


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				<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> <ul style="list-style-type: none"> <input type="checkbox"/> Engagement with other councils (benchmarking) <input type="checkbox"/> Provider-led reviews continuing (despite portal issues) <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	• Establish Performance Programme Board	Completed	Established
						• 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.
						• Review and identify key performance indicators		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.
						• Review and amend standard performance reporting dashboards / reports		
						• Develop and publish performance framework		
						• Develop a suite of data quality reports		
• Develop data quality governance process.								
		<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"> <input type="checkbox"/> Initial improvements to performance reporting completed, with focus on: <ul style="list-style-type: none"> • Senior management usability • Alignment to strategic priorities <input type="checkbox"/> 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 <input type="checkbox"/> 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 						
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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