



ADULTS AND COMMUNITIES OVERVIEW AND SCRUTINY COMMITTEE
3 NOVEMBER 2025

CARE QUALITY COMMISSION ASSESSMENT OF LEICESTERSHIRE
COUNTY COUNCIL'S DELIVERY OF CARE ACT 2014 DUTIES

REPORT OF THE DIRECTOR OF ADULTS AND COMMUNITIES

Purpose of report

1. The purpose of this report is to provide the Committee with an overview of the Care Quality Commission (CQC) assessment of Leicestershire County Council, and an overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report.
2. The report provides background information in relation to the responsibility of the CQC to review the performance of local authorities in their delivery of adult social care duties under part one of the Care Act 2014.
3. The report further outlines the CQC assessment framework and process, and the timeline of the CQC's assessment of Leicestershire from initial notification to report publication.
4. The full report of the CQC assessment of Leicestershire County Council is attached as Appendix A.

Policy Framework and Previous Decisions

5. The Committee received regular updates on the CQC assurance process during 2022, as part of broader reports on the Social Care Reform Programme (on 7 November, 5 September, 6 June, and 24 January 2022), as a standalone report focusing on the assurance self-assessment and improvement plan in March 2023 and again in March 2024.
6. In March 2024, the Committee requested updates on the self-assessment and delivery of the improvement plan every six months.
7. In November 2024, the Committee received a report summarising the position and process for the CQC assessment following the initial notification of assessment received on 9 September 2024. The report included the updated self-assessment and improvement plan alongside plans to prepare for the CQC assessment site visit.
8. In January 2025, the Committee received an update on the position relating to preparations and readiness for the CQC assessment site visit during week commencing 24 February 2025.

Background

Background to CQC assessments

9. The Health and Care Act 2022 introduced a duty for the CQC to independently review and assess local authority performance in delivering their adult social care duties under part one of the Care Act 2014.
10. The CQC are the independent regulator of health and adult social care in England. Their role is to ensure that services are safe, effective, compassionate, and of high-quality.
11. The programme of initial assessments commenced in December 2023. The CQC aims to complete their baseline assessment of all 153 local authorities by spring 2026.

CQC Assessment Framework

12. The CQC assess local authorities using an assessment framework consisting of nine quality statements. These quality statements are based on the Think Local Act Personal (TLAP) 'Making it Real' framework, which is a set of statements that describe what good care and support looks like, co-produced with people who draw on care and support.
13. The nine quality statements are grouped under four themes as follows:
 - a) Working with people:
 - i. Assessing needs;
 - ii. Supporting people to live healthier lives;
 - iii. Equity in experience and outcomes;
 - b) Providing support:
 - i. Care Provision, integration and continuity;
 - ii. Partnerships and communities;
 - c) Ensuring safety:
 - i. Safe systems, pathways and transitions;
 - ii. Safeguarding;
 - d) Leadership:
 - i. Governance, management, and sustainability;
 - ii. Learning, improvement and innovation.

Evidence gathering

14. The CQC use the following evidence categories when conducting assessments:
 - People's experience;
 - Feedback from staff and leaders;
 - Feedback from partners;
 - Processes.
15. The CQC review a range of evidence to form a picture of the local authority which is tested during the site visit. This information includes the following:

- a) National data collections: The Adult Social Care Outcomes Framework (ASCOF) and the Short and Long Term (SALT) national data collections are the primary source of information about local authority adult social care activity.
- b) Self-assessment: This document sets out the local authority's view of its performance, what it considers strengths and priorities for improvement.
- c) Information Return: The CQC request documentary evidence such as strategies, policies and procedures.
- d) Feedback from people: Sought through a variety of means such as through groups such as Healthwatch or community groups that represent people who use social care and unpaid carers.
- e) Case Tracking: Considers six cases which follow the person's journey from the point of first contact through to when care and support is provided. This involves reviewing the person's care records and talking with them and / or their family, friends, or advocate about their experience.
- f) Feedback from providers: A survey is sent to local providers to obtain feedback on the relationship between them and the local authority at an operational and strategic level. Also, the local authority is asked to provide a list of representatives from registered care providers in their area. The CQC meet with this group to gather their views.
- g) Feedback the CQC receive: People's feedback received through the CQC's Give Feedback on care service or through their National Customer Service Centre.
- h) On-site information gathering: The site visit is conducted over a four-day period during which the assessment team meet with a range of stakeholders. Individual interviews are conducted with leaders from the local authority and partner organisations. Group meetings are held with staff, voluntary organisation and provider representatives and people who draw on services. The aim is to find out what works well and leads to good outcomes for people who are using services.

Evaluation of the evidence and ratings

- 16. For each quality statement, the evidence gathered is assessed. A score is then calculated for the related quality statement. The scores for each quality statement are combined to give an overall score and rating.
- 17. The CQC use the following scores:
 - 4 = Evidence shows an exceptional standard;
 - 3 = Evidence shows a good standard;
 - 2 = Evidence shows some shortfalls;
 - 1 = Evidence shows significant shortfalls.
- 18. Overall CQC Assessment ratings:
 - Outstanding;
 - Good;

Requires Improvement;
Inadequate.

CQC Assessment of Leicestershire County Council

19. Leicestershire was notified of the assessment and received the information return request on 9 September 2024.
20. The documents and other evidence requested in the information return were submitted to the CQC on 27 September 2024.
21. Case Tracking activity was carried out during December and January 2025. A list of 50 anonymous cases was submitted to the CQC, case summaries were provided for the six selected cases prior to the CQC meeting with the person.
22. The CQC Assessment team conducted their site visit during week commencing 24 February 2025.
23. The CQC's draft report was sent to the Director of Adults and Communities for factual accuracy checking on 23 June 2025. Feedback and supporting evidence was submitted to the CQC on 7 July 2025.
24. The CQC assessment report was published on 17 September 2025 and is attached as Appendix A to this report.
25. Throughout the assessment period, information about the assessment and preparation support has been communicated to staff in the department, key officers and senior leaders across the council, plus care providers, advocacy and carers service providers.

Assessment outcome and summary

26. The outcome of the CQC assessment for Leicestershire is 'Requires Improvement' with an overall score of 53.
27. **Key strengths identified in the assessment report:**
 - a) **Working with people**
 - i. Assessing needs:
 - People accessed care and support services through multiple channels, including telephone, online and self-assessment options.
 - Three Conversations had supported a more person-centred approach to assessment and support planning, which were reflected in case records. People had a positive experience of assessment.
 - Staff were confident that management of waiting lists ensured they were working with the people in most need.
 - Carers valued their assessments, the support provided by the voluntary sector and benefited from the hospital discharge grant for carers.
 - The eligibility framework for care and support was transparent and guidance supported staff to co-produce goals with people. Decisions and outcomes were timely and transparent after the assessment.

ii. Supporting people to live healthier lives:

- The positive impact of a range of prevention services and measures such as, use of community spaces, Occupational Therapy and the Local Area Co-ordination service to reduce and delay the need for formal support.
- Effectiveness of Home Care Assessment and Reablement Team (HART) to support people to remain or return home with maximum level of independence, for which people gave positive feedback.
- People had access to a range of equipment and adaptations through several routes. Occupational Therapy worked with partners and people to reduce their risks and remain independent. Use of Care Technology is promoted to support independence.
- Good uptake of Direct Payments.

iii. Equity in experience and outcomes:

- The Diversity, Equality and Inclusion Strategy 2024-2028 outlined clear and actionable objectives, Staff were encouraged to undertake training to aid their understanding, with specific guidance in place on how to support people who were deaf or blind.
- A high level of annual health checks conducted for people with Learning Disability, and effective interventions that avoid hospital admissions and support early discharge.
- The cultural needs of people were considered and innovative solutions developed. Staff had access to timely and effective communication support.

b) Providing support

i. Care Provision, integration and continuity:

- Commissioning strategies are aligned with partner objectives, and recognise the benefit of developing community partnerships.
- People had good access to a range of safe, effective support options, noting an ample supply of home care, which supported choice and enabled people to remain at home.
- Clear arrangements and a proactive approach to support commissioned provider services, including the Positive behaviour support team which enabled people to remain with their existing provider.
- Understanding of the external workforce and a workforce plan in place to support capability and capacity of external workforce.

ii. Partnerships and communities:

- Commitment to partnership working with evidence of positive relationships. Examples of effective partnership working included strategic forums such as the Safeguarding Adults Board (SAB), Integrated Care Board (ICB) and the Health and Wellbeing Board (HWB).
- Strong effective partnership working across the Home First service that supports people in crisis to remain at home and also effective hospital discharge to the most independent outcome. People gave positive feedback about the support received.
- Other examples of effective partnership working to improve outcomes for people included: Joint work with ICB to improve low levels of Continuing Health Care and Funded Nursing Care, Local Area Co-ordination, Learning Disability and Autism Collaborative and Care Co-ordination and

positive working relationships with CQC team to support quality provision of services in the county.

- Collaborative working with voluntary organisations was valued by leaders and people for the positive impact on people and service delivery.

c) Ensuring safety

i. Safe systems, pathways and transitions:

- Safe and effective out of hours systems were in place for access to referral pathways and safeguarding with effective multi-agency approaches to keep people safe.
- Information sharing protocols and systems that support people's safety.
- Clear policies and processes to support people moving between different services including hospital discharge, moving area and transition from children's services.
- Effective arrangements for contingency planning in relation to disruption of provider care delivery. Assessments also included contingency planning to manage a breakdown of people's informal care arrangements.

ii. Safeguarding

- There was a clear understanding of the safeguarding risks and issues in the area with senior leadership and oversight of safeguarding systems and practice.
- An established mature SAB Board with full range of partners represented, providing oversight of safeguarding practice and performance across the system.
- Roles and responsibilities were well defined and effective partnership working with information sharing arrangements were in place to ensure people remain safe and risks are managed.
- Skilled staff with space for reflective practice and specialist safeguarding training.
- Learning from Safeguarding Adults Reviews (SARs) was embedded to promote learning and improvement, two examples of improved training and communications were highlighted.

d) Leadership

i. Governance, management, and sustainability:

- Leaders were visible, capable, and compassionate and were supportive and nurturing.
- A strong culture of Equality, Diversity and Inclusion (EDI) with clear strategy and actions across the organisation. There were several examples of inclusivity projects across the workforce (Social Care Race Equality Standards, 'Moving Up' program).
- Progress had been made with actions outlined in the workforce plan to address recruitment and retention challenges, such as market premia, and professional development opportunities.

ii. Learning, improvement and innovation:

- Inclusive and positive culture of continuous learning and improvement, with clear focussed plans for the workforce and learning and development opportunities.

- Staff felt valued and supported in their roles, with access to learning and development opportunities and peer support networks that provide both professional and personal development.
- Learning from feedback and engagement informed strategy, improvements and decision making, with some areas of mature engagement activity.

28. Areas for improvement identified in the assessment report:

a) Working with people:

- i. Responsiveness and reduction to waiting lists for assessments;
- ii. Access to information advice and guidance, including digital exclusion;
- iii. Carers assessment pathway and support offer.

b) Providing support:

- i. Commissioning activities to ensure services meet people's needs and are available in communities;
- ii. Enhance understanding of gaps in support services, including through development of a demand and capacity dashboard;
- iii. Continue to develop relationships with all partners, in particular district and borough councils.

c) Ensuring safety:

- i. Strengthen the Safeguarding pathway and process, including data and oversight;
- ii. Pathway for adulthood (project underway);
- iii. Ensure people receive the most appropriate hospital discharge support.

d) Leadership:

- i. Demand and capacity management review aiming to ensure manageable workloads across teams;
- ii. Ensure performance reporting is relevant and robust, providing insights to inform operational and strategic decision making;
- iii. Updated workforce plan to address recruitment and retention challenges.

Delivering improvement, governance and reporting arrangements

29. Authorities achieving a 'Requires Improvement' rating are required to develop an improvement plan and provide quarterly reporting to the Department of Health and Social Care (DHSC) demonstrating progress with improvement actions.
30. A regional improvement advisor from Partners in Care and Health is working with Leicestershire to co-ordinate the initial response and the on-going review and support activities, outlined below:
- a) Stage one - response to the CQC Assessment report, required within 10 days of publication. The response has been submitted and includes a response to the CQC findings, emerging improvement priorities and action planning.
 - b) Stage two - action plan review to confirm the plan and oversight arrangements, and confirmation of any support provided to deliver the improvement plan. This is required within three months of publication, December 2025.

c) Stage three – quarterly updates to DHSC and on-going support arrangements.

31. A draft CQC improvement plan is attached as Appendix B to this report. This draft plan is being developed in response to the CQC assessment findings, and provides a more detailed view of the improvements that will be implemented, summarised in paragraph 28 above.
32. Programme management and governance is being put in place to deliver the CQC improvement plan. This will be managed within the Adults and Communities Department with guidance and support from the corporate Transformation Unit.
33. Scoping and detailed project and workstream planning has commenced, with the resource requirements needed to delivery each workstream to be determined through scoping and business case development.
34. Project governance mechanisms are established for the Pathway for Adulthood and Safeguarding review work, and the Provider Market improvement work will be progresses within the current Transforming Commissioning programme.
35. Internal governance to monitor delivery of the CQC improvement plan will be through the monthly Adults and Communities Departmental Transformation Delivery Board, which will review highlight reports from each workstream.
36. An Assistant Director will be responsible for the delivery of each workstream, and will be supported by a delivery group and task and finish groups comprised of officers with relevant expertise who will contribute to the successful implementation of improvements.
37. This Committee will receive updates on a quarterly basis, aligned closely to the DHSC reporting schedule.
38. Communication and engagement with staff and people who draw on services will be key to delivering many of the improvement priorities.
39. Delivery of the CQC improvement plan will strengthen Leicestershire's delivery of Care Act duties to residents which will provide a firm basis to achieve an improved overall rating in future assessment.
40. Continued review of the themes emerging from all local authority assessment reports will also inform further service development activities and preparations for future CQC assessment.

Key risks

41. Failure to make adequate progress with the improvement actions identified will result in further intervention from DHSC.
42. A second consecutive Requires Improvement rating will lead to enhanced support and monitoring including direct intervention by DHSC.

Resource Implications

43. Significant resource will be required to deliver the improvement actions identified in the CQC assessment report.
44. Additional staff resource will be required in the short-term to ensure sufficient capacity to reduce the waiting time for assessments. Longer-term reviews of the staffing establishment in key teams such as Occupational Therapy will be required to manage the expected increase in demand for equipment and adaptations to support the prevention offer. Additional expenditure will be incurred through additional service provision and equipment costs.
45. Technology will be used wherever possible to improve access to information and streamline processes to which will support improvement activities. Business Intelligence service resource will be required to deliver enhancements to performance reporting and oversight.
46. Resource requirements will be determined through a thorough costing exercise for each improvement workstream. Initial estimated costing suggests a resource requirement to be in the region of £2.8 to £3.5million. Further analysis is required to determine how much of this amount will be short term, one off expenditure and what will be required on a recurrent basis. The short-term resource required is expected to be funded from underspend or reserves in 2025/26. Longer term resource requirements will be funded through a phased growth bid.
47. The Director of Corporate Resources and the Director of Law and Governance have been consulted on the contents of this report.

Timetable for Decisions

48. This Committee will receive progress reports on the delivery of the CQC improvement plan on a quarterly basis.

Circulation under the Local Issues Alert Procedure

49. None.

Recommendation

The Committee is asked to:

- a) Note the report on the Care Quality Commission Assessment of Leicestershire County Council's delivery of Care Act 2014 duties.
- b) Note the overview of the Department's draft improvement plan to deliver improvements identified in the CQC assessment report

Equality Implications

50. There are no equality implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and services which may arise from delivery of its Improvement Plan will be subject to an Equality Impact Assessment.

Human Rights Implications

51. There are no human rights implications arising from this report. Any proposed changes to the Council's policies, procedures, functions, and/or services which may arise from delivery of its Assurance improvement plan will be referred immediately to the Council's Legal Services for advice and support regarding human rights implications.

Appendices

- Appendix A - Leicestershire County Council: local authority assessment
- Appendix B – Draft CQC Improvement Plan

Background papers

- Report to the Adults and Communities Overview and Scrutiny Committee: 6 June 2022 – Update on the Social Care Reform Programme
<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6840> – item 12
- Report to the Adults and Communities Overview and Scrutiny Committee: 5 September 2022 – Adult Social Care Reform – Market Shaping and Charging Reform
<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6841> – item 25
- Report to the Adults and Communities Overview and Scrutiny Committee: 7 November 2022 – Progress in Delivering the Social Care Reform Programme
<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=6842> – item 39
- Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2023 Adult Social Care Assurance Self-Assessment
<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=7107> – item 65
- Report to the Adults and Communities Overview and Scrutiny Committee: 4 September 2023 – Assurance of Adult Social Care
<https://democracy.leics.gov.uk/ieListDocuments.aspx?MId=7109> – item 29
- Report to the Adults and Communities Overview and Scrutiny Committee: 6 March 2024 – Assurance of Adult Social Care
<https://democracy.leics.gov.uk/ieListDocuments.aspx?CId=1040&MId=7107&Ver=4> – item 65
- Report to the Adults and Communities Overview and Scrutiny Committee: 4 November 2024 – Assurance of Adult Social Care
<https://democracy.leics.gov.uk/documents/s186111/CQC%20ASSESSMENT%20OF%20LAs.pdf> – item 35
- Report to the Adults and Communities Overview and Scrutiny Committee: 20 January 2025 – Assurance of Adult Social Care
<https://democracy.leics.gov.uk/documents/s187689/Report%20CQC%20Assessment%20of%20Local%20Authorities.pdf> – Item 50
- Think Local Act Personal (TLAP) 'Making it Real' framework -
<https://makingitreal.org.uk/>

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