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To: Adult Social Care and Public Health Cabinet Committee
– 8 July 2026

Subject: **Care Quality Commission Improvement Plan Update**

Classification: Unrestricted

Summary: This report provides the Committee with an update on the progression of improvement activity following the findings of the Care Quality Commission assessment of Kent County Council's Adult Social Care function, in fulfilling their obligations under Part 1 of the Care Act 2014.

Recommendation(s): The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the improvements to date and future improvement activity.

1. Introduction

- 1.1 In April 2023, the Care Quality Commission (CQC) Local Authority Assessment Framework was introduced, designed to evaluate the quality and effectiveness of services provided by local authorities under the Care Act 2014.
- 1.2 Kent County Council's Adult Social Care CQC assessment took place in October 2024, with the final report on the 16 May 2025 with an overall rating of "Requires Improvement".
- 1.3 The Adult Social Care and Public Health Cabinet Committee was last provided with a report in July 2025 which detailed the findings of the CQC assessment, and the improvement activity planned by the Adult Social Care and Health Directorate.
- 1.4 This report seeks to provide an update on the reporting mechanism to the Department of Health and Social Care (DHSC). It also sets out the revised priority areas following consultation with, and approval by, KCC senior management teams and approved by the Partners in Care and Health (PCH) acting on behalf of the DHSC (Appendix 1), and the actions being carried out and their impact. Finally, provides a summary of the future assessment processes by the CQC.

2. Background

- 2.1 The Health and Care Act 2022 gave the CQC new regulatory powers to undertake independent assessment of care at a local authority and integrated care system level. The Care Act 2014 sets out the legal framework for the provision of Adult Social Care in England.
- 2.2 In April 2024, the CQC launched a new single assessment framework for providers, local authorities and integrated care systems. For local authorities the assessment framework uses a subset of the quality statements from the overall assessment framework. This is because local authorities are being assessed against a different set of statutory duties (Care Act 2014) to registered providers.
- 2.3 The Assessment Framework for Local Authority Assurance comprises nine quality statements mapped across four overall themes. Each theme is also aligned to;
 - I statements – what people expect and based on the Think Local Act Personal – Making it Real Framework.
 - We statements – commitments local authorities must commit to, to deliver high-quality, person-centred care.

Table 1- Quality Statements

Four Themes	Nine Quality Statement
How the local authority works with people	Assessing needs
	Supporting people to live healthier lives
	Equity in experiences and outcomes
Providing Support	Care Provision, integration and continuity
	Partnerships and communities
How the local authority ensures safety within the system	Safe systems, pathways and transitions
	Safeguarding
Leadership	Governance, management and sustainability
	Learning, improvement and innovation

- 2.4 The CQC provide a one-word score for each quality statement (inadequate, requires improvement, good and outstanding), and provides an overall one-word rating for the local authority. The report also provides an overall percentage to indicate whether the local authority is nearer the upper or lower threshold of a rating.
- 2.5 As part of their assessment of local authorities CQC uses a number of evidence categories and approaches, to inform their overall assessment which includes key documents, understanding people’s experiences and feedback from staff, leaders and partners.
- 2.6 The CQC has now completed all 153 assessments, with final reports expected to be published over the coming months. Following their completion of the initial round of assessments, the CQC have updated their approach and guidance for future assessments, based on stakeholder feedback and learning. This is described later in this report.

3. Assessment of How Kent Adult Social Care Discharged the Local Authority Responsibilities

- 3.1 Adult social care's assessment commenced on the 18 March 2024 with a notification of assessment, with the on-site assessment taking place the week of 1 October 2024. Kent's Final report was published on the 16 May 2025 with an overall rating of "Requires Improvement".
- 3.2 The findings of the CQC assessment aligned with KCC's own self-assessment of its adult social care services, and CQC acknowledged the council's improvement successes and ongoing plans in line with its Making a Difference Every Day Adult Social Care Strategy.
- 3.3 We were aware of significant improvements to be made with the length of time people were waiting for an assessment, review of care and support and safeguarding enquiries. Due to the transition to new ways of working, some areas of practice varied, and actions were already underway to improve consistency in both our approach, and our practice. Significant commissioning activity was also in progress to ensure there is sufficient care and support available to meet future demand across our communities.
- 3.4 However, there were two areas in which we were rated as "Good" higher than we scored ourselves in our own self-assessment. These were:
- Equity in Experience – which evaluates how well a local authority identifies and addresses the needs of people, their experiences and outcomes of social care especially for people at risk of disadvantage; and
 - Learning, Improvement and Innovation - recognising how we promote continuous learning and professional development amongst our workforce, encourage a culture of reflection and improvement across the organisation, supporting innovation and new ways of working to improve care and support need outcomes for people.

4. Monitoring and Reporting Progress

- 4.1 Following the final report the directorate aligned all current improvement activities into one plan which supported the findings of CQC. These were applied thematically to the CQC Assessment Framework and were the basis of monitoring our improvement journey. Our Improvement Plan was shared with the Department of Health and Social Care in August 2025.
- 4.2 Due to the "Requires Improvement" rating we have been required to provide quarterly assurance reports to the DHSC (via PCH consultant appointed by DHSC) on the progress of our improvement activity. Following our initial plan which was shared in August 2025, additional quarterly returns were submitted in November 2025, February 2026 and May 2026, with our next return due August 2026.
- 4.3 Following leadership changes the directorate sought to refine and revise the action plan to focus on core and priority areas of the local authority functions. Whilst we continue to pursue our ambitions as set out in our initial

improvement plan, we have refreshed our key measurements to ensure we are effectively tracking improvement, sustaining positive progress whilst paying particular attention to those areas which require further intervention. Our updated priority improvement activity and key measures can be found in Appendix 1.

- 4.4 We have also taken up a support offer from PCH. PCH is a collaboration between the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). PCH play a key role in supporting local authorities through the CQC assurance process, especially post-publication when a council is rated as "Requires Improvement" or lower.
- 4.5 Our improvement partners have recently undertaken a review of four key areas of improvement; Leadership and Governance, Commissioning, Care Management and Safeguarding. The review reported in May 2026 and set out a number of recommendations. These are now under review and will be reflected in a combined Delivery Plan for the Directorate covering our Business Plan 2026/2027 priorities, the CQC improvement actions and PCH recommendations.

5. Our Improvement Journey

- 5.1 The following section details a number of improvements which have been achieved following the CQC assessment and identifies areas where we continue to prioritise our efforts to seek improved quality, practice and performance.

5.2 Theme 1 How Kent County Council Works with People

5.2.1 Improving Waiting Times for Assessments

- 5.2.2 The number of care needs assessments completed in Q4 2025/26 was slightly lower than previous quarters as teams balanced assessment, review and safeguarding priorities. However, completions increased month by month during that quarter, peaking at 1,478 in March, with just over 1,200 completed in April 2026.

Table 2: Care Needs Assessments:

	Q2 2025/26	Q3 2025/26	Q4 2025/26
The number of incomplete Care Needs Assessments (on last day of quarter, not started)	2,070	2,031	1,928
The percentage of completed Care Needs Assessments being eligible	65%	67%	66%
Median waiting time of completed Care Needs Assessments	24 days	23 days	27 days

- 5.2.3 The number of care needs assessments not started has been decreasing, and whilst there has been targeted work at completing those care needs assessments in progress for the longest time, the median time for completion increased in Q4 2025/26, this is now expected to reduce. Levels of eligibility

for care and support with adult social care has remained consistently around 66%, the aim is for this percentage to increase.

5.3 Improving the Timeliness of Reviews of the Care and Support Plan

- 5.3.1 Review completion has increased across the County since December when compared to the previous year, with a focus on oldest and first reviews. In Q4 2025/26, 13% more reviews were completed than in the same quarter last year.
- 5.3.2 Whilst there have been increases in the number of completed reviews, there have also been increasing numbers of reviews scheduled to be completed, leading to more recent increases in those overdue, however these numbers are considerably less than when we had the CQC assessment.

Table 3: Reviews of the care and support plan:

	Q2 2025/26	Q3 2025/26	Q4 2025/26
The number of overdue first reviews (on last day of quarter, not started)	1,238	1,309	1,392
Median waiting time of completed first reviews	35 days	43 days	56 days
The number of overdue ongoing reviews (on last day of quarter, not started)	5,387	5,327	5,499
Median waiting time of completed ongoing reviews	140 days	173 days	167 days

- 5.3.3 The focused review team, established in November 2025, increased productivity in March 2026, supporting overdue reviews for people with learning disabilities and mental health needs in residential or supported living settings.

5.4 Improving Support for Carers

- 5.4.1 The carers service is jointly commissioned by KCC and the NHS Kent and Medway Integrated Care Board (ICB), with co-production from carers throughout the commissioning process. The service has been redesigned and recommissioned, now moving into contract mobilisation the service will
- introduce a single point of access for carers support services which is well promoted and marketed.
 - increase the focus on the benefits of completing a carers assessment
 - ensure a more local community-based approach.
- 5.4.2 The Carers Health Needs Assessment has reviewed quantitative and qualitative data from the Kent and Medway Care Record, voluntary sector providers, social care teams and carers, with 960 responses received. Initial findings are now being shared with partners and people with experience groups to co-produce recommendations which will inform priorities, resource allocation and service planning for carers in Kent.

5.4.3 A new Carers' Voice Group has been established, which is co-chaired by an Assistant Director and Carer with understanding people's experience. The group is attended by carers and will oversee delivery of the Kent Adult Carers' Strategy 2022–2027, shape the delivery plan for the Carers Health Needs Assessment and mobilisation of the new contract.

5.5 Improving Occupational Therapy to Support Enablement and Independence

5.5.1 A short term Occupational Therapy Managed Service was put in place which increased access to Occupational Therapy Assessments, helping people's care and support needs to be met more quickly. The service ended in March 2026 after assessing 168 people and enabling people across West and North Kent to be seen one month earlier. Referrals to District Councils for Disabled Facilities Grants (DFG) increased, helping more people access essential housing adaptations. Occupational Therapy capacity has also increased in short-term bed units, strengthening enablement support. Around 70% of people return home, including 11% independently.

5.6 Improving Waiting Times for Equipment and Aids

5.6.1 The County Technician Service continues to support independence through minor adaptations and trusted assessor functions for bathing and small equipment. Work is underway to improve online access, expand self-assessment and direct provision, and offer trusted assessor training to social care practitioners and voluntary providers with Medequip's clinical team. Medequip is a community equipment service jointly commissioned by KCC and the ICB. The contract went live August 2025 following the closure of equipment provider NRS Healthcare. The service is performing strongly and relationships with the ICB and Medequip remain positive.

5.6.2 Community presence is increasing through regular library sessions for the Technology Enhanced Lives service, raising awareness of prevention-focused technology and building local partnerships. Teams have also worked with a supported living provider to reduce waking night staff from three to two through technology. These activities form part of Developing Preventative Support and Pathways being progressed under the Adult Social Care Prevention Framework 2025/2035.

5.7 Direct Payments

5.7.1 The number of people receiving care and support through a Direct Payment in Kent increased from 2,992 in April 2025 to 3,273 in March 2026, with 3,276 recorded in April 2026. This reflects the transfer of the Young People's service into adult social care in September 2025, alongside continued emphasis on Direct Payments to support choice, control and independence.

5.7.2 Direct Payments provided directly to carers increased from 658 in April 2025 to 678 in March 2026, with 673 recorded in April 2026. Q4 2025/26 saw the highest level in over two years, at 724. This reflects wider work to improve

carers' awareness of their rights and entitlements, strengthen assessment routes and promote flexible support options. The recommissioned carers assessment and support service, due to go live in August 2026, will place greater emphasis on outcomes, independence and personalised support, creating stronger conditions for carers to use Direct Payments.

6. Theme 2- Providing Support

6.1 Commissioning Leadership

6.1.2 The Adults Commissioning structure has been redesigned to establish clear portfolios of work and strengthen leadership capacity. This revised structure provides a stronger foundation for delivery and accountability.

6.1.3 There is clear alignment with our Commissioning Intentions (2025–2027), which set out our core priorities: improving sustainability and quality oversight, aligning supply with population need, and ensuring services reflect current demand, market conditions, and evolving delivery models. Our approach to Market Shaping is now explicitly articulated within the Commissioning Intentions. This includes a commitment to regular provider forums to strengthen collaboration, a shift towards proactive engagement rather than reactive responses, and ongoing dialogue with the market to anticipate challenges and co-design solutions. Across all commissioning activity, we ensure people with experience are actively involved.

6.2 Improving Relationships and Communication with Providers –

6.2.1 Provider engagement continues across major recommissioning programmes to help shape future tender specifications. Members of the Commissioning Senior Leadership Team attended the Kent Integrated Care Alliance (KICA) Conference on 14 May 2026 to share progress and strengthen market relationships. Provider forums have been reviewed and refreshed, with the first session on 24 June 2026 which was attended by over 100 providers; further local sessions are planned across districts. KCC has also committed funding to support the next Kent Registered Managers Conference which is being held in September 2026.

6.3 Partnership Working

6.3.1 The collaborative approach with the Voluntary Community Sector Enterprise (VCSE) to design future wellbeing services has been praised, and the VCSE has felt more of a partner. People with experience working groups are in place to help with recommissioning of the Supported Living Service, ensuring their feedback informs our future actions. The Kent and Medway VCSE Steering Group has set up a subgroup for commissioning focused discussions, these take place on a quarterly basis and have been established since December 2025.

6.3.2 We have worked in partnership with ICB Commissioning colleagues to agree the Better Care Fund for 2026/207 creating new opportunities for the future.

Workshops have been set up to review the current schemes, and the current Section 75 legal arrangement is being revised.

- 6.3.3 A new Joint Brokerage Team is in place to facilitate placements on discharge, feedback from providers is showing benefits of less fragmentation, on who and when to talk to system owners to support discharge planning.

6.4 Ensuring the Quality of Local Services

- 6.4.1 Leadership governance has been strengthened to bring commissioning and operations together in a collective approach to quality assurance. Six-weekly meetings between the CQC and the Commissioning Leadership Team also began in April 2026, using provider data to inform oversight and action.
- 6.4.2 Quality assurance and compliance requirements are being strengthened in new contracts, including Homecare and Older People Residential and Nursing, reflecting learning from the CQC assessment.

6.5 Sustainability of the Care Market

- 6.5.1 An audit review has been undertaken on provider failure risk. The purpose of the review was to improve early detection of quality, operational, or financial issues to support early intervention to resolve them. The areas for development will be followed up over the next reporting period. A lessons learnt exercise has been completed for the failure of the contracted community equipment service provider so learning and appropriate contingency arrangements are put in place for the future.

6.6 Use of Insight and Co-production

- 6.6.1 As part of the Commissioning realignment a new Commissioning Insight and Intelligence Manager role has been created. This role will ensure better use of data and insight to inform commissioning decisions, a stronger voice for providers through structured engagement and increased co-production. Under this post there is a team of six Social Care Involvement Officers to obtain feedback from providers, communities and those drawing on care and support to provide feedback to shape service design.

6.7 Hospital Discharge Pathways

- 6.7.1 Work is underway to develop a whole-system approach to hospital discharge and admission avoidance in Kent. This includes reviewing discharge pathways and services, including Better Care Fund provision, to identify gaps, inconsistency and duplication across localities. The aim is to improve discharge so it is timely, less reactive and more person-centred, reduces avoidable admissions through prevention and community alternatives, and aligns health and social care through integrated planning, governance and data-led decision-making. A proposed Hospital to Home model has been developed in line with the Neighbourhood Health Model. The model would move adult social care from a reactive end-of-stay role to a more active

presence throughout the hospital journey, with earlier planning, consistent ward-based decisions, standardised pathway allocation, and structured community recovery support.

6.8 Mental Health Pathways

- 6.8.1 A diagnostic review is underway to assess Mental Health Pathways and identify gaps across Adult Social Care and the wider system commissioning. It is due to complete in August 2026.
- 6.8.2 A workshop took place on 3 June 2026 with the Kent and Medway Mental Health System's Clinically Ready for Discharge Working Group and focused on clarifying roles, responsibilities and pathways, strengthening collaboration, and agreeing practical actions to reduce delays and improve flow from acute inpatient beds. Next steps include developing a shared language which will be agreed through upcoming meetings, alongside further work to map system pathways and confirm priorities for action.
- 6.8.3 KCC and the ICB are also reviewing jointly commissioned high-cost care packages and developing a business case for a step-down facility to support discharge, rehabilitation and reablement following acute mental health admission.

7. Theme 3 – How the County Council Ensures Safety in the System

7.1 Safeguarding Practice and Decision Making

- 7.1.2 Work is underway to improve decision making on safeguarding thresholds and reduce inappropriate referrals. Analysis shows 2,899 referrals received between April 2025 and March 2026 were lower-level incidents (which do not meet the Care Act Section 42 statutory criteria), and a notification process is being developed to record these outside the safeguarding route while still capturing system intelligence.
- 7.1.3 Alongside this, improvement support is being provided through partnership with a local authority acting as a critical friend focusing on understanding the impact of inappropriate safeguarding referrals on resources, developing alternative pathways where Section 42 is not indicated, and strengthening the quality assurance framework for safeguarding practice.
- 7.1.4 Other improvements include strengthened Power BI (reporting application) triggers highlighting where a person may have had a previous experience of safeguarding Recording of Making Safeguarding Personal outcomes is now mandatory and performance remains strong, with over 90% of desired outcomes recorded as achieved or partly achieved.

7.2 Delays in Safeguarding Processes and Waiting Times –

- 7.2.1 Safeguarding activity remained high across 2025/2026, although concerns reduced overall before a March increase, particularly in Ashford, Canterbury and West Kent. Teams are focused on reducing enquiries open over nine months and concerns open over three months, and the volume of long-open work has been decreasing since October 2025. Further work is needed to reduce duplication, improve resilience and support timelier practice.
- 7.2.2 Deprivation of Liberty Safeguards (DoLS) demand also remained high in 2025/26. All applications received before April 2021 have now been assessed, with work continuing to prioritise 2021/2022 cases. Ongoing data validation has strengthened waiting list management and statutory returns, with validation errors significantly reducing year on year. A PCH improvement report will inform the next phase of the DoLS improvement work.
- 7.2.3 The Supreme Court reversed the 2014 Cheshire West judgment, overruling existing DoLS guidance. The court has ruled that a person who lacks capacity can still give valid consent to their confinement. The numbers of people who are considered deprived of liberty will be reduced significantly. Many people currently subject to deprivation of liberty orders or authorisations who are not in fact being deprived of their liberty will need their cases reviewed. In brief, this judgment represents a fundamental shift in the legal understanding of deprivation of liberty, moving away from a clear threshold-based test to a more nuanced and context-dependent assessment. Strong senior oversight will be required to ensure local practice remains legally robust, operationally consistent and aligned with safeguarding responsibilities while the wider implications of the judgment are worked through.

7.3 Communication and Feedback with Partners –

- 7.3.1 Communication and feedback with partners is being strengthened through improved provider feedback, engagement and shared learning. Template letters introduced in April 2026 now provide more consistent feedback to referrers on safeguarding outcomes. Provider sessions on what makes a good safeguarding referral, supported by a one-page resource, are helping improve referral quality and understanding of thresholds. Engagement has also taken place with the Kent and Medway Mental Health Trust, with further partner sessions planned.
- 7.3.2 The Strategic Safeguarding Unit continues to share learning through newsletters, countywide meetings and regular reporting, including findings from the Kent and Medway Safeguarding Adults Board (KMSAB) Homelessness Audit and wider safeguarding assurance work.

7.4 Multi Agency Working-

- 7.4.1 Multi-agency working is being strengthened through audit, shared learning and partner engagement. The Strategic Safeguarding Unit has worked with KCC Analytics to develop a Safeguarding Adult Review (SAR) and Domestic Homicide Review (DHR) dashboard, improving oversight of referral patterns and protected characteristics. Learning from the KMSAB Homelessness Audit, the Healthy Homes, Safer Lives workshop and a KMSAB safeguarding referral audit has informed changes to practice, including stronger housing engagement and improvements in Mosaic relating to Children's Services and transitions
- 7.4.2 Work with the Kent and Medway Mental Health NHS Trust has also led to improvements in safeguarding triggers and referral processes for people in mental health crisis. Across the wider programme, there remains a strong focus on shared accountability, appropriate pathways and improving consistency across the safeguarding system. More details of the completed on ongoing work can be found in the report provided to this Committee on 6 May 2026.

7.5 Transition for Young People

- 7.5.1 Since October 2024, transition practice has been strengthened across adult social care. In April 2025, the former Strengthening Independence Service (18-25) transferred from Children Young People and Education (CYPE) to Adult Social Care and Health (ASCH) as the Young People's Team, with the four locality teams brought under a new County Transitions Manager role to provide both operational leadership and strategic oversight of transition practice.
- 7.5.2 In September 2025, case recording and payments moved into Mosaic, reducing the number of systems used in the transition process from three to two. Initial changes have also been made to support Keeping in Touch requirements for Care Leavers, with further development planned.
- 7.5.3 A jointly developed Community of Practice has also been introduced across CYPE and ASCH to support more seamless transitions between children's and adults' services. We continue to support established transition pathways through Children's Transition Panels, joint working with Disabled Children's Teams. Partnership work with Special Educational Needs and Disabilities (SEND) is helping identify issues affecting young people with Education, Health and Care Plans, with the aim of strengthening earlier joint planning and decision-making.

8. Theme 4- Leadership

8.1 Leadership and Oversight

8.1.2 The Adult Social Care Senior Leadership has seen a number of personnel changes over the last 18 months. Stability and prioritisation have been provided by the Interim Director of Adult Social Services (DASS) with an improved and enhanced focus on performance improvement. This includes weekly review at a Directorate Management Team (DMT) level using a consistent visual tool demonstrating where targets have been met, as well as a risk-based approach with early warning indicators to enable corrective action to continue to improve and sustain performance. We have recently established our joint Senior Leadership Team meetings, bringing together members of both operational and commissioning teams to ensure we are working as one Adult Social Care, with a clear outline of priorities for our workforce to ensure absolute clarity of objectives for the Directorate. A new permanent Corporate Director for Adult Social Care and Health (DASS) is in post leading the DMT.

8.2 Improved Communication and Connection with the Workforce

8.2.1 An internal communications plan was agreed by our DMT and is now embedded. This includes weekly all-staff communication to increase frequency of workforce communication and business updates with introductions from each Director to encourage visibility and connection. Weekly leadership meetings are also now all held in person, with leadership remaining on site to ensure visibility to the workforce. Positive engagement and feedback has been received from managers on the leadership approach

8.3 Strategic Planning

8.3.1 The Kent Adult Social Care Strategy and Kent Adult Carers' Strategy (2022-2027) are being refreshed for 2026/2028 to ensure our Making a difference every day vision and core principles are contextualised within the changing landscape. This has already included engagement with around 70 managers through our Senior Leadership Team and Extended Senior Leadership Team workshop sessions. Work on refreshing the strategy is in progress and now references the Council's Strategic Statement, KCC and Adult Social Care Business Plans and the need to manage affordability and demand whilst putting the person first, improving all the time and measuring what matters.

8.4 Workforce Planning

8.4.1 Thorough staff engagement and analytical review was undertaken in 2025 to develop a Strategic Workforce plan for 2026/2028. Our Strategic Workforce Plan is based on ensuring we have an appropriately resourced, skilled, supported and motivated workforce in place to support the people we serve. Our workforce plan will focus on ensuring we address skills gaps, recruitment and retention challenges, development opportunities and wellbeing concerns. We continue to grow our own workforce through Apprenticeship with an

ongoing commitment for 10 Social Work and 5 Occupational Therapy Apprenticeships onboarding this year.

8.5 Quality Assurance

- 8.5.1 Practice and thematic audits have increased across operational teams and the Practice, Policy and Quality Assurance service, reinforcing the focus on learning and practice improvement. Learning from previous audits has also been embedded through development sessions including trauma-informed supervision, stronger use of the Risk Prioritisation Tool, and Disability Related Expenditure Assessment (DREA) training and drop-ins for managers and practitioners.

8.6 Using Innovation and Improving Productivity -

- 8.6.1 All staff now have access to 'Beam Notes', a digital Artificial Intelligence (AI) tool designed to reduce the administrative time spent on the writing up of assessment for care and support. Use of AI tools means practitioners can devote a greater proportion of their time to direct work with people, including having meaningful, person-centred conversations about their needs, outcomes and wellbeing

9. Future CQC Assessment Process

- 9.1 Now the CQC has completed the first round of local authority assessments, it has updated its future approach based on learning and stakeholder feedback.
- 9.2 A comprehensive assessment covers the full framework, including information return, stakeholder and user feedback, and usually an on-site visit. It results in a published report and can change the local authority's rating. For Kent, the usual maximum period between assessments is three years from publication of the last report, although this may vary depending on risk, assurance meetings, self-evaluation and local government reorganisation. The CQC intends to provide 6–8 weeks' notice before assessment and follow a similar process to the October 2024 assessment.
- 9.3 Focused assessments take place between comprehensive assessments, usually not in the same year, and may respond to specific risks or national priorities. They examine particular themes or quality statements in more depth and result in a published report, but do not change a local authority's rating. The CQC will confirm the focus when announcing the assessment and may widen this if additional risks emerge.
- 9.4 The CQC assurance meetings mean each local authority will have a named lead contact and regular scheduled discussions. These meetings will help the CQC understand local context, improvement progress and emerging risks, informed by self-assessment and other data. They will not result in a published report, but the frequency may vary depending on risk.

10. Preparation for Future Assessments

- 10.1 To ensure adult social care is prepared for future assessments , a small task group will be established to look at preparatory activity to support both focused and comprehensive assessments. This task group will ensure review and refresh of key materials such as the self-assessment, evidence for information returns and workforce support and communication.
- 10.2 As part of the preparatory work, adult social care will also undertake their own “Mock” assessment on a few focussed areas to review the ongoing improvements, the CQC requirements and staff support requirements as part of the refreshed guidance.
- 10.3 The CQC will consider the impacts and risks from local government reorganisation for individual local authorities, and they may adjust their schedule of assessments in response. This could include adjusting the maximum timeframe for assessment, prioritising assessments or considering if other means of assurance is required for example additional assurance meetings.

11. Conclusions

- 11.1 Adult Social Care has made some progress since the CQC assessment, with improvement activity now more focused, better aligned to priority areas and supported by stronger performance oversight. Progress is evident across practice, safeguarding, partnership working and leadership, although some areas still require sustained improvement, particularly timeliness and consistency. The next phase will focus on embedding change, responding to external review feedback, and strengthening readiness for future CQC assurance.

12. Recommendations

12.1 Recommendations: The Adult Social Care and Public Health Cabinet Committee is asked to **NOTE** and **COMMENT** on the improvements to date and future improvement activity.

13. Background Documents

Kent County Council Local Authority Assessment

[Kent County Council: local authority assessment - Care Quality Commission](#)

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[Improvement Plan.pdf](#)

Care Quality Commissioning Assessment Framework for Local Authority Assurance

[Assessment framework for local authority assurance - Care Quality Commission](#)

Think Local Act Personal – Making It Real
[Explore Making It Real - Making It Real](#)

Making a Difference Every Day Adult Social Care Strategy.
[Kent Adult Social Care Strategy 2022 - 2027](#)

Adult Social Care Prevention Framework
[The Adult Social Care Prevention Framework 2025-2035](#) .

Commissioning Intentions
[Commissioning Intentions 2025 to 2027 - Kent County Council](#)

14. Appendices

Appendix 1 - KCC CQC Updated Improvement Plan, July 2026

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