Care Quality Commission Improvement Plan
Updated: 26 August 2026

Improvement Area	Actions	Outcome(s)	Delivery Date	Progress	Progress Narrative
Timeliness of Assessments and Reviews	**Care and Support Assessment** 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	75%	At the end of August 2026, 101 people were waiting for their assessment to commence, compared to 133, 12-months previous. Median wait duration: average over past 12 months - 3 days. Current snapshot on 17 August - 2 days, with a 4-week moving average of 1.5 days Max wait duration: on 17 August the 4-week moving average was 81 days, down from 150 12-months previous. Sustained decrease in the number of people waiting significantly longer than 28 days for their assessment, in August 2026 3.3% waited over 28 days compared to 11% January 2026 and 18% August 2025. Implementation of improvement in process and practice continues to support sustained improvement in waits, alongside updated operational dashboards to monitor timescales.
	Carer Assessment 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	*60%*	Challenges with recruitment and retention within the Carers Team has impacted capacity to address timelines of assessment. Some additional capacity is in place with additional new recruits expected to commence late summer 2026. Median wait duration: average over past 12 months - 0 days. Current snapshot on 17 August - 1 day 65% of Carers assessments were allocated within 28 days, a further 12% were allocated within 4-8 weeks.
	Financial Assessment 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 14 working days 2. Maximum wait times to not exceed 56 working days 3. Number of people awaiting financial assessment to not exceed 45	Jul-26	**100%**	Impact of additional staffing and continued improvement work has reduced waits for financial assessments to be completed, with all targets achieved over a sustained period. As of 03/08/26: Total number of people awaiting assessment is 10 reduced from 102 at the start of January 2026. Median wait time for Residential was 9 days, down from 14 days and Non-Residential assessment is 3 days down from 14 days in January 2026. Maximum wait time for Non-Residential assessment is 9 days and for Residential assessment 21 days (down from 29 days and 425 days in January 2026 respectively).

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	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	60%	An external service continues to complete OT assessments. Case completions have increased from 23 during April to 76 during July. 173 Cases completed to the end July with 119 cases in progress with the service. Development of reporting dashboards to support the flow of work is nearing completion. As of 26/08/26 the waiting lists for assessment was 527, down from 740 at the start of January 2026. Snapshot data from 12/08/26 shows a 93% reduction in people waiting over 2 months, from 246 in November 2025 to 18. Median wait time over the past 12-months 26 days.
	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	Aug-26	60%	Current performance indicates 81% of people have a review completed within 12 months (latest national average 57%). Median Waiting Time (past 12 months) 36 days, close to target and a significant improvement since July 2025 Max Waiting Time (past 12 months) 1,204 days, a reduction from 2,729 in July 2025. The current most over due review is 649 days. Targeted work is underway to address the most overdue reviews. The proportion of reviews overdue by more than 3 months is currently 40% down from 46% at the start of January 2026.
	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	Jul-26	*65%*	Findings from the Waiting Well Audit and engagement with staff has informed change to guidance, tools and practice due to be launched September 2026, to ensure effective management of incoming referrals to teams.
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	60%	Additional Customer Service advisors are in post having a positive impact on call response times. Changes to the telephone menu system are drafted for a final round of engagement and approval prior to implementation. Loughborough University Design school Information & advice recommendations received, these set out a customer journey focussed revision of the website which will inform longer-term changes. Plans and approach to review website content agreed with initial review activity underway. Website Chatbot launched on LCC website enhancing search functionality. Referral routes that support people to access information on-line nearing implementation.

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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.	Jul-26	**100%**	A Hospital discharge information leaflet being is distributed to people when preparing to leave hospital. 7-day working in place within social care, communications are on-going with providers to ensure responses to requests for support at weekends.
	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	Oct-26	70%	Benchmarking and data analysis complete, informing Business case for recruitment and retention enhancements, corporate sign-off expected imminently. Recruitment is on-going with capacity increased by 15.24FTE.
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	60%	Carers Strategy 2026-2030 consultation complete, strategy and delivery plan to be presented to Cabinet early September 2026. Consideration of the structures to deliver an enhanced carers service aligned with the strategic priorities is underway to ensure a holistic approach.
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	*30%*	CLC Day services commissioning is underway, with contingency arrangements in place Supported Accommodation options being considered. New Extra Care development business case approved and active discussions with developers continue. Commissioning dashboards scoping underway and initial development commenced.
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	*60%*	Proposal to offer small grants to local community organisations grants is being progressed. Commissioning activity (home care, CLC Day services, supported accommodation and Carers) continues to promote 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.

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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	***85%***	The revised safeguarding referral form is live, reducing barriers to professionals making referrals. An updated web page also provides clearer access to referral routes. A mechanism to ensure referrers are informed of the outcome of safeguarding enquiries has been agreed.
	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	*75%*	Safeguarding pathway reporting logic agreed. Development of dashboard to provide the enhanced reporting and monitoring of agreed target timescales. Safeguarding focussed case audit complete, findings informing action planning to address identified quality concerns.
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	Sep-26	**80%**	Corporate Pathway for Adulthood Project Board driving change to the pathway. A Transition Solution Panel pilot is operational, the cohort allocation tool testing is complete for launch next month. End to end process mapping is complete and new operating processes agreed.
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	Aug-26	*65%*	Case Complexity review nearing completion, findings to be reported and next steps agreed to inform allocation and practice improvement.
	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	Aug-26	**85%**	New Audit Assurance Group implemented, providing oversight of all practice audits & progress with implementing practice improvement Assurance feedback process being embedded and infographic designed to share audit outcomes with staff.
	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	Jun-26	**80%**	Workforce plan being finalised with feedback from consultation.
	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	**80%**	AMHP Operating model agreed, further round of recruitment underway with on-boarding of previous recruits underway.

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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	65%	Revised tableau dashboards for Care Act Assessments, and Carers Assessments and reviews is complete, developments continue with safeguarding and assessment for equipment dashboards. Refinement and development of additional operational dashboards to support work flow management is underway. Work has commenced with an external agency to further enhance the development of the culture in relation to use of data and insights across the service, key priorities identified and being actioned.
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	Oct-26	65%	Work with the ICB has resumed in earnest with a commitment to joint working. Revised deadline to agreed revised Joint funding Policy and process of October 2026. ICB to develop plan to increase FNC Determinations 2026. NHS East & Rutland 42.2 per 50K NHS West Leics 43.8 per 50k

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