Care Quality Commission

Plymouth City Council: local authority assessment

How we assess local authorities

Assessment published: 17 December 2025

About Plymouth City Council

Demographics

Plymouth has a population of approximately 270,000 people and is one of the largest cities on the south coast. Economically, Plymouth has a mix of public sector employment, particularly in health and education, and maritime industries, including naval and defence-related jobs, which continue to shape its demographic and social landscape.

Between 2011 and 2021, there has been an increase of 17.2% in people aged 65 years and over, and a decrease of 0.2% in people aged 15 to 64 years. Plymouth's 65 plus population is expected to increase by 31.6% between 2021 to 2043. In addition, 21.7% of Plymouth's population are disabled under the Equality Act 2010. Life expectancy at birth is lower than England for both men and women. In terms of ethnicity, 93.97% of people in Plymouth are White British, 2.2% are Asian/Asian British, 1.8% are mixed/multiple ethnic groups, 1.1% are Black/Black British/Caribbean or African, and 1% Other.

The local authority has an Index of Multiple Deprivation score of 7. A local authority with a decile of 1 means it is in the least deprived group (lowest 10%), while a local authority with a decile of 10 means it is in the most deprived group (highest 10%). Deprivation in Plymouth remains higher than the England average with the city within the 40% most deprived local authorities in England.

The Integrated Care System for Devon is made up of Plymouth City Council, Torbay Council and Devon County Council along with NHS Devon Integrated Care Board, NHS trusts, general practice, community services, mental health services, and the voluntary and community sector. Plymouth City Council is a Labour led council.

The majority of Plymouth City Council's Care Act assessment functions are carried out by a commissioned community interest company (referred to as 'the commissioned partner' in the report) and have been since 2015. This is one of the local authorities commissioning arrangements. The services which remain within the local authority are oversight of all social care and Director of Adult Social Services responsibilities, some safeguarding and Deprivation of Liberty (DoLS) functions, power to charge, reablement, commissioning, an outreach service and some learning disability and emergency respite services. For ease, both the local authority and community interest company staff, are all referred to as 'staff' in the report.

Financial facts

- The local authority estimated that in 2023/24, its total budget would be **£359,993,000.00**. Its actual spend for that year was **£400,100,000.00**, which was **£40,107,000.00** more than estimated.

- The local authority estimated that it would spend **£101,858,000.00** of its total budget on adult social care in 2023/24 It's actual spend was **£107,552,000.00**, which is **£5664,000.00** more than estimated.

- In 2023/24, **26.87%** 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%**. Please note that the amount raised through ASC precept varies from local authority to local authority.

- Approximately **4330** people were accessing long-term adult social care support, and approximately **1000** people were accessing short-term adult social care support in 2023/24. Local authorities spend money on a range of adult social care services, including supporting individuals. No two care packages are the same and vary significantly in their intensity, duration, and cost.

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Overall summary

Local authority rating and score

Plymouth City Council

Good

67 Plymouth City Council

Quality statement scores

Assessing needs
Score: 2

Supporting people to lead healthier lives
Score: 3

Equity in experience and outcomes
Score: 4

Care provision, integration and continuity
Score: 2

Partnerships and communities
Score: 3

Safe pathways, systems and transitions
Score: 2

Safeguarding
Score: 2

Governance, management and sustainability
Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

People shared with us their experiences of care and support in Plymouth. Positive feedback from people was their assessments considered their wishes and views, involving the people closest to them. People were supported to identify their needs and goals to ensure these were relevant and meaningful for them.

Some people, however, told us they did not have an allocated worker, and felt getting their care reviewed could be difficult. Other people had different social workers allocated and felt these changes were not always communicated. However, another person told us they had the same social worker for a long time and appreciated the continuity of care.

Timeliness of assessments were mixed, with some people telling us these were quick however others mentioning delays. Positively, people told us they had the direct contact details for relevant teams and felt confident to make contact, as they trusted them and felt they would be listened to.

People provided a range of examples of where steps had been taken to reduce barriers to care and reduce inequalities. One person with lived experience had worked with the local authority in relation to some work to improve services and felt the impact of being part of this had a positive and profound impact on them. Feedback from people in relation to the community Well-being Hubs reflected people were positive about what these offered and the benefits for them.

An unpaid carer was happy the placement offered for their family member was close to home, so they could visit them often and the quality of care provided was good. Another unpaid carer had some difficulty in finding a day centre placement which was close enough to their home however with accessible transport.

Summary of strengths, areas for development and next steps

Strengths based practice was an area identified which could be improved when assessing people's needs. Work had already been undertaken by the local authority in relation to Care Act assessment and reviews to reduce waiting lists. Support for unpaid carers was positive overall although respite was an area people, staff and partners all told us could be improved. Data was used to identify and support young unpaid carers. Financial assessments were carried out in a timely way and an online assessment tool had been developed to make this process easier. Staff told us they were confident in relation to arranging support from an advocate with the process and the advocacy offer being good. Partners felt people were not always offered advocacy support when this could have benefitted them.

National data for direct payments was similar to the national average. Plans were underway to bring the direct payments service back to the local authority so this could be developed further. Work was planned in relation to occupational therapy to improve management of work and waiting lists. Following some challenges around delivery of equipment, the local authority was working closely with the equipment provider to address these. There was an increased interest in technology by the local authority and in the use of creative design solutions, for example, in housing adaptations. Reablement supported people to increase their independence on discharge from hospital, with other teams able to support people including an intermediate care service if more urgent support was required. A range of work took place across Plymouth to prevent, reduce and delay people's needs for care and support, from Well-being hubs, to staff teams and public health initiatives. The local authority was keen to do more work to tackle some of the health inequalities identified through their data.

Numerous examples were provided by people, staff and partners in relation to how different communities in Plymouth were supported. The local authority worked hard to understand any barriers to care and support and reduce inequalities for people. This was either through working with partners, funding initiatives, training staff, or understanding data to improve their knowledge of where gaps were or identify where people were not accessing services equitably. Work continued to ensure improvements were ongoing, and people were listened to and understood. A co-produced approach was used to ensure any work undertaken was meaningful and impactful.

National data for Plymouth was considered similar to the England average in terms of staff turnover and vacancy rates, however below average for staff who had completed the Care Certificate. Support was provided by a care partnership to ensure there was a sustainable care workforce with support given to care providers. The local authority used data from the Joint Strategic Needs Assessment to understand the needs of the local community and inform commissioning priorities. A Plymouth Plan had been developed in conjunction with this detailing delivery plans. Some gaps in the market were identified by staff and partners, for example, in relation to younger people in care placements and people with complex needs in relation to dementia and mental health. The local authority had arrangements to monitor the quality and impact of the care and support services being commissioned for people, supporting improvements to take place where needed.

Partnership working was a strength. The local authority worked closely with voluntary and charity sector groups and as part of a Plymouth Alliance to enable people to be supported flexibly and receive the right care, at the right time, in the right place. Work had taken place in terms of improving hospital discharge and preventing admissions. Staff worked closely together with partners and were co-located with health colleagues, which ensured people received joined up care and support. A Creative Solutions Forum enabled partners to co-ordinate and achieve good outcomes for people with more complex needs. The Plymouth Local Care Partnership strategic aims and priorities were aligned with the local authority.

Contingency planning was in place in the event of a provider failure. The local authority and health partners were positive about the number of people returning home from hospital, using a home first ethos. However, some providers felt there was a need to improve processes and communication in relation to discharge planning. A number of staff teams fed back IT systems were not always effective and were concerned this may mean risks were missed when supporting people. Further funding had been sought in relation to developing mental health services to enable staff to work in more of an outreach way. Although people had some mixed experiences around the transitions of young people to adults' services, staff felt this was more positive with the flexibility to support people according to the levels of need.

Work was underway to further improve when people were asked about their desired outcomes in safeguarding enquiries. Although data for people receiving support in relation to mental capacity was lower, staff told us about the longitudinal approach they took to ensure assessments were done correctly and thoroughly. Waiting lists in relation to safeguarding had reduced concerns and Section 42 enquiries. However, further work was underway in relation to the Deprivation of Liberty Safeguards (DoLS) waiting lists and particularly DoLS for people in the community. Overall staff and partners felt safeguarding processes and practices were effective. The local authority worked closely with the Safeguarding Adults Board and learning was taken from Safeguarding Adults Reviews with actions taken in response to themes identified to prevent recurrence.

Leadership changes had taken place at the local authority which had driven some changes and improvements to systems, processes, oversight, and governance. Practice audits had been developed to enhance quality and identify where there were gaps. Learning was shared with staff to drive improvements. There were good working relationships across partnerships including with the commissioned partner. Feedback from staff teams was that overall staff felt supported by line managers and staff well-being was considered. The local authority had arrangements to maintain the security, availability and confidentiality of records and data management systems. The local authority's political and executive leaders were well informed about the potential risks facing adult social care, with reporting mechanisms in place to ensure any key information was shared.

There was a strong inclusive and positive culture of continuous learning and improvement across the local authority and commissioned partner. Staff spoke positively about the quality and delivery of training which aligned with their individual learning and development goals and was also extended to partner organisations. Staff described working in integrated teams as supportive and collaborative. The local authority was fostering a culture of shared responsibility to ensure services were better aligned with the needs of the community. There were processes in place to ensure learning occurred when things went wrong, as well as from examples of good practice. Co-production was a core principle in the local authority's approach to delivering services.

Theme 1: How Plymouth City Council 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

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

The majority of national data for Plymouth was similar to the England average in relation to assessment, care planning and review arrangements. For example, national data from the Adult Social Care Survey for 2023/24 showed 66.46% of people were satisfied with their care and support. This was considered similar to the England average of 65.39% and 60.67% of people said help and support improved their mental well-being which was also considered similar to the England average at 62.48%.

People could easily access the local authority's care and support services. Calls came into social care through the local authority contact centre where there was a mixture of social care and therapy staff based, and where advice and guidance was given to people. Staff told us they worked collaboratively here with 90% of calls being responded to fully by this team and 10% of people going on to need other services.

Assessment and care planning was not always strengths based. Feedback from some staff, and in some records we reviewed, demonstrated assessments and reviews did not always focus on people's strengths, but more on deficits and risks. Staff told us they had received training in strength-based practice and knew how to support people to identify their strengths, with assessments now containing helpful prompts in relation to this. Senior staff told us work had been done in relation to improving strength-based practice and a practice framework was being developed, with ongoing training for staff as they were also not completely assured this was embedded yet. Other staff told us they felt there was a strength-based culture at Plymouth but recognised the language used in assessments should sometimes be more focused on outcomes for people.

Feedback from people around communication was mixed. For example, some unpaid carers told us they had not been informed of when a social care assessment was going to take place for their family members. However, other people felt their assessments were good, considered their wishes and views and had involved the people closest to them.

An effective shared skills model was in place with around 10 to 12 shared skills across the integrated organisation giving staff a greater understanding of each other's roles and reducing the need for onwards referrals for people which could delay their support. This could be, for example, social care staff supporting clinical observations if a person was unwell and staff were equipped with observations kit to enable them to do this.

Staff gave us positive examples of joint working to benefit people. For example, one person with mental health needs received support through a collaborative approach involving both the local authority and the voluntary sector with an assessment provided and around 12 weeks of ongoing support offered from this.

Pathways and processes did not always ensure that people’s support was planned and coordinated across different agencies and services. Feedback from partners varied, with one stating the local authority worked with them to promote people's independence and explore all options for care and support. Other partners, however, expressed some concerns about cases being closed too soon by staff, resulting in people having to wait to be seen again.

Usage of Trusted Assessors was highlighted by partners as an area which could be improved further. It was felt assessors did not always know about the range of services available in Plymouth and some partners had experience of assessments which were not always accurate. Trusted assessors are qualified professionals who assess health and social care needs to help ensure safe and timely hospital discharge.

Timeliness of assessments, care planning and reviews

Assessment and care planning arrangements were not always timely and up to date. Waiting lists for local authority assessments and reviews were decreasing following a targeted approach by the local authority to reduce these. As of 30 May 2025, the waiting list for Care Act assessments was 268, with a median wait time of 92 days, and maximum wait time of 454 days. 84.2% of people had a Care Act assessment completed within 28 days upon allocation to a social worker. Feedback from the local authority was they were on target to achieve the planned trajectory of a sustainable waiting list and anticipated the median wait time would reduce further as they continued this improvement.

Revised governance systems had provided staff with a clearer oversight of waiting lists, which alongside the implementation of the partnership waiting well policy (with the commissioned partner), had focused on regular contact with people whilst they were waiting. Senior staff told us waiting lists were a key priority area of work where they had made 'great progress' and they felt more assured as waiting lists were dropping in the areas targeted. Productivity was better, staff said they felt more supported, and plans were to have the waiting lists to a more sustainable place by October 2025. Further plans were underway to undertake more proportionate assessments going forward to help to sustain this.

Staff were positive about the approaches now being taken to manage waiting lists which included amnesty days to help catch up with reviews initially (and now assessments), with overtime offered and the use of a new waiting list tool to enable them to map their work more clearly. On amnesty days people were contacted to check if their needs had changed. Some legacy review work had taken place to help improve these and staff welcomed this action. Feedback was people's needs had become more complex and completing reviews could take more time.

Both staff and senior staff felt more could be done creatively at the front door of the local authority to manage referrals received which had increased since the Covid-19 pandemic. Some staff reported people being angry by the time they got through to them from the contact centre due to waiting on the phone. There was a legacy waiting list of about 200 people at the front door at the time of our visit. Staff told us staffing levels were being reviewed further now and they were recruiting, with further work being planned to improve the front door system and early intervention offers for people. Staff described a robust triage system at the front door currently with joint visits taking place with other staff where appropriate, enabling them to support people more effectively.

In terms of care reviews, national data from Short and Long Term Support for 2023/24 showed 32.03% of long-term support clients had a review (planned or unplanned). This was worse than the England average (58.77%) and linked to some of our findings. The local authority shared more recent data showing the annual completion rate for reviews was now 58%. The waiting list was 860 in May 2025 with the median wait at 25 days and the maximum wait at 689 days.

People gave us mixed feedback about reviews, where some people told us they did not have an allocated worker and felt they needed to reach a crisis point to be reviewed, others said reviews were completed in a timely way. Partners told us reviews no longer took place consistently and also tended to be 'reactive' with some partners not always being aware of them taking place despite being involved in the care. Several partners told us about long waits for reviews and not always being clear as to the rationale for where people were on waiting lists. Some social workers were described positively by partners in terms of the support they gave to people throughout the whole assessment and review process also confirming staff had been carrying out legacy reviews.

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

The needs of unpaid carers were recognised as distinct from the person with care needs. National data for unpaid carers was much more mixed for Plymouth. For example, the Survey of Adult Carers in England for 2023/24 showed 45.54% of carers were satisfied with social services. This was somewhat better than the England average (36.83%). The same data showed 92.22% of carers felt they had enough time to care for people they are responsible for, which again was better than the England average (87.23%), and 45.65% of carers accessed a support group or someone to talk to in confidence which was considered somewhat better than the England average (32.98%). Feedback from the local authority was there were no significant waiting lists for unpaid carers, with 1 assessment waiting on 30 May 2025.

Other national data was considered somewhat worse than the England average. For example, the Survey of Adult Carers in England for 2023/24 showed 60.19% of carers felt involved or consulted as much as they wanted to be in discussions, which was worse than the England average (66.56%), and the same data showed 25.27% of carers felt they had encouragement and support which was somewhat worse than the England average (32.44%).

The majority of assessments and reviews for unpaid carers were carried out by a commissioned provider who accessed the same systems used by staff. They undertook carers assessments, signposted people to other services and gave advice. People described their support as being invaluable and were positive in relation to some training offered. For example, workshops had been held to consider the emotional resilience of unpaid carers and to provide a better understanding and techniques in relation to safe moving and handling.

Feedback from unpaid carers was primarily good, with positive feedback about staff support and carrying out assessments. Assessments being completed in a timely way and being person centred, with staff taking time to ensure people felt at ease. However, some negative feedback was received regarding the support provided to unpaid carers for people living with dementia in relation to options for emergency respite care. Senior staff acknowledged the issues in relation to respite, as the availability of this was not always there, and choice could be limited which could feel frustrating. Work to develop the support for unpaid carers was ongoing. The local authority was exploring technology options by creating an App for unpaid carers who did not want a further assessment, however where information, advice and links to services may be beneficial to provide further support.

The local authority had undertaken work to strengthen the relationships with young unpaid carers and parents/guardians in 2023. Recommendations from this included to ensure schools were knowledgeable and supportive of young carers roles and challenges, building trust and support with parents and families needing social care and linking young unpaid carers to funded support. The local authority obtained data from the census around young unpaid carers and in the 2024 school census in Plymouth, there were 730 young unpaid carers identified. The local authority was able to ascertain if the children's teams were already supporting them, to help develop a broader understanding, with alerts placed on the local authority system to highlight to staff when a young unpaid carer was involved and ensure they were supported.

An 'All-Age Carers Strategy 2025-2027' had been co-produced along with young unpaid carers and unpaid carers as well as with key partners including the NHS, social care and education. This acknowledged the achievements over the last 2 years for unpaid carers in Plymouth, including improvement in recognising and identifying unpaid carers. The strategy detailed 6 priority areas to ensure the offer and experience for unpaid carers continued to improve. Further plans in relation to local authority commitment included signing up to the refreshed 'No Wrong Doors' memorandum of understanding for young unpaid carers, so all staff could offer suitable support, and to secure continued funding for the young unpaid carers service.

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. One unpaid carer told us the signposting information given ensured they had a good knowledge of the support available to them.

Staff told us there was a large group of people who funded their own care in Plymouth and work had taken place to ensure people were guided to services better and were more strategically supported. For example, in relation to dementia services and 24-hour care. An online directory was available which was described as a 'One Stop Shop'. It covered areas such as support services and paying for care. Information was up to date and staff feedback was it was well regarded. The local authority provided other guidance for people if they paid for their own care. This included financial assessment information, options and how to get support and advice through the contact centre.

Feedback was the community outreach team was relied on a lot by other staff and worked with people including those who did not have eligible care and support needs. The team focused on prevention, working in a strength-based way to find solutions for people, such as providing practical support to them whilst focusing on enabling people to be as independent as possible. The service supported people in a variety of ways including benefits checks and support in relation to areas such as hoarding.

Eligibility decisions for care and support

National data from the Adult Social Care Survey for 2023/24 showed 64.94% of people did not buy additional care or support privately which was similar to the England average (64.39%).

Joint working with health staff helped to ensure consistency in processes. Senior staff worked closely with health staff, for example in relation to disputes around continuing health care funding, dealing with issues in a systemic way, which they found to be effective. Plans were in place to revalidate the escalation process in relation to continuing healthcare as inconsistencies in assessments were found sometimes, and particularly as an integrated provider; the ongoing management of this was required to ensure staff were working within the scope of their roles.

An overview was provided of arrangements for determining the assessment or review of eligible needs, summarised within a 5-step process. This process helped ensure services were appropriate, responsive, and tailored to the person's needs, with regular reviews to confirm that those needs continued to be met. The local authority did not currently have any appeals relating to Care Act Assessments, however there was an appeals process in place.

Financial assessment and charging policy for care and support

The local authorities framework for assessing and charging adults for care and support was clear, however there could be some delays in assessments taking place. The timescale for financial assessment was 28 days. There were 301 assessments outstanding on 30 May 2025 with a 22 day median waiting time and a 137 day maximum waiting time. The Client Financial Services team focussed on annual financial reassessments during the months of March and April 2025 which had created a short-term rise in the waiting list; however, the maximum wait time had reduced overall.

People’s experience of financial assessment was primarily positive, although one person told us they were still waiting to hear about financial assessment 3 months after a person had gone into an emergency placement. Some partners fed back financial assessments were not always done in a timely manner. However, staff feedback was much more positive citing the overall process as being smooth, and they were not aware of any delays.

Staff said they had given feedback in the past when this area was not so good, and the local authority acted on this, creating a cost of care indicator online service. This digital financial self-assessment tool had now been introduced to better support workflow and mitigate the current backlog of financial assessments. People needing care and support would be able to utilise the tool to understand their financial assessment outcome in a timely way and allowing staff to better support people who required more practical assistance through the process.

Provision of independent advocacy

Although timely independent advocacy support was available, this was not consistently offered to people. Some partners found people had not been offered advocacy when they could or should have been and it was not always clear as to what the barriers were to referrals.

By contrast, staff told us they could refer to advocates easily and when needed. The referral process was clear with advocates allocated quickly, who were responsive. There was a collaborative approach between staff and advocacy workers. Staff were able to give feedback about the advocacy service they received, which they felt to be positive.

Senior staff told us advocacy was expected to be considered by staff, and this was reviewed in case discussions and staff supervisions. Guidance was provided for staff detailing when advocacy should be considered and when it was a legal requirement. There was no waiting list for advocacy services.

Supporting people to live healthier lives

Score: 3

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

National data from the Adult Social Care Survey for 2023/24 showed 60.67% of people who say help and support helps them think and feel better about themselves. This was considered similar to the England average (62.48%). However, national data from the Adult Social Care Outcomes Framework for 2023/24 showed 71.77% of people receiving short-term support no longer required further assistance. This was considered somewhat worse than the England average (79.39%).

Steps were taken by the local authority to identify people with needs for care and support that were not being met. There was an inequality of outcomes across the city, with life expectancy varying by 8.2 years and unhealthy behaviours and poor outcomes were often clustered in certain communities. A lot of inequality came from health, where people were living with ill-health for longer, and there was a focus around what was driving that inequality, especially for women.

The importance of using health data was understood and used to drive prevention initiatives. For example, falls had been noted as the largest cause of emergency hospital admissions for older people, impacting mobility, confidence and overall quality of life. Falls management exercise classes had been developed through the commissioned partner with plans to develop a broader offer in the future.

The local authority worked in partnership with others to prevent, reduce or delay the need for care and support. Senior staff told us a lot of staff training and work had been undertaken around prevention, with them making a huge amount of progress in this area. Feedback was Plymouth was an ambitious local authority with good collaborative work taking place between adult social care and public health, through the integrated care system. The core part of preventive work was admission avoidance, getting people back to their baseline ability, or improving their independence at home. There was an emphasis on supporting people to live healthier happier lives whilst recognising this was different for everyone.

Thrive Plymouth represented the local authority's approach to tackling health inequalities and was embedded within the Plymouth Plan and the Integrated Wellbeing Commissioning Strategy. This approach was co-ordinated by the public health team but consisted of a city-wide network of organisations and individuals from across the city who were committed to addressing the differences between communities and improving the well-being of people. Thrive Plymouth was re-launched in November 2024 with a focus on a healthy body, healthy mind, healthy places and healthy communities. Thrive Plymouth had focused on a thematic area each year since its inception and themes related to preventive approaches included mental wellbeing, healthy workplaces and connecting people through food. An evaluation of the first 10 years found improved quality of services, improvements in health behaviours and outcomes, and improvements in both life expectancy and healthy life expectancy.

Preventative services were having a positive impact on outcomes for people living in Plymouth with Well-being Hubs being central to this approach. Wellbeing Hubs in Plymouth were run by the Voluntary, Community, Faith and Social Enterprise (VCFSE), and drew together a range of support. The 10 Hubs (soon to be 12) had 50,000 contacts from people every quarter, and 7,000 new people approached a Hub between October and December 2024. Support provided included befriending, management of long-term health conditions, social prescribing, food security, and support with financial concerns.

One of the core aims of the Well-being Hubs was prevention. There was a focus on reducing loneliness, building social connections, and supporting people to manage health and well-being outside of health settings. Initiatives included a friendship café and a voluntary kitchen where education around basic food hygiene could be undertaken. The hubs provided a food aid service and supported a social supermarket pilot to support the rising cost of living where people paid a small amount, for example, £3, for 15 food items. The Hubs served as welcoming safe spaces where people could drop in, receive advice or connect with others. Other health services such as speech and language support and diabetes care were located within them, bringing together clinical, statutory and VCFSE services together. Feedback from people and partners was overwhelmingly positive in terms of the difference made for people by the Well-being Hubs in Plymouth.

The Hubs were supported by the role of Community Builders who were people with lived experience who spent time with communities understanding what was important to them. The community builders programme came through the integration of the Integrated Care Board and the local authority positioning staff within communities to identify local strengths which focused on prevention, addressing root causes of health inequalities and to share learning and expertise. The service was funded by the NHS, employed by a local community trust, and managed in partnership with the local authority.

The majority of feedback from partners was positive, however some partners felt more could be done in terms of joint working on prevention to drive integration with the VCFSE sector. Health partners told us there was a good level of understanding around the deprivation challenges within Plymouth, the underrepresented groups and the driving factors, and work had been identified with Public Health, to enable a more targeted response to this.

The front door to the local authority was co-located with the primary care mental health team and safeguarding hub. Part of the prevention model was to make full use of the opportunity of integration, where a person accessing services for support could be redirected easily by staff to more suitable options where appropriate. For example, diverting someone from long term support with a package of care, when other options may be better to reduce a reliance on care. The local authority was also exploring how they could put social work staff in the Wellbeing Hubs now, taking further steps towards integration.

Wider issues such as homelessness remained a real challenge in Plymouth, however there was some work taking place between public health and adult social care in relation to this. Staff told us there was more work to do around complex behaviours, mental health and substance misuse and the local authority wanted to undertake more joint work with the local care partnership in relation to this.

Provision and impact of intermediate care and reablement services

National data from the Adult Social Care Outcomes Framework for 2023/24 showed 3.62% of people aged 65+ received reablement or rehabilitation services after discharge from hospital. This was considered somewhat better than the England average (3.00%). However, national data from Short and Long Term Support for 2023/24 showed 75.86% of people aged 65+ remained at home 91 days after hospital discharge into reablement or rehabilitation and this was considered somewhat worse than the England average (83.70%).

Local authority services were effective in reducing the need for care and support. The local authority in house reablement team worked to build people's confidence and maximise their independence over a 6-week period in their own homes with personalised goals, to enable the person to return to their baseline level prior to hospital admission. Staff told us there was a good multi-disciplinary approach to reducing people's long-term needs. The local authority told us they would like to expand the service to accept referrals from the community rather than just on discharge from hospital.

Support was provided to people during a crisis to prevent needs escalating. In the community, staff could refer to a community crisis and response team, who provided an intermediate care and falls service in people's own homes for up to 6 weeks or longer if needed. For example, working with people to prevent hospital admissions, or to facilitate an organised hospital admission if needed. Staff described the team as responsive. There were a 7-day service, from 7am to 8pm. A partner described them as the 'litmus test' in terms of integration and the gold standard. The 70 strong multi-disciplinary team was made up of medical professionals, social workers, and support workers.

Access to equipment and home adaptations

People could access equipment and minor home adaptations to maintain their independence and continue living in their own homes. The commissioned partner's integrated community and urgent care teams included Occupational Therapists (OT's) and Adult Social Care OT's who were integrated within locality, urgent and intermediate care teams. The Community Equipment Service provided equipment through the integrated OT function.

Work was being undertaken in relation to waiting lists for OT assessment which were gradually reducing down following staff being redeployed to cover urgent care for a period of time. On 30 May 2025, 693 people were waiting for an OT assessment however this was a combined OT waiting list of social care and health. Urgent and duty occupational therapy responses were provided by the Community Crisis Response Team and basic equipment could be ordered by other trained staff, such as social workers and nurses. Staff told us in some parts of the city such as the East, waiting lists were smaller, however, they also acknowledged their work could be more complex now than it had been before and could take longer.

As part of a wider therapy transformation plan, integrated OT practice lead posts had been developed to improve the management of waiting lists. A project was underway to review the integrated community therapy offer further including the 'Waiting Well' Policy which was being implemented for Community Therapy Teams in the coming months.

The waiting list data for the Disabled Facilities Grant (DFG) was 278 people to December 2024. Staff told us demand for DFG's could be higher than capacity, however it was planned to have another 4 OTs in the team now to only do DFGs which staff felt would be better and more efficient. Alongside this, a new electronic system was being put in place for staff to be able to see more clearly where people were in the system when waiting for adaptations so this could be communicated more effectively.

Staff told us about good relationships with the housing team where 2 OTs were situated and progressed adaptations. There was flexibility of how needs were met for people who needed DFGs. An example given was of using modular build for an extension when a standard extension could not be used. This resulted in less disruption for people and was often more cost-efficient.

The local authority had faced some challenges with the community equipment provider, for example with deliveries, which had affected other local authorities similarly. This contract was recently returned to the local authority to oversee, and they were working collaboratively with the provider to produce an action plan going forward.

The local authority were keen to develop the use of technology. Staff told us about technology devices such as the use of motion monitors to evidence positive risk taking of people which could enable them to return home. Staff were learning more about how technology could support people, however felt there could be some generational barriers to this and consideration was needed around people's understanding, consent and restrictions.

Provision of accessible information and advice

People could easily access information and advice on their rights under the Care Act and ways to meet their care and support needs. This included unpaid carers and people who fund or arrange their own care and support.

National data from the Adult Social Care Survey for 2023/24 showed 62.37% of people who use services found it easy to get information about support. This was considered to be somewhat worse than the England average (67.12%). However, the national data from the Survey of Adult Carers in England for 2023/24 showed 57.04% of carers found it easy to access information and advice which was considered similar to the England average (59.06%).

Feedback we received from people was positive overall. One staff member's role was to gather people's views, and people told us this person was a good contact, who was able to signpost people to other support options. Information collated was passed through to the local authority for their learning and action. Another person shared they accessed an unpaid carers group which was described as an opportunity to get information regarding areas like lasting power of attorney. There was some feedback that not everyone was aware of these kinds of groups and that communication about these could perhaps be better. By contrast another unpaid carer felt they had received ample support from the local authority and were well informed.

People fed back about the local authorities' website being informative and providing ease of access. Partners also told us they were able to access information on the local authority website easily and regularly supported people in doing so, without encountering any challenges.

The local authority commissioned partner operated as a central referral service. The service took referrals for both the local authority and for health. This operated a 'no wrong door' approach which aimed to ensure people received the most appropriate form of support, only needing to tell their story once. They received an average of 150 adult social care referrals a week. Professionals and the public could then access telephone information and advice from the adult social care contact centre. The local authority contact centre received an average of 500 calls per month with 98% of calls answered within 1 minute. On average, 70% of contacts were resolved by the contact centre and 30% were passed on for further assessment.

The local authority provided care and support information and advice online, by telephone, and face to face. The Plymouth Online Directory linked to an online Adult Social Care self-assessment with information, support and further assessment options. The directory was accessible and people who required information in formats such as large print, easy read, audio recording, or braille could obtain these.

The local authority monitored the quality of its contact centres, information and advice offers. Data related to demand, themes, shared learning, and outcomes was reviewed. Quality assurance processes monitored performance including case audits. Equalities data recording had been developed and was monitored to address any inclusion or access concerns.

Staff acknowledged some people might struggle with IT and self-referrals online, so they supported people with information and advocated on their behalf, providing practical information where needed. Teams had sometimes created their own easy read documentation for people. An example was provided of a staff member completing a mental capacity assessment in relation to a safeguarding referral, then providing the person with easy read documentation about the safeguarding process so they could understand this.

Direct payments

All the available national data for Plymouth from the Adult Social Care Outcomes Framework for 2023/24 in relation to direct payments was similar to the England average. For example, 25.88% of people received direct payments which was similar to the England average (25.48%) and 100% of carers received direct payments which was also similar to the England average.

Direct payments were offered to people to provide choice and control in relation to care and support however work was underway to develop this further. The proportion of people who received direct payments was 603 people on 30 May 2025. There had been a slight decrease in numbers following an increase in the number of reviews being carried out. The reasons for direct payments stopping were mainly due to people passing away or no longer being eligible for these following a review. The local authority shared its commitment to supporting increased use of direct payments to maximise people's independence, choice and control, working towards a target of 635 people using direct payments.

A commissioned service currently helped employ personal assistants (PA's) supporting with recruitment, payroll and other related queries. Information was available via the telephone and in paper formats for people who preferred this, to help them understand the responsibilities attached to having a direct payment and being an employer. The local authority transformation programme included plans for the direct payment support service to be brought back in-house, to provide people with a more person-centred service and to maximise the outcomes for people.

The local authority's internal directs payments team offered practical support around funding and monitored payments. Direct Payment training was being developed and rolled out to staff to increase practitioner confidence, and direct payment monthly forums were held. Plans were to provide additional support for PA's including a PA bank of staff and employment support. There was recognition that the direct payments team was small, and their current system was time-consuming. However, a new self-assessment tool was being implemented in July 2025. This tool would provide people with information about financial charges and include links to websites to help them maximise their benefits.

Staff feedback was that some areas in relation to direct payments could be improved such as an increase in payment to PA's as this was currently the national minimum wage. Also, the process to employ PAs was currently lengthy, however they agreed it gave people increased choice. It was also harder to get PA's if only a small number of hours was needed.

Direct payments were used creatively to offer people more choice and control. Feedback from one unpaid carer was the direct payment they had received supported them in doing some things they would otherwise not have been able to afford. Another example was where a direct payment was used to purchase footwear, for someone who chose to walk a distance as part of their daily routine to enable them to stay in touch with their family member. Payments could also offer continuity of care, for example with children moving over to adults' services, and being able to continue to employ the same PAs. The local authority commissioned other support using direct payments such as a centre for women who had experienced alcohol, drug or domestic abuse.

A Direct Payment Policy and Procedure provided staff with a comprehensive overview of the direct payment process including eligibility, responsibilities, restrictions, management monitoring and ending arrangements. Safeguarding concerns were also noted as an issue for consideration when direct payments were reviewed to ensure people's safety.

Equity in experience and outcomes

Score: 4

4 - Evidence shows an exceptional standard

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 used their knowledge around the population in Plymouth and the deprivation which existed within areas of it, to focus support in these areas. Inequalities occurred both geographically across the city and within communities. Deprivation in Plymouth was higher than the England average and was ranked within the 40% most deprived local authorities in England. The West of Plymouth was a more deprived area and community Well-being Hubs were concentrated here. One had facilities such as soft play areas for children to bring families in and programmes to try to connect communities together were present such as food co-operatives, community larders and growing schemes to encourage people to understand more about seasonal food and cook together.

Partners told us Plymouth was a diverse city with a number of initiatives happening to make it inclusive for everybody, with the mantra of 'no one will be left behind'. Deprivation in the city could often be hidden, due to high levels of isolation, with family networks often living outside of the city. It was felt the local authority and health partners did have some understanding of the challenges older people were facing in the city, and this was something they were wanting to address further.

Feedback from people provided a range of examples of where steps had been taken to reduce barriers to care and reduce inequalities. Work had taken place at a local hospital aimed at people with learning disabilities to consider what support they needed to make their hospital admissions as easy as possible. For example, by ensuring the hospital provided easy read information and appropriate utensils, cups and plates to support people during their admission.

One person was part of a co-production group working with the local authority and told us the impact of being part of this had a profound impact on them. An example included their involvement in being able to work on, develop and fund a safer accommodation proposal for survivors of domestic abuse. Other people had been involved in shaping a local authority bid for a national programme of government funding to improve the outcomes for adults experiencing multiple disadvantages, for example, homelessness, addiction and domestic abuse.

The local authority proactively engaged with the people and groups where inequalities had been identified, to understand and address the specific risks and issues experienced by them. Following a period of public unrest in 2024, a local community group was set up providing support to a person who felt unsafe leaving their own home. The local authority approached the group to work with them and seek advice in terms of the correct use of language in relation to the issues being raised. Subsequently, it was identified more could be done to share positive information in relation to the refugee community. From this, the local authority took action by inviting applications for funding to implement initiatives to enable the city to move forward together, increase feelings of safety and to create more of a cohesive community, resulting in 42 organisations being awarded funding. Work was planned now to better understand the effectiveness of the initiatives awarded through funding.

Partners told us the local authority understood its population including its unpaid carers. Work had been undertaken which identified unpaid carers from ethnic minorities, Chinese communities, of which there was a large community in Plymouth, and refugees. Work had been undertaken working closely with these communities to understand why they often did not identify as unpaid carers and how the local authority could best support them. In addition, the local authority accessed national data to understand where people had a caring responsibility to be able to identify new unpaid carers.

Although Plymouth was not as diverse as some areas with a smaller number of people who were transgender, partners received funding and support from the local authority to offer people a safe space where they could express themselves, connect with others and receive guidance at the different stages of their gender journey. The local authority ran a similar group for younger people, supporting transgender individuals and those who identified as lesbian, gay, bisexual, transgender, queer or questioning, and other identities (LGBTQ+).

Information in relation to these groups was available on the local authority's website as well as their online directory. Partners told us for Trans Awareness Week there was a conference held at a local university and some local authority staff attended this to find out more about how they could be an ally. Feedback indicated further work could be done in terms of providing more guidance to people, following recent legal changes in relation to the definition of biological gender.

Information was shared with people in relation to LGBTQ+ support through community Well-being Hubs. Here staff worked with the community pride groups and charities supporting well-being and promoting diversity within communities. Staff worked to try and tackle cultural barriers in communities and to break down stigma. Also working with people from other minoritised communities. Staff also worked with community veterans in Well-being Hubs but understanding some people identified as veterans, whereas others did not.

Data was used by the local authority to understand its local population profile and demographics. It analysed equality data on social care users and used it to identify and reduce inequalities in people's care and support experiences and outcomes. Annually the local authority published community profiles on their website, checking with communities to ensure these were accurate and reflected their priorities. Partners told us of valuable discussions with local authority commissioners where emerging or changing trends were discussed.

The local authority had processes in place to monitor people's protected characteristics which included reviewing recording within assessments and contacts including use of language, and monitoring of data to ensure any gaps were highlighted to individuals and teams and actions taken to drive improvement. For example, the local authority commissioned an external investigation to review the safeguarding practice in relation to equalities, diversity and inclusion to ensure all communities were being supported.

The local authority had regard to its Public Sector Equality Duty (Equality Act, 2010) in the way it delivered its Care Act functions. The local authority had updated their Public Sector Equality Duty objectives in 2024 following consultation and felt they had good examples of practice in supporting people with protected characteristics, however, would like to do more to hear from the seldom heard part of their community.

Local authority data and from other sources were used to carry out equality impact assessments to ensure decisions were made with a clear understanding of the potential consequences, negative impacts were mitigated well, and positive impacts were maximised. Staff told us assessments were not done on services but decisions, and as some budgets were large financial decisions, these were monitored to ensure no particular community or population was disadvantaged as a result of these.

The local authority had added two additional data categories into their systems which were veterans and people who had experience of the care system. Data around gender and ethnicity was mandatory on local authority documentation and was captured to understand those people who were possibly underrepresented. Areas like gender identity and gender at birth were being developed more. Further training was planned with staff to ensure information was better captured in relation to individuality, intersectionality, and people's differences. Audits showed staff had good cultural competency, but their confidence could vary.

Local authority staff took a co-ordinated approach to engagement with set pieces of work so as not to overwhelm communities. The local authority successfully hosted its first neurodiversity conference in March 2025 where invitations were sent to employers across the city to host stalls at the conference and showcase their practice.

Staff had a good understanding of cultural diversity within the area and how to engage appropriately with people. For example, staff training opportunities were offered to support staff to feel more confident around recognising and reporting hate crime. Staff gave examples of working with people effectively, for example in the asylum seeker referral team there was positive work carried out with a social worker who was skilled and knowledgeable about people living in the community. Staff worked closely with colleagues to best support people with complex needs, giving examples of where this joint working and subsequent consideration of people's individual cultural needs had resulted in positive outcomes for people.

Work was carried out to support people who experienced homelessness, drug and alcohol challenges. An example was given of a person staff worked with, who was living in a homeless shelter. This created challenges in attending rehab, so alternative accommodation was identified nearby to support their access to the service.

Partnership working was key in ensuring the local authority could reach diverse communities. A resettlement support service to refugees and asylum seekers had recently been procured and members of this community were on the panel. This meant they were involved with designing the tender, as equals at the table and were able to ask questions of providers with decisions being made based on the advice of the panel.

Work had also been done with a local university to invite service providers to be involved in a social study to look at why some communities were not using social care or accessing advocacy as much, to enable the local authority to get as much insight as they could.

The local authority engaged a local organisation to link grassroot communities and neighbourhoods to help drive conversations around the care and support needs of minority groups. Workshops were delivered to look at some of the factors that impacted on a person's ability to engage with the local authority, and this fed back into their knowledge of working with communities.

A number of strategies underpinned the local authority approach to reducing inequalities. These included the Plymouth Local Care Partnership 2024 to 2025, the priorities of which included building a compassionate and caring city with the aim of ensuring everyone with a protected characteristics felt welcomed and able to reach their potential.

The local authority Equality, Diversity and Inclusion Action Plan 2025/66 to 2027/28 set their 4 equality objectives in March 2024. These were communication and support for people with different backgrounds and lived experience to get on well together; to build a diverse workforce that represented the community and the people it served, and to support those receiving care to enable them in their own decision making. The last objective had a focus around how the local authority would support diverse communities, whereby they felt confident to seek support and advice and work with partners to ensure Plymouth as a city was a place where everyone felt safe and welcomed. Linked to this plan was facilitating a 'Welcoming City Critical Friends Group', to continue to ensure the correct action was being taken.

Inclusion and accessibility arrangements

Appropriate inclusion and accessibility arrangements were in place to ensure individuals could engage in ways that suited their communication needs. This included access to British Sign Language (BSL) and interpreter services, enabling meaningful interaction across diverse communities.

To support people who spoke different languages or required BSL, on-call interpreters and translation services were available. The local authority commissioned a language service provider offering face-to-face, telephone, and video interpreting, as well as translation and transcription services. This provision operated 24 hours a day, 365 days a year, ensuring continuous support.

Staff working with visually impaired and deaf blind people were trained to communicate with people and undertake Care Act assessments. Also supporting other social workers with assessments. Outdoor mobility training was provided, which enabled some people to return to work and resume their usual routines.

While some staff occasionally collaborated with colleagues who spoke other languages to assist with translation, there was a clear understanding of the importance of using independent interpreters to maintain accuracy and impartiality.

Additional measures to promote accessibility included an online directory outlining how to contact the local authority and other relevant professionals or services, such as advocacy. This directory featured easy-read guidance and documents to support people with a variety of needs.

To maintain and enhance these services, the local authority was committed to ongoing monitoring and improvement. This included regular reviews of online easy-read materials, data quality initiatives to improve the recording of individuals' communication needs, and evaluation of interpreter service usage. Efforts were also underway to develop reporting capabilities that could identify trends to inform future service planning.

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

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

Data from the Joint Strategic Needs Assessment (JSNA) was used to understand the needs of the local community and inform commissioning priorities. For example, the JSNA showed life expectancy for people living in Plymouth was significantly lower than the England average. With a growing number of people over the age of 65, it was recognised as being important to plan ahead to ensure health and social care services were equipped to meet people's evolving needs and future capacity.

A Plymouth Plan had been developed in conjunction with the JSNA in which delivery plans were further detailed. Senior local authority staff told us this document was considered the guiding north star for them, as everything came from this plan, however some staff felt there could be a lack of clarity around the understanding of the JSNA and how it fitted into the overall plan. The information within the Plymouth Plan was updated on a 3-year rolling programme as intelligence was received, and this allowed for some targeted work in core areas.

People were supported by staff to identify their needs and goals. For example, an 'achievement file' was completed with one person at a service ensuring the goals identified were relevant and meaningful for them. Staff gave us positive examples of how they worked with people in Plymouth and other staff to ensure services catered for people's specific needs.

Joint working of staff meant there was an improved understanding of local needs for care and support. For example, housing staff were co-located with commissioning staff which meant when gaps were identified in services, they were able to have conversations easily to try to address these. Similarly, brokerage staff collaborated with commissioners when trying to source care for people with complex needs and these conversations helped them with approaching care providers to find suitable care for people. If a package of care could not be brokered, other options such as the use of a direct payment were considered.

Commissioners supported staff to explore options for people who were difficult to place. A monthly housing clinic helped staff to find placements for people. Staff told us there was a good voluntary community sector within the city which was utilised a lot to support hospital discharges either in replace of or alongside statutory support services. Staff had overall positive relationships with providers and worked closely with them.

Senior staff explained Plymouth was a military city with a number of veterans living in communities. Wider demographics also consisted of asylum seekers with refugee programmes providing support, sex industry workers and a large Chinese community. The local authority was engaging with some London boroughs to better understand and work with diverse communities, which evidenced a commitment to learning from others.

Some partners told us demand for adult social care was becoming more complex and they felt they were dealing with ever decreasing or static resources which needed to be recognised. Other partner feedback was there had been a large decline in commissioned services for people with mental health needs which was felt to have had a big impact on unpaid carers and was an omission. However, the majority of other feedback from partners was positive. For example, one partner stating the local authority valued the support and the specialist services they provided whilst also recognising the long term implications for people who used their services.

Market shaping and commissioning to meet local needs

People had access to a diverse range of local support options that were safe, effective, affordable and high-quality to meet their care and support needs. National data from the Adult Social Care Survey for 2023/24 showed 74.69% of people felt they had choice over the services they use. This was considered somewhat better than the England average (70.28%). However, by contrast, national data from the Survey of Adult Carers in England for 2023/24 showed 7.65% of carers accessed support for a break in an emergency or short notice. This was considered somewhat worse than the England average (12.08%) and was in line with feedback we received from people and staff.

Feedback from people was good in relation to care services. One unpaid carer told us the placement offered for their family member was close to home which meant they could visit them daily and there was a good quality of care. A sitting service was in place to enable an unpaid carer to continue with their caring role, the care staff being described as consistent, flexible and having good relationships with them. Another unpaid carer found a carers drop-in group very supportive. One unpaid carer, however, had some difficulty in finding a day centre placement close enough to their home with transport, although local authority funding had been agreed for this.

Commissioning strategies were aligned with the strategic objectives of partner agencies. Strategic commissioning was considered to be key by the local authority in meeting the challenges of delivering health and social care services. The local authority had a commissioning strategy for community-based care. The strategy was one of 4 integrated care strategies aimed at using a whole system, one budget approach to delivering health and social care community-based services. The strategy placed people at the centre with support services wrapped around them, working with system partners along with performance indicators to measure whether outcomes were successful. The commissioning for outcomes document 2023/24 provided a snapshot of commissioned services in Plymouth including feedback from people using services. The vision for strategic commissioning was to support people with additional needs and vulnerabilities to live as independently and vibrantly as they choose. This included access to a diverse range of services and opportunities, designed by the people who use them and delivered by a broad choice of partners.

Effective integrated commissioning arrangements were in place across health and social care. Joint commissioning examples included an integrated approach to deployment of additional discharge funding and a unified approach to support for unpaid carers across health and social care. Approaches to unpaid carer support in Plymouth included the Better Care Fund funded carers service. Also, a hospital discharge service providing support when an unpaid carer, or the person cared for, was in hospital or at risk of admission.

Commissioning teams were restructured within the last year to become 3 teams which covered specific areas, for example, prevention and well-being, housing and commissioning, then the regulated care team covering domiciliary care and children's commissioning. Managers worked closely together with some cross over between teams.

Resources were used to support staff to undertake their commissioning roles effectively. A Co-Production Commissioning Toolkit had been developed by the local authority. This toolkit was based on the process and learning from an approach to co-production with people who had lived experience of domestic abuse. The process of developing the toolkit and applying the concepts offered a learning process for commissioning teams to understand the needs of the people using services. This toolkit set out 5 stages of the commissioning process. These stages included, analyse the need, then develop the strategy through appreciative enquiry and the experience of people.

Ensuring sufficient capacity in local services to meet demand

There was a sufficient capacity in the system to meet demand for the majority of care services in Plymouth but less for people with more complex needs. The local authority recorded and reported on demand for care services and capacity for homecare, supported living, residential and nursing care services. They understood the demand for care services and had systems for monitoring waiting lists and times. Staff told us there was a digital dashboard which showed capacity within the provider market including care home providers domiciliary care and supported living. This provided a visual representation around the capacity of resources and also the potential challenges, to enable strategic planning. There were plans to develop local authority brokerage systems further to embed intelligence of the care market.

Waiting times for care varied depending on types of care required. The local authority had seen a reduction in waiting times from a peak of 200 people waiting for a package of care to a waiting list of 28 people with an average wait of 1 week in January 2025. Data from October to December 2024 showed there were no delays for homecare, with a 7 day average waiting time for services to begin. There were no delays for supported living, with a 27 day average waiting time for a service. For residential care there were no delays due to capacity with a 7.5 day average waiting time, and for nursing care there were no delays due to capacity, with a 41 day waiting time.

There was some need for people to use services or support in places outside of their local area. Placements were considered as neighbouring when they fell into the Devon and Cornwall footprint. Out of Area placements were considered beyond the peninsula and were mostly placed due to individual choice of people rather than a lack of provision within the local area. In May 2025 there were 27 out of area placements and 59 neighbouring placements. The majority of out of area placements were for people with complex needs. The local authority had clear guidance setting out the conditions under which out of area placements could be made and how they should be managed and monitored.

The local authority shared an out of area placements framework for South West local authorities. It described how local authorities would work together to provide adult social care and support across the region. The local authority had arrangements in place for monitoring the quality of commissioned services. They told us they knew the quality of domiciliary and residential care services using Care Quality Commission (CQC) ratings information and worked with South West local authorities on arrangements for monitoring and maintaining out of area placements. In the next 12 months they planned to continue developing regional guidance in collaboration with other South West local authorities.

Partners told us they felt there could be a gap in the market for younger people as there was evidence people at the age of 50 or over were placed in care homes alongside those who were much older. This was confirmed by staff who said the shortage of suitable care homes for younger people meant they were placing people out of the area.

Other partners told us there were delays for people with complex needs such as dementia, and behaviours that challenged others, which still remained difficult to source provision for, however there was some positive market engagement taking place and considerations around complex dementia nursing placements. Staff told us other local authority areas could fund more towards nursing care, which could make it more difficult for them. The commissioning team were in further discussion about this and to address this some care homes placements now provided dementia nursing as well as dementia residential care.

In the area of mental health, staff confirmed challenges where there were a small number of in-patient beds available locally, and with systems to access an out of area bed, which could be problematic. This made it difficult to access safe care in a timely way and keep people safe in the community. Also, some agencies did not always have care staff with the right skills in relation to mental health, so local authority staff could often have to support care staff with advice.

There was a waiting list for autism services; however, data was captured in relation to this, and people did not need to have a diagnosis to be supported. There were also good links with a local autism advice service to support people and an autism spectrum team with psychologists and a social worker who were described as a good and really proactive, small team. In terms of learning disability there was felt to be a lack of specialist nursing homes and very limited resources for highly functioning people with autism.

Although there was a lack of services for people who had alcohol related brain injuries there was currently a discussion between the local authority and a local organisation to develop this area further. Staff noted more younger people were coming to them who had a diagnosis of Functional Neurological Disorder (FND) and highlighted there were no services currently for this cohort of people.

Day centre provision was commissioned and tailored for older people and also for older people who were at different stages of dementia (there were 2 specific dementia day centres, one for early stage and the second for mid to late stage dementia). Day centre provision was person centred in that people could attend the right group for them irrespective of their diagnosis.

Partners told us the biggest challenge people face in the area was a lack of public and community transport especially for people living with dementia or with high mobility needs. However, the local authority was aware of this issue.

Although complexity of need was a gap in Plymouth, staff and some partners told us there were platforms to grow and develop services. These were system-based decisions and were representative of the alliance principles partners worked to in Plymouth.

Ensuring quality of local services

The quality of services in Plymouth was overall good and feedback we received from people and unpaid carers was positive. One person described the quality of care in a 24 hour placement sharing staff were friendly, the environment was clean and personalised, their needs were met and there was a range of things for them to do.

The local authority had arrangements to monitor the quality and impact of the care and support services being commissioned for people and it supported improvements where needed. Local authority commissioners produced provider of concern briefings fortnightly covering home care, care homes and care in relation to working age adults, which were shared with senior managers. Services and care provided were monitored through contract monitoring, reviews and assessments, service questionnaires, learning from complaints and consultations. Also unannounced and announced site visits, sharing information with partners, other meetings and risk assessments.

Commissioners and quality officers worked collaboratively meeting with providers to discuss provider concerns in both an informal and formal way. Commissioners felt the relationship with providers was strong with separate forums for care homes and domiciliary care, however, joint provider forums were also held quarterly. These were described as useful as they included safeguarding and data protection updates.

The local authority recognised the importance of capturing lessons learned and sharing these with providers and other key stakeholders. For example, the local authority had worked with one provider in relation to modern day slavery. Through the provider forums, advice and training was given, particularly aimed at those new in the country and working for the first time in adult social care.

A data provider risk tool was reviewed weekly with commissioning managers and utilised a wide set of data which was RAG (red, amber, green) rated. Concerns and views were considered alongside discussions, with the tool used as an indicator in conjunction with other intelligence to feed into identifying risks and helped the local authority to recognise early signs and difficulties in services so they could respond accordingly. If providers were visited, quality reviews were undertaken and concerns identified, which could result in a service improvement plan. Quality leads worked with providers to support them to make improvements before the concerns escalated to the point of considering decommissioning a service. If this did occur, there was a decommissioning structure in place to support planning and communication with a focus on the well-being of both people and staff.

Data provided by the local authority for commissioning embargos for home care and supported living stated there were no homecare embargos and 3 for supported living which were voluntary suspensions due to service pressures, risk and quality issues. For commissioning embargos for residential and nursing homes, there was 1 suspension for residential care following action taken to cancel the providers registration due to an ongoing failure to meet regulations and no embargos for nursing care. No whole-service contracts were handed back for homecare, supported living, nursing homes, or residential care. However, 25 people required alternative accommodation following the closure of a care home due to financial issues.

Some care homes within the city had needed to be closed due to a poor standard and feedback from senior staff was there was a good system in place to hold, stabilise and provide wrap around support to people, families and staff through a joint collaboration with the commissioning team and their commissioned partner care home team. The local authority care home team supported people with reassessment and explored alternative services whilst the skills coordinator through 'Caring Plymouth' supported care staff with job alternatives and retention. There was a focus to support market growth with adult social care employment. Staff told us providing good quality services was a priority for the local authority.

Staff told us there was a good culture within the commissioning team and overall, at the local authority where they felt it was a safe space to learn, with no judgment and an ability to check and challenge. Provider concerns were not dealt with in isolation, and information was shared to keep staff informed. The quality team now sat within the safeguarding team to support enquiries about care homes quality concerns. Other teams told us quality concerns could be raised about care providers, and staff were responsive. In terms of care home closures, commissioners supported other staff teams with contingency and emergency plans.

Partners feedback about management of quality of services was mixed. Some fed back they were aware some people did not always like to complain about home care services by sharing negatives experiences. Other feedback related to the recent move of quality staff into the safeguarding team, which raised questions about whether the team remained effective in terms of staffing levels and their ability to hold providers to account. Some care providers also felt there was a need for more preventative support, noting that in the past, the local authority had offered more training, such as sessions on falls prevention when themes were identified in care homes.

More positively, other partners found the local authority to be very supportive with quality assurance work. A weekly phone webinar, called a ‘Care home catch up’ took place. A provider told us this was really helpful, where officers listened to their views and any concerns they may have which they could discuss as a group. An allocated care home practitioner linked to each home could deal with any issues raised and staff were felt to be personable. Commissioners were described as very supportive and responsive, often stepping in to try to advocate for providers with operational staff. Other partners told us about positive examples of good practice within care homes, sharing examples of staff going the extra mile and with positive feedback from people, such as feeling they are given choices and that what matters to them is considered by staff.

Ensuring local services are sustainable

National data from the Adult Social Care Workforce Estimates for 2023/24 showed a staff turnover rate of 0.21. This was similar to the England average (0.25). National data from the same data showed a job vacancy rate of 2.36%. This again was similar to the England average (8.06%). However national data from the same source showed 48.63% of adult social care staff had a care certificate in progress, partially completed, or completed was considered somewhat worse than the England average (55.53%).

The local authority understood its current and future social care workforce needs. It worked with care providers, including personal assistants and other agencies, to maintain and support capacity and capability. Partners told us their contracts with the local authority evolved as needed, with an example given of the uplift they received in April 2025, which was 6% to cover the increase costs through national insurance contributions and the increase in the National Living Wage. Some providers said this was the best locally.

The local authority had provided a leadership programme for care providers and many of the registered managers for care homes and care agencies had been through this programme, giving us positive feedback. However, this programme was not running currently.

Employment opportunities were available for people, for example, with a learning disability which had resulted in the local authority being nominated for a national award for supported internships, demonstrating an understanding around development of employment opportunities more widely.

Risks around the care workforce were considered as part of the 'Caring Plymouth' city wide initiative which included a wide range of partners such as colleges, trainers and health partners. Data around workforce trends were considered to understand the impact on care services. The local authority worked together on pipeline routes, for example with schools and through employment services to carry out targeted recruitment.

Care providers told us there were a number of initiatives in Plymouth to encourage people into the care sector. Workshops gathered the views of care providers. One provider told us they were currently in the process of making some staff redundant, and the local authority had provided support to those going through the redundancy process to help them gain employment in health and social care within Plymouth, evidencing a proactive approach. Staff held award programmes aimed at care staff which helped to promote social care and pride in social care work. Plans were to develop a universal passport system for staff training across care homes.

The local authority had a workforce strategy 2023 to 2027 which described the local authority's plan, working in partnership with other organisations, to develop a sustainable skilled workforce for the future. The local authority health and social care contract aimed to deliver a sustainable skilled workforce through partnership working. For example, between 2022 to 2024, working with the Department for Work and Pensions resulted in 138 people being employed in health and social care.

The local authority had worked in partnership with other councils, the NHS and adult social care sector to support sustainable and effective overseas recruitment in the health and social care sector. Pastoral, social and accommodation needs were considered, alongside modern slavery awareness resulting in 33 full-time equivalent staff being recruited to.

Partnerships and communities

Score: 3

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 collaboratively with partners to agree and align strategic priorities, plans and responsibilities for people in the area. The Plymouth Local Care Partnership (LCP) was 1 of 5 across the Devon integrated care system. The overarching aims of the Partnership were to improve health and wellbeing outcomes for the local population; reduce inequalities in health and wellbeing of the local population and to improve people's experience of care. The 6 priorities for 2024 to 2025 included building a compassionate and caring city, community empowerment, healthy ageing, end of life care, homelessness prevention, and the children's social care improvement plan.

Linked to the LCP, senior local authority staff told us they were looking at how they could deliver health services more locally. There were 2 areas of development, and the next phase was in the North of the city. Plans aimed to integrate services so that care would be closer to home for people and better coordinated across health and social care. Part of their role was to ensure the social care voice was heard, and they felt Plymouth did this well.

The local authority had integrated aspects of its care and support functions with partner agencies where this reflected best practice and improved outcomes for people. There was an integrated commissioning arrangement with the ICB and Devon partnership integrated care system which covered hospital discharge and care home contracts including domiciliary care. The partnerships worked collaboratively to ensure care provisions were sourced in a timely way.

The local authority's future plans for Wellbeing Hubs were aligned with the NHS Change Programme on Prevention and THRIVE Plymouth's Public Health Strategy amongst other overarching approaches. Plans included extending membership of the wider Hub network, development of Hub satellites, development of strategic partnerships with primary and secondary care and a coordinated approach to funding, reporting, quality and promotion.

Some partners told us they had good relationships with adult social care staff where they could raise issues but they did not always get feedback and being involved in conversations, but not necessarily in the changes. Senior staff felt passionate about engagement with partners and held regular strategic meetings, for example, with the police, community housing and with educational establishments.

Arrangements to support effective partnership working

Opportunities were taken to pool budgets and jointly fund services with partners to achieve better outcomes for people. The local authority provided additional examples of partnership approaches which included the Integrated Care for Older People programme which supported older people through a multi-disciplinary team and a 24-hour Falls Response Service to help reduce hospital admissions for those over 65, following a fall in the community.

Due to being co-located with different teams, there was a strong emphasis on integration within the local authority. Staff did not have to 'refer in' to services in health, as they had sensible conversations instead. This enabled different professionals to work together to support people to meet their needs in a holistic manner. This meant people received better, person centred, more joined up support as a result of integration. For example, staff were able to work closely with health professionals such as Parkinson's disease nurses and the impact of this on people was positive, as people did not have to tell their stories twice and appropriate information could be shared across professionals. When teams were asked to help with something, the support was described as overwhelming with staff showing a real passion, and this had not been lost through the integration of services.

Staff told us some elements of communication between staff could be improved, for example, information sharing around health funding was not always timely with social care teams not always being informed when this had ended. However, staff felt integration with the local authority and health was good overall. Most teams understood each other's roles and were aware of who to approach, dependent upon the need.

Health partners told us of strong integrated approaches that had evolved and developed to enable joint contract arrangements within the provider market, providing one voice and joint engagement forums with health and social care perspectives combined. Relationships were strong with the local authority and in some cases, partners told us they felt like they were an extension of the senior management team, with regular meetings held where they would consider how they could co-create.

Partners fed back sometimes a changeover of staff at the local authority could impact on partnership working. However, partners had an overall good relationships with local authority commissioners, holding regular meetings and were able to discuss ideas with the aim of developing local services, as well as discussing if the local system was working for people.

Impact of partnership working

The local authority was involved in a range of partnership working which positively impacted on outcomes for people. Feedback from people in relation to the community Well-being Hubs evidenced positive outcomes for people, where staff and volunteers worked alongside specialist services and community builders, who socially prescribed support which was tailored to meet people's individual needs.

The local authority had a dementia alliance partnership comprising health and social care partners which evidenced a multi-disciplinary approach to supporting people living with dementia. Staff told us about collaboration with a local charity around dementia care and a new group within the community supporting those newly diagnosed with dementia. It was forecast dementia care needs would increase in the future, so work was being done to explore how this predicted need could be met.

The local authority identified hospital admission prevention and effective discharge as key elements in the local Better Care Fund (BCF) investment which had led to some significant improvements. The local authority provided examples of collaborative commissioning with VCFSE organisations. In one example a charity had been jointly commissioned with the support of the BCF to provide an assisted discharge service to support people going home from hospital. Another organisation provided support to military patients in hospital. Whilst a short term care centre supported recovery and reduced unnecessary hospital stays. The service was supported by the local authority with health and other voluntary sector partners.

Other partnership working initiatives had taken place, for example, a pilot project around a 100-day challenge which sought to improve patient pathways, hospital discharge processes and end-of-life care arrangements. This was done in partnership with a hospice, health and other partners. The result of this partnership working was fundamental changes were made to improve processes for people, as well as unplanned benefits in improvements in the practices of how organisations worked together.

A Creative Solutions Panel was held with a number of organisations across the city involved, such as housing, police and the hospital. The panel was chaired by adult social care with the aim of trying to create a plan for people with complex needs, which could not easily be achieved by staff working alone. An example was given of an autistic homeless person who did not have stable care provision and had some other personal challenges. As a result of the panel, they were supported with temporary accommodation and their finances, to enable them to get permanent housing.

Partners were overwhelmingly positive about working with the local authority and the impact of this. An example was given of a provision for people who were rough sleeping being given agreement to expand from being open during the winter only to being open all year round. This decision had not been welcomed by everyone, but the local authority had been supportive of the organisation to facilitate this.

Other partners told us relationships with the local authority were good, but they did not 'rest on their laurels' and both worked hard to maintain this. Some feedback highlighted the strength of relationships, which enabled partners to act as critical friends. Despite the size of the local authority, staff were described as approachable and responsive, with no perceived barriers to communication.

Other partners told us there were good working relationships with adult social care staff including senior staff and commissioners, who had supported them to access grants to benefit people using services and the community. The local authority were good at bringing relevant organisations together to talk about experiences and resolve challenges. Feedback was the local authority were inclusive and treated the VCFSE as true partners, recognising their value in providing services it could not, which meant they felt listened to and could influence both at strategic and local level.

Working with voluntary and charity sector groups

There was collaborative working with voluntary and charity organisations to understand and meet local social care needs. The local authority provided funding and other support opportunities to encourage growth and innovation. Staff told us about a strong voluntary sector in Plymouth which had been developed and extended over time. Partners fed back about a vibrant sector where the local authority worked well with engagement and conversations with VCFSE groups with Plymouth overall considered as 'very good' with a sense of willingness to work together effectively.

Partners regularly received information about events, for example, an Autism forum, from commissioners which they shared amongst their workforce and involving people in services when appropriate. Commissioners and others senior staff from the local authority were all willing to attend sessions partners ran, for example for unpaid carers, to answer questions and it was felt there was an intention to be open and honest. Other comments included relationships were positive and were based on how best to meet the needs of the local population. The local authority were open to listening to feedback to improve people's access to the services.

A Plymouth Alliance with the local authority, housing and other key partners was described as very positive with organisations able to challenge each other and talk regularly about services. The overall aim of the Alliance was to coordinate a complex system to enable people to be supported by receiving the right help, at the right time, in the right place. The partnership comprised 7 core service providers and provided housing advice, and support access to temporary and settled accommodation, treatment and support regarding substance misuse including prescribing. Organisations were commissioned and funded by the local authority to support people who had needs related to homelessness and often other needs related to substance misuse, mental health, offending, and risk of exploitation.

Staff highlighted the importance of supporting providers within the Plymouth Alliance as ultimately, they supported a lot of people who did not have care and support needs currently but were on the periphery of having these. As a result, the Plymouth Alliance was integral to the prevention of needs developing.

Partners told us about close working relationships, where partnership working was integral and local authority staff were committed. Other partners described easy access to named officers, frequent discussions and keen responses to requests for information. The local authority were proactive at sharing information and resources, including a comprehensive training offer through the fortnightly online forums which were well attended and supported.

Partners felt the local authority talked to the voluntary sector more than other local authorities. They had really good working relationships with social workers and other professionals. All the organisations were independent but worked as an alliance with diversity the strength of the network.

Theme 3: How Plymouth City Council 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

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

Arrangements in Plymouth in relation to hospital discharge were good. Staff worked in an integrated way; there was no dependence on hospital beds and 70% of people went back home from hospital. The local authority discharge and transfer policy stated the principle of 'Home First' should always be applied and for people meeting the criteria to go home for an assessment, the person was met at their home within 2 hours of discharge to undertake this. The person then received a strengths based assessment, a plan was agreed and where suitable, a reablement package of care and/or therapy was prescribed to support the person towards independence.

Accessing IT systems across the integrated system could be problematic at times. A number of staff teams commented on the lack of consistency of access to IT systems across teams where there were primarily 2 systems used, one for health and one for social care. Some teams could access systems fully, whereas other teams had 'read only' or no access, and they would like the systems to be more accessible for all. Feedback was this could mean additional time being spent in terms of managing access, such as having other people upload information onto a system or staff having to duplicate information, which could result in less time being spent with people. Staff felt there were inconsistencies in approach and were concerned they could be managing more risk than they knew about for the person and themselves, from not being able to see all the relevant information and information was sometimes missed. Feedback from senior staff was they felt IT systems were well-integrated and prompts within the social care system prompted staff to look at the health recording system.

Management of waiting lists had improved. Staff told us there had been several projects to consider how best to manage these in the past. However, the waiting list tool which had been developed now enabled managers to better understand any blockages or barriers staff faced in moving cases forward and the tool was positive.

Improvements were needed in terms of mental health support. Plans were being developed for mental health staff to be placed in front door teams to receive and triage referrals coming in. Health partners told us some additional funding had been requested for more staff as a result of this being a national focus. The plan was for social workers to work in mental health teams in a more outreach focused way. Further work was needed in this area in terms of integration however it was felt the anticipated benefits would be significant when they got this model right.

Safety during transitions

National data from Short and Long Term Support for 2023/24 showed 58.00% of adults with a learning disability lived in their own home or with their family. This was considered significantly worse than the England average (81.66%).

Improvements could be made in relation to transitions of young people to adult services. People's experiences of transitions between services was mixed. Positively some people told us they trusted staff and felt confident to make contact if needed. Other people appreciated having a consistent social worker, with others appreciative their views were taken into account in terms of placement options. By contrast, other people told us they had different social workers allocated but changes had not been communicated to them. One person felt further help could have been given to them by the local authority when they had to support someone in relation to leaving their accommodation where there were concerns about the person's mental capacity.

A transitions improvement plan had been implemented across children, adults, education and health services to improve outcomes for children who were transitioning to adulthood. Staff feedback in relation to transitions was primarily positive. Staff working with people with a learning disability told us the team completed assessments for people ideally by the time a person was 18, and if the assessment identified the person had eligible needs, support was put in place. If the adult had a learning disability, they stayed with the team. If not, they were transferred to one of the other teams for ongoing support. Teams worked with other staff, such as speech and language therapy, describing relationships as positive and flexible, with co-location and joint working helping to make processes smoother.

Handovers to adult services staff were specific to each young person depending on the level of complexity of need. The team worked with young people longer if it was identified to be in the young person's best interests. Staff did not end their involvement until it was evident the young person was settled.

Hospital discharge arrangements were effective with staff working to ensure people could return home from hospital in a timely way. The hospital discharge team undertook a brief assessment to identify a person's needs, the other part of the team based within the community would then visit the person at the discharge destination and carry out a full Care Act assessment. The discharge to assess team worked over 7 days with an out of hours team to respond to needs after 5pm. The hospital discharge team consisted of Social Workers, Community Care Workers, Nurses and Discharge Case Managers. The focus of the discharge team was to offer home first and there had been a 150% increase in the proportion of people discharged from hospital to home rather than to bedded care. A Bed Bureau nurse completed assessments for those with complex needs and also worked with care homes who may be struggling to meet a person’s needs.

Challenges included no overnight care in the community, which could make returning home more difficult for some people. Staff told us people could become dependent whilst in hospital, and overnight care whilst people readjusted initially could support those needs and, in some cases, could reduce the necessity for long-term residential care. Once home, staff could arrange emergency placements for people if needed, with mechanisms in place to escalate any delays.

Staff ensured they considered people’s needs and wishes holistically whilst in a medical environment. The discharge to assess process ran efficiently and effectively in most cases and there was overall good communication between the hospital and the team. Some staff felt there could be better discussions with locality teams however when people were admitted to hospital, as cases were closed to the locality teams, but sometimes this was for such a short period of time, it did not feel to be in the person’s best interests.

Mental health teams worked effectively with health colleagues to support people's needs. The specialist outreach recovery team worked with people who had long-standing mental health issues, working from the point of admission into adult mental health recovery inpatient units. The team comprised of professionals with a variety of skills in mental and physical health and the overall aim was to support people to continue living within the community. A home treatment team supported people in mental health crisis who were at risk of hospital admission. They were an alternative to hospital and supported people with their recovery at home.

Partners felt there could be sometimes a lack of information given to them around people's needs on discharge from hospital. Other care providers expressed similar concerns about whether people were always safe when moving between services, whether support was co-ordinated well, and felt communication between some teams could be better. Examples were given when contact details and addresses of people were incorrect and when people came home from hospital and providers had not been told.

Health partners were much more positive in terms of flow from the hospital and joint working with the local authority. A discharge to assess improvement group had members from the local authority, commissioned partner, acute health services and VCFSE as well as the commissioned carers service. This shared focus enabled them to explore practice and culture and how to grow the home first pathway. The next focus of the group was prevention of hospital admissions and reducing hospital stays.

Contingency planning

A number of mechanisms were in place to support people in an emergency. A first response team could be accessed over a 24 hour period which staff and partners could contact for support, for example, to find alternative accommodation for a person. This helpline provided advice, support and signposting, taking referrals of people not known to mental health services. Approved Mental Health Professionals (AMHPs) worked alongside a Community First Response team responding to referrals over a 24 hour, 365 day period. Supporting those with a mental health concern that had reached a crisis point by carrying out and coordinating assessments if hospital admission was required under the Mental Health Act.

An unpaid carers response service could also provide support to people in an emergency. However, one unpaid carer told us contingency planning was not something they had discussed as part of their assessment; and this may have been beneficial to them as the cared for person had high care and support needs.

Care providers had mixed views about contingency planning in practice with some feeling the local authority were responsive to risks and concerns, however others said they had not always been called back when they had contacted the local authority in an emergency, and in another example a provider had struggled to get support for a person during a mental health crisis.

The local authority undertook contingency planning to ensure preparedness for possible interruptions in the provision of care and support. There were plans and protocols in relation to different scenarios and information sharing arrangements were set up, in advance with partner agencies and neighbouring authorities, to minimise the risks to people's safety and wellbeing.

Providers were asked for business continuity plans when initially commissioned but said these were not necessarily reviewed afterwards. They described good arrangements where they were contacted when issues arose across the city to check their availability for care and were asked annually by the local authority whether there were any issues in relation to sustainability. In terms of business continuity planning, providers fed back in the past this had been better where they were linked with other local care services as it meant they could support each other in a crisis.

In examples given of closures of care services, the local authority carried out swift reviews of people to find alternative placements. The local authority had a tested decommissioning plan which enabled community providers to give an early indication of contingency issues and to seek help. The local authority's contingency procedure for domiciliary and supported living providers included a RAG rating to define the service status and any impact. This procedure stated providers must contact the local authority if their service status indicated a concern, and people who were deemed to be a high priority in terms of care needs, should then be reviewed.

The local authority demonstrated a commitment to learning following the closure of one local care home. Following this they requested the involvement of a local audit partnership to review processes and identify areas for improvement. One lesson learned was, consideration of including financial information on their provider risk tool could improve this oversight.

Contingency planning was tested through the Covid-19 pandemic and in a past emergency situation in the city leading to the evacuation of a large number of houses and a care home for people living with dementia. In this example, the local authority provided a rest centre, coordinating actions, whilst the commissioned partner provided staff. This approach allowed the local authority to act early, preventing further issues from developing. A debrief was carried out after the emergency evacuation. The objectives included organisational learning, and review of how the contingency plans could be further developed. A debrief form was sent to all staff involved and a number of learning points were identified leading to 17 recommendations being made.

Safeguarding

Score: 2

2 - Evidence shows some 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

National data for Plymouth was considered similar to the England average in relation to how safe people felt. For example, the Adult Social Care Survey for 2023/24 showed 90.55% of people who use services said those services made them feel safe and secure. This was similar to the England average (87.82%), and 69.82% of people who use services said they felt safe, this was also similar to the England average (71.06%).

Staff involved in safeguarding work were suitably skilled and supported to undertake safeguarding duties effectively. National data from the Adult Social Care Workforce Estimates for 2023/24 showed 50.78% of independent/local authority staff completed safeguarding adults training. Again, this was similar to the England average (48.70%). However, positively data from the same source, showed 45.93% of independent/local authority staff completed Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training which was considered better than the England average (37.58%).

There were effective systems, processes, practices to make sure people were protected from abuse and neglect. A new live data report monitored the waiting list for safeguarding enquiries. Safeguarding was managed jointly across the local authority and the commissioned partner staff teams. Senior staff told us this approach was flexible, and the current structure was good, with skilled staff, however this was being reviewed further now. An area where further development was needed was the lower conversion rate from concerns to Section 42 enquiries, and they wanted to better understand this.

A safeguarding project oversight group was in place and there was no waiting list currently for safeguarding. Cases were audited to ensure consistency, alongside some further targeted auditing work. An advice line had been set up for people and professionals. Staff told us the implementation of the advice line had been positive, and they attended care provider events to promote this. Positive feedback was also given about the advice line by some partners, stating this had improved the response time for safeguarding advice if they wished to discuss concerns. Other providers felt this could be less responsive however as they had not always got a response when they left a message.

Deprivation of Liberty Safeguards (DoLS) was one area of focus for improvement by the local authority. The DoLS team oversaw DoLS in care homes and hospital. Senior staff told us they had a waiting list which they acknowledged was quite high, however, they prioritised this using a risk tool.

As of 30 May 2025, there were 133 referrals awaiting allocation, with a median wait of 1 day (over a 12 month period) and a maximum wait of 515 days. The local authority currently had 50 people known to the Court of Protection relating to community DoLS. There were also 9 people where a DoLS in a community setting had been identified, and these applications were in progress.

The local authority had identified community DoLS management was an area for improvement. To address this, guidance was being developed, alongside bitesize training for staff. In addition, alerts on the local authority IT system recognised when a community DoLS had been authorised, also highlighting when an order was not in place. The majority of community DoLS applications were for individuals with learning disabilities, raising concerns that other groups, such as older people, may be underrepresented or could be overlooked by staff. The local authority had commenced an improvement plan to address this, and a management board had been put in place to help drive improvements around some areas of practice.

Team managers undertook quality assurance audits to assess if DoLS were evident in case work. Within the last 12 months, 324 audits had been undertaken identifying positive practice in relation to community DoLS with a small number of cases where improvements could be made, resulting in further training and coaching. Meetings were held with staff, the Principal Social Worker (PSW) and local authority legal teams to obtain legal advice, on situations where an application to the Court of Protection could be required. DoLS were also considered as part of staff supervision meetings with managers.

A range of safeguarding quality assurance arrangements were in place to ensure these were safe and effective. These included monthly case audits and regular supervision, plus monthly operational managers performance meetings. A monthly performance board reviewed performance and identified trends, with required actions leading to updated guidance or team feedback. The Plymouth Safeguarding Adults Partnership also commissioned annual independent audits, with audit areas identified through data monitoring or partner reporting.

The majority of partners spoke positively about safeguarding systems, processes and practices stating pathways were very clear, easy to access and ran smoothly. They told us concerns raised were responded to in a timely way and outcomes of enquiries were shared with them. Other partners described safeguarding teams working as very positive, with established links and described staff who were knowledgeable and supportive. Further feedback was the process of making a referral was easy, an online form could be used, or they could phone and responses from staff were timely.

A monthly Creative Solutions Forum had been in place for a number of years and complex safeguarding cases could be discussed here. Partners feedback was they felt this was innovative in that it included a number of external organisations to the local authority and therefore increased the support options for the person and the practitioner.

Some other partners feedback was that there could be a delayed response to hearing back with outcomes of safeguarding concerns in some cases or no feedback. However, feedback from the local authority was they felt this was more historical, as staff were now feeding back better and their data evidenced this. Other partners had been told referrals made did not meet the local authority safeguarding thresholds, which had meant they could feel more reluctant to refer in future.

Partners told us about the strength of integration with the local authority and the safeguarding adults' partnership where they were able to have challenging discussions where needed and the conversations were mature. However, it was felt the local authority could be more assertive in their challenge to other partners in relation to safeguarding sometimes. It was also felt an area of development required was in relation to staff understanding discriminatory abuse, as currently only 1% of safeguarding concerns came under this category.

The Plymouth Safeguarding Adults Partnership Annual Report 2023-2024 identified positive developments in community engagement work achieving their strategic priorities in prevention, engagement, learning and assurance. The local authority had responded to identified development needs, for example, by implementing the adult safeguarding advice line designed to provide advice and support for decision making in safeguarding referrals.

Responding to local safeguarding risks and issues

Positive feedback was received in relation to management of safeguarding risks. In one example, an unpaid carer told us how emergency accommodation had been arranged for the cared for person who had been financially abused whilst living in their own home. In a review of one case shared with us by the local authority, they identified there was learning in terms of a community DoLS application not being considered for one person in their home, when there were restrictions in place to manage their safety.

Staff told us in relation to management of DoLS they were particularly concerned about people on the waiting list who had been placed out of area. A DoLS steering group forum was chaired by the Director of Adult Social Care (DASS) and took place along with weekly DoLS tracking meetings. Community DoLS were discussed at this group however it had been recognised a separate forum for this would be beneficial.

Staff tracked the number of people waiting for DoLS currently and there were approximately 70 people on this list at the time of our visit with community DoLS included in this. A nationally recognised priority tool was used to prioritise cases waiting. A new triage process meant DoLS were triaged and monitored on a daily basis. Staff told us they were always conscious of the waiting list and consideration had been given to resource this area further with temporary staff.

Care home practitioners monitored care home residents who were on the DoLS waiting lists by completing waiting well visits to care homes, to consider the persons situation and any changes which would change their level of priority.

Staff were confident cases were managed and allocated appropriately by managers. Overall staff were positive about safeguarding risk management citing an honest culture within the local authority and an emphasis on learning. The safeguarding team also had 2 social care practitioners who completed Care Act assessments and reviews to consider provision of alternative supportive services for people to reduce risks. This helped social workers prioritise Section 42 enquiries.

There was a clear understanding of the safeguarding risks and issues in the area. The local authority worked with safeguarding partners to reduce risks and to prevent abuse and neglect from occurring. There was a strong multi-agency safeguarding partnership, and the roles and responsibilities for identifying and responding to concerns were clear. Safeguarding partners told us they empowered others to lead an activity, an example was a subgroup managing the Safeguarding Adults Reviews (SARs), always appointing an executive lead to provide oversight and give a clear overview of the assurance. Feedback was this approach had proved to be effective.

The local authority worked with the Safeguarding Adults Board and partners to deliver a co-ordinated approach to safeguarding adults in the area. Plymouth Safeguarding Adults Partnership had developed future plans for 2024 to 2025 across each of its 4 strategic priority areas. These included safeguarding pathways from adolescence to adulthood and developing workforce competency in the Mental Capacity Act 2005 in relation to adult safeguarding. The partnership planned to develop a new engagement strategy and communication plan, linked to the wider Plymouth Community Engagement Plan. Subsequently, 3 videos were produced exploring what safeguarding meant to people who had experienced it, to promote a better understanding and awareness. Senior staff told us the safeguarding partnership had been invaluable and the work they had done recently in terms of equality, diversity and inclusion would be used much more widely in terms of strengthening their social care data.

Lessons were learned when people had experienced serious abuse or neglect, and action was taken to reduce future risks and drive best practice. The two SARs commissioned by Plymouth Safeguarding Adults Partnership within the last 24 months shared some themes in common. Learning from SARs were shared with staff, for example, in one case where the person had self-neglected and refused support. Learning included staff utilising people's wider networks, being confident in the application of mental capacity assessments, and understanding the significance of behaviour more in the context of a person's life experience. Other safeguarding documentation showed action had been taken in response to these themes, including a review of the partnership learning and development strategy, and competency framework.

Staff told us learning from SARs could be a challenging process, considering emotive outcomes and looking inward in relation to the role the local authority had within these. However, there was a culture of being open and learning to improve practice or the outcomes for people.

Staff told us they used a 'longitudinal' approach to mental capacity assessments and the autonomous culture within the safeguarding team enabled them to do this. As for example, they might need to work with a person for longer to get the assessment right and were supported to do this.

Responding to concerns and undertaking Section 42 enquiries

As of the 30 May 2025 there were 46 safeguarding referrals awaiting an initial review with a median wait of 2 days and a maximum wait of 31 days. There were no Section 42 enquiries awaiting allocation. These had a median wait of 1 day and a maximum wait of 13 days between January to May 2025.

The local authority maintained statutory and commissioning responsibility for the triage and decision making about Section 42 thresholds being met for safeguarding under the Care Act. A Section 42 enquiry is the action taken by a local authority in response to a concern a person with care and support needs may be at risk of or experiencing abuse or neglect.

There was no split between the triage of safeguarding and Section 42 functions. Local authority staff and the commissioned partner staff were co-located working as one team. Other local authority staff teams told us when referring to the safeguarding team this could be a positive responsive experience, however also feeling sometimes like they were 'holding' the issues while waiting for the team to be involved. Some staff disagreed if safeguarding referrals did not meet thresholds and sometimes they were not told as to why.

Some providers felt there was less preventative work taking place around safeguarding and if people did not meet thresholds, were not always sure where else to go for support, especially where people had the mental capacity to make their own decisions.

Making safeguarding personal

National data from the Safeguarding Adults Collection for 2023/24 showed 34.62% of individuals lacking capacity were supported by an advocate, family, or friend. This was significantly worse than the England average (83.38%). Local authority guidance highlighted to staff the importance of 'Making Safeguarding Personal', understanding the views, wishes and desired outcomes of the adult and the need to consider the individual's mental capacity in relation to decisions around their situation.

Staff told us when they met with people they applied the making safeguarding personal framework. For example, staff always gathered feedback from people to be clear as to what the person wanted to happen, as well as gaining an understanding of the persons perception of safeguarding. A flexible approach was taken in relation to who should manage the safeguarding, dependent on the situation. For example, if there was an allocated worker and there was evidence to suggest the safeguarding team visiting the person would increase the risk, the allocated worker completed the visit instead.

Work was underway with staff, supported by managers and the PSW, to improve when people were asked about their desired outcome in safeguarding enquiries as in 13% of cases, it was documented people were not asked. Senior staff told us safeguarding data had improved in terms of outcomes for people. Feedback from the local authority was that in a small number of cases audits had identified that staff had incorrectly recorded people were not asked about outcomes, when they were, and this had now been addressed. In other examples, staff were unable to ask, due to reasons such as people being too unwell to say. They considered if staff were doing everything they should, and whether people were involved as part of the investigation. Monthly meetings took place with teams where safeguarding was discussed and making it personal practice was quality tested and checked.

Partners told us they felt safeguarding was managed well by the local authority and in one example where a person had issues relating to alcohol and hoarding, described the response from the safeguarding team as excellent, quick, creative and non-judgemental.

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: 3

3 - Evidence shows a good standard

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

A stable adult social care leadership team with clear roles, responsibilities and accountabilities was in place. The local authority directorate for adult social care was led by the Strategic Director for Adults, Health and Communities which incorporated the Director of Adult Social Services (DASS) role. The DASS was supported by 3 senior leaders who were responsible for Integrated Commissioning; Delivery and Performance across adult social care; and Community Connections. The DASS joined the team in September 2024, having worked in an interim capacity in the role from July 2023. To further support improvements, the local authority appointed a new PSW in 2024 whose role included embedding practice improvements and lead programmes of change.

Ten years ago, it was decided which Care Act functions the local authority retained and which they did not, whilst working in an integrated way with their new commissioned partner. The relationship between the local authority and commissioned partner was described as a good strong symbiotic relationship now. Regular meetings took place with senior leaders to discuss areas such as finance, commissioning, and any relevant areas of concern. The ICB place chair was often involved in these conversations too which evidenced a close partnership working.

As a new system leader, the DASS had built relationships with corporate colleagues and met with local communities. They acknowledged there had been some challenges, and doing the CQC preparation for assessment had pulled together data and information to help them form a view of adult social care in Plymouth, however also showed them where they needed to learn more. From this, an improvement plan developed with initial priorities of what they wanted to achieve and since then, there had been improvements month by month.

A new PSW had been in post for 10 months and was key to driving social work practice and improvements. They were supported by 2 practice educators and met with local authority leaders monthly. Since being in the role, changes had included reviewing training of social care staff and improving processes, including a new panel process for staff with a focus on learning. Comprehensive supervision audits were carried out to drive improvements where some areas were found to be good and other areas where improvements were needed. For example, that conversations between managers and staff were routinely recorded on systems.

There was a strong social care voice at the local authority, with local authority staff values aligning with health colleagues. Staff in the leadership team had a social care background, and the PSW was described as being ‘the voice of adult social care’. It was acknowledged there was a balance between being integrated, and ensuring their voices were not lost. However, feedback was the social workers still identified strongly as professionals in this integrated model and a World Social Work event had been held recently.

As well as a PSW there was a joint funded therapy lead for adult social care and the community equipment service. They worked as practice lead and manager, having an oversight of equipment. In their role they monitored policy and practice through line management and case load management, and the competence framework for OTs. There was currently a move away from providing care and support assessments to more therapy. Staff feedback was there could be challenges in maintaining the adult social care OT voice and the understanding of this varied across the integrated service.

People were positive about the local authority leadership at Plymouth. Some people had been involved in the training of staff in the co-production framework and told us there was a commitment to co-production by senior staff. People with lived experience had been involved in other areas such as interview panels for staff, receiving training and renumeration for this.

Good relationships with management enabled staff to have a high level of autonomy in their work, and they shared feeling valued and listened to. Direct line managers were described by one team as 'brilliant,' being good advocates for them. Another team gave an example of a change in an approach suggested by managers which staff objected to, and this feedback was listened to and respected, which resulted in them feeling valued.

Most staff told us their workload was manageable. Staff highlighted how resilient, committed and passionate they were, providing a service for people within the city. Some staff felt they still needed more of them as in some areas work had doubled. The local authority had responded in terms of trialing different ways of working, including streamlining some of the administrative tasks.

Senior staff told us the workforce was stable with no pay disparity between health and social care staff. Adult social care staff were part of the wider workforce at the commissioned partner with around 138 adult social care staff, compared to a large number of health staff. The governance systems had made this partnership work, and they felt very proud of this achievement.

Partners agreed capacity of staff could sometimes be an issue, impacting on communication. However, there were strong and open relationships with commissioners, and the potential to build stronger relationships with other senior leaders. The senior management team were described as very good in that they took issues raised on board and tried to address these, making partners feel listened to and able to influence.

Strong governance arrangements were in place to ensure Care Act duties were being carried out effectively. Updated governance arrangements had been strengthened by senior staff and a series of governance meetings took place including practice meetings, performance meetings and finance meetings. These fed into departmental meetings where other wider teams linked in. If any issues could not be resolved here, there was an escalation protocol to senior leaders.

A range of information sources were used in determining service effectiveness and quality. The local authority had developed an adult social care assurance model to understand and improve delivery across teams, directorates and delegated providers. This provided a system view of adult social care pressures, capacity, flow and needs in order to challenge poor performance and identify workforce training needs. Senior staff and practice leads linked into meetings that drew together quality assurance feedback, complaints, compliments, Ombudsman cases and serious incidents requiring investigation. These included monitoring of waiting lists, the use of audits, ongoing line management and supervision.

Data supported monthly performance meetings with operational managers and was crucial for good oversight of Care Act assessments waiting to be completed and timescales. Demand was tracked through initial contact, rates of assessment and outcomes. It had been identified there could be varied engagement from some managers with audits, which impacted on the local authority's oversight of quality and was being addressed.

The local authority culture was described as positive, caring and collegiate. The federated leadership team, of adults and children's services attended monthly Senior Leadership Team (SLT) meetings where they discussed performance, practice and scrutiny. The DASS had a weekly meeting with the adult social care portfolio holder, themed around performance, finance, practice and commissioning and then a 1 to 1 meeting to discuss any wider issues.

Leaders met with key partners regularly to ensure communication remained strong. The lead member for adult social care met with the chair of the board of the commissioned partner every quarter which also included the interim chief executive of the local hospital, which facilitated good collaboration between key stakeholder leads and better alignment of key strategic goals.

Political and executive leaders were well informed and engaged about the potential risks facing adult social care. Weekly portfolio holder briefings took place between the leadership team and the lead member for adult social care. The scrutiny committee met regularly. Briefings were sent out to all local authority members, to ensure they were kept well informed. The commissioned partner also attended the overview and scrutiny committee as part of the governance arrangements.

Overview and scrutiny members had good working relationships with leaders, working collaboratively with the lead member for adult social care. Feedback was it was important to ensure scrutiny was carried out properly to give a clear picture of any issues. The scrutiny management board oversaw performance and risks which highlighted areas where further work could be done to understand any areas of concern. Transitions of children to adults' services had been a recent focus for them in terms of making sure young people were getting the right care. Scrutiny was described as effective with a good focus on the areas that mattered. Members were supportive of the services, sharing a feeling of proudness of the integration.

Strategic planning

The local authority used information about risks, performance, inequalities and outcomes to inform strategies. People told us of their involvement with the development of the All-Age Unpaid Carers Strategy 2025 to 2027. Carers views were gathered and shared, including how they wanted concerns to be addressed. One of the unpaid carers involved in this stated this process made them feel heard, which they had not felt before. Other unpaid carers told us peer researchers for the local authority worked alongside them to gather their experiences to support the development of the strategy. There was a good level of engagement and service participation which was an integral part of building the strategy.

Occupational therapy had been identified as an area for improvement as part of a Local Government Association peer review in January 2025. The local authority embraced this opportunity to assess their performance and implemented a plan to drive ongoing change and improvements. Senior staff were now implementing the recommendations to address this with a therapy transformation plan. It was recognised there were some occupational therapy vacancies, but the transformation plan looked at how they could work more efficiently, use technology and reconfigure teams in a different way. This included how they were delivering the service in relation to the Disabled Facilities Grants. Technology was an area the local authority wished to focus on more now and they were developing a clear strategy and practice, as well as investing more in this area.

Senior staff told us waiting lists had continued to reduce, and a lot of work was still being carried out around reviews. Although the peer review was positive in getting people working more together, they already had an improvement plan which had helped them to focus more on waiting lists and included reviewing the safeguarding pathway. The theme was of 'back to basics'. Data was not in a good position 2 years ago, migrating old systems to new, which resulted in some data cleansing work being undertaken. More recently there had been a focused effort on performance. They previously lacked the detail however data was now more meaningful to build up a picture of where the issues were. For example, with more complex or long-term work taking place, they now understood more of this detail.

Health partners confirmed data dashboards enabled sharing of intelligence which had great benefits with the richness of data being shared, however acknowledged there were multiple different dashboards, and one wish would be to have one dashboard for all.

Strategic partnership working was effective in driving change and improvements across the city. Feedback from senior staff was the Plymouth Local Care Partnership had been a good vehicle as it brought together system leaders to talk about aspirations for the city and what the initiatives and priorities were. The Plymouth Plan (2014 to 2034) was an overarching aspiration for the city and was refreshed in 2023 in relation to prevention. There was a joint piece of work around safeguarding to think more about safeguarding processes and a commitment to the people of Plymouth about making this personal. Also making sure adult social care was visible in what was a health dominated system. The agenda for adult social care was around commissioning and a focus on the perspective of a person as opposed to 'services'.

The local authority had a 3-year plan in place for Adult Care and Support Services called Caring for Plymouth. This outlined a series of system wide transformation across adult social care and communities which were designed to improve people's experience and deliver improvements to the Plymouth care system. The local authority shared they had focused on shifting resource to prevention and early intervention, and reducing the need for statutory intervention, calling this 'community pull rather than hospital push'.

Partners had positive feedback about the leadership approach across the local authority in relation to strategic planning. One partner had been involved in some engagement work with unpaid carers with the strategic lead of the local authority to explore the long-term effects of caring. The recommendations from this were taken forward by the local authority to form part of their strategic carers policy.

Feedback from partners was safeguarding was given the appropriate amount of esteem and value by the local authority, and this was evidenced by the development of 2 additional roles with increased resources for the safeguarding adult partnership which strengthened their position in the future.

Information security

The local authority had arrangements to maintain the security, integrity and confidentiality of data, records and data management systems. Information sharing protocols supported safe and timely sharing of personal information in ways that protected people's rights and privacy. Staff told us consent forms were used when information was gathered, where people were asked about sharing of information. Information was shared with care providers anonymously in the first instance such as sharing of people's support plans to agree care provision. Safeguarding information was shared through a secure online form.

Security agreements varied between all organisations having different access requirements, with some only having minimal access, for example read only, while others different arrangements. The data and performance team worked closely with corporate governance colleagues on individual agreements to avoid misuse of data. There were analytics on what staff were accessing which identified what records were being viewed and whether the person accessing them had the agreed permissions.

The local authority had oversight as to what information staff were and were not entering into their IT system. There was information on missing data, where data was in conflict or if there were issues with the processes. This knowledge was crucial for maintaining data integrity and improving the efficiency and effectiveness of the local authority data. Corporate and organisational agreements were in place for staff with a number of different training courses available to understand the process around data collection and its uses.

Learning, improvement and innovation

Score: 3

3 - Evidence shows a good standard

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

The local authority and its commissioned partner demonstrated a strong and ongoing commitment to workforce development, with a strong, inclusive and positive culture of continuous learning and improvement. This included an emphasis on reflective learning, internal progression, collaborative working, and accessible training. Staff had regular access to a wide range of learning and development opportunities which supported them to deliver their responsibilities safely, effectively and confidently.

A workforce strategy outlined how they aimed to build, develop and retain the workforce. There was a clear focus on professional development and structured career pathways with a 'grow-your-own' approach which supported internal progression and long-term sustainability. One staff member told us they were supported with a secondment opportunity into a management role and another staff member told us they had worked within the local authority previously and although were new to adult social care, felt their skills and knowledge from previous roles were valued.

Staff consistently reported feeling supported in their roles and spoke positively about working in partnership with the local authority, many had worked with the commissioned partner for several years and described it as a good place to work. Staff highlighted there was a commitment to well-being with supportive line management and consistent access to meaningful training and development opportunities.

Training was not only accessible to staff but also extended to partner organisations helping to foster a skilled, resilient, and motivated workforce capable of meeting the needs of the community. This included training on safeguarding, digital skills and working with individuals whose behaviour may challenge others. The availability of such training contributed to improved multi-agency working and consistency in practice standards. Partners confirmed there were good training opportunities and the local authority provided updates on information around legislative changes.

Staff spoke positively about the quality and delivery of training aligned with individual learning and development goals, identified through supervision in addition to case file audits encouraging a reflective and tailored approach to development. One staff member told us they had weekly team meetings where continuous professional development took place and practice educators had weekly drop-in sessions for staff to seek advice and guidance. Reflective practice was embedded throughout, staff shared examples of how visiting services and engaging directly with people helped them to deepen their understanding of lived experiences and enhance their appreciation of the impact of their work.

Registered social workers had opportunities to enhance their social work practice through qualifications such as Best Interest Assessor (BIA) and Practice Educator. These opportunities contributed to building a confident, skilled, and competent workforce however, recruitment and retention of BIAs remained a challenge. Although the local authority had committed to training a set number of Assessors each year, these targets had not been met, resulting in a waiting list for training and increased pressure on services for those people who required a DoLS assessment.

The Assessed and Supported year in Employment (ASYE) programme for newly qualified social workers was well-regarded and demonstrated good retention rates. It supported a close working relationship with a local university. Additionally, 6 social work apprenticeships were offered in the past year with guaranteed roles upon completion, which reflected the commitment to nurturing those entering adult social care to support a more sustainable workforce.

Staff described working in integrated teams as supportive and collaborative, to which many appreciated the opportunity to work alongside experienced colleagues who generously shared their knowledge. We heard how working in a multidisciplinary collective highlighted strengths which helped to foster greater flexibility, shared responsibility, and a strong sense of collective capability.

The integrated model between the local authority and the commissioned partner was seen to enhance service delivery, allowing professionals to draw on each of their strengths and deliver a more responsive, person-centred approach. Despite the positive culture of learning and development, some challenges were identified through staff feedback surveys. A key concern was staffing levels; with many reporting they did not feel there were enough team members to meet the service demand which had resulted in staff frequently working beyond their contracted hours. Nonetheless, staff remained committed and described an overwhelmingly positive experience working within the local authority and commissioned partner, and they recognised efforts to support newly recruited colleagues through comprehensive induction training, mentoring and team integration initiatives.

The skills and workforce coordinator worked closely alongside quality and commissioning teams within the local authority as part of the 'Caring Plymouth' initiative. This collaborative effort brought together stakeholders and partners for a coordinated approach to educating people about the integrated partnership. There was a focus on recruitment and retention in the wider context, supporting those to sustain careers and support around progression. The local authority organised an event called 'Celebrating Excellence in Care Awards', staff told us they were overwhelmed upon receiving their awards, strengthening positive relationships and celebrating success.

The local authority was increasing its co-production efforts to be a core principle in its approach to delivering services by working in partnership with people who used services to shape and improve care. There was an emphasis on ensuring people with lived experience were not just recipients of care, but active in designing and evaluating services. One person shared an example of a new respite and day service being developed in a central location within Plymouth to replace two older facilities. The decision to build these new services was made in consultation with people with lived experience, who expressed a desire for something different. People with lived experience were directly involved in the design of these services, with one person sharing they would like to be present when the building work began, while another expressed a strong emotional connection to the project.

Unpaid carers played an active role in developing a carers strategy where they were encouraged to voice their concerns and suggest ways to address them. Feedback was collated and shared with the local authority and across teams.

People with lived experience were key contributors in selecting service providers during a tendering process. People who were part of this process received training beforehand which allowed them to offer honest constructive feedback.

The local authority was fostering a culture of shared responsibility to ensure services were better aligned with the needs of the community. Building strong relationships with those with lived experience and also with partners and stakeholders by utilising data and insights, the local authority was able to identify areas for improvement. Staff told us there was an improvement plan which had been developed focusing on key priorities where positive changes had already been identified; this demonstrated a proactive approach to continuous development around service delivery.

Learning from feedback

Learning from audits and lived experiences feedback was consistently shared during regular meetings, providing staff with the opportunity to reflect on their practices and improve outcomes for people.

Staff told us feedback on a person's journey was regularly shared during team meetings. Feedback requests were included in closure letters sent to people, their families or representatives, to which the information provided a chance to recognise the positive impact of services on both the person and their family, and also highlighted any improvements which could be made.

Providers told us they had opportunities to attend provider forums, where they could share their views and provide feedback. One partner felt the voices of people with lived experience were a top priority. For instance, interviews were conducted with individuals who had gone through the safeguarding process. As a result of this feedback, the Safeguarding Adults Partnership Board revised the safeguarding concern form to allow feedback to be collected both at the start and conclusion of the process. This adjustment enabled improved collaboration with people who had direct experience.

There were processes in place to ensure learning occurred when things went wrong as well as from examples of good practice. Leaders encouraged reflection and collective problem solving. The customer care team handled all complaints related to adult social care services. This ensured a full investigation had been conducted, with outcomes in any lessons learned being shared. Those raising concerns were informed about the actions to be taken, and this information was passed on to the relevant teams within the organisation to implement any necessary changes.

The customer care team worked closely with the local authority to keep them informed about complaints as well as to report any emerging themes. The local authority and the commissioned partner policy aligned with the ombudsman's principles and focused on getting things right, being person-centred, open and accountable, acting fairly and proportionately, and striving for continuous improvement.

Complaints received were managed in a consistent, transparent, and responsive approach. The uphold rate for complaints was 100%, which was above the average of 73.36%. A total of 1 detailed investigation was carried out, less than the average of 4 for this type of local authority. There were no incidents of late compliance, compared to the average compliance rate of 18.20%. Additionally, there were no late remedies recorded. These figures represented timely and appropriate action in response to complaints.

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