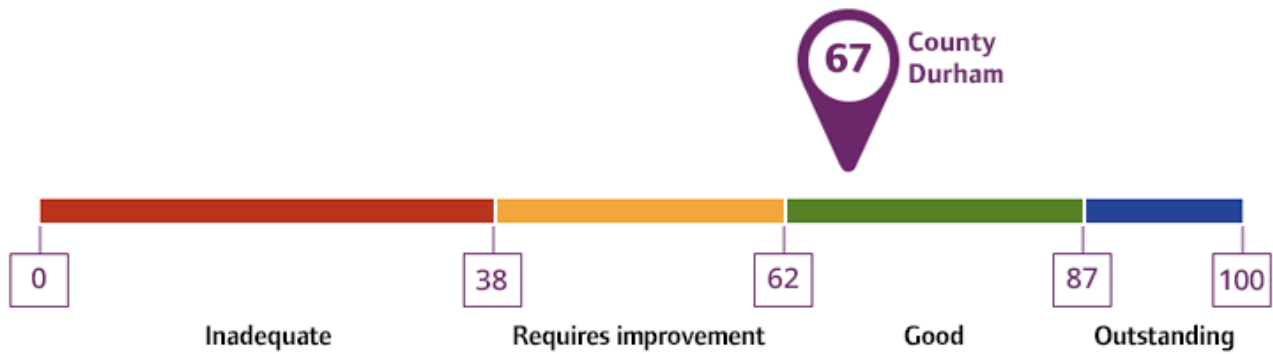


Overall summary

Local authority rating and score

County Durham

Good



Quality statement scores

Assessing needs

Score: 2

Supporting people to lead healthier lives

Score: 3

Equity in experience and outcomes

Score: 2

Care provision, integration and continuity

Score: 3

Partnerships and communities

Score: 3

Safe pathways, systems and transitions

Score: 3

Safeguarding

Score: 2

Governance, management and sustainability

Score: 3

Learning, improvement and innovation

Score: 3

Summary of people's experiences

Overall, we had positive feedback from people about their experiences of contact with and receiving support from the local authority. There were a variety of ways in which information about the services available could be accessed, including talking directly with someone in the Social Care Direct team. Durham Locate allowed people to explore services that could meet their needs in their communities. Staff used the same resource to signpost people.

People told us that they felt listened to and that their assessments and care plans reflected their needs, wishes, and aspirations. Front line staff teams had a good understanding of the area and there were several examples of innovative and considerate ways they worked with communities with different needs. Not all communities who were at risk of poorer outcomes were well understood or provided for, however.

People had access to interpreters and translation services where needed. There was a specialised sensory team who supported people with sensory needs.

Carers who had continuity of social workers often described having a better experience. Some described it as a battle to get help whereas others found staff to be helpful. Some carers chose to provide care themselves because they did not think that the care and support required was provided by the local authority. Some carers were not always clear that they had had an assessment but felt that they knew where to go to get help if they needed it. Carers didn't always feel their future needs were considered, and some felt they did not have enough time to focus on their own health and wellbeing. Most carers felt the local authority communicated well and included them in the assessment and support planning.

Summary of strengths, areas for development and next steps

Staff were proud of the work they did and in working for the local authority. Staff demonstrated a person-centered approach in assessing needs and developing care plans. Most of the staff we spoke with felt supported through supervision and appraisals and by a visible and interested management and senior leadership team. Staff had opportunities to develop and complete training or required learning, though some staff indicated pressure on caseloads did limit their ability to do this. Some teams had vacancies which impacted on caseloads.

Teams worked well together, including across partnerships. The local authority had progressed significantly on its integration journey with health services and there were operational and strategic relationships that delivered this in a way that improved services for people.

The local authority had a clear focus on performance and completed timely assessments of need. They had made significant progress in reducing their waiting list for Deprivation of Liberty Safeguards (DoLS) from approximately 2000 in 2022 to at the time of our visit being close to managing new applications as they arrived. Targeted work to improve the timeliness of section 42 safeguarding enquiries and annual reviews was ongoing and proving effective.

There was some disconnect between teams about safeguarding practice. Staff couldn't be confident that everyone across the county understood and made safeguarding personal. The Adult Protection Team were seen as a specialist resource able to provide quality advice and support. We were not assured that everyone in the county received the same quality of safeguarding support. We heard about quality assurance regarding safeguarding at a very strategic level and were assured that significant issues were identified and understood. There was not a clear process that all staff understood for monitoring the quality of section 42 enquiries that were completed by all partner organisations. Local authorities have a duty to maintain oversight of section 42 safeguarding enquiries, whether they lead the process themselves or whether another agency does. Not all staff could articulate the lessons learned from Safeguarding Adults Reviews outside of individual practice feedback to inform their future practice.

There was a vibrant and sustainable market of provision in County Durham and teams had done significant work to support the market. This included the Care Academy, which worked in innovative ways to improve recruitment, retention, and skills in the care market in the county. There were no waiting lists for homecare, residential care, or nursing care. Commissioning was felt to be responsive to needs identified from locality teams. We heard from providers that they felt listened to and that the local authority was responsive and open to feedback. Over 85% of CQC regulated care provision in the county was rated as good or outstanding as per our data in June 2024. There were contingency plans covering care home closure and de-commissioning, and partnerships with the adult protection team in escalating concerns where joint visits were required to ensure safety and quality.

Issues were identified by providers and frontline teams regarding specific areas of care where people required additional equipment and staffing, for example, providing ongoing care and support for people with bariatric care needs. Teams were aware of issues and some solutions were in place. There were challenges in sourcing flexible respite services for people with a learning disability, and single person accommodation for people with mental health needs and people with a learning disability. There were issues with people being assessed for a mental health crisis bed.

Data in relation to people's differing identity characteristics was limited because this was not well recorded. More robust data would support the improved understanding of barriers to accessing services or to outcomes experienced for people. There were some examples of work that had been effective in supporting communities within the county – such as the Gypsy, Roma, and Traveller community. These pieces of work felt isolated and a focused strategy around equity of experience and outcomes would help realise the potential of this work and set out an ambition for the county. Culturally competent care could not always be commissioned. Specific needs for older people who were part of the Lesbian, Gay, Bi-sexual, Transgender (LGBT+) community, for example, were not always considered in the way services were commissioned across the area. There was limited curiosity on the part of the local authority in understanding the ways the different parts of people's identity combined to affect their experiences and outcomes.

Adult social care did not appear to have a strong focus in scrutiny arrangements which were more health dominated. There were significant changes in the region in the development of the North-East and North Cumbria Integrated Care Board which required attention but minimised opportunities to focus on adult social care. People had limited opportunities to be involved in governance and co-production in County Durham. This created a feeling of a divide between council services and how the public were involved in them. The local authority had recognised this and had plans in place to improve this.