

# CQC state of health care and adult social care in England 2018/19 report

## Introduction and summary

The Care Quality Commission (CQC) has published *State of health care and adult social care in England 2018/19*. The report is CQC's annual assessment of health and social care in England and looks at trends in quality, shares examples of good and outstanding care, and highlights where care needs to improve. This briefing summarises key points from the report.

### Key points:

- CQC has found that the overall quality of care that people receive in England has improved very slightly from last year. When people are receiving care, it is mostly of good quality. However, even where care services are of good quality, CQC has found many people can struggle to get access to the care they need and want, impacting on their experience of care.
- Access and staffing are presenting challenges across all care settings, with geographic disparities in provision presenting particular barriers in some parts of the country.
- The report highlights pressures in A&E and across the system. It states figures for emergency attendances and admissions are continuing to rise year-on-year, and patients struggling to access non-urgent services in their local community can have a direct impact on secondary care services.
- This year's report focuses particularly on inpatient mental health and learning disability services as this is an area CQC is seeing some decline in quality. While the overall quality picture for the mental health sector remains stable, and CQC has seen good and outstanding care, CQC states this masks deterioration in some specialist inpatient services.
- CQC has also seen too many people using mental health and learning disability services being looked after by staff who lack the right skills, training, experience or support from clinical staff. CQC states the lack of appropriately skilled staff it has observed in services reflects a national shortage of nurses in these areas of practice.
- In adult social care, CQC states issues around workforce and funding continue to contribute to the fragility of the sector. 2018/19 saw providers continuing to exit the market and CQC has highlighted the sustainability of the domiciliary care market is a particular concern.
- The report calls for actions in the following areas: more and better services in the community; innovation in technology, workforce and models of care; system-wide action on workforce planning; and long-term sustainable funding for adult social care.

# The state of care in England 2018/19

## Quality of care and access

- CQC has found that the overall quality of care that people receive in England has improved very slightly from last year. When people are receiving care, it is mostly of good quality. However, even where care services are of good quality, CQC has found many people can struggle to get access to the care they need and want and this impacts on their experience of care.
- The report highlights the challenges people face range from inconveniences in getting appointments, chasing referrals and following up on previous visits, to people may be unable to get any help or service at all.
- CQC highlights the following as particular issues:
  - a lack of access and variation in adult social care provision;
  - the complexity of commissioning and funding arrangements;
  - waiting times for treatment in hospitals;
  - rising emergency attendances and admissions;
  - rising bed occupancy rates;
  - difficulty in accessing mental health services and rising demand for mental health care;
  - barriers to getting diagnoses and assessments, particularly for dementia, autism, mental health conditions and social care; and
  - services across all sectors dealing with people's needs in isolation.
- CQC was able to detect some narrowing of regional variations in quality of care, although it has found that there are still considerable differences in the quality of care people in some places have access to.
- CQC state more and better community services are needed to stop people and their families and carers having to 'chase' services and coordinate care and treatment, and people finding they have to go elsewhere for care or reach a level of crisis that needs immediate and costly intervention.

## Funding and commissioning challenges

- CQC states that providers, commissioners and others continue to operate in a challenging environment and strong funding and commissioning arrangements are important in creating the conditions for high-quality, person-centred care.
- The report highlights that there are a number of shared commissioning budgets between health and social care and joint commissioning approaches being taken in some areas. However, such integrated approaches to commissioning are not yet widespread.
- In engaging with emerging integrated care systems, CQC have observed that there is less focus on social care than might be expected to deliver good system outcomes.

## Better integrated care

- CQC have begun to see evidence of more integration and/or joint working emerging around the country, although this is progressing unevenly across the country.
- Some local areas that CQC have revisited, following on from in-depth [local system reviews](#) CQC undertook in 2018, have shown improvements. For example, CQC found culture in Stoke-on-Trent had shifted and leaders in the health and care community, including elected members, shared the same vision and were supportive of each other.
- The report states some providers are being innovative in the way they approach people's care needs, for example, deploying their workforce in a different way, and the services that do this can provide local solutions and better routes to high-quality care for localities.
- CQC states that, at the moment, innovation it is still more likely to be the result of individual leadership or dedicated local effort, and is only slowly beginning to be embedded at a strategic planning level.

## Workforce innovation

- CQC highlights workforce issues facing providers include concerns relating to staff turnover, difficulty in getting the right skills mix, and competition for staff when recruiting, both across the health and care community and with other industries.
- CQC states that health and social care services have seen demand rising combined with greater complexity of people's needs.
- The report states that workforce issues are also linked to funding constraints, and the withdrawal of nursing bursaries has led to a reduction of people able to train. Staffing shortages can further increase the strain on the workforce.
- CQC staff have described seeing regional variation in the ability of services to recruit and retain staff, with geography and local area factors playing a role in shaping workforce challenges. The report states that, working within national policy, the challenges will need local solutions from local communities.
- CQC staff have reported providers and system partners adopting new approaches to tackle workforce issues over the last year – for example, by having more emphasis on retaining staff. The report states that responses to increased demand have also included developing new roles and an emphasis on upskilling existing staff.

## Technical innovation

- CQC have encountered a range of technologies being used to deliver care in more effective ways and to help people get a better experience of care.
- However, CQC highlights the following as barriers to adopting new technology:
  - cost;
  - the knowledge and attitudes of staff towards technology;
  - the perceived complexity of adopting new technologies;
  - the ability of existing IT infrastructures to support new technologies; and

- issues around data protection and ethics.
- CQC have seen some positive examples of technology being used to improve the experience of people with protected characteristics but these have not been commonplace. CQC states that wider communities also need to be better supported with tech-enabled care options.
- However, CQC has not yet found enough examples of joined-up thinking between commissioners and providers that has new technology central to improving the quality of care for people.
- The report states the way CQC regulates has to evolve alongside technological progress.

## The sectors CQC regulates

### Acute, community and ambulance services

- The report describes the 'relentless' year-on-year rise in attendances at emergency departments and acute hospital admissions as a trend that has continued 'unabated' over the last year, with urgent and emergency services 'bearing the brunt' of this demand and struggling to provide high-quality care. Despite this, CQC reports overall the majority of NHS hospitals have continued to provide good care during 2018/19, with 65% of core services rated as good and 7% rated as outstanding.
- However, safety remains the area of most concern for CQC, as 36% of services are rated as requires improvement and 3% as inadequate.
- CQC has seen some improvement in the quality of care in NHS ambulance trusts over the last year, with seven out of 10 trusts rated as good, and none rated as inadequate.
- In the community, the majority of services are providing a good quality of care, with 74% of community health core services rated as good and 8% rated as outstanding. However, CQC states improvement is needed in community sexual health services, urgent care services and inpatient services, with around 30% of all these services rated as requires improvement.
- The report highlights workforce challenges, particularly around recruitment and retention, rising demand and access to services as among the key issues for hospital and community health services.

### Mental health care

- The report states that accessing mental health services has remained a significant problem for many patients and for those patients who did access services in 2018/19 there is a mixed picture of quality.
- The majority of NHS mental health services were providing good care, with 71% of NHS core services rated as good and 10% as outstanding at 31 July 2019, compared with 70% and 8% last year.
- CQC continues to have concerns about the safety of services, with more than a third of NHS and independent services rated as requires improvement or inadequate for the key question 'are services safe?', with 30% of NHS core services were rated as requires improvement and 4% as inadequate.
- CQC has seen a general improvement in the quality of community mental health services. However, it states the quality of inpatient services has largely worsened since last year – in particular in acute wards for adults of working age and in wards for people with a learning disability or autism.

- CQC is particularly concerned about access to inpatient care. CQC is concerned that community mental health provision is not compensating for the reduction in inpatient beds, and continued investment in community services is needed to help people avoid the need for inpatient care.
- CQC has seen a slight decline in the total numbers of mental health nursing staff and a sharper decline in inpatient mental health nurses. While the numbers of community mental health nurses have increased over the same period, CQC states that feedback suggests community services are still encountering staff shortages.
- The report highlights access to services, particularly for children and young people and people with autism and/or a learning disability, safety, and the impact of current workforce challenges as key issues for mental health care.

## Adult social care

- Four out of five adult social care services are rated as good, which is very similar to 2018. Compared with last year, a further 282 services are providing care for people that is rated as outstanding.
- The quality of care in community social care services is particularly high. However, 22% of nursing homes are rated as requires improvement.
- The percentage of services rated as good or outstanding has improved in every region since last year. There is less variation in quality, with CQC finding the difference between the region with the highest proportion of services rated as good or outstanding and the region with the lowest was 8.3%, and is now 6.6%.
- The number of residential and nursing home beds has been falling steadily in all regions over the last five years. Whilst the number of domiciliary care agencies has continued to increase, CQC has concerns about the sustainability of the domiciliary care market.
- The report highlights funding pressures, workforce challenges, access to services and continued uncertainty about long term funding amongst the key issues facing the sector.

## Primary medical services

- CQC has found overall quality of services in the primary care sector in 2018/19 is high, however getting access to services can be a challenge, and insufficient integration between different types of services can affect people's experience of primary care.
- Overall ratings for GP practices show that 90% are good and 5% are outstanding, similar to the previous year.
- In primary care dental services, the pattern of inspection outcomes is broadly similar to last year. For the vast majority of inspections (85%), CQC took no regulatory action. 13% of inspections resulted in a requirement notice and in 2% of cases, CQC took enforcement action.
- Access to care, workforce challenges, harnessing developments in technology and integration with other services are highlighted as key issues for primary medical services.



## Equality in health and social care

- In this chapter, CQC looks at how the quality of care varies between people in different 'equality groups', i.e. people who have different characteristics protected by the Equality Act 2010.
- The report states the following are key equality issues in health and social care:
  - people in equality groups can face greater barriers to accessing good health and social care services previous year. 4% of practices require improvement and 1% are rated as inadequate
  - geographical variation in the quality of care and overall pressure on services can have a greater impact on people in some equality groups, such as older people
  - CQC has observed through their inspections little overall change in equality of experience in services
  - technology-enabled care has the potential to both improve equality or increase inequality
  - while there is more attention on workforce inequality issues in health and social care, there has been little change yet in measures of equality for the workforce.

## The deprivation of liberty safeguards

- The report states local authorities continue to deal with high volumes of applications under the Deprivation of Liberty Safeguards (DoLS), often with limited resources. The gap between the number of applications received and those completed narrowed between 2014/15 and 2017/18.
- CQC states a lack of understanding and confusion around the DoLS legislation remains one of the primary reasons for poor practice among providers.
- The report states involving a relevant person's representative and consulting friends, families and carers in the DoLS process can be a confusing process and families can experience a lack of information. 2020.
- CQC states that clear and committed leadership and culture around DoLS and the Mental Capacity Act, alongside in-depth and practical training, can help staff to engage better with the legislation.

## NHS Providers view

CQC's latest State of Care report provides a helpful insight into the challenges facing providers, as well as the successes in maintaining and improving quality and progress in joined up working made over the last year. Rising demand and workforce shortages are placing unsustainable pressures on provider capacity and mean too many people are not able to access the care that they need in a timely way. The CQC has described this combination of factors as risking creating a 'perfect storm', and this is an important recognition of the gravity of the current situation.

We welcome the report's call for action on workforce, not only focused on increasing the number of staff working in health and social care services but also the need for appropriate skill mixes and adequate training and support for staff to be able to deliver appropriate and personalised care in every setting.

We also welcome CQC stressing the need for a sustainable funding solution for social care as well as more and better services in the community. There are welcome ambitions in the NHS long term plan around improving care and support in the community, but realising these depends on sustainable funding and staffing levels in order to be able to scale up new ways of working and ensure a sustained impact. Moreover, commissioners, trusts and other local partners within systems need to work together to design the right services and pathways, and ensure they have the flexibility, capacity and resource to deliver them.

We are however disappointed by a lack of focus in this year's report on the impact of under-investment in facilities, infrastructure and technology and the adverse effect on quality of care. Adequate capital funding for trusts is essential to improve facilities and ensure people have timely access to support and high quality care. While the government has made welcome announcements on waves of NHS infrastructure spending in recent months, there is urgent and widespread need for increased capital funding across the acute, mental health, community and ambulance sectors to both address backlog maintenance and transform services. The NHS needs a multiyear capital funding settlement and its capital budget brought into line with comparable economies. There also needs to be an efficient and effective mechanism for prioritising, accessing and spending NHS capital.

Trusts are working incredibly hard to deliver high quality care and keep patients and service users safe, but we remain concerned that pressures are likely to intensify across the health and care system this winter without more support, with the potential to impact quality as well as the experiences of patients and service users.

## NHS Providers media statement

Responding to the State of Care report published by the Care Quality Commission (CQC), the deputy chief executive of NHS Providers, Saffron Cordery, said:

*"We are seeing a relentless rise in demand for care in hospitals, mental health, community and ambulance services. This report provides yet more evidence of how trusts and their staff have managed – in many areas - to keep up and even improve the quality of care for patients, despite growing pressures.*

*But it also points to services where increasing demand, along with workforce shortages and inadequate facilities mean performance is slipping and care is falling short.*

*This is reflected in the difficulties we see in A & E where attendances have risen by 7% in the past year.*

*"But CQC is right to emphasise the challenges in mental health, where shortages of appropriately skilled staff are particularly severe.*

*It is telling that in a survey we published earlier this year nearly nine out of ten (88%) mental health trust leaders said pressures in the wider system had a knock on effect and increased demand for mental health*

*services. In the same survey, less than one in ten (9%) of trusts said they currently had the right staff in the right place.*

*"We urgently need investment to grow and develop our mental health workforce.*

*We know that mental health service users are being placed at increasing levels of risk from ageing and often unsafe buildings and more needs to be said on the need for capital funding to provide the most suitable environments for people in these settings.*

*"That is why, earlier this month, we described the failure to include any mental health services in the recent government announcement on capital funding as a damaging and regrettable oversight. What we need to see is a multiyear settlement on capital that brings spending into line with other comparable economies, together with a better way of ensuring the money gets to where it's needed most.*

*"We share CQC's concerns about the fragility of social care and the wider impact this has on the NHS, and the need for more prevention services and greater support for people at an earlier stage.*

*We are worried that as we approach winter the growing pressures on trusts and their staff will test resilience up to and possibly beyond breaking point, putting at even greater risk the care of patients and service users who deserve better."*

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