

# Adult Social Care, Children's Services and Education Committee



**Reading**  
Borough Council

Working better with you

18 March 2026

<b>Title</b>	Outcome of the Council's Adult Social Care Assessment by the Care Quality Commission.
<b>Purpose of the report</b>	To note the report for information
<b>Report status</b>	Public report
<b>Executive Director/ Statutory Officer Commissioning Report</b>	Melissa Wise, Executive Director – Communities & Adult Social Care
<b>Report author</b>	Michelle Tenreiro Perez, Head of Strategic Safeguarding, Strategy, and Improvement
<b>Lead Councillor</b>	Cllr Paul Gittings – Lead Councillor for Adult Social Care
<b>Council priority</b>	Safeguard & support the health & wellbeing of Reading's adults & children
<b>Recommendations</b>	<ol style="list-style-type: none"> <li>1. That the Adult Social Care, Children's Services and Education Committee note the content of this report pertaining to the published assessment by the Care Quality Commission (CQC) of the Council's adult social care delivery of duties under Part 1 of the Care Act 2014.</li> <li>2. That the Adult Social Care, Children's Services and Education Committee note the improvements made since the CQC assessment and the ongoing improvement plan.</li> <li>3. That progress made against the Council's Adult Social Care Improvement Plan is brought back to Adult Social Care, Children's Services and Education Committee for review.</li> </ol>

## 1. Executive Summary

- 1.1. Under the Health and Care Act 2022, the Care Quality Commission (CQC) introduced a new regulatory framework to assess how effectively local authorities meet their adult social care duties under Part 1 of the Care Act 2014. This report is being brought forward to outline the outcome of the Council's first CQC assessment, conducted between July 2024 and April 2025.
- 1.2. The CQC's evaluation, based on its Single Assessment Framework, reviewed performance across four themes: Working with People, Providing Support, Ensuring Safety, and Leadership. Evidence was gathered through policy reviews, performance data, stakeholder engagement, and an on-site assessment.
- 1.3. Reading Borough Council received an overall score of 53% and a rating of 'Requires Improvement'. The final assessment report detailed many well-developed strengths as well as areas for improvement both of which have been detailed in this report.
- 1.4. The Assessment process was a challenging experience resulting in a number of process and quality assurance concerns being raised with CQC. This has resulted in a formal complaint being submitted in January 2026.

- 1.5. Whilst an adult social care improvement plan was in place prior to the assessment with a number of improvements achieved, a refreshed improvement plan aligned with CQC feedback and staff input is now underway, forming the basis of the new Adult Social Care Strategy due to be completed in summer 2026.
- 1.6. In conclusion, while the CQC assessment identified areas requiring improvement, the Council has a strong foundation of compassionate care, innovative services, and committed leadership. Continued focus on the identified areas of improvement such as timeliness, safeguarding and accessibility will be critical to achieving a higher rating and delivering effective, equitable, person-centred care for all residents.

## **2. Policy Context**

- 2.1. Under the Health and Care Act 2022, from April 2023 the CQC was given new regulatory powers to independently evaluate how effectively local authorities are in meeting their adult social care duties under Part 1 of the Care Act 2014. Part 1 of the Care Act sets out the responsibilities of councils in promoting wellbeing, preventing needs for care, safeguarding adults, shaping care markets, and ensuring the provision of high-quality, person-centred support.
- 2.2. To support the evaluation of local authorities the CQC introduced a national Single Assessment Framework that assesses performance across four core themes; Working with People, Providing Support, Ensuring Safety, and Leadership, using a subset of 9 quality statements and 4 evidence categories tailored to statutory local authority responsibilities.
- 2.3. The CQC gathers evidence through information returns, review of policies and performance data, stakeholder engagement, and onsite inspection activity, culminating in a published report and a single word rating: Outstanding, Good, Requires Improvement, or Inadequate. These ratings are intended to provide transparency and accountability to residents, support national oversight, and drive local improvement.
- 2.4. Linked to the new duties given to the CQC is a power for the Secretary of State to intervene where, following assessment under the new duty, it is considered that a local authority is failing to meet their duties.

## **3. CQC Assessment Process and Outcome**

### **Assessment Activity**

- 3.1. On the 15th of July 2024, the CQC notified the Council that their assessment of Reading had commenced and requested an Information Return and self-assessment within 3 weeks. This deadline was met and included 320 documents to meet the requirements of the Information Return and a 96-page self-assessment.
- 3.2. On the 21st of October 2024, the CQC confirmed their on-site assessment of the Council would take place during the week of the 16th of December 2024. The on-site assessment consisted of small group discussions or interviews with Council staff, including leaders, partner organisations and in some instances people who receive services and their carers. As part of the assessment process the CQC reviewed 6 anonymised cases of those in receipt of care and support selected from the 50 submitted. After the visit, several requests for additional information by the CQC were provided by the Council between January and April 2025.
- 3.3. On the 15th of May 2025, a draft report was received from the CQC with an initial score and rating of 'Requires Improvement'. In line with CQC process, the Council were invited to address any perceived factual accuracy errors within the report for CQC to review. The Council found 113 typographical errors, 170 evidence accuracy challenges, and 31 omissions. These were provided alongside a 52-page supplementary report to CQC via a factual accuracy form on the 11th of June 2025.

- 3.4. On the 26th of August 2025, the CQC issued a revised 'final' report, providing a slight adjustment to the score but retaining the 'Requires Improvement' rating.
- 3.5. The Council raised further concerns with the CQC on the 1st of September 2025, highlighting significant process and quality assurance errors. The CQC met with the Executive Director of Communities & Adult Social Care in response to the concerns on the 5th of September 2025. The CQC acknowledged that the Council had received the wrong version of the final report and that numerous errors had been made within the factual accuracy form and report and they committed to a full review.
- 3.6. A second 'final' report was received by the Council on the 25th of September 2025, with another slight adjustment to the score and a retained 'Requires Improvement' rating. The factual accuracy form and report continued to contain errors.
- 3.7. On the 26th of September 2025, the CQC issued the Council with a press release that they intended to use alongside the publication of Reading's assessment report on the CQC website. The press release was found to contain incorrect information which was inconsistent with the final report and included inaccuracies about the delivery of adult social care in Reading which the CQC had previously agreed to remove.
- 3.8. In response to the inaccurate press release, on the 29th of September 2025, the Council wrote to CQC requesting intervention and a halt to publication. On the 2nd of October 2025 CQC responded verbally with an apology, acknowledging a series of errors and committing to remedy the outstanding errors and revision of the press release.
- 3.9. On the 3rd of October 2025, CQC provided a written apology for the process errors, an updated report and factual accuracy form. Concerns regarding a fair score and rating remained unaddressed by the CQC.
- 3.10. On the 10th of October 2025, the final assessment report and press release were published by CQC. The Reading score published by CQC on their website was initially incorrect and was amended by the CQC after being alerted to this by the Council. The Council also published a press release on the 10th of October 2025.
- 3.11. On the 17th of October 2025, as per CQC's published processes the Council requested that the CQC carry out a Rating Process Review on their assessment of Reading. In order to request a review, the Council were required to provide details of how we consider the quality control process was not properly followed. CQC then use this information to decide if concerns raised meet the grounds for review which in practice involves reviewing whether:
  - CQC carried out the relevant checks of the scores and associated ratings before publishing them.
  - providers had the opportunity to check the factual accuracy.
  - any challenges from the provider were properly considered before they published the assessment.
- 3.12. CQC wrote to the Council on the 5th of December 2025 stating they were 'assured the quality assurance process for this assessment, and the reporting was followed with due consideration given to the relative weighting of the evidence collected. As such the request for a review of the rating assurance process for Reading Borough Council will not proceed.
- 3.13. The Council wrote to the CQC's Chief Inspector of Adult Social Care on the 19<sup>th</sup> of January 2026 expressing their concern at this refusal and confirming their intent to issue a formal complaint.
- 3.14. A formal complaint was submitted to CQC in January 2026. The complaint outlines the Council's concerns about the CQC's assessment of its adult social care services. The

Council states that the process involved planning and coordination issues, inconsistencies in how evidence was interpreted, and a high volume of factual and typographical errors in draft and final reports. It also raises concerns about how scoring decisions were made, how information was communicated publicly, and whether the assessment aligned with the CQC's own procedures. The outcome of the complaint has yet to be determined. This is the final stage of the process.

### Assessment Scores and Findings

3.15. A summary of the scores and findings is set out below, with the full report link attached in Section 12 – Background Papers. These findings are from the assessment period that ran from July 2024 to April 2025, and data used in the assessment was from the 12 months prior to the assessment period. As a result, the assessment content and findings do not represent the current performance and structure in all areas.

### Assessments Scores

		Quality Statements								
		Assessing Needs	Supporting People to live healthier lives	Equity in experience and outcomes	Care Provision, integration and continuity	Partnerships and communities	Safe systems, pathways and Transitions	Safeguarding	Governance, management and sustainability	Learning, improvement and innovation
Evidence Categories	Peoples experience	2	3	2	2	2	2	2	2	2
	Feedback from staff and leaders	2	2	2	2	2	2	2	3	3
	Feedback from Partners	2	2	2	2	2	2	2	2	2
	Processes	1	3	2	2	2	2	2	2	2
Quality Statement Rating		2	3	2	2	2	2	2	2	2
Overall % Quality Statement Score		44%	63%	50%	50%	50%	50%	50%	57%	57%

Quality Statement and evidence category scoring % key:

25%-38% = 1 Evidence shows significant shortfalls

39%-62% = 2 Evidence shows some shortfalls

63%-87% = 3 Evidence shows a good standard

>88% = 4 Evidence shows an exceptional standard

### Assessment Findings

STRENGTHS	AREAS FOR IMPROVEMENT
1. <b>Compassionate, kind, and knowledgeable staff</b> , with many people feeling listened to and supported.	1. Significant <b>delays</b> in Care Act assessments, with <b>long waiting lists and inconsistent timeliness</b> across teams.
2. <b>Strong hospital discharge pathways</b> , including timely follow up calls and coordinated multidisciplinary working.	2. Large number of <b>overdue reviews</b> with long waits, especially for mental health and complex-needs cases.
3. <b>Highly responsive reablement service</b> .	3. <b>Safeguarding delays</b> in reviewing concerns and Section 42 enquiries, with inconsistent practice across teams.
4. <b>Strong Technology Enabled Care (TEC) offer</b> , including dementia monitoring,	4. <b>Mixed and sometimes poor carer experience</b> , including low awareness of

pattern of life sensors and early intervention technologies.	assessments and long delays in receiving direct payments.
<b>5. Effective prevention projects</b> , including Closing the Gap, Community Wellness Outreach and targeted mental health and homelessness work.	<b>5. Inequality and access gaps</b> , particularly for autistic people, sensory-impaired residents and those affected by digital exclusion.
<b>6. Good access to equipment and adaptations</b> , with prompt fulfilment for standard equipment and positive use of grants.	<b>6. Inconsistent accessibility of information</b> , especially for people without internet confidence or who need non-digital alternatives.
<b>7. Strong cross system partnership working</b> , including NHS, VCS, police, housing, and effective multiagency forums.	<b>7. Low uptake of Direct Payments</b> and barriers such as lack of contingency plans for employing Personal Assistants.
<b>8. Visible, committed, and transparent leadership</b> , with improved workforce stability and positive organisational culture.	<b>8. Service capacity pressures</b> , including insufficient respite options, limited mental-health-specific provision, and reliance on out-of-area placements.
<b>9. Strong learning and co-production culture</b> , shown in carers strategy development, sensory rooms, and adult social care transformation work.	<b>9. Data quality and systems issues</b> , with dashboards and digital improvements still not fully embedded.

- 3.16. In summary, the CQC found multiple strengths in Reading’s Adult Social Care, but concluded that improvements are required in timeliness, safeguarding, carer support, inclusion, service capacity, partnership working, direct payments, and data quality. None of the CQC findings were unknown to the Council and improvement work in these areas had already commenced. As a result, the CQC acknowledged that many areas showed recent progress, but sustained improvement and system-wide embedding were still needed. Well-developed strengths noted include reablement, hospital discharge, partnership working, technology-enabled care, safeguarding improvements, and leadership culture. These strengths provide a solid foundation for continued improvement despite broader system pressures.
- 3.17. All local authorities who received a rating of ‘Requires Improvement’ in one or more of their Quality Statements are required to provide an improvement plan and subsequent updates to the plan to the Department of Health and Social Care. Local authorities are supported to do so by Partners in Care and Health who are an amalgamation of the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS). The Council have commenced work with Partners in Care and Health in order to meet these requirements.

### **Improvement Activity**

- 3.18. The Council’s Adult Social Care department launched its Striving for Excellence programme in July 2023. This programme included an Improvement Plan which also commenced in July 2023 and is ongoing with regular reviews to ensure progress is being captured and that the Plan is inclusive of new department developments. The Improvement Plan was co-produced by staff and informed by partners and is overseen by the DCASC Directorate Leadership Team. Through the Striving for Excellence programme the Directorate purpose statement of ‘Supporting the life that Matters to you’ was launched. This purpose statement is now well embedded and informs practice, strategy, and our improvement activity.
- 3.19. Improvement activity under the Striving for Excellence programme has been consistent and effective, leading to many positive outcomes such as those outlined below:

- The Local Government Association Employer Standards Health Check survey is designed to understand the experience of social care staff. In 2024, Reading was the 3rd highest-scoring authority nationally and 1st in the South East for Registered Social Workers, also scoring highly for occupational therapists and non-registered social care professionals.
- An effective workforce strategy has led to improved recruitment and retention. This can be evidenced through data from the Department of Health and Social Care and NHS England Adult Social Care Outcomes Framework (ASCOF). ASCOF data is a set of outcome measures used to demonstrate the achievements of adult social care. It is a tool to set direction for local authorities, support local accountability for the delivery of adult social care and allow local authorities to benchmark their performance against other authorities.

ASCOF Measure	23/24 outcome	23/24 national rank	24/25 outcome	24/25 provisional national rank
6A: The proportion of staff in the formal care workforce leaving their role in the past 12 months (lower is better)	28.7	124	23.5	80

- Data collected by the Council shows that between January 2024 and January 2026 permanency of Social Workers has increased by 43% and permanency of Occupational Therapists has increased by 93%.
- Latest ASCOF data from 2023/24 also shows:

ASCOF Measure	22/23 outcome	22/23 national rank	23/24 outcome	23/24 national rank
1A: Self-reported social care-related quality of life score. (higher is better)	19.2	51 <sup>st</sup>	19.9	5 <sup>th</sup>
3C1: the proportion of people who use services who find it easy to find information about support. (higher is better)	65.1%	104 <sup>th</sup>	74.7%	12 <sup>th</sup>
5A1: the proportion of people who use services who reported that they had as much social contact as they would like. (higher is better)	45.9%	60 <sup>th</sup>	52.8%	8 <sup>th</sup>

- An innovative reablement services to prevent and delay escalation of care and support needs is in place. ASCOF covers three measures for reablement, as shown below. For these measures the higher the number the better. For measure 2D(1) whilst our percentage has reduced it has been a smaller reduction than other local authorities resulting in a higher rank nationally than the previous year.

ASCOF Measure	2023/24 outcome	Provisional 2023/24 national rank	2024/25 outcome	Provisional 2024/25 national rank
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2A: The proportion of people who received reablement during the year, who previously were not receiving services, where no further request was made for ongoing support. (higher is better)	83.1%	59 <sup>th</sup>	91.3%	20 <sup>th</sup>
2D(1): The proportion of people aged 65 and over discharged from hospital into reablement and who remained in the community within 12 weeks of discharge. (higher is better)	82.9%	88 <sup>th</sup>	64.73%	54 <sup>th</sup>
2D(2): The proportion of people aged 65 and over discharged from hospital, who received reablement services. (higher is better)	3.9%	38 <sup>th</sup>	10.62%	24 <sup>th</sup>

- The median wait for financial assessments is just 1 day.
- An innovative voluntary sector front door has been commissioned by Adult Social Care to sign post people to support in the community to prevent and delay care and support needs. As a direct result, since June 2025, there has been a 30% increase in Improved Resilience and Independence for People who have been provided with a service. In addition, experience and satisfaction whilst seeking or receiving support has been rated at 100% since June 2025 by those supported by the voluntary sector front door.
- An internationally recognised Technology Enabled Care service.
- Updated adult social care section of the corporate website co-produced with service users and carers.
- A new Falls Prevention Lead post
- An All-age Carers Strategy and action plan launched in June 2024, and a resulting new Carers Lead post from March 2025
- An award-winning Provider Quality Monitoring Service and learning from Safeguarding Adult Reviews
- Published Market Position Statement in December 2024 and sustained high level of sufficiency of residential care placements
- Embedded co-production with an effective Working Together Group made up of service users and carers. This group commenced in March 2024 and has made a significant contribution to improvement activity and department development. Examples of this include:
  - Recruitment support through forming service/user carer panels to support interviews of senior officers within the department.
  - Scoring of the bids delivered through the voluntary sector front door procurement.
  - Networking and connecting with other co-production leads across the area and nationwide to identify best practice to apply locally.
  - Input into the decision about the future of the use of group homes.
  - Feedback provided on the Disability Facilities Grant application form and the Deprivation of Liberty Safeguard feedback form.
  - Development of easy read practice and vocabulary guidance and support of an options appraisal to embed these into all appropriate documents

- Innovative community prevention schemes such as Community Wellness Outreach and Community Health Champions:
  - The Community Wellness Outreach Project is a model of delivering NHS Health Checks in the Community, to reach people in our community that may not have had or have easy access to an NHS Health Check. There have been 4,196 checks (as at end of Dec 2025). 95% of respondents agreed that they have a better understanding of Cardiovascular risk and how to reduce the risk, after talking with the Nurses at the check. During the checks conditions identified to date are: 68% very high/high body mass index (BMI), 21% very high/high blood pressure, and 21% with high blood glucose levels (a pre-indicator of diabetes) and 5% high Q risk score indicating high cholesterol. The team are reaching ethnically diverse groups, with 62% of people attending being from ethnically diverse backgrounds, 56% from Asian/Black background, who have a higher risk of developing cardiovascular disease and diabetes. 6% of people seen were above 75 yrs and 36% were below 40 years of age enabling early intervention to prevent development of heart disease and diabetes leading to increased reliance on health and social care services as people age.
  - Community Health Champions (CHCs) are people who live, work or volunteer in Reading and care about raising awareness within the community about health and wellbeing information. CHCs connect their community to evidence based health and wellbeing information, empowering people to access local services to improve their health. There are now 104 trained Community Health Champions in Reading (there were 65 when CQC carried out their assessment in Reading), with another 24 people waiting to be trained. CHCs have gained qualifications around gambling related harms, completed training to support people access physical activity and created a video campaign about vaccination in Urdu, Arabic and Nepalese which has been shared across the borough.
- New buildings are in progress providing new day opportunities and respite facilities to invest in our residents' future needs.
- The Council has appointed a specialist Sensory Needs Practitioner who commenced in post in January 2026 who acts as our lead and champion for people with sensory needs. This role oversees the sensory needs pathway and supports staff across Adult Social Care to upskill and share knowledge. We have also commissioned specialist Rehabilitation Officer for the Visually Impaired (ROVI).

### **Performance Data**

- 3.20. The CQC utilise a combination of qualitative and quantitative insight and data to make their assessment of performance. Insights come from people who access care and support services and carer experience, staff and leader feedback, partner feedback, and processes as well as performance data.
- 3.21. The CQC draw data from a comprehensive list of more than 50 metrics that come from sources such as Statutory Returns, Service User and Carer Surveys, Local Government and Social Care Ombudsman (LGSCO), CQC Ratings and Skills for Care. Where applicable, this data is benchmarked against other English authorities and statistical analysis is carried out to measure deviation from the average. Where relevant, data is also used to identify and inform key lines of enquiry as well as give an indication on how themes compared to the national picture. The majority of statutory data is published annually and there is lag between publication and CQC visit/report which meant in the case of the Council's assessment additional work was required to show evidence of our improvement journey, in the absence of an up-to-date national metric.
- 3.22. Performance data used by the CQC to evidence areas of improvement within Reading's report are mainly focussed on waiting times for Care Act assessments and Occupational Therapy (OT) assessments, overdue reviews, carers experience and delays in safeguarding. The Council were already aware of these areas and have continued to

focus attention on improvement activity. As a result, since we submitted our information return in July 2024 the following has been achieved:

	30/06/2024		31/12/2025	
Assessments	Value		Value	Percentage change
Median waiting time for Care Act Assessment. (days)	83		77	-7.2
People waiting for a Conversation 2 Assessment. (people)	251		166	-33.9
People waiting for an OT Assessment. (people)	543		488	-10.1
<b>Carers</b>				
Median average waiting time for carer assessments. (days)	63		20	-68.3
Carers waiting for an assessment. (people)	43		16	-62.8
<b>Reviews</b>				
Median overdue review wait. (days)	250		136	-45.6
Number of overdue reviews. (number of reviews)	739		553	-25.2
<b>Safeguarding</b>				
People waiting for a Safeguarding Concern to be completed. (people)	260		54	-79.2
Longest wait for Safeguarding Enquiries to be completed. (days)	503		267	-46.9
Median average wait for an Enquiry to be completed. (days)	42		37	-11.9

- 3.23. The CQC used carer experience in Reading information taken from the Social Services Survey of Adult Carers in England (2023/24) in their assessment report. A subsequent national survey has been conducted but results are not yet available.

### Next Steps

- 3.24. In parallel with work on the existing priorities a refreshed improvement plan is in development to encompass both the CQC's feedback and recent staff feedback. This wealth of information has supported the department to identify 5 priority areas to be addressed over the first 12 months of the refreshed improvement plan. These are:
- Carers
  - Waiting Times
  - Partnership Working
  - Prevention
  - Accessibility of Information and services

All teams within the department have been tasked with considering these priorities and the feedback we have had under each and identifying what they can contribute to improving outcomes. This will be completed by the end of February 2026 and when

amalgamated will form the refreshed and co-produced improvement plan that is specific and aligned to specialisms within teams. The improvement plan will be reviewed after 12 months to ensure it is still effective and representative of the current position.

- 3.25. There are further improvements that CQC identified in their report, but there is confidence within the department that they have either already been addressed since the CQC assessment, or they can be managed outside of the prioritisation work. These improvements will still be featured in the improvement plan that needs to be provided to the Department of Health and Social Care.
- 3.26. The five priorities are also being used as the basis of the new Adult Social Care Strategy which is due to be completed in summer 2026. An update on the development of the Adult Social Care Strategy can be found at Appendix 1.
- 3.27. The Council will be using the governance processes already in place to oversee improvement activity to ensure compliance with the requirement to report to the Department of Health and Social Care on how the Council are addressing areas requiring improvement as identified by CQC's assessment. This report recommends that progress made against the Council's Adult Social Care Improvement Plan is brought back to Adult Social Care, Children's Services and Education Committee for scrutiny and review.

#### **4. Contribution to Strategic Aims**

- 4.1. The work of Adult Social Care strongly aligns with the overarching Council priorities of 'Safeguard and support the health and wellbeing of Reading's adults and children,' 'Promote more equal communities in Reading' and 'Ensure Reading Borough Council is fit for the future'.
- 4.2. Adult Social Care can demonstrate adherence with all the principles guiding the delivery of these priorities in particular recognising, respecting, and nurturing all our diverse communities and involving, collaborating, and empowering residents. Examples of how these principles have been applied include through our published carers strategy and action plan and through our common purpose of 'Supporting the Life that Matters to you' which is used as a target in department staff appraisals to ensure it is embedded in all staff and team work.
- 4.3. The CQC assessment provided an independent perspective on how the Council are Safeguarding and supporting the health and wellbeing of Reading's adults and provided insight into the equity of experience of communities who access Adult Social Care. Whilst the assessment doesn't provide a direct assessment of how fit for the future the Councils Adult Social Care services are, it does indicate what is a strength to be maintained and what needs to be improved in order to meet the needs of current and future residents with care and support needs.

#### **5. Environmental and Climate Implications**

- 5.1. There are no environmental and climate implications relevant to this report.

#### **6. Community Engagement**

- 6.1. This is an information only report and therefore no community engagement was undertaken in preparing the report.
- 6.2. Community engagement was a significant feature in the assessment of Reading's Adult Social Care by the CQC, with statutory and non-statutory partners consulted as well as people with lived experiences of services by way of receiving services or being a carer of someone receiving services.
- 6.3. The Council are committed to ensuring community engagement is a feature of the adult social care improvement journey and adult social care strategy to ensure that the voices of people who are directly affected by services and their development are consulted.

## **7. Equality Implications**

- 7.1. This is an information only report and no changes to services are proposed, therefore an Equality Impact Assessment (EqIA) is not relevant.

## **8. Other Relevant Considerations**

None

## **9. Legal Implications**

- 9.1. Part 1 of the Care Act 2014 sets out the duties and responsibilities of local authorities relating to care and support for adults. This report sets out progress made against the Council's Adult Social Care Improvement Plan following a CQC assessment, conducted between July 2024 and April 2025, which highlighted areas requiring improvement.

## **10. Financial Implications**

- 10.1. Maintaining sufficient funding in Adult Social Care is essential to remaining fit for the future when nationally demand and complexity is increasing.

## **11. Timetable for Implementation**

- 11.1. Not applicable

## **12. Background Papers**

- 12.1 Published Reading assessment report: [Reading Borough Council: local authority assessment - Care Quality Commission](#)

## **Appendices**

1. **Adult Social Care Strategy update February 2026.**