Adult Social Care Scrutiny Commission

Care Quality Commission Assessment of Adult Social Care Early Learning and Reflections

Lead Member: Councillor Sarah Russell

Strategic Director: Laurence Jones

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City Mayor

Useful information

■ Ward(s) affected: all

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1. Summary

1.1 Assessment of the Adult Social Care (ASC) functions of Local Authorities commenced in 2023, as part of the programme of social care reform. 5 Local Authorities participated in a pilot phase, receiving their assessment reports in late 2023. As at 10 June 2024, 3 further Local Authorities have had their assessments published and 32 councils have been notified of an assessment by the Care Quality Commission (CQC). Of the 32, this includes Derby and Derbyshire, who have had their assessments completed but not yet published.

1.2 7 of the 8 published Local Authorities received a 'Good' rating: 1 received a 'Requires improvement' rating: within this, there were areas for improvement for all as well as areas of strength. A table showing the ratings by framework theme is included at appendix 2.

1.3 As the reports for the pilot sites were published, several leaning events, webinars and reflection sessions have been held – nationally and regionally. This includes an East Midlands ADASS summit, which took place on 8 March 2024, attended by James Bullion, CQC as the keynote speaker.

1.4 Early learning points have been identified, enabling Local Authorities to reflect on their preparedness for CQC assessment and take steps to be as ready as possible to demonstrate how outcomes are being achieved in their local area, in line with the assessment framework.

1.5 This briefing note identifies those early lessons and considers where Leicester City ASC could pay particular attention in order to prepare for CQC assessment. Key strengths and risks are noted, together with actions that are in place or proposed to address these.

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2. Recommendation

2.1 The Adult Social Care Scrutiny Commission is recommended to note the report and make any comments on the issues presented.

3. Report

CQC Framework and approach
3.1 The CQC assessment framework is set out as 4 themes covering 9 sub themes, with Quality Statements supported by 'I' and 'We' statements. These are set out in Appendix 1 for reference.

3.2 The assessment process commences with a letter to the Local Authority advising of their selection for assessment. An Information Return (IR) is sought, which requests multiple documents be submitted within 3 weeks, covering plans, strategies, policies and data but also summaries or descriptions of the ASC approach, for example, to assessment and support planning. CQC do not expect that Local Authorities create new documents for this return: however, as early learning shows, being able to provide accessible information that tells the story that ASC want to convey to CQC is critical in helping assessors to understand the information needed to make a fair judgement on quality and outcomes.

3.3 The CQC assessment team will meet with the Local Authority on a given date to receive an introductory presentation and senior overview of the ASC self-assessment. This is followed by an onsite period, typically 3 days. They will meet with key senior leaders and also with frontline staff, partners and people who draw on support. CQC do not expect there to be management presence in their meetings with staff.

3.4 CQC require that 50 practice examples ('cases') are identified and shared with them, so that they are able to select 6 to review. They will contact the people that are drawing on support to hear their view of the ASC experience and outcomes being achieved. The Council will provide 'pen pictures' to CQC of the work completed along with copies of key documentation. CQC do not directly access people's records.

3.5 To date, CQC have generally finished their site work without sharing any direct feedback on their early findings, and a draft letter has then been sent to the Local Authority for factual accuracy checks. This aspect has proved challenging and time consuming for Local Authorities. The outcomes of the published assessments, in terms of scores across the quality statements, are shown at appendix 2 (where 1 is inadequate, 2 is requires improvement, 3 is good and 4 is outstanding).

Key Learning (from Councils and CQC)

3.6 Feedback from Principal Social Workers (PSW) and DASS' from Local Authorities who have been assessed is summarised below. This has recently been published here [Learning from the Care Quality Commission pilots for principal social workers | Local Government Association.](#) The comments below are summaries of the honest reflections given by senior officers in other councils, who had been through the assessment process.

3.6.1 Staff engagement and preparation

- Frame assessment positively– focus on celebrating their great practice.
- Staff were able to talk about what they loved about social care and what they loved about their roles. It was "showing off at their best".
- Keep messages targeted, in bite size chunks, with a webpage for reference
- Use staff engagement sessions to get people thinking about what they are proud of and what could be better.
- Make sure you have a debrief meeting with all staff after they speak to CQC – for support and to pick up themes."

3.6.2 Case Tracking (Practice examples)*
- Be prepared early - CQC wanted 50 peoples records for case audits – one council noted that with 10000 people drawing on support it was still challenging to find 50 records they could put forward.
- Make sure audits are in place to check on quality now – but don't rely only on these.

* Leicester ASC avoids the use of the term 'case' preferring to talk about practice or people. 'Case tracking' is CQC terminology and may be used by other councils.

3.6.3 Preparation and Managing the Process
- Some councils noted they underestimated the level of resource needed – the timescales were very tight.
- Keep your self-assessment up to date.
- Have a well-resourced team supported by the leadership team.
- Have a robust welcome pack for CQC which you could develop in advance – car parking, places to eat, get coffee.
- Senior leaders / managers need to be close to the detail.
- Check your data and story match. Expect surprises. "You will find things under rocks!"

3.6.4 What if felt like
- Varied across councils – from "Wouldn't worry as much" to "Inspection was like being in a pressure cooker with constant pressure."
- Most felt it went well – they came together as a LA and with partners and it was a collaborative process.
- CQC are still learning and councils should make sure they convey to CQC what they would want inspectors to know.

3.6.5 Points of advice
- Be clear on what you do well – evidence it.
- Ensure what you provide in the Information Return is thorough, but accessible and tells the story you want CQC to understand.
- If you know you have areas for improvement, tell CQC this and be clear on what your improvement plan is.
- Focus on the experience of people drawing on support. It doesn't matter how well you say things should happen, if people say, "that was not what I experienced."

3.7 Feedback from James Bullion, Chief Inspector of ASC & Integrated Care at CQC has been shared in various webinars, and is summarised below:

- There is focus on a rights-based approach as part of council responsibilities under the Care Act.
- They will ask people who draw on support and community groups, "How are your rights being enabled by the council?"
- There is interest in how the Principal OT and PSW are working together.
- Workforce – a focus on quality of training, sufficiency of practitioners, level & sufficiency of training
- Evidence gathering will primarily be taken from speaking to our practitioners' with typical questions such as "What three bits of work are you proud off as practitioners?" and "What would you change?"
- The main gap from all Local Authorities assessed so far was around lack of evidence of what Anti-discriminatory Practice & equalities work the council is doing.
- CQC will start to make comparisons, for like for like Local Authorities.

3.8 Key risks and opportunities

3.8.1 Reflecting on what we know from the early inspections, there are areas where we should be confident, and areas where action or attention is required to address likely gaps or weaknesses.

3.8.2 Areas where we can take some confidence are:
- Our work on co-production is at a more advanced stage than many other councils and we can show some evidence of impact.
- As a result, feedback from people who draw on support is reasonably comprehensive and we can show how we use this to inform out work.
- Strengths based practice is widely understood and can be seen in our records / documents and in feedback from people who draw on support.
- We have low numbers of people waiting for care following an assessment.
- Our admission avoidance and discharge offer is strong.
- Work with our providers is positive and our commissioned care market quality is better than the overall quality of the market.
- Safeguarding processes are effective and board arrangements clear and robust.
- Our leadership and governance processes are generally robust.
- Our learning and development offer is well received by staff and, given our very limited capacity, offers a broad range of opportunities.
- We know that staff who speak to external 'reviewers' talk positively and confidently about the work that they do and the difference it makes.
- The work we are doing with East Midlands colleagues on practice files, audit and waiting lists will strengthen our position in these areas.

3.8.3 Areas for action include:
- Ensuring there is sufficient capacity for hosting an inspection team and managing the demands of the process.
- Ensuring that our known areas of concerns (such as waiting lists, overdue reviews, limited volume of audits, low carer satisfaction, people who report they feel connected / safe) are clearly understood, with action plans in place that staff can talk to.
- Enhancing our narrative on equalities, diverse communities and how we understand and address inequities in access or outcomes.
- Develop anticipatory communications to respond quickly to notification of CQC assessment.

3.9 Leadership and Governance Arrangements

3.9.1 A CQC Assurance workstream was established as part of the ASC Reform and oversaw the initial response, including the development of our self-assessment and supporting evidence bank.

3.9.2 This is now replaced by an ongoing CQC Assurance Steering Group meeting monthly, chaired by the Head of Business Intelligence Support. This is overseeing our preparation and ensuring activity to address areas for improvement is coordinated and captured.

3.9.3 All actions are completed or on track.

Appendix 1

Theme	Sub themes	Quality Statements
Working with people	Assessing needs	We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them. I have care and support that is co-ordinated, and everyone works well together and with me. I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
	Supporting people to live healthier lives	We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce future needs for care and support. I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally. I am supported to plan ahead for important changes in my life that I can anticipate.

	Equity in experiences and outcomes	We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this. I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals
Providing support	Care provision, integration and continuity	We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity. I have care and support that is co-ordinated, and everyone works well together and with me.
	Partnerships and communities	We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.
How the local authority ensures safety within the system	Safe systems, pathways and transitions	We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services. When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

	Safeguarding	We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately. I feel safe and am supported to understand and manage any risks.
Leadership	Governance, management and sustainability	We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.
	Learning, improvement and innovation	We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research.

Appendix 2

	Working with people			Providing support		Safety Within the System		Leadership		Overall
	Assessing	Supporting	Equity	Integration	Partnership	Safe Systems	Safeguarding	Governance	Learning	
Lincolnshire	3	3	3	3	3	3	3	3	3	**Good**
Birmingham	2	3	3	3	3	2	2	3	3	**Good**
Nottingham	2	2	2	3	2	2	3	2	3	**Requires Improvement**
Suffolk	2	3	2	3	3	2	3	3	3	**Good**
North Lincolnshire	3	3	2	3	3	2	3	3	3	**Good**
Herts	3	3	3	3	4	3	3	3	3	**Good**
Hounslow	2	2	3	3	3	3	3	3	3	**Good**
West Berkshire	3	2	2	2	2	3	3	3	3	**Good**