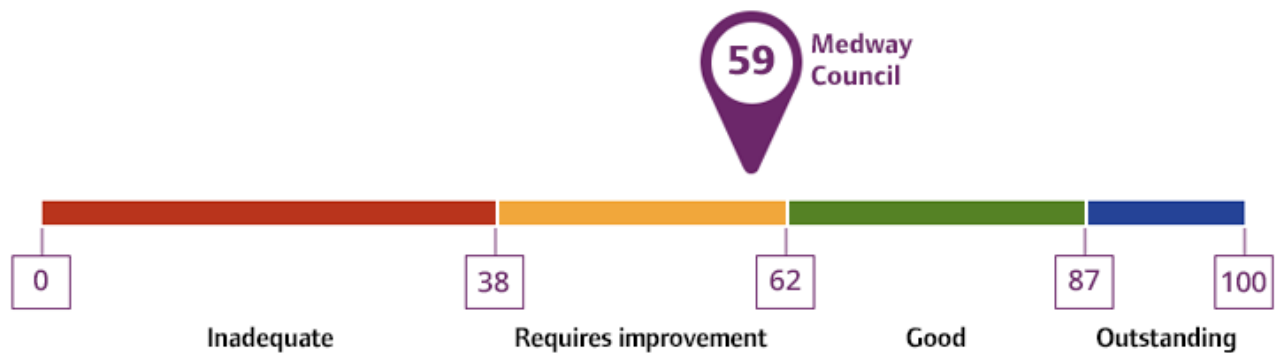


# Overall summary

## Local authority rating and score

### Medway Council

Requires improvement



## Quality statement scores

### Assessing needs

Score: 2

### Supporting people to lead healthier lives

Score: 3

### Equity in experience and outcomes

Score: 2

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## Care provision, integration and continuity

Score: 2

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## Partnerships and communities

Score: 3

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## Safe pathways, systems and transitions

Score: 3

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## Safeguarding

Score: 2

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## Governance, management and sustainability

Score: 2

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## Learning, improvement and innovation

Score: 2

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# Summary of people's experiences

Overall, we heard mixed feedback from people and unpaid carers regarding the contact they had with staff. Some people had felt listened to by compassionate, kind, caring and knowledgeable staff. In contrast some people had not always felt valued.

People and unpaid carers had varied experiences of assessment, care planning and reviews. Many people we spoke to said they had not received Care Act assessments or reviews. However, some people had received person-centered assessments and gave positive accounts of support given by social workers. Others told us staff undertaking their assessment had not always been knowledgeable about their specific disabilities and felt staff had been reluctant to help. Some people were still not in receipt of care and support many months after an assessment had taken place.

The experiences people had of carers assessments and local authority support was mixed. Some unpaid carers did not know carers assessments were available and there was a general lack of information available about assessment and had not been offered a carers assessment. Some unpaid carers gave us positive feedback of being supported and listened to during the assessment. Other people gave positive feedback about the ease of direct contact with their allocated social worker.

People transitioning between services told us they were kept informed and updated by the social worker and their views had been valued and considered. Although not everyone had named social workers when transitioning.

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes for example having access to an emergency call system to maintain people's independence and to keep them safe. Standard core equipment was delivered to people promptly. However, if more complex equipment and adaptations were needed people had to wait longer. People told us they used direct payments to control how their care and support needs were met and mostly described positive outcomes from using them. People could access support in using direct payments from a dedicated team.

## Summary of strengths, areas for development and next steps

Medway local authority was on an improvement journey and were aware of what needed to be done to achieve the best outcomes for people who lived there. Areas of focus included making the website fully accessible, working with partners to understand the needs of the community, increasing the support to unpaid carers and improving waiting times, especially for Care Act assessments and reviews, occupational therapy assessments, safeguarding enquiries, and a number of other areas.

People could not always easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. Most of the information was on the website, which was not always in an accessible format, and this also posed challenges for people who were not able to use online services. The local authority had plans to make address this with the Medway Council Digital, Data and Technology (DAaT) Strategy.

Not all people who needed a care act assessment or a review received them. For people who had this service, they did not always receive a consistent approach from staff when carrying out assessment, care planning and reviews. Reviews of people's care were not always undertaken in a timely manner; however, action was being taken to improve waiting lists in this and across other services where areas where waiting lists were present.

Further improvements were needed for the needs of unpaid carers in relation to assessments and informing them of the services and support available to them. The local authority was addressing this with plans to expand the remit of the commissioned carers support service.

There were gaps in nursing and residential beds in Medway, particularly for people with complex needs and for young people leaving children's services. A priority for the local authority was to increase capacity across residential and nursing provision to meet the local demand and reduce the need for people to be placed out of area.

The local authority used a number of measures to understand of the needs of people in Medway and the impact of inequalities. There was good partnership working with voluntary sector groups and this could be developed more to understand the needs of local communities and the different groups of people within them.

More work was needed with care providers to ensure they all received a consistent service from the local authority and were in receipt of the support the local authority stated they received.

Senior leaders were jointly responsible for the oversight of safeguarding processes, systems and practices, however safeguarding needed improvements. This was being addressed in a number of ways including restructuring of the current safeguarding hubs and mandatory learning sessions for staff from Safeguarding Adult Reviews (SARs) and other serious incident enquiries.

People were not always contacted in a timely way following a safeguarding referral and work was ongoing to improve this by senior leaders who were reviewing safeguarding processes. The local authority had taken action regarding the backlog of people waiting for enquiries into information of concern and section 42 enquiries to be made.

Deprivation of Liberty Safeguards (DoLS applications were not always assessed without delay due to the high volume. The local authority had committed to increasing resources to reduce waiting times with additional staff, using a RAG rating to establish priorities and monthly reviews of the waiting list.

Work was ongoing to improve the discharge pathways of people coming out of hospital were working well, supported by additional services including reablement.

Staff enjoyed working for the local authority and spoke about the learning and career development opportunities available for them. The principal social work had developed a team of Practice Development Manager roles to support learning and development opportunities for staff.

Staffing and recruitment challenges were recognised by the senior leaders. Staff shortages led to waiting lists in a number of areas. This was being addressed by the ongoing 'right sizing' project to identify the gaps in staffing to fill those roles.