

Public Report with Exempt Appendices  
Health Select Commission

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**Committee Name and Date of Committee Meeting**

Health Select Commission – 14 May 2026

**Report Title**

Care Quality Commission Assessment of Rotherham Adult Social Care 2025.

**Is this a Key Decision and has it been included on the Forward Plan?**

No, but it has been included on the Forward Plan

**Executive Director Approving Submission of the Report**

Ian Spicer, Executive Director of Adult Care, Housing and Public Health

**Report Author(s)**

Dania Pritchard, ASC Assurance Lead

[danialpritchard@rotherham.gov.uk](mailto:danialpritchard@rotherham.gov.uk)

**Ward(s) Affected**

Borough-Wide

**Report Summary**

This report summarises the key strengths and areas for development as detailed in the Care Quality Commission's (CQC) assessment report of Rotherham Adult Social Care, which took place 14 – 17 July 2025. This includes a score for each quality statement and an overall rating of Rotherham Adult Social Care.

**Recommendations**

Health Select Commission notes the contents of this report including the areas of strength and the areas of focus, as detailed in the CQC assessment report.

**List of Appendices Included**

Appendix 1 Care Quality Commission assessment report Rotherham 2025

Appendix 2 Scoring information

**Background Papers**

None

**Consideration by any other Council Committee, Scrutiny or Advisory Panel**

Cabinet – 08 June 2026

**Council Approval Required**

No

**Exempt from the Press and Public**

No

## Care Quality Commission Assessment of Rotherham Adult Social Care 2025.

### 1. Background

1.1 From April 2023, The Health and Care Act 2022 gave CQC new regulatory powers to undertake independent assessment of local authorities' delivery of regulated care functions as set out in Part 1 of the Care Act 2014. Local authorities are assessed against four domains:

- i.) Working with people
- ii.) Proving support
- iii.) How the local authority ensures safety
- iv.) Leadership

To ensure that the Council and Adult Social Care were appropriately prepared for assurance, and to understand how well Adult Social Care was delivering on its improvement journey, the Association of Directors of Adult Social Services (ADASS) were commissioned to conduct a peer review in January 2025.

Prior to this, in December 2023, a peer review was conducted by the Local Government Association (LGA), which sought to understand strengths, areas for consideration and ongoing improvements.

Both peer reviews supported Adult Social Care's improvement journey as well as its readiness for assessment by the CQC.

1.2 On the 31 July 2025 Adult Social Care attended Health Select Commission to share the findings of the ADASS peer review and to update on progress in the areas suggested for consideration. At the time of attendance at the Health Select Commission, CQC had recently concluded its assessment of Adult Social Care, with the onsite element taking place 15 – 17 July 2025.

### 2. Key Issues

2.1 The assessment notice was received from the CQC 10 February 2025. This officially began the assessment period and a series of submissions to CQC began. This included the submission of over 300 pieces of evidence to CQC on the 28 February 2025. This evidence covered 38 Information Return statements which form the basis of CQC's understanding of a local authority and builds a picture of how they function and meet and deliver their care functions.

2.2 Between February 2025 and arriving onsite in July 2025 various information was provided, and several elements of the assessment progressed. These included:

- Submission of timetable information.
- Submission of 50 case files to be reviewed (consent was gained from these people).

- A virtual 3-hour opening presentation (this included 3 members of the CQC assessment team and leadership from the Council, including the Chief Executive).
- Submission of the final 10 case files with detailed information provided about these people (consent was gained from these people).
- Eight pre-site visit interviews with various people including the data/performance lead, provider representatives, and the Mental Health Trust.

2.3 The on-site assessment team consisted of seven people and included the following roles:

- Deputy Director
- Assessment Manager
- Lead Inspector
- Specialist Advisor
- Executive Reviewer
- 2 x Inspectors.

The on-site assessment consisted of interviews over 3 days which were a mix of group and individual interviews. Overall, staff, partners and stakeholders, and people with lived experience described the experience as positive.

2.4 The draft report was received on the 3 February 2026, this unusual delay was due to sickness within the assessment team. This allowed a 10-working day review process for the local authority and required the Council to complete a response which included typographical/numerical errors, accuracy of the evidence and additional/omitted information. This was completed with two key areas being challenged – processes within assessing needs and processes within safeguarding – and for both areas the score applied was raised from 2 to 3 (see appendix 2). The final report was shared on the 4 March 2026 with Rotherham Metropolitan Borough Council Adult Care being rated as ‘Good’ with a score of 73%.

2.5 This outcome places Rotherham joint second in Yorkshire and the Humber out of the 13 local authorities whose reports have been published to date (see appendix 2). The report was published by CQC on the 20 March 2026 with communications being shared with the workforce, partners and stakeholders, and commissioned services the same day.

2.6 Reflection sessions and a celebration event are taking place to acknowledge areas of strength and inform development actions to be progressed, as follows:

- Senior Management Team CQC away day – 25 March 2026.
- Operational managers, team managers, and service leads CQC planning session – 22 April 2026.
- Celebration event – 22 May 2026.

## 2.7 Key strengths highlighted in the report include:

### Theme One – Working with People

1. Multiple ways for people to access advice and support.
2. Occupational Therapy and Assistive Technology accessible at the 'front door' via the Adult Contact Team.
3. Timely and effective advocacy.
4. Transparent decisions with clear letters and a separate appeals process. No appeals were made in the prior 12 months to CQC being onsite.
5. Person-centred, strength-based ethos with competent assessment teams and responsive out-of-hours arrangements.
6. A robust prevention and early intervention model.
7. A Complex Lives team that delivers trauma-informed support flexibly and engages rapidly with those in need.
8. A Supported Employment team that provides bespoke support for residents and works with teams such as Learning Disability.
9. A diverse workforce that aids cultural competence.
10. Clear strategies that include Equality, Diversity, Inclusion and Digital Inclusion.
11. Broad inclusion tools such as interpreters, BSL, multi-lingual staff and feedback loops to shape services.

### Theme Two – Providing Support

1. Understanding of local need to align supply to need such as domestic abuse.
2. Effective brokerage which supports sufficient provision.
3. Quality oversight of services which includes risk-based dashboards, on-site assessment, early-warning system and public 'eyes and ears' reporting.
4. Work on sustainability of the market including a redesigned homecare model and workforce development support for providers.
5. Mature and aligned system partnership which makes measurable impact.
6. A one-team approach including co-location, regular multi-agency forums and data-sharing tools i.e. integrated discharge.
7. Voluntary & community sector (VCS) relationships are strong (grants, commissioning, peer-led models, social prescribing).

### Theme Three – Ensuring Safety

1. Safety is prioritised with clear escalation, shared records (read-only in places), and robust cross-boundary guidance.
2. Transitions and pathways are timely and work well.
3. Contingency planning is strong (24/7 access, carers' emergency cover, respite options) and out-of-area placements are tightly risk-managed.
4. A central safeguarding hub with triage, clear application of 3-point test, and strong multi-agency board oversight and learning.
5. Making Safeguarding Personal (MSP) is embedded and advocacy use is high.

6. Timeliness around Deprivation of Liberty Safeguards (DoLs) referrals which are screened based on risk.

#### Theme Four – Leadership

1. Clear governance and accountability with stable leadership.
2. Strategic planning that is data driven and co-produced i.e. Adult Social Care Strategy 2024–27.
3. A culture of learning and improvement i.e. the supervision framework and the reverse mentoring programme.

### 2.8 Areas to be considered for development in the report include:

#### Theme One – Working with People

1. Assessment delays, particularly relating to annual reviews.
2. Strength-based approaches are not always evident in unpaid carer assessments and mixed outcomes.
3. No agreed local standard for timescales relating to financial assessment decisions.
4. Data shows that the proportion of 65+ year olds receiving enablement/rehab after discharge from hospital is below the national average.
5. Some moderate waits for assessment relating to equipment.
6. Sustained action is needed to reduce inequalities across seldom-heard groups.
7. Accessibility to be strengthened i.e. independent website access for neurodivergent people.

#### Theme Two – Providing Support

1. Low number of carers accessing services.
2. Gaps in provision for working-age residential, early age dementia and specialist MH/LD provision. Some waits for complex cohorts.
3. Quality team capacity means assessments can be less frequent than intended.

#### Theme Three – Ensuring Safety

1. Some read-only constraints limit cross-agency updating.
2. Carers reporting, they feel safe is below England average which presents an opportunity to understand and improve.
3. Initial screening can exceed 2 working days in some cases (while mitigations are applied).
4. Not all S42 enquiries are complete within 80 working days though local standard under review to align regionally.

#### Theme Four – Leadership

1. Audits highlighted practice improvements needed around contingency planning, advocacy use, and MCA decision recording.
2. Partner feedback indicates a need for strengthening of communication.
3. Co-production arrangements do not always enable meaningful involvement.

### **3. Options considered and recommended proposal**

- 3.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, no options require consideration.

### **4. Consultation on proposal**

- 4.1 As this is a publicly available report consultation is not required.

### **5. Timetable and Accountability for Implementing this Decision**

- 5.1 Agreed development areas will be captured on a work programme plan with a time frame of 18 months.
- 5.2 In terms of governance, progress will be monitored monthly via the Regulatory Assurance Board.

### **6. Financial and Procurement Advice and Implications**

- 6.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

### **7. Legal Advice and Implications**

- 7.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

### **8. Human Resources Advice and Implications**

- 8.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

### **9. Implications for Children and Young People and Vulnerable Adults**

- 9.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

### **10. Equalities and Human Rights Advice and Implications**

- 10.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

### **11. Implications for CO<sub>2</sub> Emissions and Climate Change**

- 11.1 This report is intended to highlight the publicly available CQC feedback within the published report and, therefore, this section is not applicable.

## 12. Implications for Partners

- 12.1 Partners were involved in the assessment process and have been communicated with throughout. Partners will be engaged as part of the development of the action plan and its delivery.

## 13. Risks and Mitigation

- 13.1 Given that the report is publicly available it is important that an action plan is progressed to address key areas for development and to drive service improvements.

### Accountable Officer(s)

Dania Pritchard, ASC Assurance Lead

Approvals obtained on behalf of:

	<b>Name</b>	<b>Date</b>
The Executive Director with responsibility for this report	Ian Spicer, Executive Director of Adult Care, Housing and Public Health	23/04/26
Consultation undertaken with the relevant Cabinet Member	Cabinet Member for Adult Social Care and Health - Councillor Baker- Rogers	29/04/26

Report Author: Dania Pritchard, ASC Assurance Lead

Dania Pritchard, ASC Assurance Lead  
dania.pritchard@rotherham.gov.uk

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