Care Quality Commission

THE STATE OF HEALTH CARE AND ADULT SOCIAL CARE IN ENGLAND

2013/14

SUMMARY

FOREWORD

We have found some outstanding care and rated many services as good. We have also found services that are inadequate or require improvement. This variation in the quality and safety of care in England is too wide and unacceptable. The public is being failed by the numerous hospitals, care homes and GP practices that are unable to meet the standards that their peers achieve and exceed.

It is no excuse that this problem has existed for years – quite the opposite. CQC is calling time on this unacceptable lottery, and challenging every health and care provider in England, and every commissioner and oversight body, to deliver the high standards of care that each person has a right to expect.

This report gives our perspective on the state of health care and adult social care in England in 2013/14 as we start to build a deeper and better understanding of the quality of care.

CQC's purpose is to ensure health and social care services provide people with safe, compassionate, high-quality care and to encourage services to improve. We provide robust, fair and consistent judgements of quality of care that expose poor care and variations in care, and make quality transparent in a way that it has never been before.

> "A new more rigorous approach."

We have started to inspect and rate care services using a new more rigorous approach which has given us a deeper insight than we have ever had before. Through this new approach and our new ratings, we are championing and celebrating the success of good and outstanding care. We are also improving our performance in taking serious action against inadequate providers – by stopping providers from operating or by

requiring them to improve through our civil and criminal enforcement actions.

Understanding the quality of care is complex – it is about how people experience services, it is about the outcomes of the services (for example the clinical effectiveness of hospital care or the dignity of end of life care) and about how safe they are. These dimensions of quality are underpinned and influenced by the quality of the leadership and the culture that the leadership creates within a provider. Using the transparency of inspection helps to recognise outstanding care, highlight areas of poor care and galvanise people to act to improve the quality of care.

> "Drive improvement in the quality of services."

CQC is an independent regulator, on the side of people who use services and acting to encourage all providers to improve the quality of services they provide. As we progress, we will uncover in greater detail the quality of care across health and care sectors than ever before. This job is not a simple one, and should not be underestimated. This is a huge responsibility and I am committed to meeting it. We will build a level of expertise such that our judgements are trusted and, importantly, used to drive improvement in the quality of services for the people who use them.

We acknowledge the rising pressure on care services, with people living longer with more complex and long-term conditions, and tight budgets across health and social care. Financial pressures are real but not unexpected, and they will continue into 2015/16 and beyond. And yet we have already seen many examples of good and outstanding care and we will champion these. There are examples for providers to learn from. Everyone deserves good care.

> "Care failure is unacceptable."

We are issuing a challenge to care providers and the system at large – to have the courage to use our judgements to have the greatest impact on improving care quality. Use our assessments of where care is outstanding to learn from what others are doing. Use our assessments to invest energy in driving improvement rather than defending the indefensible. Care failure is unacceptable. For improvement to take place there needs to be an acceptance that there is a problem to be solved.

We are also issuing an invitation to the public – to use the information provided by CQC or by professionals who help you, to make decisions about your care and the care of your loved ones. Where you don't have a choice of care, then become more demanding of those who should be acting in your interests. They should be putting you at the heart of good quality care. It is your right.

David Behan
Chief Executive
Care Quality Commission

OUR FINDINGS

Unacceptable variation

CQC's tougher, people-centred, expert-led and more rigorous inspections are seeing some outstanding care and we have already rated many good services.

We are also finding care that is inadequate or requires improvement: care that no one would want themself or those close to them to experience.

The variation in the quality of health and adult social care is too wide, and it is unacceptable.

The principle of keeping people safe from harm is fundamental. Too many providers have not got to grips with the basics of safety. Of the first NHS acute hospitals we have rated, eight out of 82 were rated inadequate for safety, and 57 were rated as requires improvement for safety. It is important to bear in mind that our early inspections of acute hospitals under our new approach mostly focused on those that were deemed higher risk. This picture is not representative of acute hospitals across England.

Strong, effective leadership at all levels within an organisation is vital. We have found in our new more rigorous inspections that being well-led drives up quality and safety overall.

There is a mounting financial challenge in health and adult social care. But this should not excuse inadequate care. Providers must learn from the outstanding examples of others who have the same resources.

We have five key questions that we ask of all the services to understand the quality of care they provide:

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

Our challenge to care providers and the care system at large

CQC is calling time on the unacceptable lottery of poor care. Tackling failure wherever it is found should be a priority for the managers and leaders of care providers, the people who commission services, and the system leaders. By targeting efforts to improve care that is inadequate or requires improvement, unacceptable variation will be reduced.

We should all celebrate the success of those services delivering outstanding care and recognise the dedication and skill of those on the frontline in these services, and also the leadership standing behind them.

Over the course of 2013/14 and into 2014/15, CQC has and will continue to uncover poor quality care through its tougher, people-centred and expert-led inspections. We challenge the system to respond in two ways.

- **Firstly, don't wait for a CQC inspection to get to grips with what 'good' care looks like.** CQC's 'provider handbooks' set out what good looks like so that everyone – providers, care staff, public, and the wider system – can understand what good care is and what they should expect. Take the time now to understand what good care is for people who use your services, and ask yourselves whether the services you provide are meeting this expectation.
- **Secondly, where CQC identifies failing services, the provider and the supportive system around them should act.** Whether the system includes the local authority, NHS England, the local clinical commissioning group, Monitor, the NHS Trust Development Authority, the industry body or a professional body, having recognised there is a problem with the quality of care there is a collective duty to act. We urge the system to respond swiftly in the interests of the safety and wellbeing of people who use the service.

Our invitation to the public

Become empowered consumers. Use the information provided by CQC or by professionals who help you, to make decisions about your care and the care of those close to you. Where you don't have a choice of care, you can be more demanding of those who should be acting in your interests. They should be putting you at the heart of good quality care. It is your right.

ADULT SOCIAL CARE

Findings

We see many examples of excellent care being delivered in England. Providers need to look at those who are doing it well and learn from them.

But there is significant variation in the quality of adult social care. In particular, people in nursing homes tend to receive much poorer care than those living in residential (non-nursing) care homes.

> "Good leadership is central to high quality care."

Working in adult social care is a tough job, but a very rewarding one. To ensure high-quality care, it is important that staff are supported, valued and trained well.

Encouraging more nurses to work in the care home sector should be a higher priority. We are concerned about the current shortage of nurses in adult social care. In 2013/14, one in five nursing homes did not have enough staff on duty to ensure residents received good, safe care.

> "Feedback should be welcomed."

CQC has found that good leadership is central to people receiving high-quality care. We saw that the care provided by care homes with a registered manager in place was substantially better than by those homes that did not have a registered manager in place for six months or more.

We have concerns about 15-minute home care appointments, and whether they can truly deliver care and support that is safe, caring, effective and responsive to people's needs.

Our challenge to providers...

- **Maintain a focus on recruiting for values and building the professionalism of staff.** Work in adult social care can be a tough job, but it can also be very rewarding for those who have the right values and are able to live up to those values. Providers should work with organisations such as Skills for Care to ensure recruiting, training and education processes are robust, and skills and values-driven to develop the professionalism of this vitally important workforce.

> "Do not accept excuses for inadequate care."

- **Leaders at all levels should develop a culture of support, openness and learning.** Feedback should be welcomed on services provided – this is a free source of intelligence that can help you improve. Respond to complaints and concerns openly and without becoming defensive. Offer support to staff who are trying to do the right thing, often in difficult and stressful environments, and enable them with the skills and the emotional support to do the job with compassion.

...and the system

- **Recognise and value excellence in all staff, especially those in professional or leadership positions.** By recognising the contribution of, for example, registered nurses in nursing homes and excellent registered managers in any service, supportive systems can start to attract, and critically retain, excellent staff in these positions.
- **Have the courage to tackle failure in the interests of people who use services.** Do not accept excuses for inadequate care, but work in the interests of people who use services to strive towards everyone having access to care that is good or better. Help providers share learnings through their networks, corporate structures and trade bodies.

> "Respond to complaints and concerns openly."

HOSPITALS, MENTAL HEALTH CARE AND COMMUNITY HEALTH SERVICES

Findings

By the end of August 2014, CQC had inspected 62 NHS acute trusts (of which we had issued formal ratings to 38 trusts covering 82 hospitals). We had also inspected 12 mental health trusts under our new approach and eight community health providers.

This means CQC had issued ratings to almost a quarter of NHS acute trusts in England by the end of August 2014. We found wide variation in care between trusts, between hospital sites, between hospital services and within each service – from outstanding to inadequate.

In September 2014, we awarded the first outstanding rating to an NHS hospital: Frimley Park in Surrey.

The first acute trusts to be inspected under our new tougher approach tended to be higher-risk. Of the 38 acute trusts, nine were rated good, improvement was required at 24, and five were inadequate.

Safety was the biggest concern: four out of every five safety ratings were inadequate or requires improvement.

Some 49 of the 82 acute hospitals were rated as requires improvement or inadequate in terms of being well-led. Again, it should be noted that our early inspections were of higher risk trusts.

> "Safety was the biggest concern."

Our new tougher inspections of mental health care found problems with poor physical environments and a lack of admission beds. Also we found that too many people were taken to police cells when experiencing a crisis in a public place, because of problems accessing a place of safety in a mental health service or an emergency department in a general hospital.

In our initial community healthcare inspections, we found that most staff were compassionate and caring and patients were very positive about the quality of care they received.

It is very concerning that providers have limited ability to assess the effectiveness of their own services.

We also need to do more detailed work if we are to assess the effectiveness of acute services more reliably, especially in A&E and outpatients. We are working closely on this with Royal Colleges, professional societies and with organisations responsible for national clinical audits.

> "Make safety a priority, build a safety culture."

Our challenge to providers and the system

- **Be open and use CQC's assessment as a stepping stone to improving your services for the people who rely on them.** Those NHS trusts that were first to exit special measures earlier this year were the ones that accepted our findings and started to look for solutions, rather than defaulting to resisting the information and challenging the findings.
- **Make safety a priority, and build a safety culture.** Act on the recommendations of the Berwick Review into patient safety and embrace both the processes and systems that reliably deliver safe care, and the culture of safety where candour is encouraged and learning is embedded.
- **Recognise and invest in your leadership from the board right through to the ward.** Each level of leadership has the capacity to effect change and act as role models, whether this around the boardroom table or on the ward in the middle of the night.
- **Listen and act on feedback from staff and patients.** Create a culture where mistakes are admitted in order to learn from them. We have been very impressed with how staff have told us their concerns on inspection. Often these are things that they have been afraid to tell you first – there needs to be an open and honest culture so that you hear these things first hand.
- **System leaders should use CQC judgements fully.** Take the time to read our reports on providers you work with, and help them to act in areas that need improvement and promote areas that are good or outstanding.
- **System leaders should understand and discharge their own responsibilities for improving the quality of care.** Although CQC does not regulate local or national commissioners, our inspections often identify problems that providers cannot put right on their own.

> "Recognise and invest in your leadership."

PRIMARY MEDICAL SERVICES AND INTEGRATED CARE

Findings

We inspected GP practices for the first time in 2013/14, and found variations in the quality of care.

We inspected 30 NHS GP out-of-hours services under our new approach, serving a combined population of around 19 million people – more than a third of England's population. We found that the majority of the services were safe, effective, caring, responsive and well-led.

On average, larger GP practices delivered better quality of care than smaller practices.

The quality of dental care was generally good, and continued to be lower risk than most other sectors.

We carried out thematic reviews into diabetes care, dementia care and the transition to adult services by children and young people with complex physical health needs. All of these helped us to look across care sectors and understand the interaction between them.

Our work with the primary medical services sector to understand the components of high-quality care has highlighted the importance of introducing a clear quality assessment framework, alongside better data through Intelligent Monitoring. Until now, the sector has had no robust way of assessing the overall quality of care.

> "Encourage feedback on the performance of services."

Our challenge to providers

- **There needs to be innovation to meet increasing demand, but don't wait to innovate.** Look at where you can innovate – especially where the current model of care delivery is known to be unsustainable.
- **Make the basics of safe care and effective practice a priority.** Increase awareness in the practice of the importance of incident notification and the use of significant event analysis as a way of learning and improving for all team members. Carry out regular clinical audits; jointly with other practices where there's a common interest.
- **Be responsive to local needs and the latest issues or clinical developments.** Whether that means confronting the issue of female genital mutilation, domestic violence, or the cultural acceptance of high levels of diabetes and obesity, take action where people are at risk of harm.
- **Empower patients in their own care; providers can help them to make informed decisions.** Helping patients to fully understand and take control of their lives, their condition and their treatments is an important way to improve their quality of life and long-term outcomes.

...and the system

- **Encourage feedback within and across providers on the performance of services.** Professional divisions should not reinforce poor care. If a community nurse sees that a patient had not received a visit by a GP when it was needed, or if an out-of-hours provider cannot access the most up-to-date medical records for a patient, this concern must be raised so that providers can learn and improve the care they provide.
- **Encourage and enable co-ordination between providers.** Poor information sharing was a significant theme of our dementia review – good information sharing is a prerequisite for effective integrated care.
- **Tackle failure with courage and in the interest of patients.** While there are many example of good and excellent care, where we find care that is inadequate it should be addressed swiftly.

> "Help patients take control of their condition."

Care Quality Commission

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