

Assessing needs

Indicative 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

People gave overall positive feedback about the approach of frontline staff, who they said were responsive and they had good relationships. However, a common theme emerged that related to delays in care assessments. For example, one person told us this delayed them being able to progress a housing application, as the occupational therapy assessment was needed first.

We reviewed a small number of care records for some people receiving services. Feedback from the local authority from its own review of these was that improvement was needed in some cases. For example, the local authority found the mental capacity assessment for one person required further improvement and the carers assessment for another person had not been undertaken correctly. The local authority confirmed these cases would now be reviewed. Overall, care records showed a co-ordinated approach was provided to people with a good overview of risks documented.

Staff took a 'strengths based' approach to social work practice where they focused on what people could do and their abilities, knowledge, and strengths. Staff told us they felt confident in using a strength-based approach in their practice.

Staff gave a range of feedback in relation to how people's needs were assessed. Some staff told us there were significant delays at times in people getting through to the local authority contact centre, for example some people could wait up to 1.5 hours. However, once people did access the contact centre, a triage system ensured they were seen according to their needs and prioritised where needed. This triage system was overseen by senior staff and staff told us they felt supported in this process. Written information was provided for people to tell them about services available to them, such as adaptations, grants, charging and financial assessments. These were available in some different languages and formats.

Other teams were positive about recent improvements in waiting times and told us some previously high waiting lists were now reducing. A strengths-based review team had been employed, which had assisted with reviews of people's care, thereby reducing delays.

The local authority had a data dashboard that provided oversight of waiting lists for teams. Data from August 2023 showed high numbers of people waiting for assessments for Deprivation of Liberty Safeguards (DoLS) and occupational therapy assessments. Some managers said that there were some difficulties in easily obtaining an overview of waiting lists and that the monitoring and review of these tended to occur more at team manager level.

Waiting lists for people coming out of hospital were very low following the introduction of a discharge to assess approach, where a trusted health assessor assessed someone in hospital, then they were reviewed by the local authority once home. Homecare waiting lists were very low as the local authority had made changes in commissioning additional care providers. This resulted in reduced delays for people waiting for care. Staff told us they were proud of this outcome for people.

The local authority's long-term plans included increasing occupational therapy capacity, as the demand for services had grown, in part due to a longer life expectancy of people and people developing long-term conditions at a younger age. Waiting times were overseen by senior staff and were between 4 to 6 months for standard referrals, then ranging from around 5 days to 12 weeks for higher priority cases.

An equipment loan service supported people to remain independent, but staff told us about delays with equipment at times. The impact of these delays could be that a person stayed in a care setting for longer than needed, which reduced their ability to become independent, or they waited so long that their care needs increased.

A duty team assessed people whose needs were urgent. However, we were told at times this team could feel like a 'catch all' team, for example if the person did not fit into another team's criteria. Some teams were reported to be working in silos and staff felt these barriers prevented people getting the support they needed at times, for example some people with mental health needs or people with a learning disability.

The use of direct payments was better than average for people in Nottingham, with 31.51% of people receiving a direct payment compared with 26.73% nationally. However, staff told us that, due to current capacity, monitoring of the use of these was not being carried out sufficiently.

A partner agency undertook carers assessments on behalf of the local authority and were involved in co-producing the recent carers strategy with them. They told us they felt frontline staff could use them more, but they had good relationships with the local authority which acted on any feedback given.

We received mixed views about local authority care assessments from care providers, with some saying these were not always up-to-date or of good quality. However, in contrast others felt care assessments were thorough.