Care Quality Commission

Adult social care

Key findings

- The increase in the number of new requests for local authority adult social care support in 2022/23 was not matched by the number of requests granted with long-term care or short-term care to maximise people's independence. The number of new requests that did not result in a service being provided has increased by 27% since 2017/18.
- In April 2024, waits for care home beds and home-based care accounted for 45% of delays in discharging people who had been in an acute hospital for 14 days or more, with nearly 4,000 people delayed on an average day. Although some of these delays will have involved waits for health rather than social care services, social care is likely to have been a significant factor in these delays.
- For much of 2023/24, the North East and Yorkshire region had the highest proportion of delayed acute hospital discharges due to waiting for home-based care, and the North East region had the fewest homecare services per 100,000 population of older people.
- Meanwhile, London had proportionally the most delayed discharges from acute hospital due to waiting for a bed in a care home, and the fewest residential care home beds per 100,000 population of older people.

- At 5.4%, staff vacancies in care homes at the end of 2023/24 were at their lowest rate for the last 3 years.
- Increases in international recruitment showed signs of levelling off over 2023/24, and there has been a steep fall in the number of overseas workers applying for health and care worker visas – representing an 81% decrease in the period April to July 2024 compared with the same period in 2023.
- In 2023/24, we made 106 referrals to partner agencies regarding concerns about modern slavery and labour exploitation – nearly 3 times as many as last year.

Waiting for adult social care

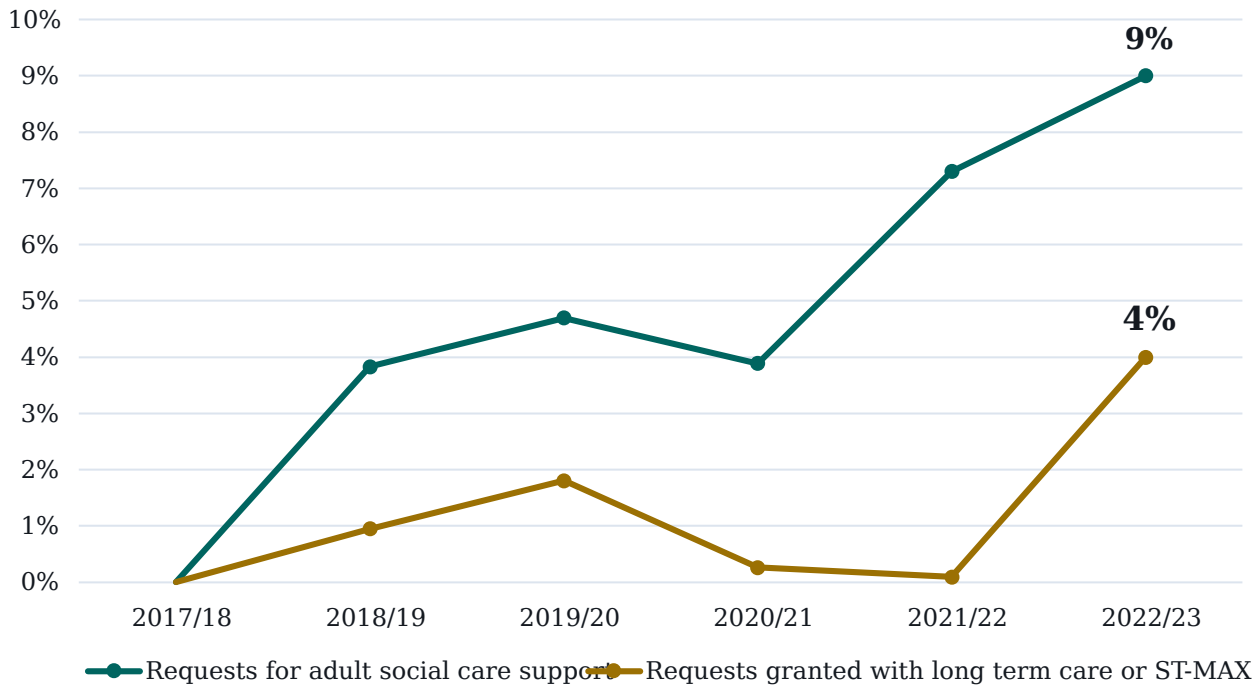
In this section, we see how the need for social care continues to increase, including needs when people are discharged from hospital. However, supply has not always kept pace, meaning more people are not getting the support they need.

The Autumn Survey Report 2023 from the Association of Directors of Adult Social Services (ADASS) highlighted that the number of people waiting for an assessment of their needs, including needs relating to care, support, carers, occupational therapy or Deprivation of Liberty Safeguards, was just under a quarter of a million as at 31 August 2023.

Encouragingly, in its subsequent 2024 Spring Survey report, ADASS noted that the number of people waiting for an assessment of their needs had reduced to just over 227,000, a reduction of 8.9%. This reflected a general improvement in all waiting times in 2023/24, with a total reduction of 11% in the number of people waiting for assessment, care or direct payments to begin or a review of their care between the end of August 2023 and the end of March 2024 (from over 470,500 to just over 418,000).

However, where people's care is funded by local authorities, the availability of services is increasingly struggling to keep up with the overall level of demand. The latest available data from NHS England shows that in 2022/23, for the first time, local authorities received over 2 million requests for adult social care support from new clients (people who are not currently receiving long-term support). Our analysis shows that since 2017/18, the number of new requests for support has increased by 9%. However, the number of these requests granted with long-term care or short-term care to maximise independence has not kept up, as it increased by only 4% (figure 3). Meanwhile, the number of new requests that received no service increased by 27%.

Figure 3: Requests for local authority support and number of requests granted with long-term care or short-term care to maximise independence, relative to 2017/18



Source: NHS England Adult Social Care Activity and Finance Report

Last year's Review of Adult Social Care Complaints by the Local Government and Social Care Ombudsman gives case summaries that illustrate the real-life experiences of people who use services. Failures to provide timely and effective assessment and care planning featured in 4 of the public interest reports it issued during the year.

Example of a failure to carry out a timely care assessment

The investigation into a complaint about a county council found that a woman whose sight was impaired was left without social care support for 21 months, despite having eligible care needs. The council failed to comply with timescales for conducting a care assessment and preparing a care and support plan. The investigation found fault with the financial assessment and delays in arranging personal budget payments.

As a result, the woman was left at risk of falling and burning herself when cooking. She also suffered from increased isolation as she was not provided with support to access the community.

As a result of the investigation, the council:

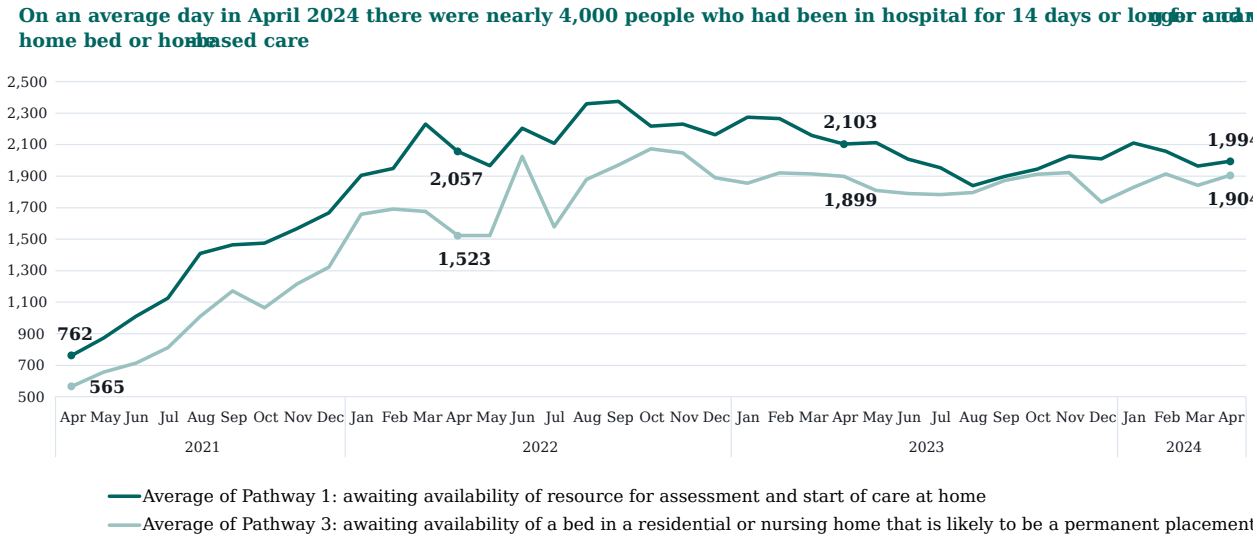
- agreed to review its processes for preparing care and support plans for residents with eligible care needs, and reminded frontline staff of the required timescales for these
- provided training for staff on financial assessments
- carried out an audit to identify residents who might have missed out on support following their care assessments because of delays in preparing care plans.

In April 2024, data published by NHS England shows that the combined waits for care home beds and home-based care accounted for an average of 45% of delayed discharges from acute hospital of people who had been in hospital for 14 days or longer. This was equivalent to nearly 4,000 people on an average day (figure 4). Of these people:

- nearly a quarter (23%) were waiting for an assessment to start a care package in their own home (daily average of just under 2,000 people) – an increase from 18% in April 2021
- 22% were waiting for a long-term care home bed to become available (daily average of just over 1,900 people) – an increase from 14% in April 2021.

It should be noted that waits for care home beds are predominately in adult social care but can include some NHS-funded nursing beds or continuing healthcare. Waits for home-based care can involve NHS and housing services as well as adult social care services.

Figure 4: Average daily number of patients with a length of stay of 14+ days whose discharge was delayed due to awaiting ASC, April 2021 – April 2024



Source: NHS England Discharge Delay data

There is regional variation in the proportion of delayed discharges from hospital due to waits for care home beds or home-based care.

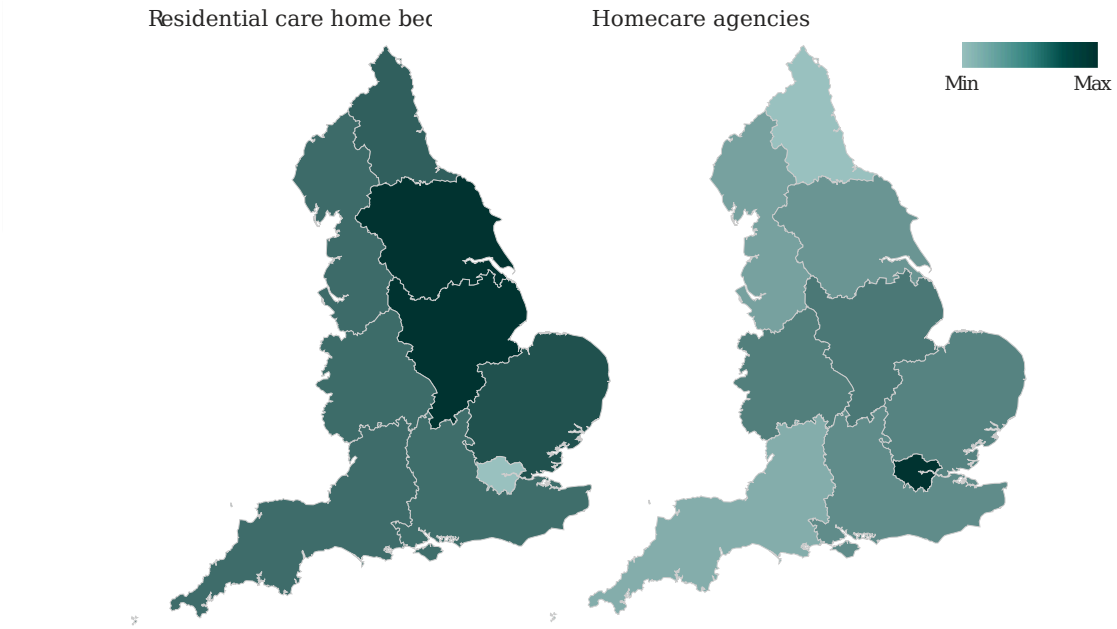
For example, the London region generally had the lowest proportion of delayed discharges that were due to waits for **home-based care**; these accounted for an average of just under 17% of delayed discharges in April 2024 (a daily average of just over 250 people). Meanwhile, for most of 2023/24, the same region had the highest proportion of delayed discharges that were due to waits for **care home** provision (residential and nursing care); in November 2023, delayed discharges that were due to this reached over a third (36%) of the region's total delayed discharges from acute hospital (a daily average of nearly 500 people).

In comparison, for most of 2023/24, the North East and Yorkshire region had proportionally more delayed discharges because of waiting for an assessment to start home-based care than any other region in England. The daily average in April 2024 shows that, in this region, this was the cause of a third (34%) of delayed discharges of people who had stayed in hospital for 14 days or longer (daily average of over 400 people).

Although other factors may be involved, these differences could in part be explained by regional variation in the provision of social care. For every 100,000 people aged 65 and over, the London region has by far the most homecare services and the fewest residential care home beds. This may also partly explain why data from our provider information return shows that London also consistently has higher rates of care home bed occupancy than the rest of the country, as there are relatively fewer beds available. As at April 2024, there were less than half the number of registered residential care home beds for every 100,000 people aged 65 and over (nearly 1,300) in London, than there were in Yorkshire and Humber and East Midlands (both nearly 2,700).

In the same way, there is potentially a link between the North East and Yorkshire region having the most delayed discharges from waiting for home-based care services to start and the North East having the fewest homecare services per 100,000 population aged 65 and over. As at April 2024, the North East had just over a third of the number of registered homecare agencies for every 100,000 people aged 65 and over (just over 70) as London (just over 200) (figure 5).

Figure 5: Maps showing registered residential care home beds and homecare agencies per 100,000 people over 65, April 2024



Source: CQC registration data

Although nationally the numbers of care homes, as well as beds, has fallen slightly over the last few years, the number of registered homecare services increased by a third (34%) between April 2020 and April 2024 to nearly 13,250 registered services. While the growth in adult social care services to provide people with care in their own homes is positive, it is important that there is sufficient capacity in care homes for people who need that kind of support and that regionally there is equal access to the right care to suit people's needs.

Spotlight on intermediate care

The Intermediate care framework defines intermediate care as involving community-based assessments and interventions provided to people in their own home, or in short-term community-bedded settings. Home-based intermediate care is the default pathway, as with the 'home first' approach.

Intermediate care services can be entirely health care, entirely social care, or ideally have elements of both delivered by multidisciplinary teams working in integrated ways. They may be commissioned by the NHS or by local authorities, and delivered by a range of providers across the health, social care, housing, independent and voluntary sectors.

Intermediate care is expected to result in improved outcomes, experiences and independence for people, as well as reducing avoidable re-admissions to hospital and avoidable or premature long-term care provision. Further expected benefits include improved flow and discharge from acute and community hospitals, and freeing up NHS hospital capacity for those who need it most.

The most recent available data for 2022/23 shows that the number of new local authority requests for adult social care support that were met with short-term adult social care to maximise independence (support intended to reduce or prevent longer term reliance on social care) was the highest it's been in recent years, at nearly a quarter of a million (245,000). However, there is a lack of growth in the rate of provision – for every 100,000 adults in 2022/23, 5 fewer requests for support were met with local authority-funded short-term care to maximise independence than in 2018/19 or 2019/20.

We wanted to hear from people who use services and organisations that represent them to find out:

- what good intermediate care looks like in the adult social care sector
- the barriers to achieving this
- what impact this can have on people who use services and on providers.

To do this, we carried out a survey of 720 people to understand their experiences of intermediate care services. Of the 245 respondents who said they or a loved one had received intermediate care, the majority (59%) were positive about their experience, with 38% saying it was 'good' and 21% saying it was 'very good'. However, a quarter (25%) of respondents described the care as 'average' and just over 1 in 10 (10%) said it was 'poor' or 'very poor'.

Nearly two-thirds (64%) of respondents felt their care had a positive impact on recovery or return to normality for them or their loved one.

We also spoke with people who had first-hand experience of using services and family carers through interviews and workshops.

Most of the people we spoke with were grateful for the care they received, with some saying, "I couldn't fault it", "The carers were excellent", "the physio was really encouraging".

However, we also heard that for some people, the discharge from hospital was "rushed", and that "Hospitals are desperate to discharge at any costs".

We also heard that "discharge had to be delayed due to a lack of reablement facilities" and, in some cases, there was a lack of local provision. This is supported by data from NHS England, which shows that in April 2024, 20% of people who had been in hospital for 14 days or longer and whose discharge was delayed were waiting for a rehabilitation bed in a bedded setting, such as a care home or community hospital.

On a number of occasions, family carers told us that the hospital had spoken about discharge and what happens next with the patient, but did not include family carers in these conversations, which made it difficult for them to help and support their family member.

We also consistently heard that people were not aware of a care plan or did not have the opportunity to feed into their family member's care plan, so were unclear what was happening.

People expressed the importance of having joined-up services, with the need for clear communication with people using services and their carers, as well as between different services.

People also emphasised the importance of staff having an understanding of the communities they will be visiting, to enable them to deliver person-centred care, as the following experience describes:

> "Being from a minority, often marginalised protected group – it was refreshing for the health professionals to not only ask about my life experiences and treat me as an expert about my own body and problems, but to also listen, respond and adapt care that felt holistic in nature by looking at the bigger intersectional picture – not simply a diagnosis and a singular health issue to work around."

Positive experience of intermediate care after an operation

Marianne, aged 81, was scheduled for a hip operation before Christmas last year. Before the operation, a package of support was arranged for her.

The occupational health team sent Marianne a form to complete, which asked questions on details such as the height of her bed and the distance from her bedroom to her bathroom, so they could work out what equipment she would need in her home after the operation. She was then visited before the operation to make sure she had all she needed, and that the equipment was set up correctly.

After a discussion with Marianne on the type of support she would need, the hospital arranged personal care support for her, such as help with showering and dressing. The package included 2 visits a day for the first week, and a morning visit in the second week. Her package of care also included a physiotherapist who would visit 3 times in the fortnight, and a district nurse to change her dressings.

On the whole, Marianne was impressed with how seamless her intermediate care was and how the system worked together. She is recovering well from her hip operation and pleased with the compassion that her carers showed to her.

(Interview with a member of the public)

Adult social care workforce

Vacancy and turnover rates

Data that care homes have submitted to us through our provider information return shows that estimated staff vacancy rates in care homes continued to fall throughout 2023/24, reducing to 5.4% by the end of the year. This is the lowest rate of staff vacancies in care homes in the last 3 years.

Regionally in England, staff vacancy rates in 2023/24 did not vary significantly. They were lowest in the Midlands, averaging at 5.6%, and highest in the South East at 7%. However, the South East had also seen the biggest reduction in staff vacancy rates since the previous year, when its vacancy rate of 11.6% was noticeably higher than most other regions.

Skills for Care estimates for 2023/24 show a similar picture to our provider information return, with the rate of vacancies in care homes at 5%. However, the overall vacancy rate across all adult social care stands at 8.3%, with the vacancy rate for homecare over double that for care homes – at 12%. Skills for Care makes the point that, despite recent reductions driven mainly by international recruitment (see below), the sector still has a vacancy rate around 3 times higher than the wider economy.

Our provider information returns show that staff turnover rates in care homes also fell during 2023/24, and between January to March 2024 were nearly 10 percentage points lower than their peak between January to March 2022. However, with turnover at 27%, this means that at the end of 2023/24 over a quarter of staff in care homes had left their roles within a year.

Staff turnover rates in London across the last 2 years have been significantly lower than in other regions, and between January and March 2024 were just below 20%.

Skills for Care reports particular difficulties in retaining younger staff across the sector. Its estimates for 2022/23 show that London had the highest average age of direct care workers (45.5 years compared with a national average of 43.4 years) and that London also had the lowest proportion of direct care workers aged under 25 (6% compared with a national average of 9%). As London has fewer younger staff, this might then explain why the region has a significantly lower turnover rate than the rest of the country.

The age of the workforce is a concern across all regions: nationally, 27% of workers who provide direct care are aged over 55, and therefore likely to leave the workforce relatively soon.

It is worth noting that London is also an outlier regarding the rate of zero-hours contracts, where the employer is not obliged to provide any minimum working hours. Skills for Care estimates show that the highest rate is in London, with 6 times the proportion of direct care workers on zero-hours contracts, compared with the North East, which has the lowest rate (62% versus 10% in 2022/23). Nationally, more than 1 in 4 direct care workers (28%) was on a zero-hours contract in 2022/23. This compares with a rate of just 3.5% in the wider English economy, according to the Labour Force Survey from January to March 2023.

Impact of recruitment issues

Our provider information return for adult social care asked providers to describe the challenges they face in providing good quality care. They told us about difficulties in recruiting new staff, with one saying:

> "The high demand for care services coupled with the perception that caregiving roles are low-paying and physically demanding can deter potential candidates."

Through focus groups with our inspectors, we heard that high staff turnover can lead to poor practice as there are not enough established staff to mentor new staff.

Vacancy rates and high staff turnover can place a great deal of pressure on existing adult social care staff. A GMB Union survey shows that 70% of social care workers say understaffing is negatively affecting their mental health.

We saw these pressures illustrated during an inspection of a care home this year, which was rated as requires improvement for the well-led key question.

Managerial and staffing pressures at a care home

At the time of our inspection, there was no registered manager in post. The interim manager who was covering was clearly committed to providing high standards of care, but acknowledged they did not have time to complete some aspects of their managerial role.

Records showed that on the week of our inspection visit, the interim manager had worked for 7 days, including 2 days supporting people to help cover shortfalls in the staff rota. Although working support shifts enabled the interim manager to have a good understanding of the challenges for staff, it did not support their wellbeing.

Records also showed that other members of staff were working very long hours without the government-recommended breaks between shifts. This was a particular concern because of the potential risks when providing the complex support people needed.

The provider had appointed a new manager and assured us that the rota would be monitored better to ensure staff had the recommended breaks when they volunteered to pick up additional hours at work.

As well as pressures on providers and existing staff, high turnover can also have an impact on people who are using services. One homecare provider told us, through our provider information return, how “staff have left and clients who had built good relationships with them have understandably not welcomed the change. We have had to carefully phase staff in and out, especially for clients with a learning disability.”

International recruitment

Large numbers of staff have been recruited into adult social care since care home and homecare workers were added to the government's Shortage Occupation List and the Health and Care worker visa route from February 2022.

Estimates from Skills for Care suggest that in 2023/24, 105,000 people had been recruited from overseas into direct care roles, compared with 80,000 in 2022/23. However, increases have showed signs of levelling off: in 2022/23 there were 4 times as many people recruited from overseas compared with 2021/22, but in 2023/24 international recruitment increased by just under a third (31%).

Many of these workers came to work in London and the South East, with roughly 18,500 people recruited internationally for direct care roles in London and 18,000 in the South East in 2023/24.

Recent provisional Home Office figures indicate a steep fall in the numbers of overseas workers applying for health and care worker visas. There were 10,800 applications between April and July 2024 – an 81% decrease compared with the same 4 months in 2023, following the policy changes affecting social care workers and their family members.

Although international recruitment has been the main driver behind the overall increase in filled posts and reduction in vacancies in adult social care, focus groups with our inspectors for this report have highlighted challenges faced by some staff, for example:

- some overseas workers have had to work very long hours to gain the minimum wage required by the sponsorship contract, leading to stress and mental health issues
- when groups of international staff start work at the same time, this puts pressure on existing staff to induct them
- staff have experienced racist abuse.

Unethical recruitment and exploitation in health and social care

We have been building our understanding and regulatory response to the emerging issue of modern slavery and exploitation of workers within the health and social care sector.

Aligned with our commitment to regulating to protect people's human rights, we fully support the government's objective to eradicate modern slavery and human trafficking. Modern slavery and unethical international recruitment practices can be present in any health and social care setting.

Late in 2023, we set out our regulatory policy position on modern slavery and unethical international recruitment and reviewed our modern slavery and human trafficking statement.

We recognise that workers recruited from overseas are a hugely valuable and important part of the UK's health and social care workforce. International recruitment itself is not a risk that leads to modern slavery. Regrettably, unethical international recruitment practices are now evident, particularly the exploitation of workers using the immigration system and being sponsored to obtain a skilled care worker visa to work in the social care sector.

Although we do not have the authority to investigate concerns relating to modern slavery and unethical international recruitment directly, we do share relevant concerns from our work to help partners ensure compliance with the Human Rights Act 1998. These include the right for people to be free from slavery and forced labour under Article 4 of the European Convention on Human Rights, as incorporated into the Human Rights Act 1998.

In 2023/24, we made 106 referrals to partners agencies who have the duty to investigate concerns regarding modern slavery and labour exploitation. This is nearly 3 times as many as the previous year – we made 37 referrals in 2022/23 and 8 referrals in 2021/22.

The referrals we made related to:

- modern slavery
- labour exploitation
- debt bondage
- controlling, coercive behaviours
- visa exploitation
- sexual exploitation.

Future of the adult social care workforce

We support and value the huge contribution of the adult social care workforce to care services and people's lives every day.

Over successive years, we have called for a national workforce strategy that:

- recognises the importance of effective and consistent leadership
- raises the status of the adult social care workforce
- ensures that career progression, pay and rewards attract and retain the right professional staff in the right numbers.

Skills for Care has overseen work on developing the Workforce Strategy for Adult Social Care in England, which we welcome and have contributed to. We support the need for a national workforce strategy for social care, alongside the NHS workforce strategy, to give parity of approach.

To achieve this, we will work closely with Skills for Care and other key partners to ensure that we have a healthy, skilled and enabled workforce – now and in the future – to continue delivering high-quality and compassionate care.

Complaints about adult social care

We can see the impact on people when they use poor adult social care services in the complaints investigated by the Local Government and Social Care Ombudsman, as the following examples highlight.

Examples of complaints investigated by the Local Government and Social Care Ombudsman

One investigation referenced in the Ombudsman's annual report for 2022/23 was of a homecare agency commissioned by a local authority in the North West. It found that staff were not staying long enough to deliver sufficient care to an older woman who had dementia. Care workers were sometimes staying for only 3 minutes, despite the family paying for the full 15-minute visit – which is in itself little time to complete the care tasks many people need.

As a result of the investigation, the local authority apologised to the family, made a payment for the distress caused and reviewed other cases with 15-minute care calls. The review found that over 300 people in the area were also receiving short calls, so the local authority agreed to review a sample of these cases to work out the wider extent of any shortfall in care being provided.

In another investigation, the Ombudsman found that a local authority took too long to arrange an assessment of the needs of an autistic man, and then failed to provide the support he needed for a further 16 months.

The man was not offered an advocate and, because the social worker did not have a good understanding of autism, his assessment was ineffective. This meant the services provided were not sufficient and his partner had to provide additional support. The local authority did not properly assess his partner's needs as a carer or provide her with support, and also failed to deal properly with the complaint.

One of the Ombudsman's recommendations related to ongoing autism awareness training for staff.

The pressure on carers highlighted in the second investigation is also reflected in a survey of over 40,000 unpaid carers who are known to their local authority in England. When asked how much time they have to look after themselves – in terms of eating or getting enough sleep – the proportion of carers who said that they feel they look after themselves has reduced from 52% in 2018/19 to 47% in 2023/24, and the number who felt they were neglecting themselves increased by 2 percentage points during this period.

Capacity and stability in adult social care

In previous State of Care reports, we have reported on financial concerns for providers because of relatively low levels of care home beds occupied during the pandemic, but that this has since been recovering. Estimates from our provider information returns indicate that the recovery in bed occupancy continued through 2023/24, nearly reaching 84% by the end of 2023/24.

Bed occupancy in care homes was consistently higher in London than in other regions, averaging nearly 86% across 2023/24. The Midlands had the lowest bed occupancy rates over 2023/24, with an average of just over 82%. It also had one of the lowest recoveries in bed occupancy since 2021/22, increasing by just under 4.5 percentage points.

Increased bed occupancy has helped to improve the profitability in adult social care providers in our Market Oversight scheme. The scheme monitors the financial sustainability of adult social care providers that have a large national, local or regional presence which, if they were to fail, could disrupt continuity of care in a local authority area.

A key measure of profitability we monitor is 'EBITDARM', which is a high-level measure of profit that excludes key expenses such as rent, depreciation and interest charges. This shows that profitability in care homes for older people was 26.9% in March 2024, representing a recovery from 22.5% in March 2022.

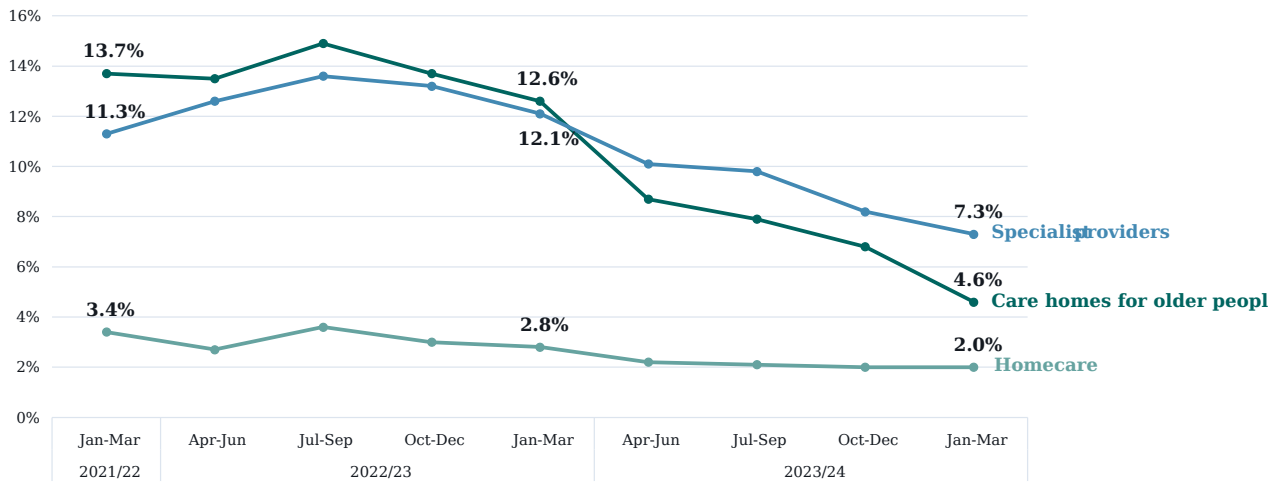
As well as increased occupancy, various factors have contributed to this recovery, such as fee increases and stabilised costs. But we have particularly noted the impact of reducing costs for agency staff on overall staffing costs.

Figure 6 shows that care homes for older people saw the greatest reductions in agency staffing costs as a percentage of total staffing costs, falling from nearly 14% at the end of March 2022 to under 5% by March 2024.

Over the same period, agency staff costs for specialist care home and homecare providers fell from just over 11% of total staffing costs to just over 7%. These providers deliver services to people with complex needs, including autistic people and people with a learning disability, and people with mental ill-health and physical disabilities.

There is a more stable picture for homecare services, as agency staff costs fell from 3.4% of total staffing costs to 2% between the start of 2022 and the start of 2024. Profitability in this sector was at 17% in March 2024, an improvement of over 4 percentage points in the last 12 months.

Figure 6: Agency costs as a percentage of total staff costs in providers in CQC's Market Oversight scheme



Source: CQC Market Oversight data

The move to reduce the proportion of agency staff used is also reflected in responses to our provider information return. As well as the cost benefits described above, providers tell us how depending less on agency staff maintains consistency of care and establishes relationships, which benefits the people using their services and improves communication within the team. One care home provider told us:

> "We are actively working to reduce the use of agency staff within the service to ensure we can build our team, which will in turn be more effective for the service with better teamwork and communication."

International recruitment was noted as an initial driver in reducing use of agency staff, but this is showing signs of levelling off in 2023/24. Subsequently, providers of care homes for older people within the Market Oversight scheme have reported improvements in recruitment and retention of people within the UK, which has contributed to lower spending on agency staff. However, specialist providers continue to refer to workforce as a key challenge, and are experiencing lower increases in profitability compared with the other types of providers in the Market Oversight scheme.

Increased fees paid by local authorities in 2023/24 also contributed to improved profit margins in older people's care homes and in homecare providers. But providers in the scheme are telling us that the increases for 2024/25 do not fully meet increased costs, for example increases in the National Living Wage. This is supported by the 2024 Spring Survey from the Association of Directors of Adult Social Services, which states that, "The one-year funding settlements from Government that have been the norm for several years have failed to create the conditions for adult social care to thrive."

Providers are telling us that the amount of homecare commissioned by local authorities is less than the available capacity. Where comparisons can be made, data from providers in the Market Oversight scheme over the last 2 years suggests there is a reduction in the number of homecare hours that have been provided.

This echoes findings from a survey we carried out last year, which found the most common reason from care providers for unused capacity was a lack of commissioning opportunities.

While there are promising signs in terms of increased occupancy and profitability, there are still some concerns around the sustainability of the adult social care market. Providers have faced higher costs in recent years due to inflation and workforce challenges and this has affected their financial position, for example leading to a reduction in reserves. This means some providers may have lower resilience to deal with any future financial and operational challenges.

We spoke with ARC England, a membership organisation for providers of services for people with a learning disability and autistic people about the financial pressures its members are operating under.

We heard how many local authorities are not paying an hourly fee rate that allows providers of services for people with a learning disability and autistic people to pay their staff the National Living Wage, which is shown in ARC's analysis.

ARC told us that increases in fee rates over the last 6 years have been lower than the actual inflation rate when salary costs are taken into account. This is illustrated by the example of supported living services, which we highlighted in our State of Care report last year, where more than 85% of providers' costs can be staff wages. This means that when national wage rates are increased without an accompanying increase in local authority fee rates, services quickly become financially unsustainable.

According to ARC, one impact of this long-term underfunding of its members is a loss of services, driven by providers handing back contracts and declining to offer a service that they would otherwise be well-placed to deliver. ARC told us about an example where one of its members used their fee-rate maps to make the decision not to expand into their neighbouring counties because the fee rates being offered by the relevant local authorities were too low to allow them to offer a good enough service.

ARC also commented that unsustainable fee rates create the longer-term effect of "opportunity loss" because providers are not being paid to develop existing services or to design new models of care. One of the consequences of this, that ARC and its members are especially concerned about, is that the progress made in recent years to support people in ways that increase choice and control in their lives, and which promote their independence, is placed at risk.

Medicines support in adult social care

Elsewhere in this report, we highlight how closures of community pharmacies have had a disproportionate impact on people in the most deprived neighbourhoods.

Access to medicines is also an issue for services. For example, we have seen through our conversations with providers how care homes and homecare services are struggling to get certain medicines that have been prescribed, which means they then spend more time going back to the GP to ask for an alternative.

To help us understand this issue, we commissioned Ipsos to carry out research with adult social care providers to look at how medicines were being managed in adult social care settings and the support they received from other health and care providers in their area.

As part of the research, a survey with 2,331 respondents in February and March 2024 showed that 34% of adult social care providers said the support they receive from their usual supplying community pharmacy has got better, and just over 1 in 10 (13%) said the support they receive has declined over the last 12 months.

Care homes with nursing, which are potentially more likely to require pharmacy support, were more likely to say the support they receive has declined over the past 12 months (18% compared with 13% overall). Also, adult social care providers in the South West of England, a region we have highlighted in this report as having issues with access to primary and community care, were also more likely to say their support has declined (24% compared with 13% overall).

The survey also highlighted some opportunities for improvement:

- Less than a third (30%) of adult social care providers said they received support from community pharmacy or other healthcare professionals to help them encourage people they care for to self-administer their medicines, and 25% said it was not applicable to their service at all. NICE guidance states that social care providers should assume that people can take and look after their own medicines unless a risk assessment indicates otherwise.
- Only 1 in 5 (20%) reported that medicines tasks were delegated to care workers in their service. Nurses can delegate more complex medicines tasks to care workers, provided that certain requirements are met. This can free nursing time and ensure people get their medicines in a timely way.
- Only a third (36%) said they used NHS Mail. Most (85%) of those who used it said it was useful. NHS mail provides a safe and secure method of exchanging sensitive information and is available to all homecare, residential or nursing care providers.

Outstanding adult social care providers

Personalised care

Despite the challenges described in this report, outstanding adult social care providers are putting people at the heart of all decision making. Analysis of a small sample of inspection reports published in 2023/24 of services rated as outstanding highlights that person-centred care, delivered with compassion and integrity, still makes a big difference to people's lives.

One prominent theme from our analysis was that these outstanding services placed a focus on understanding people on an individual level to provide care and support that best meets their needs.

Several inspection reports outlined examples of this person-centred ethos. It often involved services encouraging people to be involved in decisions about their care, so that they could make meaningful tailored adjustments to the support they provide. This was highlighted in a service for people with a learning disability, autistic people, and people with mental health support needs:

> "One person had previously lived in secure hospital settings for years and had become institutionalised. However, since moving into [the care home], we saw how staff had responded to this person's needs and worked collaboratively with them to implement a comprehensive support plan which, over time, increased their independence. This culminated in this person enjoying their first holiday in over 10 years!"

We saw that a compassionate and empathetic approach to care was nurtured through training. A member of staff at another service described to our inspectors how dementia training had:

> "...changed the way I supported people. It exposed my mind to how we see people and

> I'm putting myself in their shoes so I can feel what they feel. This made a big impact on how I support people."

One homecare service rated as outstanding told us how it had rolled out a 'Care Ambassador programme', giving specialist staff oversight in areas such as dementia and care at the end of life, to enable them to help with recruitment and training of new staff. These Ambassadors also play a key role in filling out 'All About Me' pages, which highlight important details such as people's life history, preferences, likes and dislikes.

Adapting the environment

Inspections also highlighted the important role of the physical environment in enabling services to meet people's personal choices and needs well.

One care home had taken steps "to recreate the layout" of the ordinary homes people lived in before moving into the service:

> "There were meetings to ensure people and their relatives agreed what furniture could be moved, including matching paint and other items such as artwork and curtains to further create a familiar environment. People and their relatives praised how they were involved and how the smooth transition reduced any fears or anxiety of moving home."

This commitment to creating a welcoming and tailored environment extended to the door to each person's room, which displayed a bespoke piece of art that meant something unique to that person, designed by the in-house artist. For example, one person had a piece of art inspired from an old Valentines card that had significant sentimental value to them.

Activities, goals and interests

Outstanding services also acknowledge the importance of holistic approaches to support and care, for example including people's goals and personal interests, and involving them in communities. To support these aspects of people's lives effectively, staff often need to build a personal understanding of the people they support.

One inspection report commended a service for having "gone the extra mile to find out what people had done in the past and accommodate activities around this". One such activity was a trip to an airfield for a former Spitfire pilot who wanted to see his favourite aircraft again for a special birthday with his relatives. This helped him to fulfil "a long-term ambition".

An outstanding homecare service supporting autistic people and people with a learning disability told us through its provider information return how it supported a person to regain their cooking ability. This person had a fear of cooking, but staff supported them to build their confidence to the extent that they often chose to cook for the whole house.

Innovations and technology

Some inspection reports captured innovative approaches to providing personalised support, which was sometimes helped by using new technology. For example, a service promoted independence and privacy by using a lighting system and acoustic monitoring technology to help people have a restful night without the need for staff to disturb them, while ensuring people's privacy and dignity was upheld. One relative told us the equipment helped to reduce any falls as it enabled their family member to be more independent.

We support the Department of Health and Social Care's Digitising Social Care programme, which has been providing additional funding to care services to support them to move towards digital record keeping. CQC collects data on uptake of digital social care records as part of our provider information returns. Analysis of this data, published by the Department, shows a huge increase in the estimated percentage of providers with digital social care records, which has increased from 41% of care services in December 2021 to 70% in the latest publication in May 2024.

It is encouraging to see other areas of research and innovation in social care that have the potential to bring real improvements to people using services.

Examples of joint working on innovative care for older people

Monitoring infections in care homes

The UK Health Security Agency has announced funding for a pilot scheme to monitor infections in care homes in England. The pilot builds on the Vivaldi study, which began during the pandemic to monitor COVID-19 infections. The Vivaldi social care project is a collaboration between University College London, The Outstanding Society, Care England, and NHS England. It will work with over 500 care homes in England to monitor infections such as COVID-19, flu, norovirus and urinary tract infections. The results will be analysed to help reduce infections in care homes for older adults.

Reducing risk of falls while improving care

Another example from collaborative work started when University Hospitals of Leicester NHS Trust (UHL) noticed an increase in toileting-related inpatient falls. It asked the question whether reducing caffeine intake can reduce the number of falls, as it has a mild diuretic effect and can increase urinary frequency and urgency. It offered decaffeinated drinks to patients, and early results showed a 30% reduction in the number of falls.

Recognising that falls are the most common cause of injury-related deaths in people over 75, Care England worked with UHL to find adult social care providers willing to take part in a care home trial. Over a 6-month trial of introducing decaffeinated hot drinks as the default in its homes, one care home provider (Stow Healthcare) observed a 35% reduction in toileting-related falls. It has continued to offer decaffeinated drinks as default, with the option of caffeinated beverages available.

This was a small study, but the researchers have suggested that extending it across the sector could save £85 million a year in prevented falls and hospital admissions – and, of course, reduce the number of people whose lives are affected by falls.

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