

Summary

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This Care Update gives CQC's latest view of the performance of care services in England in the nine-month period up to 31 December 2012. It is an update on its first report issued in June 2012 and on its national State of Care report for 2011/12, published in November 2012.

The Care Update draws on information from CQC's inspections, a wide range of data and other sources, and builds on the views and experiences of people who use services.

It reports on some encouraging signs of improvement in some care sectors, highlights some early warning signs of areas where quality may be getting worse, and notes those areas of care that still fall short of what is acceptable.

The impact of dementia

Building on its findings on the impact of dementia in its State of Care report, this Care Update finds that the health and social care system is struggling to care adequately for people with dementia. This is having an impact on hospital capacity and resources. In more than half of PCT areas in the country, people with dementia living in a care home are more likely to go into hospital with avoidable conditions (such as urinary infections, dehydration and pressure sores) than similar people without dementia. Once in hospital, people with dementia are more likely to stay there longer, to be readmitted, and to die there.

These findings highlight a system-wide challenge of integrating care across hospitals and care homes, and also raise questions about whether the right services for people with dementia are being commissioned and whether NHS services can cope.

Knowing and recognising the signs of dementia is the first step to improving the quality of care that people receive. Yet CQC found that almost a third of hospital admissions involving people with dementia did not include a record of their dementia, despite the fact that it had been identified in the past. This reinforces the need for better identification of dementia and comprehensive training for care staff.

NHS trusts

NHS services – across hospitals, community services and specialist mental health and learning disability services – were better able to plan and deliver the care and treatment that patients needed during the period under review. They also did more to protect people from the risk of abuse and find ways to prevent it happening.

However, in the nine-month period ended 31 December 2012, CQC had concerns about the way some trusts were checking the quality of care and the impact on patients – for example by not capturing effectively the views of patients or actively using them to improve, or not following up care audits with staff training and learning. There is also a growing disparity between NHS trusts that are able to make changes and a minority that, for a variety of reasons, have been unable to improve or sustain the quality of care over a number of months.

A patient-centred culture of care needs strong leadership, openness and transparency. The importance of this is something CQC will highlight in its new strategy. CQC will look closely at performance in this area in the coming year across all sectors.

As the Francis report on Mid Staffordshire NHS Foundation Trust highlighted last month, above all else the services involved did not focus on patients or their safety. Robert Francis said that the culture of health care in the NHS has to change to one that “puts patients where they are entitled to be – the first and foremost consideration of the system and everyone who works in it”.

Independent health care

Independent hospitals and community services generally provided a good quality of care to patients. Like NHS services, they improved their planning and delivery of care and treatment for patients, and did more to prevent the risk of abuse happening.

However, people who use independent mental health and learning disability services received poorer care than that provided in the rest of independent health care. It is six months since recommendations were made following the abuse of people with learning disabilities at Winterbourne View hospital. While

there has been some improvement by those delivering services for people with mental health issues and learning disabilities, there is still some way to go and CQC expected improvements to be made quicker. We are still seeing too many independent mental health and learning disability services not delivering care that puts people first.

Also, because these private services look after people who are vulnerable because of their circumstances, but they are not open to scrutiny in the same way that public services are, it is important that local communities find ways to hear and understand the experiences of people who are being cared for in this way.

Adult social care

Residential care: Care homes – both those that provide dedicated nursing care and those that do not – improved the training and supervision of care workers. They also did more to assess the needs of their residents, deliver personalised care and support, and detect and prevent abuse.

However, in most cases these improvements were from a very low starting point (that is, more than one in 10 care homes not providing a good quality of care) and progress needs to be much quicker.

Care in people's own homes: CQC recently published *Not just a number*, a detailed report on home care services in 2012. The report set out many examples of good practice and care that worked well – for example, people being encouraged to maintain their independence, and being involved in making choices and decisions about their care. However, it also found that a minority of people cared for in their own home experienced late and missed visits, a lack of consistency of care workers and a lack of support for staff to carry out their work.

Registered providers and locations

All healthcare, adult social care and dental care providers in England must be registered with CQC before they can operate, and the registration process allows CQC to capture movements in these care sectors. This CQC Care Update report provides an update on the number of providers and services that are registered with CQC across the country.

Table 1 shows the number of registered providers on 31 December 2012 and any increase or decrease in numbers since 31 March 2012.

A provider may operate in more than one care sector – in these cases it is categorised according to its main area of operation. There is significant variation in the types of services and activities that CQC regulates within the broad categories outlined.

Table 1: Number of providers registered with CQC

Care sector	Providers as at 31 December 2012	Change in number of providers since 31 March 2012	% change since 31 March 2012
NHS trusts	267	-24	-8.2%
Independent health care	1,393	+166	+13.5%
Independent ambulance	253	+10	+4.1%
Primary dental care	8,114	+2	0%
Adult social care	12,672	+243	+2.0%
Primary medical services	53	+53	n/a
Total	22,681	+379	+1.7%

A single provider may provide services from a range of locations (for example, one registered provider may run several care homes, or one NHS trust may operate several hospitals and clinics). Table 2 shows the number of registered locations on 31 December 2012 and any increase or decrease in numbers since 31 March 2012.

Table 2: Number of CQC registered locations

Care sector	Locations as at 31 December 2012	Change in number of locations since 31 March 2012	% change since 31 March 2012
NHS trusts	2,195	-201	-8.4%
Independent health care	3,010	+246	+8.9%
Independent ambulance	319	-4	-1.2%
Primary dental care	10,139	+9	+0.1%
Adult social care	25,333	+325	+1.3%
Primary medical services	140	+140	n/a
Total	41,136	+515	+1.3%

Overall, on 31 December 2012 there were 22,681 registered providers providing health, social care and dental services in 41,136 locations in England. Appendix A shows the registered locations split by region.

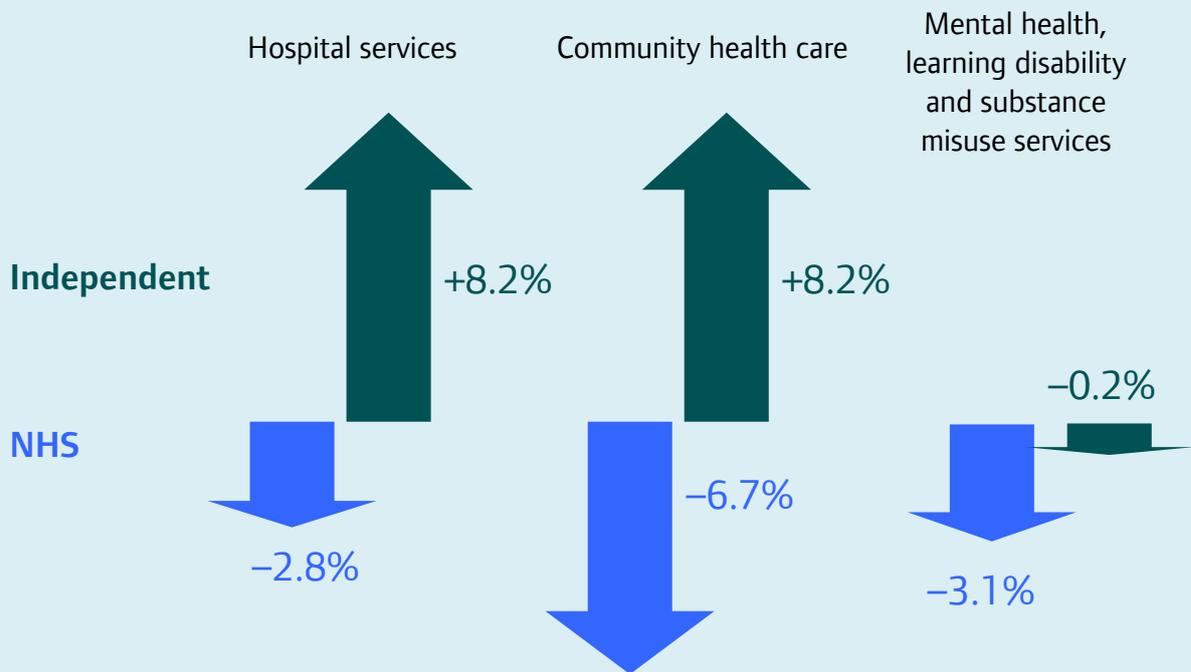
The most notable changes in the first nine months of 2012/13 were:

- The continued consolidation and mergers in the NHS, with the number of NHS trusts decreasing from 291 to 267 and the number of registered locations decreasing from 2,396 to 2,195 – a reduction in both cases of more than 8%.
- Significant growth in independent healthcare provision. The number of providers rose by 166 (an increase of 13.5%) and registered locations increased by 246 (a rise of 8.9%), with the growth strongest in the acute and community areas. The rise reflects in part the growth in Community Interest Companies (CICs) providing services in the independent healthcare sector. CICs are a relatively new type of company, designed for social enterprises, that want to use their profits and assets for the benefit of the community.
- There was no real change in the total number of nursing homes registered with CQC; however the number of nursing home beds increased by 1.4%. The decrease in residential (non-nursing) provision seen in 2011/12 continued, with a 1.7% reduction in the number of homes (from 13,134 to 12,917) and

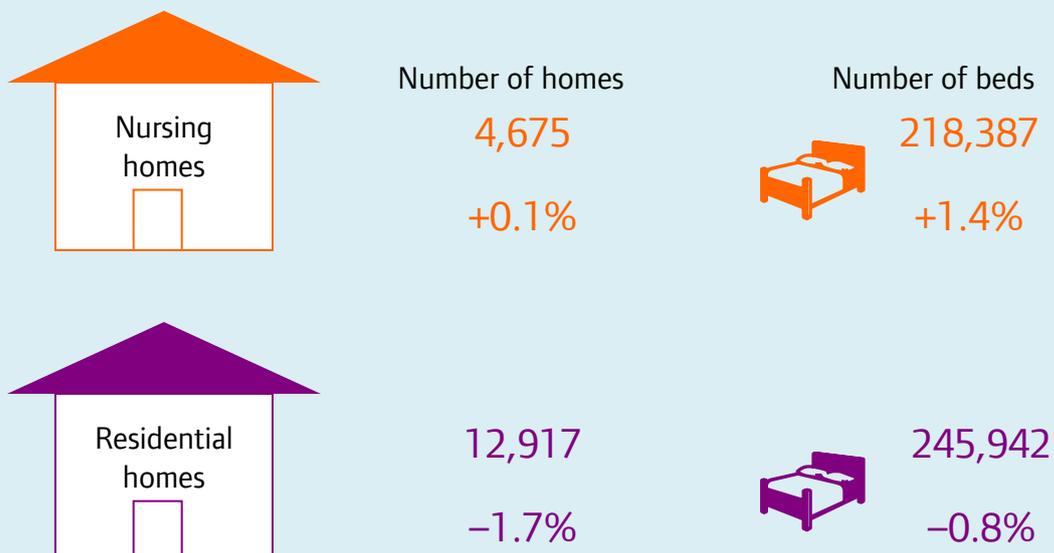
a 0.8% decrease in the number of beds. This may be linked to the recent growth in reablement services, which tend to have fewer beds than traditional care homes. It may also reflect commissioning demand.

- The strong rise in the number of home care agencies continued. The number registered with CQC increased by 8% (548 agencies) in the nine months to 31 December 2012, building on the 16% rise in the whole of the previous year. Again, this may partly reflect changes in commissioning, away from residential care.

Healthcare provision as at 31 December 2012



Care home provision as at 31 December 2012



Focus on...

The impact of dementia on care services

Key findings

- In more than half of all PCT areas, people with dementia living in a care home were more often admitted to hospital with avoidable conditions than those who did not have dementia – highlighting the system-wide challenge in integrating care for people with dementia, and raising questions about whether the right services for people with dementia are being commissioned.
- In almost a third of hospital admissions of people with dementia there was no record of the person's dementia.
- Confirmation that people with dementia have longer stays in hospital, more readmissions and higher mortality rates than similar people without dementia.
- The impact on outcomes for patients with dementia was greater in relation to elective admissions.
- The impact on outcomes for patients with dementia was greater in younger age groups.

In its State of Care 2011/12 report, published in November 2012, CQC highlighted the pressure that the complexity of care needs for people with dementia is putting on a wide range of health and social care services, and the impact this is having on the quality of care that people are experiencing.

Identifying dementia is a crucial step to improving the quality of care that people receive. The NHS Operating Framework for England for 2012/13 announced the creation of a national Commissioning for Quality and Innovation (CQUIN) goal on dementia. This goal aims to improve both the recognition and the care of people with dementia in hospitals. To be awarded money attached to the dementia CQUIN, hospitals will have to show they followed three stages of identification, assessment and referral.

CQC carried out a review of the Health Episode Statistics data covering the period from July 2011 to June 2012. It looked at how long people with dementia stayed in hospital, how often they were readmitted and how often they died in

hospital, compared with similar people without dementia.¹ CQC also compared patterns of admissions to hospital of similar people with and without dementia living in care homes.

The data covered more than 10 million hospital spells. Of these, almost 400,000 (4%) included a diagnosis of dementia, either currently or during the previous five years.

People admitted to hospital from care homes

CQC used the hospital data to look at two specific questions.

1. Are people with dementia who live in care homes admitted to hospital for 'avoidable conditions' more frequently than those who do not have dementia?

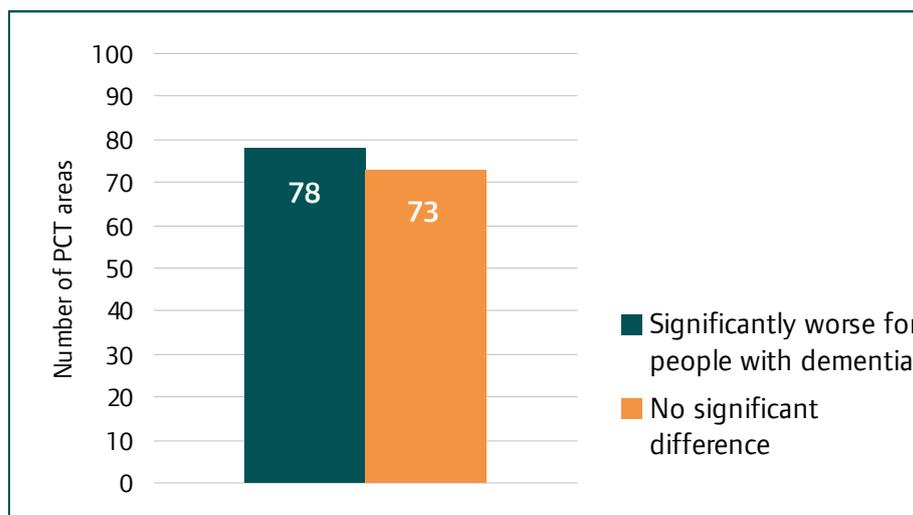
In more than half (78 out of 151) of PCT areas, people in care homes² with dementia were admitted to hospital with 'avoidable conditions' significantly more than people without dementia (see figure 1). The list of avoidable conditions used here includes urinary infections, dehydration, pressure ulcers, pneumonia and other lower respiratory tract infections, severe malnutrition and fractures.

CQC asked the Alzheimer's Society to review its findings. They commented: "This could firstly be an issue of training. Many care home staff are not adequately trained to work with people with dementia, yet we know that 80% of care home residents have the condition. Without the right training staff are not equipped to support people with dementia, and so they may deteriorate and need hospital care (for example, if they don't have enough to eat or drink). This could also highlight a lack of integrated care. The right services need to be commissioned to provide treatment for avoidable conditions outside of the hospital environment and support care homes in their work."

¹ People were matched on age, gender, primary diagnosis, admission method and co-morbidities to ensure that outcomes were comparable. Statistical tests were also applied to ensure that the results were not due to chance. Where the term "significant" is used here, it refers to statistical significance.

² As it is not possible to identify whether someone has come from a care home in Health Episode Statistics data, CQC used admissions from care home postcodes. Therefore these results must be treated with some caution, as some admissions may have come from a residential address nearby.

Figure 1: Comparison of people living in care homes with and without dementia on hospital admission for avoidable conditions



2. Do people with dementia who live in care homes have more multiple emergency admissions than those without dementia?

Dementia did not particularly affect the likelihood of multiple emergency admissions to hospital. There were only four PCT areas out of the 151 where people with dementia had significantly more multiple emergency admissions to hospital than people without dementia.

Admissions to hospital

Recognising and recording dementia

CQC found that, in 29% of all hospital admissions for people with dementia, the person's dementia was not recorded during their most recent hospital admission despite the dementia having been recorded in the past.

This is a serious matter. An NHS Confederation briefing on dementia showed that hospitals often code the primary reason for admission to hospital, not the dementia.³ Not identifying, and then not coding and recording, the dementia leads to hospitals underestimating the numbers of people with dementia occupying beds.

The Alzheimer's Society commented: "Accurate data on the numbers of people with dementia in each hospital is vital to ensure that the issue is recognised and

³ <http://www.nhsconfed.org/Publications/reports/Pages/Dementia-report-Acute-awareness.aspx>

addressed. The underestimation of numbers may lead to hospitals not prioritising the condition in terms of budgets, training and having the right systems and support in place, including dementia care pathways and expert support.

“Identifying dementia and recording it would ensure that hospitals understand the skills and support that staff need to work with the large numbers of people with dementia on the wards.

“Training would help staff to identify the person with dementia and reduce length of stay by helping staff to respond effectively to dementia, for example by ensuring their nutritional needs are met.”

The trend was more pronounced for elective (58% not coded) than emergency (24% not coded) admissions. This could in part be due to ambulance staff identifying dementia and carers or relatives sharing their knowledge with hospital A&E staff on arrival. Different coding systems may also be a factor, but in this case training in identification and sharing of knowledge across teams would again improve matters.

The impact of dementia on patients in hospital

The impact of dementia on patients’ outcomes in hospital is clear:

- In almost all NHS acute trusts (96%), people with dementia stayed in hospital significantly longer than those without dementia when admitted in an emergency.
- People with dementia stayed significantly longer when admitted for an elective procedure or treatment in 76% of trusts.
- In 70% of NHS acute trusts, people with dementia were readmitted significantly more than people without dementia.
- And in 85% of trusts, people with dementia were significantly more likely to die in hospital than people without dementia.

This picture was confirmed in the 2011 national audit of dementia care in general hospitals, led by the Royal College of Psychiatrists, which showed that people with dementia admitted to hospital are more likely to stay in hospital longer and more likely to die there.⁴

The Alzheimer’s Society has documented that longer stays in hospital for people with dementia are associated with:

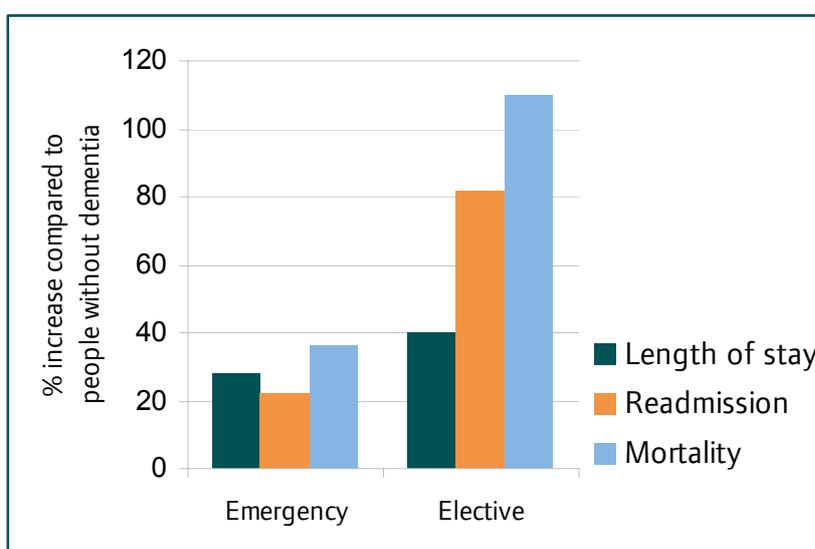
- A worsening of the effects of their dementia
- A worsening of their physical health

⁴ <http://www.rcpsych.ac.uk/pdf/NATIONAL%20REPORT%20-%20Full%20Report%201201122.pdf>

- A greater likelihood of being discharged to a care home instead of their own home
- A greater likelihood of antipsychotic medication being used.⁵

For each of these three main outcomes – length of stay, readmission and mortality – it was elective procedures where the difference between those with and without dementia was greatest (see figure 2). The greatest difference was in higher readmissions for people with dementia after elective admissions and higher mortality during elective admissions.

Figure 2: Impact of dementia on length of stay, readmission and mortality: comparing elective and emergency admissions

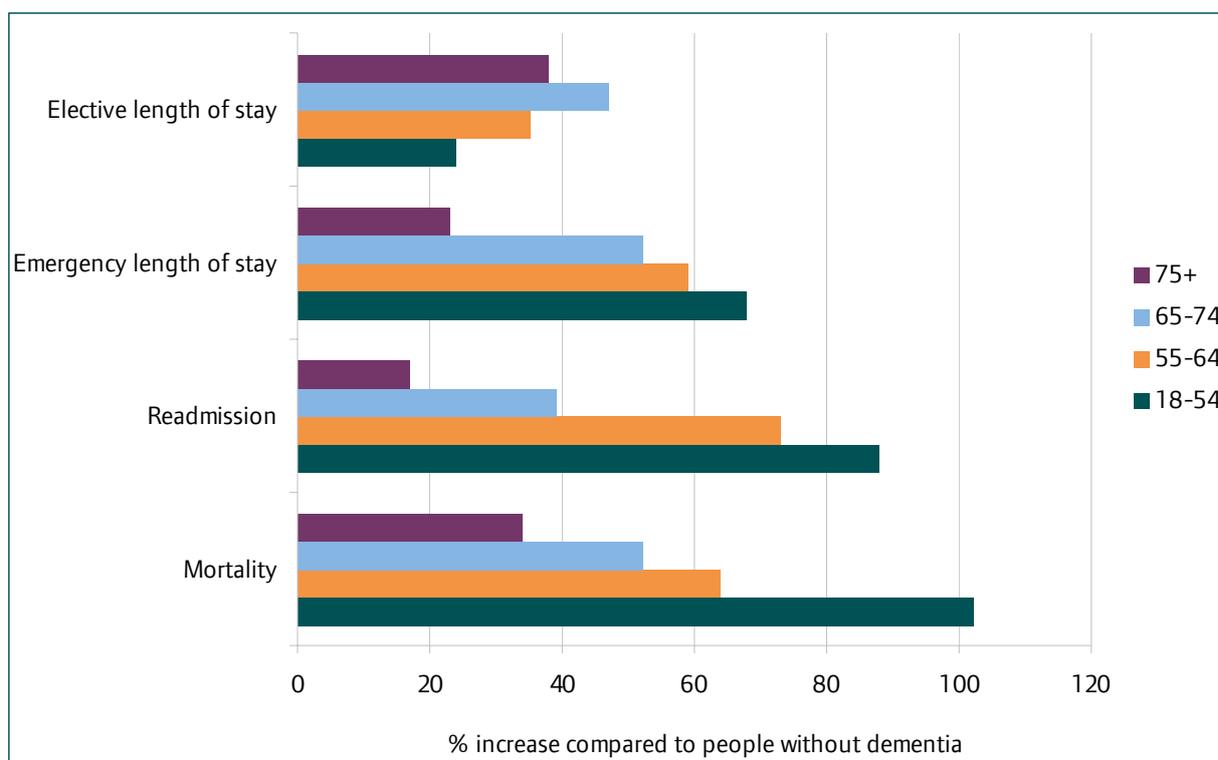


Age of people with dementia

CQC looked at the different age groups of people with dementia (see appendix B for the number of hospital spells involved). What was noticeable was that, for everything except length of stay following an elective admission, the younger the patients were the greater the impact that dementia had on patient outcomes (see figure 3).

⁵ <http://alzheimers.org.uk/countingthecost>

Figure 3: Impact of dementia on length of stay, readmission and mortality, by age group



It was the younger age group that had the highest percentage of dementia going unrecorded by the hospital on admission. Those aged 18-54 had three times the level of unrecorded dementia (76%) than that seen in the over 75 age group (24%).

The 18-54 age group also had the greatest difference between those with and those without dementia on length of stay for emergencies, readmission and mortality.

The national Commissioning for Quality and Innovation (CQUIN) goal mentioned above relates to people aged 75 and over. CQC's findings highlight the importance of also identifying dementia where it exists in younger people. CQC believes that a key issue facing providers and commissioners of services is to remove the stigma associated with a dementia diagnosis, so that people are able to access the support and treatments available more quickly and easily.

Care for specific conditions

Looking at the results according to the primary diagnosis (that is, the main reason someone was admitted to hospital), some conditions are associated with a greater impact of dementia on outcomes. In the following three groups of conditions those with dementia experienced at least 50% higher values than

those without dementia in two of the areas examined (length of stay, readmission or mortality). A full table of results is shown in appendix B.

- **Eye diseases (for example, cataracts and retinal disorders)**
People with dementia admitted to hospital for an eye condition had one of the highest percentages of unrecorded dementia (53%), along with 56% longer lengths of stay when admitted as an emergency and a 126% higher emergency readmission rate than people without dementia.
- **Ear diseases (for example, inflammation of middle ear and perforated eardrums)**
People with dementia experienced 69% longer lengths of stay when admitted as an emergency with an ear disease. In addition, there were 85% more emergency readmissions when compared to those without dementia. However, when admitted on an elective basis people without dementia stayed 53% longer in hospital than those with dementia.
- **Musculoskeletal and connective tissue diseases (for example, back pain and osteoarthritis)**
People with dementia experienced 79% longer lengths of stay when admitted as an elective patient and 53% higher mortality rates compared to those without dementia.

That these conditions feature so highly shows perhaps the range of wards that people with dementia will be on, and therefore the wide range of staff that need to be trained in recognising and caring for people with dementia.

In commenting on these findings, the Alzheimer's Society concluded by saying: "CQC's work has reinforced the need for better identification and recording of dementia and comprehensive training for care staff. It also highlights that once the person with dementia has been identified, they should have an individual care plan to ensure that their needs and preferences are met.

"The individual should be put on a dementia care pathway to ensure good quality care, in line with the National Dementia Strategy for England. The dementia care pathway should link into pathways for other conditions, since most people with dementia go into hospital for a reason other than their dementia.

"Importantly, the dementia pathway must include discharge processes and follow-up. This must include liaison with community support to help to reduce re-admission. Integrated care is a vital part of the picture and the right services must be commissioned so that the system works together to ensure appropriate, seamless care."

Case studies

Many providers are rising to the challenge of improving their dementia care. Here are two examples of initiatives that show what can be done.

University College London Hospitals NHS Foundation Trust

University College London Hospitals NHS Foundation Trust has set up an older adult's assessment team to continue the drive for person-centred care incorporating improved assessment and planning, and patients and carer involvement. They have secured funding to change a bathroom into a dining area on their older people's ward and to establish dementia friendly areas in A&E, acute medical unit and orthopaedic wards.

University Hospitals Bristol NHS Foundation Trust

In conjunction with North Bristol Trust they have developed an agreed dementia champion role. Dementia champions are in place in all clinical areas and from a multitude of backgrounds, including porters, nurses, housekeepers, occupational therapists and pharmacists.

Additionally study days are held twice a year for champions to come together from both trusts to hear about new developments and share learning. Among many other improvements, the hospital has installed clocks and calendars in all wards and departments to help orientate patients.

Quality of care: sector by sector

CQC presents here the main findings from its published inspections covering the period from 1 April 2012 to 31 December 2012.

A common set of standards of quality and safety apply across all healthcare and adult social care services in England (with the exception of GP practices and primary medical care services, which come into the new system from April 2013). Once providers are registered, CQC checks that services are meeting these standards and delivering a good quality of care.

CQC inspectors look at different aspects of the care provided, so not every standard is assessed at every inspection. CQC carries out a mixture of planned inspections (conducted as part of its ongoing programme), responsive inspections (conducted in response to a specific problem or concern) and themed inspections (looking at a particular issue or type of care). Almost all inspections are unannounced.

If a provider is failing to deliver the quality of care that people have a right to expect, CQC takes action that is proportionate to the impact on the people who use the service and how serious it is.

If the breach of the regulations has a minor impact on people, or the impact is moderate but it has happened for the first time, CQC usually requires the provider to tell it how they intend to address the problem. Once CQC is satisfied that they are taking all the necessary steps, the provider needs to tell CQC when they have made the improvements so that a CQC inspector can follow it up and check.

For more serious cases, CQC uses its powers on a more urgent basis to protect people from harm or to hold the provider to account. Generally CQC either issues a warning notice (urgent public notification that they must take immediate action), restricts the service that the provider can offer, suspends the provider's registration, or cancels it altogether (which means the provider can no longer offer services at that location).

Appendix C contains full tables showing the overall judgements from all inspections carried out between 1 April and 31 December 2012. Please note that the performance figures for the period refer to inspections carried out, not individual locations. Some of the locations will have received more than one inspection in that time and each inspection is counted in the overall calculation.

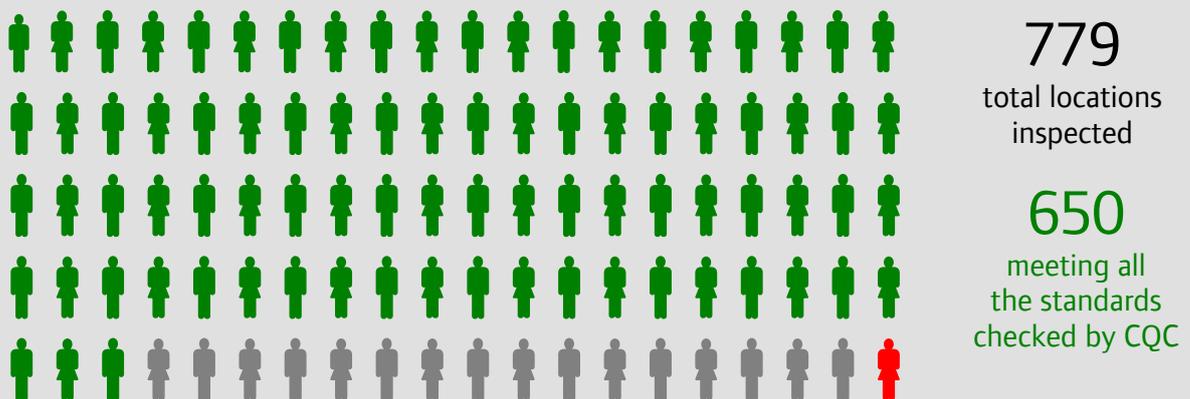
NHS trusts

At 31 December 2012, of the 779 current NHS locations that CQC had inspected since the start of the new regulatory system, 650 (83%) were meeting the standards it had checked at each location. This compares with 450 out of 581 locations (77%) at 31 March 2012.

There were 125 locations (16%) on 31 December that were not meeting at least one standard. This compares with 124 locations (21%) on 31 March. For these services, CQC asked the trust for an action plan telling us how they were going to improve.

There were four locations (0.5% of cases) where CQC had serious concerns as at 31 December 2012 and it was using its powers on a more urgent basis to protect people from harm or hold the trust to account.

Figure 4: Snapshot of NHS healthcare services on 31 December 2012



CQC is seeing, however, that there is a growing disparity between trusts that are able to improve and those that, for a variety of reasons, are unable to pull themselves away from poor quality care.

NHS hospital services

NHS hospital services include acute services with or without overnight beds, long-term conditions services, and diagnostic and/or screening services. Therefore this category is larger than just 'acute' hospitals.

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements:

- NHS hospitals were better able to plan and deliver the care and treatment that patients needed: hospital services met this standard in 90% of inspections, compared with 81% for the whole of 2011/12.
- They also did more to protect people from the risk of abuse and find ways to prevent it happening: services met this standard in 97% of inspections, compared with 90% the previous year.

These improvements show that a number of NHS organisations are improving by delivering on redesigning services around the needs of the patient. Also, the above areas are those where CQC issued warning notices in 2011/12, requiring urgent improvements to the quality of care.

CQC also saw some improvement in staffing levels. However, this was from a low base and the providers still have some way to go. Hospital services met the standard in 89% of inspections. This compares with 84% on inspections in 2011/12.

Early warning signs

By tracking the performance of the sector, CQC can look out for dips in the quality of care that may be an early warning sign of longer-term issues. In the first nine months of 2012/13, CQC found that fewer NHS hospitals were able to assure themselves of the quality of the care they provided and manage the risk to patients: services met the standard in 88% of inspections, a decrease from the figure of 90% for the whole of 2011/12.

Analysis of the national A&E survey results

In December 2012, CQC published the results of the fourth national survey of NHS A&E departments operated by 147 acute and specialist trusts. Almost 46,000 people who attended A&E departments during January to March 2012 completed the survey. It found that waiting times were getting longer, but most people said that they still had confidence and trust in the health professionals who treated them, and perceptions of the cleanliness of A&E units had substantially improved from previous surveys.

The majority of people (75%) felt that that doctors and nurses had listened to them, new medications were completely explained to them before they were discharged (83%) and there was a substantial increase in those saying they had enough privacy when discussing conditions with receptionists.

However, there were also some key areas that had continued to get worse. For example, many people were not told how long they would have to wait to be examined, 59% in 2012 compared with 56% in 2008.

Following press articles discussing health care on different days of the week, CQC has looked at whether the patient experience highlighted in the A&E survey

varied according to the day of the week that A&E was visited. For about half the questions that we use to benchmark trusts and just looking at simple percentages, Saturday was the day with most positive responses, and Monday was the day with the fewest. We investigated whether this was a consequence of other factors.

We already knew that gender and age were an important influence on survey responses. Also, the survey data showed that the total time spent in A&E was shortest on Saturdays, and Saturdays had the fewest visits. The total time in A&E was longest on Mondays, and Mondays had the most visits. CQC corroborated this using a different data source (Hospital Episode Statistics).

CQC performed regression analyses using age, gender, total time spent in A&E and day of the week to model the responses to the survey questions. It concluded that a positive patient experience is not associated with any particular day of the week, but rather can be a consequence of the length of time spent in A&E, as well as personal characteristics such as the person's age and gender.

NHS community health care

NHS community healthcare services include among other things community nursing and midwifery teams, school nursing, family planning and sexual health clinics, community physiotherapy teams, hospice services, rehabilitation services, walk-in centres, and remote clinical advice services.

Note that there is overlap with the NHS hospital locations above, as one location can provide more than one type of service and will be registered with CQC on that basis.

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements:

- Similar to NHS hospitals, NHS community services were better able to plan and deliver the care and treatment that patients needed: community services met this standard in 92% of inspections, compared with 81% for the whole of 2011/12.
- They also did more to protect people from the risk of abuse and find ways to prevent it happening: services were meeting the standard in 98% of inspections. The figure for the previous year was 89%.
- They improved support for their staff through training, supervision and appraisal: community services were meeting the standard in 92% of inspections, an increase from the 86% of inspections in 2011/12.

NHS mental health, learning disability and substance misuse services

These services cover hospital-based and community-based services for people with mental health needs, learning disabilities, and people receiving care and treatment in relation to substance misuse (including residential treatment and/or rehabilitation services). They include services that are registered to assess or treat people detained under the Mental Health Act. Again, note that there can be overlap with the hospital and community healthcare locations above.

Positive developments

Improvements by NHS mental health, learning disability and substance misuse services included:

- They were better at treating people with respect and involving them in discussions about their care: services met the standard in 92% of inspections carried out, a rise from 86% in 2011/12.
- They did more to protect people from the risk of abuse and prevent it from happening: services met the standard in 96% of inspections, compared with 86% the previous year.
- They improved support for their staff through training, supervision and appraisal: services were meeting the standard in 95% of inspections, compared with 90% in 2011/12.

CQC also saw some improvement in the way that NHS mental health and learning disability services planned and delivered care and treatment for patients. However, this was from a very low base and the providers still have a considerable way to go. Services met the standard in 85% of inspections, up from 76% in 2011/12.

Early warning signs

By tracking the performance of the sector, CQC can look out for dips in the quality of care that may be an early warning sign of longer-term issues. In the first nine months of 2012/13, CQC found that mental health and learning disability services struggled to maintain adequate staffing levels: services met the standard in 80% of inspections. This compared with 91% of inspections in the whole of 2011/12.

NHS mental health service: Example of improvement following CQC action

CQC's initial inspection December 2011



Reports from CQC's MHA Commissioner visits told us that they had recommended to the trust that improvements were needed with care planning.

We looked at six care plans to find out what the patients' needs were and how they were to be met. The care plans were based on the medical treatment and nursing care being provided and were not presented in a person-centred way. We saw limited reference to patients being involved.

One patient told us, "They say I'm here for assessment but I don't know what they're assessing, I don't feel like I'm getting treated for anything."

Another said they did not have confidence that they had been given all available information about their care and treatment. They told us, "We have had meetings, and discussions have taken place but then the information dries up and I'm not sure what's going on now."



CQC's follow-up May 2012



The provider wrote to us in March 2012 and confirmed they had fully implemented the action plan we asked for.

We visited the service and looked at care plans on one ward. We saw that people who used the service were being fully involved in their care plans.

The records we looked at showed their involvement or a clear reason why they were not involved. There were now regular weekly opportunities for people to discuss their care and treatment.

The care plans contained some good person-centred running records. The provider was in the process of implementing a more person-centred care plan system and was providing staff with training about what makes for a good person-centred care plan.

Independent healthcare services

At 31 December 2012, of the 1,418 current independent healthcare locations that CQC had inspected since the start of the new regulatory system, 1,262 (89%) were meeting the national standards it had checked at each location. This compares with 699 out of 856 locations (82%) at 31 March 2012.

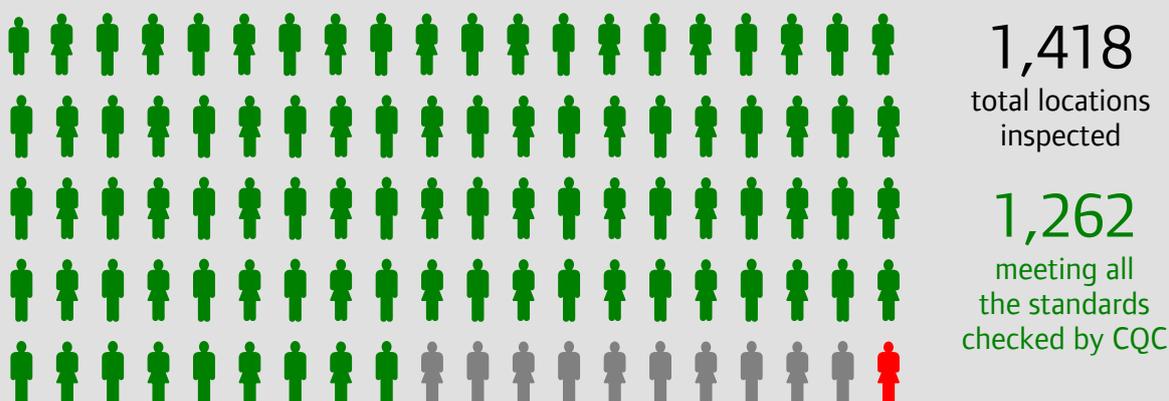
There were 149 locations (11%) on 31 December that were not meeting at least one standard. This compares with 151 locations (18%) on 31 March. For these services, CQC asked the provider for an action plan telling it how they were going to improve.

There were seven locations (0.5% of cases) where CQC had serious concerns that meant using its powers on a more urgent basis to protect people from harm or hold the provider to account.

The gap between the quality of care in independent mental health and learning disability services, when compared with the rest of independent health care, is still wide overall. As we saw in places such as Winterbourne View, it is one of the areas where the impact on vulnerable patients is felt the most – in terms of involving patients in discussions and decisions about their care, treating them with respect and dignity, and fully assessing their care needs. Independent mental health and learning disability services still have some way to go to provide a good quality of care. And while there has been some improvement, CQC expected improvements to be made quicker following the Winterbourne View recommendations.

Because these private services look after people who are vulnerable because of their circumstances, but they are not open to scrutiny in the same way that public services are, it is also important that local communities find ways to hear and understand the experiences of people who are being cared for in this way.

Figure 5: Snapshot of independent healthcare services on 31 December 2012



Independent hospitals

Similarly to the NHS, independent hospital-based services include acute services with or without overnight beds, long-term conditions services, and diagnostic and/or screening services.

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements:

- Independent hospitals were better able to plan and deliver the care and treatment that patients needed: services met this standard in 98% of inspections, compared with 93% for the whole of 2011/12.
- They also did more to protect people from the risk of abuse and find ways to prevent it happening: services met the standard in 96% of inspections carried out. This is an increase from 90% in the previous year.

Early warning signs

By tracking the performance of the sector, CQC can look out for dips in the quality of care that may be an early warning sign of longer-term issues. In the first nine months of 2012/13, CQC found that fewer independent hospitals were able to assure themselves of the quality of the care they provided and manage the risk to patients: services met the standard in 94% of inspections, compared with 96% in the whole of 2011/12.

Independent community health care

Independent community healthcare services cover the same kinds of services as NHS community services (see above). Note that there is overlap with the hospital locations above, as one location can provide more than one type of service and will be registered with CQC on that basis.

Positive developments

Generally these services performed better than their NHS counterparts. In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements:

- Similar to independent hospitals, community services were better able to plan and deliver the care and treatment that patients needed: community services met this standard in 97% of inspections. This compared with 88% for the whole of 2011/12.
- They also did more to protect people from the risk of abuse and find ways to prevent it happening: services met the standard in 95% of inspections carried out, an increase from 90% in the previous year.
- They improved support for their staff through training, supervision and appraisal: community services were meeting the standard in 95% of inspections, compared with 91% in 2011/12.

Independent mental health, learning disability and substance misuse services

Similarly to the NHS, these independent services cover hospital-based and community-based services for people with mental health needs, learning disabilities, and people receiving care and treatment in relation to substance misuse. They include services that are registered to assess or treat people detained under the Mental Health Act. Again, note that there can be overlap with the other independent healthcare locations above.

Positive developments

CQC saw a number of improvements by independent mental health, learning disability and substance misuse services. However, in some cases this was from a very low base and providers still have a considerable way to go to deliver care that puts people first:

- Services improved the way they planned and delivered care and treatment for patients. They met this standard in 86% of inspections, a rise from 69% for the whole of 2011/12.
- They also improved support for their staff through training, supervision and appraisal. Services met the standard in 89% of inspections carried out, compared with 81% the previous year.
- They were better at treating people with respect and involving them in discussions about their care: services met the standard in 93% of inspections, compared with 85% in the whole of 2011/12.
- They did more to protect people from the risk of abuse and prevent it from happening: services met the standard in 93% of inspections carried out, a rise from 73% in the previous year.
- They were better able to assure themselves of the quality of the care they provided and manage the risk to patients: services met the standard in 91% of inspections, compared with 82% in 2011/12.

Independent ambulances

At 31 December 2012, of the 66 current independent ambulance services that CQC had inspected since the start of the new regulatory system, 49 were meeting the national standards it had checked at each location.

There were 15 services that were not meeting at least one standard as at 31 December. For these, CQC asked the provider for an action plan telling it how they were going to improve. There were two services where CQC had serious concerns that meant using its powers on a more urgent basis to protect people from harm or hold the provider to account.

This Care Update report is CQC's first opportunity to report on the quality of care being provided by independent ambulance services. All of the current services that CQC had inspected by 31 December 2012 were treating patients with

respect (46 inspections) and in almost all cases they were providing good care and treatment (97% of 93 inspections met the relevant standard).

Inspections to date have uncovered four main areas of concern:

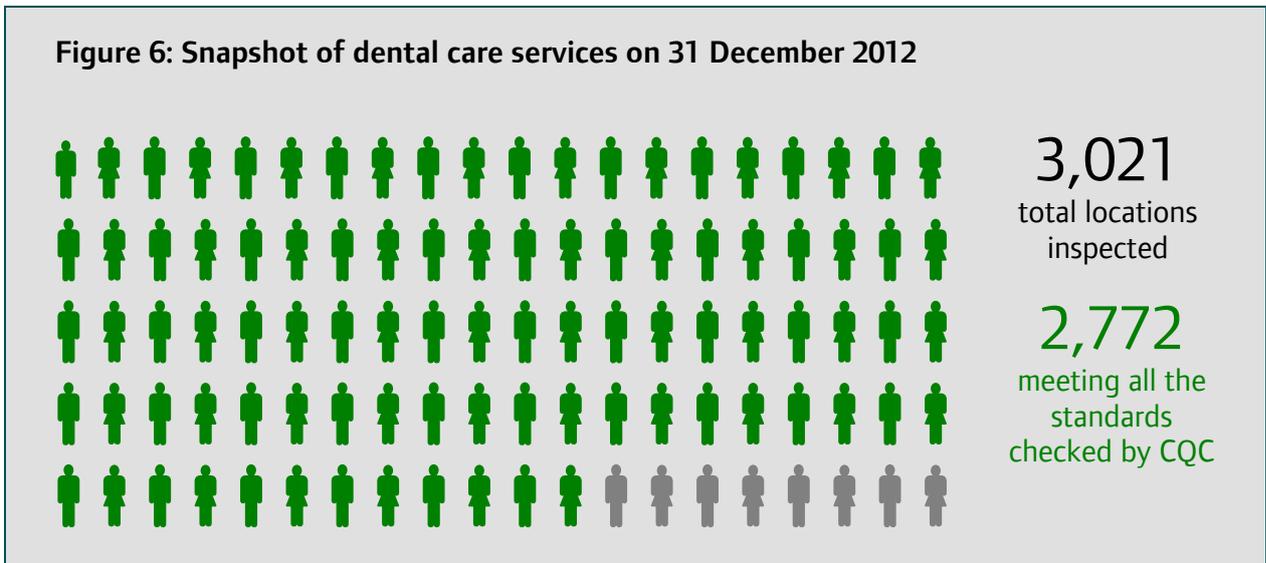
- The cleanliness of ambulance vehicles (88% of 76 inspections met the standard required)
- Recruiting staff effectively and carrying out thorough checks on them (67% of 60 inspections met the standard)
- Supporting staff through training, supervision and appraisal (79% of 61 inspections met the standard)
- Monitoring the quality of care to make sure people are kept safe (78% of 82 inspections met the standard).

Primary dental care services

At 31 December 2012, of the 3,021 current dental care services that CQC had inspected since it started regulating the sector, 2,772 (92%) were meeting the national standards it had checked at each location. This compares with 700 out of 796 locations (88%) at 31 March 2012.

There were 244 locations on 31 December (8% of all locations inspected) that were not meeting at least one standard. This compares with 96 locations on 31 March (12% of all locations inspected by that date). For these services, CQC asked the provider for an action plan telling it how they were going to improve.

There were five locations (0.2% of cases) where CQC had serious concerns that meant using its powers on a more urgent basis to protect people from harm or hold the provider to account.



When CQC published its first care report in June 2012, CQC’s inspectors were still in the early stages of inspecting dental care providers. CQC has now inspected and published reports on significantly more dental services: 3,021 by the end of December 2012.

Inspectors focus on four main areas: those covering the respect and involvement of patients, the care and welfare of patients, safeguarding patients from abuse, and cleanliness and infection control.

The performance of the sector is very good compared to other parts of the health and social care system:

- In 99% of inspections in the first nine months of 2012/13, dental services were treating patients with respect and involving them in discussions about their care and treatment – continuing the performance seen in the first inspections during 2011/12.
- Services were fully assessing patients' needs and delivering the care and treatment they needed in 98% of inspections carried out – again the same as in 2011/12.
- Performance was maintained in protecting patients from the risk of abuse (services met the standard in 94% of inspections) and treating patients in a clean surgery where they are protected from the risk of infection (also 94% of inspections carried out).

There were two areas where CQC's inspectors have now inspected a substantial number of services and noticed dental services performing less well:

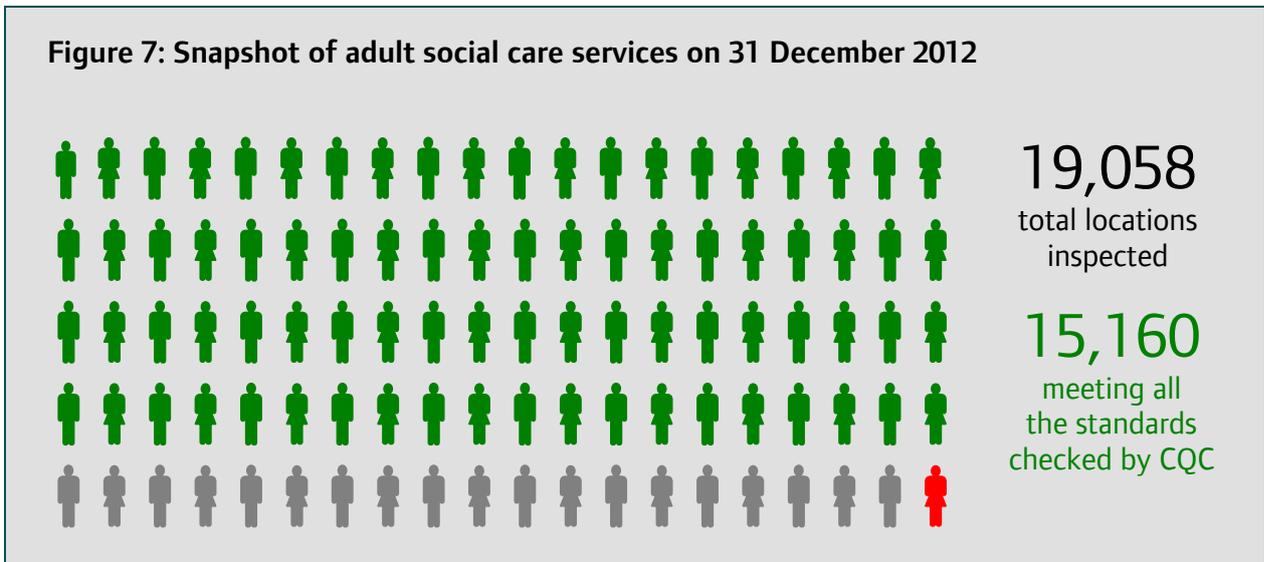
- Recruiting staff effectively and carrying out thorough checks on them: services met the standard in only 85% of inspections.
- Making sure patients' records are up to date and keeping them safe and confidential: services met the standard in 81% of inspections.

Adult social care services

At 31 December 2012, of the 19,058 current adult social care locations that CQC had inspected since the start of the new regulatory system, 15,160 (80%) were meeting the national standards CQC had checked at each location. This compares with 8,451 out of 11,808 locations (72%) at 31 March 2012.

There were 3,749 locations on 31 December (20% of all locations inspected) that were not meeting at least one standard. This compares with 3,241 locations on 31 March (27% of all locations inspected by that date). For these services, CQC asked the provider for an action plan telling it how they were going to improve.

There were 149 locations (0.8% of cases) where CQC had serious concerns as at that date and it was using its powers on a more urgent basis to protect people from harm or hold the provider to account.



The performance of large versus small and medium-sized providers in adult social care

CQC carried out some early analysis of the performance of 'large' providers in adult social care (for this purpose, large providers were those that operate from more than 20 locations) and compared it with the performance of small and medium-sized providers.

A table showing the performance against each standard (the latest judgements as at 31 December 2012 for all standards inspected) is shown in appendix D. There were a number of areas where the large providers performed better than other providers. However this is an early analysis and it is something CQC will look at in more detail going forward. The largest percentage differences were:

- 98% of large providers were **recruiting qualified and skilled staff and carrying out proper checks**, compared with 93% of small and medium-sized providers.
- The management of 95% of large providers were **continuously monitoring the quality of care to make sure people were kept safe**, compared with 91% of other providers.
- 94% of large providers were **making sure their care homes and services were clean**, compared with 90% of other providers.

There was one area where small and medium-sized providers performed better than large providers, although the difference was small:

- 92% of small and medium-sized providers **had enough staff with the right experience and skills to care for people**, compared with 91% of the large providers.

It is notable that large providers tended to perform better than others in areas where they may have better resourced back office services – such as HR checks on prospective staff and management checks on quality control.

Smaller providers may be able to retain staff at the right grades compared to large providers. Although data is difficult to come by, the National Care Forum annual staff survey for 2012 reported anecdotally that there is a tendency for larger providers to have a higher than average turnover of staff, which makes it more difficult to ensure that there are always enough staff on duty with the right skill mix.

Looking at the different elements that go towards ensuring high quality care, large providers and other providers shared four of the top five areas of good performance: cooperating with other providers, complaints handling, the safety and suitability of equipment, and safeguarding people from abuse.

Large providers also had in their top five the standard on recruiting qualified staff and carrying out proper checks. For small and medium-sized providers, it was the standard relating to respecting people and involving them in discussions about their care.

Nursing homes

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements in the way nursing homes protected people from the risk of abuse: nursing homes met the standard in 89% of inspections carried out, compared with 83% the previous year.

CQC also saw improvements in the following areas. However, in some areas this was from a very low base and nursing homes still have a considerable way to go:

- Treating patients with respect and involving them in discussions about their care: nursing homes met the standard in 88% of inspections, an increase from 85% in the whole of 2011/12.
- Assessing the needs of their residents and giving them the care and support they needed: nursing homes met the standard in 82% of inspections, compared with 72% in 2011/12.
- Supporting their care workers through training and supervision: nursing homes met the standard in 82% of inspections carried out, up from 76% in the previous year.
- Assuring themselves of the quality of care they were providing: homes met the standard in 83% of inspections, compared with 80% in 2011/12.

Residential (non-nursing) homes

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC also saw some positive improvements in the way residential homes protected people from the risk of abuse: residential homes met the standard in 94% of inspections. This compared with 88% in the whole of 2011/12.

CQC also saw improvements in the following areas. However, again this was from a very low base and residential homes still have considerable improvements to make:

- Assessing the needs of their residents and giving them the care and support they needed: services met this standard in 88% of inspections, compared with 82% in 2011/12.
- Making sure that the residents got their medicines safely and when they needed them: services met this standard in 79% of inspections, a rise from 74% in 2011/12.

- Supporting their care workers through training and supervision: services met the standard in 87% of inspections carried out, up from 84% the previous year.

Home care services

Positive developments

In inspections carried out between 1 April and 31 December 2012, CQC saw some positive improvements in the way home care services protected people from the risk of abuse: services met the standard in 94% of inspections carried out, an increase on 90% in the previous year.

CQC also saw some improvement in the way that home care services planned and delivered the care that people needed: services met this standard in 89% of inspections, compared with 86% in 2011/12. However, this was from a low base and providers still have some way to go.

Themed inspections of home care services

CQC recently published *Not just a number*, a report on its themed inspections of home care services between April and November 2012. It inspected 250 home care agencies, consisting of 208 privately owned agency services, 22 council owned and 20 owned by voluntary organisations. The number of people cared for in each of the services varied from 'micro' providers providing services to fewer than five people to the large providers, caring for more than 200 people. The largest service was caring for 700 people.

Throughout the programme, CQC found many providers who were delivering a very good service. Overall, 74% (184 out of 250) of services met all the five areas inspected as part of the programme.

Overall, the size of the service – in terms of the number of people using it – had little association with whether it delivered a good quality of care. However, the medium and large agencies (that is, those providing a service to more than 100 people at the time of inspection) were more likely to need to take some action to improve the care they provided than small agencies.

On the other hand, the services that were owned by providers managing more than 13 locations were less likely to need to take such action.

CQC inspectors found a lot of good practice that could be reflected in all home care, and the report sets out what its inspectors saw that worked well – for example, people being encouraged to maintain their independence, and being involved in making choices and decisions about their care. However, where it did identify failings, a minority of people were affected by issues that are very familiar to both providers and people using services. CQC highlighted and made recommendations on the following:

- Late and missed visits
- Lack of consistency of care workers
- Lack of support for staff to carry out their work, and failure to address the ongoing issues around travel time
- Poor care planning and a lack of regular review
- Staff understanding of their safeguarding and whistleblowing responsibilities.

Appendix A: Registered locations by region

Table 3: Number of locations registered with CQC as at 31 December 2012, by region

	NHS trusts	Independent health care	Independent ambulances	Primary dental care	Adult social care	Primary medical services	Total
East	222	326	46	1,056	2,732	10	4,392
East Midlands	179	180	31	697	2,253	10	3,350
London	243	717	33	1,948	2,858	22	5,821
North East	131	98	10	407	1,202	6	1,854
North West	332	325	23	1,251	3,173	38	5,142
South East	368	549	67	1,916	4,728	26	7,654
South West	259	279	58	1,034	3,290	12	4,932
West Midlands	241	242	26	952	2,768	9	4,238
Yorkshire and Humberside	216	291	25	876	2,312	7	3,727
Unspecified	4	3		2	17		26
	2,195	3,010	319	10,139	25,333	140	41,136

Appendix B: Dementia thematic review

Table 4: Breakdown of hospital data by age group of patients with dementia, July 2011 to June 2012

Age band	Number of hospital spells where dementia was coded	Total number of hospital spells	% hospital spells with dementia coded
18-54	13,568	3,830,765	0.4
55-64	16,073	1,762,205	0.9
65-74	42,327	2,076,366	2.0
75+	320,801	2,791,700	11.5

Table 5: Impact on patients with dementia by type of condition in hospital

Note: Values >100 indicate a higher value for those with dementia. Values <100 indicate a higher value for those without dementia. The distance of the value from 100 indicates the size of the difference between the two groups.

Condition	Ratio of those with dementia vs. those without (%)			
	Emergency admissions length of stay	Elective admissions length of stay	In hospital mortality	Emergency readmission
Certain infectious and parasitic diseases	126	138	122	113
Congenital malformations, deformations and chromosomal abnormalities	131	79	207*	86*

Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	138	130	106	122
Diseases of the circulatory system	127	129	148	123
Diseases of the digestive system	129	108	157	142
Diseases of the ear and mastoid process	169	66	649*	185
Diseases of the eye and adnexa	156	128	104*	226
Diseases of the genitourinary system	134	164	143	112
Diseases of the musculoskeletal system and connective tissue	130	179	153	132
Diseases of the nervous system	131	132	144	127
Diseases of the respiratory system	121	132	132	115
Diseases of the skin and subcutaneous tissue	116	88	124	123
Endocrine, nutritional and metabolic diseases	128	139	146	111
Factors influencing health status and contact with health services	134	121	92	146
Injury, poisoning and certain other consequences of external causes	122	140	136	130
Neoplasms	138	130	137	131
Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	129	165	78	213

* Value based on a very small number of cases (less than 10).

Appendix C: Performance against national standards by sector, April to December 2012

Please note: the performance figures in the tables below refer to inspections carried out, not individual locations. Some of the locations will have received more than one inspection in the period and each inspection is counted in the overall calculation.

Also, care must be taken in interpreting low compliance rates where the number of inspections is small. These may include a relatively high number of responsive inspections – that is, carried out in direct response to concerns – and therefore the inspection would be much more likely to find non-compliance.

Table 6: NHS hospital-based services as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	280	92%	+1%
2	Consent to care and treatment	89	96%	+8%
4	Care and welfare of people who use services	342	90%	+9%
5	Meeting nutritional needs	130	92%	+7%
6	Cooperating with other providers	65	99%	+8%
7	Safeguarding people who use services from abuse	225	97%	+7%
8	Cleanliness and infection control	82	92%	+1%
9	Management of medicines	112	58%	-21%

10	Safety and suitability of premises		36	83%	-2%
11	Safety, availability and suitability of equipment		43	86%	-8%
12	Requirements relating to workers		14	100%	+3%
13	Staffing		244	89%	+5%
14	Supporting staff		195	91%	+6%
16	Assessing and monitoring the quality of service provision		216	88%	-2%
17	Complaints		79	92%	-2%
21	Records		193	76%	-2%

Table 7: NHS community health care as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	236	92%	+1%
2	Consent to care and treatment	81	98%	+10%
4	Care and welfare of people who use services	304	92%	+11%
5	Meeting nutritional needs	96	92%	+2%
6	Cooperating with other providers	67	100%	+8%
7	Safeguarding people who use services from abuse	203	98%	+9%
8	Cleanliness and infection control	49	94%	+4%
9	Management of medicines	109	62%	-14%
10	Safety and suitability of premises	35	86%	-2%
11	Safety, availability and suitability of equipment	21	91%	-4%
12	Requirements relating to workers	12	100%	+5%
13	Staffing	187	90%	+3%
14	Supporting staff	171	92%	+6%
16	Assessing and monitoring the quality of service provision	170	92%	+3%
17	Complaints	73	92%	-2%
21	Records	159	74%	-7%

Table 8: NHS mental health, learning disability and substance misuse services as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	158	92%	+6%
2	Consent to care and treatment	38	90%	+7%
4	Care and welfare of people who use services	205	85%	+9%
5	Meeting nutritional needs	36	94%	-3%
6	Cooperating with other providers	40	98%	-1%
7	Safeguarding people who use services from abuse	163	96%	+10%
8	Cleanliness and infection control	6	100%	+4%
9	Management of medicines	52	69%	-14%
10	Safety and suitability of premises	42	76%	-5%
11	Safety, availability and suitability of equipment	4	100%	+3%
12	Requirements relating to workers	9	100%	+11%
13	Staffing	104	80%	-11%
14	Supporting staff	111	95%	+5%
16	Assessing and monitoring the quality of service provision	116	85%	0%
17	Complaints	29	100%	0%
21	Records	61	61%	-22%

Table 9: Independent hospital-based services as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	387	98%	0%
2	Consent to care and treatment	212	99%	+1%
4	Care and welfare of people who use services	586	98%	+5%
5	Meeting nutritional needs	17	100%	0%
6	Cooperating with other providers	18	94%	-6%
7	Safeguarding people who use services from abuse	371	96%	+6%
8	Cleanliness and infection control	187	92%	+1%
9	Management of medicines	76	78%	-8%
10	Safety and suitability of premises	52	87%	-11%
11	Safety, availability and suitability of equipment	68	96%	-1%
12	Requirements relating to workers	116	90%	+4%
13	Staffing	133	96%	+1%
14	Supporting staff	376	93%	+2%
16	Assessing and monitoring the quality of service provision	435	94%	-2%
17	Complaints	124	98%	+3%
21	Records	79	82%	-7%

Table 10: Independent community health care as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	606	99%	+3%
2	Consent to care and treatment	275	99%	+11%
4	Care and welfare of people who use services	877	97%	+9%
5	Meeting nutritional needs	11	100%	0%
6	Cooperating with other providers	19	95%	-5%
7	Safeguarding people who use services from abuse	563	95%	+5%
8	Cleanliness and infection control	231	94%	+3%
9	Management of medicines	164	77%	-3%
10	Safety and suitability of premises	72	86%	-11%
11	Safety, availability and suitability of equipment	60	97%	+2%
12	Requirements relating to workers	250	92%	+6%
13	Staffing	155	94%	-3%
14	Supporting staff	544	95%	+4%
16	Assessing and monitoring the quality of service provision	642	96%	+2%
17	Complaints	187	99%	+2%
21	Records	126	82%	+1%

Table 11: Independent mental health, learning disability and substance misuse services as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	197	93%	+8%
2	Consent to care and treatment	70	89%	+5%
4	Care and welfare of people who use services	272	86%	+17%
5	Meeting nutritional needs	9	89%	-6%
6	Cooperating with other providers	8	88%	-10%
7	Safeguarding people who use services from abuse	230	93%	+20%
8	Cleanliness and infection control	12	67%	-28%
9	Management of medicines	87	77%	+6%
10	Safety and suitability of premises	66	68%	-14%
11	Safety, availability and suitability of equipment	5	100%	+11%
12	Requirements relating to workers	70	81%	-5%
13	Staffing	85	85%	+5%
14	Supporting staff	177	89%	+8%
16	Assessing and monitoring the quality of service provision	196	91%	+9%
17	Complaints	44	96%	+4%
21	Records	50	64%	-10%

Table 12: Independent ambulances as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	46	100%	0%
2	Consent to care and treatment	17	100%	n/a
4	Care and welfare of people who use services	93	97%	+18%
5	Meeting nutritional needs	0	n/a	n/a
6	Cooperating with other providers	9	100%	+14%
7	Safeguarding people who use services from abuse	51	84%	+11%
8	Cleanliness and infection control	76	88%	+13%
9	Management of medicines	16	56%	+6%
10	Safety and suitability of premises	14	79%	-21%
11	Safety, availability and suitability of equipment	31	84%	+24%
12	Requirements relating to workers	60	67%	+42%
13	Staffing	17	94%	+94%
14	Supporting staff	61	79%	+4%
16	Assessing and monitoring the quality of service provision	82	78%	-5%
17	Complaints	10	90%	n/a
21	Records	17	59%	+34%

Table 13: Primary dental care as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	1,747	99%	-1%
2	Consent to care and treatment	268	97%	-3%
4	Care and welfare of people who use services	2,032	98%	0%
5	Meeting nutritional needs	1	100%	n/a
6	Cooperating with other providers	5	100%	0%
7	Safeguarding people who use services from abuse	1,405	94%	+1%
8	Cleanliness and infection control	2,062	94%	+1%
9	Management of medicines	50	60%	-29%
10	Safety and suitability of premises	101	86%	+17%
11	Safety, availability and suitability of equipment	34	88%	0%
12	Requirements relating to workers	437	85%	+25%
13	Staffing	152	97%	+30%
14	Supporting staff	850	96%	+4%
16	Assessing and monitoring the quality of service provision	961	92%	0%
17	Complaints	464	97%	+14%
21	Records	147	81%	+2%

Table 14: Nursing homes as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	2,973	88%	+3%
2	Consent to care and treatment	510	79%	-2%
4	Care and welfare of people who use services	3,608	82%	+10%
5	Meeting nutritional needs	824	84%	+4%
6	Cooperating with other providers	44	77%	-19%
7	Safeguarding people who use services from abuse	2,744	89%	+6%
8	Cleanliness and infection control	608	74%	-1%
9	Management of medicines	1,121	69%	+2%
10	Safety and suitability of premises	714	74%	-1%
11	Safety, availability and suitability of equipment	163	70%	-18%
12	Requirements relating to workers	712	88%	+1%
13	Staffing	1,922	80%	+3%
14	Supporting staff	1,995	82%	+6%
16	Assessing and monitoring the quality of service provision	2,526	83%	+3%
17	Complaints	657	96%	+2%
21	Records	990	58%	-12%

Table 15: Residential (non-nursing) homes as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	6,888	95%	+2%
2	Consent to care and treatment	1,372	90%	+2%
4	Care and welfare of people who use services	8,603	88%	+6%
5	Meeting nutritional needs	1,336	89%	0%
6	Cooperating with other providers	115	97%	+2%
7	Safeguarding people who use services from abuse	6,559	94%	+6%
8	Cleanliness and infection control	1,129	74%	-5%
9	Management of medicines	2,461	79%	+5%
10	Safety and suitability of premises	1,937	78%	+1%
11	Safety, availability and suitability of equipment	224	83%	-9%
12	Requirements relating to workers	1,794	89%	0%
13	Staffing	3,455	87%	+3%
14	Supporting staff	5,092	87%	+3%
16	Assessing and monitoring the quality of service provision	6,220	86%	+2%
17	Complaints	1,557	98%	+3%
21	Records	1,773	60%	-18%

Table 16: Home care agencies as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	3,082	97%	+2%
2	Consent to care and treatment	303	91%	-3%
4	Care and welfare of people who use services	3,569	89%	+3%
5	Meeting nutritional needs	56	93%	-2%
6	Cooperating with other providers	57	98%	+2%
7	Safeguarding people who use services from abuse	3,234	94%	+4%
8	Cleanliness and infection control	101	90%	-3%
9	Management of medicines	511	73%	-4%
10	Safety and suitability of premises	76	86%	-9%
11	Safety, availability and suitability of equipment	35	91%	-4%
12	Requirements relating to workers	1,334	85%	0%
13	Staffing	528	89%	-1%
14	Supporting staff	2,525	87%	+2%
16	Assessing and monitoring the quality of service provision	2,927	87%	0%
17	Complaints	617	95%	+3%
21	Records	513	53%	-28%

Table 17: Other community social care services* as at 31 December 2012

Outcome		Judgement in all inspections: 01/04/12 to 31/12/12		
		Number of inspections	% meeting the standard	% change vs whole year 2011/12
1	Respecting and involving people who use services	1,050	97%	+3%
2	Consent to care and treatment	106	96%	0%
4	Care and welfare of people who use services	1,224	91%	+7%
5	Meeting nutritional needs	19	100%	+2%
6	Cooperating with other providers	30	97%	-1%
7	Safeguarding people who use services from abuse	1,079	95%	+5%
8	Cleanliness and infection control	36	92%	-3%
9	Management of medicines	189	82%	+6%
10	Safety and suitability of premises	32	75%	-21%
11	Safety, availability and suitability of equipment	14	86%	-11%
12	Requirements relating to workers	423	88%	+2%
13	Staffing	221	84%	-5%
14	Supporting staff	847	86%	1%
16	Assessing and monitoring the quality of service provision	984	88%	0%
17	Complaints	212	97%	+5%
21	Records	175	55%	-31%

* These services mostly consist of extra care housing, supported living services and Shared Lives schemes.

Appendix D: Comparison of performance of large vs small and medium-sized adult social care providers

Table 18: Latest judgements for each standard, as at 31 December 2012

Outcome		Large adult social care	Small and medium-sized adult social care
		% meeting the standard	% meeting the standard
1	Respecting and involving people who use services	96.7	96.1
2	Consent to care and treatment	94.7	94.2
4	Care and welfare of people who use services	92.6	91.1
5	Meeting nutritional needs	95.2	94.2
6	Cooperating with other providers	99.2	98.8
7	Safeguarding people who use services from abuse	96.8	94.8
8	Cleanliness and infection control	94.1	90.3
9	Management of medicines	90.0	87.3
10	Safety and suitability of premises	91.0	88.6
11	Safety, availability and suitability of equipment	97.4	96.1
12	Requirements relating to workers	97.7	92.7
13	Staffing	91.2	92.4
14	Supporting staff	93.8	91.4
16	Assessing and monitoring the quality of service provision	94.6	91.1
17	Complaints	98.1	97.7
21	Records	81.9	80.0

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