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CQC inspection reports for acute NHS Trusts: Are there relationships between the comments in inspection reports regarding people with learning disabilities and CQC hospital/trust ratings?

An analysis of 30 Trust inspections conducted in 2015

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Abstract

Purpose

People with learning disabilities are at risk of poor health and premature death. Due to these inequalities, NHS trusts are required to make reasonable adjustments to their care, such as longer appointment times, with the legal duty on them being 'anticipatory'.

Methodology

Secondary analysis of CQC acute hospital inspection reports asking the following research questions: Do CQC inspection reports mention people with learning disabilities? Where issues concerning people with learning disabilities are reported in CQC hospital inspection reports, what issues and reasonable adjustments are reported? Are there any relationships between comments made in the inspection reports and CQC ratings of the Trusts?

Findings

29 of the 30 Trust-wide inspection reports (97%) and 58 of the 61 specific site reports (95%) included at least one mention of people with learning disability/ies. Most comments about practices for people with learning disabilities were positive across all CQC inspection output types and across all CQC overall ratings, although the proportion of positive comments decreased and the proportion of negative comments increased as CQC ratings became less positive.

Implications

Overall we found that CQC inspection reports routinely contained some information regarding how well the hospitals were working for people with learning disabilities. The depth of information in reports varied across Trusts, with the potential for CQC reports to more consistently report information collected during inspections.

Originality

The report updates and extends a report published by the Public Health England Learning Disabilities Observatory in 2015.

Introduction

The health inequalities, risk of premature death, and barriers to good care that exist for people with learning disabilities have been well documented [1-4]. The inequalities evident in access to health care could place NHS Trusts in England in contravention of their legal responsibilities defined in the Equality Act 2010, the Mental Capacity Act 2005 and the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At a more general level, they are also likely to be in contravention of international obligations under the UN Convention on the Rights of Persons with Disabilities [5].

To prevent people with learning disabilities experiencing poorer healthcare than the general population, legislation in England requires that health trusts provide reasonable adjustments [6]. This is anticipatory and trusts should have systems in place prior to people experiencing difficulties. Examples of reasonable adjustments that people with learning disabilities may require include clear, simple and possibly repeated explanations of what is happening, and of treatments to be followed, help with appointments, and help with managing issues of consent in line with the Mental Capacity Act.

An IHaL study of reasonable adjustments in 2011 [7] confirmed the findings of the Michael Inquiry [8] that found despite the legal framework, equal treatment for people with disabilities was still not being provided to an adequate standard. Furthermore, Tuffrey-Wijne et al [9] noted that barriers included a lack of effective systems for identifying and flagging people with learning disabilities, a lack of staff understanding, a lack of responsibility and accountability for implementing reasonable adjustments, and a lack of funding. ALNs were found to be key enablers of good care, echoed by MacArthur et al [10], due to their familiarity with the hospital and with the individual needs of people with learning disabilities.

As inspectors of health and social care providers, the CQC monitor, regulate and inspect NHS trusts looking at safety and quality of care. They are therefore in a unique position to examine how Trusts meet the needs of people with learning disabilities in hospital.

A previous analysis of CQC inspection reports in 2015 [11] found that just over half (54%) of trusts included any mention of people with learning disabilities. The purpose of this research was to review CQC reports of NHS trusts that had been inspected under a new regime to see if this had changed, focusing in more depth on acute NHS Trusts.

Methods

The core questions CQC inspectors ask of all regulated services are:

- Are they safe?
- Are they effective?
- Are they caring?
- Are they well led?

- Are they responsive to people's needs?

In addition, with regards to people with learning disabilities, since 2015 under a new inspection regime, the main questions the CQC ask their inspectors to cover on inspections are:

- Whether the hospital knows who the people in the hospital with learning disabilities are
- What reasonable adjustments they can and do make for people with learning disabilities
- Whether they have a specialist nurse for learning disabilities
- Whether they audit the care given to patients with learning disabilities

The following areas and questions are suggested for specific exploration:

- Is a flagging system used in the hospital for people with learning disabilities?
- Do staff have access to the flagging system and information about the people with learning disabilities in the hospital?
- Is there support for families and carers to be in hospital?
- Is there regular training for all staff, including learning disability awareness and risk?
- Is there a board level representative with responsibility for learning disabilities?
- Is the care and treatment of people with learning disabilities audited?

A list of 31 acute NHS Trusts that had undergone inspection under the new regime was provided by the CQC. We examined both the NHS trust main report and reports for specific hospitals/services within the trust. 30 NHS trust main reports were located along with a further 61 specific acute hospital site reports. Specific trust site reports were excluded from the analysis if they did not hold an acute function, as these have differing inspection regimes and report formats.

All reports were searched for the term 'learning disab', this enabled references to learning disabilities or learning disability to be picked up. Reports were also searched for 'learning diff' to pick up mentions of learning difficulties or learning difficulty and searched for 'autis' for autism. However, there were very few mentions of either sets of terms so these could not be analysed further. A similar search and analysis was conducted for the term 'mental capacity' for any group of patients; this is beyond the scope of this paper but will be included in a forthcoming Public Health England report (REF).. Mentions of people with learning disabilities were cut and pasted into an Excel database where they were then read for common themes, and compared across Trust CQC rating and type of trust.

The number of overall mentions was recorded in a spreadsheet including the number of mentions in the Chief Inspector's letter and the summary. In the cut and paste Excel document repeated information (e.g. exact wording in both the chapter summary and main body of the chapter) and

titles were not included in the Excel database, therefore the overall number of mentions in the cut and paste spreadsheets are lower than the total mentions.

We also classified these mentions in the cut and paste spreadsheet into 'positive' (where the comment was clearly reporting on perceived good practice), 'negative' (where the comment was clearly reporting on practice perceived as requiring improvement), and 'mixed/neutral' (where the comment contained elements of both good and less good practice, or was describing a practice without a clear evaluation attached).

Findings

All the following quotations are taken from CQC reports published between July 2015 and May 2016. The Trust or hospital have been kept anonymous in this paper as in the time elapsed since the publication of the CQC inspection reports, the Trust many have remedied any problems mentioned in the CQC report. The issues raised here were also applicable to several Trusts or hospitals and therefore it is unnecessary to single out individual Trusts. Designators have been used to give context to the quotes.

CQC outputs from Trust inspections include a Chief Inspector's letter, a summary of the report, and the report itself. These are available for both the main Trust report and for site-specific reports. Across all main Trust reports (n=30) and site-specific reports (n=61), we found 506 separate mentions of the term 'learning disability/ies'.

Figure 1 shows the percentage of outputs for main Trust reports (out of 30 reports) and the percentage of outputs for site-specific reports (out of 61 reports) mentioning learning disability/ies.

For main Trust reports, almost a third of Chief Inspector's letters (30%) mentioned learning disability/ies, and almost all main Trust summaries (97%) and main reports (97%) mentioned learning disability/ies. For site-specific reports, fewer Chief Inspector's letters (18%) and summaries (30%) mentioned learning disability/ies, although almost all site-specific reports (95%) did.

[Figure 1 here]

The median number of mentions of learning disability/ies was 1-5 in main Trust reports and 11-15 in site-specific reports.

Figure 2 shows the number of positive, mixed/neutral and negative mentions of practices concerning people with learning disabilities in all CQC inspection outputs. Although the number of mentions varied across types of CQC inspection output, in all types of output most mentions were positive (52%-87%), with a minority of negative mentions (11%-38%).

[Figure 2 here]

There were many examples of practice relating to people with learning disabilities in the CQC inspection reports, however locating examples of reasonable adjustments was not straightforward. Practices that constituted reasonable adjustments were seldom reported as 'reasonable adjustments' in the text, with only 20 occurrences of the term 'reasonable adjustments' in the

positive comments. Clearly reporting practices such as longer appointment times and hospital passports in inspection reports as examples of reasonable adjustments would highlight Trusts' legal obligations under the Equality Act 2010.

Acute liaison nurses were mentioned positively as a reasonable adjustment by 14 trusts/hospitals. It was not always clear in the report exactly how many hours Acute Liaison Nurses were available to support people with learning disabilities in hospital and whether these resources were adequate for the Trust operation.

Major city hospital report:

"The trust employed one learning disability nurse at the [named] site. Clinical staff sent an alert whenever an adult with a learning disability was admitted or attended the ED. Referrals were sent either as a safeguarding concern with the safeguarding adults team or as a routine notification of a learning disability admission."

Another common example of a reasonable adjustment was hospital passports, with 41 positive mentions.

North West Hospital: Medical care: "The trust used a health passport document for patients with learning disabilities. Patient passports provide information about the person's preferences, medical history, routines, communication and support needs. They were designed to help staff understand the person's needs."

Other examples included having a flag/alert system, longer appointments, being seen at the start of the clinic list, quiet rooms, staff training, and easy read materials. Auditing and staff training with regard to people with learning disabilities were also mentioned.

There were also some negative examples in the inspection reports. These included a lack of staff training with regard to treating people with learning disabilities, a lack of flagging or alert system to inform staff that a patient had learning disabilities and examples of people being left in pain.

Midlands NHS Trust: Summary: "During a visit to the ED we saw two patients' pain relief was delayed and both patients were distressed; one was a young child and the other patient had learning disabilities. The inspection team informed the nurse in charge."

Poor practice was also observed by non-clinical staff.

Rural hospital: Urgent and emergency care: "We saw poor interactions between a member of reception staff and a patient with learning disabilities; the member of staff ignored the patient and requested to speak to her carer specifically. The patient was able to communicate well and the staff member's attitude did not display awareness for treating patients as individuals."

We examined whether there was any relationship between the overall trust/hospital rating and comments about people with learning disabilities. Figure 3 shows the percentage of positive,

negative and mixed/neutral comments (duplicate information excluded) relating to learning disability/ies made across all CQC inspection reports, grouped by the overall rating the CQC gave to the Trust or site.

Most comments were positive in all four rating categories (in our analysis outstanding and good ratings were collapsed into one category as the number of outstanding trusts was so few), although as CQC ratings become less positive, the proportion of positive comments dropped and the proportion of negative ones rose. ('Outstanding/Good': 88% positive, 7% negative; 'Requires improvement': 73% positive, 16% negative; 'Inadequate': 70% positive, 22% negative). This suggests that overall the more positive comments were about people with learning disabilities the more likely the trust was to have an overall good rating.

[Figure 3 here]

There were exceptions in this overall trend. Some hospitals were rated as 'Good' had no flagging system to enable staff to identify patients with learning disabilities.

The facilitation of allowing a usual carer to stay in hospital with an individual with learning disabilities is usually presented as a helpful reasonable adjustment, however in the example below a patient received poor care.

A rural hospital: Medical care (including older people's care): "Patients with a learning disability were supported to be accompanied by their usual carer. The carer was enabled to stay on the ward with the patient and continue to be active in their care. We saw this to be the case. When the carer was not present staff would be required to undertake the patient's care needs. Staff explained that most patients with a learning disability were admitted with their regular carer; however, we saw that this was not always the case and one patient did not have any carer with them. We saw the staff were not engaging or interacting with this patient and the patient was left for periods of time unattended. Staff training for learning disability was not mandatory and should the learning disability lead nurse not be available, then the patients' needs may not be consistently met. There was only one learning disability nurse available and so the service was not available out of their working hours."

Discussion/Conclusion

The comments in the inspection reports cover a wide range of practices, both positive and negative. This highlights that people with learning disabilities accessing acute hospitals can experience very different levels of care.

This new analysis of CQC inspection reports has found that compared to the previous analysis, there was much better coverage of learning disabilities. In the 2015 analysis and report, just over half (54%) of inspection reports mentioned people with learning disabilities. It was not clear under the old regime whether questions regarding people with learning disabilities had been asked during the inspections but the findings had not been covered in reports.

During the analysis for this 2016 report we found this had improved significantly, with 29 of the 30 Trust-wide inspection reports (97%) and 58 of the 61 specific site reports (95%) including at least one mention of people with learning disabilities.

We found that there although there was almost universal coverage of practices relating to people with learning disabilities in the reports, this was not always covered in the summaries and Chief Inspector's letters. In all report formats, the majority of comments were positive.

Within the thematic analysis examples of reasonable adjustments were rarely labelled as such within inspection reports, making them sometimes difficult to locate. We found reference to flagging systems, health passports, acute liaison nurses, easy read information, staff training, audits, quiet rooms, and identifying/managing pain.

Figures

Figure 1: Percentage of outputs relating to main Trust reports and site-specific reports mentioning learning disability/ies

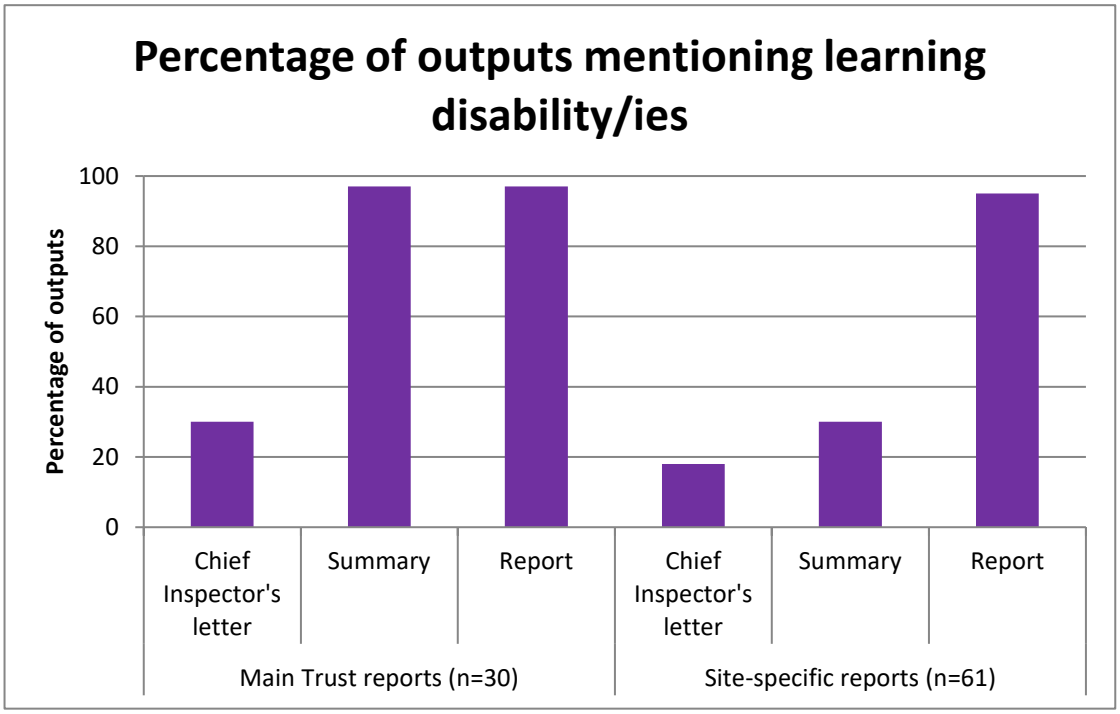


Figure 2: Number of positive, mixed/neutral and negative mentions of practices concerning people with learning disabilities: all CQC inspection outputs

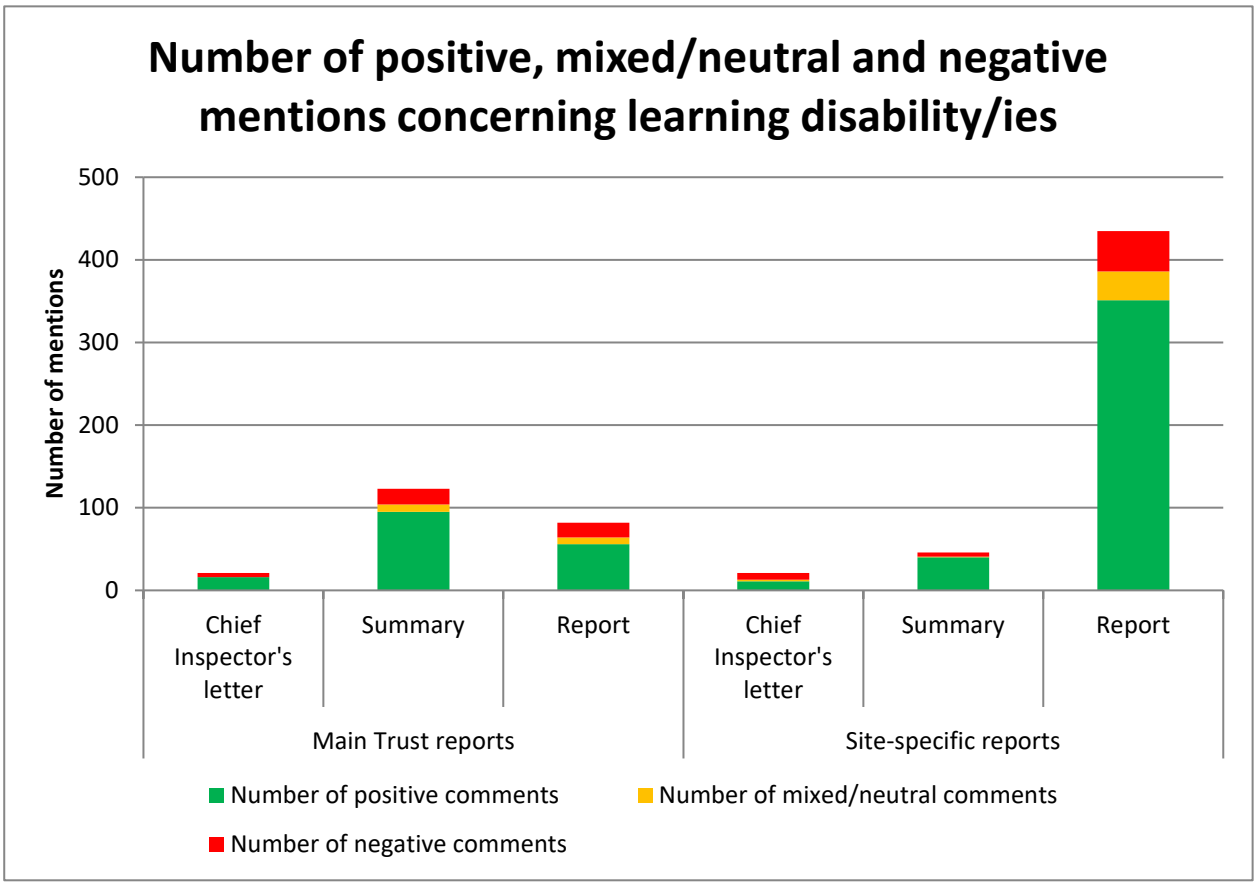
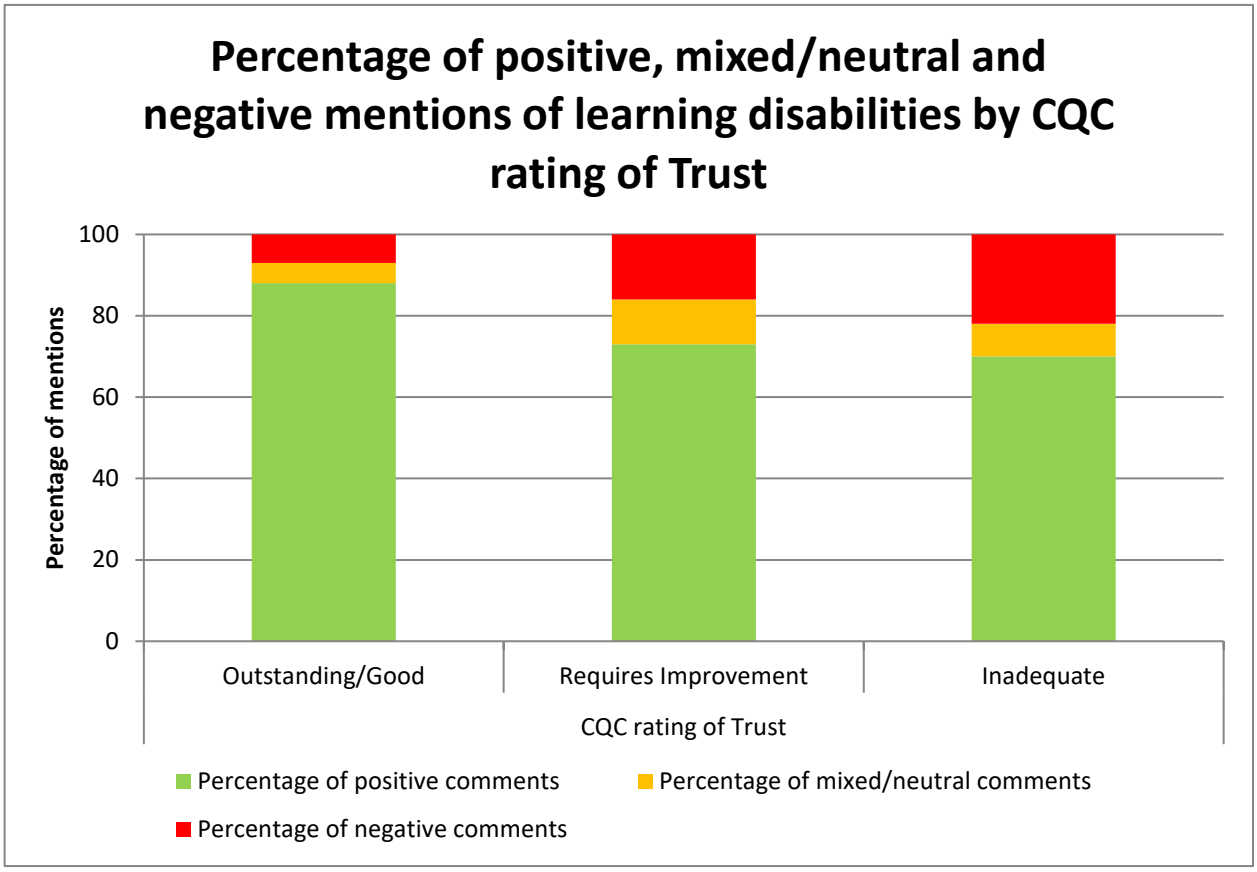


Figure 3: Percentage of positive, mixed/neutral and negative mentions of practices for people with learning disabilities by CQC rating of Trust



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