

## Open Report on behalf of the Care Quality Commission

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>29 November 2017</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. On 1 November 2017 the inspection methodology changed slightly to incorporate changes to the Key Lines of Enquiry (KLOEs). There are currently 377 locations registered in Lincolnshire for the provision of adult social care of which 83 are registered to provide nursing care. This is a reduction of three services providing nursing care since the CQC last attended the Adults Scrutiny Committee in October 2016. There has been an increase in domiciliary care provision from 79 services to 85 services.

## Inspection Arrangements

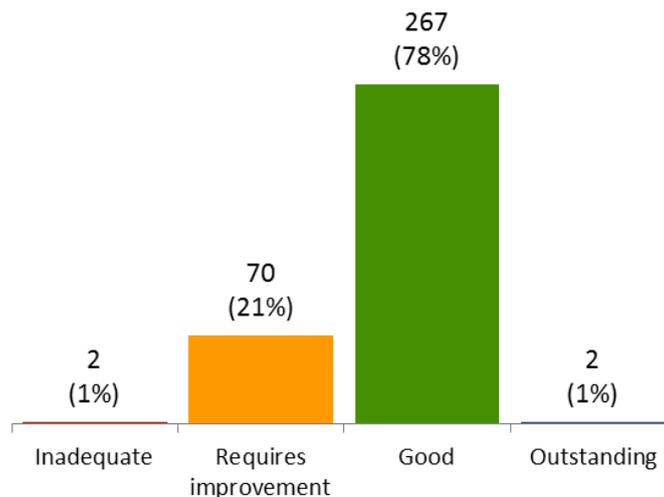
As well as an overall rating for each service against the five key questions, each key question is rated against these domains. The following ratings are made:

- Outstanding
- Good
- Requires improvement
- Inadequate

## Inspection Findings

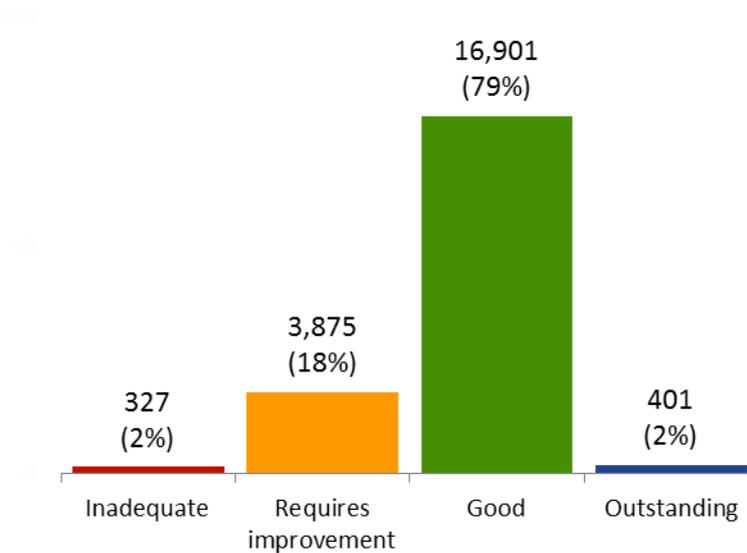
Since October 2014, the CQC has inspected and published ratings of 341 Adult Social Care services in Lincolnshire and the information below is a summary of our findings. A number of these services have been inspected several times. Where providers are failing to meet the fundamental standards of care 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.

## Lincolnshire Ratings



Overall ratings in Lincolnshire are slightly different from the national perspective, which is shown below.

## England Ratings



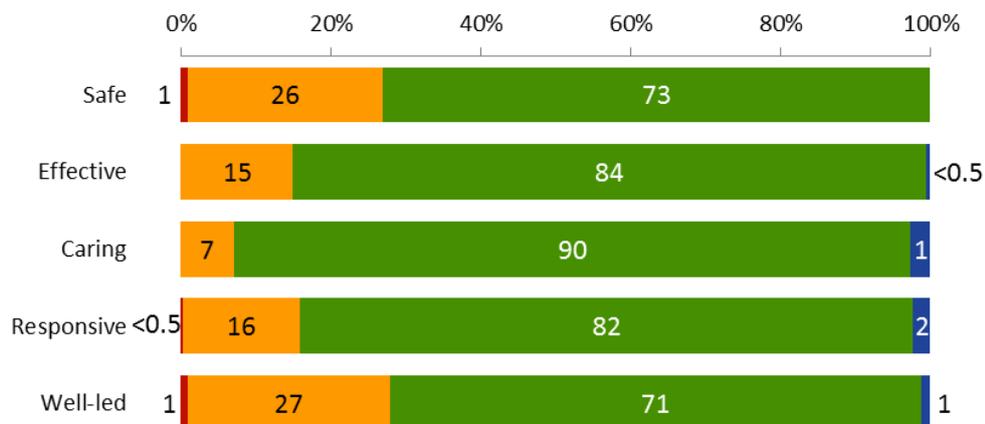
1% of locations in Lincolnshire are rated as Outstanding, compared to a national average of 2%.

78% of locations in Lincolnshire are rated as Good, compared to a national average of 79%.

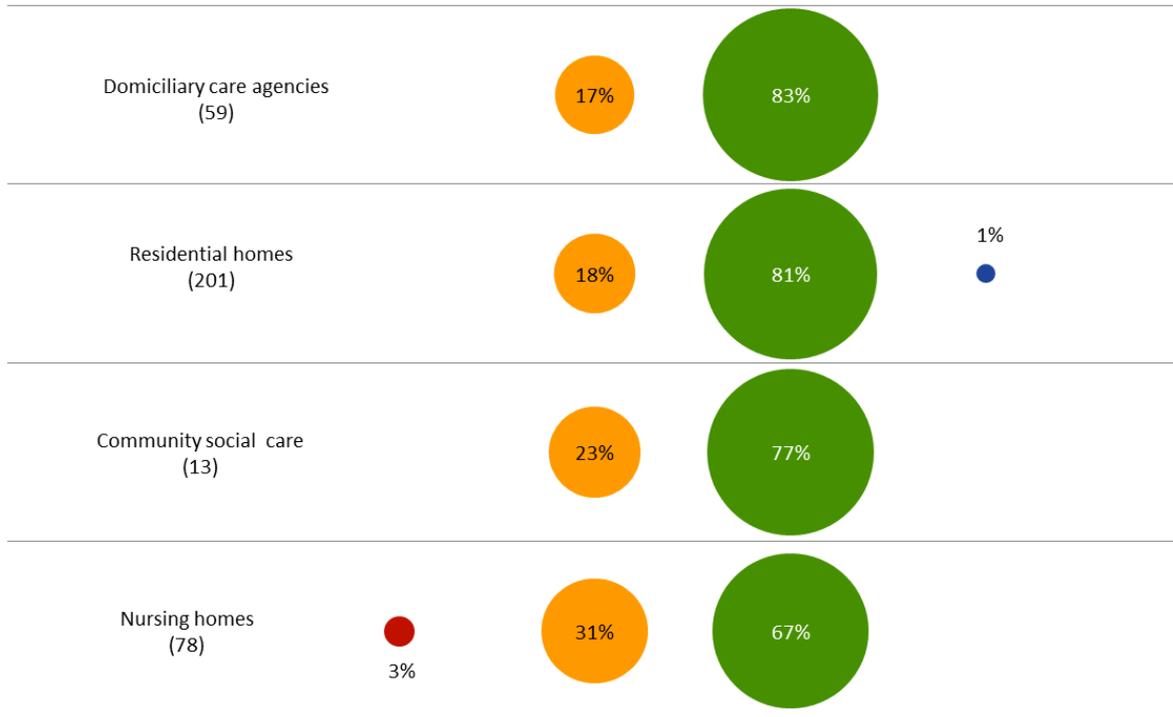
21% of locations in Lincolnshire are rated as Requires Improvement, compared to a national average of 18%.

1% of locations in Lincolnshire are rated as Inadequate, compared to a national average of 2%.

## Lincolnshire Key Question ratings

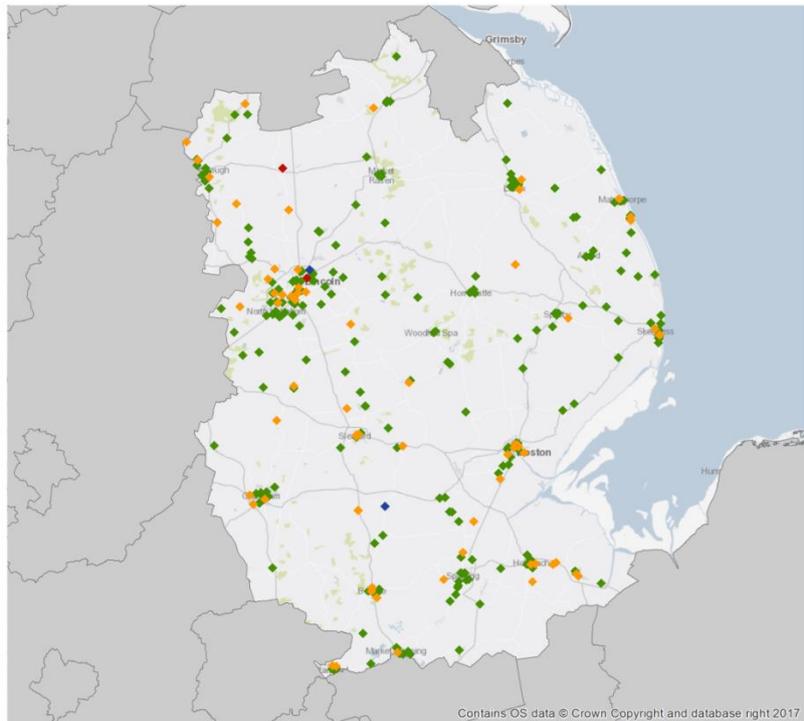


### Ratings by type of service: Lincolnshire



#### Rating

- ◆ Outstanding (2)
- ◆ Good (267)
- ◆ Requires improvement (70)
- ◆ Inadequate (2)



The themes identified 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. Lack of appropriate governance systems, particularly in those services who are repeatedly Requires Improvement, are having a detrimental impact upon ratings.
- 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. There are currently 23 locations in Lincolnshire without a registered manager.

Our State of Care report was published on 10 October 2017. 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.

When re-inspected, services that were originally rated as inadequate have improved strongly.

- 82% of adult social care services originally rated as inadequate and re-inspected improved their rating, as did 80% of GP practices.
- Among NHS acute hospitals, 12 out of the 15 hospitals originally rated as inadequate and re-inspected improved.
- All of the nine NHS and independent mental health services originally rated as inadequate and re-inspected improved their rating.
- There was also positive movement, though not as strong, from requires improvement to good.

Where we have re-inspected providers originally rated as good overall, the majority have remained good; however this is not always the case.

- 26% of mental health services had a lower rating following re-inspection.
- 23% of adult social care services had a lower rating following re-inspection.
- 18% of acute hospitals had a lower rating following re-inspection.
- Only 2% of GP practices had a lower rating following re-inspection.

### Adult Social Care

Over three-quarters (78%) of adult social care services were rated as good. However, 19% were rated as requires improvement and 1% (303 locations) were rated as inadequate.

Of the five key questions that we asked all services, caring was the best rated – more than nine out of 10 services were rated as good (92%) or outstanding (3%). Safe and well-led had the poorest ratings, both with 22% rated as requires improvement and 2% rated as inadequate.

Strong leaders had a pivotal role in high-performing services. Registered managers that took an innovative approach, that were known to staff, people using the service, carers and families, and that were open to their feedback had a positive impact.

A clear focus on person-centred care was another key theme that shone through in high-quality services. In these services, staff were supported to really get to know people as people, understanding their interests, likes and dislikes.

When we find poor care, we take action to make sure providers and managers tackle problems and put things right for the benefit of people using services, their families and carers. We have taken the most enforcement actions in the regulations relating to a lack of good governance, and issues with safe care and treatment, staffing and person-centred care.

The *Quality matters* joint commitment has been developed to ensure that staff, providers, commissioners and funders, regulators and other national bodies all play their part in listening to and acting on the voice of people using services, their families and carers.

## Hospitals

Fifty-five per cent of NHS acute hospital core services were rated as good and 6% as outstanding. This compares with 51% rated as good and 5% rated as outstanding last year. At the trust level, 11 NHS acute trusts were rated as outstanding.

A majority of community health services were providing good (66%) or outstanding (6%) care. Three of the 10 ambulance trusts were rated as good and one as outstanding.

Pockets of poor care exist, even in services rated as good. We continued to see a large amount of variation in the quality of care of services within individual hospitals and between hospitals in the same NHS acute trust.

The safety of NHS acute hospitals remains a concern with 7% rated as inadequate for the safe key question. Ratings have improved though, as last year 9% were rated as inadequate for safety.

Staff recruitment and appropriate skills mix were a concern in most sectors. We found NHS acute services relying too much on agency staff, and emergency departments with not enough medical staff. We have concerns that community and ambulance services are also facing staffing challenges.

We continued to find that good leadership from senior leaders through to frontline staff, combined with strong staff engagement and a positive organisational culture helps to ensure good quality care and drives improvement.

### Primary Medical Services

The quality of care in general practice overall is good, with 89% of GP practices rated as good and 4% rated as outstanding overall. This means that almost 49 million people are registered with practices that CQC has rated as good and nearly three million people have access to care rated as outstanding overall.

We have seen improvement in dental care in England in the last two years: after re-inspecting dental practices where we had taken enforcement action, most had improved.

High-performing GP practices are increasingly using non-traditional roles such as advanced nurse practitioners, care coordinators or healthcare assistants to support GPs and reduce referrals to secondary care or avoidable hospital admissions. These practices are also working collaboratively and using multidisciplinary working to improve patients' experience.

Our main concern across all providers in primary care is the steps they take to ensure the safety of their services. The main issues we found included problems relating to poor governance systems and processes to manage risk and learn from incidents so that they are less likely to happen again, and poor leadership with unclear roles and responsibilities.

General practice continues to face pressures as the rising demand for GP services is not being matched by a growth in the workforce to meet needs, which means that people may find it harder to access an appointment with a GP.

61% of urgent care and out-of-hours services were rated as good and 8% as outstanding. Poor care was a result of challenges in managing patient demand and recruiting and retaining the workforce.

Online primary care services offering remote consultations over the internet, by text-based platforms or video link, are improving people's access to care. We have taken action on initial concerns around safety measures and safeguarding patients, and have seen improvement on re-inspection.

There have been improvements in health care for children in the care of a local authority (looked after children), but local organisations need to improve access to speech and language and occupational therapies and a diagnostic pathway for children with autistic spectrum disorder.

## 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 2017	Care Quality Commission

This report was written by Greg Rielly, Inspection Manager Lincolnshire, who can be contacted via [greg.rielly@cqc.org.uk](mailto:greg.rielly@cqc.org.uk) or 03000 616161.