

## SUMMARY

# The state of health care and adult social care in England

2014/15



STATE OF CARE

## Delivering quality

The health and care system in England has come under increasing pressure during 2014/15, driven by changing care needs and financial demands on all public services. Providers and staff are being asked to deliver significant efficiency savings, to meet the more complex needs of an older, changing population, while ensuring that the health and care system remains sustainable for the future.

In the NHS the main focus has been on handling increasing pressures at a time when the NHS budget increased at a significantly lower rate than before. In adult social care, services have been asked to deliver more with less, as local authority funding has been reduced.

Many services have responded well, despite the increasing pressures, and managed to improve or maintain quality. We celebrate the many services across the country that are delivering high-quality care to the people they care for. Although we have not yet rated all services, more than 80% of the GP practices we have rated so far were good or outstanding. In adult social care, nearly 60% of services were good or outstanding.

### **Variation in quality of care**

But some people are receiving care that is not acceptable: in inspections to the end of May 2015, we rated 7% of services as inadequate, which means that care is so poor that urgent improvements are needed.

The level of variation in quality that we see is also of great concern. Many people continue to experience large differences in the quality of care they receive – both between different services from the same provider and between different providers.

Just as importantly, people experience poor or variable quality depending on who they are, or what care they need. For example people with mental health needs or long-term conditions, and some minority ethnic groups, are less likely to report positive experiences in health and social care settings. Additionally, our thematic review *Right here, right now* concluded that far too many people in a mental health crisis have poor experiences of care and do

not receive basic respect, warmth and compassion. This is unsafe and, when compared with the services available to people with physical health problems, unfair.

### **Safety is our greatest concern**

Safety is a fundamental expectation for people who use services, and it continues to be our biggest concern across all of the services we rate. We have rated over one in 10 hospitals (13%) and a similar proportion of adult social care services (10%) as inadequate for safety. In primary medical services, 6% of those we rated were inadequate for safety. Additionally, there are a substantial number of services that have been rated as requires improvement for safety, because there is more they could do to ensure that they have a good safety culture.

A range of factors affect the safety of services, including a failure to investigate incidents properly and learn from them so they do not happen again, ineffective safety and risk management systems and, in hospitals and adult social care, concerns with the adequacy of staffing numbers and mix, alongside skills, training and support.

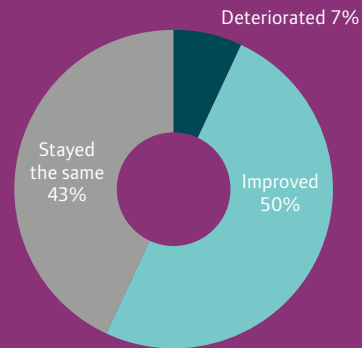
### **The ability to improve**

Where we see poor care, we will respond and challenge providers to improve. We have evidence our approach is working. The initial results from our re-inspections so far suggest that half of services have been able to improve their ratings within six months. Our survey of providers also shows that they find our reports useful in identifying what they need to do to improve.

Where necessary we will take enforcement action to protect the people who use these services. We took more enforcement actions last year in relation to the inspections we carried out: in 7% of inspections in 2014/15, compared with 4% in 2013/14.

**50%** Half of re-inspections have resulted in improved ratings

### Change in ratings on re-inspection



Source: CQC ratings data

Based on 123 re-inspections (both focused and comprehensive). Improved means at least one key question improved and none deteriorated. Deteriorated means at least one key question deteriorated and none improved.

The environment for health and social care will become even more challenging over the next few years. Tensions will arise for providers about how to balance the pressures to increase efficiency with the need to improve or maintain the quality of their care. Therefore, the effective use of resources will be a vital component of success going forward.

### **What it takes to be outstanding**

Some good and outstanding providers achieve high-quality care under constrained financial conditions by managing their resources well. These providers are not simply relying on more money. In all the sectors we inspect, there are many examples of excellent leadership – leaders who are visible and who engage widely with people who use services and staff, who promote a strong culture of safety, who put in place robust governance systems and processes, and who plan their resources well. We recognise what a hard job it is that they do, and the excellent care they and their staff deliver as a result.

More than nine out of 10 (94%) of the services we have rated as good or outstanding overall were also good or outstanding for their leadership. Similarly, 84% of the services we have rated as inadequate overall were inadequately led. In health care good leadership brings together clinical staff and senior management. In all sectors good leadership prioritises person-centred care and engagement with staff and people who use services in everything it does. In our inspections we see that where leadership is strong, then safe, effective, caring and responsive care tends to follow.

Services are also more resilient when they have a culture that prioritises openness, learning and continuous improvement, supported by governance processes so that organisations and staff learn together. This is particularly true when it comes to delivering safe care.

Staffing is one driver of the ratings our inspectors have given for safety across all sectors, although this is about much more than just having the right numbers. Having the right number and mix of staff, with the right skills, at all times is integral to providing safe, high-quality care. We are conscious that there can be difficulties getting staffing right, and that there are specific challenges in some sectors, such as ensuring sufficient nurses in adult social care, GPs in primary care and consultants in A&E. In addition, there is a leadership challenge to ensure the right staff resources are in place to meet the challenges across the system.

All sector partners need to work together to address the challenges they face, including transforming models of care, and ensure that staff are motivated to be part of this change. The NHS has published the ambitious *Five Year Forward View* which has cross-sector support. In adult social

care some organisations including the Association of Directors of Adult Social Services and Care England have set out five-year visions, but these do not yet constitute a strong cross-sector agreement on how to solve these challenges. System leaders nationally and locally need to come together to spell out how they will cope with the pressures ahead and put these plans into action. CQC has a part to play in this by providing an objective picture of the quality of care across all the sectors we regulate.

### **The importance of data and transparency**

To innovate and transform care effectively, it is vital to have the feedback mechanisms to know whether or not changes have been successful. Every provider should have good, benchmarked data for all the services it provides, to assure itself that it is providing safe and effective care and to know where improvements are needed. This is particularly important when looking to share learning effectively at a local and national level. The drive to integrate health and adult social care also cannot succeed without an improved flow of information across traditional organisational boundaries.

Across all sectors therefore, better data needs to continue to be developed that is accessible to, and used by, all stakeholders, particularly for adult social care and community and mental health services. Without this it is difficult to systematically understand the current quality of care beyond our inspections, or assess the impact that changes are having on quality of care.

CQC has an important role in working with national and local partners to support sectors and providers in building the resilience they need in the next few years to maintain their focus on quality. We have already started to promote transparency and, as a result of our work, conversations about quality are becoming more open and honest across all stakeholders. We are also looking at the way we register and inspect, particularly those services that are new and do not fit within traditional models, and at the quality of the data we and providers collect to help understand the experiences of people who use services better. This work should help us support innovation while ensuring people who use services receive high-quality care.

### **Looking ahead**

The sectors we regulate face significant challenges. Our concerns are amplified by our finding that many services do not yet have the leadership and culture required to deliver safe, high-quality care. To survive and thrive will require resilience, innovation and creativity, supported by great leadership.

**94%**

More than nine out of 10 of the services we have rated as good or outstanding overall were also good or outstanding for their leadership.

We therefore encourage services across health and social care, together with their local and national partners, to focus on:

- Building a collaborative culture that reaches out to people who use services and engages with all staff to ensure a shared vision and ownership of the quality of care they deliver.
- Being open and transparent and learning from mistakes, ensuring information and data are to hand to make good decisions and to understand what works (and what doesn't), using opportunities to learn from the best.
- Ensuring that services have the right staff and skill mix in place to ensure that care is always safe.

### An inspector's view

"Good managers have a clear action plan, they've identified short, medium and long-term goals and those good managers actually share that with the staff, so that staff buy in to the improvements that are required. It is no good the manager having the action plan in the office and nobody else knows about it."

We are highly supportive of the *Five Year Forward View* and the recognition in many parts of the country that the best care systems are those where health and social care go hand in hand, alongside greater local leadership and improvement across care economies. However, to be truly innovative, it is important to be open to the idea that some changes will not succeed. Experience from other industries suggests that new ways of working need iteration and fine tuning before becoming sustainable. Our challenge to all health and social care services, and the sector overall, is therefore to continue to put quality of care at the centre of change, and not fall into the trap of seeing innovation as only driven by the need to save money.

Alongside this, we encourage all partners in adult social care to come together and set out a common vision and plan for how to address the current fragility and uncertainty in the adult social care market, and ensure they can continue to provide good care.

People deserve high-quality care. It is therefore our duty to the people who use services to be open and transparent about the quality of care that we see, and not lower our expectations of quality in the challenging times ahead.

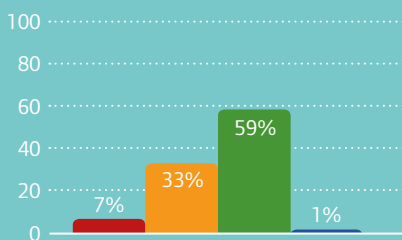
There are examples of good services sharing their experiences with those who want to improve. We believe this type of collaboration is valuable in improving the quality of care for people who use services. Many services are already achieving high quality, and we are confident from what we have seen that others can too.



## Adult social care

- 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.
- Safety is our biggest concern – factors include staffing levels, understanding and reporting safeguarding concerns, and poor medicines management.
- The vast majority of services were caring, with 85% good or outstanding.
- 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.

### Overall ratings



CQC ratings data

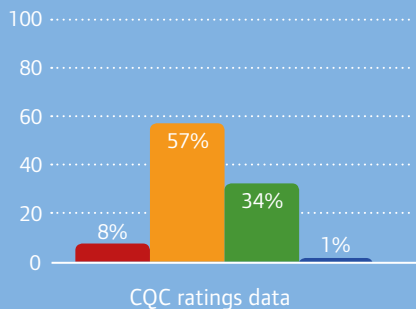
● Inadequate ● Requires improvement ● Good ● Outstanding



## Hospitals

- We have seen some examples of outstanding care despite increased demand for services and challenging efficiency savings. However we have also seen some very poor care. We are concerned at the variation in standards of care.
- The differentiating factors between trusts that are rated outstanding and those rated inadequate are their ability to monitor and act on issues that are identified – promoting a culture of openness is important.
- We have concerns about the leadership and culture in many trusts. Consistent, good care throughout an organisation can only be achieved by excellent leadership and inclusive staff engagement.
- Safety remains our biggest concern for the sector, and staffing levels and skill mix remain an issue in many hospitals.

### Acute hospitals overall ratings



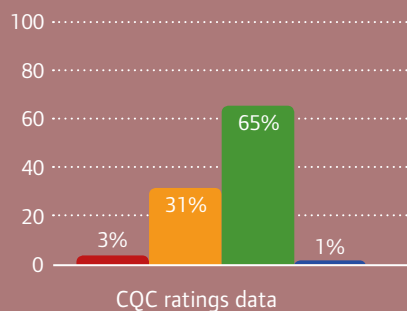




## Mental health

- Across the eight NHS mental health trusts that we rated by 31 May 2015, we rated the individual core services mostly as good (65%) or requires improvement (31%).
- There are some excellent examples of local leadership, but some boards were unaware of whether their decisions were having any impact on frontline services.
- Our biggest overall concern is the safety of care environments, particularly wards.
- All staff need to treat people with mental health problems with the kindness, dignity and respect they would provide to people with physical health needs.
- Access to beds continues to be a problem and leads to people being placed hundreds of miles away from their families.

Overall service level ratings



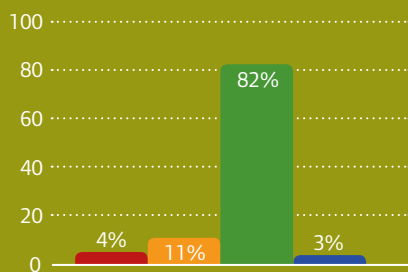
● Inadequate ● Requires improvement ● Good ● Outstanding



## Primary medical services

- While most of the GP practices and GP out-of-hours services that we have rated up to 31 May 2015 are providing good care, we have been shocked at the very poor care provided by the 4% of practices that we have rated inadequate.
- Our inspections have highlighted a strong link between good leadership and good care. Practices rated inadequate suffer from poor leadership.
- We have seen examples of poor incident reporting and a lack of learning from significant events, as well as evidence of poor medicines management.
- GP practices deliver a better quality of care when sharing learning and providing joined-up care through multi-professional networks.
- There is a need for GP practices to review access to medical advice and treatment to ensure they are in line with patients' needs.

### Overall ratings



CQC ratings data





## Equality in health and social care services

- While international evidence shows that the NHS is one of the most equitable health systems in the world, there is still significant variation in access, experience and outcomes for different groups of people using health and care services. This must be addressed, both to ensure good quality services for everyone and because these services need to be ready for changing demographics – for example the growth in the population of older people from Black and minority ethnic (BME) backgrounds.
- Although access issues differ by sector and by equality group, it is a challenge to ensure everyone has the right information in order to access services – we see this in both adult social care and acute hospitals. Also, changes in eligibility for funding in adult social care has had a variable impact on different equality groups.
- Whether people say they are treated with dignity and respect is closely linked to their overall experience of care. In acute hospitals, people in some equality groups are significantly less likely to report being treated with dignity and respect than their peers.
- It is important that providers also ensure equality for their staff. BME staff and women remain less likely to be in management roles than their counterparts, in both health and social care. Additionally, BME staff in NHS trusts report higher levels of discrimination and lower confidence in equality of opportunity. There is evidence that disabled staff and lesbian, gay, bisexual and transgender staff can also experience higher levels of discrimination at work.
- Information from adult social care providers shows that they are not consistently addressing equality. While almost all services say that they have equality policies in place, far fewer say that they have carried out work in the last year on equality – particularly in relation to sexual orientation and gender reassignment.

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