

Care Quality Commission Improvement Plan
Updated: 29 December 2025

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
Timeliness of Assessments and Reviews	Care and Support Assessment 1. Short-term increase in team capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Care Act Assessments to be allocated within 28 days 2. Median wait times to not exceed 14 days 3. Maximum wait times to not exceed 56 days	May-26	Waiting lists have reduced since the CQC Assessment visit, temporary resource is in place to continue addressing waiting times. As of 28/12/25: Count of individuals awaiting allocation: 416 (down from peak of 716 on 29/12/24) the number waiting has plateaued in recent weeks due to an increase in new requests for assessment. Median and maximum waiting times continue to improve. Median wait duration: 18 days (down from 45 days on 29/12/24) Duration over 28 days: 33% (down from 62% on 29/12/24) Work is underway to review process and reporting which will build on the initial improvement in waiting times for the long term and enhance the oversight of assessment referrals.
	Carer Assessment 1. Short-term increase in team capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Carers assessments to be allocated within 28 days 2. Median wait time to not exceed 14 days 3. Maximum wait time to not exceed 56 days	May-26	A Care Pathway Team dedicated to Care assessments and reviews is proposed, details of the remit of the new team are being finalised for approval. Count of carer assessments awaiting allocation: 150 Median wait duration: 15 days Maximum wait duration: 140 days
	Financial Assessment 1. Short-term increase in capacity to reduce waits for assessment 2. Review process and capacity required to maintain assessment wait targets 3. Implement as required recommendations of the review.	1. Median wait times to not exceed 28 working days 2. Maximum wait times to not exceed 56 working days 3. Number of people awaiting financial assessment to not exceed 220	May-26	Progress continues to reduce the number of people waiting for financial assessments. Recruitment of additional resource will commence in 2026 when budgets are confirmed. Median wait time for both Residential and Non-Residential assessment is 14 days (down from 75 days and 19 days in June 2025 respectively). Maximum wait time for Non-Residential assessment is 42 days and for Residential assessment 29 days (down from 203 days and 175 days in June 2025 respectively). Total number of people awaiting assessment is 102 reduced from 353 in April 25.
	Occupational Therapy (OT): 1. Review OT teams functions and capacity to meet demand for OT assessments 2. Review OT assessment process 3. Implement recommendations from the reviews to reduce waiting times 4. Work with partners to reduce the timeframe for installation of major adaptations	1. Median wait times for allocation to not exceed 28 days 2. Maximum wait times for allocation to not exceed 56 days 3. Delivery of equipment to be within 5 working days 4. Installation of minor adaptations to be within 60 days 5. Installation of major adaptations to be completed within 120 days	Nov-26	Benchmarking OT services with authorities of similar size is underway, to ensure key performance indicators are realistic and comparable with others. Procurement steps initiated to procure a company to provide OT assessments, which will assist reduction of the current waiting list. The current waiting list has been reviewed to confirm that individuals are waiting for new assessments and not reviews.

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	Annual Review: 1. Review and address current overdue annual reviews 2. Review process and capacity required to meet targets 3. Implement as required recommendations of the review.	1. Increase reviews completed within 12 months to 85% 2. Reduce Median overdue waiting time to 30 days of due date 3. Reduce Maximum overdue duration to 90 days of due date	Jun-26	Dedicated Review team resource are prioritising completion of the longest overdue reviews. Progress is evident in a reduction in the numbers awaiting their review and the length of time they wait for a review. Current performance indicates 78% of people have a review completed within 12 months (latest national average 59%). Currently 1,203 people are awaiting their annual review Median Waiting Time 32 days, a significant improvement since July 2025 Max Waiting Time 1,204 days, a reduction from 2,729 July 2025
	Waiting Well: 1. Complete the Waiting Well Audit, and recommend actions to ensure the policy is followed consistently across all teams 2. Implement ongoing monitoring of the Waiting Well policy	1. Waiting Well policy performance monitoring in place	Mar-26	The initial Waiting Well Audit is complete, the findings are being used to inform waiting list improvement activity and allocation of resources.
Access, Information Advice and Guidance (IAG)	Provision of Information, Advice and Guidance: 1. Review online information and referral forms/self-assessments, ensure they are easy to understand and accessible (including Carers Information) 2. Review access to information for people with no or limited access to digital formats, develop and implement solutions to improve/support accessibility 3. Review people's experience when contacting the Council, develop and implement solutions to improve experiences 4. Consider how the effectiveness of the signposting and IAG offer can be measured and reported	1. Improve call handling times 2. Improved customer satisfaction 3. More people state they can access the information and advice they need 4. Mechanism to be developed to seek feedback about provision of information and signposting	Oct-26	Local Government Association Information Maturity Assessment completed with a follow up workshop being held January 2026. Hard copy Information packs rolled out across all areas following successful pilot. Improvement to website search tool is being piloted by IT Service and Children's, if successful this will be rolled out across the LCC Website. Options that support people to access information on-line are under consideration, including options to work with Public health teams, Libraries and Adult Learning services. Paper-based information is being drafted, for use in community and primary care settings. Workshops are scheduled to explore potential improvements to handling telephone contacts. In December 81% of calls were accepted, compared to 70% monthly average over past 12 months. Average queue time is 10 minutes
Reablement and Hospital Discharge	Hospital Discharge: 1. Define 7-day working and practices that facilitate safe and timely hospital discharges 2. Review and update the information provided about support when discharged from hospital	1. People are discharged on the most appropriate pathway 2. Information provided to people during discharge is clear 3. Brokerage/commissioning of support does not delay discharge, increase number of discharges at weekends.	Mar-26	A new Hospital discharge information leaflet is being drafted with input from the Engagement Panel. An random selection of cases are being reviewed to identify any inconsistencies in the discharge pathway and process and inform opportunities for improvement.
	Reablement Service: 1. Expand reablement capacity to provide more people with opportunity to maximise independence	1. Access to reablement is available for everyone who would benefit on discharge from hospital or first presentation to Adult Social Care services	Aug-26	Recruitment and retention opportunities are being developed to increase reablement capacity.
Carer Support	Carers Service 1. Develop new Carer Strategy 2. Design and develop new Carers Support Service offer 3. Review information to ensure it is clear and accessible 4. Ensure carers are engaged in co-production of service development and strategy	1. Information is clear and accessible in a range of formats and places 2. Carers reported satisfaction with services and access to information is improved. 3. Revised Carers Strategy 2026-2030 and delivery plan in place	Nov-26	Themes from engagement with carers has identified the key priorities of the draft Carers Strategy 2026-2030. Further engagement scheduled in January 2026, followed by public consultation in April/may 2026 will further shape the strategy & service design. Plans in place to increase access to information in Libraries and primary care settings. The revised strategy and service commissioning are expected to be completed in 2026.

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Sufficiency and quality of provider services	Commissioning Services: 1. Continue to develop support options as set out in the market position statement (Extra Care and Supported Living) 2. Re-procurement of Community Life choices (CLC) 2026-2030 to ensure sufficient capacity in day services to meet identified needs 3. Develop Commissioning dashboard to show demand and capacity across all support types 4. Ensure commissioned services are available to communities particularly rural areas	1. Recommissioned Day services (CLC) 2. Increase in Extra Care and Supported Living places 3. Commissioning dashboard in place to show any gaps in services	Aug-26	CLC Day services invitation to tender to launch January 2026. New provision for Young Adults with Disabilities in place November 2026 . Market stimulation for supported living planned for early 2026. New Extra Care developments being discussed with developers. Work on Commissioning dashboard being scoped.
Equalities, Diversity and Inclusion	Equity of access and experience: 1. Review access to social care support for people experiencing homelessness, develop options to address any barriers and work with partners to implement solutions as required 2. Work with community organisations to enhance engagement with and support to rural communities 3. Address digital exclusion (included in IAG Actions)	1. Homeless people with eligible social care needs are able to access social care support 2. Access to social care is equitable across the County	Aug-26	Escalation and access process established between Adult Social Care and District Council Homeless services. Service model for zonal home care promotes rural and isolated provision. New CLC model will promote development of additional capacity across the County for Mental Health and Older People's provision. Initial consideration of opportunities to work with Public Health teams to understand barriers to communities started.
Safeguarding	Application of Safeguarding Pathway and Process: 1. Enhance the functionality and accessibility of the Safeguarding Referral Portal 2. Establish a standard operating procedure to inform referrers and key partners of the outcomes of Section 42 enquiries	1. Providers and referring agencies can easily refer safeguarding concerns and concerns for welfare appropriately. 2. Referring agencies receive feedback on safeguarding concerns raised.	Mar-26	Meeting with providers to begin improvements to the Portal took place Dec 2025.
	Safeguarding data and oversight: 1. Strengthen data collection and performance monitoring of the effectiveness and timeliness of safeguarding processes. 2. Establish regular audit cycles to evaluate the application of safeguarding processes, and quality of practice.	1. Management information informs operational and strategic decision making in line with safeguarding policy and procedures. Regular audits in place to evidence outcomes	Mar-26	Safeguarding Review group working with Business Intelligence services to refine current dashboards to reflect the stages of the safeguarding process and target timescales.
Pathway for Adulthood	Preparing for Adulthood: 1. Enhance partnership with Children's services (Specialist Educational Needs and Disabilities [SEND]) to support early engagement of young people requiring adult social care 2. Improve information provided to young people and families 3. Review staffing establishment to ensure capacity to deliver improved outcomes for young people	1. Young people likely to be eligible for adult social care identified for assessment appropriately 2. Commence assessment of all young people transitioning from children's services to adult services on or before their 17th Birthday. 3. Young Adult Disability Team has the required capacity and skills	Mar-26	Corporate Pathway for Adulthood Project Board driving change to the pathway. Discovery Phase complete, Project Board sign-off of design stage recommendations and plan expected January 2026. Revised identification tool and process recommended, including enhanced cohort identification meetings with Children's services.
Workforce	Caseload Review: Review case loads and allocations across Operational Commissioning	1. Case loads across locality teams are manageable and in line with the operating model	Jan-26	Demand and capacity audit report completed. Recommendations to be discussed with managers and staff in January.
	Practice Assurance: Develop mechanisms to demonstrate the impact of practice assurance action plans on teams and practice	1. Evidence of the impact of PDC audit is available through staff feedback	Mar-26	A new Audit Assurance Group has oversight of all practice audits, progress implementing practice improvements Impact of practice audits will be shared with staff at Continuous Professional Development events across all teams in Feb 26.
	Workforce Plan: 1. Complete updated Workforce Plan 2025-2026 2. Monitor delivery of the plan to address recruitment and retention challenges	1. Improvement in recruitment and retention in key roles 2. Increase uptake of professional training opportunities	Jan-26	Workforce plan is in development in conjunction with People Services Business Partner.
	Adult Mental Health Professional (AMHP) Establishment: 1. Review AMHP establishment and operating model	1. Revised operating model in place 2. AMHP Team capacity sufficient to meet demand	Jun-26	AMHP demand and capacity review undertaken. Agreement to increase staffing and management in Core AMHP service.

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Performance and oversight	Data and insights: 1. Review current performance reporting to ensure it is relevant, accurate and informs operational and strategic commissioning 2. Ensure robust performance monitoring and oversight 3. Ensure robustness of quality assurance/audit process, reporting and feedback 4. Communicate how data is used in frontline teams to improve outcomes	1. Revised Performance reporting dashboards developed to support management oversight and inform decision making	Oct-26	Initial work to update Waiting list tableau dashboards underway, focus is on the CQC data requirements with operational assessment flow also a priority.
Partnerships	Communication with partners: 1. Improve understanding of joint funding processes 2. Increase number of people determined as eligible for Funded Nursing Care (FNC)	1. Undertake staff training in joint funding process and practice 2. Increase in FNC determinations to 45 people per 50k population	Jun-26	Work continues with Integrated Care Board partners to increase the number of people with FNC determinations. Policy to be finalised and sign-off of the revised of joint funding process expected early 2026. 2025 Quarter 2 snapshot shows 32.6 people per 50K population.