

ADULT SOCIAL CARE

The state of health care and adult social care in England

2014/15



STATE OF CARE

Adult social care

 STATE OF CARE





Key points

- The adult social care sector is under pressure and there are issues around the sustainability of provision, due to the increasing complexity of people's care needs, significant cuts to local authority budgets, increasing costs, high vacancy rates, and pressure from local commissioners to keep fees as low as possible.
- Despite this pressure, our inspections to 31 May 2015 showed that almost 60% of services were providing good or outstanding care.
- It is concerning, however, that up to that date 7% of services were rated inadequate. Safety is our biggest concern: of those we inspected, a third required improvement for safety and 10% were rated inadequate for safety. In these services, contributory factors were staffing levels, understanding and reporting safeguarding concerns, and poor medicines management.
- The vast majority of services were caring, with 85% receiving good or outstanding ratings. This is supported by high satisfaction rates of people who use adult social care services.
- Having a consistent registered manager in post has a positive influence on the quality of a service and helps to make sure that people receive care services that are safe, effective, caring and responsive. The outstanding leaders we see are characterised by their passion, excellence and integrity, collaboration with their staff and the provider, and their determination to ensure people's views and wishes are at the centre of their care.

Introduction

Adult social care in England supports people aged 18 or over that have a wide range of care needs. We regulate and inspect:

- More than 17,000 care homes that offer accommodation and personal care for people who may need help to look after themselves. Of these, around 4,700 also provide nursing care.
- More than 8,200 domiciliary care services, which support people with personal care in their own homes.
- Around 2,200 other social care services provided in the community, for example Shared Lives and supported living where people are supported to choose where they live and the particular services they need.
- More than 300 hospices.

The demand for social care is increasing. The numbers of people aged over 85 (the group who are most likely to need care) and older people with a disability are projected to rise sharply in the coming years (figure 2.1).

This rising demand is coming during a time of increased financial strain and concerns around sustainability for the adult social care sector.

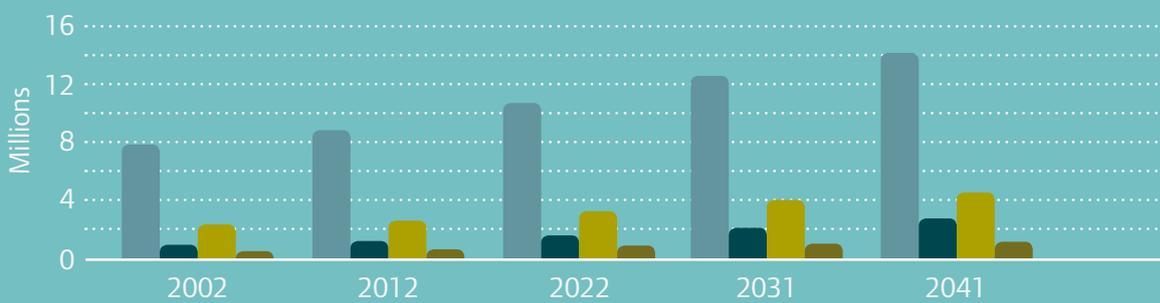
Over the past five years there have been significant cuts to local authority budgets, and as a result the level of public funding available to adult social care has decreased significantly. Figure 2.2 shows the impact of this. Commissioners of adult social care services are under pressure to keep fees as low as possible to enable them to manage increasing demand with reducing budgets.

The national living wage, to be introduced from April 2016, will put further pressure on the budgets of providers and/or commissioners. Analysis for the review that led to the national living wage found that, of all work sectors, social care offers the greatest cause for concern, because wages in the industry already start from a low base and productivity improvements can be difficult to realise.

On top of these pressures, adult social care providers struggle to recruit the staff they need. Vacancies and turnover in the sector are high. For nurses, vacancy rates can be as high as 20% in domiciliary care and 11% in residential care.

Figure 2.3 shows the interaction of high turnover of nurses in nursing and other care homes, and high nurse vacancy rates. It is clear that nursing homes are the most severely affected. Adult social care providers agree that these vacancy and turnover rates are too high, and that there is an urgent need

Figure 2.1 Future projections of numbers of older people



Source: PSSRU Personal Social Services Research Unit 2006: Future Demand for Long-Term Care, 2002 to 2041: Projections of Demand for Long-Term Care for Older People in England

- Numbers of older people (65+)
- Numbers of older people (85+)
- Numbers of older people with some disability
- Numbers of older people severely disabled

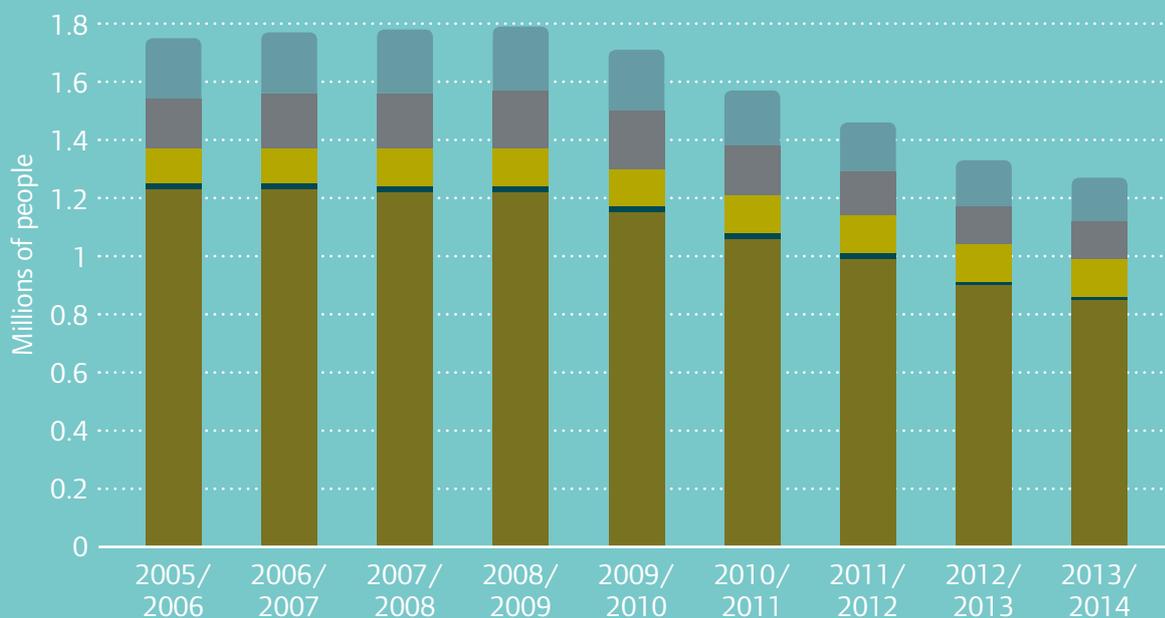
to share and use best recruitment and retention practices throughout the sector. However, provider representatives at CQC's adult social care symposium in July 2015 said that the sector struggled to compete with the NHS in retaining their nursing staff. Our register of providers shows how the social care market is responding to these pressures of demand and resourcing. Over the last five years, there has been a 42% rise in the number of domiciliary care agencies, coupled with a 10% reduction in the number of residential homes (and a 6% reduction in the number of beds) (figure 2.4). We also see a trend of smaller services being replaced by newer, larger ones. Our register shows that the only category of residential homes that has increased between 2010 and 2015 is homes with more than 50 beds. The number of nursing homes with more than 50 beds has also increased over the same period, whereas the number with between 20 and 50 beds has decreased.

Overall quality

By 31 May 2015, we had rated 18% of residential care homes, 27% of nursing homes, 8% of domiciliary care services and 10% of other community services. This gives us an early picture of adult social care, but it is important to note that we have been prioritising those organisations where we already had concerns.

Despite the challenges facing the sector, our ratings so far show that overall most services were providing good or outstanding care. One per cent of these services were outstanding and 59% were good (figure 2.5). The outstanding services that we see have a culture of care that both puts the views and wishes of each person at the centre of their care, and supports staff to deliver that care. Values are embedded in the organisation and demonstrated in practice. Managers make sure their staff receive continuous development and training, and they carry

Figure 2.2 Number of adults receiving local authority-funded social care services



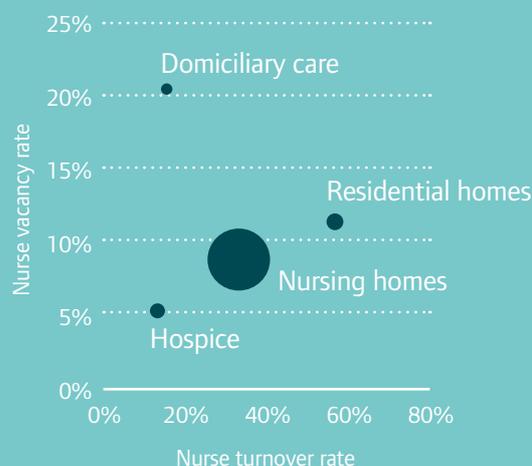
Source: Health and Social Care Information Centre; National Audit Office

- 18 to 64 with a physical or sensory disability
- 18 to 64 with a mental health problem
- 18 to 64 with a learning disability
- 65 and over
- 18 to 64 other

out regular audits so that shared learning can prevent future risks to people’s safety, health and wellbeing. Staff involve people using the service and their family and carers to develop care plans. They keep plans close at hand and regularly reviewed so that the care being delivered is always reflective of people’s needs.

Despite this majority of good care, overall 33% of services required improvement. And there were 320 services that we rated inadequate, which equates to 7% of all those we rated. While we recognise the pressure that the system is under, it is vital that the care delivered is of a quality that people have a right to expect. Where providers are failing to meet legal standards, we act quickly to ensure that people are protected and services improve. In 2014/15 we issued 937 Warning Notices to providers, telling them they needed to make urgent improvements.

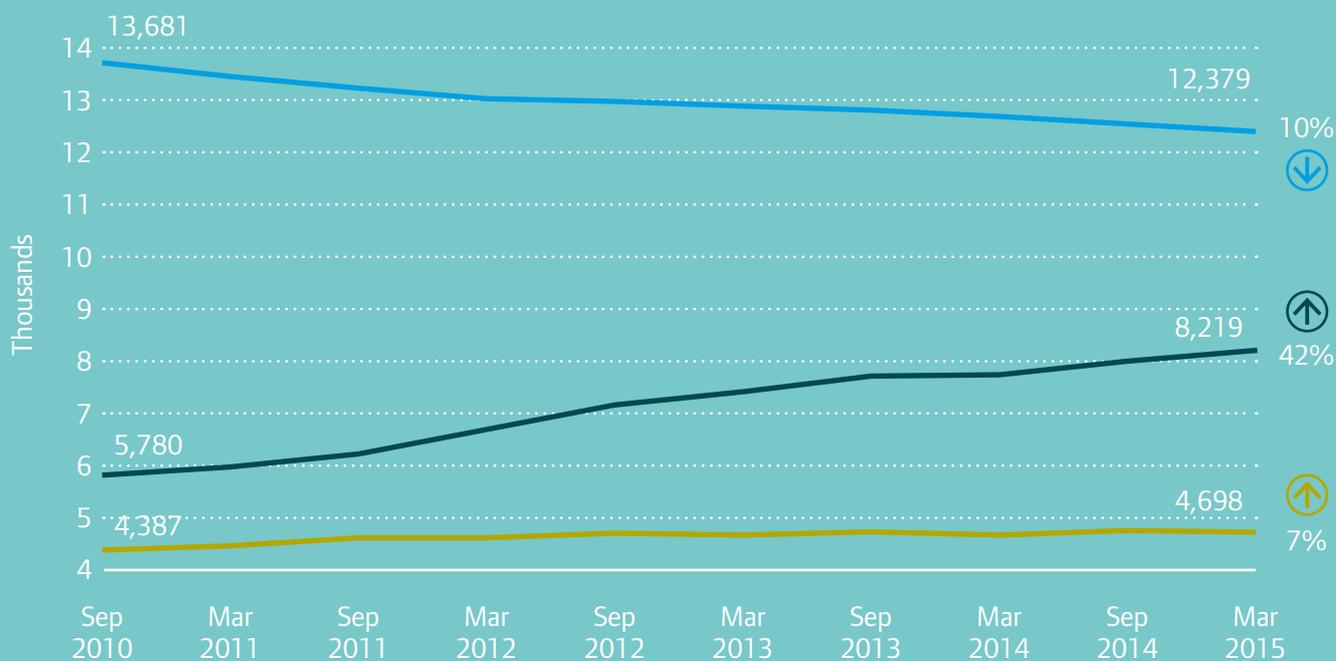
Figure 2.3 Nursing vacancy and turnover rates in adult social care, August 2015



Source: Skills for Care National Minimum Dataset for Social Care

The size of the circles represents the relative size of the nursing workforce in these services. Note that the category of residential homes (that is, mostly ‘non-nursing’ homes) do sometimes employ nurses.

Figure 2.4 CQC register of adult social care locations by type of service



Source: CQC registration data

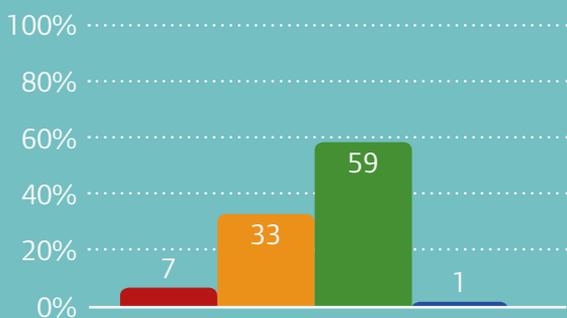
— Nursing homes — Residential homes — Domiciliary care agencies

There is evidence that our new inspection regime is already leading to improvement. The re-inspections we have carried out so far have led to 40% of inadequate ratings at service level changing to a higher rating. Twenty-eight per cent of requires improvement ratings at service level have improved on re-inspection

The quality of care in residential care homes, domiciliary care agencies and community services is broadly the same – around two-thirds of services were rated good or outstanding (figure 2.6).

The quality of care in the hospices and Shared Lives locations that we have rated has been good. Up to the end of 31 May 2015, eight out of 27 hospices were rated outstanding, and 17 were good. Of the 14 Shared Lives inspected, 12 were good.

Figure 2.5 Overall ratings for adult social care services



Source: CQC ratings data

● Inadequate ● Requires improvement ● Good ● Outstanding

An inspector's view

"It was how the people were supported. There were high levels of staff training; the training was just immense really, with staff doing refresher training throughout the year."

More than just a job

Home Instead, West Lancashire and Chorley

Home Instead, West Lancashire and Chorley is an outstanding domiciliary care service where the leadership and culture is a key to its success.

The managers have explained how they try to hold true to the principles (kindness, respect, dignity and compassion) in all that they do. This culture was instilled in the staff too and CQC inspectors saw this for themselves.

Personal touches reflected this. One care worker told a CQC inspector how she ordered books by a particular poet from a library because she was aware that someone in her care told her she loved the writer. Staff were highly motivated and proud of their service, and there were strong links with external organisations and the local community.

A member of staff told the inspector that Home Instead was special because it focused on the little things that matter most, like spending time with people and offering companionship. One person cared for by Home Instead summed up their experience, "I think it's more than just a job to them."

People receive notably poorer care in nursing homes. Only 46% of those we rated were good or outstanding, and 10% of nursing homes were rated inadequate compared with 6% of residential homes that do not provide nursing. Previous editions of our *State of Care* report have identified findings of poorer care in nursing homes, and our new more comprehensive inspections confirm this.

For the homes we have rated, smaller care homes (both nursing and residential) tend to provide a higher quality of care than medium-sized or larger homes (figure 2.7). Again, this corresponds with our findings in previous years, despite the ongoing trend towards larger homes. However, in contrast to the overall picture, we are seeing small nursing homes performing better than small residential homes without nursing. Note, though, that this finding is based only on the inspections conducted so far, and the service profile of smaller homes may differ from larger homes, with for example many more smaller homes providing services for people with a learning disability.

Our very early analysis of domiciliary care services indicates that smaller agencies, that is those providing care to fewer people, tend to achieve higher ratings. However, we need to look at more data before we can say whether there is a correlation.

There are many good adult social care services in every region in England (figure 2.8). However, there are some differences. In the inspections to 31 May 2015, the South East, Yorkshire and Humber, and London contained a higher proportion of services rated inadequate than elsewhere. We will need to carry out further analysis to understand more about these regional differences.

Themes by key question

Most adult social care services in England were caring: of those we have rated, 85% were good or outstanding for caring (figure 2.9). Our biggest concerns relate to the safety of services (where 10% were rated inadequate) and to well-led (where 8% of services were rated inadequate).

This profile was similar for all the different types of adult social care. Whether nursing homes, residential homes, domiciliary care or community services, the highest ratings were for caring, and the highest proportion of inadequate ratings were for safe and well-led.

Safe

While 57% of the services we have rated were good or outstanding for safety, there were 33% that required improvement and 10% that were rated inadequate. It is no surprise, therefore, that safety

Figure 2.6 Adult social care ratings by service type

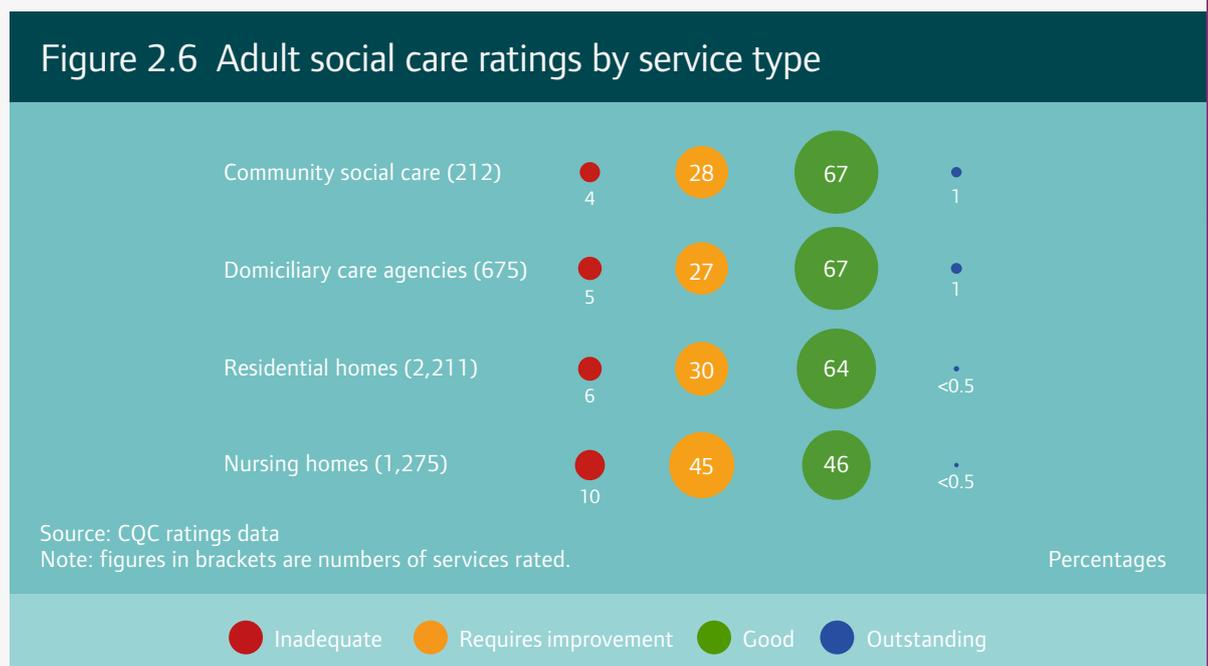
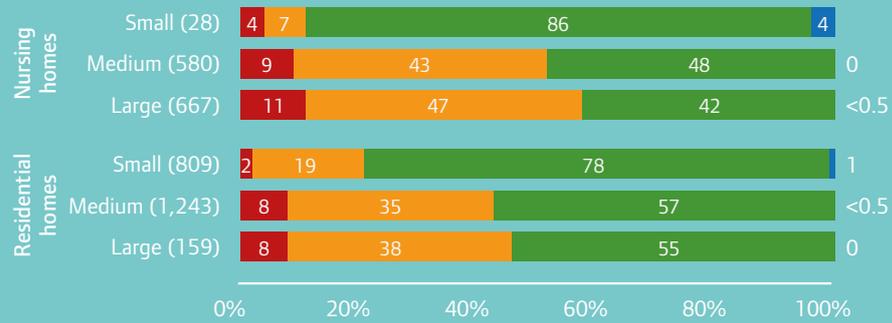


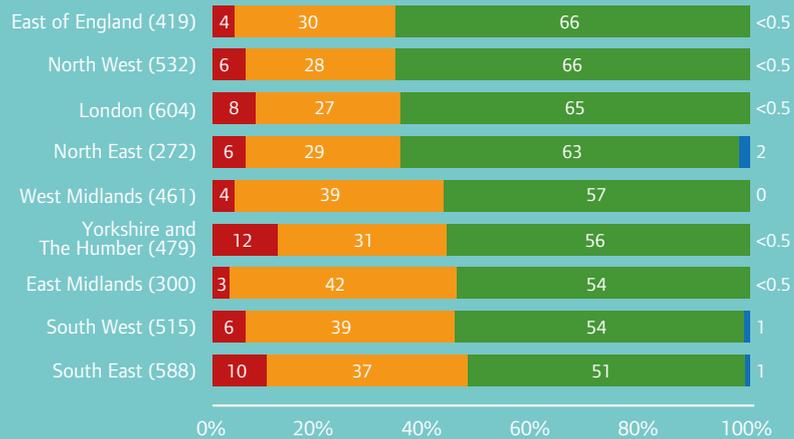
Figure 2.7 Overall rating by size of care home



Source: CQC ratings data

Note: figures in brackets are numbers of services rated. Up to 10 beds is categorised as 'small', 11-49 beds is 'medium' and 50+ beds is 'large'.

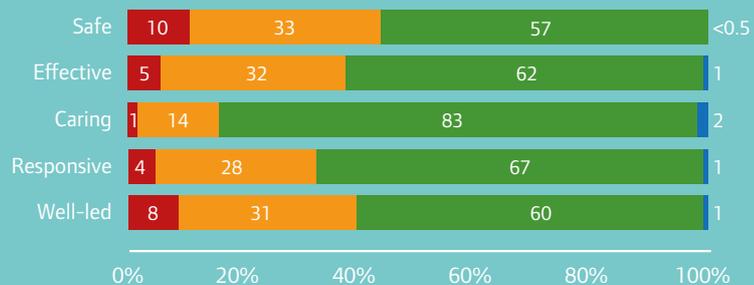
Figure 2.8 Overall rating by region



Source: CQC ratings data

Note: figures in brackets are numbers of services rated.

Figure 2.9 Ratings for all adult social care services



Source: CQC ratings data

● Inadequate
 ● Requires improvement
 ● Good
 ● Outstanding

is the area that we have had to re-inspect the most often. Our inspectors see a number of issues that affect people's safety:

- The number of staff on duty is inappropriate and services cannot show an analysis of people's needs that justifies their staffing.
- Organisations are not appropriately recognising and recording incidents as safeguarding issues; this is sometimes a staff training issue.
- Services rated inadequate and those requiring improvement show weaknesses in follow-up and learning after accidents and incidents.
- There is a lack of knowledge about risk management and reporting of risks.
- Medicines are not administered properly, and some are out of date and not stored correctly.
- Care homes that are rated inadequate or requires improvement are often "smelly" or "dirty" compared with those rated good, which are often "spotlessly clean".
- Essential checks of equipment and the safety of the living environment are either not carried out or acted on, or they are treated as a tick-box exercise.
- A blame culture is associated with poor performance, but a culture of openness and transparency has a high impact on safety – and good performance is associated with management that encourages staff to raise concerns.

Effective

Of the services we rated, 63% were good or outstanding for the effectiveness of the care and support given to people. Thirty-two per cent required improvement and 5% were rated inadequate. Our early findings show that community services achieved the highest ratings for effectiveness, with 72% being good or outstanding compared with only 51% of nursing homes.

As part of our assessment of whether services are effective, we look to see whether staff understand the difference between lawful and unlawful restraint practices. This includes how to get authorisation for a deprivation of liberty. In March 2014, the Cheshire West ruling widened the scope of the Deprivation

of Liberty Safeguards (DoLS) and, subsequently, in 2014/15 there were 10 times the number of DoLS applications to the supervisory body compared with the previous year – mainly from care homes to their local authority. This has resulted in a large backlog: by the end of March 2015, more than 56,000 applications received in 2014/15 had not been finalised. Later this year we will publish our separate report on the use in 2014/15 of the Deprivation of Liberty Safeguards.

Caring

In the vast majority of cases, our inspectors see staff who involve and treat people in their care with compassion, kindness, dignity and respect. We rated 85% of the services we inspected as good or outstanding for caring.

These findings are supported by the satisfaction ratings of people using services whose care is funded by a local authority. In 2013/14, 90% of people said they were quite, very or extremely satisfied with their care. Furthermore, over the last four years there has been an increase in people who said they are very or extremely satisfied (from 62% to 65%), and no increase in the small minority saying they were not satisfied (4%).

Responsive

When we ask whether services are responsive, we look at whether services are organised so that they meet people's needs. Despite the pressures that the adult social care sector is under, more than two-thirds (68%) of services were rated good or outstanding for their responsiveness. However, we see that nursing homes struggle more than other services to respond to the needs of the people they care for, with only 58% of good services.

Well-led

Of our five key questions, it was the well-led rating that was most closely aligned to the rating of the service overall.

Sixty-one per cent of adult social care services were rated good or outstanding, and a further 31% required improvement. However, this means that 8% of those we inspected had inadequate leadership.

Our inspectors see a number of common themes underpinning a poor rating for well-led:

- Difficulties in recruiting and retaining managers.
- A lack of capability in some managers, and managers that are not sufficiently visible to staff or the people using the service.
- Poor engagement with staff and people who use services, with managers not aware of, or close to, the day-to-day issues in the service.
- A poor culture in the organisation that does not bring everyone together to share learning and promote improvement.
- Managers that do not proactively support staff development.
- A lack of systems and processes to monitor the quality of care being given to people.
- Financial management that over-emphasises profit to the exclusion of care improvement.

Our findings are starting to show, and the sector also recognises, that a vital aspect of being well-led in adult social care is having a registered manager consistently in post. This has a positive effect on quality: a good manager can inspire staff with the

right values, promote a culture of care and compassion, and make a real difference to people's lives. Services that went for six months or more without a registered manager had considerably lower ratings than others. In addition, services with two or more registered managers leaving in a 12-month period had a slight tendency towards lower ratings than those with less managerial turnover.

We have also explored with our inspectors what they see that makes outstanding leadership. Central to successful leadership is putting people at the heart of services and creating an environment where they really matter to the staff and managers who care for them. Our inspectors say that in the services that deliver excellent care, providers and managers:

- Promote an open culture, where any issues can be raised freely by people who use services or staff and are addressed quickly.
- Work well with local care partners and have strong links with the wider community.
- Develop a culture of continuous improvement – seeking to recognise, celebrate and share good practice.

An innovative provider that puts people first

Equal Partnerships, North Tyneside

Equal Partnerships provides personal support to people who have a learning disability and live in their own home in the North Tyneside area.

This is an innovative care service that could demonstrate the ways it puts people first, such as involving them in the recruitment of new staff. And Equal Partnerships runs a flexible staff rota that allows people living at the home to choose what they want to do.

This service provider was dynamic. Rated outstanding by CQC, its staff supported people with a learning disability who live at home to have flexibility in their lives, just like anyone else.

Equal Partnerships had a dedicated staff team for each person it cares for, and they worked out a weekly plan based on what the individual wants to do each day.

The recruitment policy at Equal Partnerships specifies that people using the service should always be involved in the interview process. Inspectors saw that initial interviews and a shortlisting process were always inclusive. One relative explained, "They put people first. When my son needed a new key worker, they let him write his own advertisement and run the interview. They support, but they don't take over."



Being creative with person-centred care

Prince of Wales House, Ipswich

Prince of Wales House in Ipswich is an innovative and creative care services rated outstanding by CQC. It gives personal care for up to 49 older people, including specialist care for people with dementia.

Inspectors described a clear commitment by managers to continually improve and they were impressed by the strong and visible leadership. Described as a 'whole team approach', staff were motivated by a strong culture of inclusivity and work in a vibrant and friendly environment.



The culture at Prince of Wales House was an important factor. Staff told inspectors that the management inspire confidence and that they lead by example.

The care was person-centred with a planning process that considered individuals and their views and preferences. Inspectors saw 'My Story' booklets that give a detailed biography of a person's life so far – these are being developed to include people's current interests and relationships, with the clear message that their lives do not stop when they move into this care service.

Our challenge to the adult social care sector

- Use our inspections and assessments to help your service to improve. We are here to help you take the steps towards improvement.
- Recognise the importance of recruiting strong leaders, and give them and their staff the support, training and professional development they need to carry out their roles.
- Services must have a registered manager consistently in post, as this has a crucial influence on the quality of a service. We take action when services that require a registered manager do not have one.
- The sector is under pressure and there are issues of sustainability, due to increasing demand and costs. There is variation across different types of service and across regions. Sector-led improvement needs to focus on reducing that variation, so that everyone using social care can be confident of receiving safe, compassionate and high-quality care.
- Providers and commissioners should review our findings so far on the quality of different types of care provision, alongside market trends such as larger care homes. It is of utmost importance that responses from local services to financial pressures do not increase the risks to people's health, safety and wellbeing.
- Recruitment and retention of staff, particularly of nurses and care support workers, remain a serious challenge in the adult social care market – one that the whole system, including Health Education England, needs to tackle. We should build on the positive work happening across the country to promote adult social care as a career that makes a difference to people's lives, with a particular focus on reducing the nursing vacancy rate.



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