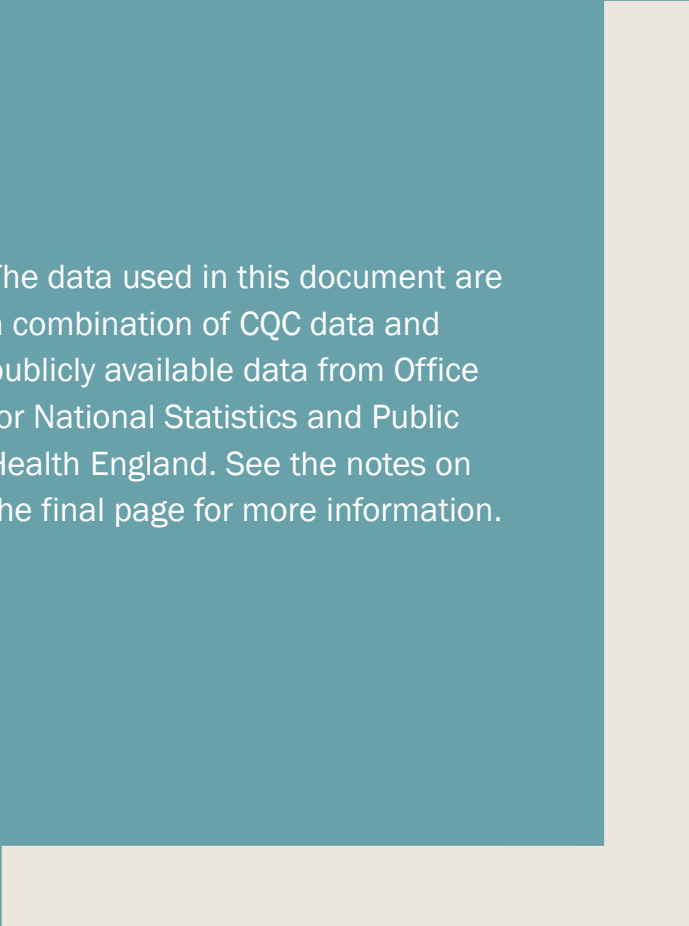# COVID-19 INSIGHT

STATE OF CARE

THIS IS THE FIRST OF CQC'S REGULAR DISCUSSION DOCUMENTS ON KEY ISSUES AFFECTING HEALTH AND CARE

The data used in this document are a combination of CQC data and publicly available data from Office for National Statistics and Public Health England. See the notes on the final page for more information.

COVID INSIGHT

FOCUS ON ADULT SOCIAL CARE

Adult social care is at the heart of local communities

In our State of Care report for 2018/19, we said:

"The challenge for government, Parliament, commissioners, national organisations and providers is to change the way services work together, so that the right services are being commissioned to deliver what people need in their local area."

What the COVID-19 crisis has further highlighted is both the resilience and the vulnerability of the system that cares for people who use services. The challenge we set out in last year's State of Care is still present.

Good national and local systems matter more than ever

In 2018 we investigated the attributes of good national and local health and care systems. In this crisis we believe these matter more than ever, but too often they are not in evidence.

- *A common vision and purpose, shared between all leaders in a system*

- *Clear governance arrangements nationally and locally, with clear accountability, open communication, trust and common purpose*

- *Joint funding and commissioning*

- *The right staff with the right skills, and the right communication and information sharing channels*

- *A learning culture*

So far in the crisis we have seen examples of these at work. But, as we saw in our local system reviews, there needs to be a greater collective effort nationally and locally if we are to tackle COVID-19 and the impact it is having on local communities across the country.

Overview of adult social care

- Data review:
  - Outbreaks by sector and region
  - PPE, testing and staff wellbeing
  - COVID-19 deaths
  - Non-COVID deaths

- Areas of focus for CQC

COVID INSIGHT

OUTBREAK DATA

Public Health England data on outbreaks and clusters suggested that, as at week ending 10 May, around **36% of care homes** had been affected by COVID-19.

This map draws on the percentage of all care homes in each local authority that have had an outbreak of COVID-19 confirmed by Public Health England.

We've split the local authorities into five equal groups, from the lowest fifth to the highest.

Care homes are only counted once, when they first experience an outbreak. If care homes no longer have residents or staff with COVID-19, they are still included in the figures.

Map showing the proportion of care homes in each local authority with an outbreak of suspected or confirmed COVID-19


Lowest 20%

Highest 20%
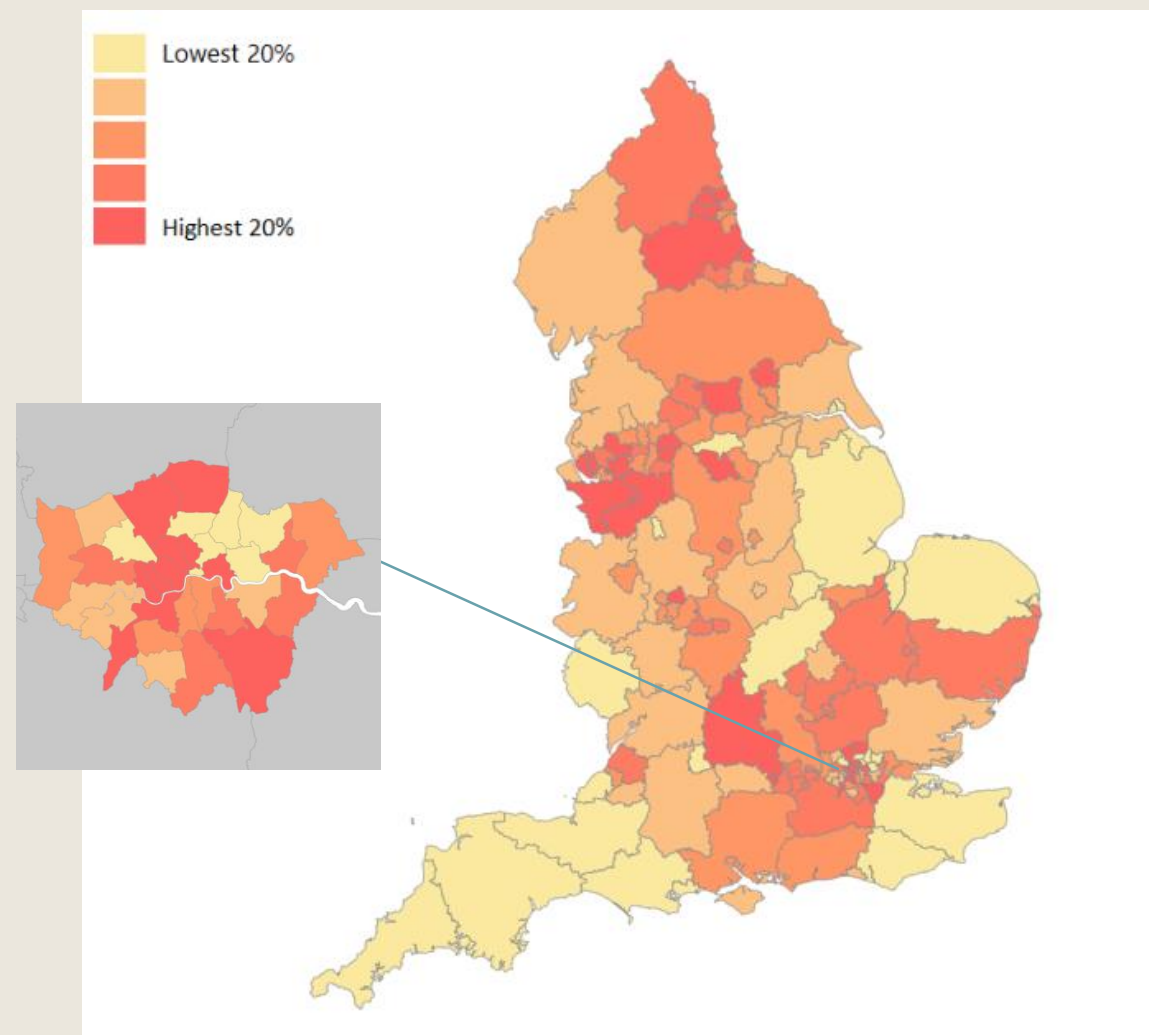
The percentage of all care homes within a local authority that have a reported outbreak of suspected or confirmed COVID-19 are displayed here in quintiles, with an equal number of local authorities in each quintile.

Source: PHE COVID-19 Outbreaks in care homes, cumulative figures from 10/03/20 – 10/05/2020, reported on 14 May
https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information

Outbreaks per region
North East, London and North West care homes have seen the most outbreaks
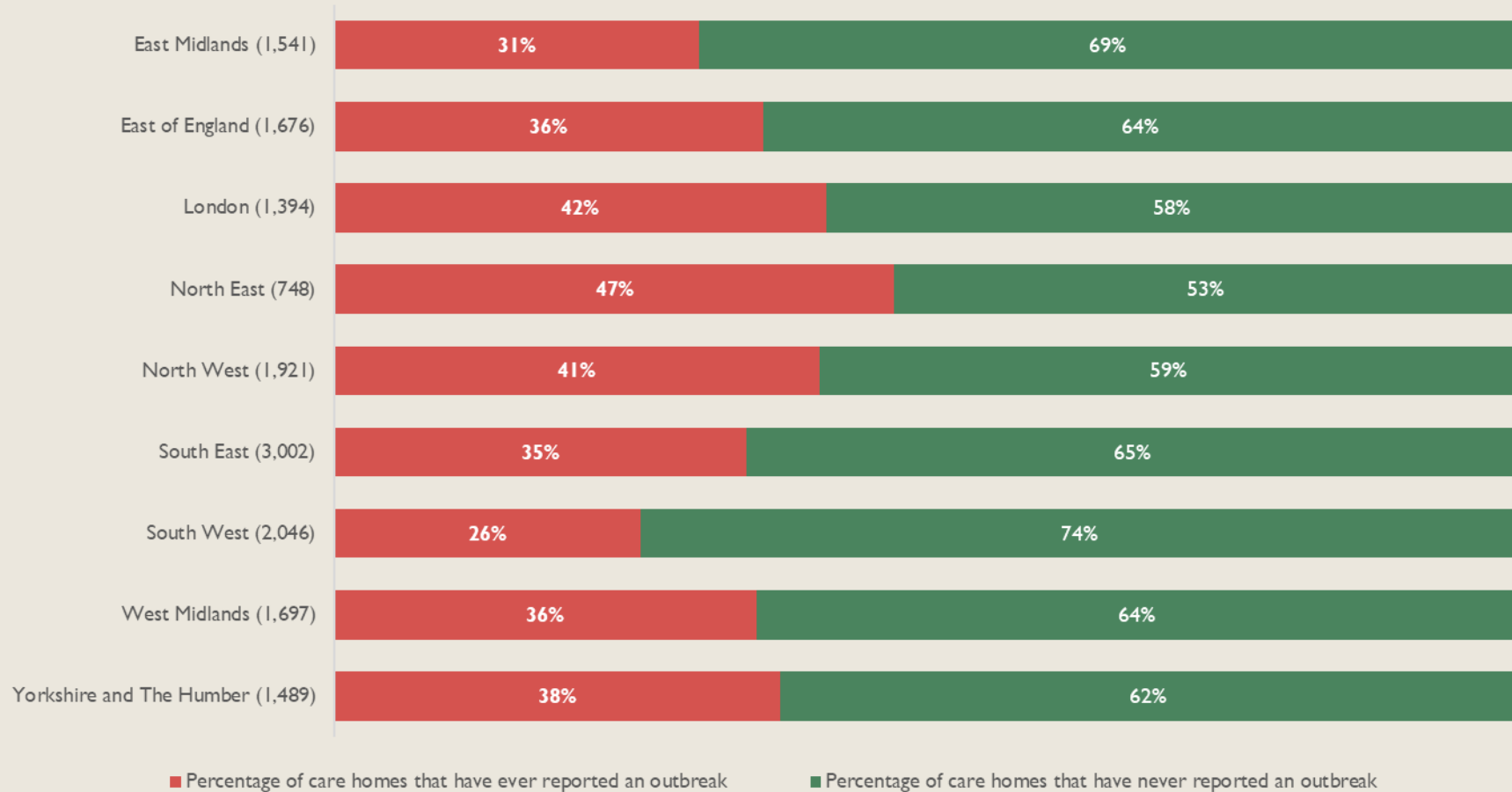
Percentage outbreaks in care homes in each region.

The figures in brackets show the number of care homes that Public Health England assign to each government region.
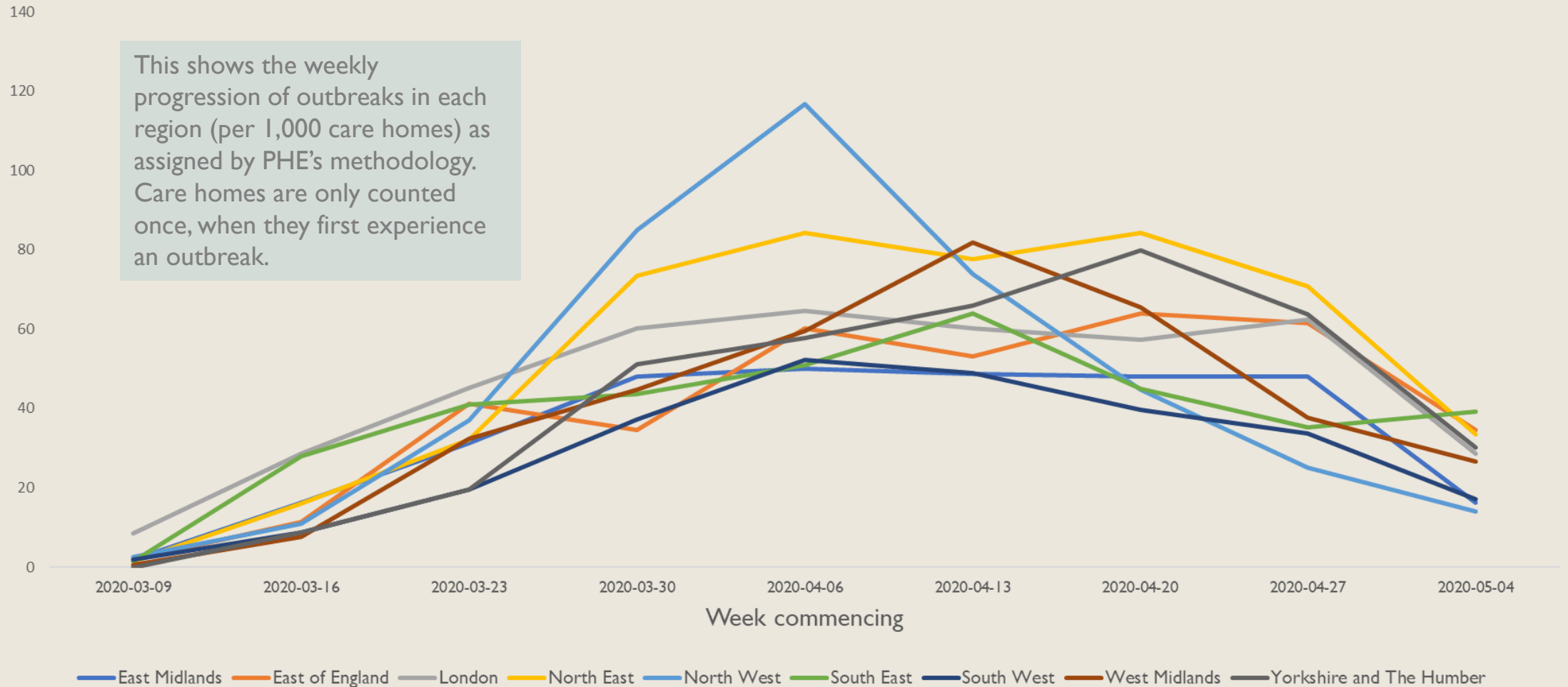
Note there are some very small differences with our own classification. This is likely to be as a result of new registration activity and/or service type descriptions.

Source: PHE COVID-19 Outbreaks in care homes, cumulative figures from 10/03/20 - 10/05/2020
https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information

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The total number of care homes that have had an outbreak is still growing, but more slowly than in March and April

New weekly care home outbreaks as a rate per 1000 care homes

This shows the weekly progression of outbreaks in each region (per 1,000 care homes) as assigned by PHE's methodology. Care homes are only counted once, when they first experience an outbreak.

Week commencing

Legend: East Midlands, East of England, London, North East, North West, South East, South West, West Midlands, Yorkshire and The Humber
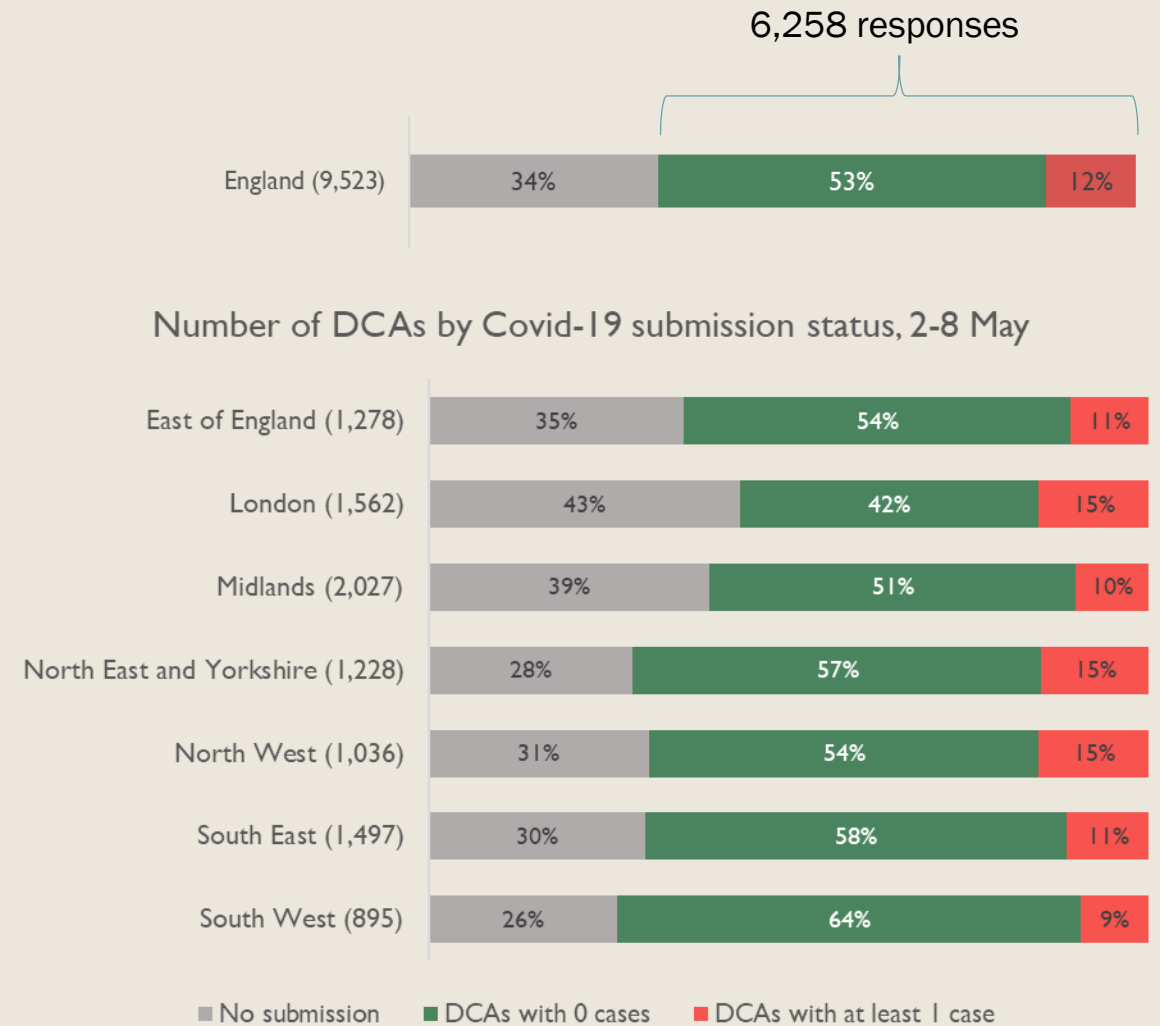
Source: PHE COVID-19 Outbreaks in care homes, cumulative figures from 10/03/20 – 10/05/2020
https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information

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LATEST RESPONSES FROM DOMICILIARY CARE TRACKER SHOWED THAT AROUND A FIFTH OF AGENCIES HAD PEOPLE WITH COVID-19

Of 6,258 domiciliary care agencies that submitted data to our tracking survey from 2-8 May, 19% (1,179) were caring for at least one person with suspected or confirmed COVID-19.

The London region had the lowest response rate to the tracker (57%) and, of those that responded, the highest proportion of agencies (27%) with COVID-19 present among the people being cared for at home

6,258 responses

	No submission	DCAs with 0 cases	DCAs with at least 1 case
England (9,523)	34%	53%	12%

Number of DCAs by Covid-19 submission status, 2-8 May

	No submission	DCAs with 0 cases	DCAs with at least 1 case
East of England (1,278)	35%	54%	11%
London (1,562)	43%	42%	15%
Midlands (2,027)	39%	51%	10%
North East and Yorkshire (1,228)	28%	57%	15%
North West (1,036)	31%	54%	15%
South East (1,497)	30%	58%	11%
South West (895)	26%	64%	9%

■ No submission ■ DCAs with 0 cases ■ DCAs with at least 1 case

Source: CQC Domiciliary Care Agency Survey. DCAs with at least one case include suspected AND confirmed cases. Numbers in brackets show number of services that are primarily DCAs in the region. Included in these figures are DCA services currently lying dormant, so completion rates are slightly higher for fully active services than this might suggest.

COVID INSIGHT

## THE IMPACT ON CARE PROVIDERS AND STAFF

PERSONAL PROTECTION EQUIPMENT

PPE availability is still a big concern. In domiciliary care, of those agencies that responded to the CQC tracker from 2-8 May, 6% of agencies in London had only enough PPE to last two days or less; 28% of agencies in London and the North West had only enough PPE to last up to a week.

There have also been instances where the wrong items have been delivered or the quality of items was poor. Our inspectors have been contacting providers to support them to keep people safe. We've been working with local authorities to try and ensure that providers get the supplies they need. Our inspectors have even arranged loans of PPE from other providers to cover immediate need.

Concerns are also shifting towards the cost of PPE for all adult social care providers and the impact of this on the financial viability of their businesses.

DOMICILIARY CARE – AVAILABILITY OF ALL PPE
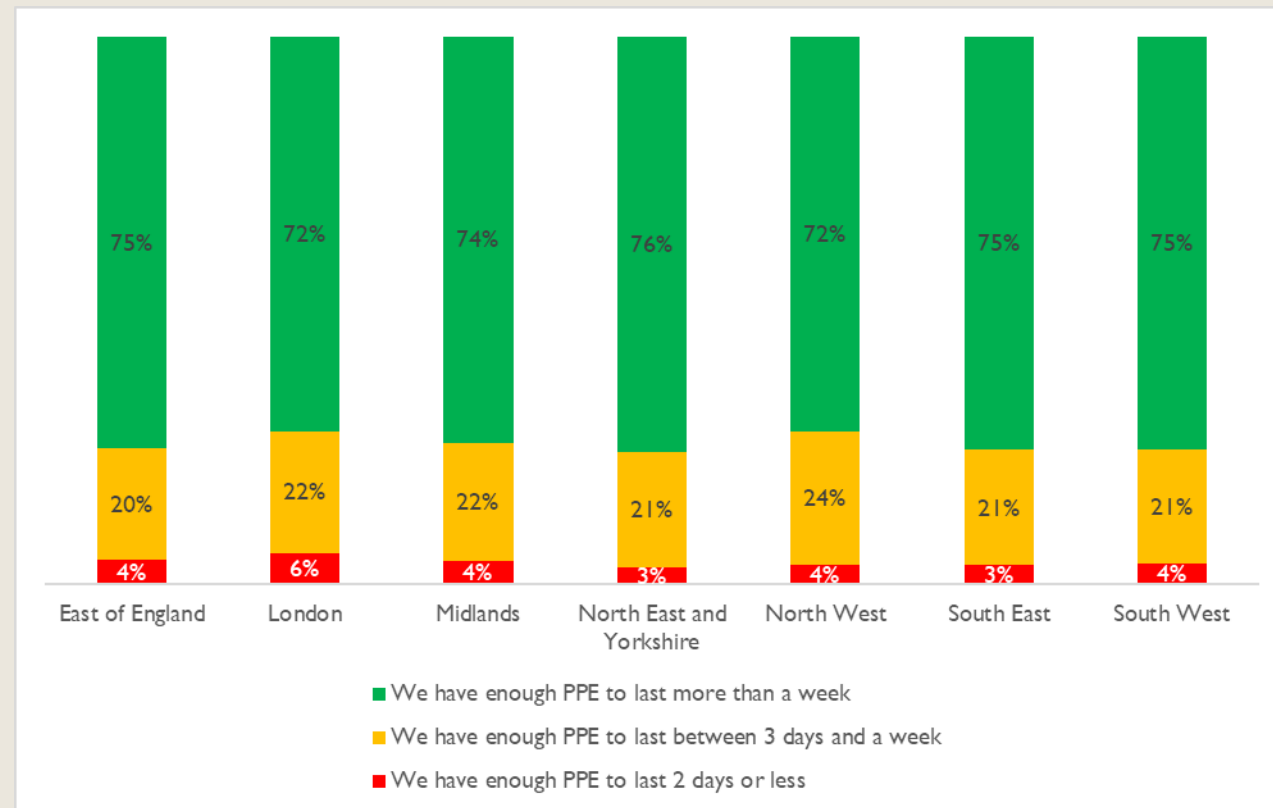
Source: CQC Domiciliary Care Agency Survey – latest response in period 2-8 May inclusive

Testing has been a huge challenge

Alongside accurate reporting of deaths, access to testing is key to reducing infection and saving lives.

A key issue has been to improve the availability of testing for frontline social care and primary care staff. The response has been to make more testing available. Concerns around testing have continued, however, particularly around communication and there is an ongoing need for clarity about who is leading on testing and where to go for it.
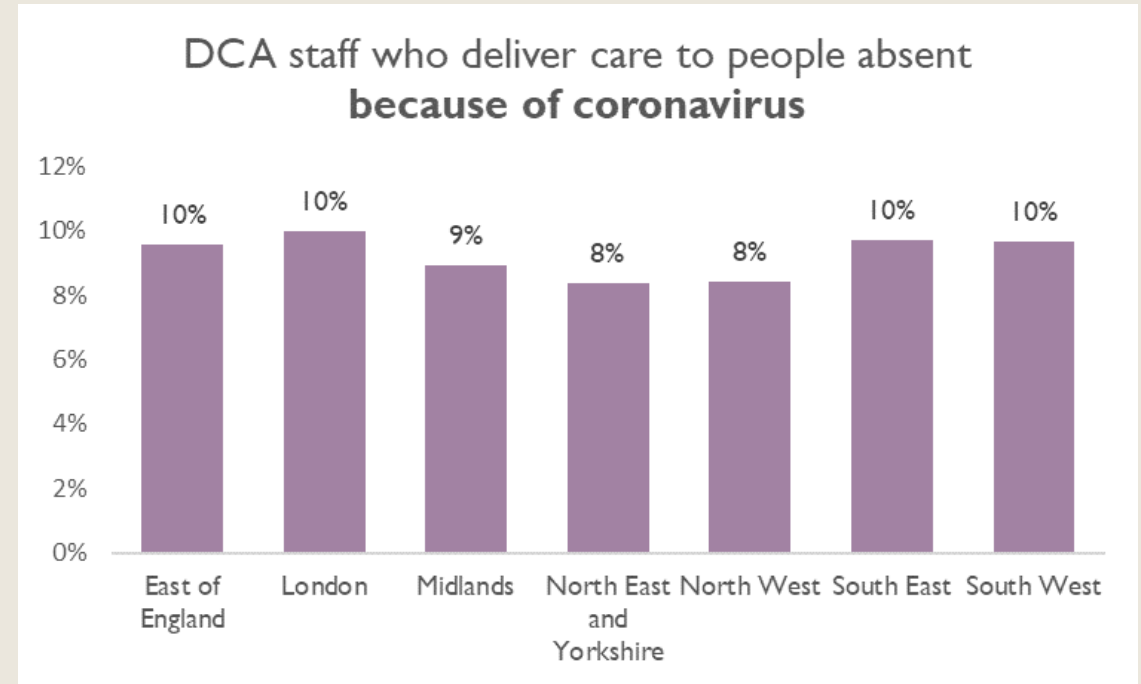
On testing, we used our technology, our call centre staff and our databases to kick off the emergency start-up work of booking tests for care workers. We booked tests for more than 25,000 care staff before handing this work to DHSC for longer-term delivery. We then supported a pilot in nursing homes where we provided the technology, information and resource to assist in the trialling of kits being sent to them for testing of residents.

DHSC has now launched a new portal for care homes to arrange coronavirus testing. All care home staff and residents are eligible for testing, with priority for those in homes that look after people aged 65 and over. Social care staff with symptoms can apply for a test using the government's existing testing portal.

Adult social care staff absences

London has the largest proportion of care staff absent from domiciliary care services.

This absence data specifically relates to staff not working because of COVID-19*, so it is likely that overall domiciliary care staff absences could be much higher than reported.

DCA staff who deliver care to people absent **because of coronavirus**

Region	Percentage
East of England	10%
London	10%
Midlands	9%
North East and Yorkshire	8%
North West	8%
South East	10%
South West	10%

England average: **9%**

Source: CQC DCA survey – latest response in period 2⁻8 May inclusive
* includes staff who are self-isolating or have care commitments

The impact on care staff

We have heard that staff being off sick or self-isolating has led to some providers not being able to accept people. We have heard concerns from staff and non-paid carers about what happens if they are unwell and can't support vulnerable people. The relationships between care home staff and the people that they provide care for is leading to an increase in distress, due to the bonds that staff develop with the people they care for.

We have been hearing about some local authorities stepping in to support providers where they have significantly reduced staff numbers. Managers of smaller providers are having to choose whether to self-isolate or continue working due to the levels of staff sickness.

Some providers have had difficulties getting agency nurses in to cover nursing home vacancies, with concerns about the use of agency staff resulting in cross-contamination. Some agencies currently won't provide staff to domiciliary care agencies, so there is a steady increase in vacancies.

Morale is low in adult social care, and care staff have felt undervalued compared with their healthcare counterparts. This has also played out in practical terms, for example priority access when shopping for their clients.

Some registered managers of adult social care services are suffering from burn out and extreme anxiety. Our inspection teams are dealing with an increase in care home managers suffering from distress due to multiple deaths and financial worries. Inspectors are liaising with them regularly for support and advice.

Financial concerns for adult social care

The people that the sector cares for – primarily older people, often with underlying conditions – have made adult social care uniquely vulnerable to COVID-19, but this was a sector under pressure even before the pandemic.

It is having a significant impact on the financial viability of adult social care services. Our Market Oversight report to the CQC Board in March 2020 highlighted the financial fragility of adult social care. We said then that, in the absence of mitigating action, any further shocks to the labour market would be expected to increase the existing level of market fragility, place more pressure on local authority finances and possibly increase unmet care needs.

The troubling financial reality for some providers is that they may now face a shortfall in people using their services due to increased deaths and not being able to admit new admissions.

Also, some providers are struggling financially with the cost of PPE, including having to pay inflated costs to source what they desperately need.

In addition, we have heard concerns over insurance companies informing providers that, if they knowingly take COVID-19 positive patients, they are in breach of their insurance. Also some providers that need to renew their insurance have been unable to do this anywhere. There is a risk that they may have to move residents elsewhere if this can't be found.
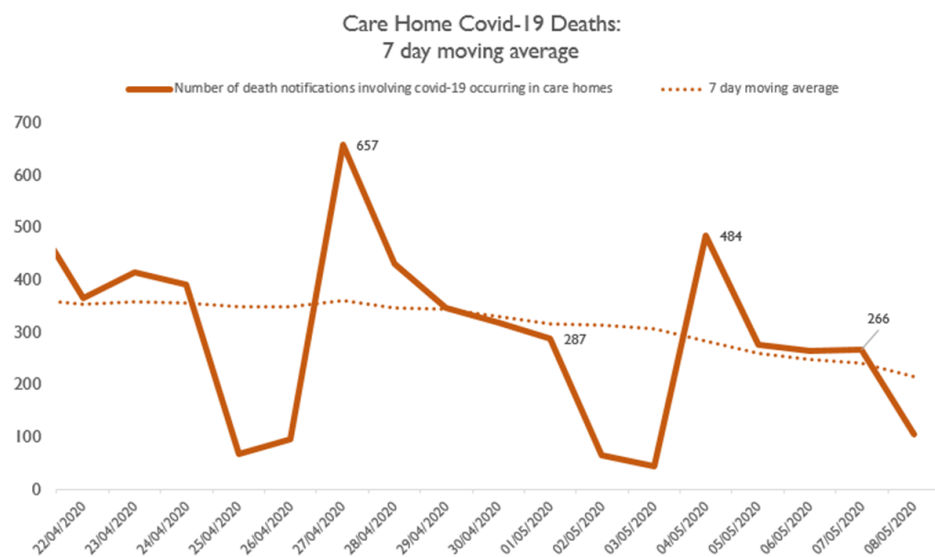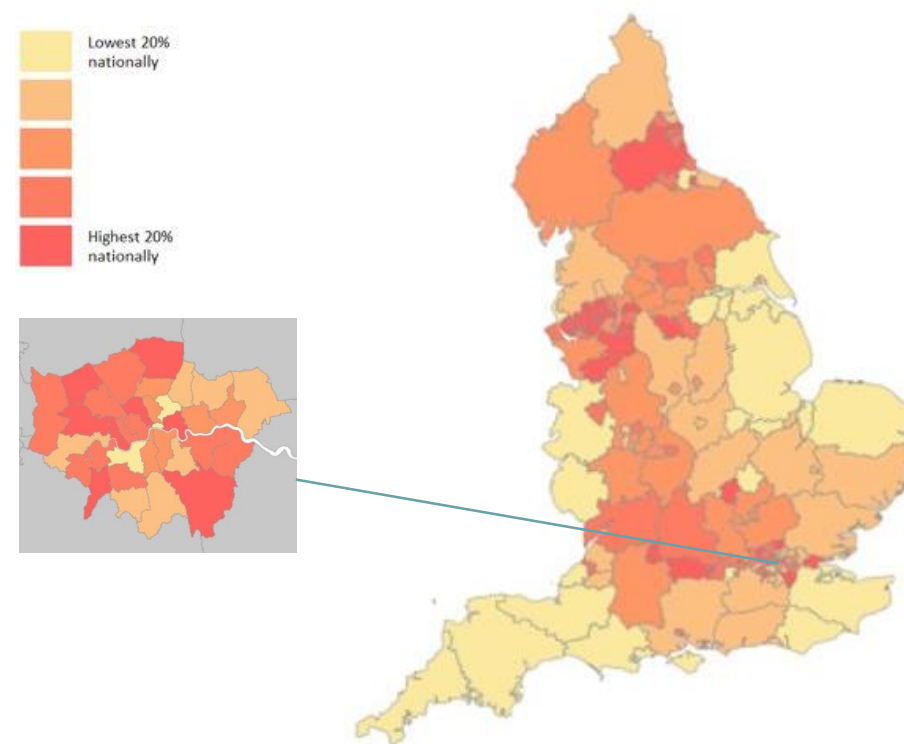
Deaths notified by care homes

Our data on deaths of people in care homes is published weekly to give a more complete and timely picture of the devastating impact on care homes.

The latest data, up to 8 May, suggest that deaths in care homes have started to reduce slightly.

Care Home Covid-19 Deaths: 7 day moving average

— Number of death notifications involving covid-19 occurring in care homes   ⋯ 7 day moving average

Number of notifications by care homes of deaths* where COVID-19 is reported as suspected or confirmed per 1000 max. people – 10/04/2020 to 11/05/2020

Lowest 20% nationally

Highest 20% nationally

COVID-19 notifications to CQC of deaths in care homes – by region

Percentages in brackets show the proportion of all COVID-19 related death notifications **about deaths that occurred in care homes** in England submitted between 10 April and 8 May 2020.

See data notes slide for additional information.

Region	Value
East Midlands (7%)	610
East of England (9%)	740
London (9%)	721
North East (8%)	641
North West (17%)	1400
South East (19%)	1558
South West (10%)	864
West Midlands (11%)	875
Yorkshire and The Humber (11%)	905

Source: CQC Death Notifications submitted 10/04/20 - 08/05/20
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/numberofdeathsincarehomesnotifiedtothecarequalitycommissionengland

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Deaths of people subject to the MHA

We have written to mental health providers to highlight concerns about COVID-19 related deaths of patients subject to the Mental Health Act (MHA). From 1 March to 8 May 2020, we were notified of 58 deaths that mental health providers indicated were suspected or confirmed to be related to COVID-19 (an increase of four on the first data we published running up to 1 May). These figures include both people who were detained in hospital and people subject to the MHA in the community.
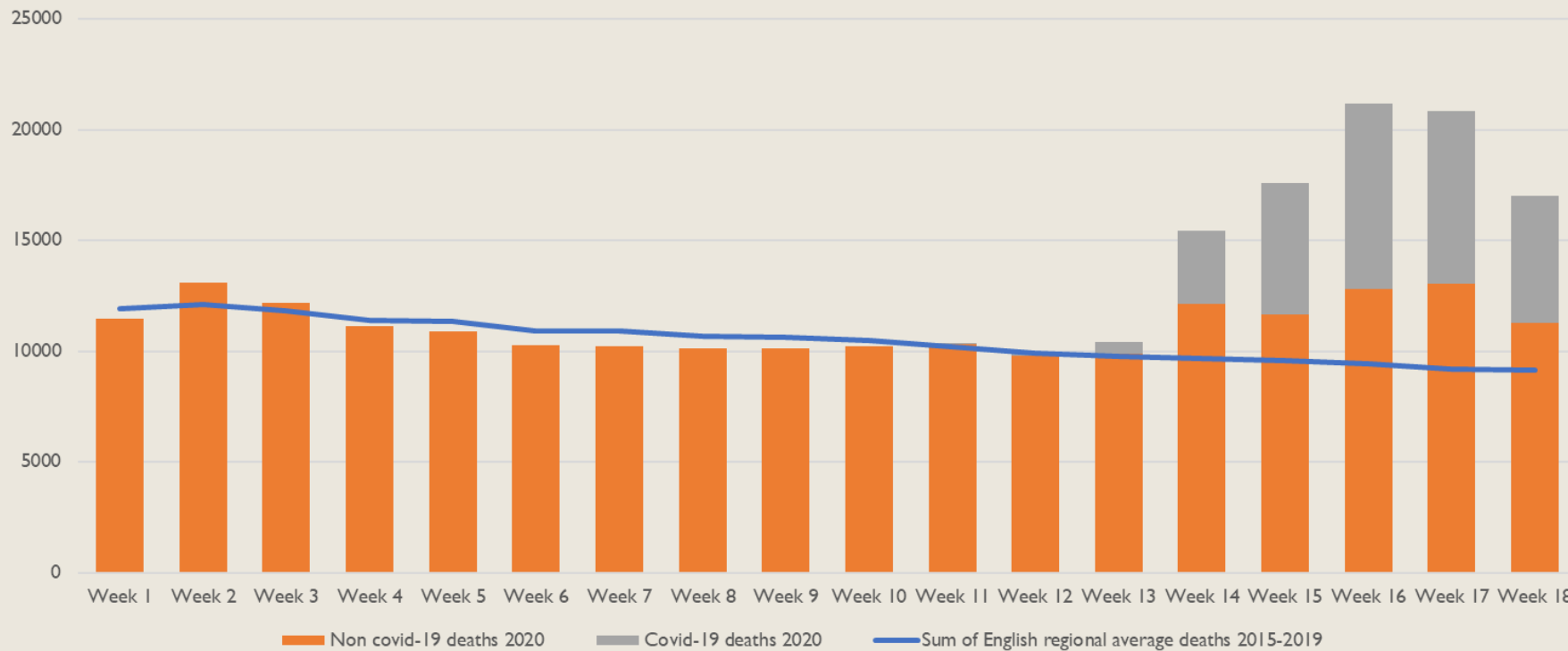
While this mirrors a rise in notifications from other sectors and includes deaths from confirmed or suspected cases, it is obviously of concern. That a number of people detained under the MHA have died from suspected or confirmed COVID-19 is a particular worry, as these are some of the most vulnerable people in society.

We will continue to review this data to understand what factors might be driving this, and if any additional action might be needed to safeguard people. We will update the data in future editions of this COVID-19 Insight report.

Statutory notifications (regulation 17)	Year (1 March to 8 May in each year)					
Type of provider	2016	2017	2018	2019	2020 (without duplicates)	2020 reported deaths due or suspected to be due to COVID-19
Mental health providers	62	49	64	54	116	58
Non-mental health providers	4	2	3	5	6	2

Alongside the deaths from confirmed or suspected COVID-19, we're also seeing an increase in other deaths. This could mean that people who would normally be dying in hospital are dying in care homes, or that some cases of COVID-19 are not being reported or documented as such. ONS are leading work to understand this area in more detail, and CQC data supports them in this work.

Total weekly deaths in 2020 compared with sum of average weekly deaths in English regions between 2015-2019

The weeks are slightly different each year. In 2020, Week 18 was the week ending 3 May

Legend: Non covid-19 deaths 2020 | Covid-19 deaths 2020 | Sum of English regional average deaths 2015-2019

COVID INSIGHT

THE IMPACT ON NON-COVID CARE

Access to non-COVID care and treatment

It is clear that the impact of COVID-19 goes far beyond the immediate illness itself. The additional deaths being recorded in England are clear evidence of the wider effects of the virus, as the health and care system has had to respond and reshape the way it provides care and treatment. We have particular concerns around people not being able to access services for non COVID-19 related issues.

There was a sharp decline in emergency department attendance and this is still a concern. However, hospital admissions for non COVID-19 related issues have now started to rise again and there has also been a slight increase in paediatric A&E attendances, which was previously an area of concern. Hospital COVID-19 admissions and deaths are decreasing in all areas.

We have continued to hear of non-COVID related health conditions being affected in terms of cancelled operations, treatments and appointments, and people not being informed about when they will be rearranged. However, demand is starting to return to all healthcare settings; many providers have told us they are now starting to plan for recovery and how to manage services when lockdown measures have eased and the flow of people returns.

Mental health services are experiencing lower bed occupancy. There are concerns that there will be a large increase in referrals when COVID has passed. Some London trusts have opened separate emergency provision for people with mental health needs. There has been a notable reduction in the use of section 136 for people with mental health needs, and it is likely that people are still very unwell but not as visible.

COVID INSIGHT

AREAS OF FOCUS FOR CQC

From our engagement with the sectors and the data we hold, there are a number issues we are currently exploring and will report on in the coming weeks

1.
How individual NHS and ASC organisations are managing infection control, and what support and resources they have to minimise effectively the risk of cross-infection

2.
How NHS and ASC organisations are helping to control the spread of COVID-19 and managing the risk of infection when people move between services

Ted Baker, CQC's Chief Inspector of Hospitals said:

"As health services seek to re-establish services for patients with conditions other than COVID-19, effective infection control in all services will remain essential to protect people from acquiring COVID-19. NHS England has recently issued guidance on infection control for health services during the epidemic – these standards need to be implemented in all areas, including communal areas for staff, patients and visitors. Staff have shared concerns with us that infection control standards are not being implemented consistently and effectively in some non-COVID and communal areas.

Social distancing will inevitably have an impact on the capacity of some clinical areas, as well as spaces such as waiting rooms and reception areas. Staff have told us that this has operational implications, which providers need to address to minimise the risk of cross-infection while they reinstate services. Particular concern has been expressed about the effectiveness of implementation of the guidance in crowded areas such as emergency departments. It is important that the highest standards of infection control are maintained in all areas, and solutions found to mitigate the consequent operational challenges.

CQC is exploring with individual providers how they have addressed the risks of cross-infection and have appropriate assurance that they consistently meet the standards set out in the guidance. We will share good practice where we find it and will seek further assurance where necessary, including targeted inspections. We will use our enforcement powers if we find unsatisfactory practice that puts people receiving care at risk.

This also applies to controlling the spread of COVID-19 between different services. It is essential that information regarding patients' COVID status is shared appropriately and in a timely manner so that all health and care professionals involved in the care of an individual who has, or is suspected to have, COVID-19 are able to take steps to protect themselves and anyone else in their care. In a very small number of cases where care homes have told us that a patient's positive COVID status was known to the hospital but not disclosed at the point of discharge, we are considering whether the hospital breached regulations."

3.
How different local systems are engaging ASC organisations in the management of COVID-19

Kate Terroni, CQC's Chief Inspector of Adult Social Care, said:

"There are excellent examples across the country of good joined-up care between health and social care professionals working together to keep people safe. In some cases, plans for more integrated working that providers have long wanted to implement have been put into action in a matter of days. After the immediate crisis abates, it will be important to maintain this appetite to act fast and collaboratively in realising ideas to improve care for people.

We've heard many examples of care homes being aligned to GP practices to support better care planning, and to ensure that care homes are visited regularly, have a good supply of basic diagnostic equipment and are confident to use it. We've also heard of CCGs working with local authorities to provide all local care homes with an iPad and video conferencing so that GPs can do virtual ward rounds in addition to physical visits.

However, some providers are telling us that community health support has been reduced as the coronavirus response has resulted in resources being diverted elsewhere. As acute services start to move towards a more stable position, the community health offer – both to care homes and people who have care and support needs met in their own homes – must be a priority. It is critical that the right focus is placed on social care to ensure that those on the front line get the assistance they need to protect the people they care for. We've seen what can be achieved and the impact that this has on people's care – the challenge now is to make sure it is achieved consistently."

4.
How the care for people from different vulnerable groups is being managed through the COVID-19 crisis

Rosie Benneyworth, CQC's Chief Inspector of Primary Medical Services and Integrated Care said:

"Primary care services have undertaken an impressive transformation in light of the pandemic – providing more video consultations as they adopt a digital first approach and continuing to support the needs of people in the community. However, we know that people may be hesitant about seeking help, and that their health could be deteriorating before they reach out to their GP or visit A&E.

We also know that, while the pandemic has had a massive impact on everyone, for people whose circumstances or pre-existing conditions make them more vulnerable it has been even more profound. Older people, people with long-term conditions and people who are experiencing poor mental health may be both at increased risk from COVID-19, but also face difficulties and anxieties around accessing non-COVID care.

As the health and social care system reaffirms that it is open for routine services as well as COVID care, it is vital that we fully understand what issues might exist in the system and could have an impact on access, quality of life and dignity for everyone."

Data notes

Slide 9 The chart uses the data from the outbreaks map and includes any outbreak reported since 10 March. That means that some homes may currently be free of COVID-19 but they are still included in these figures.

Slide 10 This chart uses the same data as the map and bar charts. Per 1,000 care homes rate calculated with care homes as assigned by PHE in their data and may be different to figures compiled by CQC.

Slides 10 & 20 In order to help draw conclusions for any narrative between outbreaks and deaths, the percentage of English care homes that PHE attributes to each government region are included in the table below.

Slide 13 As with all survey data, it is important to note the number of responses before drawing any conclusive statements.

Slide 15 All DCA survey analyses refer only to services with a primary inspection category of Community Social Care (S2). Responses from care homes that also provide DCA services have been excluded

Slide 21 We sometimes receive duplicated notifications. Although we have checked for duplicates in the figures for 2020, we have not been able to check for duplicates for the previous years.

Slide 22 Five-year average weekly deaths data for England alone was not available at the time of analysis. Instead, we show the sum of the average weekly deaths for each region of England. There will be a very small difference between this 'sum of regional averages' and the average for England as a whole.

Sources
Deaths data: ONS and CQC supplied to ONS.
DCA PPE, COVID status and staffing data: CQC DCA survey
Outbreaks data: PHE
NHS staffing data: NHSI Covid-19 SitRep

DCA data relates to 2-8 May inclusive.
PHE data date range is labelled on the relevant slides
Data is contemporaneous where possible; most figures refer to the same week, or are counted to the end of that week.

Region	PHE reported number of care homes	Percentage of all care homes
East Midlands	1543	10%
East of England	1724	11%
London	1388	9%
North East	751	5%
North West	1921	12%
South East	2954	19%
South West	2053	13%
West Midlands	1696	11%
Yorkshire and The Humber	1487	10%