



**Open Report on behalf of Glen Garrod,
Executive Director – Adult Care and Community Wellbeing**

Report to:	Adults and Community Wellbeing Scrutiny Committee
Date:	18 October 2023
Subject:	Care Quality Commission - Adult Social Care Inspection Update

Summary:

Each year, this Committee receives an update from the Care Quality Commission (CQC), focusing on its monitoring and inspection of adult social care providers in Lincolnshire. Representatives from the CQC will be present to give a presentation to the Committee and answer questions on the activities.

Actions Required:

To consider the presentation from representatives of the Care Quality Commission on their monitoring and inspection of adult social care services in Lincolnshire to date.

1. Background

The Role of the Committee

When considering this item, it is important for the Committee to bear in mind that the Care Quality Commission (CQC) is not subject to local authority scrutiny, and in terms of the CQC's role in monitoring and inspecting adult social care providers in Lincolnshire the relationship between the CQC and the County Council is based on an understanding, trust and joint aspiration to improve these services by sharing insight and complementing each other's roles. Furthermore, the CQC is neither a commissioner nor a provider of adult care services.

The Role of the Care Quality Commission

The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England, with the aim of ensuring that these services meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008. The purpose of CQC is thus to ensure health and social care services provide people with safe, effective, compassionate, high-quality care.

As part of its regularity activities, the CQC focuses on five headline questions:

- Are services **safe**?
- Are services **effective**?
- Are services **caring**?
- Are services **responsive to people's needs**?
- Are services **well-led**?

Services are given a rating for each of the above and also given an overall rating. There are four ratings that CQC give to health and social care services:

- **Outstanding**
- **Good**
- **Requires Improvement**
- **Inadequate.**

In addition to rating services, 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 25,000 adult social care services across England.

The CQC's Fundamental Standards

The CQC's fundamental standards are:

- Care and treatment must be appropriate and reflect the service user's needs and preferences.
- Service users must be treated with dignity and respect.
- Care and treatment must only be provided with consent.
- Care and treatment must be provided in a safe way.
- Service users must be protected from abuse and improper treatment.
- Service users' nutritional and hydration needs must be met.
- All premises and equipment used must be clean, secure, suitable and used properly.
- Complaints must be appropriately investigated and appropriate action taken in response.
- Systems and processes must be established to ensure compliance with the fundamental standards.
- Sufficient numbers of suitably qualified, competent, skilled and experienced staff must be deployed.
- Persons employed must be of good character, have the necessary qualifications, skills and experience, and be able to perform the work for which they are employed.
- Registered persons must be open and transparent with service users about their care and treatment (the duty of candour).

2. Lincolnshire Adult Social Care

Care Homes without nursing in Lincolnshire

Number of locations	Total Number of beds
226	5489

Care Homes with nursing

Number of locations	Total number of beds
67	3264

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: 122
- Supported living: 33
- Other: 18
- 11 services remain dormant (three of which have been dormant for over 12 months)

	% Rating			
	Outstanding	Good	Requires improvement	Inadequate
Lincs (2023)	6.5%	73.2%	17.7%	2.4%
England (2022)	5.0%	79.0%	15.0%	1.0%

Ratings in Lincolnshire are broadly aligned with the national picture; however, the split of good / requires improvement 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
2023	24	268	65	9	366

As of 30 September 2023, nine locations were rated inadequate, all of which are care homes. Three have recently been re-inspected and will see improved ratings to either good or requires improvement. However, another two locations have been inspected and rating will be inadequate due to poor care being delivered.

The above figures show that over the last three years the ratings have been consistent.

Eleven services are dormant, so not providing any regulatory activity as yet, however they remain registered with the CQC. These are being monitored and contacted on a quarterly basis by our support services.

When broken down by the five key questions, 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 (for example inspection activity has covered safe and well-led only). This will continue over the coming months as we undertake further transformation.

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 35 locations without a registered manager in Lincolnshire. This is a slight decrease from 38 in 2020/21 which may reflect recruitment and retention difficulties in the sector.
- Financial stability has been a factor in five care homes closing since April 2023, with low occupancy being a factor.

3. State of Care report 2021/2022

The State of Care report is the CQC annual assessment of health care and social care in England. The report looks at the trends, shares examples of good and outstanding care, and highlights where care needs to improve. The most recent report was published in October 2022 and states:

Today, our health and care system is in gridlock and this is clearly having a huge negative impact on people's experiences of care.

People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.

Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care. And people's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.

At the heart of these problems are staff shortages and struggles to recruit and retain staff right across health and care.

One major survey shows the proportion of people satisfied with the NHS overall dropping from 53% to 36%. More people (41%) were dissatisfied with the NHS than satisfied. Another survey shows that the proportion of people who reported a good overall experience of their GP practice went down from 83% to 72%.

Summary of people's experience of care

- People are struggling to access care.
- Our health and care system is in gridlock. People in need of urgent care are at increased risk of harm due to long delays in ambulance response times, waiting in ambulances outside hospitals and long waiting times for triage in emergency departments.
- Large numbers of people are stuck in hospital longer than they need to be, due to a lack of available social care.
- People's inability to access primary care services is exacerbating the high pressure on urgent and emergency care services.
- Staff shortages and struggles to recruit and retain staff are widespread throughout health and care.
- Public satisfaction with NHS health care and with social care has plummeted in 2021/22.

Inequalities pervade and persist

- In our survey of people aged 65 and over who had recently used health or social care services, more than a third (37%) who said they were on a health waiting list did not feel well supported. Two in five (41%) said their ability to carry out day-to-day activities had got worse while they were waiting.
- There is variation across the country in waiting times for elective care and cancer treatment. People living in the worst performing areas were more than twice as likely to wait more than 18 weeks for treatment as people in the best performing areas.
- In our Community Mental Health survey 2021, 41% of all respondents reported feeling they had 'definitely' seen NHS mental health services often enough for their needs in the last 12 months. This was the lowest score across the period from 2014 to 2021.
- Over a third of people did not see or speak to anyone when they could not get an appointment at their GP practice. More than 1 in 10 went to A&E.
- There has been a significant reduction in the availability of NHS dental care, particularly for children and young people.
- Around half a million people may be waiting either for an adult social care assessment, for care or a direct payment to begin, or for a review of their care. In the first three months of 2022, 2.2 million hours of homecare could not be delivered because of insufficient workforce capacity, leading to unmet and under-met needs.

Specific concerns

- The quality of maternity care is not good enough. Action to ensure all women have access to safe, effective and truly personalised maternity care has not been sufficiently prioritised.

- Women from ethnic minority groups continue to be at higher risk of dying in pregnancy and childbirth than white women, and more likely to be re-admitted to hospital after giving birth.
- We are prioritising our operational and inspection resources to ensure we and others have an up-to-date and accurate view of the quality and safety of maternity services.
- The care for people with a learning disability and autistic people is still not good enough. Despite multiple reviews and reports, people continue to face huge inequalities when accessing and receiving health and social care.
- Our review of the care in hospital for people with a learning disability and autistic people will highlight how they are not being given the quality of care they have a right to expect.
- Mental health services are struggling to meet the needs of children and young people, increasing the risk of their symptoms worsening and reaching crisis point, and being cared for in unsuitable environments.
- Ongoing problems with the Deprivation of Liberty Safeguards process mean that some people are at risk of being unlawfully deprived of their liberty without the appropriate legal framework to protect them or their human rights.

Depleted workforce

- In many cases, providers are losing the battle to attract and retain enough staff.
- The persistent understaffing across health and social care poses a serious risk to the safety and wellbeing of people who use services.
- More than 9 in 10 NHS leaders have warned of a social care workforce crisis in their area, which they expect to get worse this winter.
- Care homes have found it very difficult to attract and retain registered nurses. We have seen nurses moving to jobs with better pay and conditions in the NHS, and care homes that have had to stop providing nursing care.
- Of the providers who reported workforce pressures having a negative impact, 87% of care home providers and 88% of homecare providers told us they were experiencing recruitment challenges. Over a quarter of care homes that reported workforce pressures told us they were actively not admitting any new residents.
- Only 43% of NHS staff said they could meet all the conflicting demands on their time at work. Ambulance staff continue to report high levels of stress.

Challenges and opportunities in local systems

- Understanding the health and care needs of local people is paramount for integrated care systems, and each one faces a different challenge in meeting those needs.
- Good leadership will be vital for local systems as they become established during challenging times for all services.
- Local partnerships are starting to make a positive difference – they must be focused on outcomes for people.
- System-level planning should include all health and care services to address population needs and health and care inequalities and do their best to keep people well.

4. The future direction of the Care Quality Commission

In May 2021, the 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 is not changing, but how we work will be different.

Progress to date:

- Our teams within operations have moved into new teams – Integrated Assessment and Inspection Team (IAITs). Within Lincolnshire, there are two teams headed and lead by two Operations Manager – Nina Eastwood and Michele Hurst.
- Provider portal is being renewed and updated to support more effective registration and updates to registrations by providers. This includes submission of notifications and changes.
- More stringent assessment of providers wishing to register services for people with a learning disability and Autism, some having a restriction on their registration.

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 are 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.

The CQC is currently reviewing timelines for implementation. So far, teams have been realigned with local authority areas.

The CQC took on new powers in April 2023 which enabled us to inspect local authority adult social care functions and integrated care boards (ICBs). Lincolnshire was one local authority that has been piloted first and was inspected in July 2023. The report is due out at the end of October 2023 and will be considered by this Committee at a later date. ICBs will be inspected next.

5. Conclusion

This report provides an update on local and national CQC operations and strategic direction. The Committee is 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.

6. Appendices

These are set out below and attached to the report.

Appendix A	Presentation from the Care Quality Commission
------------	---

7. Background Papers

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

This report was written by Nina Eastwood (Operations Manager CQC) and Simon Evans, Health Scrutiny Officer, who can be contacted via Nina.Eastwood@cqc.org.uk or Simon.Evans@lincolnshire.gov.uk