

Assessing needs

Score: 2

2 - Evidence shows some shortfalls

What people expect

I have care and support that is coordinated, and everyone works well together and with me.

I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.

The local authority commitment

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

Key findings for this quality statement

Assessment, care planning and review arrangements

Most people could easily access the local authority's care and support services through multiple channels, including online and self-assessment options. The local authority had implemented a new operating model called the Target Operating Model (TOM) in October 2023 to improve the customer journey through local authority services. This new model had a single point of contact called the Hub, for all requests for assessment, whether from the person themselves or someone close to them, or from a professional. All types of referral contacts were brought together in this Hub. There was an online portal which allowed people to make self-referrals 24 hours a day. At the time of our assessment, evaluation of the new system was taking place.

Staff told us the Hub was made up of a skilled multi-disciplinary team, including support coordinators, senior social workers, senior occupational therapists, social workers and occupational therapists. They had the skills and experience to assess needs, signpost, offer appropriate advice and support and put packages of support in place. The team also played a key role in coordinating safeguarding activity when concerns were raised. Feedback from people who used the hub as part of the evaluation of phase 1, showed that more than 9/10 people felt listened to, supported, involved in decisions about them and got what they needed from the service.

Assessment pathways and processes ensured that people's support was planned and coordinated across different agencies and services. Most people were assessed by a professional in the Hub team, however referrals for autistic people, people with learning disabilities, or mental health needs would be passed to a specialist team. Requests for longer term placements or care packages were passed to the Adult Community Long Term team. The people we spoke to confirmed that this was their experience.

The local authority was committed to the delivery of a 'Home First', strengths-based approach to assessment and providing support. There was a clear focus on early intervention and prevention. Staff told us that assessments considered the whole person and their environment including the person's physical, mental, and emotional health and well-being. This approach reflected people's right to choose, built on their strengths and assets and reflected what they wanted to achieve and how they wished to live their lives. The quality of assessments was audited for assurance and to improve practice where required. These audits, observations of direct practice, demonstrated that staff undertaking assessments were competent to do so.

National Data from the Adult Social Care Survey (ASCS) (October 23) showed that 61.43% of people in Bracknell Forest who were surveyed were satisfied with care and support, and 74.26% felt they have control over their daily life; both of which were similar to the national average.

At the time of our assessment the local authority's own data showed the median average time to respond to an initial contact made to the hub over the last 12 months was 5 days, which had improved under the new model to 3 days. The target time to respond was 2 days. In 2023-24, 73% of issues were dealt with at the point of contact, increasing slightly since implementation to 74%.

In 2023/24 Bracknell Forest local authority received 6445 contacts of which 38.8% were by telephone. From October 23 to the end of March 24 approximately 475, or 19% of telephone calls were lost (unanswered) due to reduced staffing capacity. They told us that the target for responding to initial contacts was 95%. Recruitment continued to be ongoing, and some new staff started in May 2024. The local authority anticipated that additional recruitment and the ongoing implementation of their target operating model would improve response time to the target 2 days and reduce the number of lost calls.

Whilst for most people the new operating model delivered effectively, feedback we received from people in Bracknell Forest about access to care and support was mixed.

Some people reported that they did not often speak to the same person and had to 'retell their story' each time they made contact. Some people told us they had waited a long time for assessments and had not had reviews. For example, one person told us they had requested an assessment for a family member due to a deterioration in mobility in February 2024 and had not received a response. They told us, "I feel abandoned."

We heard some people experienced challenges using the self-assessment questionnaire to request an assessment. One person told us they had completed a questionnaire regarding a reassessment and returned this in October 2023, but after confirming receipt there had been no further contact with the local authority. Another said they had had to submit two questionnaires but were still waiting for an assessment of their needs and that of their partner.

The local authority's own survey of people in Bracknell Forest, 2023-24 showed the most positive feedback where people who had experience of assessment and care provision, had been assessed by caring, supportive, empathetic, and well-trained staff with good communication skills.

Most people's experiences of assessment and care planning ensured their human rights were respected and protected, that they were involved throughout in decisions and their protected characteristics under the Equality Act 2010 were understood and were incorporated into care planning. Care and support needs including the need for support with medication and other personal care needs and how these would be met, were identified, and documented as part of this process.

One person told us they had been given appropriate support and that this was reviewed regularly. They said they were very happy with the care and support they received and felt their named worker was very knowledgeable and responsive when contacted.

In contrast, one person said they did not feel listened to in the assessment process and had disputed the information documented. Another person told us that they had a disagreement with the local authority about how a person's long-term care needs should be met. Their relative's needs were being met in a residential setting, but the funding panel declined to support the ongoing placement stating the needs of the person could be met at home. The person and their family did not understand how or why this decision was reached.

Timeliness of assessments, care planning and reviews

The local authority was unable to provide waiting times prior to the implementation of the new model in October 2023. They told us since then, people who contacted the Hub did not have to wait to start assessments if their needs were simple or short term. Those people with more complex needs or who might need 24-hour care would be referred onwards to other teams.

Some people had to wait for an assessment if they had been passed onto a specialist team. Staff told us that staff shortages could impact on waiting times for assessment. At the time of our assessment the Community Team for People with Learning Disabilities had 1 person waiting, with an average waiting time of 19 days since Oct 23. The Adult Community Long Term team had 2 people waiting, an average waiting time of 9.5 days, and a maximum wait of 13 days. The Community Mental Health team for Older Adults had 7 people waiting, for an average of 33 days, and a maximum wait of 53 days.

Staff told us a process was in place to receive referrals securely from various departments and hospitals. Referrals were triaged by senior staff to determine their urgency and to consider any safeguarding concerns as a priority, considering the current level of risk and support in place for the person. Referrals which were prioritised as non-urgent were left for staff allocation when capacity arose. Staff told us managers monitored waiting times and priority levels for people in a variety of ways. Urgent initial actions were taken at the point of contact, pending a complete assessment. They also reviewed waiting referrals and concerns then made management decisions to reflect any change in circumstances; moving cases forward for earlier allocation as required. Supervision was used to provide support and performance manage caseloads.

We heard individuals who presented with a mental health condition were provided with a Care Act assessment. In addition, a duty worker in the mental health team conducted welfare checks to ensure individuals were safe whilst being placed on a waiting list for an assessment. A process was in place to monitor and review cases which were deemed to be out of area, by which the local authority meant more than 45 minutes' drive from Bracknell Forest.

The local authority had identified the reasons behind delays to assessments, and the new operational model was designed to better manage those factors within their control.

Providers told us the local authority were good at promoting independence and keeping people in their own home and preventing readmission to hospital. However, some providers felt the timeliness of assessments post the discharge to assess process was not as consistent. People would be discharged home with a care package for a specified amount of time to support their return. After this time the person should receive a full Care Act assessment to determine their care needs. When this assessment was not done in time to determine longer term needs, it impacted on the provider of interim care services and could cause funding problems.

Leaders told us that in the event of a delay in services starting, the practitioner would temporarily increase current care to minimize the risk to the individual, which could include night care, waking nights, sleeping nights, twilight call and increasing the day support depending on need.

National data from the Adult Social Care Finance Report (ASCFR)/Short and Long-Term Support (SALT Dec 2023) showed 77.86% of long-term support clients in Bracknell Forest had planned or unplanned reviews which was significantly higher than the England average 57.14%. The local authority's own data showed they completed 81% of reviews on time in the last 12 months, with a median average wait of 53 days, although the longest wait a person experienced was 545 days. At the time they provided the data, there were 142 people awaiting a review. The average completion time over 12 months was 29.9 days, which had shortened to 25.5 days since implementation of the new model. Most people received a timely review, but there were exceptions and some of the feedback we heard reflected this.

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

Carers, including adult and young or child carers, and parent carers experiences of assessment was variable. Whilst they were recognised as distinct from the person with care needs, they did not always have the opportunity for a separate carers assessment. Some carers told us it could be difficult to get an assessment, it could take a long time, and might not be face-to-face, but rather over the phone or via a self- assessment form.

One partner organisation working with carers told us some people had positive experiences whilst others may not have assessments completed on time or workers may not turn up for reviews, meaning there was a lack of consistency. We were told the process can work well but it can be 'hit and miss'. This was reflected by another agency who told us individual carers don't feel listened to and assessments are often done 'jointly' with the needs assessment of their loved one. They also noted that many carers do not receive a copy of their assessment. We were told that some people were frustrated because they had to tell their stories to multiple people over time.

There was sometimes a lack of communication between the worker and family regarding a carers assessment. Some carers told us they had not received an assessment and weren't sure they needed one as they didn't know what it entailed and what support they could receive. We heard some positive feedback from a joint assessment that the care received worked for everyone and had a positive impact on the whole family. Others confirmed they found the carers assessment process easy with a face-to-face conversation about their caring role, useful support and advice given, and the opportunity to think through their options both now and if circumstances changed.

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

People we spoke with, told us social care staff were knowledgeable and used the voluntary and community sector well to signpost and support people in the community. The Hub signposted for people who did not have eligible needs to services that could support them, such as social prescribers in community networks. 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.

Eligibility decisions for care and support

The local authority's framework for eligibility for care and support was transparent, clear and consistently applied. Decisions and outcomes were generally timely and transparent. There was a timely process in place for the assessment of a person who was 'self-funding' but whose savings were falling below the threshold for funding by the local authority.

Staff told us that people who were classed as 'self-funding' were treated no differently by the local authority. They were offered the same advice and guidance and provided with a variety of information whether via the internet, leaflets, or through coffee mornings such as the Dementia Café, Friendship Café or Happiness Hub and feedback forums.

There had been 2 complaints over the last 12 months relating to eligibility for care. In one instance the complaint related to the number of hours of support required to meet their needs and the personal budget allocated. This was upheld and the package was increased. The second related to a decision about eligibility for 24-hour care. This was not upheld after a review of the assessment and support plan, including consideration of options explored and application of the Human Rights Act, article 9. In both cases the local authority considered and shared learning from the complaints. They noted that they had no evidence to suggest people with protected characteristics had different experiences of assessment but had taken action to ensure they gathered more and better feedback about this.

National data from the Adult Social Care Survey (ASCS October 22) showed that at 56.44% fewer people in Bracknell Forest did not buy any additional care or support privately or pay more to 'top up' their care and support as compared to the England average of 64.63%. This was the only statistic in relation to assessment of needs, which was lower than the England average, and may reflect the affluence of the Borough.

Financial assessment and charging policy for care and support

The local authority's framework for assessing and charging adults for care and support was clear, transparent, and consistently applied. Decisions and outcomes were timely and transparent. One person told us however they felt financial assessments were intrusive and felt "interrogated" and did not feel listened to.

The adult social care finance procedures set out for staff what they needed to know when conducting financial assessments including where to signpost people for additional support/guidance. We did not receive any feedback from people that there were any delays, but the local authority was unable to provide financial assessment waiting time data.

Provision of independent advocacy

Timely, independent advocacy support was available to help people participate fully in care assessments and care planning processes. Staff teams told us they understood the importance of providing a person focussed service and undertook strengths and needs assessments to support this approach. Where required, staff were able to access the advocacy service to support a person in expressing their wishes and preferences. We also heard staff used advocates for people who lacked capacity, to speak on the persons behalf. For example, an elderly person was considering moving to a care home as family had suggested. Upon further discussion and use of an advocate it was determined the person themselves wanted to remain in their own home with care whilst able to do so which was supported to happen.

Staff told us that advocacy services were responsive in providing a high level of support for people, particularly where safeguarding concerns had been raised.

Not everyone had found social care staff used advocacy as and when needed. A recent audit by the local authority's quality assurance service, showed a lack of consistent evidence of using advocacy services, and further consideration about signposting and referring to advocacy service may benefit some families. One carer advised the local authority used to provide an advocate for their family member however this no longer happened, and they were expected to act as their family member's advocate. They told us this added an extra burden for them as their carer.

A partner organisation felt there was a lack of knowledge about advocacy in front line social work teams. They gave examples of staff not knowing the difference between an independent mental capacity advocate and a Care Act advocate. They felt this could impact staff and had an impact on time and resources. They had offered some bite size training, but this had been difficult to arrange and embedding of knowledge was affected by the turnover of staff.