undertaken specific and targeted training which enabled them to respond safely and effectively to people who were referred to the service, which included 'Elk' training. Staff were provided with equipment and training to carry out observations (checking oxygen levels, blood pressure and temperature) of people who had fallen.

Staff received training from a key health partner in assessing for injuries and undertaking observations such as blood pressure and temperature to support them in making safe decisions when responding to people who had fallen at home. A member of staff told us, "Training on responding to falls, provides information about when we should not move the person, for example when they have hurt their spine or pelvic area. Also, when it may be safe to mobilise a person and when to seek medical advice, by using the dedicated phone number we have."

Records showed staff had undertaken training in a range of topics related to health, safety and welfare to enable them to respond in a crisis and with consideration to specific areas of need. For example, suicide and prevention training, and Oliver McGowan national learning disability and autism training.

The skill and knowledge of staff was recognised by key health and social care partners. A key health care partner said of staff, "All have been trained in Safeguarding, and I am aware they have been at the heart of some very complex and difficult cases. So highly skilled and motivated in risk assessment and in advocating for people in their care. What I find most impressive about their approach in this area is the ICRS leadership is so clear about the scope of staff practice – the developments in this area have been done incrementally with a focus on high quality training, and validation, supervision etc."

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 (set of essential standards for health and social care support workers) as part of a structured induction and were encouraged to study for vocational qualifications in care and were proactively encouraged to undertake higher learning to enable them to progress within their career.

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 family member told us, "Staff always used PPE, gloves and aprons, and they were very clean and tidy. Another family member said, "Staff wore gloves, aprons and shoe covers."

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.

registered manager informed us 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 to 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 shared with us how the support they received impacted on them and their family. They told us, "Staff made sure I was back on track with all my medication. I had got to the stage where I didn't give a damn, but staff helped me". People also told us they were independent with managing their own medication. A person said, "I do my own medication, I like to be independent."

People's medication needs were considered as part of the assessment process and scheduling of care calls. An ICRS member of staff whose role was to respond to referrals and schedule care calls told us, "ICRS referrals come from a range of health and social care professionals and services, and include information as to people's medication, including critical time medication."

People's medication was discussed with them as part of the dynamic risk assessment. Discussion with staff, and care records demonstrated ICRS liaised with health care professionals where concerns were identified with medication. For example, staff had identified a person was choosing not to take their medication and had, with the person's consent, escalated their concerns with their G.P., requesting they carry out a review of the medicines prescribed, based on the person's reason as to why they had stopped taking their medication.

ICRS made referrals for care technology, which included programmable equipment to remind people it was time to take their medicine. A member of staff told us, "We sometimes liaise with pharmacies to request an electronic dispenser for medication."

Staff received training and had their competency in medicine management assessed.

Similar services nearby...



[Reablement Provider Service](#)

In Leicester, LE5 4PW



[Macdave Services Ltd](#)

In Leicester, LE5 4WH



[Grace Care UK](#)

In Leicester, LE5 5GE



HEMOCARE SERVICE

Integrated Crisis Response Service



Overall Outstanding

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:

Leicester City Council

Report from 5 December 2025 assessment

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- ✓ Delivering evidence-based care and treatment
- ✓ How staff, teams and services work together
- ✓ Supporting people to live healthier lives
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Effective

Outstanding



18 March 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 96 (out of 100) for this area. Find out [what we look at when we assess this area](#) and [How we calculate these scores](#).

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 family member told us, “My [relative] fell at home and was blue lighted to hospital. The hospital did an assessment and referred them to ICRS.”

All those we spoke with reflected upon the comprehensive assessments of their needs, and of their involvement in the process. A person told us, “ICRS completed a detailed assessment, which I was fully involved in. They treated me like a person not a burden. They took time to listen to me.”

Staff invested significantly in involving people, enabling to them to make changes to the support provided in response to people’s wishes. A family member told us, “We decided to have them once a day, they offered 3 times but once was enough.”

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. For example, the role of family and friends in their lives, whether the person lived alone, and considered their housing and accommodation.

People's assessments included a Care Act Assessment (an assessment undertaken by local authorities to identify a person's support needs). Ongoing health and social care needs were identified and comprehensively discussed and documented within the assessment. ICRS staff referred people to the relevant services based on the outcome of the assessment, which included health and social care services and agencies. For example, referrals to a physiotherapist for mobility concerns, referrals to alcohol and drug support services, or referrals to housing and property management. A member of staff told us "ICRS Officers, undertake a Care Act Assessment and determine if ongoing care, such as a care agency is required, or potentially we can refer to the Reablement Provider Service where it has been identified a person may benefit from a period of rehabilitation."

A key social care partner told us, "Daily multi-disciplinary team meetings, along with ICRS being co-located with therapy and nursing services, means daily referrals are made seven days a week in response to people's assessed needs. ICRS works closely with other teams, making referrals to ensure the smooth handover to longer term social work teams, including reablement, community nursing and therapy, mental health teams and GP's as and when needed."

A key health care partner told us, "The service provides a 2-hour response, completing an initial holistic assessment and implementing immediate interventions to stabilise risk and support people to remain safely at home wherever possible. Whilst ICRS typically delivers short-term support (up to 72 hours) to stabilise a crisis, there is a strong focus on ensuring that any ongoing health or social needs are identified early, and that onward support is in place prior to discharge from the service."

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 and family members were fully involved in decisions relating to their care and treatment, and on an ongoing basis, which included continued support and care decisions identified through the Care Act Assessment.

People and family members were fully informed of the role and remit of ICRS. A family member told us, "ICRS staff explained the emergency team would come out 3 times a day and told me they would come for 72 hours."

Assessments of people's needs included information relating to people's dietary requirements, with consideration to culture, beliefs and health needs, as well as details as to arrangements for grocery shopping. In the event people were discharged from hospital, and their food stores at home were insufficient or had become unsafe to eat, due to being out of date, ICRS were able to provide the basics from the store cupboard in the ICRS office. For example, canned goods, dehydrated foods, tea and coffee.

Information regarding people's dietary needs were documented. A member of staff told us, "Anything not considered typical, would be included on their notes. For example, if they required Halah, Kosher or fortified diets. We bring food packages for people without food." Another member of staff said, "People's records may include if a SALT (Speech and Language Therapy) assessment has been completed whilst they were in hospital, and the persons diet has been modified as they have been assessed as being at risk of choking."

The provider used recognised tools in line with legislation and current evidence based good practice and standards. ICRS would refer people to their G.P. or a speech and language therapist if they identified concerns related to people's nutrition and hydration, or where they identified people were at risk of choking.

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 health and social partners and agencies, working collaboratively to achieve effective care for people.

Health care partners worked collaboratively and alongside the Integrated Crisis Response Service. A health care partner told us, "ICRS is a key partner during MADE (Multi-Agency Discharge Events). During these events the emergency department patient cohort awaiting an acute bed is reviewed. ICRS staff are based on site and work proactively alongside discharge teams to support patient flow. While reviewing patients, the teams share relevant community background information to inform and strengthen discharge planning. They also actively identify opportunity to facilitate discharge directly from ED (emergency department) where appropriate, helping to reduce the risk of physical and mental deconditioning associated with prolonged stays in hospital."

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 ICRS, 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 social care partner told us, "We have regular conversations with ICRS staff and managers about people who have been identified in need of support so that where ICRS support is required, this can be implemented quickly. Conversely, ICRS feedback to us about their interventions to inform our assessments of someone's longer term needs where we are working jointly with them."

ICRS 'huddles' were regularly held throughout the week involving the manager, and senior staff, including ICRS staff who undertook Care Act Assessments to discuss those people who had complex needs, to share ideas and identify and agree a way forward as to how best the service could support the person.

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 and family members spoke of the positive impact the service had on their health and well-being. A person told us, "The ICRS team made a big difference to me psychologically and helped me feel stronger and more independent."

People benefited from the core purpose of the service, which was to provide crisis intervention, by supporting people to stay at home, avoiding hospital admission, and enabling people to return home from hospital without the need for admission or a lengthy stay. This was facilitated through the provision of immediate and short-term care and support. The ability of ICRS staff to undertake Care Act Assessments, meant within a short period of time, they could expediate referrals to other services or agencies.

A key component of the service was its 24 hours a day 7 day a week service. Staffs' ability to respond to people who had fallen at home, significantly reduced the period of time they spent on the floor, known as a 'long lie. This had a direct and positive impact by reducing both the physical and psychological effects, and the need for admission to hospital, and the associated impact of being in hospital on a person. In 2025, 90% of people who were referred to the service due to a fall required no further support, whilst 4% were independent following short-term support, with 4% being admitted to hospital.

A key health care partner told us, "ICRS staff consistently demonstrate strong risk recognition, professional curiosity and timely escalation to prevent deterioration in people's physical, mental health and well-being. As a health care partner, we have engaged the service on a number of complex cases where risks were unclear or evolving, in these situations, ICRS have completed prompt assessments, clearly articulated identified risk, and implemented immediate actions to stabilise individuals while wider support was coordinated."

Monitoring and improving outcomes

Score: 4

The provider monitored all people's care and treatment to continuously improve it. They ensured that outcomes were positive and consistent, and that they fully 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 family member told us, "ICRS help made such a difference to our lives. I was exhausted and now I have more time with my [child]. I want to say a big 'thank you' to the team."

People's expectations of the service were discussed with them, enabling the staff to provide or request the appropriate support through referrals to other services and agencies. Positive outcomes for people due to the involvement of the Integrated Crisis Response Service could be measured in numerous ways. For example, people accepting a referral be made to bespoke services, for drug and alcohol support services, or by staff liaising with housing services to provide support to facilitate improvements to their living environment.

People and family member's views about the Integrated Crisis Response Service were sought, and records were maintained of the compliments received, evidencing people's expectations of the service were met, and often exceeded. An example of a person's compliment stated 'I felt helpless at the beginning and slowly felt more independent. Thanks so much again.'

The positive impact on people as to the effectiveness of the ICRS was evidenced through the providers data. In 2025 there were 6,100 referrals to ICRS, of which 79% of people required no further support, 7.4% required ongoing care, 4.7% were referred to the reablement service and 3% of people remained in hospital.

The collaborative approach between the ICRS, 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 health care partner told us, "ICRS demonstrates a proactive and solutions-focused approach, using real time insight to highlight emerging pressures, risk and population needs. The team provide consistent outcome data which support informed decision making and helps ensures services remain aligned to prevention, crisis stabilisation and support people to remain safely at home".

Consent to care and treatment

Score: 4

The provider always carefully explained to people what their rights around consent were, made sure they fully understood them and always fully respected these when delivering person-centred care and treatment.

People were fully involved in all decisions relating to their care and support. A person told us, "The carers were brilliant. They knew what they were doing, they always asked consent before doing anything, and I'm really involved in my care."

Assessments of needs and Care Act Assessments considered people's capacity to make informed decisions. ICRS staff were meticulous in recording people's involvement in all decisions, including their decision not to engage with the service or other agencies. People's decisions were always recorded, which included where it was being suggested a referral to other services or agencies may be of benefit to them. People's decisions around referrals were documented, including where they had asked ICRS to speak with a named family member. Family members were contacted at the request of the person, and the outcome of the conversation recorded, along with the action taken. For example, a referral being made to an agency or service, where consent had been given.

A key health care partner told us, "Assessments are person-centred, with clear consideration given to capacity, consent and best interest decision-making, ensuring individuals and families remain involved in decisions about their care."

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. Any information relating to Court of Protection would be recorded on systems which were accessible to ICRS staff.

Information about the service, including contact details was available in a number of languages and formats to support people in making informed decisions, which included, but was not limited to, Gujarati and Gujarati large print, Hindi, Somali and Polish.

Staff had undertaken training on the MCA and were aware all care interactions required the consent of the person. A member of staff told us, "We assume everyone has capacity, we check that they understand the information given. We ensure consent, understanding and retaining of information. We check with family how they wish to be involved, and with the person for their consent as to how much information they want to share with others, including family members."

Similar services nearby...



Reablement Provider Service

In Leicester, LE5 4PW



Macdave Services Ltd

In Leicester, LE5 4WH



Grace Care UK

In Leicester, LE5 5GE



HEMECARE SERVICE

Integrated Crisis Response Service



Overall Outstanding

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:


[Leicester City Council](#)

Report from 5 December 2025 assessment

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Caring

Outstanding 

18 March 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 changed to outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

This service scored 95 (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: 4

The provider was exceptional at treating people with kindness, empathy and compassion and in how they respected people's privacy and dignity. Staff always treated colleagues from other organisations with kindness and respect.

People and family members spoke positively of how staff treated them with kindness, empathy and respect. A person told us, "The carers were excellent and very friendly, very professional and knew what they were doing, they were observant and noticed if I was in pain."

People spoke of how staff's understanding, knowledge and empathy enabled them to support those who were reluctant to engage or had specific needs. A family member said, "My [relative] has bi-polar and the 2 carers were really understanding, they were very professional, they built rapport quickly and were very caring." Another family members said, "The carers were so good. It was the first time [relative] had accepted care. Staff were tidy, clean, friendly and so good with them. They were great with the dog too."

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. Staff had received training on equality, diversity and inclusion, which they implemented in their everyday interactions and practice. A member of staff told us, "One of my main roles as a coordinator is to ensure people are supported by the gender of staff they prefer. Staff also consider people's cultural and religious needs and requirements, for example if we are shopping, we may to go a Halal shop. I have learnt about the requirement to be mindful about sweets because some have gelatine."

Where possible people were supported with staff whose gender was as they preferred. However, this was not always possible as staff were responding to people who were in crisis, and therefore the number of staff, their availability and the number of people being referred and supported was continuously changing. A family member told us, "In our culture we needed a male carer and that is exactly what they provided, 2 male carers who were wonderful. I had to get my [relative] on board (culturally) and that was difficult and the ICRS staff really supported me to do that."

Key health and social care partners were unequivocal in their praise of the professionalism of the Integrated Crisis Response Service, and how the impact this had on their services as well as the people who received support and care. A key social care partner told us, "The service works closely with the hospital discharge team, reablement social work team and locality teams on a day-to-day basis to ensure smooth transfer of care as people transfer between services. It has built incredible trusting relationships over the many years."

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 recognise the small adaptations which can preserve someone's dignity or autonomy in moments which 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 and family members were positive about the communication between themselves and staff, and of the impact this had. A person told us, "The carers were all very good and we communicated very well. They were very encouraging and told me that each day things would be a little better."

People were supported by a diverse staff team, which enabled them to meet people's cultural and religious needs. People's care records detailed their preferred language of communication. Assessment of people's needs and Care Act Assessments consistently referred to people's communication needs and documented where staff had conversed with people in their preferred language.

A key social care partner told us, "The ICRS make-up in terms of staffing is very diverse, reflective of the needs of the City, with people from different backgrounds and ethnicity. The service is very proactive to the cultural and religious needs of people living in Leicester and strives to act accordingly and make reasonable adjustments so that people can access the service in a manner appropriate to them. ICRS staff work with other services, looking at how to personalise their interventions in terms of language spoken, meals and any cultural/religious practices."

Assessments and Care Act Assessments were undertaken with consideration to the protected characteristics as defined by the Equality act and were personalised and individual to their needs and circumstances. All aspects of people's needs were considered, including physical and mental health, and environmental factors including housing. Staff in their interactions with people, considered their personal, cultural, religious needs and social circumstances.

A key health care partner told us, "ICRS staff demonstrate a strong commitment to upholding people's human rights, embedding the principles of the Mental Capacity Act and Equality Act within everyday practice."

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 and family members shared how the service influenced and had a positive impact on their independence, and how staff had fully involved them in all decisions. A person told us, "They helped me with things I didn't know I needed help with, they got me equipment to help me get from the chair to standing, all sorts of things they helped me with." Another person told us, "They have helped me to regain my confidence. I had 4 days of support, by the end I was able to get up, shower, dress and have breakfast. The staff made sure I could manage; I talked it over with them and we agreed I would like to finish."

People's assessments included identifying any equipment which could be used to maintain or increase their independence, and making the appropriate referrals to source this, with the person's consent. The Integrated Crisis Response Service had direct and day to day working practices and arrangements with agencies and services which meant equipment could be sourced quickly. Referrals from ICRS to other services was given priority, as the nature of ICRS meant they have a 2-hour response time. Where necessary, staff had collected equipment and taken it to people's homes and demonstrated its use.

Staff fully understood the importance of involving people and promoting their independence. A member of staff told us, "We assure people we are not there to take over, but to promote independence. It's about enriching and making the family feel at ease with it all."

Equipment provided was varied, and dependent upon people's needs as assessed by ICRS and the referrals they made. Referrals for equipment were for the purpose of both promoting safety and independence, which included sensor equipment to identify people's movement, from their bed or chair, or when leaving the house, or falling. Sensors could also detect if a person was having a seizure or had been incontinent, in some instances if a sensor was triggered, the referral for assistance went to the ICRS team to respond.

Specific tasks, including medicine management formed part of the assessment, and if required a referral for a medicine compliance aid was made. Assessments considered people's cognition, and where it was identified, they were struggling to understand day to day activities, referrals to support them were made. For example, clocks and devices, including talking clocks which made clear whether it was day or night, and the time.

In some circumstances a person's assessment identified they would benefit from a period of reablement, rehabilitation and recovery, and were referred to the Reablement Provider Service. ICRS and the Reablement Provider Service, worked collaboratively from an office, which they shared with other key services, which enabled and facilitated smooth transfer to other services to support people's independence.

Responding to people's immediate needs

Score: 4

The provider was exceptional in how they 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 and family members experiences reflected the nature of the service, of crisis intervention. A family member told us, "The service was very helpful for us. I can't speak highly enough of the team and how positive it was for as a service user."

In circumstances where ICRS were requested to provide on-site support at hospital, staff always took the opportunity to engage with people, to seek their views as to what if any support they wished to receive to prevent their admission to hospital or facilitate their discharge. Again, a further example of working with people, understanding their needs and acting on their wishes.

The provider kept oversight of ICRS engagement with people, which included data to evidence where people chose not to engage with ICRS, or chose not to receive further support where their assessment evidenced, they were eligible, ensuring people's views and wishes were respected.

The services commitment of responding to referrals within 2 hours, over a 24-hour period facilitated the minimising of people's distress and comfort. This was achieved in a range of ways. For example, by responding to people who had fallen at home. The provider's data showed, of the 1726 people ICRS responded to in 2025 who had fallen, 69 were admitted to hospital, which meant most people were able to remain at home, reducing their discomfort.

The ability of ICRS to undertake a dynamic risk assessment of people's needs and provide support in a timely way reduced the need for people to be admitted to hospital. Training attended by ICRS staff, delivered by external health care professionals referred to people experiencing depression and anxiety in response to prolonged hospital admissions, and was another example of how the service was able to reduce anxiety, distress and discomfort, by facilitating people's return to their own home.

Key partners were consistent in the praise of ICRS and its impact on people, evidencing how the involvement of the service reduced distress and discomfort for people, by providing support as well as making referrals to services and agencies who can provide targeted and specialise support. A key social care partner told us, "The initial referral contact into the service, and the undertaking of the dynamic risk assessment, means the service acts on the risks identified, and may include arranging an urgent GP review, contacting mental health teams, and escalating any safeguarding concerns." A key health care partner told us, "ICRS supports early intervention, and ensures that deterioration is identified and addressed at the earliest opportunity. Their ability to combine rapid crisis response with forward planning and strong partnership working helps ensure community-based support remains, effective, person-centred and sustainable."

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. The office had a room dedicated to facilitating staff in practicing their faith through religious observance, including prayer.

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 being encouraged to participate in workshops which had been planned over the next few weeks, which were to be facilitated by an external organisation, with the purpose of encouraging staff to explore their own spirituality, learn skills of reflection and meditation in support of well-being.

Staff spoke positively of the support they received from their line manager. A member of staff told us, "Most days I have been asked if I need anything. Managers have an open-door policy. They are very good at giving feedback, which is very good for wellbeing. Any queries have been responded to quickly. I can see the working relationships they all have, which makes me feel confident."

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. A member of staff told us, "We have access to occupational health support, counselling, stress training and wellbeing workshops."

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Similar services nearby...



Reablement Provider Service

In Leicester, LE5 4PW



Macdave Services Ltd

In Leicester, LE5 4WH



Grace Care UK

In Leicester, LE5 5GE

Integrated Crisis Response Service

 **Overall Outstanding**

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:

Leicester City Council

Report from 5 December 2025 assessment

On this page

- ✓ Overview
- ✓ Person-centred Care
- ✓ Care provision, Integration and continuity
- ✓ Providing Information
- ✓ Listening to and involving people
- ✓ Equity in access
- ✓ Equity in experiences and outcomes
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Responsive

Outstanding 

18 March 2026

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

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

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](#).

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 relating to their referral to the IRCS. They were fully involved in determining the support to be provided, including any referrals to other services or agencies, which were identified through the dynamic risk assessment carried out by ICRS staff. A person told us, “The carers were brilliant, I was always in control of my care and always involved in any decisions.”

People’s care records provided clear information of the circumstances which had necessitated the referral to ICRS. The dynamic risk assessment completed by ICRS involved the person, and in some circumstances family members, and provided clear and comprehensive information about the person’s physical, mental, emotional and social needs. In circumstances where referrals to other services and agencies had been identified, the rationale for such recommendations and people’s involvement in decision making were documented in full and reflected their unique circumstances.

The provider's processes facilitated and encouraged an inclusive and person-centred approach to care, which fully recognised protected characteristics as defined within the Equality Act, with staff fully understanding the needs of people within the community. A key health care partner told us, "The ICRS team has a strong understanding of the community they serve and consistently demonstrate a person-centred approach to care. On many occasions, they have supported people with highly specific individual needs and preferences, ensuring these are respected and incorporated into care plans. For example, a person relied on drinking sweet warm milk after 6pm, as a key part of their nutritional intake. The ICRS team recognised the importance of this routine and ensured it was accommodated as part of their care. This level of detail reflects their commitment to delivering holistic, individualist care that maintains dignity, promotes wellbeing, and supports positive outcomes for people at home."

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 support, to achieve the best outcomes for people. A family member told us, "Staff from ICRS arranged for a geriatrician to come to the house to assess [relative]."

Staff's collaboration with a wide range of health and social care partners ensured people's care and treatment was co-ordinated and provided continuity of care. A person told us, "I had support from ICRS for 2 weeks, and then another company took over. ICRS passed on all my information to the new service, it was very good."

Effective collaboration was acknowledged by key health and social care partners, who told us. "Seamless handovers are a core part. The team works closely with community nursing, primary care, adult social care, mental health, voluntary sector partners and other providers, facilitating virtual or face-to-face handovers where appropriate. Assessments and care plans are shared promptly to avoid duplication and ensure continuity, with family and people kept informed throughout the process. This coordinated approach reduces the risk of gaps in provision and supports safe, person-centred transitions between services."

The registered manager facilitated weekly meetings, forums, 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 ICRS was able to respond to these changes in the wider health and social care landscape, The registered manager and management team through robust planning and managerial oversight fully understood the resources available to ensure the service responded within the 2-hour following receipt of the initial referral. Key health care partner told us, "Forums bring together partners from across health and social care to review current pressures, identify bottlenecks, and address emerging issues within discharge pathways."

Providing Information

Score: 4

The provider was exceptional at developing appropriate, accurate and up-to-date information in formats that were tailored to individual needs.

People's care records were accessible to the person and family members where the person had given consent. A family member told us, "We had a communication book, and they left a folder with all their information in, everything was written down." People's communicated needs, including preferred language was documented within their records. Staff recorded the language in which they spoke with people when undertaking the dynamic risk assessment and Care Act Assessment.

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, was available in a range of languages, including large print versions. 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. In addition, 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.

All information generated by the Integrated Crisis Response Service, which was made available to people 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 they can easily read or understand with support so they can communicate effectively with services.

Health and social care partner spoke positively of the service's ability to communicate effectively with people. A key health partner told us, "The service promotes equitable access using language support where required, enabling people to communicate their needs and preferences effectively."

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 (GDPR) and Data Protection Act 2018. A member of staff told us, "Our training includes cybersecurity and data protection."

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 of the care and support they received, including how to raise concerns. A family member told us, "No concerns, but if I had I would just have phoned the office."

People and family members were provided with the opportunity to provide feedback about the service, facilitated through phone calls and via a survey when they were discharged from the service. The provider's analysis of people's feedback for 2025 demonstrated an exceptionally high satisfaction across all four measured areas: being listened to, person-centred focus, trust in workers, and achieving desired outcomes. A person who had recently completed a feedback form had written. 'I am writing to express my deepest gratitude to all of you for the incredible care and support you have given me, during such a difficult time in my life. Your professionalism, kindness and reassurance has made a huge difference to me both physically and emotionally. You gave me confidence, comfort and strength when I needed it most.'

Conversations with people and family members, underpinned by content of people's care records evidence people were listened to and involved in decisions relating to the support they received, including referrals to other services and agencies.

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.

People received a timely response, within 2 hours of a referral being made to the service. This promoted their health and well-being, promoted safety by reducing risk, and enabled people to remain, or return home from hospital. A family member told us, "ICRS came out the same day of the referral to assess." People's care records provided clear evidence of referrals made to health and social care professionals to facilitate people's access to a range of services, and of their involvement in the decision process.

The multi-agency approach, co-ordinated by the Integrated Crisis Response Service, ensured referrals to other services such as technology, housing, occupational therapy or nursing were made in a timely manner to ensure ICRS was responsive to people in crisis.

Staff worked in the office alongside occupational therapists and nurses, which enabled them to seek advice and guidance in the best interests of people, ensuring access to care was timely. A member of staff told us. "Nurses are co-located in the office, we have a direct number for DHU where (provides 24/7 NHS frontline services, including NHS111, urgent treatment centres, GP out-of-hours care, and community nursing across the Midlands and surrounding areas) we can always speak to a health professional for advice."

The provider recognised and understood the potential barriers which some people may face in accessing services, with staff of ICRS being best placed to support people with specific needs. A health care partner told us, "We frequently encounter people with learning disabilities or mental health needs who require more coordinated and individualist discharge planning. In these situations, ICRS play a vital role in supporting safe and timely discharge. ICRS liaise directly with appropriate services including learning disability teams, mental health services and other providers to coordinate follow up care. Ensuring people with more complex needs are discharged safely with the right support in place."

The ICRS facilitated regular 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 health partner told us, "Through regular engagement, transparent communication and a strong understanding of community pathways, ICRS plays a key role in coordinating care across partners, reducing gaps in provision and improving continuity for people and their families."

Equity in experiences and outcomes

Score: 4

Staff and leaders were innovative in how they listened to information about people who are most likely to experience inequality in experience or outcomes. Staff and leaders actively used this information to provide exceptionally tailored care, support and treatment in response to this.

Potential barriers and delays in people receiving care and support, were removed through the responsiveness of staff in responding to referrals to the service. The ability of staff of the Integrated Crisis Response Service, to assess people's needs promptly, meant referrals to other services and agencies was expediated, optimising opportunities for people to receive co-ordinated support and care, including mental health services, substance misuse, housing and accommodation, and assistive technology.

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 health stakeholder told us, "ICRS demonstrates strong system leadership through active engagement across a wide range of local, regional and national forums focused on improving outcomes for people within the community. The service is a valued contributor at key partnership meetings including the Community Care Partnership, End of Life and Palliative Care Taskforce, Urgent and Emergency Care Forums, and collaborative discussion with EMAS, Primary Care and voluntary sector partners. Within these settings, the team brings operational insight, shares learning from practice and works positively with partners to identify solutions that strengthen integrated crisis response and support, supporting better outcomes for people."

Data collated by the provider demonstrated the service supported people with consideration to equality and human rights requirements, and with regard to protected characteristics, including making reasonable adjustments to support equity in experience and outcomes. Data detailed the gender, age group and ethnicity of people who accessed the service, and information about the service was provided in a range of formats and languages, with personal interactions being provided by staff who were able to communicate in people's preferred language.

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.

People received support from staff of the Integrated Crisis Response Service with end-of-life care at home, when a referral to the service was received. People who had received support spoke positively of the support provided, which was evidence by feedback provided direct to the provider. A family member had written, 'I couldn't be more grateful for the support we've received from ICRS carers. We were at a really dark place as a family, who was losing a family member. The staff brought us hope. Suddenly we weren't alone, there was somebody to support us. I want to thank each of the carers who supported us from the bottom of my heart.'

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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HEMECARE SERVICE

Integrated Crisis Response Service



Overall Outstanding

Neville Centre, Leicester General Hospital, Leicester, Leicestershire, LE5 4PW (0116) 454 0420

Provided and run by:

Leicester City Council

Report from 5 December 2025 assessment

On this page

- ✓ Overview
- ✓ Shared direction and culture
- ✓ Capable, compassionate and inclusive leaders
- ✓ Freedom to speak up
- ✓ Workforce equality, diversity and inclusion
- ✓ Governance, management and sustainability
- ✓ Partnerships and communities
- ✓ Learning, improvement and innovation

Well-led

Outstanding 

18 March 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 teams 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 found the Integrated Crisis Response Service had received 6,100 referrals, of which 1,726 were for people who had fallen at home.

Staff were passionate about their role, and of its impact on people, and on them. A member of staff told us, "I feel ICRS needs to be shouted about, seeing how it supports people (with safe discharge) and outcomes they achieve, ICRS is the place to be – it's rewarding. I'm enjoying being here. I'm always learning."

The data made clear the positive impact on people in response to ICRS involvement, which found 79% of people avoided admission to hospital, 90% of people who had fallen at home did not require any ongoing care. The involvement of ICRS could equally be measured by its impact on the wider health and social care landscape, with only 1.1% of people having to be readmitted to hospital, thus reducing the demand on hospitals.

A health care partner told us, "ICRS proactive involvement helped to minimise delays, reduce unnecessary hospital stays, and that people with more complex needs were discharged safely with the right support in place."

The key values and strategic goals of the service were fully understood by the management team and staff, who worked continuously with partner services and agencies to deliver a responsive and 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 social care partner told us, "At a senior management level, regular discussions take place about service needs, changes/developments, pressures etc., that all services can support and co-operate and inject ideas into the forward movement of the local authority. Front line managers have also worked together to develop practices to support better ways of working and encourage positive working relationships".

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. 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 Integrated Crisis Response 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, which included the appointment of an occupational therapist to support staff in the delivery of the service.

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 the organisation's 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, and of their visibility and availability to provide support and guidance. A member of staff told us, "There is always someone on call as a manager. We are never alone out of hours." A second member said, "A 100% well-led service. There is always a point of call for support." Staff were equally positive as to the culture of the service, including open and supportive communication. A member of staff told us, "There's open communication. Communication amongst the team is really good, there's no one that is off-limits to speak to."

Key stakeholders spoke of the shared vision, values and strategy, which had been developed through planning in collaboration with all parties. A social care partner said, "All services routinely come together for learning opportunities, forums etc., to network, share knowledge and expertise and contribute towards development of strategies, and practice quality improvements. Forums for managers to get together and build working relationship are encouraged."

The registered manager and management team, work with health and social care partners to review progress against delivery of agreed strategies in line with local plans. A social care partner told us, "ICRS regularly seeks feedback from colleagues, partners, and people to identify opportunities for service development and continuous improvement." A key health care partner told us, "The service maintains strong links, bringing a clear evidence base to discussions through activity reporting, outcome measures and learning from practice. This shared oversight supports a responsive approach to demand, enabling timely adjustments to pathways ensuring individual receive the right support within their community."

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, "We all know the whistle-blowing procedure, we go to management and are kept well-informed of what's going to happen." A second member said of the management team, "There door is always open."

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.

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.

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.

Workshops had been organised for staff to attend, facilitated by an external organisation.

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 high-quality, sustainable care, treatment and support. They always 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. A member of staff told us, "I have supervision every 1-3 months, and I can request a supervision if needed, which is always granted."

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 health stakeholder told us, "Feedback is used constructively to amend pathways, improve communication, and enhance responsiveness, ensuring the service continues to evolve in line with people's needs and system pressures. The culture of continuous improvement further reinforces ICERS as a valued and forward-thinking partner within the wider health and social care system."

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.

The registered manager and management team engaged with key health and social care partners and agencies, sharing information as to the role of the Integrated Crisis Response Service, and the positive impact of collaborative working. For example, presentations delivered by the registered manager of ICRS to health and social care partners, provided statistical data as to the number of people referred to the service, the impact of the service on people, evidence to support the reduction of calls to East Midlands Ambulance Service (EMAS) and the financial savings, underpinned by sharing people's individual journeys, experiences and outcome.

Key health and social care partners were unequivocal in acknowledging the significance of collaborative working, in supporting people's smooth transition between services, and the positive impact the Integrated Crisis Response Service had on the wider health and social care system. A key health care partner said, "The service is seen as a trusted and valued partner, recognised for its professionalism, responsiveness and committed to delivering person-centred care. This strong partnership working has supported improved people's experience, safer crisis management within the community and reduced reliance on acute services, EMAS and Primary Care reflecting a mature and cohesive approach to integrated working."

Learning, improvement and innovation

Score: 4

The provider had a strong focus on continuous learning, innovation and improvement across the organisation and local system. They always 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 provider, 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 Integrated Crisis Response Service in the context of the wider health and social care landscape. A key health partner told us, "ICRS leadership engages openly to test new approaches, identify improvement opportunities and respond to emerging challenges. Where gaps or pressures are identified, the service works jointly with system partners to co-design solutions, strengthen referral routes and improve people's flow across services. This collaborative approach demonstrates a shared commitment to innovation, continuous improvement and delivering high-quality community based crisis support."

Another key health care partner provided an example of how ICRS had supported service development by enabling the expansion of a health care partners service, to include a Frailty Same Day Emergency Care, by accepting referrals immediately, without barriers, enabling hospital based staff to focus on the clinical needs of others, having full confidence that staff from ICRS would support people with their onward journey by meeting their social care needs.

The provider and registered manager were committed to the continuous learning and development of staff, through the provision of training, which included commissioning of training from external health care partners. For example, the recent training provided to support staff in responding to people who had fallen at home. A key health care partner told us, "Staff receive targeted training to support a wide range of health and social care needs and regularly shadow partner professions to enhance skills, knowledge and collaborative working. Where new or complex situations arise, management works closely with system partners to see advice and embed learning into service development, which demonstrates a strong culture of continuous improvement."

The Integrated Crisis Response Service staff worked collaboratively with the provider reablement service, providing a second member of staff where a person receiving support via the reablement service required 2 members of staff. In addition, ICRS, where required, provide staff to support the emergency call and handling service and the installation of equipment.

As part of the provider's commitment to the development of the service, funding had been approved to facilitate the expansion of the team to include an occupational therapist, and the post was currently being recruited to.

The provider had introduced the 'OneTouch electronic care monitoring system', which provided accessible electronic data and information about 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.

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Similar services nearby...



Reablement Provider Service

In Leicester, LE5 4PW



Macdave Services Ltd

In Leicester, LE5 4WH



Grace Care UK

In Leicester, LE5 5GE

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SCRUTINY COMMITTEES: TERMS OF REFERENCE

INTRODUCTION

Scrutiny Committees hold the Executive and partners to account by reviewing and scrutinising policy and practices. Scrutiny Committees will have regard to the Political Conventions and the Scrutiny Operating Protocols and Handbook in fulfilling their work.

The Overview Select Committee and each Scrutiny Commission will perform the role as set out in Article 8 of the Constitution in relation to the functions set out in its Terms of Reference.

Scrutiny Committees may:

- i. review and scrutinise the decisions made by and performance of the City Mayor, Executive, Committees and Council officers both in relation to individual decisions and over time.
- ii. develop policy, generate ideas, review and scrutinise the performance of the Council in relation to its policy objectives, performance targets and/or particular service areas.
- iii. question the City Mayor, members of the Executive, committees and Directors about their decisions and performance, whether generally in comparison with service plans and targets over a period of time, or in relation to their initiatives or projects.
- iv. make recommendations to the City Mayor, Executive, committees and the Council arising from the outcome of the scrutiny process.
- v. review and scrutinise the performance of other public bodies in the area and invite reports from them by requesting them to address the Scrutiny Committee and local people about their activities and performance; and
- vi. question and gather evidence from any person (with their consent). •

Annual report: The Overview Select Committee will report annually to Full Council on its work and make recommendations for future work programmes and amended working methods if appropriate. Scrutiny Commissions / committees will report from time to time as appropriate to Council.

The Scrutiny Committees which have currently been established by the Council in accordance with Article 8 of the Constitution are:

- Overview Select Committee (OSC)
- Adult Social Care Scrutiny Commission
- Children, Young People and Education Scrutiny Commission (which also sits as the statutory Education Committee)

- Culture and Neighbourhoods Scrutiny Commission
- Economic Development, Transport and Climate Emergency Scrutiny Commission
- Housing Scrutiny Commission
- Public Health and Health Integration Scrutiny Commission

The key work areas covered by each Scrutiny Commission are to be found here <https://www.leicester.gov.uk/your-council/decisions-meetings-and-minutes/overviewand-scrutiny>

SCRUTINY COMMITTEE: OVERVIEW SELECT COMMITTEE

The Overview Select Committee **will**:

- Scrutinise the work of the City Mayor and Deputy City Mayors and areas of the Council's work overseen by them.
- Consider cross cutting issues such as monitoring of petitions
- Consider cross-cutting issues which span across Executive portfolios.
- Manage the work of Scrutiny Commissions where the proposed work is considered to have impact on more than one portfolio.
- Consider work which would normally be considered by a Scrutiny Commission but cannot be considered in time due to scheduling issues.
- Report annually to Council.
- Be responsible for overseeing the work of scrutiny and the commissions and to refer certain matters to particular commissions as appropriate.

SCRUTINY COMMISSIONS

Scrutiny Commissions **will**:

- Normally undertake overview of Executive work, reviewing items for Executive decision where it chooses.
- Engage in policy development within its remit.
- Normally be attended by the relevant Executive Member(s), who will be a standing invitee.
- Have their own work programme and may make recommendations to the Executive on work areas where appropriate.
- Consider requests by the Executive to carry forward items of work and report to the Executive as appropriate.
- Report on their work to Council from time to time as required.
- Be classed as specific Scrutiny Committees in terms of legislation but will refer cross cutting work to the OSC.

Adult Social Care Scrutiny Meeting

Care Quality Commission Assessment: Action
Plan Update

Lead Member: Cllr Mohammed
Dawood

Lead Strategic Director: Laurence Jones
Director: Ruth Lake

Date: 25 June 2026

Wards Affected: All
Report Author: Ruth Lake
Contact details: 454 5551 / ruth.lake@leicester.gov.uk
Version Control: V1

1. Summary

1.1 This report provides the Adult Social Care Scrutiny Commission with an update on progress against the Care Quality Commission (CQC) Assessment action plan.

2. Recommendations

2.1 The ASC Scrutiny Commission is recommended to:

- a) Note the report and to provide any comments

3. Overview Report

3.1 The ASC functions of the Local Authority were assessed by CQC in March 2025, with a report published in July 2025. The Local Authority was rated as 'requires improvement' overall. An action plan was developed and approved via internal governance process and ASC scrutiny, in November 2025.

3.2 It should be noted that the action plan was developed by officers in the absence of any specific recommendations being made by CQC.

3.3 The action plan is attached at appendix 1. Please note that the colour rating (Red / Amber / Green) references actions that are delayed or not on trajectory (red) / in progress with some outstanding issues to resolve to confirm trajectory (amber) / in progress and on trajectory to deliver against the agreed timeline (green). Completed actions are coded grey.

3.4 The priority actions agreed are:

- Improving the experience of carers
- Accessible and improved information, advice and guidance
- Waiting times and timeliness
- Data and governance
- Safeguarding
- Care Market and Quality

3.5 The report is structured to provide a summary of actions, progress and impact against each of the priority areas. This summary should be noted alongside the detail in appendix 1 and with reference to the departmental performance report, which sets out metrics that align to the CQC improvement plan.

3.6 Improving the experience of carers

3.6.1 The key actions were:

- To establish a new Carers Oversight Board with supporting governance.
- To commission a peer review.
- To develop and deliver a Carers Improvement Plan, addressing areas identified in the CQC assessment and the more focussed peer review.

3.6.2 The progress made is:

- A Carers Oversight Board is established, reporting in via the ASC Performance Programme Board and into the SCE Learning and Improvement Board.
- A peer review was completed in December 2025.
- A comprehensive carers improvement plan is now developed, with progress against key workstreams noted in appendix 1.
- It is acknowledged that this is a continued area for attention and improvement.

3.6.3 The impact to date is:

- ASC is clear about the actions needed to improve carers experience and a plan is driving coordinated work.
- Carers have been involved in the development of the Carers Strategy, which is currently out for engagement.
- The carers pathway has been mapped, areas of uncertainty addressed and this will inform the final draft of the Carers Guidance (for staff and for carers).
- Carer training has taken place
- A new carer website has been launched by eth commissioned carer support service, addressing some of the issues raised regarding reach and relevance.

3.7 Accessible and improved information, advice and guidance

3.7.1 The key actions were:

- To improve access points and accessibility for Leicester's diverse communities
- To review content and address any gaps
- To ensure advocacy is sufficiently covered within practice guidance

3.7.2 The progress made is:

- Work on the corporate website has introduced translation functionality.
- Work on the website has required the review of some content, although this is ongoing beyond the website go-live – there is a plan for the completion of this work.
- An information workshop (mystery shopping) was held with support from Partners in Care and Health – this has identified some specific areas for attention that can be built into the plan going forward.
- Work is in progress to utilise AI as co-pilot is released, to support the translation of information for people drawing on support
- Advocacy is clearly referenced in practice guidance and included in mandatory training content.

3.7.3 The impact to date is:

- People are now able to translate all web content into a language of their choice in one simple step.
- Advocacy rates have increased, indicating improved understanding of when advocacy should be offered / provided.
- The visibility of the ASC online information is improved – although work is ongoing to address some aspects of content

3.8 Waiting Times and Timeliness

3.8.1 The key actions were:

- To establish consistent and reliable recording systems, so that timelines can be confidently reported
- Understand and address inequities in waiting times
- Reduce waiting times overall
- Implement provider-led reviews

3.8.2 The progress made is:

- A Timeliness Group and a Reviews Group are established, overseeing improvements in these two key areas
- Data is improved, removing erroneous reports from waiting times data – this has improved the reported waiting times
- Specific actions in service areas has addressed factors that were driving the presentation of inequity between teams – for example within the Learning Disability Service. These were largely linked to data entry.
- Work to reduce the OT waiting list and overdue reviews has been a focus, with additional resources made available.

- Provider-led reviews are recommencing and rolling out to more provider services.

3.8.3 The impact to date is:

- Assessment waiting times – both reported and actual – are improving
- Review activity is increasing.
- The position re equity is improved, with greater consistency in waits between teams.

3.9 Data and Governance

3.9.1 The key actions were:

- Improve the governance, quality and management of operational data.

3.9.2 The progress made is:

- A Performance Programme Board is established.
- Client level data requirements are reviewed, with staff guidance in place and training delivered during March 2026.
- Performance activity reporting has been prioritised aligned to SCE priorities.
- A cross-service 'data quality' team has been established (dedicating existing staff resources to a weekly joint team approach for data improvements and Liquidlogic development) – this will drive data quality, practice change and systems change.

3.9.3 The impact to date is:

- There is clear oversight of operational data.
- Reporting against client level data is supported, aligned to national reporting requirements.
- Reports (for example assessment waiting times) are increasingly reliable and present an 'improved' position.

3.10 Safeguarding

3.10.1 The key actions were:

- Providing detailed guidance at team level for social work teams.
- Ensuring learning from reviews is collated and embedded across the LA
- Completing safeguarding specific practice audits.
- Exploring safeguarding pathway improvements for referrals and feedback by care providers.

3.10.2 The progress made is:

- A new role of Safeguarding Adults Practice Lead has been recruited – the postholder commenced on 5 May 2026. This will provide the capacity needed to progress further actions.
- Staff guidance on the timescales and recording of key safeguarding processes has been developed – this will be further enhanced via the Safeguarding Adult Practice Lead.
- Regional funding has been secured to deliver an external practice audit project, as a one-off activity.
- Learning from reviews is collated into a SCE report, due to be presented in May 2026 and on a 6 monthly basis going forward. Learning from reviews is already embedded in training.
- Provider forums have addressed issues relating to pathways.

3.10.3 The impact to date is:

- The capacity needed to progress safeguarding assurance work is in place.
- Staff are positive about the new guidance.
- Although some actions have taken longer due to recruitment issues, mitigating actions such as external audit, will provide a robust baseline assessment and inform the Safeguarding Adults Practice Lead's workplan.

3.11 Care Markets and Quality

3.11.1 The key actions were:

- Addressing market gaps and quality improvement.

3.11.2 The progress made is:

- Respite provision has been expanded.
- A consultant is supporting the Supported Housing strategy.
- Work is progressing to scope providers offering culturally appropriate services and helping them to update their CQC registrations to reflect this.
- A refreshed Quality Improvement Team approach is in place.

3.11.3 Impact to date is:

- The capacity to progress commissioning priorities is increased.
- The council can offer assurance information where CQC provider assessments are out of date.

3.12 The key performance metrics aligned to the CQC improvement plan are set out in the SCE Departmental Priorities Plan. This is being presented to ASC Scrutiny independently of the CQC improvement plan update, as they are wider in scope than just the CQC response.

3.13 In summary, most actions are progressing well. Some are complete. Impact is evident in some areas, noting the metrics in the SCE Priorities Plan. The impact on people who draw on support and carers will take time to follow through as actions progress and embed. Our operational reporting, including work on feedback from people, will increasingly support us to track and evidence impact in future CQC assessment processes, including the new annual conversation approach being introduced during 2026.

4.1 Finance

There are no direct financial implications arising from this report.

Signed: Mohammed Irfan, Head of Finance

Date: 29 May 2026

4.2 Legal

Social Care & Safeguarding

The CQC Policy (with effect from 23 December 2024) sets out how they will use their enforcement powers under the Health and Social Care Act 2008, as amended by the Care Act 2014. Their updated policy includes requirement notices to action plans; setting out required improvements; making action plan requests and providing warning notices. Assessment reports and enforcement actions are published. After any assessment of a local authority adult social care service, recommendations are made about required improvements to their services.

ASC functions were assessed by CQC in March 2025, with a report published in July 2025. The Local Authority was rated as 'requires improvement' overall. An action plan was developed and approved via internal governance process and ASC scrutiny, in November 2025. It is noted that the action plan was developed by officers in the absence of any specific recommendations being made by CQC. This report is in response to the CQC Assessment which set out a Summary of strengths, areas for development and next steps.

Signed: Vicky Sowah

Principal Solicitor

Date: 3 June 2026

4.3 Equalities Implications

The Council must comply with the Public Sector Equality Duty (PSED) (Equality Act 2010) by paying due regard, when carrying out their functions, to the need to eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act, to advance equality of opportunity and foster good relations between people who share a 'protected characteristic' and those who do not.

In doing so, the council must consider the possible impact on those who are likely to be affected by the recommendation and their protected characteristics.

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.

Adult Social Care directly supports cohorts disproportionately represented by Age and Disability. This report provides the Adult Social Care Scrutiny Commission with an update on progress against the Care Quality Commission (CQC) Assessment action plan. The plan aims to ensure fair access and outcomes across all wards, and the progress detailed demonstrates positive strides in advancing equality of opportunity across several protected groups:

The CQC action plan aims to ensure fair access and outcomes across all wards.

The progress detailed in this update demonstrates positive strides in advancing equality of opportunity across several protected groups. Moving forward, individual Equality Impact Assessments (EIAs) will continue to be completed for specific service re-designs or policy changes as required.

Signed: Equalities Officer, Surinder Singh, Ext 37 4148

Date: 27 May 2026

4.4 Climate emergency implications

Service delivery generally contributes to the council's carbon emissions. Impacts of delivery can be managed through measures such as encouraging partners to use sustainable travel and transport options and use buildings and materials efficiently.

Signed: Phil Ball, Sustainability Officer, Ext 372246

Date: 19th May 2026


5. Background information and other papers:

None

6. Appendices

Appendix 1: CQC Improvement Plan (updated April 2026)

Care Quality Commission Improvement Plan 2025-2027

Area for Improvement	Actions for Improvement	Start Date	Target Date	Priority	Lead	Outcomes	Status	Progress Updates
Improving the experience of carers	Establish new board and governance for the oversight of the delivery and review of the Carers Strategy, including Carers self-advocacy group	October 2025	December 2026	1	Carers Oversight Group	<ul style="list-style-type: none"> Co-produced Carers strategy and delivery plan Improved IAG offer to Carers Community support is available for all carers including young carers Increased number of Carers accessing commissioned support Carers are assessed and supported effectively. Reduced waiting times for carers assessments 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 	Completed	Peer Review has been completed. The peer review feedback (currently in draft) will be used to develop a single, overarching Carers Improvement Plan. The plan will align work across the carers strategy, CQC report and peer review findings.
	Commission a peer review on carers and following delivery develop an action plan to address any highlighted areas requiring attention	December 2025	December 2025	1				Carers Oversight Group established and will oversee the new improvement plan.
	Deliver the priority actions in the Carers Improvement Plan (incorporating CQC and peer review actions): <ul style="list-style-type: none"> Age UK Carers Panel Improve IAG for Carers Carers Emergency Support Plan New Carers Guidance Short Breaks for Carers Carers Assessment Data and Performance 	Jan 2026	Mar 2027	1			<p>Update April 2026</p> <p>Carers Improvement Plan completed and a new highlight report is being developed to show milestones and progress which will be provided to the CQC assurance steering group.</p> <p>Update June 2026</p> <p>CQC outcomes / priorities have been mapped against Peer Review Priorities and resulting tasks created per workstream. Workstream progress presentation also being completed to show progress.</p> <p>Below action plan outlines the Carers Oversight programme, including workstreams, tasks, and milestones to improve support for carers in Leicester.</p>  <p>Carer%20Oversight %20-%20Milestones</p> <p>Overall Position</p> <p>The programme is mobilised and delivering some early actions, especially in operational areas. It is now moving into a more complex phase of rollout. Some key highlights include:</p> <ul style="list-style-type: none"> Refresh and update web offer at new Carers Support Service. Reviewed and updated LCC webpages Carers pathway reviewed with carers and providers before further development. Collated feedback following engagement with stakeholders on short breaks. 	
Accessible and improved information, advice, guidance, and support provided by ASC / Advocacy	Review and improve all access points, including the digital offer, to support improved navigation for people and ensuring this meets the needs of the diverse communities of Leicester.	October 2025	December 2026	1	Digitising Adult Social Care Group	<ul style="list-style-type: none"> Telephony guidance reviewed and communicated to staff. Automated Call Distribution system reviewed, and messaging amended Adult Social Care content transferred to new Leicester.gov.uk website. Self-Referral, Professional Referral and Self-Review implemented. Community Language Support options communicated to staff. 		Work underway on ASC content transfer to the new website (via Big Blue Door).
	Review IAG offer and develop action plan to address gaps and support improvements	January 2026	December 2026	1	Information, Advice and Guidance Group			<p>Self-referral and professional referral processes being progressed via the Digital & Systems Group.</p> <p>Project plan for the self-review system being developed including support for users and third-party access.</p> <p>Telephony changes implemented and learning and improvements now managed through a dedicated telephony group.</p> <p>Two new IAG posts approved which will sit within the Community Wellbeing Service.</p> <p>Testing of the IAG offer will take place in February at a workshop with people who use services.. This will inform delivery plan to include language support.</p> <p>Update April 2026</p> <ul style="list-style-type: none"> IAG post recruitment to progress

						<ul style="list-style-type: none"> Improved performance against IAG maturity assessment Reduced number of presentations to the front Door (through improvements to IAG) Increased up take of advocacy support 		<ul style="list-style-type: none"> Mystery shopping exercise completed in Feb 26 on website. A number of actions have been identified around: <ul style="list-style-type: none"> Poor search functionality (especially for non-staff users). Over-reliance on text ("walls of text"). Lack of visuals (videos, graphics). Weak Adult Social Care landing page. Broken/missing links (partly resolved). Missing safeguarding content due to migration issues. IAG working group to be stood up working with the Digitising Adult Social Care Group on the website. <p>Update June 2026</p> <ul style="list-style-type: none"> Telephony group stood up to review ACD. Admin have been working with service managers / heads of service to review new website and ensure any old information is transferred over. SB and Web Team to meet with Randeep to discuss progress w/c 08/6. SCE Digital & Systems Team to prioritise reviewing the landing page for ASC so that this is clearer, details our approach / vision and has a clear / understandable flow in the different services available, address all broken links as well as address accessibility issues with DDAT. Self-Referral and Professional Referral – Forms now developed on test system, but awaiting Lucy Bolton's team to finalise the form before it can go to the forms group for their approval. ASC Online / Self Reviews: SCE Digital & Systems Team are creating process maps, written guide and project plan that we can share with DMT in July for approval. This will include not just the start-up process, but business as usual arrangements.
	Ensure Advocacy is sufficiently detailed in assessment, review, and care and support planning guidance for staff	July 2025	November 2025	1	Practice Implementation Lead		<p>Advocacy guidance has been completed.</p> <p>Training delivered and referral forms improved.</p> <p>Advocacy uptake has increased, and focus now on ensuring better visibility of referral data to provide assurance.</p> <p>Update June 2026</p> <p>Whilst advocacy uptake has increased, demand below expected levels despite no waiting list and capacity is available, but referrals not increasing.</p>	
Waiting Times and Timeliness	Establish effective identification and consistent recording of people who are waiting for an ASC action (including assessment, review and other key elements of their care pathway)	March 2025	1 April 2026 (changes made in line with annual reporting cycle)	1	Timelines & Overdue reviews Workstreams	<ul style="list-style-type: none"> Accurate reports will be available at team level, that identify people waiting for key activity – allowing for strategic decisions on action to address performance issues People will experience broadly similar waits based on risk and need rather than the service area they are supported by People will have a timelier response and will have clear information whilst they wait By November 2026, the median wait for a Care Act assessment across all teams is reduced from 135 days to 90 days By November 2026 proportion of people overdue for a 12-monthly review by more than 6 months is no more than 10% of all reviews pending. Provider led reviews implemented. 	<p>Two new workstreams established focusing on Assessment and Reviews.</p> <p>Update April 2026</p> <p>Good progress continuing in relation to assessment waiting times with continued improvements.</p> <p>Additional investment being provided to support of reviews, using a robust risk-based approach.</p> <p>Scoping work ongoing drawing on learning from other East Midlands LAs</p> <p>Update 16/4/26</p> <p>Shift to client-level data (CLD) to better define and measure performance.</p> <p>Improvements seen in long-term team performance (partly data quality, partly practice).</p> <p>Moving beyond assessments to include:</p> <ul style="list-style-type: none"> Mental capacity assessments Other social work processes <p>Work underway to:</p> <ul style="list-style-type: none"> Reduce duplicate contacts across services Improve coordination across teams <p>New approach agreed for reviews</p> <p>Each long-term team to: Allocate 1 staff member for reviews with a target of 3 reviews per week</p> <p><input type="checkbox"/> Engagement with other councils (benchmarking)</p> <p><input type="checkbox"/> Provider-led reviews continuing (despite portal issues)</p> <p>Update June 2026</p>	
	Understand and address any inequity in waiting times across service areas	Nov 2025	April 2026	1	Timelines & Overdue reviews Workstreams			
	Reduce waiting times and ensure people are 'waiting well'	March 2025	Nov 2026	1	Timelines & Overdue reviews Workstreams			
	Scope and progress provider-Led reviews where appropriate to meet need.	November 2025	November 2026	2	Contracts & Assurance			

								<p>Timeliness Assessment timeliness improving: Supported by operational focus and data quality improvements</p> <p>Next phase:</p> <ul style="list-style-type: none"> Extend “timeliness” discipline to: Safeguarding Mental Capacity Assessments Address perceived inequity between teams (data vs reality issue) <p>Reviews: The 2025/26 Overdue Reviews report indicates that the amount of reviews overdue 24 months or more is steadily reducing, but those between 12-24 months are either stable or slightly increasing. Interestingly, a new statistic shows that overall number of people supported by the department has increased year-on-year but the number of people overdue a review is decreasing, which is positive</p> <p>All social work teams that have a function around reviews (excluding Duty teams) have agreed a dedicated worker to complete overdue reviews. These workers have been sent a list of overdue reviews within their teams to work through, with an expectation (once their existing workload is completed) that 3 reviews per week are written up on LL</p> <p>Provider-led reviews continue and more eligible people have been identified; Derby and Lincolnshire have met with myself and staff implementing this work from LCC to share learning. Delegation Portal now installed to live and pending final testing will be available for use.</p>
Data and Governance	Improve the governance, quality and management of operational data to ensure leaders have oversight of accurate information about key risks	September 2025	December 2026	2	Performance Programme Board	<ul style="list-style-type: none"> Establish Performance Programme Board 	Completed	Established
						<ul style="list-style-type: none"> Review client level data requirements and develop recording guidance for staff 	Completed	Client level data requirements have been reviewed and new specification developed. Reporting, and staff guidance / training planned for March 2026.
						<ul style="list-style-type: none"> Review and identify key performance indicators 		<p>Activity on key performance indicators / standards / performance framework have been delayed due to the priority of implementing the CLD changes. There have also been some delays in the procurement of the support offer agreed with PCH. The end date of December is still considered achievable.</p> <p>Update 16/4/26 CLD implementation:</p> <ul style="list-style-type: none"> Training delivered Forms live Reporting in development <p>Creation of a cross-team “implementation group” meeting weekly to:</p> <ul style="list-style-type: none"> Understand how data flows through systems Align practice and reporting Post-summer: more holistic approach to performance and governance Improve visibility and understanding of performance across teams <p>Update June 2026</p> <ul style="list-style-type: none"> Initial improvements to performance reporting completed, with focus on: <ul style="list-style-type: none"> Senior management usability Alignment to strategic priorities External support commissioned via Healthcare Innovation Consortium: <ul style="list-style-type: none"> Currently in discovery phase Aim to deliver improvement plan focussing on <ul style="list-style-type: none"> Improved dashboards Better data accessibility Embedding of performance culture across teams Establishment of “I-Team” weekly forum: <ul style="list-style-type: none"> Team leaders reviewing exception data and operational issues Early signs of improved engagement with performance data
						<ul style="list-style-type: none"> Review and amend standard performance reporting dashboards / reports 		
						<ul style="list-style-type: none"> Develop and publish performance framework 		
						<ul style="list-style-type: none"> Develop a suite of data quality reports 		
					<ul style="list-style-type: none"> Develop data quality governance process. 			
Safeguarding	Ensure detailed and consistent guidance for social work teams is in place including risk prioritisation and use of the LLR Multi-Agency Policies and Procedures.	May 2026 (due to recruitment)	Dec 2026	1	PSW and the Safeguarding Adult Practice Manager (once recruited)	<ul style="list-style-type: none"> Teams will have clear, specific guidance that has been co-produced with them <ul style="list-style-type: none"> A single view of LA actions from reviews will be available and 		<p>Internal recruitment to Safeguarding Adult Practice Manager did not result in appointment, so external recruitment now progressing. This has resulted in reduced capacity, however risks to delay in development and embedding of practice and procedures are being reviewed to ensure end of December 2026 timeline achieved, with strong links to the regional safeguarding community of practice.</p> <p>Update April 2026</p>

						<p>updated for assurance purposes</p> <ul style="list-style-type: none"> • There will be 4 safeguarding specific audits completed each month (above 5% of activity) to inform quality assurance processes • Partners including providers will report confidence in their safeguarding work with us 		<p>Recruitment now completed and Practice Manager due to start imminently. Work can start to be progressed during the summer.</p> <p>Update June 2026</p> <ul style="list-style-type: none"> □ Appointment of new Adult Safeguarding Lead (Anne-Marie Furnell). □ Key progress: <ul style="list-style-type: none"> • Short-form multi-agency policy issued to all teams <p>Early evidence of:</p> <ul style="list-style-type: none"> • Increased engagement from teams • Direct contact with safeguarding lead for advice
	Ensure learning from reviews is collated across the LA and embedded in practice	Sept 2025	Mar 2026	2	Learning and Development Manager			<p>Regular learning sessions established to share outcomes from safeguarding and adult reviews.</p> <p>Update April 2026</p> <p>Learning from reviews now embedded:</p> <ul style="list-style-type: none"> • 6-monthly reporting cycle established • Training programme in place
	Complete safeguarding specific practice audits – me to do this need to complete 4 across all teams (needs to be 5% of all our safeguarding activity)	April 2026	Ongoing	1	Safeguarding Adult Practice Manager/ Quality Assurance Practice Manager			<p>Discussions being progressed with PCH via CHIA to secure support for the development and testing of safeguarding practice audits which have not been able to be progressed at the pace required locally due to capacity issues.</p> <p>Update April 2026</p> <p>New Practice Lead to:</p> <ul style="list-style-type: none"> • Develop audit tools (within ~3 months of start) <p>Await outcome of external audit tender</p> <p>Update June 2026</p> <p>Key progress:</p> <ul style="list-style-type: none"> • Development of audit framework and tools underway • Planned programme of targeted audits and sampling
	Engage partners to understand any safeguarding pathway improvements required: • Making referrals (ease, feedback) • Thresholds	March 26	Oct 2026	2	Quality & Contracts Team			<p>Provider engagement on safeguarding learning is continuing through existing routes where relevant.</p>
Care Market and Quality	Address market gaps through effective commissioning; and support quality and sustainability through consistency in assurance and oversight and the use of fair funding models.	October 2025	March 2031	2	Head of Strategic Commissioning and Head of Quality and Contracts	<ul style="list-style-type: none"> • Availability of respite for younger adults; and access to short breaks to support carers • Increase number of PAs • Increase the availability of suitable accommodation through delivery of 10-year accommodation strategy • Increased number of Carers accessing commissioned support • Increased number of providers offering cultural specialisms and offering culturally appropriate care • Improved CQC ratings in regulated provision 		<p>Respite provision has been expanded with focus now on strengthening awareness.</p> <p>Consultant appointed to support development of 10-year accommodation strategy.</p> <p>Work scoped to baseline providers offering culturally appropriate care and support them to update CQC registration.</p> <p>Improved CQC ratings and contract hand-backs are being actively tracked through performance reporting.</p> <p>Agreement that direct payments will be monitored via routine performance data rather than a dedicated workstream.</p> <p>Update April 2026</p> <ul style="list-style-type: none"> • Respite/short breaks work progressing (co-produced offer being developed) • Accommodation strategy progressing with consultants. • New Quality Improvement Team (replacing previous model) Supporting both contracted and non-contracted providers • Low number of inspections recently • Some providers rated "Requires Improvement" for 5+ years Local authority mitigating risk via:

						<ul style="list-style-type: none"> • Reduced number of hand backs of contracts 		<ul style="list-style-type: none"> ○ Monitoring ○ Early warning systems ○ Monthly risk reviews <p>Update June 2026</p> <ul style="list-style-type: none"> • Availability of respite for younger adults; and access to short breaks to support carers • We have secured funding, part through BCF and part through our LDA collaborative for a person who will ensure we have a good leaflet around the current offer and support to promote it – we have stalled as we have done some coproduction with carers who talked about not being sure about their eligibility. So we have paused whilst that bit is resolved as it seemed inconsistent in terms of social work approached and application. The advice from carers was clear – please don't promote this on the basis that it's something we're entitled to and then find we have to pay, we want to know our entitlement around respite to complement the information on the short break/respite menu. • Increase number of Pas. • Commissioners have started to do some benchmarking and deep dives into this so that it is incorporated into our commissioned arrangements both for Day Ops and DPSS – both which are currently in recommissioning reviews. • Increase the availability of suitable accommodation through delivery of 10-year accommodation strategy • Good progress being made with our commission – Inner Circle have now completed stage 2 of the commission. We have a confirm and challenge session in the diary with both strategic directors, Laurence and Richard and directors, Kate and Andrew. This is to check methodology around our demand analysis and also give an update on our progress around the market appetite and how we might bring forward key builds supported by a site appraisal. This is on track to report by end of June. • Increased number of Carers accessing commissioned support • Carers week and Age UK are doing some good drops in, think the website improvements is excellent and we have our carers conference this week, there is a real focus there on carer identification and ensuring carers who don't identify as a carer know what is on offer. • Increased number of providers offering cultural specialisms and offering culturally appropriate care • Our dementia support model and how we have commissioned this is being used as a blueprint for how we ensure our commissioned services are able to offer culturally competent care – more work to do here but things like our market position statements are being updated to reflect the cultural specialism we need. <p>Quality & Cultural Provision</p> <ul style="list-style-type: none"> • Improved commissioning approach reflecting city diversity • Growing number of providers delivering culturally appropriate care (though not always formally registered as such) <p>Provider Quality</p> <ul style="list-style-type: none"> • Upward trajectory in provider ratings (RI → Good) • Constraint: <ul style="list-style-type: none"> ○ Slow CQC inspection programme, limiting visible progress externally ○ Some providers not inspected for extended periods
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***Presentation: Social Care and Education
Quarter 4 Priorities and Performance Ambitions
2025-26 (January to March) and Quality
Assurance***

Adult Social Care Scrutiny Commission

Meeting date: 25.06.2026

Lead director: Laurence Mackie-Jones

Useful information

- Ward(s) affected: All
- Report author: Laurence Mackie-Jones
- Author contact details: Laurence.jones@leicester.gov.uk

1. Purpose of report

To provide an update on performance in the social care and education and information on monitoring and improving quality.

2. Summary

Directors will deliver a presentation on performance in the relevant divisions of the Social Care and Education Department services in Quarter 4 of 2025-26. This is a developing format and this quarter is being used as a pilot to refine the presentation of this information ready for a formal launch for the framework for the 2026-27 and 2027-28

3. Recommendations

That the CYPE /ASC Scrutiny Commission note the report and make any recommendations for future improvements or service development.

5. Financial, legal and other implications

5.1 Financial implications

There are no financial implications arising directly from this report. However it is noted that in line with Priority 4, the relevant divisions of the Social Care and Education department are committing to continue our grip on finances by seeking opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery. The other priorities will also contribute to delivering financial sustainability across the division and the wider council. Social Care and Education services are a large part of the total council spend so it is important for them to remain in control of their costs.

Mohammed Irfan, Head of Finance
05 June 2026

5.2 Legal implications

The report is provided to note developments and consider future recommendations. There are no direct legal implications from a childcare perspective at this stage.

Amy Owen-Davis Principal Solicitor – Childcare, Social Care & Safeguarding
4th June 2026

Social Care and Safeguarding There are no direct legal implications to this report.

Vicky Sowah Principal Solicitor 4 June 2026

5.3 Climate Change and Carbon Reduction implications

There are no climate emergency implications arising from this report.

Phil Ball, Sustainability Officer, Ext 372246
3rd June 2026

5.4 Equalities Implications

Our Public Sector Equality Duty (PSED), requires us to eliminate unlawful discrimination, advance equality of opportunity and foster good relations between those who share a protected characteristic as defined by the Equality Act 2010 (sex, sexual orientation, gender reassignment, disability, race, religion or belief, marriage and civil partnership, pregnancy and maternity, age) and those who do not. The report and presentation provide an update on performance across social care and education, including progress on quality monitoring and improvement activities. The presentation focuses on the thirteen identified priorities, with priority five dedicated to developing an Equality, Diversity and Inclusion maturity matrix and delivering a clear action plan to support continuous improvement and organisational growth. Key equality considerations should include embedding equality throughout service delivery and decision-making, understanding and responding to the city's demographic profile and monitoring services to identify and address inequalities and improve outcomes for all communities. If changes are proposed in the way services are delivered, it is recommended that Equality Impact Assessments are undertaken, in order to demonstrate that the consideration of equalities impacts has been taken into account in the development of proposals and as an integral part of the decision-making process.

Sukhi Biring, Equalities Officer
5 June 2026

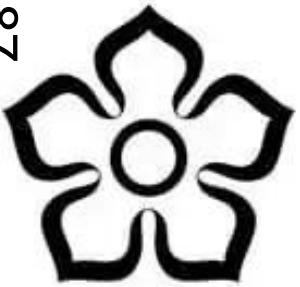
6. Background information and other papers:

N/A

7. Summary of appendices:

Appendix A: Priorities and Performance Ambitions Q4, 2025-26

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Leicester
City Council

SOCIAL CARE AND EDUCATION

PRIORITIES AND PERFORMANCE AMBITIONS

QUARTER 4 2026-27 (**Pilot Quarter**)

Appendix **

Priority X: A slide for each priority updated each quarter

"I and We Statements" focus us on why this is a priority

Area(s) of action or reference

A RAGB rating based on progress on plans (rather than assessed impact)

I Statements

○ What this means for Leicester residents

We Statements

What it means for us as an organisation and our staff and leaders

A narrative in terms of progress and any obstacles and how we will overcome them.

There is also an action sheet later in the presentation for the coming quarter

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

Some Obstacles

I Statements
I experience services that are improving, consistent, and meet expected standards.
I feel confident that concerns identified by inspections are being addressed.
I see real changes that improve my outcomes and safety.

We Statements
We act on inspection findings quickly and transparently.
We monitor progress and report openly on improvements.
We ensure learning leads to sustained, measurable change.

Sector Led Improvement Programme (SLIP) support from Islington for our improvement work was delayed in commencing due to staff sickness in their team. Since commencement there has been some significant progress, especially in terms of coaching support for front-line and middle manager to better equip them to lead with high support and high challenge, a precursor for good quality practice. There has also been active engagement between the leadership teams in Islington and Leicester in Care Leaver services and Domestic Abuse services. There is some future risk as the SLIP programme has been subject to national review and a new delivery model established - there have been delays in existing SLIP partners having future funding confirmed and they now know they will not get this confirmation until end of June 2026. Care Leavers focused visit by Ofsted has highlighted that whilst in some areas there has been good progress, in other areas progress has been too slow.

Priority 1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

I Statements

I experience services that are improving, consistent, and meet expected standards.

I feel confident that concerns identified by inspections are being addressed.

I see real changes that improve my outcomes and safety.

We Statements

We act on inspection findings quickly and transparently.

We monitor progress and report openly on improvements.

We ensure learning leads to sustained, measurable change.

**Post-Adult Social Care
CQC Improvement Plan**

On Track

Action plan in place and progress overseen by steering group, with updates provided to Partners in Care and Health (PCH) and ASC Scrutiny. Scheduled to report to June Scrutiny. There has been some minor slippage in the safeguarding actions but with a new post of Adult Safeguarding Lead now filled we expect to catch up on these actions

Priority 1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

I Statements

I experience services that are improving, consistent, and meet expected standards.

I feel confident that concerns identified by inspections are being addressed.

I see real changes that improve my outcomes and safety.

We Statements

We act on inspection findings quickly and transparently.

We monitor progress and report openly on improvements.

We ensure learning leads to sustained, measurable change.

Post-HMIP Youth Justice Improvement Plan

Some Obstacles

The Youth Justice Board have moved the service from quadrant 3 to 2 (effectively "good") recognising the improvements in the service. Issues remain in respect of the "NEC" electronic case recording system which is hampering some progress in recording good practice. This is being addressed with the provider.

Priority 1: Delivery on the improvement plans following the Ofsted ILACS, Adult Social Care CQC, HMIP Youth Justice and Area SEND Inspections

I Statements

I experience services that are improving, consistent, and meet expected standards.

I feel confident that concerns identified by inspections are being addressed.

I see real changes that improve my outcomes and safety.

We Statements

We act on inspection findings quickly and transparently.

We monitor progress and report openly on improvements.

We ensure learning leads to sustained, measurable change.

Post-Area SEND Inspections Improvement Plan

Some Obstacles

Generally progressing on track, but with some challenges around staff capacity to improve the Education, Health and Care Plan (EHCP) Annual Review backlog, which will be mitigated with agency but has taken time to implement. The government White Paper on SEND reforms has increased national demand for EHCPs which has made staff recruitment more challenging as there is competition.

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

I statements
I get help early, before my situation worsens.
I feel supported in my community to stay healthy and independent.
I experience joined-up support across services.

We statements
We work together across the council and health partners to intervene early.
We design services around prevention, not crisis.
We align our work with neighbourhood health plans.

Agree the LBL “road map”

On Track

Develop a Leading Better Lives Board reporting to the Health and Wellbeing Board

On Track

LBL Roadmap has been drafted following the October workshop, using the insights from this mapped against the framework of the "4 Pillars of Prevention". Governance to Health and Wellbeing Board agreed, and first Board meeting being arranged for June.

Board: Terms of Reference drafted; communication to Directors has gone out. First meeting in the process of being arranged for June.

Priority 3: Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place

I statements
 I receive timely, coordinated support for my family.
 I feel safe, and professionals work together to protect me.
 I only have to tell my story once.

We statements
 We collaborate across agencies to safeguard children effectively.
 We provide consistent support through Family Help teams.
 We share information appropriately to protect children.

Establishment of six Family Help Teams by June 2026

On Track

Establishment of MACPT(s) by January 2027

Some Obstacles

Family Help: Due to be operational by mid-July following extended pilot.

MACPT: LLR wide meetings have taken place to establish a unified Multi-Agency Child Protection Team model across the whole region as we share ICB and Police partners. A SWOT (strengths, weaknesses, opportunities, threats) analysis of three proposed models undertaken and findings discussed across the LLR partnership. Meeting to agree final model scheduled for 23rd June.

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

I statements
I receive high-quality support that makes best use of resources.
I trust that funding is used fairly and effectively.
My support is sustainable over time.

We statements
We manage public funds responsibly and transparently.
We seek best value while maintaining quality.
We monitor spending and outcomes closely.

Develop and track proxy measures such as NHS income, placement and package cost, agency spend, high needs block deficit

Not Yet Commenced

These proxy measures will be developed by the end of Quarter 2 (end of Sept 26). Outturn for the financial year 3.1% underspend in ASC and 2.6% underspend in children's services. Benchmarking shows that residential placement costs for children have risen 38% in Leicester since 2019, the lowest in the region (Derby City +104%, Nottingham City +72%, Notts +149%).

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

I statements
I am treated fairly, with respect for my identity and background.
I can access services that meet my cultural and individual needs.
I feel included and heard.

We statements
We actively reduce inequalities in access and outcomes.
We embed EDI in all areas of practice.
We listen to diverse voices and adapt services accordingly.

Development of maturity matrix

Development of plan for first phase of changes to increase maturity

On Track

On Track

Mission Diverse has completed analysis staff views to aid the development of an SCE focused “maturity matrix” which builds on the corporate model. (A maturity matrix is a self-assessment tool used to evaluate an organization’s progress in a specific)

The “Diverse by Design” toolkit has provided a self-assessment, which acts as a basis of a maturity assessment (in the absence of a corporate maturity matrix). The department is delivering an action plan against this.

Priority 6: Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement

I statements
I can access a suitable school place that meets my needs. I don't face long delays or travel far for education. My SEND needs are supported in the right environment.

We statements
We plan effectively for school places and SEND provision. We invest in infrastructure to meet future demand. We ensure sufficiency strategies are evidence-based.

Development of a capital strategy

On Track

The Designated Specialist Provision (Support Bases for children with SEDN in mainstream schools) Phase 3 proposal is due to be presented to the City Mayor in Quarter One (May/June) alongside a paper on long term plans for SEND capital in light of the White Paper and potential for Local Government Reorganisation impacting the city.

Priority 7: Having clear medium- and long-term strategies in place for children’s residential provision and adult supported living

I statements
I live in a place that is safe, stable, and meets my needs. I have choices about where and how I live.
I feel supported to live as independently as possible.

We statements
We develop sustainable, high-quality care provision. We reduce reliance on unsuitable or distant placements. We work regionally to improve options and capacity.

Revised children’s placement sufficiency strategies in place by May 2026

On Track

Revised supported living strategies in place by May 2026

On Track

Placements Hill View children’s home is in the process of being registered with Ofsted. Capital has been agreed for the build / conversion for two further homes. A workshop on the shape of the new sufficiency strategy took place with more planned. Joint work has been completed with planning to help shape the role of independent children’s homes in the city. / **Supported Living** Innerscircle consultancy commission underway, to provide a refreshed demand analysis; market engagement; site analysis; and delivery of implementation plan, June. / **Regional Care Cooperative (RCC)** Expression Of Interest due for submission in late June.

Priority 8: Deliver a programme to develop a performance culture across the department

I statements
I experience consistently high-quality services.
I benefit from services that improve over time.
I see accountability when things go wrong.

We statements
We use data to drive improvement and decision-making.
We set clear expectations and monitor performance.
We create a culture of learning and accountability.

Deliver programme between January and June 2026

On Track

All relevant managers have attended initial sessions and been issued with a reflective workbook. All have completed a day with the Art Of Brilliance on motivation and resilience. Dates are set for sessions on Value Based leadership. Using Data sessions are being commissioned. Phase two is being planned for the autumn with a focus on quality assurance and managing change.

Priority 9: Developing a consistent methodology to underpin our quality assurance processes across the department

I statements
I receive support that is regularly reviewed and improved.
My feedback contributes to better services.
I feel confident in the quality of care provided.

We statements
We apply consistent quality assurance across services.
We learn from audits, feedback, and outcomes.
We ensure continuous improvement is embedded.

Deliver programme between January and June 2026

On Track

The revised quality assurance methodology has been approved and adopted. The summaries from a range of QA activity will now be summarised so we can look at learning across the department and more closely monitor resulting actions and impact. This will be marked as complete once this has been embedded.

Priority 10: Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency

I statements
I experience more responsive services and less delay.
Professionals spend more time supporting me, not on paperwork.
My information is handled efficiently and securely.

We statements
We use technology to improve efficiency and quality.
We support staff to confidently use digital tools.
We reduce administrative burden to focus on people.

By April 2026 tools available to support easier running record keeping in liquid logic, easier running record keeping in liquid logic, Minuting meetings and supervision and support sessions

Staff confident and capable to use these tools by Nov 2026

Some Obstacles

On Track

AI Policy and Training released by Information Governance during April 2026. Co-Pilot is expected to be released at the end of May. AI project Manager now in post and is conducting three key initial workstreams:

- 1) Preparing guidance for workers across SCE
- 2) Approaching and Working with service areas & DMTs to understand key pinch points / issues / with business processes to identify where AI (or other digital transformation opportunities) can be used to support the service area.
- 3) Working to develop AI Impact Assessments with those service areas and working with DDAT / Info Governance to approve the extended use of Co-Pilot Chat or secure other AI / Digital tools) Planning to create as few of these impact assessments as possible with generic assessments used where possible.

Audio Transcription work is awaiting further progress by DDAT

Priority 11: To review our partnership plans around SEND to deliver on the new government strategy once this is clear

I statements

I receive coordinated support for SEND needs.

My education, health, and care plans are timely and effective.

I feel my needs are understood and met.

We statements

We work in partnership to deliver SEND reforms.

We improve timeliness and quality of EHCP processes.

We involve families in planning and decision-making.

Deliver programme between January and June 2026

On Track

The SEND white paper has been published and is being consulted on. A coordinated response from the Council has been submitted. There have also been announcements of SEND High Needs Block (HNB) funding which is dependent upon the approval by DfE of a Local Area SEND Reform Plan in early summer. Work is well progressed on this plan a draft plan has been submitted for initial feedback.

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Priority 12: Refine and begin to deliver our plans on preparing for adulthood and transition to adult services

I statements
I am supported to prepare for adult life.
My transition between services is smooth and well-planned.
I feel confident about my future independence.

We statements
We plan transitions early and collaboratively.
We ensure continuity between children's and adult services.
We support independence and life opportunities.

Develop, engage and launch PFA Strategy by April 2026

Some Obstacles

Timescales have slipped. However, following a successful visioning event, Nov 25 a draft strategy has been created with an engagement plan to support a final draft for September 2026.

Priority 13: Begin to prepare for Local Government Reorganisation

Begin to prepare for Local Government Reorganisation

On Track

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I statements

I continue to receive consistent, uninterrupted services.
I understand any changes that affect me.
I feel reassured during transitions.

We statements

We plan proactively for organisational change.
We maintain service stability and communication.
We prioritise residents' needs throughout change.

The SCE departmental management team has a full day in early April to complete SWOT and PESTEL* analyses around LGR to identify key areas for focus and planning with regards to LGR.

*Political, Economic, Social, Technological, Environmental, Legal

Key Actions for Q1 2026-27

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Area	Key Actions
Post-Ofsted ILACS Improvement Plan	<ul style="list-style-type: none"> • Updated Self Evaluation for submission to Ofsted by 19th May • Ofsted Annual Engagement meeting 2nd June • Launch new improvement plan on the Quality and consistency of plans
Post-Adult Social Care CQC Improvement Plan	Establish Carers Improvement Plan / Review IAG and website content inc translation function / Improve data quality re timeliness / implement Client Level Data and deliver mandatory training / onboard SA Practice Lead
Post-HMIP Youth Justice Improvement Plan	<ul style="list-style-type: none"> • Youth Justice Management Board 1st June • Resolve continuing challenges around Victim work capacity
Post-Area SEND Inspections Improvement Plan	<ul style="list-style-type: none"> • Submission of SEND Area Reform Plan • Proposals for DSPs and SEND Capital
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	<ul style="list-style-type: none"> • Finalisation of road map • Inaugural meeting of LBL Board

Key Actions for Q1 2026-27

Area	Key Actions
Delivering locality Family Help across all six clusters and having Multi-Agency Child Protection Teams in place	<ul style="list-style-type: none"> • Co-location of social work staff to remaining 5 cluster areas by end June 2026 • Capital bids for essential building works at the 12 Family Hubs venues • LLR partners MACPT meeting 23rd June – to formally agree shared delivery model
106 To continue our financial grip on finances and seek opportunities to deliver best value and reduce growth whilst pursuing excellence in service delivery	Review year end activity and finance data against targets and trajectory – maintain project approach and agile methodology to efficiencies work
To develop a maturity matrix for our Equality, Diversity and Inclusion work and to deliver on a clear plan to advance our growth	Agree how we will arrive at a co-produced plan with staff Launch new guidance on supporting staff, including when community tensions arise
Having a clear school place sufficiency and SEND Capital Programme in place with Executive agreement	Complete DSP Phase 3 paper and SEND Sufficiency paper

Key Actions for Q1 2026-27

Area	Key Actions
Deliver a programme to develop a performance culture across the department	Deliver "Ethical and Value Based Leadership" sessions to all staff Commission "Using Data" sessions and arrange dates Plan the autumn programme
Developing a consistent methodology to underpin our quality assurance processes across the department	New QA Impact Framework approved: staff launch May 2026
Making technology including artificial intelligence tools available to all practitioners to help manage workload and improve efficiency	Launch MS co-pilot for use with specific business cases
To review our partnership plans around SEND to deliver on the new government strategy once this is clear	SEND reform plans co-produced and draft submitted to DfE
Refine and begin to deliver our plans on preparing for adulthood and transition to adult services	Engagement plan for draft strategy now agreed, engagement to happen this quarter, to support planned launch for Autumn. Service design for operational model underway, final model to be agreed

Key Actions for Q1 2026-27

Area	Key Actions
Begin to prepare for Local Government Reorganisation	<ul style="list-style-type: none">- Away day to complete PESTEL and SWOT analysis- Prepare draft “day one” plans- Consider change resources required

Performance Ambition: **An updated slide each quarter**

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Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
What is it we are seeking to measure	Our starting point	What we are trying to achieve.....and by when	What does it look like this quarter?	A rating of whether we are on trajectory to hit the target

Analysis and Mitigations: Analysis is still in development but over time we will comment consistently on:

- How we compare to last quarter and a year ago
- How we compare to national, regional and LA family benchmarks
- What policy, performance and societal factors are impacting on performance, positively or negatively
- What actions we might take to change trajectory
- We will add graphs and tables where useful

We will keep ambitions under review to make sure they best reflect the impact we want to have for residents

Assessing Needs: Reduction in median and longest waiting times for assessments and reviews

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
110 ASC1a	Median wait for a Care Act assessment across all teams reduced from 135 days to 90 days	135 days (248 people)	90 days	31-Dec-26	79 median days (98 people)	On target
ASC1b	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.	706		31-Dec-26	26.3% of people (1501 of 5691) overdue by 6 months or more. (858 days median)	Currently off trajectory

Analysis and Mitigations: Work in data quality, alongside work to target waiting lists with focussed activity, has been successful in improving the reported position. Additional capacity has been secured for reviews. Initially targeted at those overdue for more than 12 months, attention will now turn to those overdue by 6 months. We expect to this position to improve over the next period.

Assessing Needs: Equitable waiting times across teams / client groups

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC2 111	The disparity between locality teams and specialist teams in waiting times should narrow to less than 5%.	31st Mar 2026 snapshot 15% Variation Reviews	5%>	31-Dec-26	Reviews overdue by 18 months: 15% variation between service areas	Currently off trajectory

Analysis and Mitigations: This has 2 elements – assessments and reviews. As per previous, review activity is still a priority area for improvement but the targeted capacity will address the most overdue and therefore reduce disparity. Work is in progress to report on assessments wait disparity – numbers are lower and functions between teams are different so this variation needs to be reflected in the data.

Care provision, integration and continuity : Increased uptake of direct payments

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
112 ASC3	Increase the uptake of Direct Payments from 45% to 50% and to reduce the number of people ceasing direct payments for avoidable reasons (e.g. administrative issues) to nil.	45%	50%	31-Dec-26	41%	Currently off trajectory

Analysis and Mitigations: Direct payment uptake has dipped but is variable across the year. It will take time to increase the rate, noting the highest performing national position is 48% and the average is 25% so Leicester is a high performer comparatively. **This metric will be subject to review as we develop more sophisticated measures on the experience of carers.**

Supporting people to live healthier lives : Improved accessibility and responsiveness of information, advice, and guidance (IAG)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status	
113	ASC4a	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).”	2023/24 Carers: 43.3% 2023/24 ASC: 72.8% 2024/25 ASC 70.8%	90%	31-Dec-26	Carers: 45.8% ASC: 86.6%	Currently off trajectory
	ASC4b	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.		All core care planning, assessment, and safeguarding documents should routinely be available in easy-read and the top 5 local non-English languages	01-Jul-26		Currently off trajectory
	ASC4c	Corporate web pages should be capable of easy digital translation		Corporate web pages should be capable of easy digital translation	01-Jul-26		Complete

Supporting people to live healthier lives : Improved accessibility and responsiveness of information, advice, and guidance (IAG)

Analysis and Mitigations:

Carers data is drawn from biannual surveys. Annual surveys capture the views of people who draw on support. Whilst access to information rates have improved and are close to target for people who use services, the carers data is well below target – this reflects the nationally reported experience for unpaid carers.

→ Translation: A solution is believed to be available with the roll out of co-pilot, but until this is progressed corporately, it is not possible to test or implement. On the basis this is a viable solution, this will address the action in full and make translated materials – both standard templates and individual documents – readily available.

The new website functionality has addressed the action to make web content available in local languages.

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible needs and for Carers

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	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ACS5a	Measurable increase in “prevention contacts” (e.g. care navigators, minor adaptations, self-help referrals) used before more intensive support is needed.	to be defined. Draft criteria: More 'request for support' contacts for new people, with low-level Services / signposting NFA outcomes	Increase on baseline	31-Dec-26		working to establish definition and baseline
ASC5b	A reduction in new referrals to long-term support where earlier intervention could have avoided escalation.	to be defined. Draft criteria: count 'request for support' contacts for new people who progress to case - split by people who have had/did not have a prevention NFA contact previously	Reduction on baseline	31-Dec-26		working to establish definition and baseline
ASC5c	A rising proportion of people supported to avoid entering higher-cost packages (e.g. hospital readmissions, institutional care) through reablement or enablement.	to be defined. Draft criteria: a) increase in proportion of people independent after Reablement and b) if a person has a package of care after reablement, a reduction of the no of hours person has after reablement	Increase on baseline	31-Dec-26	Independent: 60.3% Reduction: 48.5%	working to establish definition and baseline
ASC5d	Increase the % of Carers accessing support groups or someone to talk to in confidence from 18.52% (SACE 2023/24)	2023/24 Carers Survey: 18.5%	Increase on baseline	31-Dec-26	2025/26 Carers survey: 24%	On target
ASC5e	Reduction in the % of Carers facing financial difficulties and an increase in the % of Carers in paid employment	2023/24 Carers Survey: Financial difficulty: 61.2% Paid Employment: 27.1%	Reduction on baseline	31-Dec-26	2025/26 Carers survey: Financial difficulty: 78.9% Paid Employment: 24%	Currently off trajectory

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible

Analysis and Mitigations:

Supporting independence: data from the Reablement service will be used going forward as the baseline and performance source against which to track the improvement trajectory. Given the nature of people supported and our national position (strong) we are aiming to a shallow but sustained increase.



Carers: further data sources will need to be explored, given the limitations of biannual national surveys.

Safe pathways, systems and transitions; Safeguarding : Better safeguarding process performance and oversight

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
ASC6a 17	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).	5 days 84 days	All safeguarding alerts should have an initial outcome decision within 5 working days with full enquiry closure within 3 months	31-Dec-26	Alerts in 5 days: 50.1% Enquiries completed in 84 days: 55.7%	Currently off trajectory
ASC6b	Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”	TBC with new Safeguarding practice lead.	Governance and audit mechanisms ensure 100 % of safeguarding enquiries are routinely reviewed and lessons logged, with “no cases left without oversight.”	31-Dec-26		working to establish clear definition and baseline

Supporting people to live healthier lives : Stronger prevention, early intervention, and support for non-eligible

Analysis and Mitigations:

The newly appointed Safeguarding Adults Practice Lead (SAPL) will progress this work.

Safeguarding timeliness – work is needed to address data entry issues as well as any practice issues. New guidance on safeguarding timescales has been launched and will support improvement in this area. Work is needed to define 'complex / multi-agency' for the purposes of reasonable exclusions.

Safeguarding oversight – a new audit programme will provide insights, along with reporting on existing management oversight utilising liquidlogic functionality – this needs to be established by the SAPL

Looked After Children and Edge of Care

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP1a	To ensure our unregulated placements do not exceed 1% of all children in care across the financial year	2.16% for 2025-26 Z11 court directed 0.17% (2), Z12 awaiting alternative 1.21% (14), Z13 best interest 0.78% (9) for 1,156 placements	< 1%	31-Mar-27	Q4: 1.93% of 776 placements Z11 0.26% (2), Z12 0.90% (7), Z13 0.77% (6)	Currently off trajectory
119 CYP1b	The average number of placement moves decreases year-on-year	2024-25 25.8% had at least one placement move. 1.35 placement moves per person moving		31-Mar-27	Q4: 10.2% had at least one placement move, with average of 1.15 moves per person moving. 2025-26: 28.1% had at least one placement move, with average of 1.33 moves per person moving.	Close to trajectory
CYP1c	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	207 during 2024-25 Rate 23 per 10,000	Reduction of 8% on baseline	31-Mar-28	Q4: 57 2025-26: 268 (+29.5%) Rate: 29.5	Currently off trajectory

Looked After Children and Edge of Care

Analysis and Mitigations:

CYP1a: There are 5 children in unregulated placements which is 2 less than the last quarter. Most of the providers are applying to be registered with OFSTED. Where this is not the case we are pursuing alternative OFSTED regulated placements for our young people or pushing the providers to become regulated. Expression of Interest for Regional Care Collaborative and Fostering Hub and opening new LA run residential provision to improve regulated placement availability. There are no regional or national benchmarks available.

CYP1b: We will review this measure as there is benchmarking data available for a slightly different measure from other LAs which might provide us more insight into our relative performance.

CYP1c: The main driver to reduce the numbers of children in care are the Families First reforms including Family Help and Family Group Decision making. These are not yet in place but should be by September 2026 with MACPTs also in place by March 2027. Given that it is not a surprise we are off trajectory at present.

Children Subject to Child Protection Plans

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP2 121	Number of new CP Plans – to have reduced by 8% by April 2028 (from the 2024-25 baseline)	521 during 2024-25	Reduction of 8% on baseline	31-Mar-28	Q4: 136 2025-26: 576 (+10.6%)	Currently off trajectory

Analysis and Mitigations:

The main driver to reduce the numbers of children on child protection plans are the Families First reforms including Family Help and Family Group Decision making. These are not yet in place but should be by September 2026 with MACPTs also in place by March 2027. Since the end of Q4 the number of new plans has reduced by approximately 5%.

Attainment and NEET

CYP3a	The number of 16-17 years olds classified as NEET / Not Known to have reduced by April 2028 (from the 2024-25 baseline)	6.9% for 2024-25 (Dec-Feb average)	Reduction on baseline	31-Mar-28	Q4: 6.94% 5.83% NEET 1.12% not known	On target
CYP3b	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	64.5% for 2024-25	72%	Sep-28	No in-year progress updates	Data yet not available
122 CYP3c	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%	54.5% for 2024-25	63.70%	Sep-28	No in-year progress updates	Data not yet available

Analysis and Mitigations:

- GLD data will not be available until Autumn.

Attainment and NEET (Not In Education, Employment or Training)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP3d 123	The attainment of looked after children to have increased by September 2027	2023-24 KS2 expected standard reading: 55% KS2 expected standard writing: 59% KS2 expected standard maths: 45% KS2 expected standard grammar, punctuation, spelling: 50% KS2 expected standard reading, writing, maths: 27% KS4 average attainment 8 score: 19.2 KS4 average progress 8 score: -1.23 KS4 achieving 9-4 pass in English and Maths: 18.6	Increase on baseline	Sep-27	2024-25 KS2 expected standard reading: 50% KS2 expected standard writing: 42% KS2 expected standard maths: 29% KS2 expected standard grammar, punctuation, spelling: 50% KS2 expected standard reading, writing, maths: 29% KS4 average attainment 8 score: 17.5 KS4 average progress 8 score: suppressed KS4 achieving 9-4 pass in English and Maths: 23.8	Currently off trajectory

Analysis and Mitigations:

- 2024/25 information published 02 April 2026 in the "Outcomes for children in need, including children looked after by local authorities in England" statistical release.
- Small cohort numbers KS2 (24) and KS4 (24)

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP4a	EHCP initial timeliness to improve by 15% by April 2027 (based on the 2024-25 baseline)	51.5% within 20 weeks (excluding exceptions) for 2024		31-Mar-27	Q4: 46.0% 2025-26: 55.8%	Close to trajectory
124 CYP4b	EHCP Reviews 12 week completion to be improved by 25% by April 2027 (based on the 2024-25 baseline)	12.8% 2024/25		31-Mar-27	Q4: 23.1% 2025-26: 11.7%	Close to trajectory

Analysis and Mitigations:

- Performance in this quarter has been impacted by a higher volume of new EHCNA requests exceeding trends due to increased demand linked to White Paper. Some capacity has also been intentionally redirected to the annual review inspection action area in order to balance the system. Efficiencies and capacity increase have been implemented through revised team formation and digital solutions. Although there remains staffing concerns which impact.
- Area has strengthened oversight with improved data and dedicated action plan and steering group, slightly below target due to legacy backlog, variability in timeliness of returns from some settings and wider system pressure from increase in ECH initial requests. Targeted backlog clearance underway, reprioritisation of officer capacity and dedicated resource to this priority area. Although there remains staffing concerns which impact.

Quality of Children's Social Work / Family Help Practice

	Descriptor	What is the baseline?	What is the target?	What is the target date?	What is performance in this quarter?	Status
CYP5	Case audit quality – by Q2 2027-28 85% of overall cases audited to be good or better	48%	85% by Q2 2027-28	30/09/2028	57%	Close to trajectory

125

Analysis and Mitigations:

Whilst Q4 shows a positive increase in audits rated 'good', it is noted that both this quarter and q3 have included audits graded Inadaquate, showing variation in practice. All inadequate audits are reviewed by HOS, and a QA Manager will now routinely re-audit children's cases where gradings were Inadaquate in 6 months time to provide review of practice, assurance that actions have been completed, and consider impact.

Within this quarter (as in previous quarters) audits relating to social work teams have been completed within the Safeguarding Unit only, due to front line team managers being exempt from auditing . It has been agreed that team managers will re-start auditing in May. This should allow for increased numbers of audits to be completed and will also support managers in terms of oversight of practice, their wider practice development and management oversight.

Adult Social Care Scrutiny Commission

Work Programme 2026-2027

Meeting Date	Item	Recommendations / Actions	Progress
25 June 2026	<ol style="list-style-type: none"> 1. CQC update 2. Q4 25-26 performance 		
27 August 2026	<ol style="list-style-type: none"> 1. Supported Housing 		
12 November 2026	<ol style="list-style-type: none"> 1. Young Carers/Carers 2. Diverse by Design 3. Workforce Report 	<ol style="list-style-type: none"> 1. Carer's Strategy 2. Added to Work Programme as part of the June 25 Scrutiny meeting actions. – to include caseloads for Social Workers. 	
21 January 2027	<ol style="list-style-type: none"> 1. Dementia 	<ol style="list-style-type: none"> 1. To come back with lived experience Case Studies as per June Scrutiny meeting actions. (New provider.) 	
11 March 2027			

Director's suggestions	Chair's Suggestions

Forward Plan Items (suggested) 2025-26

Topic	Detail	Proposed Date
Post-Adult Social Care CQC Improvement Plan (June and November 2026)		June & November
Adult Supported Living (September 2026)		September
Neighbourhood Teams?	To be discussed with Chair	

Leading better lives	<p>Also, social isolation and loneliness.</p> <p>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.</p> <p>Prevention to be included.</p> <p>For more information / numbers on how challenges and barriers are addressed.</p>	Autumn
Self-funders	Added after 13 th Nov meeting. To focus on the experiences of people of paying for own care. Provider/s and possibly VSE sector to be invited.	
Adult Social Care Quarter 2 Performance (April – September 2025) and Quality Assurance	<p>To come back to Scrutiny when more figures are available.</p> <p>Invite the new head of academy once established - Also invite CYPE Scrutiny members.</p>	
Employment Rights Act 2025	To follow up on the Fair Pay agreement. Following April scrutiny meeting.	
Modern day Slavery	Following up from April Scrutiny meeting on Employment Rights.	
Support for Carers	Carer's Strategy to come back to Scrutiny, including carer diversity. Age UK report on the discharge grant scheme for care and to follow work on Short Breaks.	

