



Open Report on behalf of the Care Quality Commission

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	19 October 2022
Subject:	Care Quality Commission - Adult Social Care Inspection Update

Summary:

This is a short report to provide the Adults and Community Wellbeing Scrutiny Committee with an update on local and national Care Quality Commission (CQC) operations and strategic direction.

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 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. Background

1.1 The role of CQC

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

CQC registers care providers, monitors, inspects and rates services and takes action to protect people who use services. Once a service has registered with CQC, data and intelligence is used to monitor risk and performance.

CQC consider five key questions 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 CQC give to health and social care services: outstanding, good, requires improvement and inadequate. 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.

CQC regulate approximately 25,000 adult social care services across England.

1.2 Current inspection and regulation methodology

Over the pandemic CQC evolved to respond to risk and ensure safety. During this period, data and intelligence systems were enhanced leading to a more insight driven approach to regulation.

Inspection prioritisation and scheduling is now driven by insight. At present inspections are scheduled based on the following factors;

- New and emerging information of concern
- Registered locations which are not yet rated
- Known risk / enforcement follow up
- Improvement
- Quality assurance

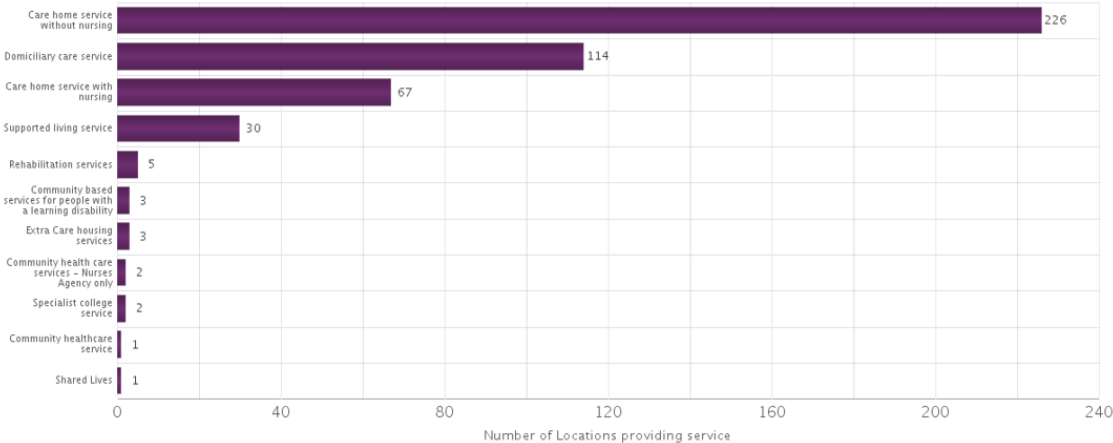
In addition, CQC continue to use the direct monitoring approach to monitor services between inspections. This approach helps CQC prioritise regulatory activity and can lead to an inspection where risk is identified. Where no risk is identified CQC publish a statement on the website which lets providers and the public know that the current intelligence held by CQC does not indicate any risk.

1.3 Inspection and regulation in Lincolnshire

There are currently **409** registered adult social care locations in Lincolnshire, **365** of which are rated, the remaining **44** are either dormant or not yet rated.

Active Locations in Lincolnshire providing the following services

NB: Locations can provide more than one type of service
Date run: 10/3/2022



Services in Lincolnshire are split as follows (some locations registered for more than one service type);

- Care Homes (without nursing): 226
- Care home with nursing: 67
- Domiciliary care agencies:114
- Supported living: 30
- Other: 17

	% Rating			
	Outstanding	Good	Requires improvement	Inadequate
Lincs	6.3%	73.3%	18.3%	2.1%
England	4.5%	78.9%	15.4%	1.2%

Ratings in Lincolnshire are broadly aligned with the national picture, however the split of good / requires improvements differs slightly and there are slightly more outstanding and inadequate locations in Lincolnshire than the national average.

	# Rating				Total
	Outstanding	Good	Requires improvement	Inadequate	
2021	24	273	59	9	365
2022	23	267	67	8	365

Eight locations are rated inadequate, all of which are care homes. Four have recently been re-inspected and will see improved ratings. One location is dormant and subject to cancellation. Three are awaiting re-inspection.

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

Key themes from inspections and regulatory activity;

- Staffing continues to be a key pressure point locally and nationally. Issues with recruitment, retention and the availability of agency staff in some rural areas are driving the ongoing staffing difficulties faced by adult social care providers.
- The ratings profile of safe and well led continue to be the most poorly performing areas.
- Having a consistent, effective registered manager in post remains key to the quality and safety of services. There are 38 locations without a registered manager in Lincolnshire, this is an increase from 34 in 2020/21 which may reflect recruitment and retention difficulties in the sector.

1.4 State of Care report

The State of Care report is the CQC annual assessment of health care and social care in England, the most recent report was published in October 2021 and focused heavily on the impact of the pandemic. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve.

People's experience of Care

- The impact of the pandemic on many who use health and social care services was intensely damaging. Many people struggled to get the care they needed and some did not seek care and treatment as a result of COVID-19.
- CQC have previously highlighted the ongoing issues that people from some groups have faced in accessing and receiving high-quality care. The pandemic has further exposed and exacerbated inequalities.
- People with a learning disability faced increased challenges as a result of the pandemic.
- The need for mental health care increased, with children and young people particularly affected.
- The strain on carers intensified. Carers UK estimated in June 2020 that an additional 4.5 million people became unpaid carers since the pandemic began.
- Health and social care staff became exhausted and the workforce depleted. People across all professions, and carers and volunteers, worked tirelessly to help those who needed care. The negative impact of working under this sustained pressure, including anxiety, stress and burnout, cannot be underestimated.
- Despite the widespread disruption caused by the pandemic, when people were able to access the care they needed, they were often positive about that care.

Flexibility to respond to the pandemic

- After the initial prioritisation of urgent care, there was a gradual push to bring systems back in line with pre-pandemic levels. Cancer services achieved the best response and recovery.
- The NHS was able to expand its critical care capacity to respond to the needs of the patient population at a time of crisis, although it put extra pressure on staff and other types of care and treatment.
- There were serious concerns about ambulance handover delays at hospitals, which put the safety of patients at risk.
- The 'discharge to assess' model for managing transfers of care helped to support services in both health and social care, although greater consistency was needed in implementation.
- The vital role of adult social care was made clear during the pandemic, but urgent action needed to tackle staffing issues and the increased pressures and stresses caused by staff shortages.
- GP practices moved to a more remote model of care in the pandemic. This did not benefit everyone and some struggled to get the appointments.

- Access to NHS dental care was an issue since before COVID-19, this was compounded by the pandemic.

Ongoing quality concerns

- Through reviews of high-risk mental health services, we were concerned that people were at risk in a small number of services where there were warning signs of closed cultures.
- Improvements in maternity care were too slow, with continuing issues around staff not having the right skills or knowledge, poor working relationships, and not learning from when things go wrong.
- While services largely maintained levels of Deprivation of Liberty Safeguards during 2020/21, they needed a continued focus on people subject to a deprivation of liberty. There were continued concerns about delays in authorisations, which meant that individuals were deprived of their liberty longer than necessary, or without the appropriate legal authority and safeguards in place.

Challenges for systems

- Collaborative working was varied among the local systems reviewed. Cross-sector working was helped by good communication, information sharing and shared values.
- There was a lack of integration of adult social care providers into system-level planning and decision-making.
- Most systems had some understanding that inequalities in care that existed in their areas before the pandemic, as well as how they had worsened or changed due to the pandemic. But tackling these inequalities was often not a main priority for them.
- Workforce planning was identified as a major priority and challenge for local systems and providers. Recruitment and staff retention continue to be severe problems.
- In adult social care, the situation is serious and deteriorating. The report concluded that there must be a sharp focus on developing a clearly defined career pathway and training, supported by consistent investment to enable employers to attract and retain the right people.

1.5 The future direction of the Care Quality Commission

In May 2021 CQC launched a new strategy. This strengthened 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 CQC purpose and role as a regulator isn't changing – but how we work will be different.

Single assessment framework

Our new framework is for providers, local authorities and systems. It focuses on what matters to people who use health and social care services and their families. It will let us provide an up-to-date view of quality. It covers all sectors, service types and levels – from registration, to how we look at local authorities and integrated care systems.

Our framework

- Ratings and the five key questions remain
- Quality statements will focus on specific topic areas under key question. They set clear expectations of providers, based on people's experiences and the standards of care they expect. They replace our key lines of enquiry (KLOEs), prompts and ratings characteristics.
- We're introducing six new evidence categories to organise information under the statements
- Registration is also based on this framework. It is the first assessment activity for providers in an integrated process.

How we will use it

We will;

- use a range of information to assess providers flexibly and frequently. Assessment is not tied to set dates or driven by a previous rating
- collect evidence on an ongoing basis and can update ratings at any time. This helps us respond more flexibly to changes in risk
- tailor our assessment to different types of providers and services
- score evidence to make our judgements more structured and consistent
- use inspections (site visits) as a vital tool to gather evidence to assess quality
- use data and insight to decide which services to visit. When on site, we will observe care and talk to staff and people who use services
- produce shorter and simpler reports, showing the most up-to-date assessment

CQC is currently reviewing timelines for implementation.

CQC takes on new powers in April 2023 which will enable us to inspect local authority adult social care functions and integrated care boards. Our approach to regulating local authorities and IBCs is currently being piloted.

3. Conclusion

This report provides update on local and national CQC operations and strategic direction. The Committee are requested to note the information presented on the themes arising from the Care Quality Commission's inspections of Adult Social Care services in Lincolnshire to date.

4. 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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