

Assessing needs

Score: 3

3 - Evidence shows a good standard

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

People could easily access the local authority's care and support services through multiple channels, including online and over the telephone. There was an Adult Contact Team (ACT) which acted as a 'front door' service. It focused on well-being and prevention and short-term interventions such as intermediate care, reablement and hospital discharge with duty workers in the team. They took a prevent, reduce, delay approach to help people to regain independent living skills and/or recommend longer-term tailored care and support. We found the local authority had developed and embedded its front door and early help offer and had an effective Responsive Integrated Assessment and Intervention Team (RIACT) working alongside health partners, to support this approach. The self-assessment highlighted the local authority's strength-based approach to assessing need which focused on 'what is strong not wrong'. There were effective quality assurance systems in place to monitor how well this was working. Partners said the quality of care assessments had improved significantly over the last few years.

Staff consistently described their approach to assessment and care planning in a personcentred and strength-based way. We heard examples where innovative solutions were found to support independence. Staff said managers were supportive, they listened to them and decisions were changeable following discussion, if it was the right outcome for the person. For example, a person was assessed as requiring a lift installation which initially had been refused with a ramp suggested instead. However a subsequent forum enabled the lift to be agreed. People's feedback was very good. A carer for a young person reported satisfaction with the continuation of occupational therapy from children's to adults services. People said social care assessments and unpaid carers assessments were good, flexible and included the person's carer. Case records demonstrated a strength-based approach to care and support with one case including goal setting around achieving their potential as well as improving health and well-being. Another showed a person had been supported to access the community, enjoy the activities available and completed tasks for themselves, which had improved their sense of well-being. There was evidence of a flexible selfdirected approach to care and support in case tracking. For example, one case highlighted the social worker met the person in a coffee shop for 'catch-ups' and carried out reviews at their request. Records showed positive and strength-based language, with family involved and a reflection from social workers on how to further improve the person-centred nature of their work. There was excellent feedback from unpaid carers around social workers being 'brilliant, caring and understanding'. Evidence showed that people's experiences of support ensured their human rights were respected and protected and they were involved throughout and supported to make decisions.

The proportion of people satisfied with care and support (56.04%) was somewhat worse than the national average (62.72%). However, 81.82% of people felt they had control over their daily life which was somewhat better than the national average (77.62%) and 52.89% of people reported they had as much social contact as desired, which was somewhat better than the national average of 45.56%. (All from Adult Social Care Survey (ASCS) 2023-2024).

Timeliness of assessments, care planning and reviews

The number of long-term support clients that had been reviewed (55.31%) was similar to the national average (58.77%) (Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT) 2023-24).

People said they had an allocated worker and a contact number and when they did make contact with local authority, they were responsive. We heard an example of a family in immediate need. Following contact with the social worker, respite care was arranged quickly. We saw evidence of timely assessments being regularly reviewed by the same staff providing people with consistency and continuity.

Waiting periods from first contact to Care Act assessment provided by the local authority, between the period of July 2023 and June 2024, showed a median of 162 days and a maximum of 232 days. An update to these figures as of December 2024, showed a median average wait of 45 days and a median average time taken between Care Act assessment and a service starting of 23 days. We found the local authority was acting to manage and reduce waiting times for assessment, care planning and reviews including actions to reduce any risks to people's well-being. These changes had made an impact on waiting times.

We saw a case prioritisation tool was used to prioritise cases at the front door on a riskbasis and staff said these were used well, managing risk on all types of assessment. Leaders said there were no waiting lists for initial contact and the risk prioritisation on those awaiting a Care Act assessment meant each person was in receipt of care and support and had been given the required information. We did not see evidence to indicate that waiting times had an adverse impact on people's wellbeing. The local authority, following the assessment, said they felt they had defined waiting for assessment incorrectly in their initial information return.

Assessment and care planning for unpaid carers, child's carers and child carers

There was mixed feedback from people about unpaid carer's assessments with some people saying assessments were not consistently conducted. Other people gave positive feedback advising they had received a carers assessment and had found it beneficial. We heard there was an unpaid carers support group which worked with the local authority as part of the front door arrangements. They offered a sitting service as well as supporting information on benefits and debt advice. We saw evidence of carers receiving lots of information and advice and we heard positive accounts of the support they received.

The local authority had arrangements with a commissioned carers' organisation but had retained the function of carers assessments in-house. As of December 2024, there were 66 overdue carers reviews. Adult Contact Team (ACT) median waiting times for carers assessments between July 2023 and June 2024 was 64 days and a maximum of 198 days. Staff said the red, amber, green (RAG) rating system of prioritisation was consistently used to mitigate risk.

The number of carers accessing support groups or someone to talk to in confidence (33.33%) was similar to the national average (32.98%) and the number of carers accessing training for carers (4.00%) was similar to the national average (4.30%). 28.00% of carers felt they had encouragement and support, similar to the national average (32.44%) (all from Survey of Adult Carers in England (SACE) (2023-2024)).

The number of carers satisfied with social services (52.38%) was better than the national average (36.83%) and the number of carers that felt involved or consulted as much as they wanted to be in discussions (78.95%), was also better than the national average (66.56%). Only 80% of carers reported they had enough time to care for people they were responsible for, compared to the national average of 87.23%.

Staff reported consistent practice where the needs of unpaid carers were recognised as distinct from the person with care needs. We saw assessments, support plans and reviews for unpaid carers were undertaken separately to person receiving care and support.

Help for people to meet their non-eligible care and support needs

People were given help, advice and information about how to access services, facilities and other agencies for help with non-eligible care and support needs. We had many accounts from staff about front-door conversations focusing on short-term support and signposting in the first instance. The disabled facilities grant (DFG) had been used recently for people with non-eligible needs and assessed without using Care Act level eligibility criteria. There was a website managed by the local authority containing information about services available in the community. We heard from partners about services available around non-eligible needs such as refugee support and domestic abuse services. We found the local authority had arranged its services to provide advice and short-term support for people. Staff said they followed the process in the eligibility criteria and if someone did not meet the criteria they provided people with as much information and advice as possible. For example, advice and sign-posting to housing, in-house tenancy support teams and homelessness services.

Eligibility decisions for care and support

The local authority's framework around eligibility for care and support was transparent, clear and consistently applied. The adult social care survey 2023-2024 (ASCS) showed a similar proportion of people (66.12%) did not buy any additional care or support privately or pay more to top up their care and support, compared to the national average (64.39%). Decisions and outcomes were transparent and, in the data provided by the local authority, there were no appeals in the 12-month reporting period.

Staff and leaders said eligibility decisions were reviewed through case-file audits and a weekly sample of cases by a manager and a senior leader. The eligibility criteria and guidance document contained clear guidance for staff on how the various assessments should be carried out. It was comprehensive and included guidance on 'ordinary residence' determinations (the decision about whether people live in that local authority area as their main residence).

Financial assessment and charging policy for care and support

The financial assessment and charging policy was available and generally applied consistently. People said they had received financial assessments and advice regarding additional benefits available and some people said they had care in place before financial assessments were completed. Other people said when their income changed, they had received a new financial assessment within a week which they felt was a timely response. Other people said the local authority had provided helpful financial advice, for example around appointeeship (an appointee is someone who manages a person's benefits when someone is no longer able to manage their finances). There had been some waiting times for financial assessments, with the local authority indicating an average wait of six weeks in January 2025. This was significantly reduced from around 16 weeks in the previous year. Staff said there was an online calculator so people could get an estimate while they were waiting. There was no specific appeals process, but a complaints process was available. There was a clear process map for financial assessments, which staff said was easy to follow.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. For example, an advocate supported one person's decision-making and helped to establish a care arrangement was appropriate for the person and it was agreed for a family member to be the carer, paid for with a direct payment. People said they were made aware of the availability of independent advocacy during their assessment, the local authority took advocacy seriously and it was readily available to people. Staff said referring to advocacy was a simple and easy process and people were always offered the option of using an advocate.

© Care Quality Commission