apse membership resources

Briefing 18/44 November 2018

State of Care 2018

Findings from the Care Quality Commission's State of health care and adult social care report 2017/18

In October 2018, The Care Quality Commission published, State of Care 2018, a report outlining the outcomes of their inspections and research in to the quality of care provision across healthcare and adult social care services in England in 2017-18.

This briefing focuses on the outcomes described within the report related to adult social care, conveying the reports' findings on the following:

- Quality of Care
- Pathways from Hospital to Home
- Funding, workforce and capacity matters

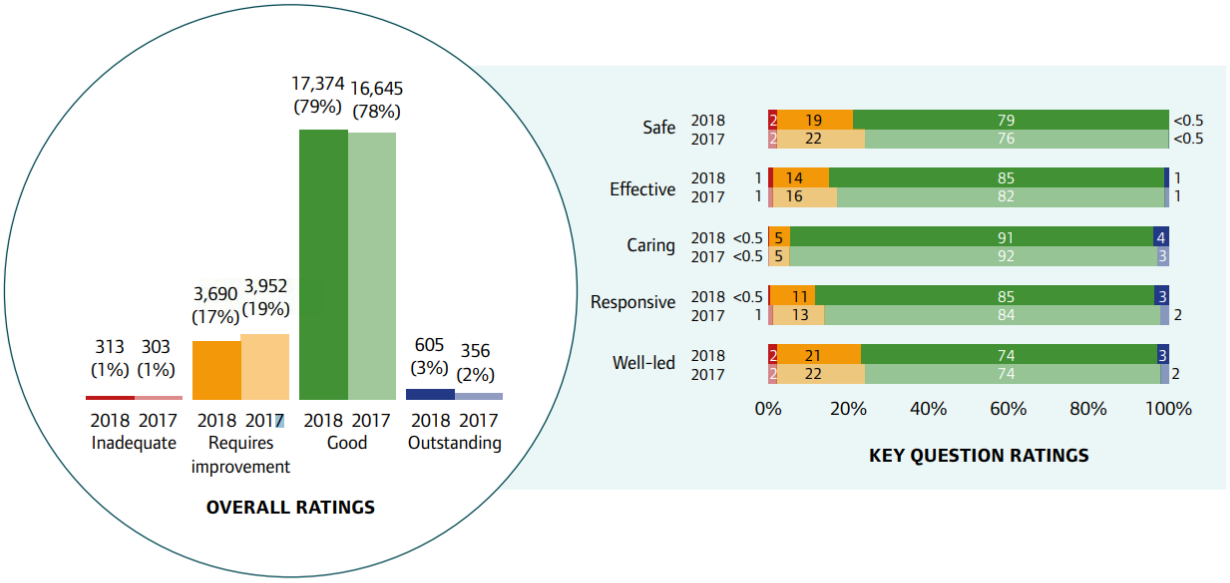
Key points:

- Quality of care, as measured by inspection outcomes has improved in the period 31 July 2017 to 31 July 2018
- Delayed Transfer of Care rates (DTOC rates) have also improved but intense focus on improvement targets has resulted in some unsafe transfers.
- Vacancy rates across social care roles have increased from 6.6% to 8.0 % with the highest vacancy rates among registered nurses owing to a national shortage of nurses.
- Funding has increased in the last year but the market remains fragile with approximately 1/3 of Directors of Adult Social Services reporting they have seen care providers close or cease to trade in recent months.
- Capacity within nursing homes and residential homes has decreased overall in the period April 2017 to April 2018 but increased by up to 55% in some areas and decreased by up to 44% in others. On the whole, those that have seen increased capacity are areas with a higher proportion of self-funders and correspondingly, those with a decreased capacity are those with a higher proportion of publicly funded care placements
- It is more likely people will benefit from the best care possible when services work together with an understanding of local need.

Quality of Care

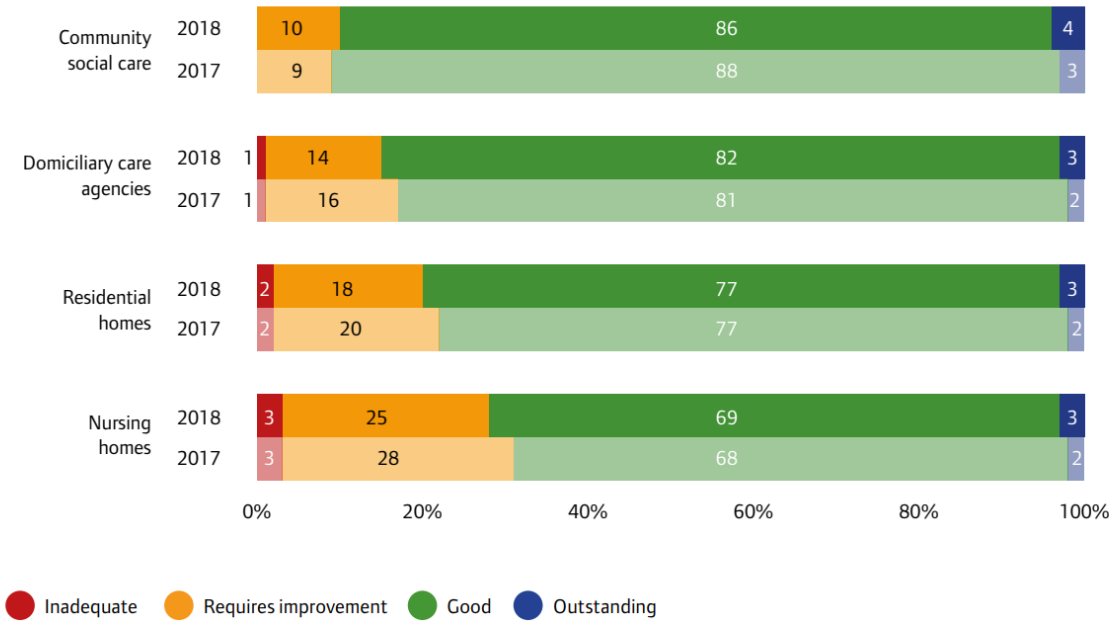
In 2017/18, the Care Quality Commission inspected 21,982 adult social care services and found a slight improvement in quality ratings on the previous year. In particular, the number of services rated as outstanding in that year increased from 356 in 2016/17 to 605 in 2017/18 and the number of services rated as good increased from 16,645 in 2016/17 to 17374 in 2017/18. This improvement was evidenced over almost all the key questions - Safe, Effective, Caring, Responsive and Well-led.

The change is illustrated in the figure below:



Source: CQC ratings data, 31 July 2017 and 2018.

This is broken down by type of care below:



Source: CQC ratings data, 31 July 2017 and 2018.

There is notable variation in the results shown above with 90% of community care services rated as good or outstanding in contrast with 72% of nursing homes rated as good or outstanding. As will be discussed later, nursing homes have been particularly affected by high vacancy rates.

Where quality was shown to improve, this was observed to be partly due to the following steps:

- Accepting that problems exist and developing an action plan
- Recognising the importance of good leaders
- Prioritising person-centred care
- Valuing staff
- Working with system partners

Where problems persisted, this was observed to be a result of:

- Lack of leadership and governance
- Issues with management continuity and staffing concerns
- Poor relationships between the provider and manager

In observing where quality improvements were made, the report recognises how a local commissioner contributed to one service provider's improvement journey through regular visits to champion their improvement, demonstrating the impact commissioners can have on the quality of local care provision through pro-active engagement with providers.

Also, it was observed that in some cases poor outcomes were found in homes with low levels of local authority placements and so no local authority involvement in monitoring quality of care and a lack of input from the commissioning team in training and support. This again shows the importance of directly engaging with registered managers delivering care and may give rise to a consideration of how smaller providers or those with just one or two local authority placements could further benefit from local authority support.

Pathways from Hospital to Home

In producing the report, the Care Quality Commission reviewed the rate of delayed transfers of care (DTOC) of 20 care systems and found that, reflecting the 2017 drive to reduce these delays, the numbers of days recorded as delayed transfers of care fell in 18 of these local areas, whilst the remaining two fell below the national average.

They also found that the pressure to reduce DTOC rates in 2017 had, 'almost overwhelmed other health and social care priorities' and that in some cases, it resulted in a compromise on safety standards. Due to the intense focus on this reduction target, transfers out of hospital were completed before suitable arrangements in care were in place such as equipment, medicine or transport.

The report states a number of reasons for why discharge may be delayed including:

- availability of staff
- availability and coordination of medicine
- availability of care provision (including in intermediate care, in care at home and in care homes)
- coordination of assessments

- availability of transport
- access to equipment and adaptations.

Further that, lack of seven-day services across the care system can contribute to a delay since for example, social care providers may be less likely to accept discharges at the weekend and community health services may not be fully operational at the weekend.

Where discharge and transfer processes are most effective, a 'strong multi-disciplinary approach involving people's families and carers is often apparent as a contributory factor. Social workers based on the ward and good coordination with community and primary care workers can make a significant difference. Also, good coordination of the contribution of various professionals undertaking assessments prior to discharge and timely information sharing has been seen to help ensure a smooth and safe discharge.

In some care systems reviewed, a 'trusted assessor' model was in place where one member of the multi-disciplinary team has delegated responsibility to assess a person's care needs on behalf of all disciplines. Where implemented, the model was still in its infancy and in most cases, a lack of understanding between services pervaded to hinder the effectiveness of the approach. It was also clear that some social care providers lacked confidence in these assessments.

Evidence collected elsewhere has underpinned the value of 'intermediate' care in supporting patients to return to living independently at home. In 2015, the British Geriatrics Society reported the results of an audit of intermediate care services in which it was found that two thirds of those accessing intermediate care services did not need later need to move to a more dependent care setting. However, the CQC have reported that in 2016/17, only 2.7% of older people discharged from hospital accessed an intermediate care package.

The assessors also spoke to unpaid carers who are often instrumental in enabling a smooth discharge from hospital to home. The Office for National Statistics estimates that the cost of replacing unpaid carers with paid carers would be £57 billion a year. In their feedback, some commented on local carer support services such as carers' centres as providing 'invaluable guidance and support'.

In speaking with those who are in need of care, the assessors sadly found that some were offered a poor quality of care, away from friends, family and support networks. One patient waiting for discharge commented it was like being in a 'holding pen' with forty other patients with similar needs.

Overall, the report recognises the positive change in DTOC rates over the last year and emphasises the measures that have contributed to safe and effective discharge, warning of the impact of too great a focus on targets for reductions in DTOC rates.

Funding, workforce and capacity matters

In 2017/18, the vacancy rate across all roles in social care was 8.0%, an increase of 1.4% on 2016/17 and the turnover rate across care staff was at 31%. The vacancy rate in domiciliary care was 9.9% and in care homes it was 6.8%. The highest vacancy rate by job role was for registered nurses at 12%.

The shortage in nurses seems to have been precipitated in part by the referendum vote to leave the European Union after which the Nursing and Midwifery Council has seen a sharp fall in registrations from nurses and midwives from EEA countries (9,389 in the year to March 2016 and only 805 in the year to

March 2018) and a similar sharp increase in the number of EEA nurses and midwives leaving the register (1,981 in the year to March 2016 and 3,962 in the year to March 2018). In this time frame, there has been a slight increase of nurses and midwives registering from outside the EEA but this has not been sufficient to mitigate the loss in workforce.

Adult social care services have been particularly affected by this shortage, which may be partly a result of the current disparity in pay and employment terms and conditions between the NHS and independent care providers.

At present, it is recognised that there is no long-term plan for the funding of social care in place and a forthcoming Green Paper on social care and wider spending review is set to address this. In 2017/18, additional funding for adult social care was provided through the adult social care precept, the Improved Better Care Fund and two grants from central government, which added up to an extra £2.3 billion beyond what was originally anticipated.

However, in a recent survey, 78% of Directors of Adult Social Care Services reported low levels of confidence about their ability to meet the statutory duty to ensure market sustainability within existing budgets and 32% reported having seen local care providers close or cease to trade in the last 6 months, Whilst this is an improvement on last year, where 39% reported having seen local care providers close or cease to trade in the last 6 months, it is evident that within the current funding allocations, the care market is fragile.

As may be anticipated, this is particularly the case in areas where reliance on public funding for care is high. However, where the level of self- funding is high and correspondingly, within an affluent area, the unemployment rate low, there is a correlation with high vacancy rates in care services

With regards to capacity, from April 2017 to April 2018, the number of nursing home beds fell by 347 beds (0.2%) and the number of residential home beds by 418 beds (0.2%). The number of domiciliary care agencies increased by 4.3%.

These statistics mask a wide range of regional variation. For example, looking at the change in nursing home beds from April 2016 to April 2018, whilst some local areas have seen a 58% loss in nursing beds, others have seen a 44% rise. Of those areas that have gained at least 10%, almost half were in the South East, South West and East of England where higher proportions of people fully fund their own care and of those areas that have lost at least 10% over half were from the North East, London and the West Midlands where lower proportions of people pay for their own care, indicating a disparity in access to care services by the affluence of a local area. In some cases, it may be that some nursing homes are re-registering as residential homes due to the difficulties in recruiting nurses

Joined-up care

Throughout the report, the authors stress the difference that can be made in a person's life if the local health and care services they access work together to provide person-centred care. They provide several illustrations of innovative approaches observed across the country to enable joined-up working:

1. The North of England Commissioning Support Unit have implemented a care home 'bed state tool' to enable clinical and nursing staff to access a real-time, instant picture of care home bed availability across the local area. Implementing the tools has helped to minimise the number of delayed transfers of care.

2. In Wakefield, health and care partners have developed a 'passport' system for staff that serves as an accreditation, recognised across health and social care organisations, to enable ease of movement for staff between positions in health and care.
3. Integrated Care Hubs - where GPs can complete one referral for multiple needs. In the hub, patients can be seen by a nurse, occupational therapist, physio, social care worker, voluntary worker, housing officer or mental health worker, depending on their problem.

APSE Comment

APSE welcomes the slight improvement in quality of care ratings and recognises the excellent work of those delivering care services and commissioning teams who have contributed to this improvement in ratings, especially in a context of increasing vacancy rates and in many areas, reducing bed capacity in an already stretched health and care system.

We also recognise the improvement in DTOC rates as very positive but would urge member authorities to keep the primary focus on safe and effective transfer and to review any cases where this has not been the case to implement any learning and improve future patient transfers.

The anticipated green paper, setting out a sustainable long-term funding solution for Social Care is now long-awaited by the sector. This month, evidence of the market's fragility is mounting as the Care Quality Commission warn of anticipated service disruption to those social care services provided by Allied Healthcare on behalf of 84 local authorities, with reassurance that the company's funding is sufficient to maintain care services only until 30th November 2018. It is clear we face an increasing risk of rapid service deterioration due to company failure and market instability if funding issues are not addressed.

The disparity in availability of care home beds in more and less affluent areas of the country is something for the sector to be concerned by and for local authorities to seek to address. Those authorities who are engaged in commercial building of residential care homes may wish to partner with those in areas of lower capacity to help provide more beds, closer to home for residents in need of a care placement.

Sector-wide, careful workforce planning and investment in training is required to mitigate the impact of lost workforce amongst EEA nationals.