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

Ealing provided phone, email or online referral forms for people to access care and support services. The Advice and Referral Centre (ARC) reviewed all contacts to the service and passed these to appropriate teams. Some people told us they had not been able to get through to anyone on the phone lines and encountered blockages. They told us this could make them feel ignored, causing anxiety and frustration. The local authority had measures in place to scrutinise call handling rates and they were satisfied that waiting times and call abandon rates were within the local authority's tolerance for a service receiving 4,000 contacts per month, however they recognised the opportunity for further work to improve call handling and user experience. Leaders told us they were in the process of developing digital self-assessment and referral tools at the time of our assessment to improve call handling and user experience.

Staff across the local authority’s care and support service understood a strength-based and person-centred approach. The Local Authority also extended strength-based training to providers at no cost. Staff gave us some examples of the ways in which assessments empowered people and their families to have greater control over their care and support and considered their cultural and community needs. Data provided from the Adult Social Care Survey October 2022/23 showed 55.1% people in the borough with care and support needs were satisfied with care and support, which is lower than the England average of 61.21%. As part of the assessment process the local authority shared data which suggested improvements in this area in the last 12 months, however this information had not been published at the time of our assessment. In addition, 66.5% people felt that they had control over their daily life, which was a negative variation compared to the England average of 77.21%. The local authority shared data during assessment which suggested improvements in this area in the last 12 months. People’s experiences of care assessment and care planning was mixed. For example, a carer told us about their experience when their family member needed to move to a new provider, a plan was only put in place when the situation became an emergency, rather than when they originally notified the local authority. Another person told us the process went smoothly and Ealing had been responsive. The local authority had launched a Better Lives review panel to develop and increase its focus on strength-based practice. At the outset of the initiative, areas for improvement were noted in 60% of cases reviewed by the panel. The local authority had supported improvements in practice, and subsequent panel reviews showed significant improvements, with only 15% of further cases requiring improvement. This was a example of improvement work which was having a direct impact on people’s experience and outcomes.

There were systems in place to promptly provide social care staff with information about the variety of organisations in the borough who could meet the needs of individuals as identified in their care plans. This supported people’s choice and control. In some instances, where significant numbers of providers were able to meet the needs of people, for example, home care providers, this could be onerous and time consuming. Some staff felt it was difficult to genuinely support people to understand the choices available to them, especially when their first language was not English. This was easier for people supported by community teams but less so in preparation for hospital discharge, where some staff told us this process of choosing a provider caused delays and anxiety. The local authority told us they had recently reviewed their decision-making processes to address delays in selecting care providers.

National data suggested that many people’s needs were met by their care plans: 61.70% of people who received care and support did not buy any additional care or support privately or pay more to 'top up' their care and support, which was statistically in line with the England average of 64.63% (Adult Social Care Survey, October 2023).

Local authority staff and partners recognised issues with bed availability in hospitals. This impacted on social care staff who sometimes had to repeat a person’s assessment if there was a delay between this, and the person being admitted to hospital. This was a particular challenge for out of hours staff. Some staff described not receiving full information from partner organisations to support their assessments, resulting in delays and follow ups with referrers to be able to provide appropriate care. Staff told us they were able to escalate these concerns to managers, who met regularly with partners to work on solutions. Staff described working well with colleagues across the local authority, such as in assessing mental capacity and where multiple teams were involved in a person’s care and support.

Staff were well trained and had access to appropriate training to complete assessments, including specialist assessments, however, some teams felt that finding time to do training was difficult. Staff told us that any continued professional development needed to maintain registrations was protected and supported by managers. Staff were supported by senior staff and managers who were easily accessible and through peer support arrangements to ask for advice. This was also applicable to agency staff and there was no difference in the level of support provided by or to staff who were permanent or temporary.

Timeliness of assessments, care planning and reviews

The local authority had waiting lists for Care Act assessments. In June 2024 over 300 people were on the waiting list for a Care Act assessment, with a median waiting time of 17 weeks. Waiting lists had been improving over the previous months. However, some staff told us they felt the service was unable to meet demand and that low staff numbers impacted on the speed at which people were able to get through to the borough to request support. Leaders were of the view that caseload sizes indicated reasonable allocations but acknowledged feedback from teams on the growing complexity of some cases.

At the initial point of contact, the local authority was able to provide advice and signpost people to support in the community. The local authority told us people on the waiting list had received an initial triage and interim support was provided when necessary. However, some partner agencies told us delays between the initial point of contact and social worker allocation meant some people's needs got worse while they were waiting for assessment and suitable support to be provided. Partners told us they sometimes found it difficult to gain further information from the local authority about people's care needs, to enable them to support people effectively in the interim. Staff told us Care Act assessments were generally completed within 28 days once a social worker was allocated. Senior staff and managers told us they regularly reviewed their waiting list and reprioritised the list based on risk. A duty system was in place to implement support immediately where there was significant risk through provision of an interim package of care.

Additional staffing resource had been made available in 'surges' to reduce waiting lists for assessment, alongside enhanced screening processes and urgent risk fast tracking. Some people told us they received timely assessment following discharge from hospital or following a period of illness in line with their needs. Teams themselves, managers, and senior managers had oversight of the waiting lists, though not all staff were aware of the criteria managers used to risk rate the waiting lists.

The local authority had over 550 reviews that had not been completed within 12 months at the time of our assessment. 45.22% of long-term support clients in Ealing were reviewed (planned or unplanned) which was statistically in line with the England average of 57.14% (Short and Long Term Support, December 2023). People waited around 23 weeks for reviews. Some staff told us that they were concerned the backlog of reviews had meant the local authority had potentially missed opportunities to step in to offer additional support in a timely way, rather than waiting for a crisis. Care providers described waiting for unplanned reviews when these were requested on behalf of people, limited communication whilst waiting and people's health and care needs changed in the intervening period.

A new review team had been implemented at the time of our assessment. It was not long established but intended to reduce waiting times for reviews. The local authority told us that their number of overdue reviews had reduced from 44% to 27% in the last 12 months following the implementation of their improvement actions.

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

The local authority completed carer's assessments in house and commissioned a dedicated carers service to provide additional support and advice for informal carers. Some partner agencies told us they could easily identify and refer carers for carers assessments without any barriers. One partner agency told us carers were not fully aware of what a carers assessment was and had limited confidence that the assessment would support their needs. Some carers told us their assessment had not been reviewed in a long time. People described waiting four to five months before receiving an assessment and felt this did not support their wellbeing in their caring role. This aligned with national data, which indicated that 28.18% of carers were satisfied with social services, which was less than the England average of 36.83% (Survey of Adult Carers in England, June 2024). Leaders told us there was a higher figure in the 2023/24 survey, but this had not been published at the time of our assessment. The local authority told us from the information they had available at the time of our assessment that most of their carer's assessments were allocated for completion within a month, however, data was not available that indicated how trends were reviewed over time.

We received mixed feedback about the support available once an assessment was carried out. Some organisations representing carers advised that the support provided was good. Some carers described limited ongoing support that accounted for their needs, for example a carer told us they struggled to review long documentation from the local authority or to understand where to get support as their first language was not English. For other carers, it was not clear what further support they could access or receive to support their ongoing well-being. People told us that they felt their assessment did not result in solutions that were well thought through or had limited practical support to put into practice. This is reflected in national survey data which showed that 58.78% of carers in Ealing experienced financial difficulties because of caring, which was significantly higher than the England average of 46.55% (Survey of Adult Carers in England, June 2024). 5.67% of carers accessed support to keep them in employment which was better than the England average of 2.79% (Survey of Adult Carers in England, June 2024). Additionally, 33.02% of carers were not in paid employment because of caring in Ealing, this was tending towards a negative variation compared to the England average of 26.7% (Survey of Adult Carers in England, June 2024).

The local authority commissioned services from community organisations to support carers. This included information and advice, peer support, and informal meetings such as coffee mornings. Some staff described attending monthly meetings at the Acton carers hub and were able to directly answer questions from carers who attended. National data indicated that 24.31% of carers reported they were accessing a support group or someone to talk to in confidence, which was lower in comparison to the England average of 32.98% (Survey of Adult Carers in England, June 2024). A grant funded service provided carers’ respite in people's homes. Some partner agencies felt that not all local authority care and support teams were aware of carers services in the area or that these were not effectively advertised through the council's website.

The local authority had recognised that some communities in the area had different cultural expectations about a caring role which affected their ability to effectively identify and assess carers' needs. For example, some people did not recognise themselves as carers. The local authority told us this theme had been recognised in their refreshed carers strategy.

The local authority told us carers' needs were usually considered as part of a Care Act assessment. They noted that whilst carers were offered a separate assessment from the person they cared for, in their experience, most carers declined this. At the time of our assessment, the local authority's recording process did not allow for joint assessments of the cared for person and their carer. Social workers felt this was a barrier to completing carers assessments.

Children's social care staff completed young carers assessments. Not all staff who supported adults were clear on their role in identifying young people who were carrying out a caring role. One partner agency said that there had been a lack of expected referrals from adult social care for young carers. Some work had been undertaken with adult social care services to help identify hidden young carers. Local authority commissioners recognised that referral pathways for young carers needed to improve and a whole family approach needed to be promoted further. They intended to include this in their carer's strategy, which was being reviewed with carers at the time of our assessment. The local authority was also in the process of launching their redesigned partnership boards, including one for carers, which would support the progression of identified solutions.

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

The local authority's contact lines and website supported people with non-eligible care and support needs to access services that could support them. This included human rights-based assessments and some support for people with no recourse to public funds. Social care colleagues across the service had a good knowledge of services in the community and could effectively signpost people to those services as needed. Staff were able to link to a good network of organisations in the community that could support people. This included out of hours services.

Eligibility decisions for care and support

The local authority was developing an information pack for people about what to expect from adult social care. This included information on the eligibility criteria in line with the Care and Support (Eligibility Criteria) Regulations 2015. This same wording was not used on the local authority's website. The eligibility criteria on the local authority's website did not reference the first eligibility condition that the adult's needs arise from, or are related to, a physical or mental impairment or illness. As a result, this could have caused confusion for people about eligibility. The local authority was in the process of updating their website at the time of our assessment.

Some staff told us appeals regarding eligibility frequently came from hospital staff due to a misunderstanding about who was eligible for reablement services. To address this, the local authority had held meetings with hospital staff to clarify eligibility criteria and to support partnership understanding.

The principal social worker had regular team meetings with managers regarding eligibility decisions to support consistency and clarity. There had been no complaints or appeals made over the year before our assessment about eligibility for care and support.

Financial assessment and charging policy for care and support

The local authority received 68 complaints about the financial assessment process between February 2023 and January 2024. More than half were upheld or partially upheld. Themes included incorrect charges and disputes, incorrect assessments, delays in assessments, and missed or cancelled homecare visits. The local authority had made significant progress in reducing the waiting list for people waiting for a financial assessment and responding to the issues outlined in the complaints they received about financial assessments. Financial assessments used to take a year to get a result but because of these improvements there was no waiting list at the time of our assessment. Most financial assessments were completed within the local authority's 28-day time scale. The financial assessment team demonstrated a clear understanding of people's personal situations and there were measures in place to support people who needed support to complete assessment forms.

The local authority had a community benefits team to support people to fill out assessment forms in their homes. This improved people's experience of the financial assessment and supported them to maximise access to welfare benefits. Some frontline staff told us that the financial assessment process was a barrier to some people seeking support as they were not always willing to disclose their financial situation. The local authority had mechanisms in place to arrange repayment plans to spread costs in a way people could afford.

Provision of independent advocacy

The local authority commissioned statutory independent advocacy services from a partner organisation. This covered all aspects of advocacy services. An advocate can help a person express their needs and wishes and weigh up and make decisions about the options available to them. They can help them find services, make sure correct procedures are followed and challenge decisions made by local authorities and other organisations. It was not clear from the council’s website which organisation provided statutory advocacy services though the local authority told us they had included more information about this in a newly published social care brochure.

Staff told us the advocacy organisation responded quickly to requests for advocacy. There were no waiting lists for all aspects of statutory advocacy at the time of our assessment. Arrangements were in place so that staff were able to use out of borough advocacy services to ensure speedy pick up of referrals if needed. Most staff groups felt it was easy to access an advocate as needed.

While there were no waiting lists for statutory advocacy, very few Care Act assessment advocacy requests were received by the commissioned partner agency. The local authority was working to raise the understanding of advocacy within care and support services so that people were always referred for the appropriate support to effectively contribute to their Care Act assessment. Work was also being done to improve recording of where appropriate informal advocates, such as family and friends, were used. Most of the advocacy work was as Relevant Person's Representatives supporting the Deprivation of Liberty Safeguards (DoLS) processes. The prevalence of these requests took up the service's capacity. Work was ongoing to support frontline teams to understand the role of a Care Act assessment advocate and to refer appropriately.

The referral process for advocacy had recently improved which had improved the response times and reduced administrative burden. Staff told us that there had been an improvement recently in the local authority's ability to review trends in referrals, but this had not been in place previously. The local authority had not been able to recognise that there were gaps in the use of the advocacy service. This understanding of service user's and trends was improving at the time of our assessment. However, the partner advocacy service was concerned they would not have the capacity to manage any increases in referrals stemming from increased awareness of their role. The partner organisation was working with commissioners on securing additional funding.

The local authority did not commission non-statutory advocacy. Commissioners told us they relied on voluntary and community services and friends and family to provide advocacy in non-statutory situations. Information about advocacy services in the community outside of statutory provision was available on Care Place, the local authority's directory of community services.