

Open Report on behalf of the Care Quality Commission

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	26 February 2020
Subject:	Care Quality Commission - Adult Social Care Inspection Update

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 the Care Quality Commission's inspections of Adult Social Care services in Lincolnshire to date.

1. Care Quality Commission Inspection Arrangements

The Care Quality Commission (CQC) began inspecting with the new approach in Lincolnshire and across the country 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 422 locations registered in Lincolnshire for the provision of adult social care, of which 76 are registered to provide nursing care. This number has reduced since the last time we attended this meeting in 2017 from 83, which in turn was a reduction on the previous figures in 2016. This is a somewhat worrying national trend. However, there is an increase in domiciliary care provision as more people are being supported within their own homes.

Inspection Arrangements

As well as an overall rating for each service, the CQC rates each of the five key questions which are: Is the service Safe? Is it Effective? Is it Caring? Is it Responsive? and, Is it Well-Led? Ultimately this is how the CQC reaches the overall rating for the service.

Each service and each key question or domain can be rated:

- Outstanding
- Good
- Requires improvement
- Inadequate

2. Inspection Findings for Lincolnshire

The CQC has inspected and published ratings on 385 of the 422 Adult Social Care services that are registered in Lincolnshire. This is because newly registered services must be inspected within one year of the registration. The information below is a summary of the CQC's findings. A number of these services have been inspected several times. When a service is rated *Inadequate* the CQC must inspect again within six months of the publication of its report. If a service is rated *Requires Improvement*, the CQC must inspect within a calendar year of its report being published. If a service is rated *Good* or *Outstanding*, the CQC does not return for up to two and a half years.

Where providers are failing to meet the fundamental standards of care the CQC has taken enforcement action in the form of requirement notices, warning notices, conditions, cancellation of registration, placing a service into special measures or, if appropriate, prosecution.

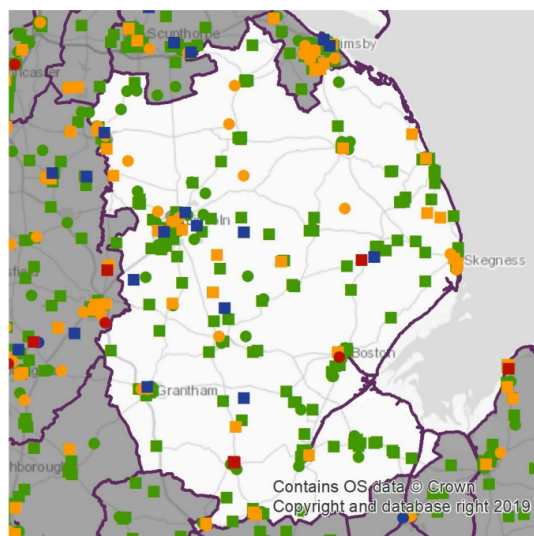
Lincolnshire Ratings

Overall ratings in Lincolnshire are slightly different from the national perspective, which is shown below, along with, what the CQC terms as comparators (local authorities with similar demographics, age, deprivation, ethnicity, local authority funding etc).

Comparator Local Authority Name
Devon
Somerset
Staffordshire
Suffolk
Cumbria
Gloucestershire
Leicestershire
North Yorkshire
Worcestershire
Warwickshire
Essex
Lancashire
Derbyshire
Norfolk
Nottinghamshire

Comparator Local Authority Name - 2019
Devon
Somerset
Staffordshire
Suffolk
Warwickshire
Derbyshire
Norfolk
Nottinghamshire
Leicestershire
North Yorkshire
Worcestershire
Essex
Lancashire
Cumbria
Gloucestershire

This map shows the overall ratings of active adult social care locations in Lincolnshire. There may be multiple locations in one position so not all locations may be visible



CQC data accessed on 22 October 2019

Nursing homes - see circles on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (1)	22% (17)	70% (53)	0% (0)	7% (5)
England	2%	20%	69%	4%	4%
Comparators	2%	20%	68%	6%	3%
Residential homes - see squares on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (3)	12% (25)	80% (171)	5% (10)	2% (5)
England	1%	13%	79%	3%	3%
Comparators	1%	13%	78%	4%	3%
Domiciliary care agencies - not shown on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	1% (1)	16% (16)	59% (61)	7% (7)	17% (18)
England	1%	11%	66%	4%	19%
Comparators	1%	8%	71%	5%	15%
Community care services - not shown on map					
Area	Inadequate	R.I.	Good	Outstanding	Unrated
This LA	3% (1)	7% (2)	59% (17)	0% (0)	31% (9)
England	0%	8%	72%	4%	16%
Comparators	0%	7%	77%	4%	13%

Ratings - Key Information

368 registered services: *Outstanding* 17 (5%), *Good* 302 (71%), *Requires Improvement* 60 (14%), *Inadequate* 6 (2%), *not inspected* 37 (8%).

1% of nursing homes in Lincolnshire are rated as *Inadequate*, compared to a national and comparator average of 2%. You can see that for the other domains, the Lincolnshire statistics align closely with the national average for nursing homes.

80% of residential homes are rated *Good* which is slightly better than the national and comparator average. 5% of residential homes are rated *Outstanding*, which again, is slightly better than the national and comparator average. So, 85% of Lincolnshire's residential homes are rated as *Good* or better which is a very positive picture.

1% of domiciliary care services are rated *Inadequate* which is in line with the national average. However, 16% of services are rated *Requires Improvement* which is high compared to comparators and the national average. It is important to note that 66% are rated as *Good* or better, with 17% not yet inspected which could really change this picture.

The data shows that, overall there are six services rated as *Inadequate*, but it can be reported that two of those services very recently inspected and significant improvements were found, so this picture will change. When four services are *Inadequate* that will bring Lincolnshire in line with the national average having 1% of services rated *Inadequate*.

Adult Social Care services in Lincolnshire are performing well. Obviously, there is always room for improvement but if we look at the percentages for the rated services;

- 5% are rated *Outstanding*
- 78% are rated *Good*

- 15% are rated *Requires Improvement*
- Two are rated *Inadequate*
- 83% of services are rated *Good* or better which is a positive position.

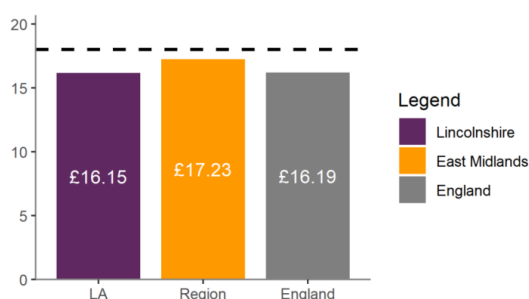
Key themes;

- 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 25 locations in Lincolnshire without a registered manager.

Funding - LA ASC costs



Average cost of an hour of homecare

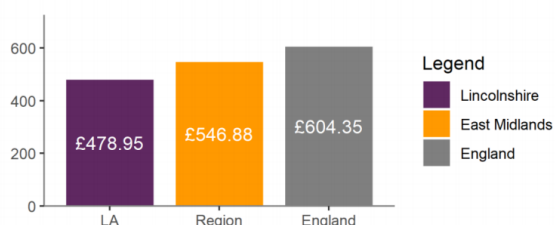


This chart uses figures from the 2018 UK Homecare Association report to show the average cost of an hour of homecare within the selected LA compared to the wider region and England. Data collected via FoI requests submitted to each council for their average cost during a week in April 2018.

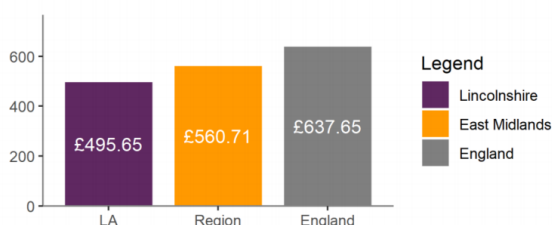
The UKHCA also calculated a minimum price of £18.01 per hour of homecare, represented as the dotted line on the chart. UKHCA's minimum price is designed to cover the cost of an hour of homecare commissioned by local authorities, while enabling providers to meet their legal obligations (including the National Minimum Wage) and the ability to run a sustainable business. The UKHCA have also set a minimum price of £18.93 for April 2019.

The charts below are taken from the 2017/18 Adult Social Care Finance Return (ASC-FR) and relate to people aged 65+

Average weekly cost of residential home placement



Average weekly cost of nursing home placement



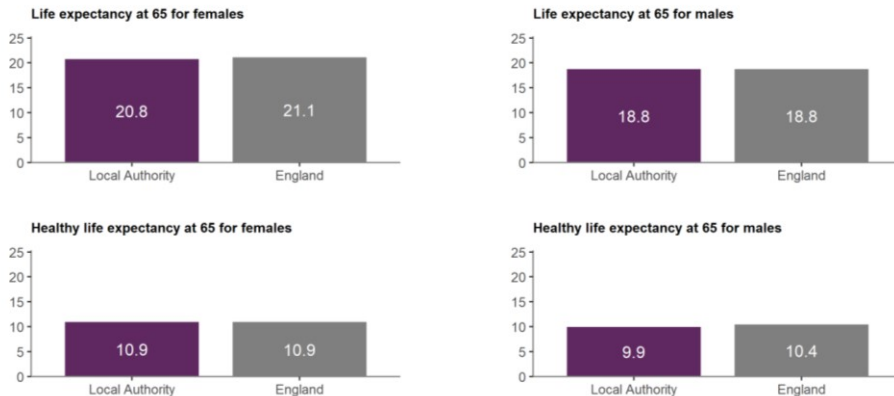
This table shows that Lincolnshire is not one of the highest fee payers in East Midlands, but is not far behind the national average.

The next table shows the average time people are living over the age of 65 and the healthiness of those people.

Context - life expectancy



This slide compares life expectancy at age 65 (the average number of years a person would survive if they experience the age-specific mortality rates for their area) to healthy life expectancy at age 65 (the number of years a person can expect to live in good health). This provides context on the population health of older people living in the selected LA which may aid in assessing performance on other indicators and identifying the drivers of life expectancy and healthy life expectancy.



People in Lincolnshire will live 18 years over 65. An average of 83 years old may be an easier way to say it. Unfortunately, 10 or those years will be with substantial ill health.

3. Care Quality Commission - State of Care Report

Key Findings: Overall

Each year, the CQC publishes a national state of care report. The most recent report, *The State of Health Care and Adult Social Care in England 2018/19*, was published on 14 October 2019. Its key findings are:

- Most health and adult social care services in England are providing good quality care, despite a challenging environment.
- When re-inspected, services that were originally rated as inadequate have improved strongly.
- 83% of adult social care services originally rated as inadequate and re-inspected improved their rating.
- Among NHS acute hospitals, twelve out of the 15 hospitals originally rated as inadequate improved on re-inspection.
- 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 the CQC has 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.

Key National Findings: 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 the CQC inspects against, Caring is consistently rated the highest – more than nine out of every 10 services are rated as *Good* (92%) or *Outstanding* (3%). Safe and Well-Led have the poorest ratings, with 21% rated as *Requires Improvement* and 1% rated as *Inadequate*. This is due to how the regulations come through the reports. Regulation 12 [Safe Care and Treatment] and Regulation 17 [Good Governance] are the most frequently breached. They sit in the Safe and Well-Led domains respectively.

Strong leaders continue to play a pivotal role in high-performing services. Registered managers that took an innovative approach, were known to staff, people using the service, carers and families, and that were open to their feedback had a positive impact. Comparatively, services with no registered manager are statistically more likely to be rated as *Requires Improvement* and *Inadequate*, as are services that have little input from provider and nominated individuals.

A clear focus on person-centred care is one of the main drivers in services rated as *Outstanding*. In these services, staff were enabled to spend time with and get to know people as individuals, understanding their interests, likes and dislikes.

The CQC responsible for regulating services, that means the CQC inspects and takes action when it identifies poor care. The CQC uses its powers to ensure providers and registered managers tackle problems and put things right for the benefit of people using services, their families and carers. As referred to earlier in this report, the common themes are issues relating to a lack of good governance, issues relating to safe care and treatment, but also with low staffing levels and failures to deliver 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.

4. Conclusion

The Inspection Manager for Lincolnshire took up his post recently and has stated that since that time he cannot speak highly enough about the openness of his local authority colleagues. He attends a monthly meeting with a range of healthcare professionals, chaired by the Council's Head of Commercial Services. The meeting discusses issues impacting all services and specific providers that are causing the CQC concern. All colleagues work closely with one another to ensure people receive safe, effective, responsive and well-led care.

The CQC will continue to work closely with the clinical commissioning groups, safeguarding colleagues, the local police and fire services 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 2020	Care Quality Commission

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