CareQuality 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

Feedback about access to Care Act assessments was mixed. The first response team was the first port of call for people who wished to contact B&NES. People may not always be able to easily access the local authority's care and support services. Staff told us people could contact them via telephone and online. However, lack of recording and staffing shortages could mean people were unable to access the local authority in a timely manner.

Data provided evidenced a lack of recording regarding people's requests for Care Act assessments and any signposting of services for people with non-eligible needs. Data showed only 2 people had been referred to teams from the first response team for a Care Act 2014 assessment in July 2024.There were no data records regarding how many people had contacted the first response team and had been given advice and information or signposted to a voluntary and community sector organisation. This meant the local authority could not monitor whether people had accessed advice, care and support before and whether signposting to community and voluntary organisations was meeting their needs.

Leaders told us approximately 60% of people needing services were self-funders (this meant they would be funding the full cost of their care). Staff understood the need to provide a Care Act assessment and offer support to find services for people funding their own care should they require this. The local authority charged an administration fee to support this, or people paying the full cost of their care could access services independently.

Following assessment, care packages over the financial delegation rate for managers agreement, or people with complex needs were presented at a practice forum. The practice forum reviewed assessments and records to audit quality and agree funding for high-cost care. Data reviewed showed 741 cases had been reviewed and audited in the practice forum since November 2023. Leaders told us this forum had improved quality of work and supported with the improvement of oversight. Staff told us the forum had improved their quality of work and enjoyed presenting their work and using the forum as a learning tool to improve their own practice. However, staff told us advice and guidance from leaders on the forum could be inconsistent. The local authority told us they also held legal surgeries for staff to attend to discuss complex cases and gain legal advice in relation to concerns such as safeguarding or mental health.

The overall approach to assessment focused on people's strengths and what was important to them. Staff talked about a strengths-based approach to assessments and their passion to put people first with a focus on what the person can achieve. One person told us, since a change in social worker they felt listened to and valued. The social worker had conducted a strengths-based assessment engaging with the person and their family to identify what the person was able to do and wished to achieve. People's experiences of care and support ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and incorporated in care planning.

Leaders told us strengths-based practice, the quality of Care Act 2014 assessments and staff's understanding of non-eligible care needs were areas they wanted to enhance and improve. A new interim Principal Social Worker (PSW) has been appointed to support this. Leaders also told us they felt assessments could be completed in a more person-centered way to ensure people's needs were met flexibly.

People usually received an assessment from specialist teams where they had complex needs, however staff told us some referral criteria could cause barriers to people accessing these teams. For example, staff told us contacts for people with a learning disability would be referred directly to the learning disability team. Most people who had received a Care Act assessment told us this had been completed in a timely manner and their needs had been met through effective care planning.

The mental health team had its own point of contact for people, which was separate from the local authority first response team. Referrals could be sent in from professionals, such as GPs, the Avon and Wiltshire Mental Health Partnership, or the community sector. These were then reviewed, triaged and sent to the appropriate mental health teams, such as the Recovery Team (Community Mental Health Team), or the Complex Intervention Team.

Staff told us the new training offer with the local authority had improved since returning as an in-house team and they felt supported to develop their skills where they wished to do so. Staff told us they received regular supervision and support from their team and managers. However, some staff did not feel they had received the correct training, support and guidance to work with people with more complex or specialist needs. Leaders told us improvements to learning had started to take effect for example, learning was focused on areas such as the Mental Capacity Act 2005 after staff had asked leaders for support with this.

Timeliness of assessments, care planning and reviews

Assessments were not always carried out in a timely manner to reduce risk and ensure people received care and support that met their needs. Data provided by the local authority showed some teams had waiting lists for people waiting to receive Care Act assessments, this included when people’s needs changed, and they required a review and carers assessments. Staff told us some people had not received a review for over 2 years due to an increase in demand and workload.

Data provided by the local authority showed 128 people waiting for Care Act assessments with 109 waiting to be assessed by the locality teams, 15 people waiting for specialist teams such as the Autism Team and 4 waiting for assessment were unknown. The median waiting time for assessment was 28 days with the maximum wait 237 days.

There were 489 people waiting for a review. Data provided by the local authority showed a median wait of 166 days with a maximum wait of 465 days. The local authority told us they had an action plan in place to address outstanding reviews.

National data on Short and Long-term Support (SALT) showed 71.72% of people receiving long-term support had been reviewed (this included planned and unplanned reviews) this was a positive variation to the England average of 58.77%. Leaders have identified shortfalls in reviews and had plans in place to support and improve reviews. Data provided showed improvement plans in place had improved outcomes.

The local authority took a risk-based approach to reviews and staff and leaders acknowledged annual reviews did not always take place promptly. Planned reviews are where there has not been an identified change in need, but it would be considered good practice to carry out an initial review after 6-8 weeks of receiving care and support followed by an annual review, to check the support the person was receiving support that continued to meet their needs. One person told us they felt like they had to chase the local authority and request a review. Whilst another person told us their family member had received a timely review which resulted in increased support to enable them to go out in the community.

There were mixed responses on the timeliness of reviews, people told us that reviews of care and carers assessments were inconsistent and relied on the person, family or carer to contact the local authority to request a review of care needs/carer assessment. Some providers told us reviews of people’s care were carried out in a timely manner, however, some providers told us they did not always feel included in the review.

Although data demonstrated that there were waiting lists, National data showed people’s experiences were positive in this area and similar to the England average. In the Adult Social Care Survey (ASCS), 84.41% of people said they felt they had control over their daily lives, the national average in England was 77.62%. It showed 66.18% of people were satisfied with their care and support, the England average was 62.72%. The survey showed 48.92% of people reported to have as much social contact as they wanted, which was similar to the England average of 45.56%.

Staff told us they take ownership of their own caseload and monitor their own risk by occasionally contacting people on their caseload to assess risk or any decline or increase in care needs. Staff stated there was currently no official process for assessing risk, some staff told us they felt confident their managers had oversight of this whilst others were not sure of how risk was monitored. Teams such as the Autism Team, Reviewing Team and the Social Care Assessment team had waiting lists. Leaders told us that risk was monitored by a RAG rated system and team managers had oversight of this.

The Social Care Assessment Team supported people with hospital discharge including reablement pathways for further support, virtual ward pathways, community beds, and brain injury specialism pathways. There were waiting lists for most pathways. There was a Discharge to Assess (D2A) bedded unit that supported people with hospital discharge, but this was an interim service funded by the Integrated Care Board (ICB) in order to meet winter pressures and was closed as planned when pressures reduced. Following the closure this meant that people either waited for appropriate services to become available or could be placed in services that were not suitable for their needs due to the availability of beds. Staff told us this could also have an impact on people needing long term care and support in a residential setting as vacancies could be filled with people receiving reablement support. The local authority told us they had invested in Care Journey Coordinators whose role was to bridge the case management for people being discharged from hospital who were not eligible for reablement and required longer term statutory care in the community, this supported people to get home quicker under the “home is best” programme, people would then receive a Care Act assessment in their own home carried out by the Social Care Assessment Team.

The Local Authority had a dedicated Occupational Therapy (OT) team, there were also OTs within the reablement team. The team had unregistered staff called an OT aide to enable some low-level equipment to be installed to reduce need and risk. Whilst this reduced the possible impact delays for equipment could have on people, there were still long delays for a full OT assessment. This meant there could be a risk that people's needs could increase and opportunities to build their ability and independence could be missed. Staff told us people could be waiting up to 12 months for a full OT assessment depending on the person's needs. The local authority told us they had invested in 2 apprentice OTs to support the demand.

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

The feedback about unpaid carers assessments and reviews was mixed. Some people received carers assessments in a timely manner whilst others had been in their caring role for a significant amount of time before receiving a carers assessment. One carer told us, they did not receive a carers assessment despite requesting one and felt this had impacted significantly on their own wellbeing. Another carer told us that the local authority refused to carry out a carers assessment as they were not the main carer for their loved one but provided an extensive amount of support for them and their family, without this support the cared for person would require official support from the local authority.

There was confusion with unpaid carers around who conducted carers assessments and what support was available for them in the community. The local authority commissioned a service via the Carers Centre, however, some carers felt this was not flexible and did not always meet their needs. For example, some carers advised they were unable to attend groups arranged at the carers centre due to their caring role and would have liked a more drop-in style group to enable carers to get together when it was suitable for them and not when groups had been arranged. Unpaid carers told us they felt the lack of flexibility for carers could lead to carer breakdown. Other carers told us they enjoyed going to local carers groups and had met a lot of people who could empathise with their situation and understand the struggles of being a carer.

The Carers Centre completed carers assessments for young carers. However, adult carers assessments were completed by the separate adult social care teams. This caused confusion for some carers when trying to access advice and guidance and identifying who to contact when needed. Unpaid carers told us they found it challenging when needing advice and support for their loved one in an emergency and accessing emergency respite could be difficult. The local authority had identified the need to do more strategic planning around the unpaid carers offer.

The Survey of Adult Carers in England (SACE) data showed 45.59% of carers were satisfied with social services, this was tending towards a positive variation compared to the England average of 36.83%. Whilst this showed the local authority were delivering better outcomes than other local authorities it still meant that over 50% of carers were not satisfied.

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

Staff told us, 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. However, data held by the Local Authority for the first response team did not evidence the amount of people supported with information and advice and the outcomes of this. People were also supported to find advice and information through the Community Wellbeing Hub, outcomes provided by the local authority for the Community Wellbeing hub were positive.

If people received a Care Act assessment and the outcome was that the person had non eligible needs staff told us that they supported those people to access the correct information and right support before closing the case. Staff and partners told us that some of the voluntary and community organisations used to support people with non-eligible needs now had waiting lists due to an increase in demand.

Eligibility decisions for care and support

The local authority had a policy in place outlining the appeals process for eligibility decisions. The local authority website had guidance for people on how to complain regarding care or an eligibility outcome.

Financial assessment and charging policy for care and support

The local authority had a financial assessment and charging policy in place which was accessible to people, however, there was a current waiting list of 145 people waiting for a financial assessment to assess whether they need to contribute to the cost of their care. The median wait for people having a financial assessment was 42 days with the maximum wait 322. The local authority failed to meet their target of completing financial assessments within 28 days however, some delays were beyond their control for example if the persons finances were going through the court of protection. Staff told us they would support people with eligible needs to complete the initial referral form and send this to the finance team who would then complete a full financial assessment. In some cases, the care and support commenced before the financial assessment had been completed to ensure people's needs were being met effectively and reduce risk. The local authority had a system in place to calculate when a person's capital would be dropping below the self-funding threshold. The finance team would then notify the social worker and the person of that date.

Provision of independent advocacy

Access to advocacy was easily available to people who needed it. Staff told us it was more difficult to access advocacy for people placed out of area but was achievable, it just took more time to source an advocate than in the local area. An advocate can help a person express their needs and wishes, weigh up and make decisions about the options available to them. They can help people find services, make sure correct procedures are followed and challenge decisions made by local authorities or other organisations. Partners told us appropriate referrals were made to advocacy organisations and carried out in a timely manner. There were currently no waiting lists for advocacy support.
