

Adult Social Care (ASC) Trade Association meeting

**Wednesday 30 October 2024
10am – 12 noon**

Welcome, introductions and housekeeping

Rob Assall, Network Director, London and East

Brief updates

- Kate Terroni to leave CQC
- [State of Care 2023/24](#)
- CQC provider handbook progress
- New research - [Thriving in care homes](#)
- [UKHSA cold weather alerts](#)

Assessments update

- Since the launch of the Single Assessment Framework, **1142** ASC assessments have been completed and a further **22** are due to be published imminently.
- A further **707** assessments are in progress.
- The most common quality statements reviewed are '**safe and effective staffing**', '**involving people to manage risks**', and '**safeguarding**'.
- An average of **14.2** quality statements are reviewed per assessment.

Figures as at **28/10/2024** - dates between **01/11/2023 – 28/10/2024**

Medicines research

Simon Hill

Regional Medicines Manager



[Provider survey: Medicines support in adult social care - Care Quality Commission \(cqc.org.uk\)](#)

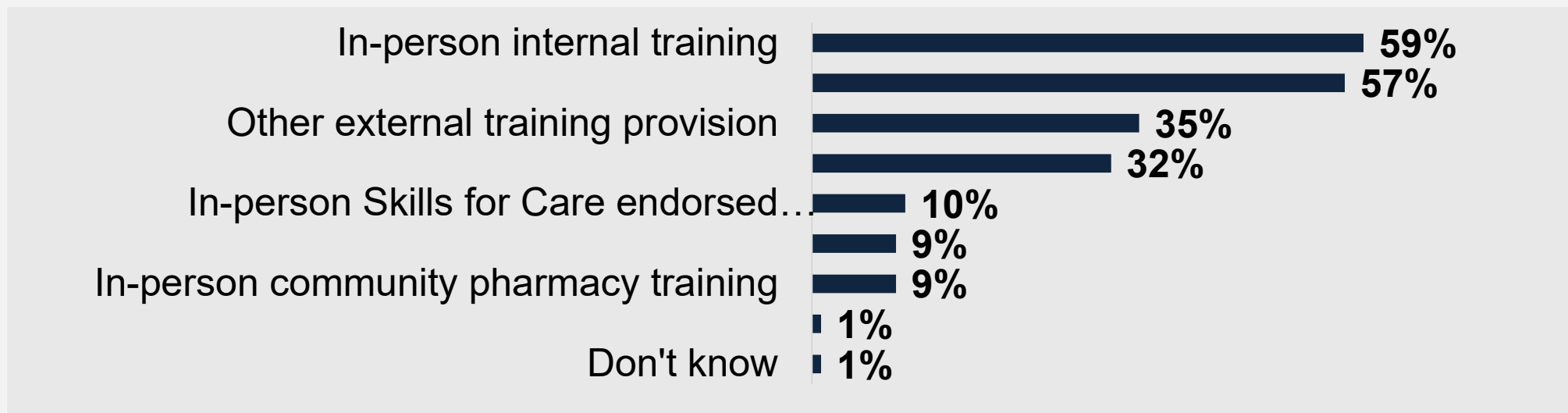
ASC provider survey 2024

- The CQC commissioned Ipsos to **undertake research with adult social care providers** to understand what support providers are receiving to ensure medicines are managed safely, how the support impacts the quality of care provided, and future support needs.
- The key aims were to understand:
 - The **support adult social care providers are receiving to ensure medicines are managed safely**, from primary, secondary care and other relevant organisations (such as integrated care boards (ICB) and local authorities).
 - Where the **gaps in medicines support** exist.
 - Providers' views on the **impact of these gaps on the quality of care delivered and people's outcomes**.

- Ipsos and CQC worked collaboratively to develop **an online survey for adult social care providers**. This included 25 closed questions and 7 open ended questions.
- The initial email invitation was sent to **registered managers** at each location. In total, **26,644 providers were included in the sample**.
- Fieldwork started on 13th February 2024. Two further reminder emails were sent, with fieldwork closing on 6th March.
- 2,331 participants completed the questionnaire. There were an additional 153 providers partially completing the survey, making a **response rate of 9.3% and a total sample of 2,484**.
- **Weights have been applied to the final data** to ensure the results are representative of eligible providers (care homes, domiciliary care providers, extra care housing, community-based services) by type, size, CQC rating and region.

Which, if any, medicines training provision do you use?

Type of medicines training provision



Services with a CQC rating of outstanding or good were more likely to undertake internal training, delivered in-person (65% and 62% respectively compared to 53% of those rated as requires improvement and 52% of those rated as poor inadequate).

We noted that uptake of skills for care endorsed provider was low.

Skills for care and NHSE are developing a training checklist for providers

Are any healthcare medicines tasks are delegated to care workers within the service ?

Question

Healthcare professionals, such as a registered nurse (RN) can [delegate](#) more complex medicine administration tasks, such as injections and medicines that are given through feeding tubes, to a care worker. Are any healthcare medicines tasks, such as administering insulin, [delegated](#) to care workers within your service?

1. Yes
2. No – due to workload capacity of care workers in our service
3. No – our service cannot access a healthcare professional that will delegate tasks
4. Don't know

Are any healthcare medicines tasks are delegated to care workers within the service

Question

Who employs the healthcare professional who delegate(s) medicines administration tasks?

Please select all that apply

1. Employed by your service
2. District nursing teams
3. Hospital nursing teams
4. Clinical home care companies
5. Other healthcare professionals (specify)

Are any healthcare medicines tasks are delegated to care workers within the service

20% of all ASC providers said they supported people with delegated tasks

29% of outstanding services

22% of good services

18% of RI/inadequate

11% of not rated

Are any healthcare medicines tasks are delegated to care workers within the service

28% of Nursing Homes said they supported people with delegated medicines tasks.

20% residential care homes

17% care at home

No variation with age or medical condition or regionally

% of services that could not access healthcare professionals to delegate complex medicines tasks

40% Nationally

50% Yorkshire and Humber coast

46% North West

44% North East

43% East Midlands

41% South East

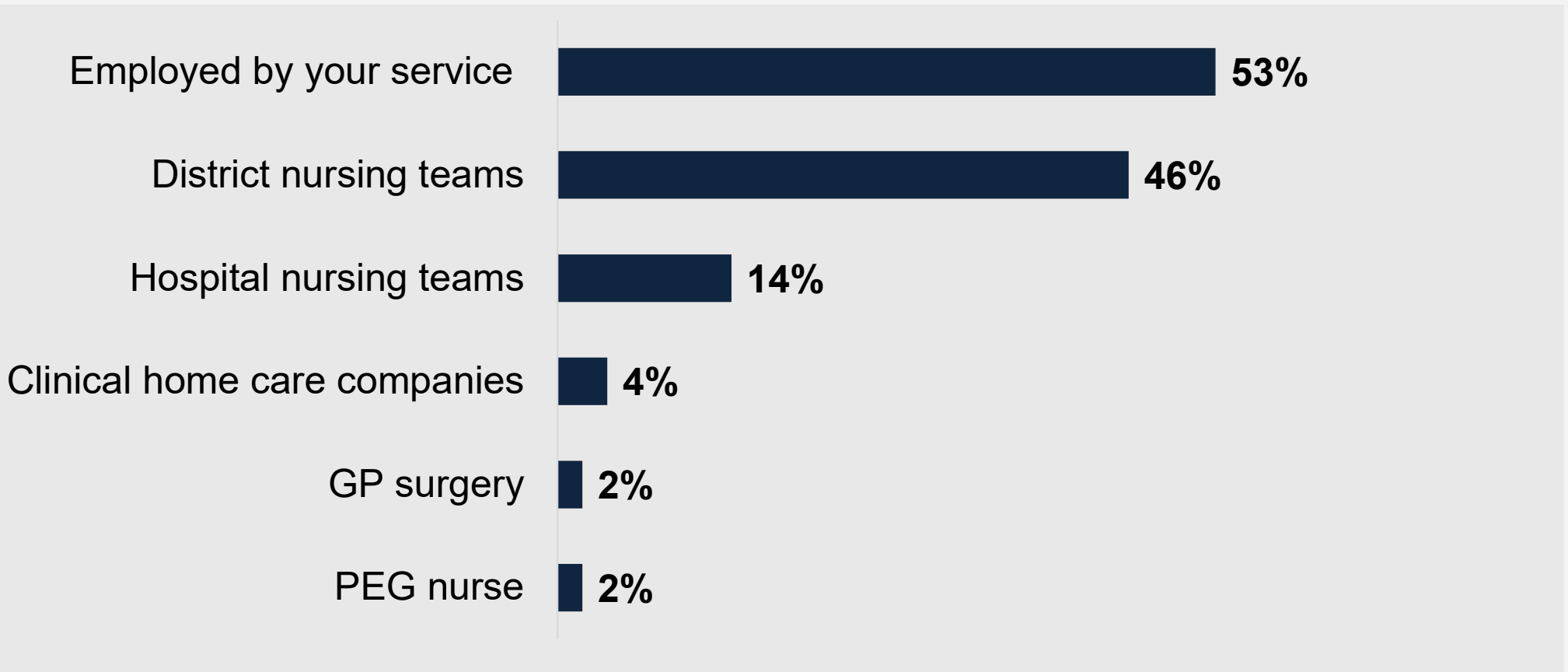
37% London and West Midlands

35% South West

33% East of England

The organisation who employs the healthcare professional delegating medicines tasks varies

The organisation who employs the healthcare professional delegating medicines tasks varies



The organisation who employs the healthcare professional delegating medicines tasks varies

The organisation who employs the healthcare professional delegating the medicines task

Employed by the service

53% Nationally

74% West Midlands

57% North West

53% Yorkshire and Humber coast

51% South East

52% South West

51% East of England

50% London

46% East Midlands

34% North East

District Nursing teams

46% Nationally

68% North East

59% South West

59% East of England

54% Yorkshire and Humber coast

50% East Midlands

47% London

42% North West

38% South East

22% West Midlands

% of services could not carry out delegated medicines tasks due to workload capacity

- 25% said they could not support delegation of medicines tasks due to workload capacity. Care homes and care at home had no variation
- 45% of nursing homes and 17% residential homes
- East of England 30% North East 14%
- Service user bands - Dementia 27%, People with a learning disability and autistic people 19%

The organisation who employs the healthcare professional delegating medicines tasks varies

Comments from providers about delegating medicines tasks

"Nurses sign off on delegated competencies"

"Our senior care workers are being trained"

"We would be interested in delegating complex tasks"

"Our senior care workers are trained - to administer PEG feeding"

"Our senior care workers are trained - to administer insulin"

"We can get trained if the need arises"

The organisation who employs the healthcare professional delegating medicines tasks varies

Comments from providers about delegating medicines tasks

"Care workers shouldn't administer complex tasks"

"Our policies / insurance do not allow nursing tasks"

"Funding needs to be available to increase trained care workers' wages"

"Nurses are unwilling / unable to provide training / sign off delegated competencies"

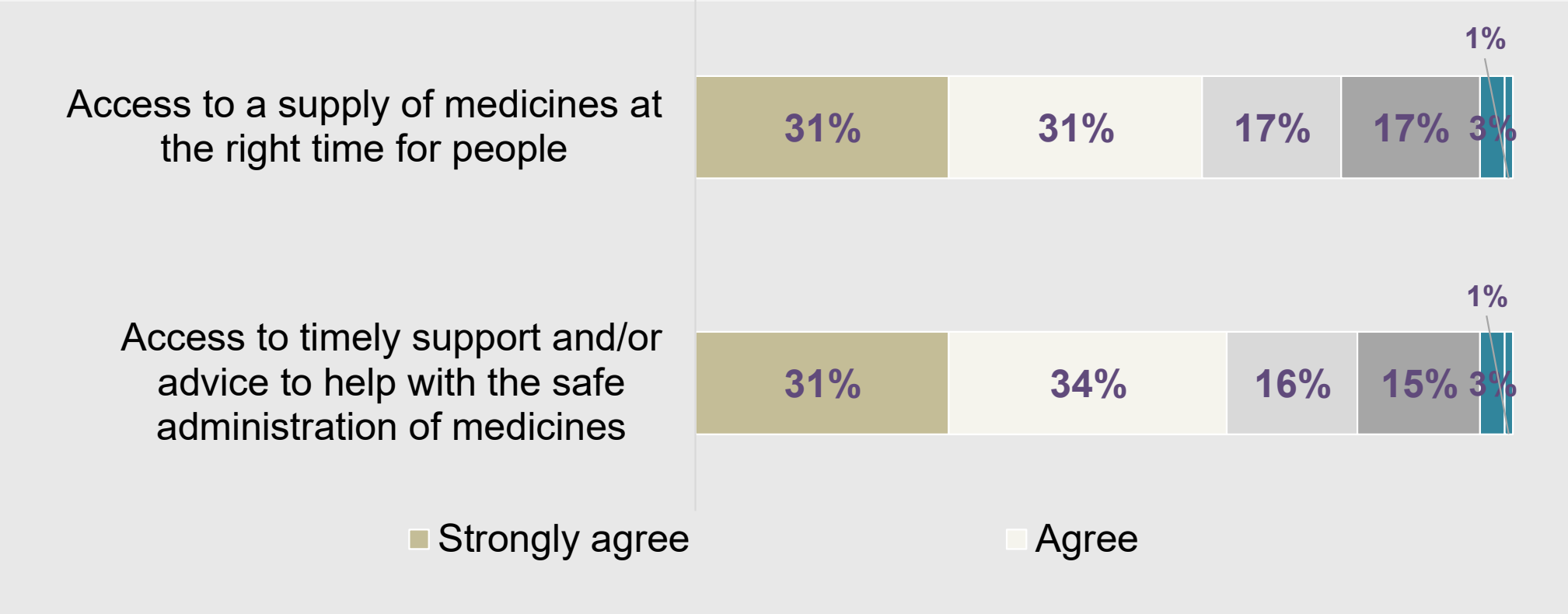
"Training / support is not available to take on these delegated tasks"

"We don't delegate these tasks to care workers / staff / district nurses take care of them"

"Our senior care workers are not trained for complex tasks"

"Complex tasks are done at the GP / registered nurses / healthcare professional"

Access to support and advice to help with safe administration of medicines at the end of life



4% (approx 100 either disagree or strongly disagree)

Accessed information and guidance to help manage medicines safely

91% of ASC said they accessed CQC guidance, 97% of these found it useful (55% v useful and 42% useful)

90% of services said they accessed NICE guidance (99% said v useful or useful)

Care homes were more likely than other adult social care providers to use NICE guidelines (95% and 84% respectively).

Larger care homes (68%), care homes with nursing (71%) and participants with a CQC rating of outstanding (74%) were most likely to use local guidance (compared to 61% overall).

Use of NHSmail and eMAR

[DHSC A plan for digital health and social care](#) aimed for 80% of providers to have digital social care records by March 2024.

36% said they used NHSmail.

81% of services said they found this useful or very useful.

42% said they used eMAR

97% said they found eMAR useful or very useful.

Care at home (57%) and care homes with nursing (41%) reported higher use than residential care homes.

Support for self medication

Less than a third reported their service receive support for self-medication.

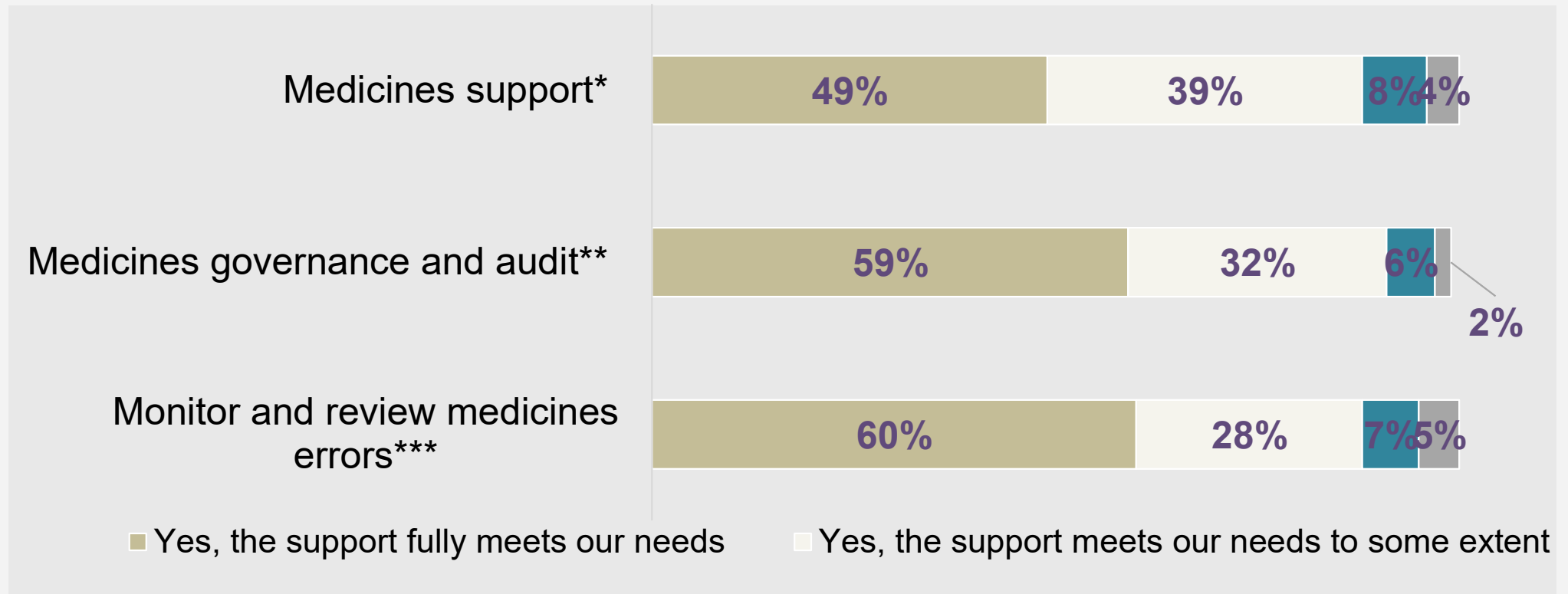
25% said not applicable.

Care homes were more likely to say it was not applicable to them than care at home

Medicines support received from community pharmacies

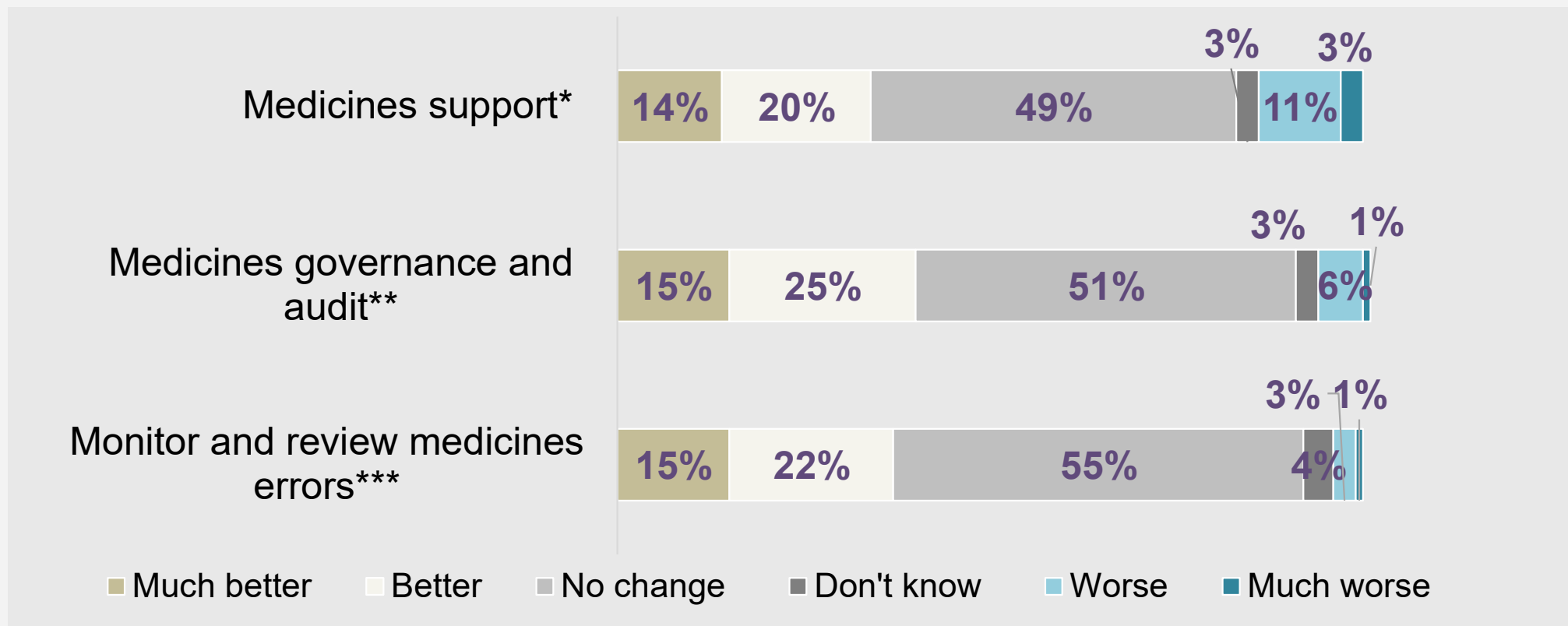


Meeting needs for medicines support received from community pharmacies



Half or more of participants say the support they receive fully meets their needs but over a third do not have all the support they need

Changes in medicines support received from community pharmacies

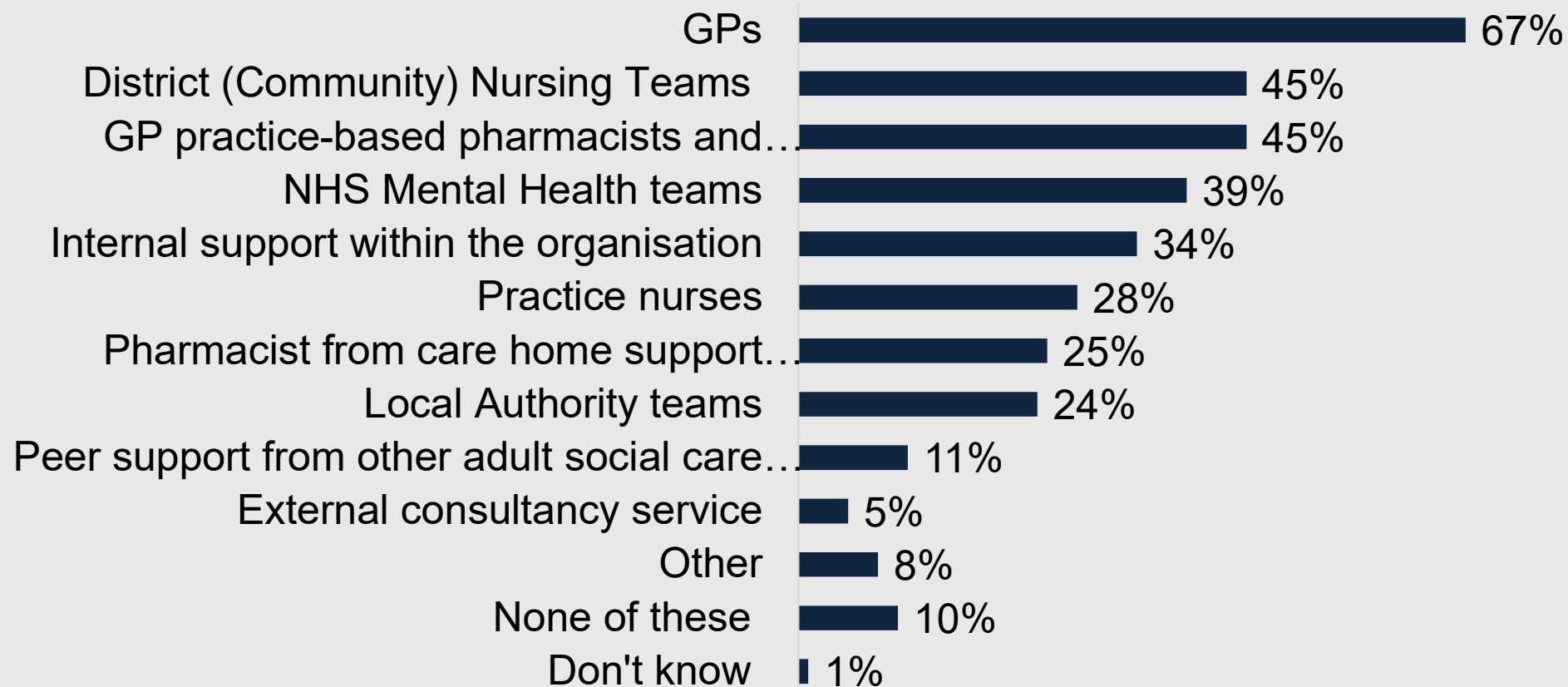


Around two in five say the support they receive has improved in the last 12 months

Medicines support received from community pharmacies

- Participants who said **support did not fully meet their needs** were asked to tell us how their needs were not currently being met.
- Around a third (34%) mentioned **issues with medication**. This included **delays with medication deliveries** and **shortage of medicines** and medical supplies.
- Around a quarter (24%) highlighted **issues with communication and engagement** such as a lack of clear communication, not answering their phone, staff turnover, and pharmacy staff being overworked.
- A similar proportion (23%) mentioned issues around **administration and training**. Participants said their usual supplying community pharmacy does not provide audits or there are issues with the audits provided, and they do not provide any or enough training.

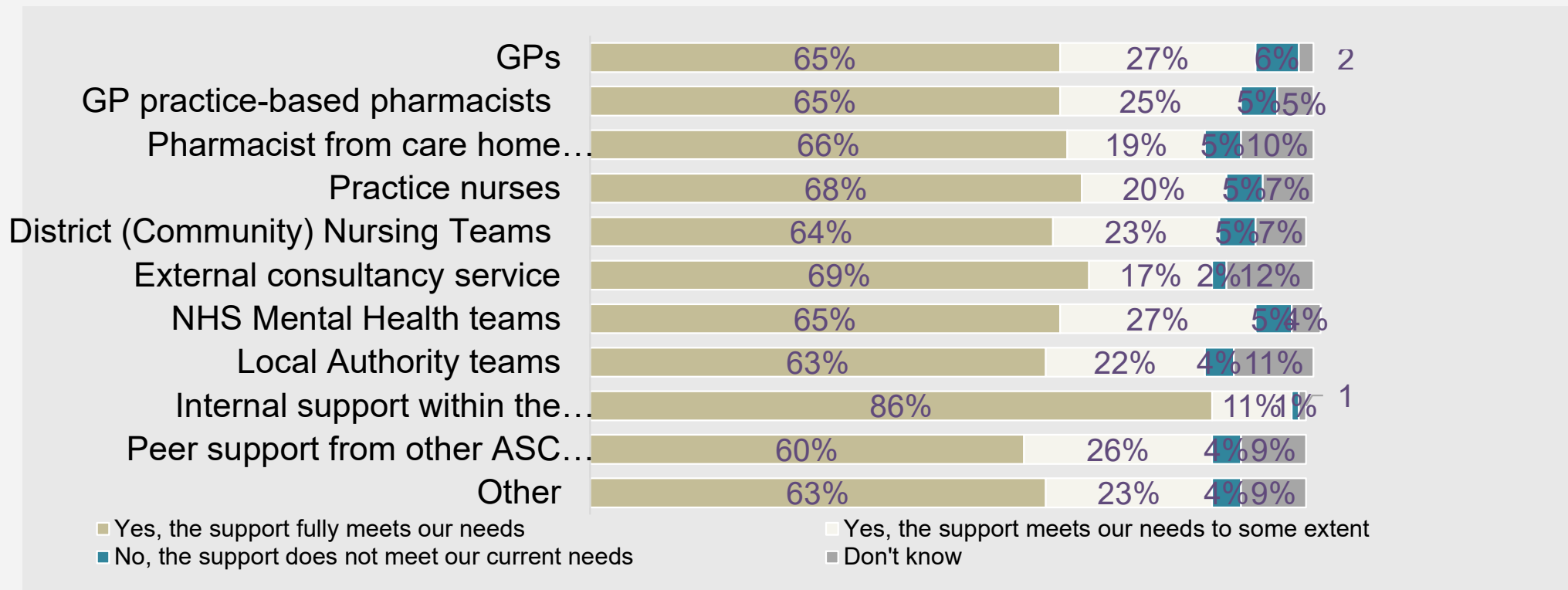
Medicines support received from other healthcare professionals



Medicines support received from other healthcare professionals

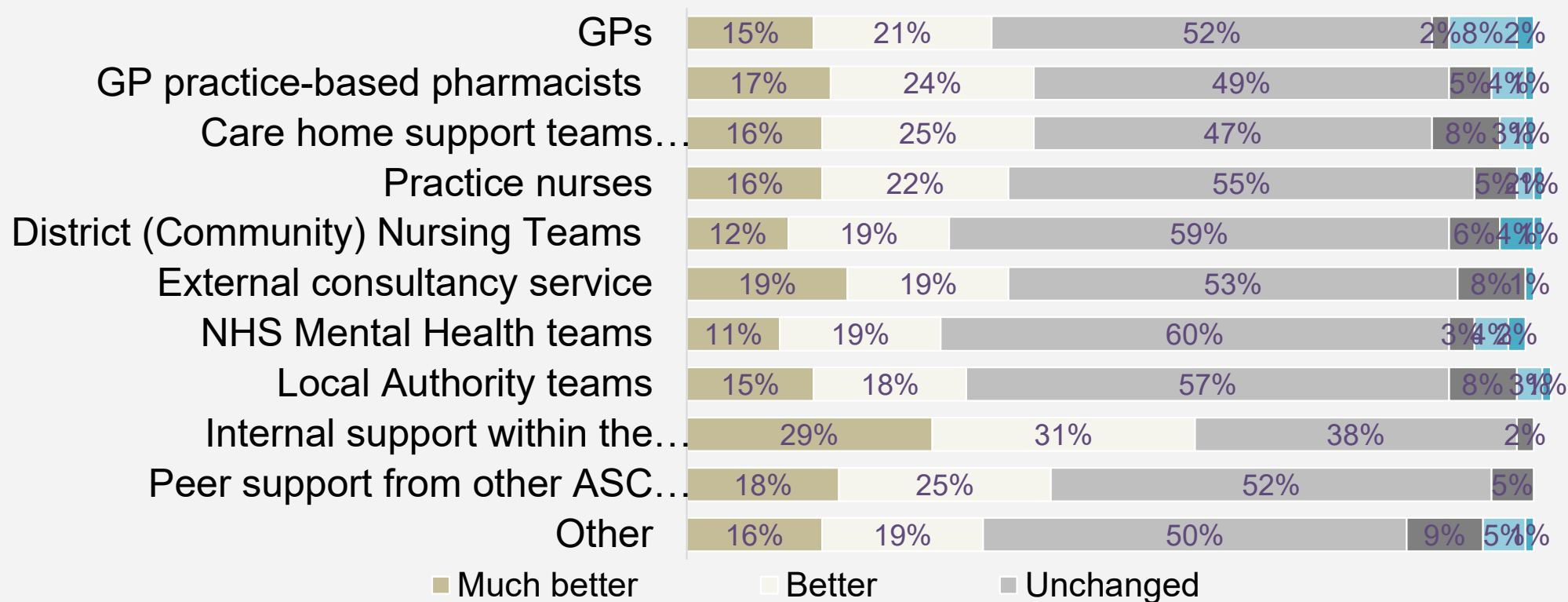
- Participants **mainly access clinical medicines support** from other healthcare professionals.
- Although not the main support received, **governance and audit support** and **support to review medicines errors** was more often provided by **local authority teams, internal support within the organisation** and **peer support** from other adult social care providers.
- **Care homes** are more likely than other services to **access clinical medicines support** from the healthcare professionals they received support from and more likely to receive multiple types of support.

Meeting needs for medicines support received from other healthcare professionals



The support provided by other healthcare professionals generally meets the needs of services, but further support is required (Approx one third)

Changes in medicines support received from other healthcare professionals



Most participants say support is unchanged or has got better over the last 12 months

Actions from survey

- Published survey on CQC website [here](#) and internal comms
- Share findings nationally through delegated healthcare tasks events. (25th September)
- CQC to update medicines information page on medicines delegated tasks. (in progress)
- To share internally in CQC to all relevant staff (upskilling staff Oct/Nov).
- CQC to include in state of care report (2024 and 2025)
- Share findings with CQC trade association meeting along with other findings from the survey. (30th Oct 24)
- CQC medicines team action plan on going (ASC and PCC)
- PIR medicines questions to be updated

Any questions?

medicines.enquiries@cqc.org.uk

Ratings characteristics

Rowenna Marshall
Emma Buglass

Our response to independent reports

- We've welcomed 2 important reviews that will help to set the future direction for CQC: the second report of Dr Penny Dash's review and the first report of the independent review by Professor Sir Mike Richards
- Following the findings of the reviews, we want to work with you to make improvements to how we regulate.
- Over the next few months, we'll be offering opportunities to work with us to co-design elements of our regulatory approach, through dedicated sessions, surveys and other routes.
- We've heard that you'd like more information on what we consider to be good and outstanding care.
- To support this, we're starting a period of engagement to help develop new ratings characteristics that will describe what we would expect to see at different ratings levels.

Describing levels of provider performance

Key question

- Published information on what good practice looks like
- *Ratings characteristics being developed to describe what poor and outstanding practice look like*

Topic

- Quality statements ('We') are expressions of what good looks like
- Website sets out 'what the quality statement means' for all quality statements
- 'I' statements describe what people expect
- *Scoring descriptors for quality statements being developed to set out what poor and outstanding practice looks like*

Sector/care models

- External guidance to set out what good practice looks like is still published on our website but *needs some updating to ensure relevance*

What we want you to do

Please attend the engagement sessions to share your views.

The [recording of last week's session](#) is available on our YouTube channel

Please [share our survey](#) and encourage your members to share their views

Short break – 10 minutes

AOB

Next meeting

Wednesday 27 November 2024
10 am to 12 noon via Teams