

Open Report on behalf of the Care Quality Commission

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	20 October 2021
Subject:	Care Quality Commission - Adult Social Care Update

Summary:

This is a short report to provide the Adults and Community Wellbeing Scrutiny Committee for Lincolnshire with an overview of the role of the Care Quality Commission's (CQC) throughout the pandemic and the future direction of the CQC.

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:

To note the content of the report.

1. The role of the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England. The purpose of the CQC is to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

The CQC registers care providers, monitors, inspects and rates services and takes action to protect people who use services. Once a service has registered with the CQC, their performance is monitored using various sources of intelligence to oversee how they are performing between inspections.

The CQC has a programme of regular inspections. There are five key questions that the CQC consider when inspecting, these are; Is the service safe; effective, caring, responsive and well led. Services are awarded a rating in each area and an overall rating. There are four ratings that the CQC give to health and social care services: outstanding, good, requires improvement and inadequate. The CQC has a range of civil, and criminal, enforcement powers that are used to ensure the safety of people using services and to hold providers to account.

The CQC regulates approximately 23,500 adult social care services across England.

2. The evolving role of the Care Quality Commission throughout the pandemic

The Covid-19 pandemic presented a major health crisis that required all health and care bodies, including the CQC, to work in very different ways.

During the early stages of the pandemic, the CQC moved quickly to adapt how we regulate and work within the health and care system. We wanted to support providers to keep people safe, allow them to focus on responding to the emergency, avoid our inspectors spreading the virus inadvertently and reduce demand for scarce personal protective equipment (PPE), so we paused routine inspections.

While routine inspections were paused, we did not stop regulating. We continued to inspect in response to risk and concerns. We engaged with providers and enhanced our monitoring activity to support our ongoing assessment of quality and safety. During this period we developed the Emergency Support Framework (ESF) and the Transitional Regulatory Approach (TRA). These intelligence driven systems enabled CQC to conduct enhanced levels of monitoring without crossing the threshold of services. In addition, we worked collaboratively with system partners to support informed decision making and respond to emerging issues at local, regional and national levels.

In July 2020 CQC launched [Provider Collaboration Reviews \(PCR's\)](#). The speed and scale of the response required by the Covid-19 pandemic highlighted the impact of fragmentation in health and care systems significantly. The reviews included understanding the journey for people with and without Covid-19 across health and social care providers, including the independent sector, as well as council and NHS providers. PCR's focused on 5 key areas; Care for older people; Urgent and emergency care; Ensuring the provision of cancer services; Care for people with a learning disability living in the community during the pandemic and Services for people with a mental health condition.

Also in July 2020, CQC recommenced risk based inspections. In late 2020 CQC was tasked by the Department of Health and Social Care with inspecting all care homes that had a significant Covid-19 outbreak.

In July 2021, the CQC publicly released data regarding the number of Covid-19 related deaths in care homes and care homes with nursing.

3. The current position of the Care Quality Commission

Since March 2020, the CQC has been driven by a need to adapt to the pandemic, progress has been made in using data and insight to monitor services. CQC is now in a period of recovery, our current focus is on safety and leadership.

The CQC has continued to make progress in how services are monitored in three key areas:

- Developing the ability to better monitor risk to be more targeted in regulatory activity as we start to emerge from the pandemic;
- Bringing information together in one place for inspection teams, presented in a way that enables better decision making;
- Developing elements of how we want to work in the future, including how we give a more up-to-date view of risk to the public.

In July 2021 the CQC launched the [direct monitoring approach](#). This introduced a monthly review of intelligence on registered services. The approach helps CQC prioritise regulatory activity. There are three possible outcomes following this monthly review;

- For lower risk services, the CQC now publish a statement on their website. This lets providers and the public know that the current intelligence held by the CQC does not indicate any risk;
- For services where some risk is indicated we have structured conversations with providers, with a focus on safety and leadership;
- Where intelligence suggests there is a significant risk to people’s health and safety we conduct an inspection.

We are also currently preparing to regulate and enforce amendments to regulation 12 of the Health and Social Care Act (2008) which makes vaccination a mandatory condition of deployment in care homes. This comes into force on 11 November 2021. Work is underway with system partners to maximise vaccination uptake.

4. The local picture

There are currently 401 registered adult social care locations in Lincolnshire (several are dormant, and some are not yet rated). Ratings in Lincolnshire are broadly aligned with the national perspective, however there are slightly more outstanding and inadequate locations in Lincolnshire than the national average.

Org Region	# Orgs Rated at Overall Level				% Orgs Rated at Overall Level				Total	Total
	Outstanding	Good	Requires improvement	Inadequate	Outstanding	Good	Requires improvement	Inadequate		
ASC Central	24	273	59	9	6.6%	74.8%	16.2%	2.5%	365	100.0%
Grand Total	24	273	59	9	6.6%	74.8%	16.2%	2.5%	365	100.0%

34 locations are in breach of the legal requirements, 23 of these have been in breach for over a year. Of the 9 inadequate locations, 2 are domiciliary care agencies, the remainder are care homes.

Broken down by key question, local services perform best in effective, caring and well led. Whilst in safe and well led services perform less well. This is likely due to our focus on risk in these areas throughout the pandemic.

Rating	Safe	Effective	Caring	Responsive	Well-led	Overall
Outstanding	0.9%	0.6%	4.7%	5.3%	6.4%	5.3%
Good	76.0%	82.5%	85.9%	81.4%	66.2%	71.9%
Requires improvement	18.9%	15.8%	9.0%	11.9%	22.8%	18.7%
Inadequate	4.3%	1.1%	0.4%	1.3%	4.7%	4.0%

Ratings profile for Lincolnshire locations

Key themes from inspections and regulatory activity;

- Staffing is a key pressure point locally, regionally and nationally. Issues with recruitment, availability of staff, self-isolation and mandatory vaccination are the main factors. We have seen the quality and safety of some services deteriorate very quickly in some services where staffing levels have been compromised.
- Covid-19 outbreaks and numbers of deaths are not always indicative of service quality.
- The ratings profile of safe and well led domains has deteriorated over the pandemic. This is mainly due to failure to manage risk, poor infection control practices, safeguarding issues, including closed cultures and staffing issues. The pandemic has exacerbated the deficiencies in already poorly performing services.
- Having a consistent, effective registered manager in post is key to the quality and safety of services. There are 34 locations without a registered manager in Lincolnshire.

5. The future direction of the Care Quality Commission

In May 2021 the CQC launched a new strategy. This new strategy strengthens the CQC commitment to deliver our purpose: to ensure health and care services provide people with safe, effective, compassionate, high-quality care and to encourage those services to improve. The strategy is ambitious and to implement it we will need to work closely with others to make it a reality. The CQC's purpose and role as a regulator won't change, but how we work will be different.

The strategy sets out the CQC's ambitions under four themes;

- People and communities: Regulation that's driven by people's needs and experiences, focusing on what's important to people and communities when they access, use and move between services;

- Smarter regulation: Smarter, more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings, easier ways of working with us and a more proportionate response;
- Safety through learning: Regulating for stronger safety cultures across health and care, prioritising learning and improvement and collaborating to value everyone's perspectives;
- Accelerating improvement: Enabling health and care services and local systems to access support to help improve the quality of care where it's needed most.

Running through each theme are two core ambitions:

- Assessing local systems: Providing independent assurance to the public of the quality of care in their area;
- Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services.

The CQC will look at how the care provided in a local system is improving outcomes for people and reducing inequalities in their care. This means looking at how services are working together within an integrated system, as well as how systems are performing as a whole.

6. Consultation

a) Risks and Impact Analysis

N/A

7. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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