

Care Quality Commission Improvement Plan Updated: 29 January 2026

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 30/01/26: 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: 13 days (down from 45 days on 29/12/24) Duration over 28 days: 31% (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: 169 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 temporary is underway, successful applicants expected to start mid- April. 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 complete, Leicestershire's current performance for OT assessment is comparable with other similar services. Key performance indicators will be agreed following targeted action to reduce waits. Procurement of a service to address backlog of OT assessments is underway, a suitable provider is expected commence early April 2026 once Procurement and governance arrangements are finalised.

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	<p>Annual Review:</p> <ol style="list-style-type: none"> Review and address current overdue annual reviews Review process and capacity required to meet targets Implement as required recommendations of the review. 	<ol style="list-style-type: none"> Increase reviews completed within 12 months to 85% Reduce Median overdue waiting time to 30 days of due date Reduce Maximum overdue duration to 90 days of due date 	Jun-26	<p>Review teams continue to prioritise 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.</p> <p>Current performance indicates 78.5% of people have a review completed within 12 months (latest national average 59%).</p> <p>Currently 1,131 people are awaiting their annual review</p> <p>Median Waiting Time (past 12 months) 33 days, close to target and a significant improvement since July 2025</p> <p>Max Waiting Time (past 12 months) 1,204 days, a reduction from 2,729 July 2025</p>
	<p>Waiting Well:</p> <ol style="list-style-type: none"> Complete the Waiting Well Audit, and recommend actions to ensure the policy is followed consistently across all teams Implement ongoing monitoring of the Waiting Well policy 	<ol style="list-style-type: none"> Waiting Well policy performance monitoring in place 	Mar-26	<p>The Waiting Well Audit is complete, with findings presented to operational managers. Recommendations to engage with staff in relation to management of worktrays commencing, with the first workshop taking place 26 January 2026.</p>
Access, Information Advice and Guidance (IAG)	<p>Provision of Information, Advice and Guidance:</p> <ol style="list-style-type: none"> Review online information and referral forms/self-assessments, ensure they are easy to understand and accessible (including Carers Information) Review access to information for people with no or limited access to digital formats, develop and implement solutions to improve/support accessibility Review people's experience when contacting the Council, develop and implement solutions to improve experiences Consider how the effectiveness of the signposting and IAG offer can be measured and reported 	<ol style="list-style-type: none"> Improve call handling times Improved customer satisfaction More people state they can access the information and advice they need Mechanism to be developed to seek feedback about provision of information and signposting 	Oct-26	<p>LGA Information Maturity Assessment completed and follow up workshop held 29 January 2026.</p> <p>Outputs from the assessment and workshop are informing development priorities.</p> <p>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.</p> <p>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.</p> <p>Paper-based information is being co-produced for dissemination through community and primary care settings.</p> <p>Workshops are scheduled to explore potential improvements to handling telephone contacts.</p>
Reablement and Hospital Discharge	<p>Hospital Discharge:</p> <ol style="list-style-type: none"> Define 7-day working and practices that facilitate safe and timely hospital discharges Review and update the information provided about support when discharged from hospital 	<ol style="list-style-type: none"> People are discharged on the most appropriate pathway Information provided to people during discharge is clear Brokerage/commissioning of support does not delay discharge, increase number of discharges at weekends. 	Mar-26	<p>A new Hospital discharge information leaflet is being co-produced with the Engagement Panel.</p> <p>A review of cases did not identify inconsistencies in the discharge pathway leading to unsafe discharge. Re-inforcement of escalation routes is underway to ensure people's safety during hospital discharge from local hospitals.</p>
	<p>Reablement Service:</p> <ol style="list-style-type: none"> Expand reablement capacity to provide more people with opportunity to maximise independence 	<ol style="list-style-type: none"> Access to reablement is available for everyone who would benefit on discharge from hospital or first presentation to Adult Social Care services 	Aug-26	<p>Detailed analysis of existing reablement capacity complete, informing profiling of capacity increase of the reablement team.</p> <p>Standard operating procedure finalised and embedded following pilot for direct referrals to HART from A&E and non-admission wards.</p>
Carer Support	<p>Carers Service</p> <ol style="list-style-type: none"> Develop new Carer Strategy Design and develop new Carers Support Service offer Review information to ensure it is clear and accessible Ensure carers are engaged in co-production of service development and strategy 	<ol style="list-style-type: none"> Information is clear and accessible in a range of formats and places Carers reported satisfaction with services and access to information is improved. Revised Carers Strategy 2026-2030 and delivery plan in place 	Nov-26	<p>Engagement with carers and other stakeholders complete. Key priorities identified for the draft Carers Strategy 2026-2030.</p> <p>The draft strategy will be considered by this committee and Cabinet, and a decision sought to conduct a public consultation. If approved consultation will take place April/May 2026 the outcomes of which will further shape the strategy & service design. Data requirement to inform service design outlined.</p>

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Sufficiency and quality of provider services	<p>Commissioning Services:</p> <ol style="list-style-type: none"> Continue to develop support options as set out in the market position statement (Extra Care and Supported Living) Re-procurement of Community Life choices (CLC) 2026-2030 to ensure sufficient capacity in day services to meet identified needs Develop Commissioning dashboard to show demand and capacity across all support types Ensure commissioned services are available to communities particularly rural areas 	<ol style="list-style-type: none"> Recommissioned Day services (CLC) Increase in Extra Care and Supported Living places Commissioning dashboard in place to show any gaps in services 	Aug-26	<p>CLC Day services invitation to tender launch early 2026.</p> <p>Step through programme for Young Adults with Disabilities outlined to ICB with agreement on model / approach.</p> <p>Supported Accommodation Market Statement uploaded to website and sent to developers / providers</p> <p>New Extra Care developments being discussed with developers.</p> <p>Commissioning dashboard requirement being scoped.</p>
Equalities, Diversity and Inclusion	<p>Equity of access and experience:</p> <ol style="list-style-type: none"> 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 Work with community organisations to enhance engagement with and support to rural communities Address digital exclusion (included in IAG Actions) 	<ol style="list-style-type: none"> Homeless people with eligible social care needs are able to access social care support Access to social care is equitable across the County 	Aug-26	<p>Escalation and access process established between Adult Social Care and District Council Homeless services.</p> <p>Service model for zonal home care promotes rural and isolated provision.</p> <p>New CLC model will promote development of additional capacity across the County for Mental Health and Older People's provision.</p> <p>Carers Strategy 2026-2030 includes equity of access to support in rural communities.</p> <p>Prevention Review will include strengthening pathways between adult social care services and Public Health teams supporting access to social care for people at risk of homelessness with presenting needs.</p>
Safeguarding	<p>Application of Safeguarding Pathway and Process:</p> <ol style="list-style-type: none"> Enhance the functionality and accessibility of the Safeguarding Referral Portal Establish a standard operating procedure to inform referrers and key partners of the outcomes of Section 42 enquiries 	<ol style="list-style-type: none"> Providers and referring agencies can easily refer safeguarding concerns and concerns for welfare appropriately. Referring agencies receive feedback on safeguarding concerns raised. 	Mar-26	<p>safeguarding referral form underway, full analysis of feedback will inform any change to the form.</p> <p>Sessions planned to understand how feedback in relation to progress and outcomes of safeguarding enquiries can be improved, will inform process change to ensure feedback is provided at key decision points.</p>
	<p>Safeguarding data and oversight:</p> <ol style="list-style-type: none"> Strengthen data collection and performance monitoring of the effectiveness and timeliness of safeguarding processes. Establish regular audit cycles to evaluate the application of safeguarding processes, and quality of practice. 	<ol style="list-style-type: none"> Management information informs operational and strategic decision making in line with safeguarding policy and procedures. <p>Regular audits in place to evidence outcomes</p>	Mar-26	<p>Safeguarding Pathway Review group establishing target timescales for completion of key stages in safeguarding pathway.</p> <p>Leads are working with Business Intelligence to review and refine current dashboards to ensure targets can be reported and effective monitoring tools are in place.</p>
Pathway for Adulthood	<p>Preparing for Adulthood:</p> <ol style="list-style-type: none"> Enhance partnership with Children's services (Specialist Educational Needs and Disabilities [SEND]) to support early engagement of young people requiring adult social care Improve information provided to young people and families Review staffing establishment to ensure capacity to deliver improved outcomes for young people 	<ol style="list-style-type: none"> Young people likely to be eligible for adult social care identified for assessment appropriately Commence assessment of all young people transitioning from children's services to adult services on or before their 17th Birthday. Young Adult Disability Team has the required capacity and skills 	Mar-26	<p>Corporate Pathway for Adulthood Project Board driving change to the pathway. Discovery Phase complete, Project Board sign-off of discover phase January 2026, moving into design phase. Governance to be confirmed and planning underway.</p> <p>Progressing new cohort identification & allocation tool.</p>
Workforce	<p>Caseload Review:</p> <p>Review case loads and allocations across Operational Commissioning</p>	<ol style="list-style-type: none"> Case loads across locality teams are manageable and in line with the operating model 	Jan-26	<p>Demand and capacity audit report completed. Recommendations discussed with managers in January.</p>
	<p>Practice Assurance:</p> <p>Develop mechanisms to demonstrate the impact of practice assurance action plans on teams and practice</p>	<ol style="list-style-type: none"> Evidence of the impact of PDC audit is available through staff feedback 	Mar-26	<p>A new Audit Assurance Group has oversight of all practice audits, progress implementing practice improvements</p> <p>Impact of practice audits will be shared with staff at Continuous Professional Development events across all teams in Feb 26.</p>

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	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	Mar-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.
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 is progressing, 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 60 people per 50k population	Jun-26	Awaiting sign-off of revised Joint funding Policy and process by ICB & partners, expected early 2026. ICB expected to develop plan to increase FNC Determinations early 2026. LCC working with ICB to progress actions.