

**Appendix A to Executive Team Report to the Board
(Chief Inspector of Adult Social Care’s report) – February 2022**

Update on adult social care workforce

[1. Care home staff vacancy rates 2](#_Toc95382596)

[2. Care home staff turnover rates 3](#_Toc95382598)

[3. Bed occupancy rates 4](#_Toc95382599)

[4. Staffing events that stop a service 5](#_Toc95382600)

[5. Care home registrations and de-registrations 5](#_Toc95382601)

[6. Adult social care workforce survey 6](#_Toc95382602)

## Care home staff vacancy rates

The care home staff vacancy rate steadily increased throughout 2021 in England. The rate nearly doubled from 6% at the end of April 2021, to 11.4% at the end of January 2022 (figure 1). The latest data shows that rates are still high, but have not increased in the last month. We will continue to monitor to monitor this trend. As discussed [last month](https://www.cqc.org.uk/publications/major-reports/cqc-insight-15-staff-vacancies-care-homes), all regions show an increase in vacancy rates in the first three quarters of 2021/22.

**Figure 1: Staff vacancy rates in residential adult social care services, April 2021 to 31 January 2022, England**

Source: CQC residential adult social care provider information returns (PIRs), returned 1 April 2021 to 31 January 2022. Vacancy rates = number of vacancies / (number of vacancies + number of staff).
Some PIRs were excluded from the analysis due to failing data validation. Data validation is under continuous review which may result in changes to historical figures when applied retrospectively.

## Care home staff turnover rates

Care home staff turnover rates increased by nearly 10 percentage points, from 26.5% in April 2021 to 36.3% in January 2022 (figure 2). For context, Skills for Care estimated that the turnover rate of staff working in the adult social care sector was 28.5% in [2020/21](https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-State-of-the-Adult-Social-Care-Sector-and-Workforce-2021.pdf), and 30.4% in [2019/20](https://www.skillsforcare.org.uk/adult-social-care-workforce-data-old/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-2020.pdf).

**Figure 2: Staff turnover rates in residential adult social care services, April 2021 to January 2022, England**

Source: CQC residential adult social care provider information returns (PIRs), returned 1 April 2021 to 31 January 2022.
Turnover rates = number of staff leaving in previous 12 months / number of staff

Some PIRs were excluded from the analysis due to failing data validation. Data validation is under continuous review, which may result in changes to historical figures when applied retrospectively.

## Bed occupancy rates

While staff vacancies and turnover have been increasing, bed occupancy started to rise from a low of around 75% in May 2021 to around 80% in January 2022 (figure 3).

**Figure 3: Bed occupancy rates in residential adult social care services, April 2021 to January 2022, England**

Source: CQC residential adult social care provider information returns (PIRs), returned 1 April 2021 to 31 January 2022.
Occupancy rates = number of people / number of beds at the time of the return

Some PIRs were excluded from the analysis due to failing data validation. Data validation is under continuous review, which may result in changes to historical figures when applied retrospectively.

## Staffing events that stop a service

Providers must notify CQC of all incidents that affect the health, safety and welfare of people who use services. There are around 26,500 community and residential adult social care services in England. Figure 4 shows the number each week of notifications from providers of community and residential adult social care services telling us about staffing events that stop a service ([Regulation 18](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-18-notification-other-incidents#full-regulation)). These can include staff shortages due to sickness, self-isolation or recruitment issues. A sharp increase in notifications were received in mid-December, which peaked at 119 notifications in the week starting 3 January 2022. The number appears to have returned to a normal level of 36 in the week starting 24 January 2022.

**Figure 4: Notifications from community and residential adult social care services of staffing events that stop a service, 19 July 2021 to 30 January 2022, England**


Source: Notifications of Care Quality Commission (Registration) Regulations 2009: Regulation 18

## Care home registrations and de-registrations

An analysis of adult social care locations that provide residential nursing or personal care in England that were either de-registered or newly registered in the six months between August 2021 and January 2022 shows that:

* 474 locations de-registered, 340 registered; a net loss of 134 locations
* the average size of de-registered locations was 34.8 beds, and the average size of new registrations was 43.8 beds
* 16,499 beds were de-registered, 14,882 beds were registered; a net loss of 1,617 beds.

Analysis by region shows that:

* all regions experienced a net loss in the number of locations registered, and the region with the highest net loss was the South East with 32 fewer locations, while London had the lowest with a net loss of 10 locations
* all regions experienced a net loss in the number of beds registered in this time period; the East of England had the highest net loss of 680 beds, while London lost only 8
* London experienced the largest increase in the average size of location registering, going from 36.3 beds to 55 beds; the East of England had lowest increase in average size of location going from 36.3 to 36.7 beds.

Source: [HSCA register](https://www.cqc.org.uk/about-us/transparency/using-cqc-data)

## Adult social care workforce survey

As at 31 January 2022, our inspectors had completed 939 snapshot surveys[[1]](#footnote-2) exploring with residential and home-care providers what impact workforce challenges and staffing shortages have had on the services they deliver to people. Of these:

* 40% said that workforce challenges were having a negative impact on the service they deliver
* 23% said there has been a delay in accessing health and care services for people (for example, GPs, mental healthcare and speech and language therapy).

Of those providers who reported workforce challenges and who went on to provide further information (369), 83% said they were experiencing challenges related to recruitment; 64% staff absence; and 53% retention.

**Residential providers**

Of those providers of residential care services[[2]](#footnote-3) who went on to provide further information about their **recruitment** challenges (251):

* 75% said they were unable to recruit care staff
* 40% cited vaccination as a condition of deployment as a barrier to recruitment.

Other challenges reported included pay and conditions (25%), agencies being unable to meet demand (24%), candidates lacking the necessary skills and experience (24%), and problems related to the recruitment of ancillary staff (24%).

Of those providers of residential care services who went on to provide further information about their **staff absence** challenges (196):

* 92% told us these were COVID-19 related sickness
* 33% told us they were experiencing problems with non-COVID related sickness.

Of those providers of residential care services who went on to provide further information about their **retention** challenges (164):

* 65% said staff were leaving the sector to work elsewhere
* 48% said vaccination as a condition of deployment was causing retention issues.

Other challenges reported included staff absence (39%), staff burnout (28%) and pay and conditions (21%).

Of providers of residential care services that reported workforce challenges and went on to provide further information about how they were mitigating the risk to people (339):

* 65% told us that they were increasing their use of agency staff to cover shortfalls in staffing levels
* 54% told us that they were using existing staff to fill gaps across the workforce.

Other strategies reported included increased pay (38%), rolling recruitment (36%), paid overtime (34%) and wellbeing initiatives (32%). The following example was captured in free text information:

“Staff have been amazing. We have given staff hampers and a bonus for their hard work.”

Information captured in the free text sections of the survey reflected concern that these strategies may not be sustainable in the long term, with providers acknowledging that they can cause additional pressure for staff, poorer staff mental health and risked staff experiencing burnout.

“Concern longer term that staff [are] tired and covering a couple of vacancies.”

“Finding a replacement domestic has been tricky and now care and nursing staff are covering cleaning duties.”

However, there was evidence that some providers are adopting longer-term strategies, such as investing in staff training and qualifications (26%), developing career pathways (19%), and improved terms and conditions (17%).

Free text information also reflects how hard providers have been working to maintain care for people in challenging times. For example, some providers talked about how they were seeking to maintain continuity of care while using a high number of agency staff.

“The care home uses regular agency staff that have got to know the care home residents very well. This ensures people receive consistent care.”

“The care home has managed to block book agency staff to support the current low staffing levels. These agency staff have all had the training and supervision that employed staff receive and describe themselves as a member of the team.”

There were also examples of training being used so that staff can cover other roles when necessary.

“Training for staff on site with a bespoke company trainer.”

Other examples were also given of using technology, including social media, to reach out to potential candidates and recruit new staff. Providers have told us about their use of technology to maximise and prioritise the support given by existing staff, including computerised care planning tools, and a resident dependency calculation tool to help staff prioritise care for residents.

“Positive impact is the introduction of a computerised care planning system to give more time for staff to spend with people. Rolled out as a pilot in one care home. With the hope to roll out over the coming year to all the other homes.”

Overseas recruitment was also mentioned by providers in conversations with inspectors.

“Provider has accessed a government scheme to bring in workers from abroad.”

1. The sample (864 with residential care providers and 75 with home-care providers) is reflective of our inspection priorities during data collection. The data may contain multiple responses from the same service. The figures provided are based on the total number of respondents at each question. [↑](#footnote-ref-2)
2. The following information is based on responses from providers of residential care services only because, at the time of this analysis, the sample of data from home-care providers was too small for meaningful analysis. [↑](#footnote-ref-3)