The state of health care and adult social care in England

An overview of key themes in care in 2010/11

Summary
About the Care Quality Commission

The Care Quality Commission is the independent regulator of health care and adult social care services in England. We also protect the interests of people whose rights are restricted under the Mental Health Act. Whether services are provided by the NHS, local authorities or by private or voluntary organisations, we focus on:

- **Identifying risks** to the quality and safety of people’s care.
- **Acting swiftly** to help eliminate poor-quality care.
- Making sure **care is centred on people’s needs** and protects their rights.
Summary

This is our third annual report on the state of health and social care in England. It covers the period April 2010 until March 2011 and is the first report in which we publish information from the new registration and regulation system under the Health and Social Care Act 2008.

For the first time, all registered health care and adult social care providers must meet one set of standards – called the essential standards of quality and safety. These essential standards each have an associated outcome describing what people using the service can expect to experience.

CQC’s job is to register health and social care providers if they meet the essential standards, check that they continue to do so, and take action if they do not. We focus our resources on assessing services at any time where there are concerns that people may be getting poor care. We identify such concerns by monitoring information from a range of sources, sharing information with many other organisations, and listening to the public, care staff and whistleblowers.

As with the report last year we have looked at outcomes for people using care services and have taken a broad view across the public, private and voluntary sector providers and have drawn on the new evidence sets we hold from our regulatory activity. In preparing this report, we have drawn on evidence from our regulation and review activities, the views and experiences of people who use services and those who work in them, and published national statistics.

However, the information from our monitoring and compliance activity must be treated as very early findings, as the system is still new and for adult social care and independent health care has been in force
for less than a year. Also, because of changes in the legal requirements for registration, it is not possible to make direct comparisons with figures about provision and capacity from previous years.

The report has four main sections dealing with: the shape of care provision; access to care and services; choice and control; and quality and safety.

**The shape of health and social care provision**

The provision of health and social care in England is constantly evolving and changing. We have looked at information that we hold about the providers and services that we register across the country, drawing also on key external sources of information.

- There are 378 registered NHS provider trusts, who between them deliver health care in 891 NHS hospitals across England. The bed capacity in NHS hospitals has progressively reduced in recent years and continues to do so. Current capacity is just above 140,000 beds available overnight, a reduction in around 2,000 since this time last year. However, the ongoing increase in day treatment in the NHS has reduced the length of time people spend in hospital and increased overall treatment capacity.

- There were almost 2,500 independent hospitals and clinics in England in July 2011.
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2,500

independent hospitals and clinics in England in July 2011

- We have seen that the adult social care sector continues to change over recent years as new types of provision develop to enable people to live at home for longer. The number of residential care services fell by 10% between 2004 and 2010, while the number of domiciliary care agencies increased by over a third during a similar period.

- There were 4,608 care homes with nursing in England in July 2011, most commonly caring for older people and people with dementia. There were 13,475 care homes without nursing. For these, the most common types of provision were for older people and people with a learning disability. An estimated 45% of care home places in England are occupied by people who are self-funding rather than being paid for by the state.

- There were 5,894 domiciliary care (home care) agencies in England in July 2011.

Access to care and services

The ability for people to access the right kind of care and treatment, when they need it and in a convenient location, will always be an important priority. We have looked at access to care and services, using data published by the Department of Health, the Office for National Statistics and the NHS Information Centre as well as findings from the 2010 NHS inpatient survey.

- Department of Health figures show that, following a long period of stability, there was a slight deterioration in the first few months of 2011 in waiting times for patients admitted to NHS hospitals. For outpatients, waiting times remained steady.

- The 2010 NHS inpatient survey showed the proportion of inpatients saying that they were admitted “as soon as they thought was necessary” has been more or less the same for the past three years at around 75%. There was no change in the number of people given choice over planned admission dates, with nearly three quarters saying they were not given a choice.

- Social care has seen a continued rise in demand for services. In the last year the number of new contacts to councils responsible for providing social care rose by 4% to 2.12 million. Of these, just over half (52%) resulted in a further assessment or commissioning of ongoing service.
Where the waiting time between first contact and completed assessment was known, 35% were assessed within two days, and 62% within two weeks, a slight improvement from the previous year. Five per cent overall waited more than three months for their assessment, the same as in the previous year.

Evidence appears to show that the reduction in social care budgets and increased demand is resulting in local authorities tightening their eligibility criteria for people to receive state-funded community care.

**Choice and control**

Greater choice and control over the care people receive continues to be a national policy priority. People are increasingly knowledgeable about health and care, and this raises their expectations and confidence when they are looking to access services.

- We began carrying out compliance reviews of NHS trusts and hospitals in April 2010, and of independent health care and adult social care providers in October 2010. Outcomes 1 and 2 relate to respecting and involving people who use services and consent to care and treatment. Our early findings show that, in both cases, independent hospitals and clinics, and domiciliary care agencies, had the highest proportions of compliance with the outcomes.

- Thirty-two per cent of NHS patients with a planned admission said they had been given a choice of hospital for their first appointment, 58% hadn’t but didn’t mind and 10% said they were not offered a choice, but would have liked one.

- The NHS survey showed no change over the last year in people’s access to information or involvement in decisions. Slightly over half (52%) of inpatients felt that they were “definitely” involved as much as they wanted to be; 37% said they were involved “to some extent”, and 11% said that they were not involved as much as they wanted to be.

- The number of people able to exercise more choice over their social care by using a direct payment or personal budget has continued to increase. In 2009/10, 13% of adults and carers receiving...
council-funded social care had self-directed support. The highest proportion was carers (24%), followed by adults aged 18-64 (15%) and then people aged 65 and over (10%). Local authorities’ expenditure on direct payments for adults rose by 31% in real terms to £815 million in 2009/10.

- When we register providers, we ask them how equality, diversity and human rights influence their delivery of services. Our findings show that, across both health and social care, most action has been taken to address race equality, followed by disability equality and religion and belief.

- A higher percentage of NHS trusts have taken action on all equality strands, except religion and belief, compared to adult social care services. This is probably because NHS organisations, being larger, have greater capacity to undertake equality development work.

Quality and safety

Quality and safety are at the heart of the essential standards, and we are able to report our very early findings on a number of the outcomes set out by the standards. We also draw on nationally published statistics and NHS patient surveys to give a rounded picture of quality and safety in the provision of care.

- Outcome 4 looks at ‘effective, safe and appropriate care’. For both NHS and adult social care providers, failure to meet the regulations on Outcome 4 was one of the three most common reasons why we served compliance actions in the period.

- On safety and suitability of premises (Outcome 10), care homes had the lowest proportions of compliance, and also the highest proportions of major concerns. Nine per cent of NHS hospitals had moderate concerns in relation to this outcome.

- We made unannounced inspections of 100 NHS hospitals to check whether older people were being treated with dignity and respect (Outcome 1), and whether they were getting food and drink that met their needs (Outcome 5). We saw many examples of excellent care, finding that 45 hospitals were meeting both of these standards. At 35 hospitals we made suggestions for improvement, although essential standards were being met. However, we found 11 hospitals that were not meeting one of the two essential standards, and in nine cases neither of the essential standards was met.

- Outcome 7 says that people can expect to be safeguarded from abuse or the risk of abuse, and their human rights respected and upheld. Our figures show that independent hospitals and clinics met this outcome most readily. But the abuse uncovered at Winterbourne View hospital highlights the failure of the system to protect people with learning disabilities, challenging behaviour and mental health problems. The safeguarding of the most vulnerable remains of utmost priority for providers, commissioners and regulators. In both the NHS and adult social care, failure to comply with Outcome 7 was one of the three most common reasons why we issued warning notices in response to major concerns.
The reporting of patient safety incidents or near misses is an important way in which organisations can learn from mistakes and support ongoing improvement. In 2010/11 there were 1.25 million incidents reported to the National Patient Safety Agency, an increase on the 1.19 million reported in 2009/10, and continuing the year-on-year increase.

All organisations registered with CQC must show that they can meet Outcome 8 on cleanliness and infection control. The NHS continues to make good progress in tackling MRSA and *C. difficile*. In 2010/11 there was a 22% reduction in MRSA cases compared to 2009/10, and a 15% reduction in *C. difficile* infections.

There were once again significant improvements in efforts to eliminate mixed-sex accommodation in NHS hospitals. More respondents to the 2010 patient survey reported not having to share sleeping areas or toilet and washing facilities with patients of the opposite sex than was the case in 2009.

The NHS inpatient survey provides valuable information about inpatients’ perceptions of cleanliness:

- There have been year-on-year improvements in perceptions of hospital cleanliness. In 2010, 66% of inpatients said their hospital room or ward was “very clean” – up from 64% in 2009.

- In 2010 the proportion of patients reporting that, as far as they knew, doctors “always” washed their hands between touching patients rose to 78% (76% in 2009). Ninety six per cent of patients had seen promotional information asking patients and visitors to wash their hands or use hand-wash gels.

The 2011 survey of people who use community mental health services was completed by over 17,000 people aged 16 and over. The results were very similar to those in 2010: overall, 29% of respondents rated the care they had received as excellent, 30% as very good and 20% as good. The vast majority of participants said they were listened to and had trust in their health and social care workers. However, the findings show there is room for improvement, especially in involving people more in some aspects of their care.
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