

## Open Report on behalf of the Care Quality Commission

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>19 October 2016</b>
Subject:	<b>Care Quality Commission - Adult Social Care Inspection Update</b>

### Summary:

This is a short report to provide the Adults Scrutiny Committee for Lincolnshire with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of Adult Social Care services in Lincolnshire.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of services. The role of the Care Quality Commission is to monitor, inspect and regulate all health and social care services in England to ensure that they meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

### Actions Required:

- (1) To consider the information presented on the themes arising from CQC's inspections of ASC services in Lincolnshire to date.

## 1. Background

The Care Quality Commission (CQC) began inspecting with the new approach in Lincolnshire in October 2014. There are 379 locations registered in Lincolnshire for the provision of adult social care (an increase of two since March 2016), of which 86 are registered to provide nursing care. This is a reduction of six services providing nursing care since the CQC last attended the Adults Scrutiny Committee in March 2016 and a reduction of 257 nursing care beds. There has also been a reduction in domiciliary care provision from 85 services to 79 services.

### Inspection Arrangements

When we last attended the scrutiny committee we had published ratings for 189 services. As well as an overall rating for each service against the five key questions

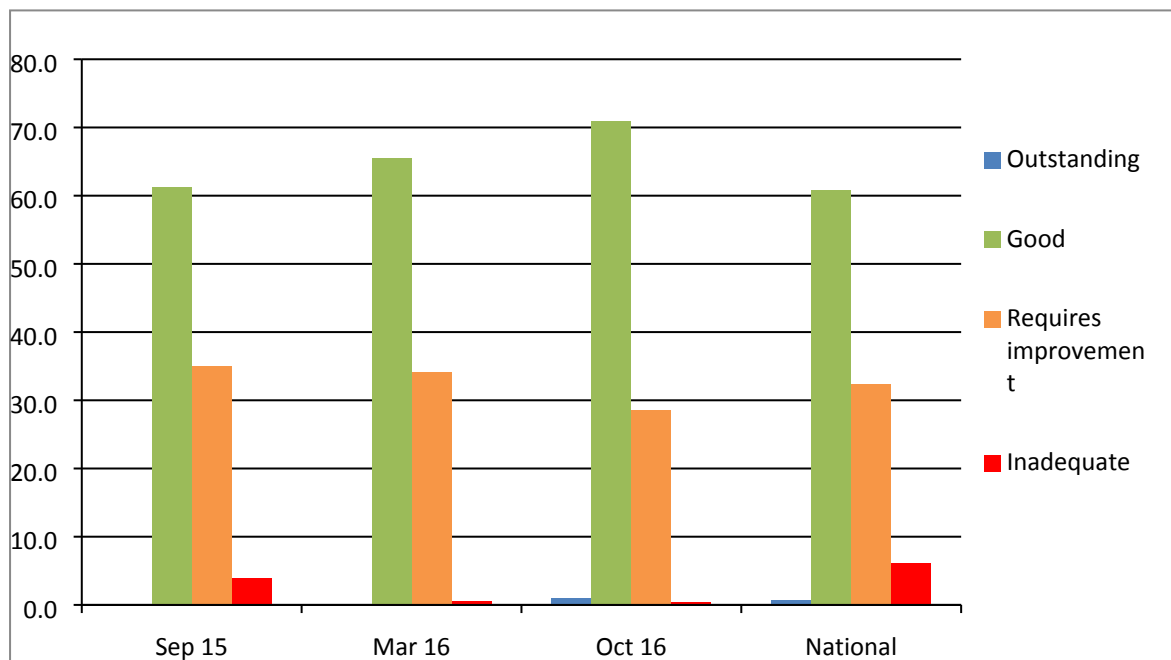
above, each key question is rated against these domains. The following ratings are made:

- Outstanding
- Good
- Requires improvement
- Inadequate

### Inspection Findings

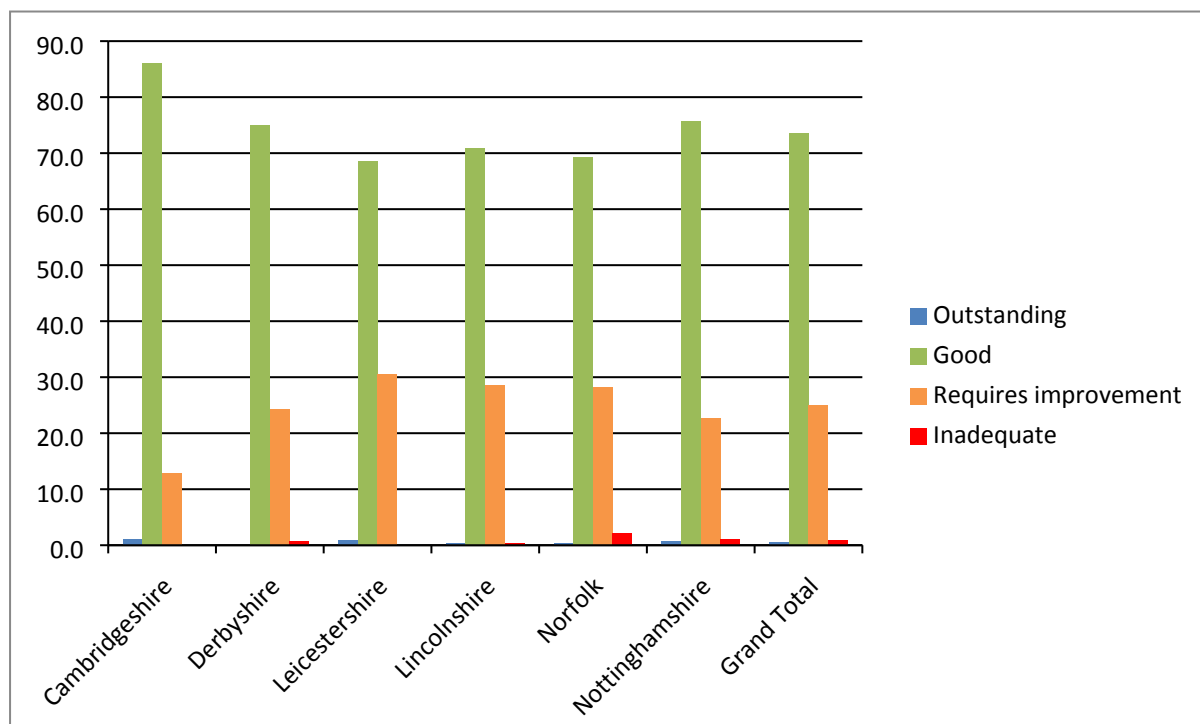
Since October 2014, the CQC has inspected and published ratings of 281 Adult Social Care Services in Lincolnshire and the table below is a summary of our findings (when we last met we had published 189 reports). Where providers are failing to meet the fundamental standards of care we have taken enforcement action such as the issue of requirement notices, warning notices, cancellation of registration, placing a service into special measures or, if appropriate, prosecution.

The chart below shows current ratings compared to our last presentation in March 2016.



Rating	Sep 15	Mar 16	Oct 16
Outstanding		1	1
Good	63	123	199
Requires improvement	36	64	80
Inadequate	4	1	1

How Lincolnshire compares to neighbouring 'shire' authorities:



	Good	Inadequate	Outstanding	Requires improvement	Grand Total
Cambridgeshire	167		2	25	194
Derbyshire	189	2		61	252
Leicestershire	159		2	71	232
Lincolnshire	199	1	1	80	281
Norfolk	233	7	1	95	336
Nottinghamshire	231	3	2	69	305
Grand Total	1178	13	8	401	1600

The themes identified last time remain the same:

- Importance of leaders who are visible, engage widely with people who use services and staff, promote a strong culture of safety, put in place robust governance systems and plan their resources well
- Having the right number and mix of staff, with the right skills, at all times is integral to providing safe, high-quality care
- Contributory factors were staffing levels, understanding and reporting safeguarding concerns, and poor medicines management. In addition to the service rated as Inadequate overall, there are two services that have an Inadequate rating for the key question 'Is it Safe?' In both of these services, we found shortfalls in the management of risk.

- Having a consistent registered manager in post has a positive influence-outstanding leaders demonstrate passion, excellence and integrity, collaborate with staff and the provider, and ensure people's views and wishes are at the centre of their care. The service that was rated as Inadequate did not have a registered manager in place when we inspected, and neither did one of the services registered as Inadequate for Safe.

Our State of Care report was published on 13 October 2016. Key findings are:

Most health and adult social care services in England are providing good quality care, despite a challenging environment, but substantial variation remains.

- As at 31 July 2016, 71% of the adult social care services that we had inspected were rated good and 1% were rated outstanding. Of the GP practices we inspected, 83% were rated as good and 4% as outstanding, and 51% of the core services provided by NHS acute hospital trusts that we inspected were rated as good and 5% as outstanding.
- However, some people still received very poor care. We rated a minority of services as inadequate: 2% of adult social care services, 3% of GP practices and 5% of hospital core services.

Some health and care services are improving, but we are also starting to see some services that are failing to improve and some deterioration in quality.

- Of those services that we re-inspected following an initial rating of inadequate, 76% achieved an improved rating: 23% went from inadequate to good and 53% went from inadequate to requires improvement.
- However, this still means that a quarter of services originally rated inadequate that did not improve enough to change their overall rating on re-inspection. In addition, 47% that were re-inspected following a rating of requires improvement did not change their rating. In 8% of cases, the quality of care deteriorated so much that we rated it inadequate.

The majority of GP practices are providing good quality care and leading the change in service design.

- Despite a context of increased demand, coupled with a shortage of GPs and increasing vacancy levels, 83% of the GP practices we have rated so far are good and 4% are outstanding. Some general practices have joined together in federations or they have formed new models of care, involving people who use their services in their conversations from an early stage.

Adult social care services have been able to maintain quality, but there are indications that the sustainability of adult social care is approaching a tipping point.

- Of the care homes and home care agencies that we had rated as inadequate, 77% had improved when we re-inspected. However, we also know that profit margins are reducing and we are seeing some providers starting to hand back home care contracts as uneconomic and undeliverable. Until recently, the growth in demand for care for people with greater care needs had been met by a rise in the number of nursing home beds, but this bed growth has stalled since April 2015.
- We are concerned about the fragility of adult social care and the sustainability of quality. This is a serious issue for the continuity and quality of care of people using those services, and for the knock-on effects across the whole health and care system: more A&E attendances, more emergency admissions, more delays to people leaving hospital, and more pressure on other services.

Hospitals are under increasing pressure.

- Despite financial challenges, we have found much good and outstanding care, particularly in children's and young people's services and critical care.
- But we have also found too much acute care that we rated inadequate, particularly urgent and emergency services and medical services. It will be increasingly difficult for NHS trusts to make improvements to these services unless they are able to work more closely with adequately funded adult social care and primary care providers.
- The quality of care received in NHS mental health trusts is broadly similar to that in acute trusts, but with an even higher level of variability within providers as well as between them, and with particular concerns around the safety of acute mental health services.

## 2. Conclusion

The Commission will continue to work closely with commissioners in the local authority and the clinical commissioning groups, sharing information to protect people who use services.

## 3. Consultation

### a) Policy Proofing Actions Required

N/A

## 4. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document Title	Where the document can be viewed
CQC local area profile State of Care Report 2016	Care Quality Commission

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