Care Quality Commission

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

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

The pathway for people to access adult social care services was the ‘Front Door’: the Central Advice and Duty Team (CADT), via telephone or via email. The service used a strengths-based, 3 conversations (3C’s) model. Staff told us the goal of CADT was to apply the 3C’s model to assess needs and risk, then signpost to external agencies or the most appropriate internal team. People with learning disabilities (LD), or mental health (MH) needs were referred to specialist teams. Requests for longer-term placements or care packages were passed to the neighbourhood teams, which worked well. CADT also received safeguarding referrals which were sent on to the Multi Agency Safeguarding Hub (MASH) for screening.

We found pathways and processes ensured that people’s support was planned and co-ordinated across the different agencies and services available. There was a clear focus on early intervention and prevention with a commitment to the delivery of a range of services which encompassed a strengths-based approach to assessment and support.

There was a range of services available at the front door. The Promoting People’s Independence Network (POPIN) team comprised of care navigators, with a remit to work with those over 60. They completed needs assessments in the person’s home with a view to supporting them to maintain their independence with the use of assistive technology and equipment. They also signposted onto other teams and partners and identified the need for carers assessments. Staff told us that the POPIN service was accessible without delays and provided the speedy interventions that people needed. The Short-Term Assessment and Reablement (STAR) and the ‘AbleMe’ service focused on increasing independence at home with the use of assistive technology and equipment for up to six weeks. The impact of this was yet to be seen, with 78.05% of people remaining at home 91 days after discharge from hospital into reablement services, which is lower than the England average of 83.70%. The ‘Home First’ team offered reablement at home to support discharges. Staff told us the interface between the teams worked well, although we heard they were not always confident in understanding the remit of their roles.

Leaders told us that the Integrated Care Board (ICB) and the Council had plans to evaluate all current NHS and local authority provision, Better Care Fund commissioned services, and services funded by the adult social care Discharge Fund. This was to analyse the impact and to understand if services met demand, reduced duplication and optimised people receiving the right care at the right time and in the right place.

Feedback we received from people in Wirral about access to care and support was mixed. People told us that there were difficulties accessing the front door and they felt that they had to tell their story 'over and over again' when they finally spoke to someone. Once they had accessed the service via the Front Door, they were generally satisfied with the support they received but the challenge seemed to be making the initial contact. Leaders told us that there is currently a review of the Front Door function taking place and have commissioned an external agency to assist them with this.

We were told that once people had been allocated a worker, they had a positive experience of assessment and care planning. We found that care planning ensured people's human rights were respected and protected. People said they were involved in decisions made about them and confirmed their protected characteristics under the Equality Act 2010 were both understood and incorporated into care planning. National Data from the Adult Social Care Survey (ASCS) (October 23) showed that 63.18% of people in the local authority who were surveyed were satisfied with care and support, which was similar to the national average (62.72%). 80.35% of people felt they have control over their daily life, which was slightly above the national average of 77.62%.

People gave mostly positive feedback about the way the local authority completed assessments and care planning. Staff described and consistently demonstrated a person-centered approach in assessing need and developing care and support plans. They demonstrated passion about implementing the 3C's approach and spoke of access to a '3C's' debit card, which enabled them to purchase one-off items and gave examples where this had quickly enabled people to remain independent at home.

People’s experience was inconsistent and there was some confusion around processes following implementation of services or equipment. Several people identified how social workers, the person and their carers had worked together to develop care plans. This involved social workers focusing on the individual’s wishes and aspirations, alongside supporting them to maintain their independence, choice, and control. Examples included a person telling us their assessment was completed promptly, and their carer also had their needs identified during the process. Another told us that an occupational therapist (OT) had assessed their needs well, providing equipment for them to try before finding the most suitable option for them. One family told us that a social worker in the service arranged a move into residential care for their loved one when they were unable to arrange this themselves due to living a distance away. In contrast, people told us that they didn’t know how to replace equipment, and carer’s assessments weren’t always offered initially. One person told us that they were unclear as to whether they would be receiving a review or when this would happen.

A ‘trusted assessor’ approach was adopted with staff across teams having accessed training to promote the quick provision of low-level equipment. Staff reported that they were able to arrange delivery of equipment the same day in some cases. In contrast, for those who had accessed an OT assessment, and required equipment, did not always have access to prompt delivery. We were told that this is due to the OT team not having access to the information technology (IT) systems used by the trusted assessors. Since the assessment, the local authority informed CQC that all practitioners have access to the same equipment ordering system.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for assessments and reviews. National data on Short and Long-Term Support (SALT) told us that 24.51% of people accessing long-term support had been reviewed (includes both planned and unplanned) and this was much lower than the England average of 58.77%. Local authority data told us that there were 1641 overdue annual reviews equating to 61.5% of total cases. Providers told us that reviews were not carried out in a timely manner, which resulted in them supporting people's increased needs without a local authority review and they were often not consulted as part of the review process. People told us they did not know when their reviews would take place and would have liked to have provisional dates from the local authority so that they knew when they would happen.

The average waiting time for Care Act assessments at the end of March 2024 was 12.9 days, which was positive given the rise in demand for service. Data provided by the local authority showed that there had been an 8.5% increase of people receiving a service from adult social care from April 2021/22 to April 2023/24. OT waiting lists were high for those not assessed as a priority. We were told OT referrals were triaged and placed in 'priority' 1, 2 or 3. Assessment wait times were longest for those deemed as 'priority 2', with the longest wait time recorded in October 2024 as 95 days. We were told that waiting lists were reviewed, however we were not told of plans to address the backlog. Those allocated to priority 1 had the promptest access to assessment with a maximum wait time of 4 days at the time of assessment.

Leaders told us that they were acting to manage and reduce waiting times for reviews. Additional funding had been allocated to recruit six staff to the review team, with plans to increase this. People coming into the service from CADT were able to access an assessment with little waiting time, however people receiving timely reviews of their services and equipment was an issue. We weren't told of any recent improvements in waiting times.

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

We found the needs of unpaid carers were recognised as distinct from the person with care needs, and we saw support plans and reviews for unpaid carers were undertaken separately. Carers were identified through initial assessments of people's needs; however, feedback was mixed. Some people told us that carers assessments weren't initially offered when needs assessments of family were being completed but offered later in the care planning process. The Survey of Adult Carers in England (SACE) data showed low satisfaction levels, with 28.57% of carers reporting that they felt satisfied with social services (England average 36.83%). At the time of writing our assessment, 21 people were waiting for a carers assessment

The local authority commissioned a carer's organisation to support carers locally, with statutory carer's assessments completed by local authority staff. When carers contacted the carer's organisation, support could be accessed to complete initial information for their statutory assessment, which was then sent to the local authority. People told us that the carer's service also did their own assessment of carer's needs and there was some duplication with the local authority's assessment. People told us it would be better for them to integrate the statutory assessment into the carer's service.

The local authority commissioned a service to complete assessments with young carers. We were told by partners when young carers were approaching adulthood, they were supported to integrate into adult carer's support services, which people told them had helped them with the transition.

Following assessment, feedback was positive about support and services available to carers. We received a large amount of positive feedback from people who had accessed support from the carer's service. We were told people were offered advice and support groups, trips out, holistic therapies and one person was supported to advertise for a personal assistant (PA) which had been successful in allowing her to make use of a direct payment (DP).

There was a £300 one-off carer’s grant available to those who had been assessed by the local authority. This was well utilised by the people we spoke to. Examples included people accessing gym subscriptions to enhance their wellbeing, and one person purchasing an iPad. They reported, however, the process to access the grant was overly bureaucratic and had been completed via telephone when they would have preferred a visit to their home.

Additionally, we saw the local authority was leading co-production work with NHS colleagues to identify carers who did not identify as being in a caring role and did not access the support available via the local authority.

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, through signposting in CADT and the POPIN service, who also supported people who were funding their own care.

Staff applied the 3 conversations model considering prevention when receiving initial contact from people. Staff demonstrated a robust knowledge of community resources and provided examples of signposting people to them, which had prevented, reduced or delayed people’s needs for other, formal care or support. Community resources were also made available online via a directory which people could access independently.

Eligibility decisions for care and support

The local authority’s framework for eligibility for care and support was transparent, clear and consistently applied and was available on their website. The local authority did not have any Care Act assessment appeals in the last year. We noted that while detail on the complaints process was accessible on the website, the information about how to appeal was not. Since the assessment, the local authority told us that appeal challenges are handled via their standard complains process.

Financial assessment and charging policy for care and support

The local authority’s framework for eligibility for care and support was transparent, clear and consistently applied. There was an online portal available for people to carry out an assessment online.

At the time of assessment, there were 338 people awaiting a financial assessment and an average wait time for assessment being 26 days, which was a recent improvement. In the past 12 months, there had been a 640-day maximum wait time for financial assessments.

People told us that prior to recent improvements in financial assessment wait times, delays in receiving invoices for care had caused financial difficulties and anxiety, with some people having received high bills due to delays in financial assessments. Staff told us people had cancelled packages of care due to financial strain or debt. From October 2023 to September 2024, Adult Social Care received a total of 240 complaints, of which 75 of these complaints (31%) had a financial element. Key financial concerns included disputed invoices, disputing the financial assessment process, misunderstanding of charging implications of receiving care, and lack of clear information on the charging process and backdated charges and invoices.

Provision of independent advocacy

The local authority commissioned an independent advocacy service which covered all aspects of advocacy. Staff reported a good relationship with advocacy services. A prompt had been built into the local authority’s IT system for staff to be able to refer easily for advocacy whilst completing Care Act assessments. The local authority had created this pathway in their system due to concerns being expressed about delayed referral, to prompt staff to consider advocacy earlier on. For continuity, if a person had worked with an advocate before, the same advocate was allocated where possible.

Local authority data showed between August 2023 to August 2024, 6 referrals were made for Independent Mental Capacity Advocate (IMCA) support, and 56 Care Act assessment support requests. Due to low levels of referrals, a meeting was held between the advocacy agency and staff teams to promote the service. Partners report that since then they have seen an increase in referrals. Staff reported no delays in accessing advocacy, with a practice example provided to us of speedy support from advocacy partners in relation to an unexpected care home closure.