# Warrington assessment

**How we assess local authorities.**

Assessment published: 22 May

## About Warrington

### Demographics

Warrington Borough Council is a local authority in the county of Cheshire. It has been a unitary authority since 1998, and the political administration has been Labour since 2011.Elected members represent 22 wards across the borough.

Warrington's population is around 211,580 people. There are 43,468 people aged between 0-17 years (20.54%), 126,997 aged between 18 and 64 years (60.02%) and 41,115 aged over 65 years (19.43%). The over 65 population is anticipated to increase, and projections indicate a 21% rise in people aged 65 and over from 2018 to 2028, and 44% rise in people aged 65 and over in 25 years, from 2018 – 2043. The average age is 42 years, which is slightly higher than the Northwest and England average of 40 and the over 65 population is slightly larger than the England average of 18.61%.

Warrington has a largely white population with 93.52% of people identifying as white. 3.30% identify as Asian/Asian British, 1.58% identify as mixed/multiple, 0.85% identify as other and 0.75% identify as Black/Black British/Caribbean or African. Warrington has an overall health index score of 105.4 which is the 6th highest in the Northwest and slightly higher than England (2015).

Warrington's index of multiple deprivation score is 3 (10 is the most deprived) and they are ranked 110 out of 153 local authorities (1 being the most deprived). Within Warrington the picture is very varied, and there are substantial inequalities, the more deprived areas are in the central areas of Warrington, and the less deprived lie in the outer areas, particularly in the South Warrington wards south of the Manchester Ship Canal.

Warrington is in the NHS Cheshire and Merseyside Integrated Care System along with 9 other local authorities.

### Financial facts

- The local authority estimated that in 2023/24, its total budget would be £340,338,000.00. Its actual spend for that year was £366,920,000.00, which was £26,582,000.00 more than estimated.
- The local authority estimated that it would spend £90,532,000.00 of its total budget on adult social care in 2023/24. Its actual spend for that year was £95,613,000.00 which was £5,081,000.00 more than estimated. In 2023/24 26.06% of the budget was spent on adult social care.
- The local authority has raised the full adult social care precept for 2023/24, with a value of 2%.

- Approximately 3470 people were accessing long-term adult social care support, and approximately 2190 people were accessing short-term adult social care support in 2023/24.

# Overall Summary

## Local Authority rating and quality statement scores

**Requires Improvement: Evidence shows some shortfalls 53%**

## Summary of people's experiences

There was mixed feedback about peoples' experiences of adult social care in Warrington. People talked positively about staff and described them as caring, compassionate and helpful. However, people told us they were frustrated by the length of time they had to wait for adult care assessments, carers assessments, financial assessments, assistive living assessments and equipment.

Some people and their unpaid carers reported they felt listened to and had access to the information that they needed. 27.64% of unpaid carers felt they had control over their life which was somewhat better than England average of 21.53%. In contrast, other people felt disengaged and not involved in their assessments and reported that information was not always given to them. For example, one young adult told us information about their needs was gathered from and sent to their parent carer instead of directly to them. 64.32% of unpaid carers for people with care and support needs reported having easy access to information and 89.32% found that information helpful which was somewhat better than England averages of 59.06% and 85.22% respectively.

People reported a lack of local services or access to activities for their personal interests. One person who was drawing on care and support described the local authority's approach as lacking choice for their personal interests. This aligned with national survey data relating to the experiences of people in Warrington. National data showed 55.63% of people reported that they spent time doing things they valued or enjoyed, this was significantly worse than the England average of 69.09%. Additionally, 63.51% of people who used services and felt they had choice over services, was somewhat worse than the England average of 70.28%. There were also less people in Warrington (20.11%) who had a direct payment which was worse than the England average (26.22%). This meant people were potentially less able to choose bespoke support options over their care and support in a way which worked for them. For example, direct payments were often used to hire personal assistants or to purchase one-off services and equipment which promoted independence.

Some people told us they were happy and relieved that they received continuity with the same workers being allocated to support them when they needed it. In contrast some people told us they did not have an allocated worker and did not know who to contact in an emergency. Therefore, there was more to be done to ensure people received a similar experience when contacting and being supported by the local authority.

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

The local authority had recently improved the way they collate and use data and could therefore monitor performance and quality of practice and services they offer in a more informed way. There were processes in place for monitoring and working with their commissioned and internal provider services, and mechanisms in place for gathering feedback from people using services.

The local authority was launching a new practice model, and new strategies were heavily focused on an early intervention and prevention approach. The local authority had numerous plans as part of the roll out of this approach, including identifying and prioritising people who need care the most. They were committed to a co-production approach going forward and while there was mixed feedback from partners regarding the effectiveness and understanding from the local authority with regards to true co-production, they had started to evidence this approach within new strategies such as their carers strategy. Partners reported seeing a positive shift in the local authority approach with regards to co-production and hoped this would continue.

The local authority had gathered information from various sources and workstreams such as the Census and their Joint Strategic Needs Assessments and were informed regarding the demographics and inequalities across Warrington. Work was moving forward now to focus on how to tackle those inequalities. This work was in the early phases, and it was not yet possible to look at the impact for the people in Warrington.

Staff told us they were committed to person-centred and strength-based approaches, however processes including monitoring, audits and learning did not always evidence this. For example, workers not sending care act assessment correspondence to the individual in an accessible format for them but rather sending it to the parent carer in standard format. The local authority was therefore unable to consistently evidence they were involving the individual or were giving a copy of the care and support plan to that individual as required by The Care Act. There was a lack of accessible resources for people who needed adjusted correspondence or communication, but this was an area of current focus for the local authority.

Assessments and reviews were not always timely and while this has been an area of focus for the local authority, they had used mostly temporary resources to address this area of concern and need to initiate a long-term solution for their wait lists to ensure people are being assessed and reviewed in a timely way. People with a learning disability, autism or neurodiverse needs were waiting longer for assessments and reviews than other people which was not equitable.

Safeguarding processes in Warrington were complex and was cause for concern. There were many routes a safeguarding concern could be reported including directly to a worker. There were no processes in place for identifying safeguarding concerns being reported to an absent worker which could result in a safeguarding concern being missed. There was an online portal process for partners to refer safeguarding concerns to the local authority. However, reported concerns were being triaged digitally depending on the answers given by the referrer and could result in safeguarding concerns being closed inappropriately. The process for causing partners to undertake Section 42 enquiries was not effectively monitored and therefore the local authority could not be assured that for those referrals

being managed by a third party, immediate risks to people using services or in hospital were addressed.

There were gaps in services across Warrington, but the local authority appeared to have a good handle on where the gaps were and knew where they needed to grow provision. Some partners told us the local authority was not working with them in shaping the market and this needed to be better established. The local authority had plans to address gaps in the market, an example being the purchase and development of the Peace Centre for post 19 learning, internships and activities.

The local authority had leadership and governance structures in place with multiple boards, forums and networks to manage identified risks. The effectiveness of governance was not always evident as some concerns had not been recognised before being identified by third parties, such as the safeguarding process (identified by CQC) and concerns with the out of hours process.

The local authority had learning and development opportunities for staff, but it was acknowledged there were gaps in training that needed to be refreshed including Care Act training, particularly for non-registered staff. Staff talked positively about career progression and the encouragement that was given to them from managers and leaders.

The local authority had mechanisms in place for learning from safeguarding adult's reviews complaints and identifying themes and trends within quality trackers which were used to identify where changes and improvements were needed.

## Theme 1: How the local authority works with people

This theme includes these quality statements:

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

We may not always review all quality statements during every assessment.

## Assessing needs

### Score:

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

People could easily access the local authority's care and support services through multiple channels, including, telephone, online, face to face drop-in centres, and self-assessment options. There were 4 entry points into adult social care, these were via the front door, intermediate care, urgent community response and preparation for adulthood. In addition to these points of entry, there was an out of hours service that deals with social care emergencies only. The local authority web pages detailed information for assessments and care act eligibility criteria for care and support.

The approach to assessment and care planning was not always person-centred and strength based. There was an inconsistent understanding around strength-based practice. For example, staff tended to describe skill sets within their teams rather than strength or asset-based way of working with people and unpaid carers to identify what they could do or had access to meet their needs and improve their individual wellbeing. In contrast, there was some good examples of person centred practice such as working to support parent carers to understand and accept the young person was transitioning from childrens

services into adulthood and that it was essential for decisions to reflect the young persons wishes.

Staff told us they adopt a holistic approach in their adult conversations (assessments), ensuring that all relevant information was captured, and all relevant professionals are involved, including those addressing health and social care needs. However. this was not always evident in the recording of people's assessments. In documents reviewed, there were gaps for people with care and support needs and their personal details and individual risks. More could be done to ensure the persons voice, wishes and choices were captured within their assessments and plans. There was evidence of multi-disciplinary working with partners, however there were gaps in how health and social care needs could be managed and met interchangeably. For example, the impact on health conditions affecting peoples social care needs such as Parkinsons, Epilepsy and Anxiety was not captured within assessments viewed. Without assessing and planning around peoples' individual needs this could impact on an individual's wellbeing and leave gaps around the support they require.

Staff told us that cases were allocated to staff by skills, experience and whether the person was previously known to the worker, so they had more consistency in demonstrating a person-centred approach. They gave an example of a person who had recently had a change in need and needed another review of their circumstances which was allocated to the same worker. The person expressed how grateful they were to have the same social worker, so they did not have to 'start again'. This approach was also applied, where possible, to people who were in hospital.

Staff told us they use a strength-based approach, beginning each assessment by recording the individual's strengths in various outcome areas, as well as those within their communities and families. One person we spoke with told us that while they were asked at their assessment what they would like to do with their time, when it came to what was actually available, it was not what they were interested in, they said it felt like a 'one size fits all' approach. A young adult we spoke with experienced a lack of engagement during the assessment process. They told us that information was primarily gathered from their parent instead of directly from them. Accessible information was not provided to them, instead it was offered in a standard format for their parent, despite the young adult saying how they preferred information to be presented to them and actively participating in the meeting. Another young adult we spoke with had difficulty engaging in the meeting and the information gathered for this individual was clearly collated from the parent. It was not evident that every effort had been made to ensure that person was involved in the assessment as required by the Care Act and therefore did not evidence person-centred practice, human rights, or respect for protected characteristics under the Equality Act 2010.

Data from the Adult Social Care Survey (ASCS) between April 2023 and March 2024, published in October 2024 found that 60.61% of people were satisfied with their care and support, 76.06% of people felt they had control over their daily life and 44.72% of people reported they had as much social contact as they wanted with people they like. These percentages were similar to the England averages of 62.72%, 77.62% and 45.56% respectively.

The local authority had various assessment teams who carried out different assessments, including specialist assessment teams. They recently returned to a specialist model for teams in adult social care which included 4 locality teams, 2 mental health teams, a learning disability team, a sensory physical and neurological team, a preparation for adulthood team, a targeted review and a carers team. In addition to these teams there were first response, mental health outreach and out of hours teams. The aim of returning to this model was to provide areas of expertise and a more person centred approach with the necessary skills and experience to meet their duties under the Care Act. Staff told us that they valued having peers to consult in specialist areas and that this had a positive impact on the assessment for people's needs with enhanced knowledge in areas of need such as learning disability support, including what services there were, particularly in the community sector, to meet the needs identified.

### Timeliness of assessments, care planning and reviews

Assessments and care planning arrangements were not always timely or up to date. There were waiting lists for people needing assessments and reviews. Most of the waiting lists had reduced in the last 12 months, this was largely down to a targeted review team which leaders told us, had been made a permanent team.

The local authority provided us with data for waiting lists from the 30 October 2024. This showed that there were 87 people waiting for adult conversations (assessments), 5 people waiting for preparation for adulthood conversations and 20 people waiting for adult conversations post the discharge to assess pathway ending. The median wait time for an adult conversation was 33 days, the shortest was 5 days and the longest 232 days. The longest wait was due to a person transitioning from self-funding to local authority funding but had not yet come under the threshold. The median wait time for a preparing for adulthood conversation was 37 days with the shortest being 8 days and the longest 50 days. The median wait time for an adult conversation post discharge to assess pathway was 17 days with the shortest being 7 days and the longest 31 days.

The Adult Social Care Finance Report (ASCFR)/Short and Long Term Support (SALT) data for 1 April 2023 to 31 March 2024, showed that 73.02% of people in Warrington had their long-term support needs reviewed. This was somewhat better than the England average of 58.77%. As of November 2024, there were a total of 384 people waiting for reviews. The median wait time for a planned review was 117 days overdue (past the 12 months annual review date). The shortest wait time was 3 days and the longest was 904 days. Leaders told us that improving the waiting times for overdue reviews had been a priority. The longest outstanding review for the locality teams was 251 days. This was an improvement from May 2024 where the median wait time for a review was 220 and the longest overdue review was 1429 days. There was mixed feedback from partners with regards to timeliness of assessments and reviews. There was positive feedback given around the responsiveness of the mental health teams. However, there was negative feedback regarding the timeliness of planned reviews and a theme throughout was that partners were not given the opportunity to be involved in the reviews or communicated with following reviews.

There was investment for a small review team for the locality teams to undertake their overdue reviews. This was in place from October 2023 for 12 months which helped reduce

wait lists for reviews. Following the success of this short-term project, leaders told us it had been agreed to use some of the staff posts in the locality teams to focus solely on reviews to prevent the wait lists increasing again. Leaders told us an area of priority was with the reviews with the Learning Disability Team and the Sensory, Physical and Neurological Team as they had the highest number of people waiting for a review. There had been improvement with overdue reviews, as evident in the local authority's data where the median wait has reduced from 220 days in May 2024 to 117 days in October 2024, and the longest wait from 1736 days in May to 904 days in October.

There were 101 people receiving 24-hour care out of borough. The local authority had processes to monitor the people and their overdue reviews, according to their data people waiting for a yearly review had dropped in the fourth quarter of 2023-2024, from 34 to 19 indicating more timely reviews for people placed out of area.

The local authority had waiting lists for their sensory and telecare, assistive living and care call assessments. From the 31 October 2024 there were 426 instances of people waiting for 3 different types of service. Staff and leaders told us this was mainly because of staff vacancies within the services. Leaders told us that the sensory and telecare waiting list and times had reduced from June 2024 and continued to do so after some targeted work with the team. This improved position was because the team had been fully recruited to and work undertaken to streamline screening documentation, allowing for basic telecare items to go straight to install without requiring full assessment.

The local authority was acting to manage and reduce waiting times for assessments and care planning with various short and long term interventions such as targeted review work and additional agency staff. Leaders advised us that agency staff were only used in relation to discharge to assess work. The local authority implemented a 'Waiting Well', approach for people who were placed on waiting lists to reduce risks to peoples' wellbeing whilst waiting for assessments by identifying if their needs had changed This involved contacting people who were waiting, at set time frames, which was service specific and used a priority tool to decide the level of risk (Red, Amber, Green- RAG rating). People's referrals were re-triaged if necessary, for example if individual circumstances changed. Staff told us they had received positive feedback from people using services regarding their waiting well process. However, some people we spoke with expressed concern over the time delay for assessments and unpaid carers did not recall being contacted as part of the waiting well process with one carer stating they waited 6 months for an assessment and did not hear back from the service for another 18 months after that.

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

There were 61 people waiting for carers assessments as of the 31 October 2024. The median wait time for a carers assessment was 58 days with the shortest being 10 days and the longest being 143 days. The number of people waiting for a carers assessment had slightly reduced from June 2024 where 70 people were waiting for an assessment. However, the median and longest wait times had increased since June 2024 from 54 days and 131 days respectively.

The local authority had a dedicated carers team, and both locality and front door teams also conducted carers assessments. The carers support team undertook assessments

when there was no allocated worker, and they conducted all carers reviews. Assessments, support plans and reviews for unpaid carers were not always undertaken separately. Staff typically completed assessments during adult conversations (for the cared for). This contrasted with the local authority carers support team specification which emphasised that a carers assessment should be completed with the carer at the centre, separately to the adult conversation. Staff told us they gave unpaid carers the option of having a separate carers assessment and explained the benefits and draw backs of both. Staff said there had been a significant focus to complete carers assessments over the past year.

Data taken from the Survey of Adult Carers between 1 April 2023 and 31 March 2024 and published in June 2024 showed the percentage of carers accessing support to keep them in employment in Warrington was 1.15% which was somewhat worse than the England average of 2.79%. However, the percentage of carers not in paid employment because of caring was 21.77% which was somewhat better than the England average of 26.70%. The number of carers accessing support groups or someone to talk to in confidence was 30.45% which was similar to the England average, however the number of carers accessing training for carers was 1.12% which was significantly worse than the England average of 4.30%. This was corroborated by feedback from carers because several carers told us that they were invited to forums and groups but could not go because they could not leave their cared for person.

The percentage of carers who felt involved or consulted as much as they want to be, felt encouraged and supported, and had enough time to care for the people they were responsible for, was 66.50% which was similar to the England average. There was mixed feedback from carers with regards to feeling involved and listened to. Some carers told us they were able to live their life as they wished because of the support they received, and they spoke positively about staff undertaking assessments being compassionate and caring. However, some told us they did not feel listened to, that their carers assessment was more focused on the cared for person, or focused on financial implications as opposed to their caring role and several carers told us they could not live their life as they wanted to because of their caring responsibilities and that no difference had been made by their carers assessment. Some carers told us that they were not offered a carers assessment when their cared for person had been assessed for support.

The percentage of carers who reported they had as much social contact as they desired was 40.38% which was somewhat better than the England average of 30.02%. The percentage of carers who were satisfied with social services or were experiencing financial difficulties because of caring was similar to the England average. One carer said the local authority had been helpful in putting them in touch with Citizens Advice in order to assist them in applying for benefits.

Most unpaid carers told us that they received information regarding their assessments before their assessment. National data from the Survey of Adult Carers in England for 2023/24 showed that 89.32% of carers found information and advice helpful. This was slightly better than the England average of 85.22%. Although some carers reported feeling overwhelmed by the amount of information. 64.32% of carers found it easy to access information and advice. This was slightly better than the England average of 59.06%. Carers said staff were supportive and flexible in their approach. Some knew who they could contact in an emergency, and some said they would not know who to contact or

what to do if they could no longer care. One carer told us that the rising needs of the person they care for was affecting their mental well-being and their ability to manage daily tasks, including taking medication and they didn't know how to seek a review. Therefore, more needed to be done to ensure unpaid carers received tailored and timely support to reduce risks to their wellbeing and prevent any unnecessary crisis situations.

## 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. Warrington's Health and Wellbeing Strategy was called "Living Well in Warrington". This set out the local authority plan for Warrington as a place where people all work together to improve collective health and wellbeing.

The 'living well hub' was a face to face drop-in centre anyone could attend and aimed to help people look after themselves, live happy, healthy and independent lives. There were also 'Talking Points' across the borough where people could go to get friendly, face to face information, support, and guidance to stay well. Through the 'living well hub' and 'talking points', 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. Staff were aware of community offers to support people with non-eligible needs, examples included a variety of groups, signposting to the wellbeing service and support with financial queries.

A good example of support for people who may not have eligible support needs was the mental health outreach service. Individuals accessing the mental health outreach service could access a variety of groups, such as 'Creative Remedies', where a mental health support worker worked with a paid artist every Wednesday. Other offerings included debt advice sessions, drama, and media groups. Residents of Warrington aged 18 and over, regardless of their engagement with the team, could participate in these groups, including those without access to public funds.

## Eligibility decisions for care and support

The local authority clearly set out eligibility criteria for care and support on their website and had Care Act eligibility guidance for staff to follow which was in line with the Care Act criteria.

The adult conversations (assessments) undertaken determined whether somebody was eligible for care and support. The local authority's digital recording system supported staff to apply the 3 conditions set out within the Care Act. Leaders told us they would expect registered members of staff (social workers and occupational therapists) to understand Care Act eligibility, however, they recognised the need to introduce more robust Care Act training and refresher Care Act training for all staff to ensure a consistent and confident workforce. Managers undertook case audits quarterly which included practice standard measures against Care Act eligibility and how this was being applied, if issues were identified with the application of care act eligibility, they were addressed during staff supervisions.

## Financial assessment and charging policy for care and support

The local authority had a framework for assessing and charging adults for care and support. Processes supported referrals for financial assessments and information was available for people with care and support needs including fact sheets with regards to paying for care. There had been 7 instances in the last 12 months where complaints and appeals had resulted in relinquished care costs for people. Leaders told us there had been learning and reviews from each of these instances and changes had been put in place, including an induction opportunity for all new staff to meet with the finance team to discuss their processes, and updated internal financial assessment guidance. The local authority was planning a review to investigate the reasons for these situations moving forward.

Financial decisions were not always timely. As of 29 October 2024, there were 284 people waiting for a financial assessment. The median wait time was 32 days, the shortest was 5 days and the longest was 124 days. Partners raised concerns about delays for financial assessments and the impact this has for people with or waiting for services. Partners told us this was an area of concern that was frequently raised with them which they passed on to the local authority.

Staff told us delays in financial assessments had an impact on people because they were reluctant to accept care if they did not know how much it would cost them. Staff told us financial assessments were prioritised for people wanting direct payments over traditional services which was not equitable.

Leaders told us that the financial assessment team aimed to complete assessments within 8 weeks of notification. The service did prioritise urgent financial assessments where required, including where an individual's funds have dropped to threshold. Leaders told us financial assessments were an area of priority, and a significant amount of work had taken place over the past 12-18 months to improve the waiting time. This included (but was not limited to) staff training, developments of checklists and creation of a performance dashboard. The waiting lists had reduced but senior leaders and staff told us because of staff sickness absences they had recently increased again.

## Provision of independent advocacy

Independent advocacy support was available to help people participate fully in care assessments and care planning processes.

The local authority commissioned a local service to carry out statutory and non-statutory advocacy contracts in Warrington. Advocacy services were usually timely, independent and were available to help people participate fully in care assessments and care planning processes. Staff spoke highly of the independent advocacy services and described excellent working relationships. Staff told us they had access to training and had created easy read documentation for people who needed this. However, this needed further work as it was difficult to understand with conflicting images. Leaders told us this was an area of focus to develop this more in the near future.

Partners said that advocacy support in Warrington was positive and enabled people to have a voice. However, there were low referral numbers and of those referred access was sometimes delayed because referrals were not being completed until the adult conversations were taking place and the local authority had a waiting list for this. The local

authority’s data for the number of people supported from April 2023 to March 2024 showed a 15.5% increase from the year before.

## Supporting people to lead healthier lives

### Score:

3 - Evidence shows a good standard

### What people expect:

I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.

I am supported to plan ahead for important changes in my life that I can anticipate.

### The local authority commitment:

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives and where possible, reduce future needs for care and support

Key findings for this quality statement

#### Arrangements to prevent, delay or reduce needs for care and support

The local authority had a clear focus on moving towards early intervention and prevention. The promotion of wellbeing principles, strength-based practices and positive risk-taking approaches were within their core strategies including the corporate strategy 2023-2024 and the health and well-being strategy 2024-2028. The health and wellbeing strategy described the emphasis on living well and listed a range of preventative services available in the statutory, voluntary, and community sectors. It was cohesive, relevant and tightly focused on working at community level to ensure good outcomes for the people of Warrington. The strategy also outlined the local authority's legal responsibilities under the Care Act and described its local response with the Warrington Together Partnership.

The local authority worked with people, partners and the local community to make available a range of services, facilities, resources and other measures to promote independence, and to prevent, delay or reduce the need for care and support. Examples of community support included the Living Well Hub and ‘Talking Points’. These offered a range of support, which was open to the public (regardless of Care Act eligibility). They incorporated a range of services to support people with mental health needs, people living with a diagnosis of a dementia, pension advice, physical disability partnerships, the carers hub, Parkinsons support among many more.

Partners told us that the local authority worked with them to provide some prevention services across the borough. Examples included working with people who were at risk of or have had falls, a good neighbour scheme and practical support such as helping people get to health appointments. They had received positive feedback from people who really valued this community support which evidenced the positive impact these services were having on wellbeing for people across Warrington.

Leaders told us that a new Joint Strategic Needs Assessments (JSNA) for older people, who were most represented within adult social care, was in its final stages of completion, and it would highlight the importance of prevention and crises avoidance. Information from the new JSNA would feed into Warrington's Aging Well and Health and Wellbeing strategies to ensure the strategies are in line with Warrington's identified needs.

Leaders told us there had been a history of 'oversubscription' for care services in Warrington and their new strength-based model was aiming to change this culture to prevention and early intervention and to take partners along the journey with them. Staff told us about a culture shift in their approach to working with people, moving from traditionally looking for care services to keep people at home to a more holistic preventative approach.

The local authority was taking steps to identify people with needs for care and support that were not being met. There was current work underway between public health and adult social care to identify inequalities and develop targeted support for people who needed it the most. The local authority commissioning strategy detailed how they aim to develop outreach services to enable people to stay at home and increase targeted respite for young adults with learning disabilities, autism, and dementia to support carers to do things they value and enjoy and reduce the risk of carers breakdown.

Data from the Adult Social Care Survey collated between 1 April 2023 and 31 March 2024 and published in October 2024 showed that 55.63% of people using adult social care services in Warrington reported that they spend their time doing things they value or enjoy, this was significantly worse than the England average of 69.09%. 55.63% of people using adult care services in Warrington reported that help and support makes them feel better about themselves, this was also somewhat worse than the England average of 62.48%. This would suggest that the local authority needed to assess and gather more information in how they can support people to lead healthy independent lives because people who think and feel positively about themselves are less likely to require further needs for care and support.

The local authority's vision for adult social care was underpinned by a strengths-based approach, focusing on reablement, recovery & independence. This was supported by a 50% increase in short term interventions to individuals between 2021-2023, the majority of which were to support more discharges from hospital. The Adult Social Care Outcomes Framework data, collated between 1 April 2022 and 31 March 2023 and published in December 2023 showed 79.21% of people who received short term support in Warrington no longer required support, this was similar to the England average of 77.55% and demonstrated a positive impact for people maintaining independence in the community.

Warrington's Carers Strategy was in the latter stages of being updated for 2025-2028. It was co-produced with partners and people with lived experiences. It detailed plans for engaging unpaid carers and the wider public in talking events to raise awareness and identify previously unidentified carers. The carers hub provided a main point of access for all adult and young unpaid carers and provided information, advice, and support services. The data from the Survey of Adult Carers in England collated between 1 April 2023 and 31 March 2024 and published in June 2024 showed that in Warrington 21.14% of carers reported they were able to spend time doing what they enjoyed, this was somewhat better than the England average of 15.97%. 89.32% of carers found the information and advice

they had been given by Warrington helpful; this was also somewhat better than the England average of 85.22%. Most carers we spoke with confirmed they had been given useful information as part of their assessment.

## Provision and impact of intermediate care and reablement services

The local authority worked with partners to provide intermediate care and reablement services that promoted people's independence. Warrington's intermediate tier service was an integrated health and social care 'step-up, step-down' service which served as a bridge between acute hospital care and community-based services. It offered specialised support with the aim of keeping people living well at home for longer. It was a multi-disciplinary offer with a workforce employed from either Warrington Borough Council, Bridgewater Community Healthcare Foundation Trust and Warrington and Halton Hospital Foundation Trust. Services within the intermediate tier include Urgent Community Response, Intermediate Care at Home, Intermediate Care Beds, Assisted Living and Sensory, equipment and adaptations, One Front door, Technology Enabled Care, Care Call and Telecare, and the Transfer of Care Hub. Staff told us that the collaborative working between the local authority and health partners was a real strength.

The intermediate tier had expanded over the last 3 years to improve outcomes for more people in maximising their levels of independence. From April 2022 to April 2024 according to the local authority's own data there was a 25% increase in the number of people receiving Intermediate Care at Home and a 50% increase in the number of short-term interventions for individuals mainly on discharge from hospital which demonstrated their focus on promoting independence. Data from the Adult Social Care Outcomes Framework and Short and Long Term Support between1 April 2022 and 31 March 2023 showed a positive impact for people in Warrington as 4.86% of people aged 65 years and over received reablement or rehabilitation services after discharge from hospital, this was better than the England average and showed people (age 65+) in Warrington were given better opportunities to maximise their independence than the England average of 2.91%. 82.81% of people aged 65 years and over were still at home 91 days after discharge from hospital with reablement/rehabilitation, this was similar to the England average and indicates that reablement and rehabilitation services are having a positive impact on supporting people to remain at home and lead healthier more independent lives.

## Access to equipment and home adaptations

The local authority's assisted living and sensory teams provided professional advice and specialist assessments for equipment, adaptations including access to Disabled Facilities Grants and housing recommendations. They also had a Rehabilitation Officer for Visual Impairment (ROVI). The ROVI identified any issues or problems that a person could be having and put in place professional rehabilitation interventions to help the person live as independently as possible with visual loss or dual sensory loss. The primary aim of the service was to enable people to reach their optimum level of independence, maintain safety, maximise quality of life and promote dignity.

The assisted living service was a local authority employed Occupational Therapy service, providing small aids and equipment, and the assessment & commissioning of long-term

adaptations supporting people in both the intermediate tier and core social work teams. The local authority told us that due to a national shortage of Occupational Therapists and vacancies within the team, demand was outstripping capacity leading to waiting lists for these services. Assessments and provision of equipment were not always timely. According to local authority's data there were 196 people waiting for a sensory and telecare assessment (as of 31 October 2024) with a median wait time of 98 days. There were 219 people waiting for assistive living assessments and support with a median wait of 26 days. However, there was no wait for ''Care Call'' (portable alarm that is used to raise an alarm or call for help) which reduced the risk and impact for people whilst they were waiting for other assessments.

Partners expressed concerns for the length of time people can wait for adaptations. They told us that one person waited over 2 years for a ramp to be installed for a person who required this to get in and out of their own home safely and independently. The local authority was working on plans to use more creative ways for people to access equipment without the need for an assessment, including alternative pathways at the Front Door and the promotion of 'self-serve offers'. They had already implemented a self-serve assessment tool on the local authority website which was called 'ASKSARA' this asked people who could use the tool a series of questions and signposted the user to suggested equipment or further advice or support networks.

### Provision of accessible information and advice

There were many hubs and sources of advice for people such as the living well hub, the carers hub and talking points, these all relied mostly on people attending them or contacting them to access information and advice in a format that suited them. The local authority website had a function to select a wide range of languages which provided a good gateway for people who could access the internet needing information in a different language. However, there was not always easy access to adjusted personalised communication or resources for people whose first language was not English, or for people who required information to be provided in Braille.

Staff told us that they had recently been working with a local advocacy service who supported them to create easy read documentation for some of their resources. However, more needed to be done to ensure people using the documents found them accessible. Images did not always add context to the text, for example, there was a picture of a shower over a cooker. Some staff told us that they needed to utilise support from a volunteer from a community centre to translate information from an information booklet into Polish for them because this was not readily available to them. Partners told us that they were not aware of the local authority making reasonable adjustments for information and correspondence being sent to people with visual impairments. They also stated that there was a barrier for older people who may struggle to read letters, use telephones and digital technology. However, leaders told us for those people known to the Visual Impairment Team there was options available to ensure appropriate adjustments and tools were in place. The local authority acknowledged barriers to access to information and senior leaders told us there were plans to address this. A young person with a learning disability told us that correspondence was sent to their parents and not to them in a format they could understand. Therefore, there was more to be done to ensure people had access to

information and advice which suited their own needs in ways that worked for them. Data from the Adult Social Care Survey and Survey of Adult Carers in England between 1 April 2023 and 31 March 2024 showed 59.63% of people using services in Warrington found it easy to find information about support, this was somewhat worse than the England average of 67.12% and represents the feedback from people and partners. However, 64.32% of carers in Warrington found it easy to access information and advice which was somewhat better than the England average of 59.06%.

## Direct payments

Data from the Adult Social Care Outcomes Framework (1 April 2023 to 31 March 2024) showed the uptake of direct payments in Warrington was 20.11% which was worse than the England average of 26.22%. However, according to the local authority's data, 50 people stopped using direct payments in the last 12 months with the most common reason being because they had moved into 24-hour care or passed away. The local authority conducted a review of direct payments in 2023 and found there were local circumstances for the low uptake of direct payments which included family and social connections in the borough being strong. They also recognised that not enough promotion for the use of direct payments had been undertaken locally. In response to this, leaders told us they had taken steps to increase promotion and uptake of this service such as the use of social media which was proposed through consultation and co-production with people with lived experience. They also provided more engagement with parent carers around the recruitment of Personal Assistants (PAs), a previous recognised challenge. They attempted to create a Personal Assistant portal that placed PAs in touch with people, but for technical reasons this was not successful, therefore they resorted to using a dedicated social media group which may have accessible implications for people without the use of social media. The local authority stated that through making direct payments more accessible they could evidence a 12% increase in the uptake of direct payment from 2022/23 to 2023/24 which demonstrated a positive impact for supporting independence.

Staff were knowledgeable about direct payments and gave some good examples of supporting people using direct payments creatively to meet their individual care and support needs. Unpaid carers who had received direct payments spoke positively about them, but others had declined the offer of a direct payment because they felt it was too complicated.

The local authority had further planned to increase uptake of direct payments going forward, these included the development of community catalysts to help grow the smaller care provider market and support people to both access and be involved in the development of these. They were also developing a pool of personal assistants for people who are visually impaired. They had collated data and broken down the support needed and method of delivery, including age and ethnicity groups and planned to use this data to inform improvements in the uptake of directs payments.

## Equity in experience and outcomes

### Score:

2 - Evidence shows some shortfalls

### What people expect:

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 actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

### Key findings for this quality statement

#### Understanding and reducing barriers to care and support and reducing inequalities

The local authority produced an equality duty report 2023-24 which used data to show the population and demographic profile in Warrington including people's protected characteristics. There was also a Joint Strategic Needs Assessments (JSNA), dated 2022, which was detailed in the core demographic population of Warrington. While the local authority understood its local population and profile of demographics, there was limited detail for the local authority's actions in tackling inequalities within Warrington. This was an area of current development for the local authority and Warrington's position statement acknowledged this as work in progress to improve and rebuild consistency of approach and strategy for equality, diversity, and inclusion.

Population studies show that Warrington had an above average older population. A summary of ethnicity and language showed 88% of the population in Warrington was white British; the next highest population was white European (5.4%), mainly people from eastern Europe. The remaining population was evenly split between, Asian, Black, and mixed ethnic groups. There were identified inequalities in life expectancy which had been linked to socio-economic deprivation. Comparing the highest and lowest life expectancy at ward level, there was a gap of 9.7 years for males, and 10 years for females. The pattern had not changed significantly in recent years. Mortality rates were significantly higher in the more deprived areas of the borough.

The local authority's adult social care department was working with the public health department to understand inequalities in communities. Leaders told us the intention was to coproduce plans with people with lived experience, to respond to inequalities across Warrington, but this had not yet been completed. Planning and information gathering had started with the ongoing analysis of Warrington's health and wellbeing survey data, which

was a comprehensive, large-scale survey undertaken in 2023. Though the return percentage was small (8%), this still equated to 4,932 completed surveys which were returned. From this, four thematic analysis reports were generated, relating to general health, emotional wellbeing and finance, neighbourhoods, and communities. A fifth, on access to health services, was being finalised with health colleagues.

There were strategies and equality impact assessments in final draft forms such as the carers strategy 2025-2028 and the accompanying equality impact assessment which identified that carers are defined as a protected characteristic and the strategy was a planned response to include all unpaid carers in Warrington (including those who don't identify themselves as a carer). Other strategies incorporating plans to embed equality, diversity and inclusion included the health and wellbeing strategy and the learning disability and autism strategy. Warrington's Position Statement dated June 2024 identified 3 key priorities for improvement in equality, diversity, and inclusion across adult social care. These were knowledge, insight and feedback from communities needing and using services, support and services being accessible and inclusive, and the workforce reflecting diversity and being informed.

The local authority had a Co-Production Steering Group and an Adult Social Care Equality, Diversity, and Inclusion (EDI) Network to steer adult social care's approach to equality, diversity, and inclusion and to ensure people with lived experiences of inequalities had a voice. A leader from adult social care was part of the anti-racist practice strategic group. Leaders told us each of the groups were committed to ensuring that the voices of seldom-heard groups, or people who face barriers to involvement, were heard. However, there was little evidence for the impact of these groups.

Leaders told us that they collated data for peoples' protected characteristics in Warrington and areas of work for supporting and assessing this work was in development. There was a member of staff leading on working with community links and community groups in assessing needs and developing this support. It was acknowledged by the local authority that more development was needed to build on relationships with smaller voluntary and charity sector groups that represented people who were seldom heard. One leader told us how they had started to prioritise this, and the local authority had volunteered take part in a pilot study next year for assessing LGBTQ+ in adult social care in partnership with a higher education partner.

Staff told us that during conversations (assessments), they remained aware of disadvantaged groups and actively seek to connect with marginalised individuals. For example, one staff member highlighted a case involving a young adult who had recently moved from a country outside of the UK to Warrington with their family. Although this individual had not received assistance from children's services, staff could recognise, through their presence in colleges, that they could benefit from social services support, and they supported the young adult to achieve their goals.

There was mixed feedback from partners around how the local authority worked with them to understand and reduce barriers to care and support and reduce inequalities. Some partners told us they worked with the local authority to identify inequalities across Warrington, in contrast, other partners told us further work was needed from the local authority to tackle inequalities. One partner told us the local authority lacked understanding for how to approach this from an equitable lens. They also told us that the needs of seldom

heard groups are met outside of Warrington and gave examples of LGBT and traveller groups seeking support from neighbouring authorities. However, leaders told us there was a Gypsy, Roma and Traveller service which was a pan-Cheshire service who were commissioned to provide support across Warrington. Partners told us there were differing challenges that were being faced by people in the community a lot of them were embedded in cost of living, poverty, and housing. An area which they identified as a new challenge was the shift in population in terms of demographics in last 4 years. They told us they had seen an increase in the number of refugees and asylum seekers in the communities and the responsiveness from the Local Authority in these areas of concern was limited in terms of proactively assessing needs and providing support for this group of people. However, some partners did acknowledge the local authority had become more aware of these issues in the past 6 months and there was a sense of responsiveness. Leaders told us they were acting on this including funding towards the Citizens Advice Bureau to target welfare and support. There had also been development of 'Talking Points' across the local authority. The main areas people had sought help with included money advice, mental and emotional wellbeing, housing issues and independence at home.

The local authority supported their staff to understand equality, diversity, and inclusion. Staff had access to cultural humility and social graces training, there was an established anti-racist practitioner forum, and a staff equality diversity and inclusion forum which was focussed on anti-discriminatory practice.

There was a clear corporate focus for the local authority in identifying areas of inequalities across Warrington which was evident from the work being carried out by the public health department. However, there was more to be done to link the work into adult social care to ensure it made a positive impact on people with care and support needs. The detail between the identified inequalities in Warrington and tackling those inequalities has not yet been established. The local authority was in the 'gathering of information' phase which was being used to inform their new strategies. However, at the time of the assessment, there was little evidence for the impact of the local authority proactively engaging with the people and groups where inequalities had been identified and a lack of evidence to show what actions the local authority were taking to address specific risks and issues experienced by seldom heard groups. Senior leaders told us this was an area of focus going forward.

## Inclusion and accessibility arrangements

Staff supporting people with care and support needs could access translation, interpretation and transcription services for people whose first language was not spoken English and services were readily available without delay. The local authority made more than 1400 bookings for translation or transcription services from April to September 2023, noting popular use of Polish, Romanian, Kurdish, Tamil, Arabic, Urdu, and Lithuanian languages and British Sign Language.

The local authority website provided a choice of languages to read information online the website also allowed a zoom in of 400%, the ability to navigate it using just a keyboard or speech recognition software and the ability to listen to most of the website using screen reader. The website did have some restrictions such as not allowing colour changes or contrasting fonts to support the visually impaired and some video streams did not have

captions or work with read aloud software. However, there was an accessibility statement which explained how to contact the local authority for specific formats and further advice.

Staff told us they call upon experts to support with communication where necessary, an example was given of support requested from a speech and language therapists to support communication for somebody who had a stroke.

Some staff reported that there were a lack of readily available translated documents and that people using services were sometimes reliant on relatives to translate documents for them. Staff also reported using volunteers from community centres to translate resources for them that were not readily available. Some people told us that their preferred form of communication was used, and some told us that it wasn't. For example, a person with learning disabilities communicated with their social worker using pictorial cards. However, another young person with learning disabilities said all communication/correspondence was sent to their parent in standard format, instead of to them in easy read as requested.

The local authority was aware that further work was required to ensure everyone has access to communication in a format that would be best for them. They were working to get basic templates for all main areas of social care so that they are available and easily accessible as well as converting fact sheets into easy read versions.

## Theme 2: Providing support

This theme includes these quality statements:

- Care provision, integration and continuity
- Partnerships and communities

We may not always review all quality statements during every assessment.

## Care provision, integration and continuity

### Score:

2 - Evidence shows some shortfalls

### What people expect:

I have care and support that is co-ordinated, and everyone works well together and with me.

### The local authority commitment:

We understand the diverse health and care needs of people and our local communities, so care is joined-up, flexible and supports choice and continuity.

### Key findings for this quality statement

#### Understanding local needs for care and support

The local authority worked with local people and stakeholders and used available data to understand the care and support needs of people and communities. This included people who were most likely to experience poor care and outcomes, understanding of the impact on people's protected characteristics and unpaid carers. The Joint Strategic Needs Assessment (JSNA) programme had a steering group which identified and prioritised which chapters needed to be updated and agreed any new chapters for development. The latest JSNA (2022) examined, health and care indicators with a whole life approach and contained statistical information to give an overview of Warrington's population health and wellbeing. Findings from the JSNA were used to inform linked strategies across Warrington including Living Well in Warrington Health Wellbeing Strategy 2024-2028 and the Adult Social Care Commissioning Strategy 2023-2033. A JSNA chapter has recently been started in relation to older people, particularly around prevention of future care and support needs. This was being finalised and senior leaders told us it would be used to feed into relevant plans and strategies.

The local authority conducted a health and wellbeing survey in 2023. 4,932 surveys were returned which was an 8% response rate, and four thematic analysis reports were completed from findings. The reports demonstrated key findings by deprivation, gender and age (18-39, 40-64, 65+) and highlight population groups experiencing poorer outcomes and inequalities to inform the targeting of services, programmes and resources.

The survey key findings also informed development of the five-year Living Well in Warrington Health and Wellbeing Survey delivery plan.

## Market shaping and commissioning to meet local needs

The local authority had a robust 10-year Adult Social Care Commissioning Strategy dated 2023-2033 which described the local picture in Warrington. It outlined the commissioning picture across all sectors identifying key actions that needed to be completed over the following ten years, in conjunction with ten named other strategies and the Workforce Development Plan. The strategy asked the question, 'What does a successful outcome look like?' and set out what each priority should have progressed to in years one, three, five and ten. Leaders told us various aspects of the strategy were covered routinely within weekly and quarterly performance reporting.

The local authority's Market Position Statement for Adult Social Care 2019-2023 was a 5-year strategy that provided background and context for Warrington. There was a detailed description of the current market and an acknowledgement that the current ways of managing the market were not sustainable and they must switch to a model of prevent, reduce and delay. To highlight this issue, the local authority predicted that the demand for community care will rise by 63% by 2035. For residential and nursing home care, the demand rises by 70% in the same period. There was a similar picture of increasing demand in Extra Care housing, Intermediate Care, Older People's Day Services and 'Care Call'. Housing presented more challenges and there was recognition that current provision for the people using these services will not suffice in the future. The statement also addressed workforce issues. There were significant and sustained staff shortages across the health and social care economy with 90% of workers in adult social care employed in the private sector. There was an annual staff turnover of 28%, with 25% of the workforce due to retire within ten years. Current work to tackle this position and how the local authority would act to address it were reviewed in the Market Position Statement 2024-2026 however, at the time of the assessment this had not been published/finalised.

The local authority Market Position Statement for 2024-2026 was shared with us in draft format. It was an updated version of the Market position statement of 2019-2023 and detailed the care market in Warrington, market demand and supply and the market's direction of travel. Projections of future demand in Adult Social Care and population growth up to 2043 were detailed and broken into sectors of home care, residential and nursing home care and intermediate care. Issues such as mental health care provision, homelessness, domestic abuse, preparation to adulthood, shared lives services and workforce were also revisited. Work to transition care and support people to remain at home, continued in line with Care Act principles.

There were some gaps in provision of required support services across Warrington particularly for people who had specialist and complex support needs. Some people told us they had access to activities to reduce social isolation and some people told us they did not have options for activities they would enjoy in the community. Staff told us there were significant shortfalls in the provision of activities for younger people on evenings and weekends. They stated that activities in Warrington are tailored for older people. According to the Adult Social Care Survey between 1 April 2023 and 31st March 2024, published in October 2024, 63.51% of people who used services in Warrington felt they had a choice

over those services, this was somewhat worse than the England average and suggested a lack of choice being given for services across Warrington.

Staff and leaders told us the local authority had plans in place to develop a new site that would provide expansion of sixth form provision in Warrington for young people with SEND and also a new Post 19 offer that will include internships, training, and day activities. The local authority had undertaken a workstream in relation to working with older people and the development of day services and also people living in supported living and their experiences of receiving care with the aim of providing more tailored options for people to engage in the community. Leaders told us there were established and regular provider forums that offered a platform for discussion with the local authority. In contrast, a range of partners told us meetings with commissioners were ‘ad hoc’ rather than planned. One partner stated that the local authority focussed on meeting the needs of the population ‘in house’ rather than shaping the market for existing health and care providers within Warrington. This could impact the viability of local providers in continuing to provide support for people.

The local authority told us there was specific consideration for the provision of services to meet the needs of unpaid carers because they were in the final stages of the development of a new all age place-based Carers Strategy for 2025-2028. They stated there was an intention to support the establishment of a Carers Engagement Group which can represent the diversity of unpaid carers across Warrington and contribute to a co production of services and materials, but this was not yet in place.

Data from the Survey of Adult Carers in England taken between 1 April 2023 and 31 March 2024, published in June 2024 stated that just 3.24% of carers were accessing support or services allowing them to take a break from caring at short notice or in an emergency which was significantly worse than the England average of 12.08%. 9.17% of carers were accessing support or services allowing them to take a break for 24 hours which was somewhat worse than the England average of 16.14% and 16.71% of carers were accessing support or services allowing them to take a break from caring for between 1 and 24 hours which was similar to the England average of 21.73%.

The local authority commissioned models of care and support that were in line with recognised best practice. In April 2024, Warrington implemented a Contract Management Framework which leaders told us brought together in one place all the existing activities into a single framework. Its aim was to ensure commissioned services meet the needs of people and comply with the Care Act. The framework was designed for use with all adult social care commissioned services to ensure robust due diligence and effective contract management. New activities included in the framework were contract compliance visits to care providers, staff surveys, service user surveys, partner, family and friend’s surveys and the production of a Summary Outcome Report. There was a clear commitment to engage with local people and staff to commission safe and effective care outcomes. The local authority also worked with partners to undertake community engagement to establish a series of Warrington 'I statements'. This was incorporated into procurement contracts so they could monitor services using the ‘I statements’ which had been established from individuals and families using services. This demonstrated a commitment to commissioning services that met peoples’ preferences.

## Ensuring sufficient capacity in local services to meet demand

The local authority had an understanding of demand and capacity throughout their commissioned services within Warrington. They collected data and analysed this for commissioning purposes and to identify gaps in the market. The local authority implemented service development for their home care offer, moving to geographically aligned care providers. According to the local authority's data this resulted in an increased capacity of 2000 hours per week and reduced their average hourly spend. The local authority stated capacity for home care met demand and the average wait time from June to October 2024 was 7 days. The local authority could evidence effective use of capacity when they facilitated a safe transfer of care for 37 people during a planned hand back of care packages within their newly formed framework of care providers.

There was not always sufficient care and support available for people with a higher level of care and support needs. Some people requiring specialist support services had to wait a significant amount of time or were being supported out of borough. Staff told us this was due to people's individual needs not being able to be met within the local authority and a lack of suitable accommodation at the right time. However, there was sufficient care and support available for general homecare, residential and nursing care homes with people being able to access them without significant wait times. Average wait times for admission to general nursing and residential care homes, as well as those that provided specialist support for people living with dementia from hospital were monitored and recorded. Wait times between June and October 2024 for general residential care homes was an average of 5 days, general nursing home waits were an average of 10 days. However, according to the local authority's own data for June and July 2024 a 'dementia plus' category showed an average 64 days wait (over the 2 months).

There was a dedicated bed coordinator role employed by the local authority and a trusted assessor in the hospital who regularly liaised with the care homes in borough, and they stated they had built a trusted relationship with them. People at home waiting for a residential care home waited an average of 21 days and those waiting for a nursing home waited an average of 16 days. This meant people were at risk of not having their needs met or carers breakdown at home whilst waiting for 24-hour care and support.

As of May 2024, the local authority had 188 units across various shared supported living services for people with learning disabilities and 59 units across 19 schemes for people who had learning disabilities and needed complex support. For people needing support with mental health service there were 90 units for low level support, 160 units for medium level support and 20 units for high level support. The local authority recognised there was a lack of single storey/ground floor accommodation across Warrington and had this as an area of focus and priority. As of May 2024, there were 43 people waiting for supported living accommodation now and in the future. People waiting had learning disabilities and/or autism, mental health support needs, physical disabilities or acquired brain injuries. The local authority acknowledged that there are gaps in provision in Warrington for people who had more complex needs.

As of March 2024, there were 84 people with specialist needs placed outside of Warrington. The highest number of people in this cohort had mental health needs. The local authority had an out of borough task and finish group who reviewed the new

specialist placements made outside of Warrington between quarter 1 and 4 2023-2024 to analyse why they were placed outside of the borough. They found to support people moving back in borough, if they wished to do so, that more analysis was required around mental health placements, there was a need for more accessible single story accommodation, work was required around the uptake of new dynamic purchasing system requests, work was required to improve relationships with care homes in borough, there was a need to develop more specialist mental health provision for under 65 and better use of data analysis. The impact for this gap in the market could be that people are placed in accommodation not of their choice or placed somewhere that may not be able to support them effectively. Therefore, there were clear areas of development for the local authority in supporting people to be placed in borough. Leaders told us as part of this review, they had a work plan to address the issues identified.

The local authority Housing Position Statement detailed supported housing that was in development. It detailed a structured approach as to how they engaged with developers and that they were working across 6-7 sites which were council owned to look at ground floor accommodation as they had identified this as an unmet demand across Warrington.

Staff told us finding suitable placements for young adults, people with mental health and learning disabilities and dementia nursing had been the principal areas of challenge. They confirmed that they had open conversations with commissioning colleagues, feeding into strategies relating to gaps in the market. Staff also told us there was a significant gap in services for young people with high-functioning autism and commissioning teams were working with partners to develop appropriate services.

Staff told us that day services for older people were limited. There were smaller groups on offer like luncheon clubs but for those who want to go in for a full day they were quite limited on where they could support people. The local authority had recognised the need for an increase in provision of day services for all ages and stated this was an area of current development.

There was capacity for unpaid carers to have access to replacement care but there could be challenges in finding the right provision. The local authority commissioned block booked replacement care beds for use across adult social care. Staff and partners told us the respite beds for adults with learning disabilities were only utilised for 60% of the time. However, most staff told us that sourcing replacement care beds can be challenging, and the block booked beds were not always pre-bookable. Staff told us that accessing this provision specifically for people with learning disabilities was challenging but they stated commissioning were aware of this and it was an area of focus. From June to October 2024 there were 47 people requiring replacement care beds, the average wait for a was 9 days. Most carers told us that they were given the opportunity to have respite (a break from caring) and short breaks from their caring responsibilities but could not often accept the offer because the person they cared for would not accept replacement care.

There was a need for some people to use services or support in places outside of their local area. Over 3 months in 2023-2024 15% of people with learning disabilities and, or autism were supported in specialist care outside of the borough. 81% of those people staying outside of the borough had their care and support needs reviewed in the last 12 months. 12% of people had not had their needs reviewed for at least 18 months with 3

people not having their needs reviewed for more than 2 years, with the longest wait being 1083 days.

## Ensuring quality of local services

The local authority had clear arrangements to monitor the quality and impact of the care and support services being commissioned for people in Warrington and it supported improvements where needed. There was a quality monitoring framework which detailed processes for information gathering, risk assessing, information sharing, intervention and support, escalation and processes for out of borough placements. The local authority had a dedicated quality team who monitored and supported care providers of concern. Staff demonstrated understanding of quality issues and processes and had mechanisms in place for identifying themes and trends. There was a service intelligence spreadsheet to track care providers of concerns and embargoes. When a provider was suspended from new care placements, information was sent to relevant teams (such as brokerage/commissioning) via email, however, there was no system flag, and there was a reliance on a small number of staff purchasing/arranging care, remembering that the provider was suspended from the previously sent email to ensure care was not commissioned for people from a suspended provider. If staff failed to remember this, there was potential for people to be put at risk by having care provision from a poor-quality provider.  In the last 12 months the local authority issued a total of 3 commissioning embargoes, all of which had since been lifted. This consisted of 1 care home and 2 home care providers.

CQC data shows that 78.79% of residential homes CQC in Warrington were rated as good, 6.06% were outstanding, 6.06% require improvement and 3.03% were inadequate with 6.06% not having been rated. 68.42% of supported living services in Warrington were rated as good, 5.26% were outstanding, 5.26% require improvement and 21.05% had not yet been rated. 57.78% of regulated home care providers in Warrington were rated as good, 2.22% were outstanding, 6.67% require improvement and 33.33% had not yet been rated. 71.43% of nursing homes in Warrington were rated as good, 19.05% require improvement and 9.52% had not yet been rated. The ratings across all services for Warrington were similar to the England average.

## Ensuring local services are sustainable

The local authority engaged with care providers in June 2022 to undertake a Fair Cost of Care analysis. They implemented engagement sessions for both care home and home care and provided links and guidance to enable providers to use their voice. They had a 73% response rate from care home providers and a 67% response rate from home care providers. The local authority undertook consultation with providers in relation to cost pressures every year. Providers return a cost pressures survey, results are collated and then utilised to inform the fee levels set for the following year. As part of this process, dependent on receiving increased government funding/settlement, the local authority would ensure that an additional uplift was applied to enable them to work towards the agreed fair cost of care. As part of this process there was an agreed uplift of 9% for care homes in 2023-2024 and 10% in 2024-2025. Partners told us that that uplifts did not represent a fair fee and was not enough to sustain good care even though the rise was above the national average. In addition, cost pressures were growing due to improved pay

and 'inflated' agency fees and a lack of nurses. They stated recruitment in general was difficult and most partners told us that the local authority had not in the past supported them with the recruitment and retention of their workforce. Conversely, the local authority demonstrated that they had provided funding to certain domiciliary care providers through recruitment grants and had supported various recruitment initiatives to bolster market recruitment and retention efforts.

The local authority undertook several engagement events with providers before implementing their domiciliary care dynamic purchasing system. Staff told us this was to ensure contracts were done in collaboration to provide flexibility for providers, the local authority and people using the services. Staff and partners spoke positively about the domiciliary care dynamic purchasing system stating that it provided more choice and more flexibility.

The local authority told us they worked with partners to understand current trading conditions and how care providers were coping with them. An example of the outcome from this work, was the local authority's state of market report which identified where there was a need for demand in the future. The local authority worked with providers to change registrations to meet future demand. An example given, was where one provider was going to close their nursing care home beds and change to 'dementia plus' beds to support people living with Dementia with a higher level of needs. The local authority communicated that they did not have need in the borough for this and they were able to negotiate that 15 beds were to be for people living with dementia and had nursing care needs and 15 were for 'dementia plus' in line with identified demand for peoples' identified needs in Warrington.

Engagement and monitoring arrangements enabled the local authority to get early warnings of potential service disruption or provider failure. The local authority held regular contract compliance meetings with their providers and analysed regular data returns to identify early indicators of risk. They also monitored using their quality assurance framework and had various processes in place to ensure actions are taken where required, and in a timely manner. Additionally, leaders told us the local authority are engaged with a regional information sharing process co-ordinated via ADASS and use basecamp to alert other local authorities of quality or sustainability issues and concerns.

The local authority had not had any contracts handed back in the last 12 months and no care providers were reported to have exited the market.

## Partnerships and communities

### Score:

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.

### The local authority commitment:

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

### Key findings for this quality statement

#### Partnership working to deliver shared local and national objectives

The local authority worked with partners to agree and align strategic priorities. For example, the Warrington Strategy for Autistic People was co-produced by autistic people, family, carers and professionals across the health and care system. The strategy was sponsored by the joint Autism Partnership Board and was not owned by one organisation but takes a whole system approach towards ensuring autistic people get the right support when they need it.

The Learning Disability Partnership Board and Autism Partnership Board renewed their three-year strategies and priorities through co-production with people with lived experience, carers, and family members as well as organisations. The strategy has six priority workstreams produced from 'I' statements developed from what people with learning disabilities in Warrington had expressed were the most important priorities for them.

The local authority was refreshing the Carers Strategy 2025-2028 (not yet published). The Carers Strategy Steering Group co-produced this strategy. This had representatives from Warrington Carers Hub (commissioned all-age carer service), Warrington Parent and Carers Forum, Carers UK independent representative, Chair of the Carers Partnership and Strategic Lead for Commissioning, Transformation Manager, Cheshire & Merseyside NHS, Head of Service for Assessment and Care Management and the Head of Safeguarding and Quality Assurance. Carers told us that they enjoyed being a part of this focus group and felt listened to by the local authority.

The local authority had integrated aspects of its care and support functions with partner agencies which supported improved outcomes for people. For example, their Intermediate Care Tier services demonstrated good partnership working to achieve better outcomes for people. Warrington Local Authority, Bridgewater Community Foundation Trust and Warrington and Halton Hospitals NHS Foundation Trust, work in partnership to provide an

integrated health and social care step down and step up services offering support to keep people living well at home for longer and supporting safe discharges home from hospital. The mental health outreach service was jointly funded and provided valuable partnership working for supporting lower-level mental health needs. According to data provided by the local authority over three-month period, 57% of people receiving intermediate care support had reduced care needs following reablement, 80% of people remained at home 91 days after support, over 65% of people with care and support needs went home following a hospital admission and 92% of people using ‘Care Call’ Response remain at home. This demonstrated the positive impact for the intermediate care provision in Warrington.

### Arrangements to support effective partnership working

The Adult Social Care Strategy and Transformation Position Statement detailed Warrington Together as the partnership formed between health and social care to develop and deliver a joint and shared planning, investment, commissioning, and quality monitoring approach. Outcomes for people in Warrington are said to be 'typically poorer' than neighbouring places and the Warrington Together partnership was intended to action and drive improved outcomes for people.

Leaders told us they had identified groups of people within the borough who could contribute to their understanding of their needs and potential barriers to accessing services and support. While there were already some connections in place with these groups such as national organisations (Speak Up Advocacy and Healthwatch), there was little information for how the local authority intended to develop and engage underrepresented groups such as the Gypsy Roma and travelers and the increasing population of people from Hong Kong.

When the local authority worked in partnerships with other agencies, there were clear arrangements for governance, accountability, monitoring, quality assurance and information sharing. For example, there was an Executive Oversight Group who met weekly. This included senior leaders from the local authority, the integrated care board and NHS/health partners and an Integrated Commissioning Finance Group who had oversight with regards to the Section 75 Better Care Fund agreement and winter pressures and place-based funding streams.

The Warrington Place Better Care Fund Plan detailed joint strategic priorities and the programmes that had been set up to achieve these priorities. Examples included the Living Well Programme and the Integrated Community Team

There was mixed feedback from partners regarding the effectiveness of partnership working with the local authority. Some partners told us that the local authority involved them at a strategic level including partnership boards and scrutiny boards. They said they had influence to make change and gave an example of where they presented a report to the local authority which was acted upon and resulted in smoother transitions for people being discharged from hospital. Other partners told us that they were not always consulted on new initiatives that should have involved them, and that the local authority did not always consult with a wide range of organisations to get a fully represented picture of peoples’ needs. Several partners said they were rarely or never consulted with regards to understanding the needs of the population which could impact on their ability to provide the support that people in Warrington need.

## Impact of partnership working

There had been ongoing monitoring of the impact of integrating hospital discharge through the different pathways. This included using and sharing data daily with hospital and business performance managers to support system flow. Reablement hours and increased joint short-term interventions achieved improved outcomes for people who use them with national data indicating that Warrington support more people being discharged from hospital with reablement than the national England average.

The local authority had improved the collection and use of data across all areas for adult social care. They monitored key performance indicators regularly and commissioners stated they were using data to work with partners in areas identified for development.

The local authority was finalising several strategies across adult social care. The strategies had been coproduced with partners and people with lived experience. However, it was too early to assess the impact of these strategies. There were governance arrangements in place to capture the impact when appropriate. The health and wellbeing board planned to monitor several of the strategies underpinned by the adult social care strategic priorities and ambitions as detailed within the Warrington Together Partnership.

Staff and leaders described positive relationships and effective partnership working within both internal and external teams. Staff clearly worked with a range of partners and described the positive impact of working together to meet the needs of the population and prevent crises.

## Working with voluntary and charity sector groups

There was mixed feedback about how the local authority worked with voluntary and charity organisations to understand and meet local social care needs. The local authority detailed aspirations to grow place-based models in their voluntary and community sector within their commissioning strategy, and to giving more support and consideration to the growing local voluntary and community sector organisations.

Some partners told us that partnership working with the local authority was strong with effective working relationships and that the third sector feels valued and heard by the local authority. Some providers told us that they were not invited to be involved in strategies or policies, communication from the local authority could be better and that they needed to be involved in decision making from the beginning rather than at the end. Several partners stated they needed to be better supported financially to enable them to continue providing support and services. A partner told us that they had to cancel their counselling support sessions due to a lack of funding. Some partners expressed frustration at the tender process which, in their opinion, focused on price rather than quality. However, leaders told us adult social care negotiated a higher tariff than standard procurements to be applied to quality and in many cases the balance was 80/20 in favour of quality. Some partners described being asked to provide too much support without being given the means to achieve this.

People who were involved in partnership working with the local authority gave mixed feedback with some stating they felt valued and listened to, and others saying they did not feel listened to or that they made a difference to the way the local authority did things. There was mixed feedback with regards to coproduction, some partners and people said it was embedded and valued, others said the local authority lacked understanding of what

true coproduction should look like, and they did not take the time they should to ensure co-production was effective.

## Theme 3: How the local authority ensures safety within the system

*This theme includes these quality statements:*

- *Safe pathways, systems and transitions*
- *Safeguarding*

*We may not always review all quality statements during every assessment.*

## Safe pathways, systems and transitions

### Score:

2 - Evidence shows some shortfalls

### What people expect:

When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place. I feel safe and am supported to understand and manage any risks.

I feel safe and am supported to understand and manage any risks.

### The local authority commitment:

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.

### Key findings for this quality statement

#### Safety management

The local authority had guidance documents, policies and processes in place to manage care journeys for people. This information included (but was not limited to) their intermediate care specification, transfer processes, their transfer of care hub specification, regular complex case meetings, regular hospital discharge meetings, regular transitional care meetings and processes for monitoring commissioned services to ensure good quality and safe care. The specifications detailed standard operating procedures and multi-agency cross partnership working arrangements.

There was mixed feedback on the effectiveness for the local authority safe systems management. Partners told us that the pathways between intermediate care, hospital and community care were not seamless, however, efforts were being made to improve transitions from hospital to home. This included a steering group including leaders from the local authority and broader partners to tackle the challenges identified such as delays for care provision, homelessness and housing issues.

The discharge to assess pathway, which is a pathway used to assess peoples' care needs coming out of hospital, was described by partners, as a challenge at times, examples given were poor information provided from social workers and hasty discharge decisions being made without forward thought. Local authority staff told us when people are moving

from intermediate care to long term services, a seamless handover was prioritised. However, some partners told us that there could be delays for people being discharged from the discharge to assess pathway to being picked up by the local authority community team, The median wait time for assessments post discharge to assess was 17 days. Leaders told us the median wait time of 17 days was within an agreed 28-day timescale with the NHS Integrated Care Board.

The out of hours service was jointly delivered with children's social care on a mostly volunteer basis; Approved Mental Health Professional are expected to do this as an element of their role. The process had recently been updated to ensure staff are given time off following a shift on the out of hours service. Staff reported concerns with the out of hours arrangements including a lack of senior support. Leaders had recognised that the system relied on a small pool of staff who also had office responsibilities and were currently reviewing the service to ensure the service has the right skillset to meet the needs of the people needing to use the service. Some staff reported that they were consulted about the review of the out of hours service, whilst others told us they had not been involved and wanted to be involved to give their views. However, leaders evidenced, as part of the out of hours review, a survey went out to all staff to gain their views on the current model and potential new models.

The local authority had a 'Waiting Well' approach which was service specific. Staff in one team, told us they utilised 'waiting well' guidance and contacted people who had been waiting 4 or more weeks to ensure their circumstances had not changed. They said they received positive feedback from people during these calls and that people were relieved they had 'not been forgotten about'. Staff reported that there were 34 different routes and pathways through which they can receive referrals which was difficult to manage at times and could therefore negatively impact peoples' experiences when teams were busy and result in longer waiting times as a result. Staff stated that there was an escalation process where if the first response team becomes 'overwhelmed' the locality teams would manage referrals. However, processes that were shared with us did not provide this level of detail therefore it was not clear if this was a formal established process.

### Safety during transitions

Care and support for people transitioning to adulthood were planned and organised with people, together with partners and communities in ways that improved their safety across their care journeys and ensured continuity in care. The local authority's preparation for adulthood team worked with young people and parents/carers from the age of 14 years. However, they were predominantly involved from 16 to 24 years. Staff described good co-working relationships with children's service workers but felt they could prepare people better for transition.

There were monthly operational group meetings to track the progress of young people transitioning to adulthood and to ensure appropriate planning was in place. Staff told us they identified young people's needs early and reported positive connectivity between children's and adults social care services. They gave an example where they safely

supported a young person with learning disabilities and who was non-verbal. The young person was transitioning from children's services to adulthood to live with one of their childhood friends whom they had been close with. Transition plans had been structured with the involvement and engagement of the person, their family and unpaid carers, relevant teams, and carers assessments had also completed. Staff told us the young person was thriving and very happy as a result.

The preparation for adulthood team did not commission services until the young person turned 18 years old. Staff told us they ensured people were involved early in the process to support a smooth transition to adult services. If a young person was over 18 without an Education Health Care Plan (EHCP), staff could refer them to the appropriate adult services team. For those under 18, who did not meet criteria for services eligible under the Care Act, staff signposted the young person to relevant community resources. If a child had a social worker and did not qualify for services under the Care Act, they were allocated a personal advisor through children's services to assist with tasks like applying for passports, benefits, and housing grants, this support was available until age 25. Additional services, such as mental health outreach and employment support could also be accessed.

Some people with experience of transitions to adulthood told us that there was significant room for improvement in the transition from children to adult services, however, they had been involved in some feedback groups and stated that the local authority was listening to their suggestions and open to changes for improvement. One person told us they had shared information about improvements needed within the parents and carers group and the preparation to adulthood had been open to discussing the challenges they faced.

The safety in transitions between hospitals and the community received mixed feedback from staff, partners and people with experience. Staff told us there were effective processes in place for hospital discharges including daily multi-disciplinary team meetings. Staff told us that if there were allocated social workers for people in hospital, that allocated worker would be responsible for supporting discharge which provided a level of consistency for the individual. Some partners told us that hospital discharges could be problematic with a lack of communication from the local authority for when people are discharged and needing a restart for their care. They stated they have reported these concerns to the local authority but there have been no improvements. One partner told us they had also reported concerns around delays for people transitioning from being self-funding to local authority funded care which negatively impacts on peoples' finances. Other partners reported the local authority worked with them to ensure people receive coordinated and safe support when moving between services. One person, with lived experience, who we spoke with described good partnership working between intermediate care and occupational therapy support to support them transitioning safely from hospital to the intermediate care unit. However, they stated they were not given information for community support available to them.

## Contingency planning

The local authority lacked guidance and processes for contingency planning in provider failure. Their provider failure policy was dated 2017 and still stated it was in draft format. It stated within the document there were checklists to use in the event of provider failure

within the document appendices, but some of these were missing. There was a provider failure protocol specifically for care home failure which set out the end-to-end process should a care home cease trading, this would not be applicable to other portfolios such as homecare, supported living and extra care housing failure.

Senior leaders told us the local authority had been carrying out work around winter preparedness specific to adult social care. As part of this work an information booklet was created, and four ‘Safe and Well’ events were arranged which targeted areas where the local authority had identified people most needing support.

Staff reported that they had contingency plans in place for carers with ‘out of hours’ picking up any issues in an emergency and completing carers assessments. They stated that carers were supported to use the ‘carers card UK’ around contingency planning and identifying them as a carer. The carers hub also had a card that they shared with carers. However, several carers told us the local authority did not consider contingency planning or long-term planning. For example, one carer we spoke with told us that a plan had not been discussed with them as to what would happen if they were unable to continue to provide support for their cared for due to being unwell. Some carers told us that they would not know who to contact or what would happen if they could no longer care. In contrast, other unpaid carers told us they knew who to contact if they needed to speak to somebody about their caring role.

# Safeguarding

## Score:

1 - Evidence shows significant shortfalls

## What people expect:

I feel safe and am supported to understand and manage any risks.

## The local authority commitment:

We work with people to understand what being safe means to them and work with our partners to develop the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns quickly and appropriately.

## Key findings for this quality statement

### Safeguarding systems, processes and practices

Safeguarding systems, processes and practices were not always effective and left people at risk of not being protected from abuse or neglect. Safeguarding pathways within adult social care were multifaceted and complex. There were many different routes that a safeguarding concern could take before being triaged, these included being received directly by a social worker, a non-registered staff member, a team manager, the first response team or specialist or locality teams. There was no specific process in place or guidance documents to establish under which circumstances referrals were passed through to which pathway. Documents stated good practice would be for the screening to be commenced within 24 hours of receipt of the referral being received and 48 hours for the screening to be completed. The local authority data showed that the median and shortest time for screening safeguarding referrals was 1 day, however, the longest was 110 days which was identified as a result of CQC requesting the data without prior knowledge from the local authority indicating further work to be done in the oversight of safeguarding enquiries to ensure timely screening processes. Following the CQC request for this data, the local authority identified themes for further development which mainly focused on system and data input.

Staff told us they could check if an allocated worker was online using a generic chat function within a digital platform application before sending a safeguarding concern to the person within the social services digital system. Staff stated that if there was an allocated worker, the safeguarding alert would automatically be sent/allocated to them. Some staff reported that managing safeguarding enquiries on top of their usual workload could be challenging. However, other staff felt they had a manageable workload. There was a small internal safeguarding and quality team, but they did not triage all new referrals. There was no process for identifying a safeguarding concern that may have been sent directly to an absent or busy worker.  This meant adults at risk could remain in an unsafe situation and at risk of neglect and abuse or both until the allocated worker was aware of the concern or could find the time to review the concern.

The local authority had created a new referral process for partners to refer safeguarding concerns in 2023 because they were receiving around 1000 concerns per quarter which staff told us they were struggling to process in a timely way. The new process involved partners filling out a digital on-line form, them submitting it via a portal platform and depending on the answers given, the form was either closed as 'no further action' or progressed and passed to the One Front Door Team. Partners told us they had concerns with this system because they had received notifications to say safeguarding concerns had been closed at the point of referral or they were required to resubmit several concerns because of the format of the digital template. Local authority staff also told us that there had been some problems with this process. Staff told us partners were sometimes filling out the form out incorrectly because they were ticking a particular box, which resulted in 'no further action' for the concern raised despite there being a safeguarding concern needing to be raised. The digital platform the referrals were sent to sat with a corporate team within the local authority that the adult social care department did not have access to without making an IT request, adult social care was not accessing the closed referrals at the time of the CQC assessment. When partners completed the digital form, they received an immediate automated decision and email. The decision would be displayed on the screen, along with an automatic email which prompted the referrer to contact the local authority if they felt the concern had been closed inappropriately. This placed responsibility back to the referrer to contact or resubmit the safeguarding concern and there was potential for this to be missed. Partners told us emails could go into a spam email box, or a referrer may misread the automated email response as delivered and submitted and not as it was intended. This meant that the person could potentially still be at risk with the partner thinking they had reported it through the correct channels.

The issues with the safeguarding processes and specifically the portal was identified and raised to leaders during the CQC assessment. Staff told us they gained access to the 'no further action' referrals for the portal on the week of the CQC site visit and were planning to dip sample them for audit purposes. There was an awareness of the reporting issues and leaders told us there was engagement with care providers to support them in using the portal effectively and reduce errors for safeguarding concerns being inappropriately closed. The portal was also used by professionals including health providers with the potential for them to be completing the form incorrectly too. Following the issues raised during the CQC assessment, the local authority set a series of actions to address the concerns found and since the CQC site visit, extra guidance was produced for all using the portal and the digital form had been revised which they say made it more clear for referrers. Leaders told us there has been significant engagement and ongoing communication with providers and partners (including health). However, it was too early for the local authority to say how far reaching, effective and what the impact had on people at this stage. Since the CQC site visit and while the digital form was still being used as a triage point, the local authority had not reviewed all previously closed referrals but told us they had plans to complete a dip sample audit to understand the impact on people, unpaid carers, and partners. Leaders also advised that they have made further improvements to the system so that the referrals that do not meet the criteria for a s42 enquiry are reviewed by the Safeguarding and Quality Assurance team which they said will identify if any referrals have been closed inappropriately. We were not provided with evidence for this.

The local authority's website had links to their safeguarding adults' procedures which were created in 2022 and overdue for review from June 2024. Processes detailed Warrington's multi agency approach to safeguarding and access to the partners referral portal but did not detail the portal procedure or guidance that partners were expected to use. The local

authority submitted a different ‘internal’ safeguarding adults’ pathway to the CQC assessment team, which was dated May 2024, this did detail the safeguarding portal link and had cross overs with the safeguarding adults’ procedures. However, at the time of the CQC assessment the pathway was not published on the website for people and partners to access. Therefore, it was not clear how far reaching the process was and the effectiveness of its implementation as a newly created document and there was more to be done to ensure processes were up to date, accessible to those that use them and monitored for effectiveness to reduce risks to people with care and support needs.

The local authority worked with the Safeguarding Adults Board (SAB) and partners to deliver a co-ordinated approach to safeguarding adults in the area. Adult Social Care Survey data for 2023/24 published in October 2024 indicated that in Warrington 68.31% of people who use services felt safe and 84.35% of people who use services said that those services have made them feel safe and secure both of which were similar to the England averages of 71.06% and 87.82% respectively. The Survey of Adult Carers in England for 2023/24 published in June 2024 indicated that in Warrington 82.38% of carers felt safe. This was also similar to the England average of 80.93%. One partner told us the local authority was very engaged within the SAB and the four subgroups which had delegated responsibilities for improving safeguarding across Warrington. However, there was more to be done to ensure leaders and strategic partners were sighted of potential changes, risks, and impact on adults at risk when new or existing processes were implemented or in need of review across safeguarding adults work. The SAB was in a transition phase of inducting a new independent chair to ensure effective scrutiny and progress identified developments that were needed.

Partners gave mixed feedback with regards to safeguarding training provided via the local authority. One partner told us there were excellent training offers for both statutory and voluntary services, but another said training hadn’t been effective or well attended. Partners told us they could speak to the safeguarding and quality team to get advice when they needed to, and some said they attend regular safeguarding meetings chaired by the local authority safeguarding leads to share information. This demonstrated providers had access to safeguarding advice to support people who may be at risk of abuse or neglect. The adult Social Care Workforce Estimates for 2023/24, published in October 2024, indicated 32.84% of independent/local authority staff in Warrington had completed Mental Capacity Act and Deprivation of Liberty Safeguards training. This was somewhat worse than the England average of 37.58%. 49.22% of independent/local authority staff in Warrington had completed safeguarding adults training which was similar to the England national average of 48.70%. This data suggests there is more to be done to ensure staff are adequately trained to support people who may lack capacity and be deprived of their liberty.

## Responding to local safeguarding risks and issues

There was some understanding of the safeguarding risks and issues in the area. The local authority worked with partners to reduce risks and prevent abuse and neglect from occurring. Some examples of this included multi agency work with drug and alcohol services providing awareness to adults at risk and creating training for staff. The local authority also worked with the asylum and refugees’ team when there were concerns raised by a GP around modern-day slavery. However, some partners told us the local authority needed to do more around understanding safeguarding and seldom heard communities.

The safeguarding adults board (SAB) annual report showed the highest percentage of concerns for safeguarding enquiries in Warrington was neglect and acts of omission (38.4%). There was no evidence that the local authority was specifically focusing on improving these areas of concern. Since April 2021 the SAB had commissioned four formal learning processes. This included recommendations for improvements to the Multi Agency Risk Assessment and Management (MARAM) process and providing trauma informed practice training and professional curiosity training for staff, this training was not mandatory for local authority staff to complete. There were also 7-minute briefings sent to staff to support lessons learned from safeguarding adult reviews. The safeguarding adult board quarterly training evaluation reports showed that between Quarters 1 and 3 2024 (April 2024 – December 2024) 61 members of staff from the local authority attended trauma informed practice and 8 members of staff from the local authority attended MARAM training. This demonstrated that this learning for local authority staff had not been far reaching and could therefore not be fully effective to reduce future impact on adults at risk. Leaders told us that they used data to ensure national data sets were completed and did analyse themes and trends from completed safeguarding enquiries and use audits to identify areas for development and improvement in relation to safeguarding in Warrington. As a result of this, they were in the process of developing support around risks for cuckooing, a practice where people take over a person's home and use the property to facilitate exploitation. They also attend a 'Hard to House' panel which was a multi-agency panel that looks for solutions for complex cases for people who are homeless or at risk of becoming homeless.

## Responding to concerns and undertaking Section 42 enquiries

There was practice guidance for staff to triage safeguarding concerns and to support staff and referrers to understand if concerns met section 42 enquiry threshold. There was also guidance, with examples, for what constitutes a safeguarding concern and what constitutes a care quality concern. The terminology used in some safeguarding guidance could have implications on staff culture and minimise safeguarding concerns, for example using terminology such as safeguarding with a 'little s' or a 'capital S' opposed to language that conveyed principles that are at the heart of good practice. Therefore, more could be done to ensure guidance was written in the spirit of empowering staff to make consistent decisions, to be confident in the rationale for those decisions and embedded within staff practices as it was intended.

In 2023, the local authority received 3640 safeguarding concerns, of these 1160 met the section 42 enquiry threshold. That was a conversion rate of 31.86% which was similar to the England average of 30.46%. The average number of safeguarding concerns raised in Warrington over a 5-year period (2019-2023) was 2094, from these an average 757 met the section 42 enquiry threshold. This was a conversion rate of 36.15% which was somewhat more than the England average of 30.46%.

There was not always clear standards and quality assurance processes in place for conducting section 42 enquiries. For example, when safeguarding enquiries, or aspects, were conducted by another agency/partner, the local authority lacked processes and guidance for the oversight and retention of responsibility for the enquiries and the outcome for the person. The local authority's service specification for safeguarding and quality assurance stated that the safeguarding and quality assurance team was responsible for the completion of safeguarding enquiries for adults at risk residing in residential, nursing

and hospital settings in Warrington. However, staff informed us that they delegate the responsibilities for safeguarding enquiries to health and care providers and hospitals when they considered it to be appropriate. There was no screening tool to understand if/when it was appropriate to delegate enquiries to third parties. Staff told us enquiries that were delegated to hospitals were held on a desktop folder by a first response worker. When the enquiries had been completed and the local authority were notified of this by the third part undertaking the investigation, they were uploaded to the case by the first response worker on their digital system. There was no robust process or procedure documented for this process and staff reported that it was not always effective because the quality of the enquiries undertaken by some partners were poor and often delayed. For example, one partner told us that they raised a concern for an adult at risk in hospital and 3 months had passed without any response regarding the progress of the concern raised. Most of the partners we spoke with, reported that the local authority did not consistently share outcomes from enquiries and therefore they cannot apply lessons learned potentially leaving adults at risk. This was corroborated by local authority staff who told us it was 'tricky' to provide feedback to referrers because of capacity issues. Some staff reported reasonable and manageable caseloads and others stated they found safeguarding allocations challenging to manage within their caseloads.

Most partners told us that when they had raised a safeguarding concern and it had successfully gone through the system as meeting section 42 threshold for a local authority enquiry, the local authority contacted them promptly, usually the next day. They said the local authority were responsive to safeguarding concerns including those reported out of hours and they usually communicated what actions they intended to take, however, they did not always communicate the outcomes of enquiries. Therefore, more could be done to ensure feedback was consistently shared when it was necessary to the ongoing safety of the adult concerned.

There were quality assurance arrangements in place for enquiries that were undertaken by the local authority. Leaders told us that there was weekly oversight by the Safeguarding and Quality Assurance Team and assessment manager for open and ongoing adult social care safeguarding assessments and referrals received via the online referral form, data for this was shared with leaders and managers monthly. Managers had discussions with staff regarding any cases that were open for longer than expected and offered advice to ensure workers had the support they needed to complete assessments in a timely way. Staff reported concerns about agency staff undertaking poor quality enquiries. There were audits for ensuring quality within the assessments including around consistency and making safeguarding personal. Staff also used supervision sessions and peer sessions to discuss safeguarding practice. Additionally, leaders told us staff could attend a monthly Safeguarding and Mental Capacity Act Forum and contact safeguarding managers via a duty line to discuss safeguarding practice. Training for 'Right Care, Right Person' was developed in response to identified needs from safeguarding audits.

The local authority told us that from 4 December 2023 to 31 May 2024 there were 1596 safeguarding referrals reported, the median time to allocate was 1 day, the shortest time to allocate was 1 day and the longest time to allocate was 110 days. Between the same dates there were 426 section 42 enquiries, the median wait time for allocation was 5 days, the shortest time for allocation was 1 day and the longest time for allocation was 93 days. As of 2 December 2024, there were 5 safeguarding concerns awaiting initial review and 8 Section 42 enquiries waiting for allocation. Therefore, the local authority was able to

monitor wait times and there were no current concerns with wait times for safeguarding concerns or enquiries. However, it was too early to understand if delays in allocation could build up again following review of the digital portal.

The local authority restructured their Deprivation of Liberty Safeguards (DoLS) team to focus on triage and prioritisation of applications and a temporary increase in the number of Best Interest Assessors (BIAs) in the team as well as financial incentives per assessment. Leaders told us there had been a reduction in the waiting list for DoLS assessments year on year and an increase in the number of DoLS authorisations in place. There was a commissioned employment agency (since 2021) to provide BIAs to undertake DoLS assessments, an extra DoLS authoriser and opportunities for staff to become BIAs within locality and specialist teams additional to their usual work. In 2023/24 there were 1090 DoLS authorised. As of November 2024, there were 225 DoLS not completed or allocated and a further 109 allocated but not completed. Authorisations waiting were screened and triaged using a prioritisation tool within 7 days of receiving the request. The median wait for a DoLS assessment to be completed was 19 days with the shortest wait being 5 days and the longest wait being 154 days. Urgent red referrals are allocated within 7 to 14 days. Referrals triaged amber or green were settled in a care home or in hospital and risk assessed for safe waiting. All hospital referrals were updated weekly. The local authority acknowledged that the DoLS team had used extra resources to maximise the number of authorisations in place and this was not a long-term solution. There was a plan in place to reduce the number of assessments completed by the employment agency, using overtime and by independent BIAs. There was also a plan to increase the number of assessments completed by qualified BIAs who work in different roles across the local authority, as well as other initiatives to improve throughput and waiting times such as an online referral form, more efficient digital usage, and consideration of virtual assessments.

## Making safeguarding personal

Staff told us they spoke to people on the phone to understand concerns and risks, they could text or ring an adult at risk and stated they 'don’t want to turn up on the door' without prior notice. There was more to be done to ensure staff were supported to consistently respond to concerns when they could not contact the adult at risk or when there was a risk that required immediate response without the need for consent.

The local authority’s digital recording system had an area for staff to confirm they had considered peoples wishes and best interests at the assessment stage and the end of their enquiry. Although staff told us processes did not support peoples wishes and best interests to be captured at the beginning or throughout an enquiry which suggests more training was required for staff. Staff told us the individuals’ desired outcomes were inconsistently recorded at the end of an enquiry which was evident through the outcomes of audits. Therefore, there was a risk people were not participating in the safeguarding process as much as they wanted to, and the local authority was not always considering what being safe meant for each individual person. There had been dip sampling of audits regarding making safeguarding personal and managers had found challenges in relation to this being consistently evidenced. The local authority had responded to these findings with a roll out of ‘making safeguarding personal’ training because of these findings; however, it was too soon to see the impact or effectiveness of this training.

One partner told us that the local authority was committed to making safeguarding personal, but they wanted to see people more meaningfully involved in the safeguarding process. They had recently worked with the local authority to create easy read information relating to safeguarding processes.

The local authority reported difficulties in gaining feedback from people who had been involved in their safeguarding processes and stated people did not wish to engage. Partners stated the local authority needed to be more creative around gathering feedback, particularly with people who needed support to communicate. There were plans to further develop ways to obtain peoples' voice in relation to all aspects of adult social care.

## Theme 4: Leadership

*This theme includes these quality statements:*

- *Governance, management and sustainability*
- *Learning, improvement and innovation*

*We may not always review all quality statements during every assessment.*

## Governance, management and sustainability

### Score:

2 - Evidence shows some shortfalls

### The local authority commitment:

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

### Key findings for this quality statement.

#### Governance, accountability and risk management

Warrington had a clear leadership structure. There were structured governance, management and accountability arrangements in the local authority adult social care structure. Adult Social Care was led by the Director of Adult Services and was structured into three principal service areas, Commissioning and Business Transformation, Operations and Professional Leadership. The Senior Management team comprised of the Strategic Lead Commissioning & Business Transformation, the Associate Director for Adults Integrated Care, four Heads of Service in the Intermediate Tier, Community Social Work, Safeguarding & Quality Assurance and Business and Service Development and the Principal Social Worker. The Adult Social Care Management Group makes key operational and strategic decisions with the aim of providing visibility and assurance on the delivery of Care Act duties, quality and sustainability and risks to delivery and peoples care and support experiences and outcomes through numerous forums. These included the performance board, the finance board, the workforce board, the quality board and the adult leadership forum.

Leaders were clear on their roles and the role of adult social care. Leaders told us they make time each month to speak to staff and stakeholders both internally and externally and some hold drop-in sessions for staff. Staff told us that they could raise concerns with senior management and felt supported by what they described as an effective escalation

process, they told us they valued the time senior leaders made for them and that they were visible and approachable.

There were risk management and escalation arrangements through various governance arrangements including internal and external partnership boards. However, these processes were not always effective. For example, they did not identify the issues around the out of hours service arrangements. Leaders told us the review of the Out of Hours Service started in 2021-2022 and was still ongoing. Staff told us they had not been consulted about the out of hours service review, and they wanted to be included in a service review that potentially affected them. Some roles within of the out of hours service were voluntary, and some were not. Out of Hours work was mandatory for Approved Mental Health Professional roles, which some staff said was unfair. Leaders told us staff expressed an interest to undertake the role, they were funded to complete the training and following completion out of hours work was expected. Staff told us that new governance arrangements and key performance indicators had been introduced recently without any consultation, and they felt some of the targets were unrealistic such as a 28-day turnaround for an assessment. In contrast, leaders told us there had been a staff involvement (via a task and finish group) and 28 days had been agreed by these staff with exceptions as to when an assessment may require longer to complete.

Whilst senior leaders told us they had regular discussions and involvement about the development of the online referral form they were not aware of the extent of the issues or concerns with the safeguarding processes in Warrington. For example, safeguarding referrals could be closed prior to being triaged or reviewed by a physical person (triaged digitally). Following the CQC site visit senior leaders told us they were aware of partners concerns with the form and further improvements had been made. However, there was more to be done to provide assurance that plans in place ensured people were safe

The Director of Adult Services was a core member of the councils Senior Leadership Team that met weekly to manage council business as well as being the adult services representative at the Health & Well-Being Board, Cabinet, Health Scrutiny and Protecting the Most Vulnerable Committees. Place based partnership arrangements are governed by the Warrington Together Partnership Board, co-chaired by the Director of Adult Services and the Place Director. The Director of Adult Services also attends the Warrington Integrated Care Boards's Senior Leadership Team meeting once a month.

The local authority's political and executive leaders told us they were well informed about the potential risks facing adult social care. Those known to leaders were reflected in the corporate risk register and considered in decisions across the wider council. However, it was evidenced that leaders were not well informed about all risks within adult social care (safeguarding) and more needed to be done to ensure there was effective monitoring and robust escalation processes to ensure leaders were well sighted on practice issues.

Local authority leaders told us decisions were scrutinised effectively by political leaders. Political leaders had a sound knowledge of the status across adult social care, they told us about innovations such as the Living Well hub. Political leaders told us there was effective communication and open transparency between political and local authority leaders. However, it was not clear what agreed methodology was used when implementing new processes, identifying existing risks and using staff, people and partners feedback to ensure voices are heard across the leadership level. Most political and local authority leaders talked about a history of oversubscription for care in Warrington, however, this was not discussed by any frontline staff which suggested that there was more to be done with regards to communicating current areas of focus for adult social care, throughout the

workforce. Staff corroborated this; several staff told us they were not consulted around changes across adult social care, and this was a top-down approach.

Leaders told us they had developed and improved processes for collecting data, and this had resulted in better oversight and the ability to report on performance across adult social care. Leaders told us they monitored data monthly and were addressing areas for development identified from data analysis. Examples of this included the development of the new waiting well guidance from the recognition of waiting lists across adult social care and various workstreams that had been implemented to address concerns identified, such as targeted reviewing teams to reduce waiting lists. This demonstrated that leaders were taking action for some areas of work which had resulted in positive outcomes such as reduced waiting lists and median wait times. In contrast, there were areas of work where demand and need had been established, but there was limited evidence of action taken. An example of this was an 'out of borough' task and finish group who identified actions required to support people moving back into borough. These included more analysis around mental health placements and the need to develop more specialist mental health provision, there was no evidence for this being actioned and the findings were from 2023. However, other recommendations from this group included work around the domiciliary care dynamic purchasing system which was evidenced to have been completed resulting in additional homecare provision in Warrington.

The local authority had a quality board who identified themes and trends from audits, complaints, Safeguarding Adults Reviews, Counsellors, and staff feedback. Information discussed through the quality forum was incorporated into a quality tracker which was shared with the senior management team quarterly to identify corporate and adult social care risk. Further examples of governance across adult social care included (but were not limited to) leadership forums, audit arrangements, staff supervisions, performance and quality dashboards and robust oversight and management of the adult social care risk register. The digitally triaged and closed safeguarding referral forms were not part of this scrutiny and audit work, therefore there were gaps in the identification of themes, trends, and errors with regards to triaging safeguarding referrals.

## Strategic planning

The local authority used information about risks, performance, inequalities, and outcomes to inform its adult social care strategy and plans, allocate resources and identify the actions needed to improve care and support outcomes for people and local communities. Examples of such strategies included (but were not limited to) the Corporate Strategy, the Health and Wellbeing Strategy (Living Well in Warrington) and Warrington Integrated Care Board Place Plan (Warrington Together). There were several strategies and plans that had recently been created or refreshed for Warrington. These were in their early stages or not yet finalised, and it was too early to determine outcomes against the planned priorities and objectives.

There was mixed feedback from partners with regards to strategic planning with the local authority. Some partners were involved from the beginning and other were consulted towards the end of the process or at the reviewing stage. Some partners told us they were invited to sit on strategic planning boards such as the autism partnership board and carers partnership board which they valued to ensure peoples voices were heard and considered at strategic level. Other partners said they were not invited to have a strategic voice which one partner said had a direct impact on their service area because they were being expected to deliver more than what they were able to deliver with the funds and resources

allocated to them from the local authority. Several partners told us that communication could be improved between the local authority leadership team and their sectors.

### Information security

The local authority had arrangements to maintain the security, availability, integrity and confidentiality of data, records, and data management systems. Where the local authority worked in multi-agency settings, arrangements were in place to govern and manage safe information sharing to support safe, and seamless care. Staff who were responsible for screening and triaging told us they had access to both local authority and health systems which was useful when screening referrals, but it would be more efficient to have one system.

## Learning, improvement and innovation

### Score:

2 - Evidence shows some shortfalls

### The local authority commitment:

We focus on continuous learning, innovation and improvement across our organisation and the local system. We encourage creative ways of delivering equality of experience, outcome and quality of life for people. We actively contribute to safe, effective practice and research

### Key findings for this quality statement

#### Continuous learning, improvement and professional development

There was an inclusive and positive culture of learning and improvement in Warrington. Local authority staff had ongoing access to learning and support so that Care Act duties were delivered safely and effectively.

The Annual Report of the Principal Social Worker 2024 outlined the practice development achievements for 2023-2024 including strength-based practice and co-production. The local authority had a clear vision on wanting assessments to be more person centered and strength based. To do this they had planned to collect and share with staff examples of strength-based practice. Staff told us that this had not yet happened, and some said they could not remember receiving strength-based practice training.

The local authority commissioned the National Development Team for Inclusion to support them in developing their strength based and community led support approach. They provided staff with extra strength-based training which now forms part of their core induction offer for new staff. They had also developed their digital recording system to ensure this supports their strength-based approach. Training was tailored to individual job responsibilities and inductions reflect job specific core and mandatory training elements. Training data was collated for all staff and feeds into the governance for performance and quality monitoring processes.

Leaders told us they worked with staff to produce a localised set of practice standards for social workers that included Social Work England and various quality standards. The practice standards were used as the basis for Warrington's audit framework. The practice standards were due to be refreshed this year along with the launch of a new practice model. Leaders told us that they would expect registered members of staff to understand care act eligibility. However, they recognised the need to introduce more robust care act training and refresher care act training. Managers completed case audits quarterly which included practice standard measures against care act eligibility and how this was being applied.

The local authority told us they had a practice champions network where nominated workers from teams (not managers) attend to discuss practice improvements and learning. The Principal Social Worker used these forums to identify areas for staff training and development.

The local authority supported continuous professional development. This was evident through social work graduate schemes and apprenticeship programs that guaranteed contracts for newly graduated students. The local authority supported a minimum of two staff members to participate in the social work apprenticeship program annually. Their investment in training future careers and social workers through the health and social care academy demonstrated proactive measures to address workforce challenges. Staff spoke positively about their career progression opportunities and several examples of successful career progression was made evident including un-registered workers progressing to becoming registered social workers and now training to become best interest assessors. Staff told us managers were supportive of progression and encouraged development, and the Principal Social Worker took a lead with training and was supportive of staff progression.

The local authority understood its current and future social care workforce needs and detailed these within their Workforce Strategy 2023-2026. The strategy detailed Warrington's workforce challenges which included demography, place-based integration, staffing, care quality, funding, and technology. The strategy detailed a wide range of research methods used including staff surveys and culture mapping work which identified themes and informed on priorities. Priorities included improved staff training and mentoring, the development of a clear career pathway for all adult social care workers and the improvement of the recruiting process. There was an operational workforce group who reported quarterly to the adult social care workforce and HR board to monitor progress.

There was mixed feedback from partners with regards to the local authority working with them to improve peoples' experiences and outcomes. Some partners reported that there was a limited training offer from the local authority such as safeguarding and Deprivation of Liberty Safeguards training. Others reported that they did not have any training offers from the local authority. Partners reported not having support for training in specialist areas such as mental health and said they would like to be better supported with regards to training from the local authority. In contrast, leaders told us training for safeguarding was developed by the Safeguarding Adults Board and felt the training offer was beyond its Care Act requirements.

Several partners told us that co-production was not yet embedded throughout the local authority's work, although they acknowledged that this was an area that the local authority was working to improve. Leaders also acknowledged that they are at the beginning of their journey with regards to co-production and that they intend to embed this across all areas of adult social care going forward.

The local authority shared learning, best practice and innovation with peers and system partners to influence and improve how care and support was provided via various forums including their Quality Improvement and Safeguarding Group. The group brought together a wide range of teams and partner organisations quarterly to have oversight of services providing health and support services in Warrington and discuss learning and improvement. Various partnership boards were also used to share learning and innovation including the quality and performance board and the adult social care leadership forum.

In March 2023, the local authority actively participated in peer review and sector-led improvement activity. The local authority created an improvement plan in response to the report which was monitored alongside the local authority's senior leaders and the 'Protecting the Most Vulnerable Committee'.

## Learning from feedback

The local authority learnt from people's feedback about their experiences of care and support, and feedback from staff and partners. This was evident through the various methods employed to gather and analyse feedback from both service users and staff, as well as through established processes for learning from mistakes including complaints and safeguarding adults' reviews.

The local authority conducted surveys with providers, staff, family carers, and residents to obtain feedback as part of the local authority's compliance framework. The regular collection of this data informed contract compliance discussions and helped identify trends for service development. There were also online surveys which ensured anonymity for respondents, encouraging transparent feedback that was reported quarterly to boards, thereby embedding a feedback loop into the governance structure.

There were processes to ensure that lessons were learned when required and from examples of good practice. Leaders encouraged reflection and collective problem-solving though various forums such as the Practice Champions Network.

Leaders told us that there was a quality board who identify themes and trends from audits, complaints, Safeguarding Adults Reviews, Counsellors and staff feedback. They also told us learning from Safeguarding Adults Reviews (SARs) was cascaded from the Safeguarding Adults Board. Learning from their last SAR which was published 2 years ago included learning events for trauma informed practice. The local authority staff had access to a training offer around trauma informed practice, but it was not mandatory for staff to attend. Leaders stated that there will be refresher training for trauma informed practice as part of their launch of their new practice model.

Providers and partners told us that the local authority share learning from concerns and complaints effectively timely and gave an example where they were invited to attend a 'learning circle' following learning from a failed hospital discharge.

The local authority analysed complaints over a 12-month period so that managers could identify issues, themes, and trends. They found themes such as financial information and top-up fees as sources of dissatisfaction. The local authority conducted a full-service meeting to discuss the findings and identify required action. The actions taken, including improving documentation and revising information leaflets, demonstrated the local authority's responsiveness to identified issues, thereby enhancing service quality.

Data from the Local Government Social Care Ombudsman between 1st April 2023 and 31st March 2024 published in July 2024 shows in Warrington there were 7 complaints, 2 were upheld, 1 was not upheld and 4 were closed after initial enquiries.

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