



**Briefing 18/18 - March 2018**

## **The State of Health Care & Adult Social Care in England 2016/17**

### **Key Issues**

- This briefing summarises the contents of the Care Quality Commission report prepared following their inspection of 21,256 Adult Social Care Services as published on 31/07/2017, in order to understand which factors are more closely associated with quality.
- The CQC Comprehensive inspection and ratings programme provides a baseline picture of the quality of health and adult social care in England. Through their comprehensive inspection and ratings regime over the last three years, the CQC have produced an indication of the quality of health and Adult Social Care (ASC) in England.

### **Introduction**

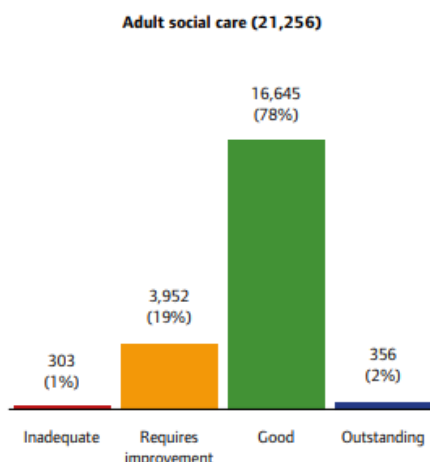
The Care Quality Commission (CQC) published a report of their assessment of the state of care in England in 2016/17. They used their inspections and ratings data, plus information obtained from service users, their families and carers, in order to inform their judgements of the quality of care.

The Care Quality Commission's (CQC's) Comprehensive inspection and ratings programme provides information regarding the quality of health and adult social care (ASC) in England. As a result of comprehensive inspections completed over the last 3 years, the CQC have produced a report on the quality of health and ASC in England.

All registered health and ASC services in England were inspected and rated over a 3 year period. CQC findings showed (also seen in Figure 1):

- (i) 78% of ASC services were rated as 'Good' (an increase of 7% from the previous year);

- (ii) 2% of ASC services were considered to be delivering excellent care and scored an 'outstanding' rating. This included care homes providing care to almost 8,000 people across England;
- (iii) At the other end of the scale, 19% of ASC services were rated as requiring improvement, and 1% deemed to be inadequate (as at 31/7/17).



**Figure 1 – Adult Social Care Inspection Ratings as at 31<sup>st</sup> July 2017**

Following re-inspection by the CQC, 82% of the ASC Services previously rated as inadequate had improved their rating, and 23% of services dropped by at least one rating.

**INSPECTION FINDINGS:**

As part of the inspection, every care provider or service was asked the same 5 questions by the CQC:

- 1.) Is it safe?
- 2.) Is it effective?
- 3.) Is it caring?
- 4.) Is it responsive?
- 5.) Is it well-led?

We will now look at these five areas in turn.

**1. Is it Safe?**

Since introducing their new approach to inspection and rating, the CQC had seen a clear improvement overall in safety. The providers performing well here were those for whom safety was a top priority, with good monitoring practices providing staff with a clear, accurate picture allowing risks to be reviewed regularly. These providers also had embedded systems and operational processes in place which kept people safe and protected, with staff who felt empowered to speak out about safety issues, and a supportive learning culture.

Further, it was acknowledged that with innovation, came implications for safety. New technology could be used to assist in ensuring people were cared for safely and maintain their independence. For example, one ASC provider introduced an app for smart phones which contained personally relevant data about people’s daily schedules and coping strategies for

certain situations, thus providing them with day to day support. The use of this app resulted in a reduction in levels of anxiety experienced by residents, and supported the independence of its users.

The increase of companies registering to provide online primary care services (including remote consultation with clinicians over the internet by text based platforms or video links) can improve people's access to care. However, the CQC reported how it also had to take action on initial concerns around insufficient safety measures and possible access to confidential data and information sharing, and inappropriate precautions to safeguard patients.

As part of their Inspection regime, the CQC took appropriate action against those care providers deemed to have safety issues (including medication errors, uncovered radiators, use of bed rails, no proper systems for assessing risk, and a lack of staff training).

## **2. Is It Effective?**

The CQC's inspections identified two contributing factors to ASC delays which had an effect on a provider's ability to effectively deliver the services required:

1. A reduction in the number of ASC bed spaces, with 4,000 fewer nursing home beds being available in July 2017 than in 2015; and
2. A lack of staff in ASC to deliver the services required. The 90,000 staff vacancies across ASC, make quite an impact on those requiring assistance to help them get back on their feet after a fall, etc. Research carried out by "Skills for Care", the strategic body for workforce development, showed the turnover of staff in Local Authority ASC increased from 11.7% in 2012/13 to 14.6% in 2016/17. This compares to an increase within the independent sector from 24.6% to 29%. Although it is difficult to predict accurately at this stage, it is considered that BREXIT will impact further on staff recruitment as "Skills for Care" data shows that 6% of ASC staff are from the European Economic Area.

Staff shortages impact on the quality of care provided by placing them under greater pressure to deliver the service people expect. Despite this, the CQC ratings showed that the vast majority of ASC staff were considered to be very caring.

### **London Borough of Sutton**

Also mentioned in their findings was the London Borough of Sutton, an area that is part of the 'enhanced health in care homes' vanguard scheme introduced by NHS England. The area had been found to have improved care for older people to reduce hospital admissions and to enable their rapid and safe discharge from hospital.

Sutton Care homes reduced the number of residents needing to attend A&E through improvements in the co-ordination of care, enhanced training of care staff and better health care support for older people under their care. Further, Sutton introduced a 'Red Bag' initiative for the transfer of paperwork, medication and personal belongings for residents when they needed to go into hospital. The bag stayed with them for the duration of their stay in hospital and was returned with the patient/resident with information having been updated as necessary. This simple measure effectively enabled everyone involved in a person's care to understand their personal needs and medical history.

### **Collaborative Working**

The CQC report highlighted examples of where collaborative working between ASC, GP surgeries and hospitals succeeded in meeting individual's needs by providing person centred care, combining efforts around the specific needs of individuals as opposed to their needs as defined under the headings of 'health care' or 'social care'. One example mentioned a care home which provided a 'hospital passport' for each person which noted preferences for their care, support needs, treatments that worked best for them, etc.

### **Yeovil District Hospital NHS Foundation Trust**

Held up as a further example of good practice were Yeovil District Hospital NHS Foundation Trust, who work with patients, carers, health and social care staff and voluntary organisations as part of an integral care modal they call the 'symphony care hub'. Their aim is to provide a better way to support people living with 3 or more specific long term conditions, and has been proven to help reduce hospital admission by 30% in its first year.

## **3. Is it Caring?**

Drover's House in Rugby's innovative use of new technology resulted in it being awarded an 'Outstanding' rating by the CQC. Drover's House is a purpose-built specialist care home with places for up to 75 older people with Alzheimer's and other forms of dementia.

The introduction of an acoustic monitoring system at night was pre-set to ignore the individual's normal noise level, only triggering an alarm from unusual noise. One benefit of this system was it allowed residents to sleep undisturbed through the night (unless they required assistance), as staff no longer needed to check on people at night by opening their bedroom doors.

With their night staff taking turns to monitor the system, the remaining staff could run a 'wide-awake' club for those residents who did not sleep well.

Drover's house employees reported to Inspectors that the new acoustic monitoring system allowed them to focus their time and attention to those residents who needed their care at night.

#### **4. Is It Responsive?**

Whilst the demand for adult social care continues to increase, the CQC report noted there were almost 4,000 fewer beds available in nursing homes in March 2017 than there had been in March 2005 (a reduction of 2%). This mismatch of supply to meet demand is bound to have an effect on the ASC sector's ability to be responsive.

The CQC report found that innovation was taking place in ASC, despite the lack of new models of care involving social care provision. (Examples included: visiting healthcare professionals – i.e, advanced nurse practitioners and community matrons visiting care homes, thereby reducing the need for residents to go to hospitals for their appointments.)

They also found initiatives such as step-down units, which support the discharge from hospital back to social care, and social care providers offering collaborative training to other providers on topics such as dementia, and end of life care.

#### **5. Is it Well-Led? - Leadership In Adult Social Care Services**

A theme running through the CQC's report surrounds the link between strong, visible leadership within an organisation and how that was reflected in the care staff delivered. The July 2017 document highlighted how leaders in the highest performing ASC services inspired a culture placing people at its core – treating people as people, rather than simply as recipients of care. For example, one aspect of this was the tailoring of activities to an individual's likes and interests – such as by using art, music or singing to improve the overall wellbeing of people living with dementia.

Strong leadership, as characterised by managers possessing an innovative, outward or forward looking approach, who were open to feedback and looked to best practice to steer service improvement were seen as possessing pivotal roles in bringing about improvement in ASC services.

#### **APSE COMMENT**

In their 2015/16 'State Of Care' Report, the CQC stated that Social Care was approaching a 'tipping point' – a point where improvement would be outpaced by a deterioration in quality, with a significant increase in the population who's needs were not being met. This statement was made on the basis of 5 pieces of evidence:

1. On Quality,
  2. Bed numbers,
  3. Market Fragility,
  4. Unmet need, and
  5. Local Authority Funding.
- (As based on their own inspections and external data).

A year later, the CQC's overall picture remains precarious, with no long term solution in sight. An aging population with increasingly complex health needs only increases demand for care

further. In addition, with fewer nursing home beds available, the capacity of the ASC sector continues to shrink, with more and more of the population forgoing paid care and support completely.

In the face of this reduction in service provision, and in service quality (due to a reduction in staff), £2 billion provided by Central Government via the Better Care Fund has been welcomed. However, in the light of the difficulties already highlighted, APSE would welcome the Government implementation of a sustainable, long term solution to the issue of Social Care Funding.

Shami Scholes  
Research and Administration Officer  
APSE