



Quality of Adult Social Care

Health and Adult Social Care Scrutiny Panel
– 22 April 2026



Introductions and Topics

Who is here:

- Saf Bhuta – Service Director Commissioning, Provider Services and Partnerships
- Lesley Hill – Interim Head of Commissioning and Market Development
- Emma Hanley – Group Manager (Contracts)

What we are going to discuss:

- What we mean by 'Quality'
- Regulatory Oversight
- Commissioning, Contracts and Quality Assurance
- Complaints and Learning
- How Quality is Measured
- Frontline Practice Views
- Key Pressures, Risks and Mitigations
- Forward Look and Improvement Priorities

National Context and Strategic Considerations

Structural workforce fragility

- Adult social care vacancy and turnover rates remain materially higher than the wider labour market
- Workforce instability directly correlates with quality variation and continuity risks

Rising complexity and acuity

- People entering care present with more complex physical, cognitive and behavioural needs
- Increased pressure on provider capability, training and leadership capacity

Provider financial sustainability risk

- Inflationary pressures and cost escalation continue to impact margins
- Market fragility most pronounced in smaller domiciliary providers
- Nationally, provider exits remain a live risk factor

Regulatory transition and inspection backlog

- Care Quality Commission operating under a revised assessment framework
- Inspection cadence remains inconsistent in some areas
- Greater reliance on local intelligence between inspections

Local Market and Workforce

CQC Registered Adult Social Care Services in Kirklees (January 2026)

- 86 community based service providers (increased from 49 in 2019)
 - Community based services report supporting 3372 people
- 126 care homes, 3476 registered beds (reduction of 5 care homes since 2021)
 - Care home providers report a maximum capacity 3412 beds with 84% occupancy across the market

In January 2026 approximately:

- 1,540 people per week in Kirklees receiving commissioned community based service providers services through the home support DPS
- 369 people receive support from community based service providers through the Specialist Framework (EMP)
- 1200 people resided in a care home in Kirklees with the placement arranged via the Council.

In2Care – Providing bespoke recruitment support to increase workforce capacity across the Kirklees Social Care Sector through:

- Tailored 1-1 job matching
- Employability training
- Pre-employment, sector specific training
- Provider advertising
- Sector Based Work Academies
- Recruitment Events

Key findings, 2024/25 i

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You are looking at data for **Kirklees**

This summary of the adult social care workforce in **Kirklees** includes data from the whole adult social care sector: **local authorities** (LA), the **independent** (IND) sector, and posts working for **direct payment recipients** (DPR).

12,000

total posts



11,500

filled posts



400

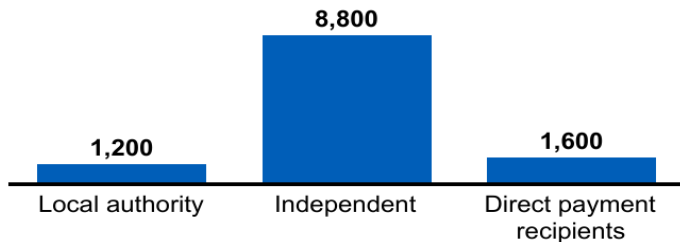
vacant posts



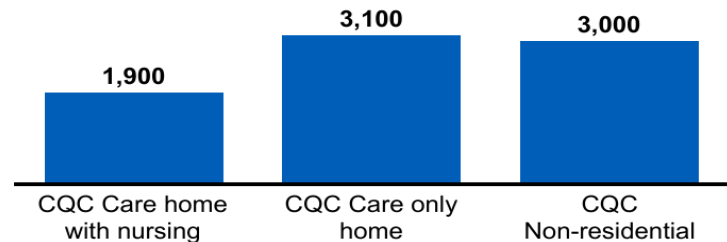
1,600

filled posts employed by direct payment recipients

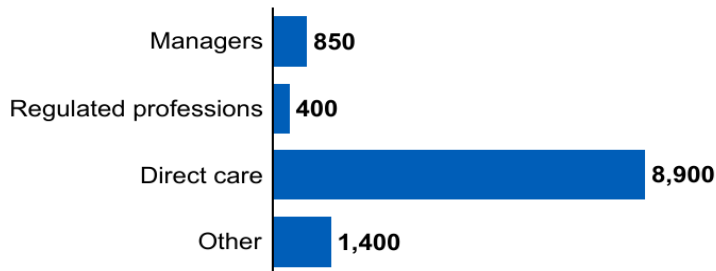
Filled posts by sector



Filled posts by service



Filled posts by job role group



CQC-regulated establishments



213

CQC-regulated establishments in Kirklees

What do we mean by Quality?

Quality is understood and assessed through a whole-system lens, rather than reliance on a single measure.

Five pillars of quality

- Safety and compliance
- Experience of people who use services and their families
- Effectiveness and outcomes of care
- Provider capability and sustainability
- Professional confidence and oversight

Regulatory Oversight and External Assurance

Role of Care Quality Commission

- Independent regulator of health and social care
- Provides ratings and enforcement action where standards are not met

Timeliness of inspections (including any national constraints)

- Inspection frequency is determined nationally by CQC and risk profile
- The Council recognises national capacity pressures affecting inspection cycles

Local intelligence sharing with CQC

- The Council does not rely solely on CQC inspections
- Local intelligence is shared proactively with CQC
- Early action is taken where concerns emerge, regardless of inspection timing

How we respond to:

- Inadequate / Requires Improvement ratings
- Enforcement actions
- Provider failure risk

How the Kirklees Health & Care Partnership Maintains Quality Oversight

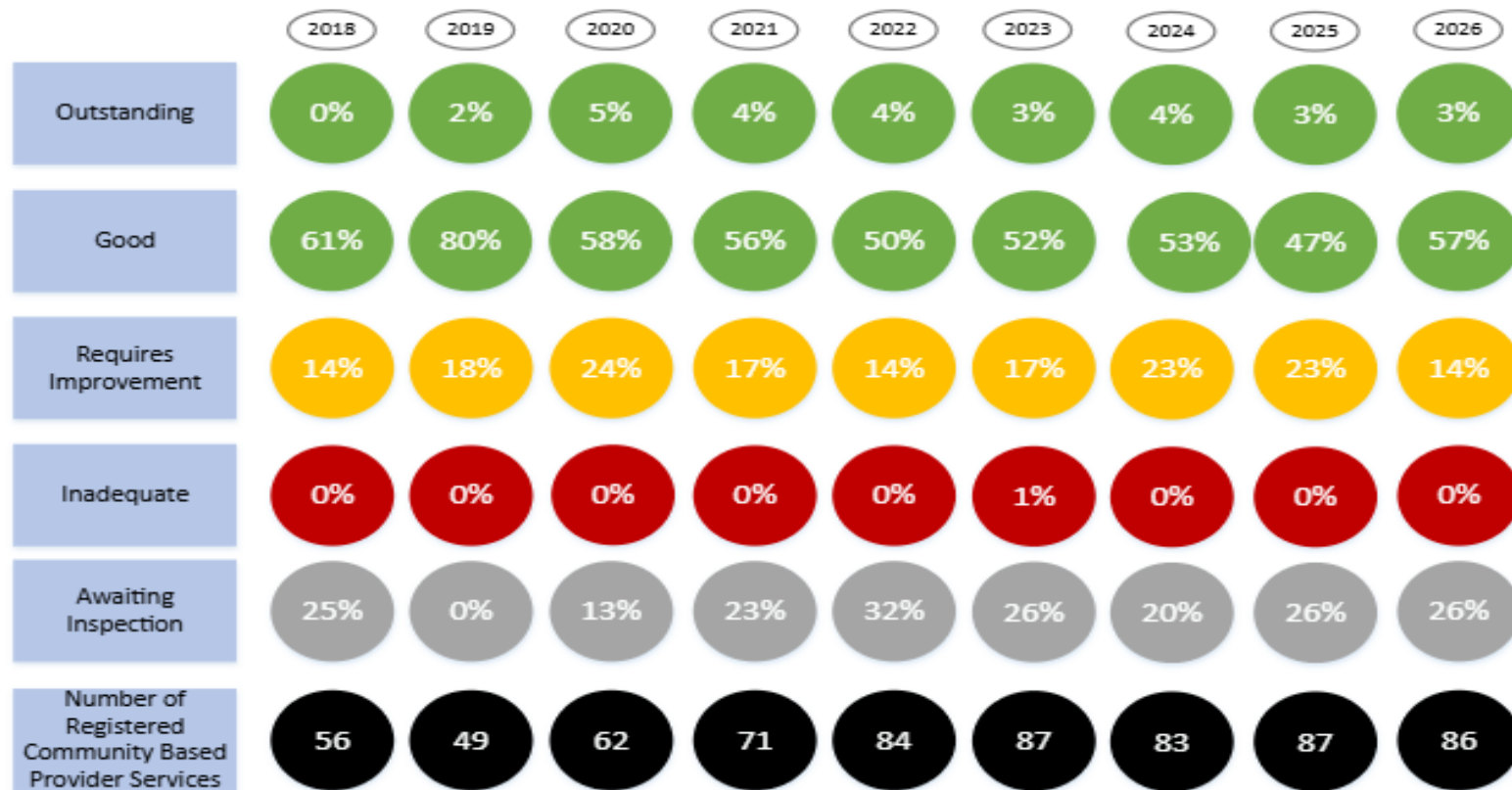
Partnership approach with the partners across the Kirklees Health and Care Partnership, which includes:

- Routine/proactive Quality and Contract Management and Quality Monitoring
- Risk based and intelligence led concern management
- Quality Control & Quality Management processes
- Stages of Escalation & Intervention
- Quality Governance Oversight Processes
- Quality Improvement
- Ongoing Quality Monitoring

CQC Inspections

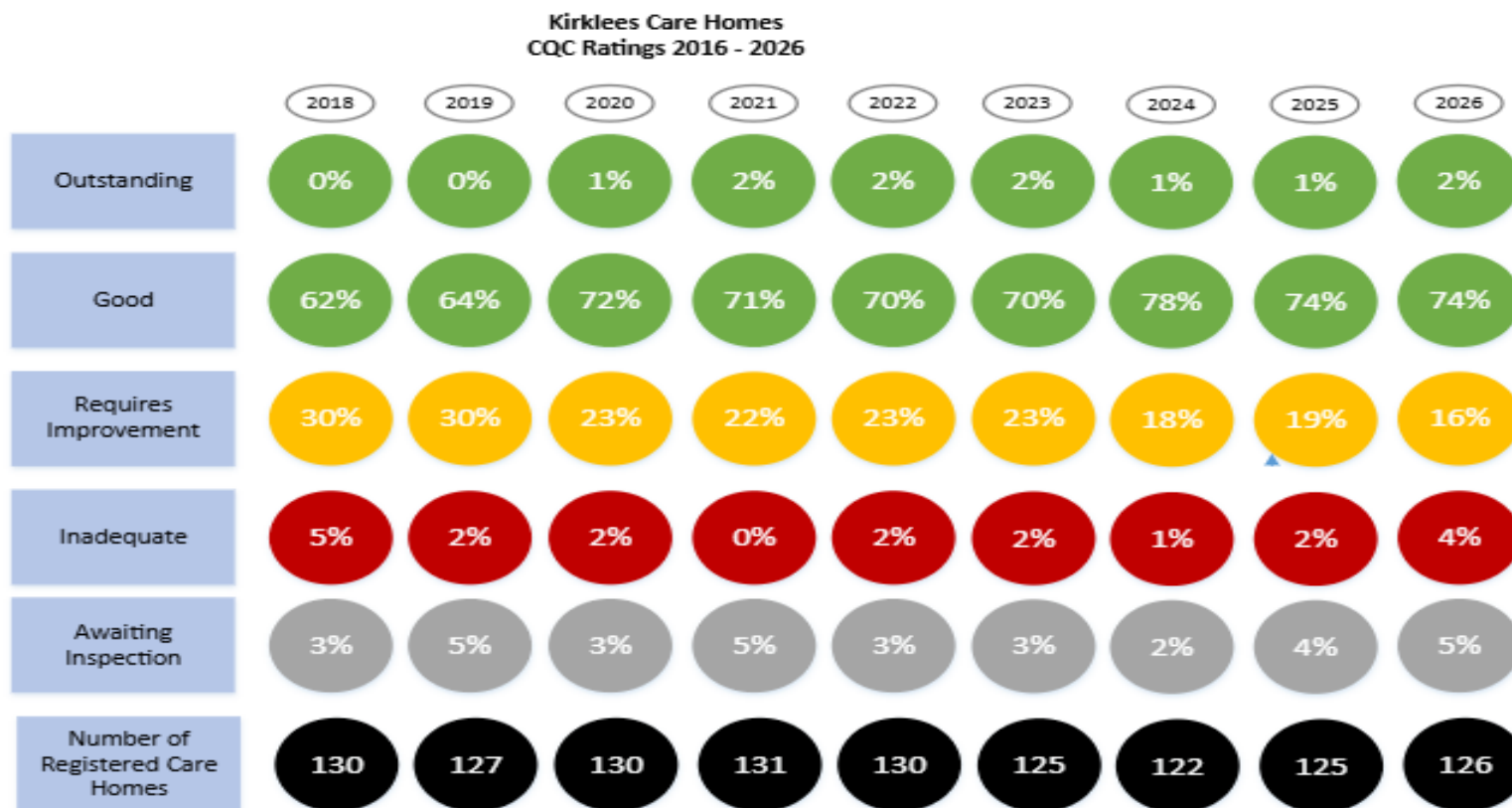
Home Support CQC Ratings for Kirklees 2018-2026

Kirklees Community Based Provider Services
CQC Ratings 2016 - 2026



CQC Inspections

Care Home CQC Ratings for Kirklees 2018-2026



How Quality is Measured

No single metric defines quality - quality is assessed through the pattern of evidence across multiple sources

Quantitative indicators

CQC ratings profile

Safeguarding concerns and themes and trends

Missed or late care visits

Provider stability and workforce turnover

Complaints & Compliments - volumes and trends

Qualitative intelligence

Feedback from people using services and families

Feedback from other professionals and partner agencies

Social work observations and reviews

Provider engagement and self-assessment

View of Frontline Practice

Role of social workers

Social workers have direct and regular contact with providers. They observe quality through social work reviews/reassessments and ongoing casework

Raising concerns or highlighting good practice

- Ensure clear escalation routes for practice concerns
- Professional judgement feeds directly into quality intelligence gathering which feeds into Quality Management & Escalation processes for discussion with multi-agency partners.

Influence on commissioning actions and decisions

Social Work insight helps to inform:

- Risk based Contract/Quality Monitoring priorities
- Quality Improvement plans and actions
- Learning & Improvement

Key Pressures, Risks and Mitigations

Current pressures and risks

- Workforce shortages across the care sector
- Increasing complexity of need
- Financial pressures affecting provider sustainability
- National delays in regulatory inspection cycles
- Changes in the NHS

Mitigation actions

- Proactive market management
- Enhanced local quality monitoring
- Early intervention with at-risk providers
- Close partnership working with health and regulator

Forward Look and Priorities

Key priorities over the next 12 months

- Strengthening intelligence-led quality assurance
- Deepening thematic analysis of complaints and concerns
- Supporting provider improvement and workforce stability
- Maintaining oversight of market sustainability

Ongoing assurance

- Regular monitoring and escalation processes remain in place
- Members will continue to receive updates on quality and risk