

## Care Quality Commission Improvement Plan Updated: 11 May 2026

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress
<b>Timeliness of Assessments and Reviews</b>	<b>Care and Support Assessment</b> 1. Short-term and long-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	Jun-26	New reporting is in place to monitor Assessment waits. Based on the new reporting, as of 03/05/26: Count of individuals awaiting allocation for assessment: 86 Median wait duration: average over past 12 months - 4 days. Current snapshot on 4 May - 3 Days A sustained decrease in the number of people waiting significantly longer than 28 days for their assessment, in April 2026 one person waited over 28 days compared to 10 in May 2025. Waiting lists continue to reduce through recruitment of additional staff alongside process and practice changes to support sustained improvement in waits, with associated development of operational dashboards.
	<b>Carer Assessment</b> 1. Short-term and long-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	Aug-26	Recruitment to increase Carers Team capacity is near completion, new recruits expected to commence June 2026. Process and tools introduced to ensure Carer assessment is consistent with other assessments to assure quality and positive outcomes. The team's focus will be addressing current waits for assessment and reviews alongside other carers service development.
	<b>Financial Assessment</b> 1. 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. Additional staff have joined the team. As of 03/05/26: Total number of people awaiting assessment is 19 reduced from 353 in April 25. Median wait time for Residential assessment was 14 days, down from 75 days and Non-Residential assessment is 6 days down from 19 days in June 2025. Maximum wait time for Non-Residential assessment is 6 days and for Residential assessment 35 days (down from 203 days and 175 days in June 2025 respectively).
	<b>Occupational Therapy (OT):</b> 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 with authorities of similar size established that Leicestershire's performance for OT assessment is comparable with similar services. An external service commenced toward the end of April 2026 to complete OT assessments Re-design of the OT referral and assessment process continues, with full implementation commencing from June 2026. Development of reporting dashboards to support the flow of work is underway. As of 03/05/26 the waiting lists for assessment was 551, down from 740 at the start of January 2026

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	<p><b>Annual Review:</b></p> <ol style="list-style-type: none"> <li>Review and address current overdue annual reviews</li> <li>Review process and capacity required to meet targets</li> <li>Implement as required recommendations of the review.</li> </ol>	<ol style="list-style-type: none"> <li>Increase reviews completed within 12 months to 85%</li> <li>Reduce Median overdue waiting time to 30 days of due date</li> <li>Reduce Maximum overdue duration to 90 days of due date</li> </ol>	Aug-26	<p>Review teams continue to prioritise completion of the longest overdue reviews</p> <p>Current performance indicates 79% of people have a review completed within 12 months (latest national average 57%).</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 in July 2025.</p> <p>The proportion of overdue reviews completed within 3 Months of the due date is currently 69%, compared to 49% in May 2025.</p>
	<p><b>Waiting Well:</b></p> <ol style="list-style-type: none"> <li>Complete the Waiting Well Audit, and recommend actions to ensure the policy is followed consistently across all teams</li> <li>Implement ongoing monitoring of the Waiting Well policy</li> </ol>	<ol style="list-style-type: none"> <li>Waiting Well policy performance monitoring in place</li> </ol>	Jul-26	<p>Findings from the Waiting Well Audit and engagement with staff is informing change to guidance, tools and practice that ensures effective management of incoming referrals to teams.</p>
<b>Access, Information Advice and Guidance (IAG)</b>	<p><b>Provision of Information, Advice and Guidance:</b></p> <ol style="list-style-type: none"> <li>Review online information and referral forms/self-assessments, ensure they are easy to understand and accessible (including Carers Information)</li> <li>Review access to information for people with no or limited access to digital formats, develop and implement solutions to improve/support accessibility</li> <li>Review people's experience when contacting the Council, develop and implement solutions to improve experiences</li> <li>Consider how the effectiveness of the signposting and IAG offer can be measured and reported</li> </ol>	<ol style="list-style-type: none"> <li>Improve call handling times</li> <li>Improved customer satisfaction</li> <li>More people state they can access the information and advice they need</li> <li>Mechanism to be developed to seek feedback about provision of information and signposting</li> </ol>	Oct-26	<p>Recruitment of Customer Service advisors is underway to increase call handling capacity. Feedback is being obtained to consider what change is needed to improve the telephone menu system to support people reach the right team.</p> <p>Loughborough University Design school Information &amp; advice recommendations expected early June 2026. Outputs of this collaboration, analytics data and other feedback will inform website changes.</p> <p>Proposals for Adult social Care landing page developed for consideration &amp; implementation.</p> <p>Website Chatbot testing taking place May &amp; June 2026.</p> <p>Referral routes to support people to access information on-line are in development, and testing has commenced as to introduction of community information &amp; access points.</p> <p>Paper-based information is printed for distribution through community and primary care settings.</p>
<b>Reablement and Hospital Discharge</b>	<p><b>Hospital Discharge:</b></p> <ol style="list-style-type: none"> <li>Define 7-day working and practices that facilitate safe and timely hospital discharges</li> <li>Review and update the information provided about support when discharged from hospital</li> </ol>	<ol style="list-style-type: none"> <li>People are discharged on the most appropriate pathway</li> <li>Information provided to people during discharge is clear</li> <li>Brokerage/commissioning of support does not delay discharge, increase number of discharges at weekends.</li> </ol>	Apr-26	<p>A new Hospital discharge information leaflet is produced and included in the Information Pack.</p> <p>Hospital Discharge escalation routes is updated and shared with staff.</p>
	<p><b>Reablement Service:</b></p> <ol style="list-style-type: none"> <li>Expand reablement capacity to provide more people with opportunity to maximise independence</li> </ol>	<ol style="list-style-type: none"> <li>Access to reablement is available for everyone who would benefit on discharge from hospital or first presentation to Adult Social Care services</li> </ol>	Sep-26	<p>Reablement capacity analysis complete, benchmarking of recruitment and retention measures nearing completion with recommendations expected June 2026.</p> <p>Recruitment is on-going with capacity increased by 9.27FTE.</p> <p>Other measures, including balanced rotas, a new rostering system and retention measure sare underway to increase capacity.</p>

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<b>Carer Support</b>	<b>Carers Service</b> 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	Draft Carers Strategy 2026-2030 open for formal public consultation. the outcomes of which will further shape the strategy & service design. Business case development for the Carers services offer commenced, Pilot of trusted assessor with current partner commencing.
<b>Sufficiency and quality of provider services</b>	<b>Commissioning Services:</b> 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 bid evaluation taking place June 2026. Step through programme for Young Adults with Disabilities outlined to ICB with agreement on model / approach.  New Extra Care developments being actively discussed with developers, business case agreed. Commissioning dashboards detailed scoping underway and initial development proposed.
<b>Equalities, Diversity and Inclusion</b>	<b>Equity of access and experience:</b> 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. Commissioning activity (home care, CLC Day services, supported accommodation and Carers) promotes equity of access for all and particularly rural and isolated provision. Corporate Prevention Review continues to work towards 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.
<b>Safeguarding</b>	<b>Application of Safeguarding Pathway and Process:</b> 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	Developments of the safeguarding referral form is underway to reduce barriers to the referral process for professionals. A mechanism to ensure referrers are informed of the outcome of safeguarding enquiries has been defined, system change and supporting guidance is in development.
	<b>Safeguarding data and oversight:</b> 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	Improvement in reporting safeguarding pathway activity continues, considering improvements that will strengthen the monitoring of agreed target timescales and address issues with data quality.
<b>Pathway for Adulthood</b>	<b>Preparing for Adulthood:</b> 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	Aug-26	Corporate Pathway for Adulthood Project Board driving change to the pathway. Workstreams are progressing identified actions, the new cohort allocation tool is progressing. Project updates have been communicated to staff.

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Workforce	<b>Caseload Review:</b> Review case loads and allocations across Operational Commissioning	1. Case loads across locality teams are manageable and in line with the operating model	Jul-26	Case Complexity review commenced aiming to establish that cases are allocated appropriately, outcomes will inform allocation and practice improvement.
	<b>Practice Assurance:</b> 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	Jul-26	New Audit Assurance Group implemented, providing oversight of all practice audits & progress with implementing practice improvement Assurance feedback process being embedded New employee engagement group is being established which will provide direct communication between front line staff and assistant directors
	<b>Workforce Plan:</b> 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	Jun-26	Workforce plan being finalised with feedback from consultation.
	<b>Adult Mental Health Professional (AMHP) Establishment:</b> 1. Review AMHP establishment and operating model	1. Revised operating model in place 2. AMHP Team capacity sufficient to meet demand	Jun-26	AMHP Operating model agreed, recruitment progressing with on-boarding underway.
Performance and oversight	<b>Data and insights:</b> 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	Development of waiting list tableau dashboards is progressing, focus remains on the CQC data requirements with operational work flow also a priority. Assessments and Reviews dashboards implemented Further dashboard development progressing for Carers Assessment & Reviews, OT Assessment and Safeguarding
Partnerships	<b>Communication with partners:</b> 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	LCC working with ICB to progress actions, alignment of the LLR and Northamptonshire ICBs impacting progress. Awaiting sign-off of revised Joint funding Policy and process by ICB & partners. ICB to develop plan to increase FNC Determinations 2026.