

# Adult Social Care Scrutiny Meeting

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Care Quality Commission Assessment: Action  
Plan Update

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Lead Member: Cllr Mohammed  
Dawood

Lead Strategic Director: Laurence Jones  
Director: Ruth Lake

Date: 25 June 2026

Wards Affected: All  
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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)

