

## Ten things the latest data on CQC inspections tells us

### Overview

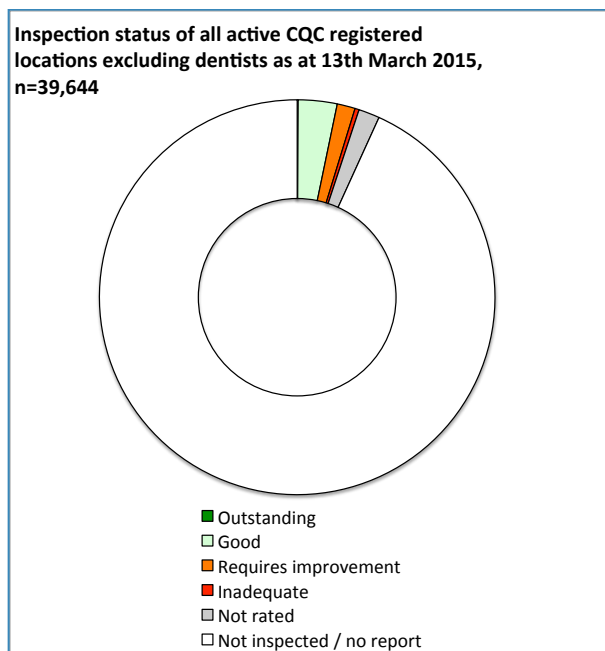
The roll-out of the Care Quality Commission’s (CQC) new inspection approach is now well underway across hospitals, mental health, social care and primary care so as 2014/15 draws to a close, we decided to take a look at what the data on the new inspections and ratings tells us. Here are our ‘ten things the latest data on CQC inspections tells us’. It is based on CQC information available under the [Open Government Licence](#) and downloaded on or before 13th March 2015.

### Rate of inspecting

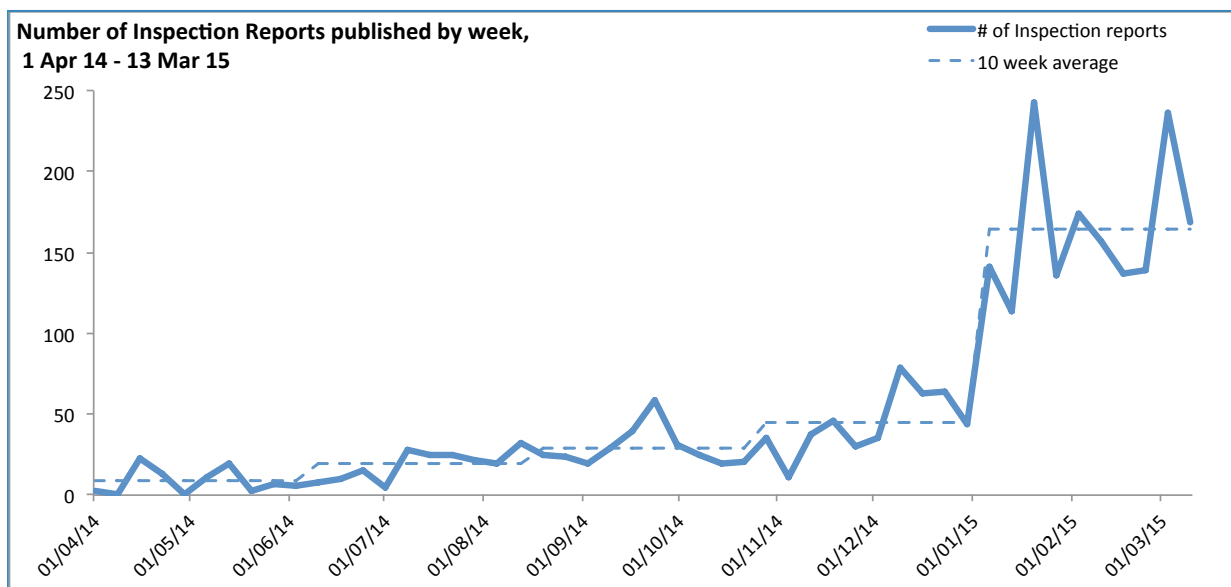
1. Very early days for new inspection process - across almost 40,000 registered locations (excluding dentists), just over 5% have been rated under the new approach.

A further 1.7% have been inspected but have not been rated, with the majority of these from the pilot phase.

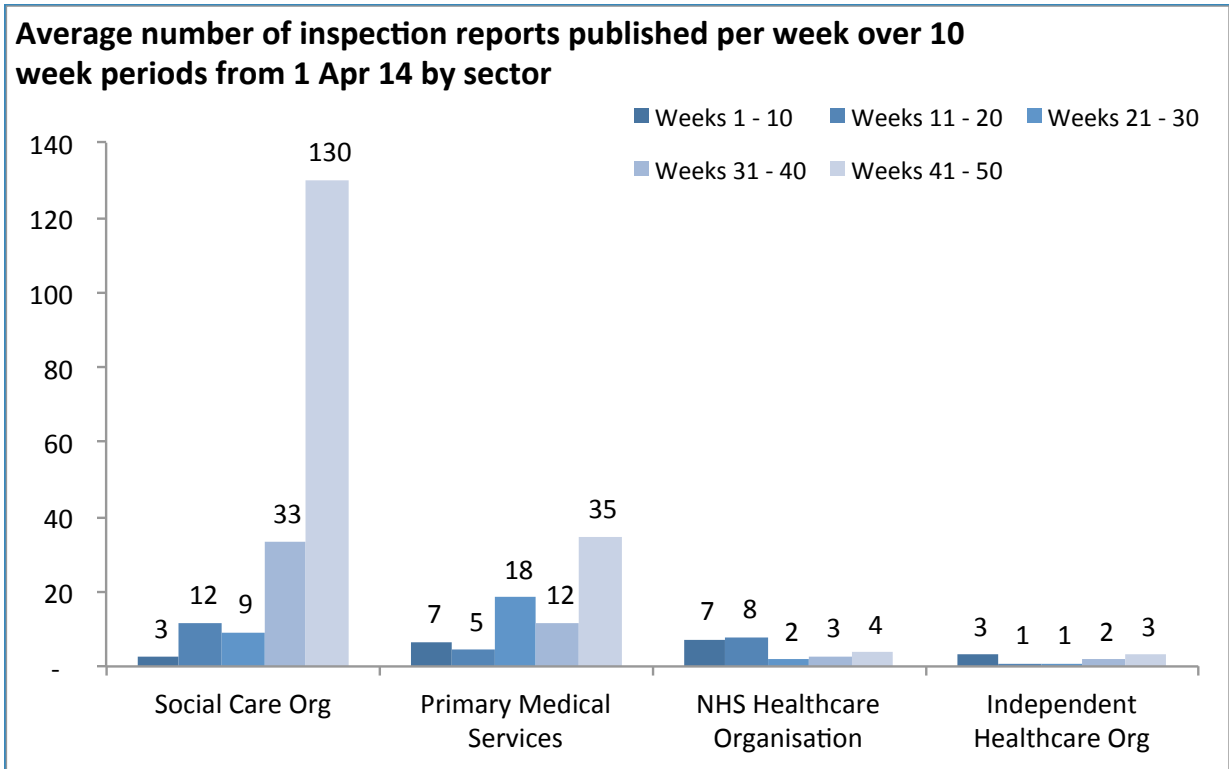
Status	Total	% of total
Outstanding	31	0.1%
Good	1,259	3.2%
Requires improvement	585	1.5%
Inadequate	134	0.3%
Not rated	683	1.7%
Not inspected / no report	36,952	93.2%
<b>Total (excluding Primary Dental Care)</b>	<b>39,644</b>	



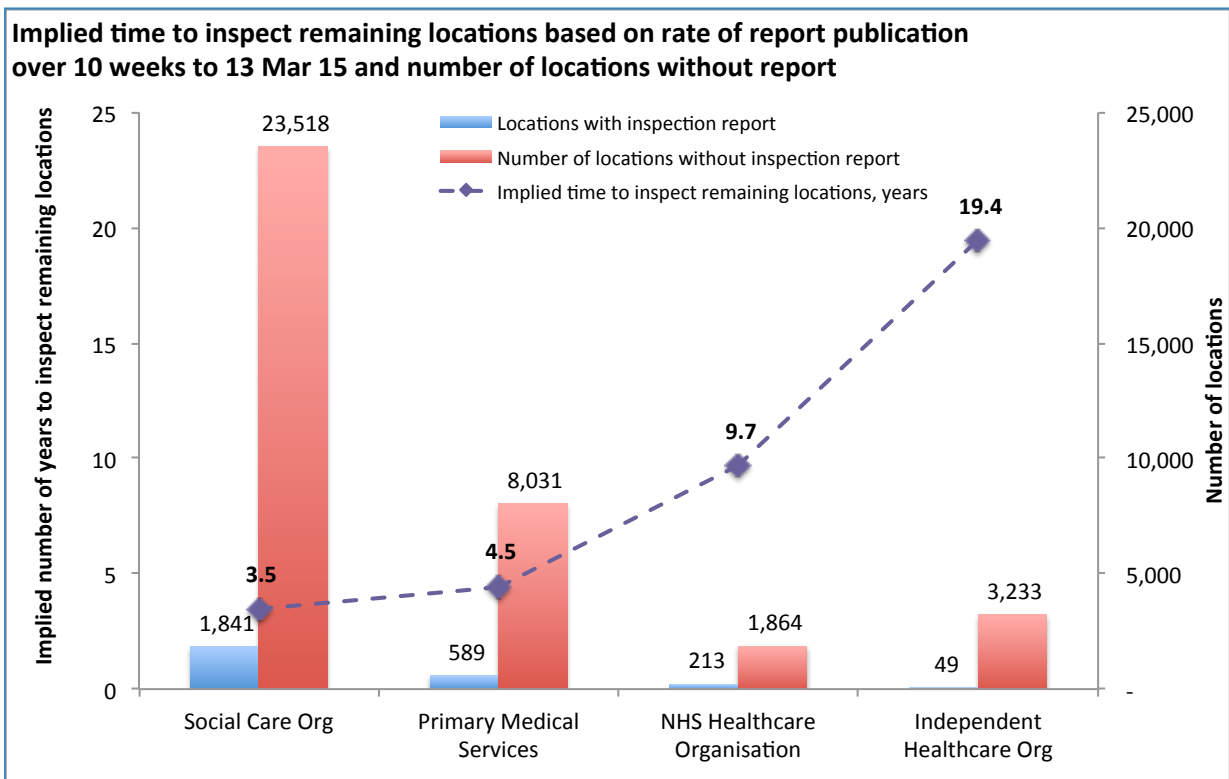
2. Rate of publishing inspection reports has increased dramatically since the start of 2015, with latest 10 weeks averaging 165 reports per week compared to 44 for 10 weeks at end of 2014.



3. Care home inspection report publication shows greatest increase (almost four fold increase) whilst rate has slowed for NHS healthcare organisations (NHS Trusts and NHS Foundation Trusts). Primary Medical services have also increased but by less of a rate.



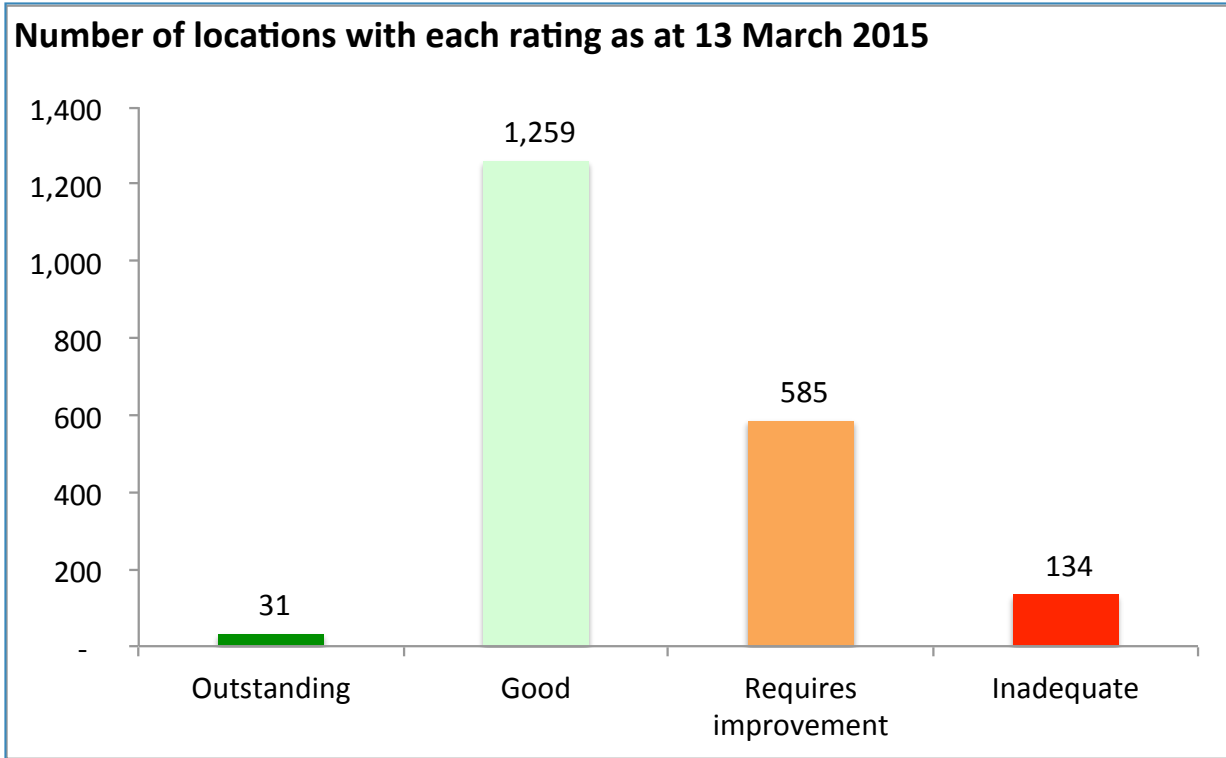
4. Based on latest weekly averages, it will take around 3.5 more years to inspect all social care organisation locations, 4.5 years primary care, almost 10 years for NHS trusts and 20 years for independent healthcare sector<sup>1</sup>.



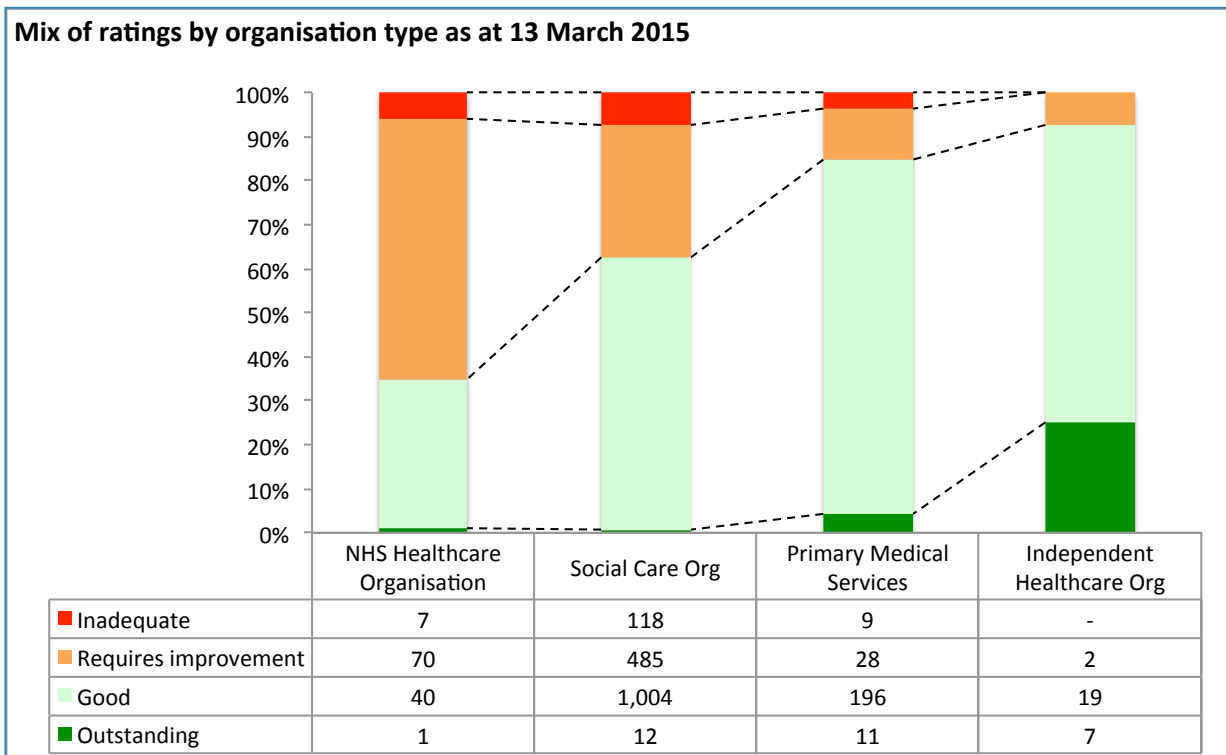
<sup>1</sup> Analysis based on locations not providers. Some providers have multiple locations - see notes section.

## Ratings

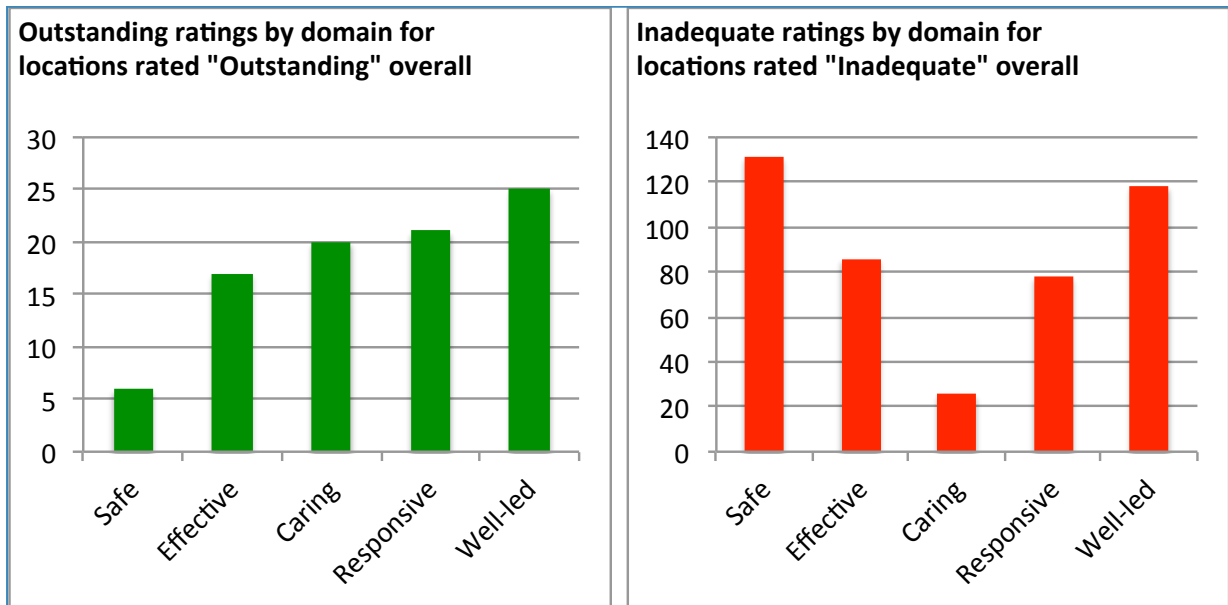
5. Most common rating so far is “Not rated” (mostly during pilot phase). However, of those rated 63% are “Good”, 29% “Requires Improvement”, 6.5% “Inadequate” whilst 1.5% are “Outstanding”.



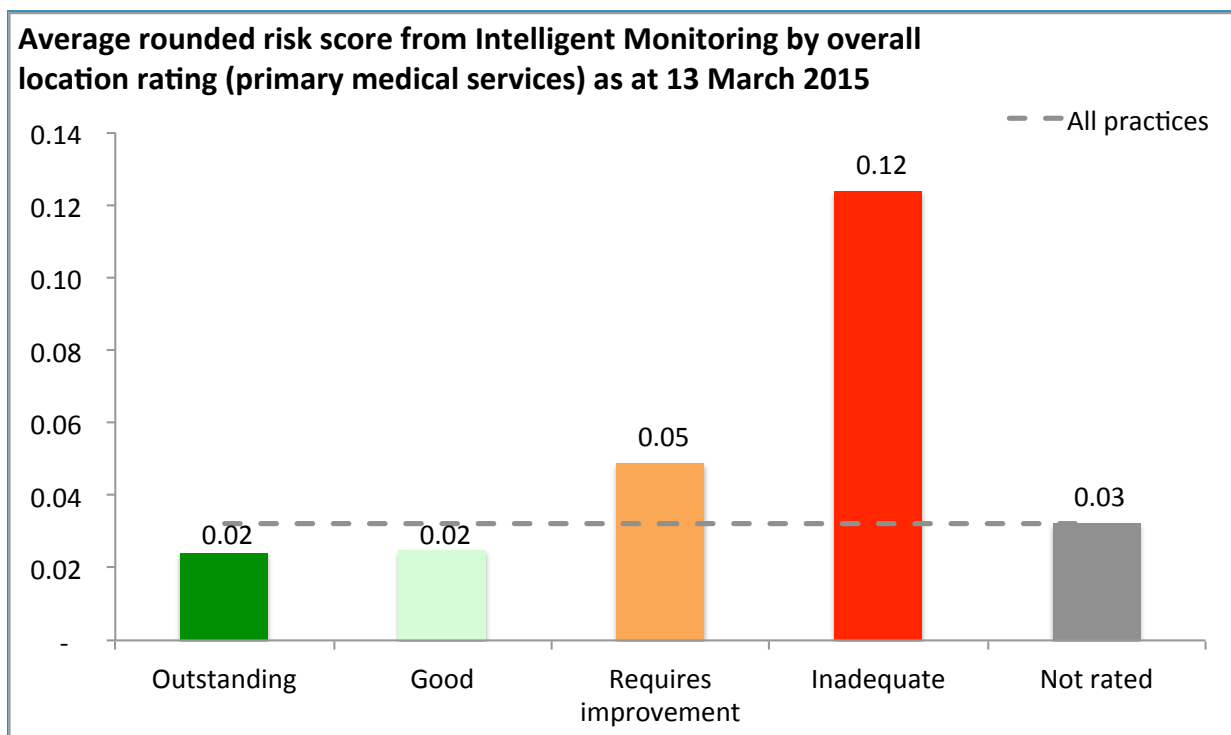
6. Independent Healthcare organisations are most likely to be “Good” or “Outstanding” (although smallest number of inspections to date). 85% of primary medical services, 63% of social care organisations and only 35% of NHS trusts have been rated “good” or above.



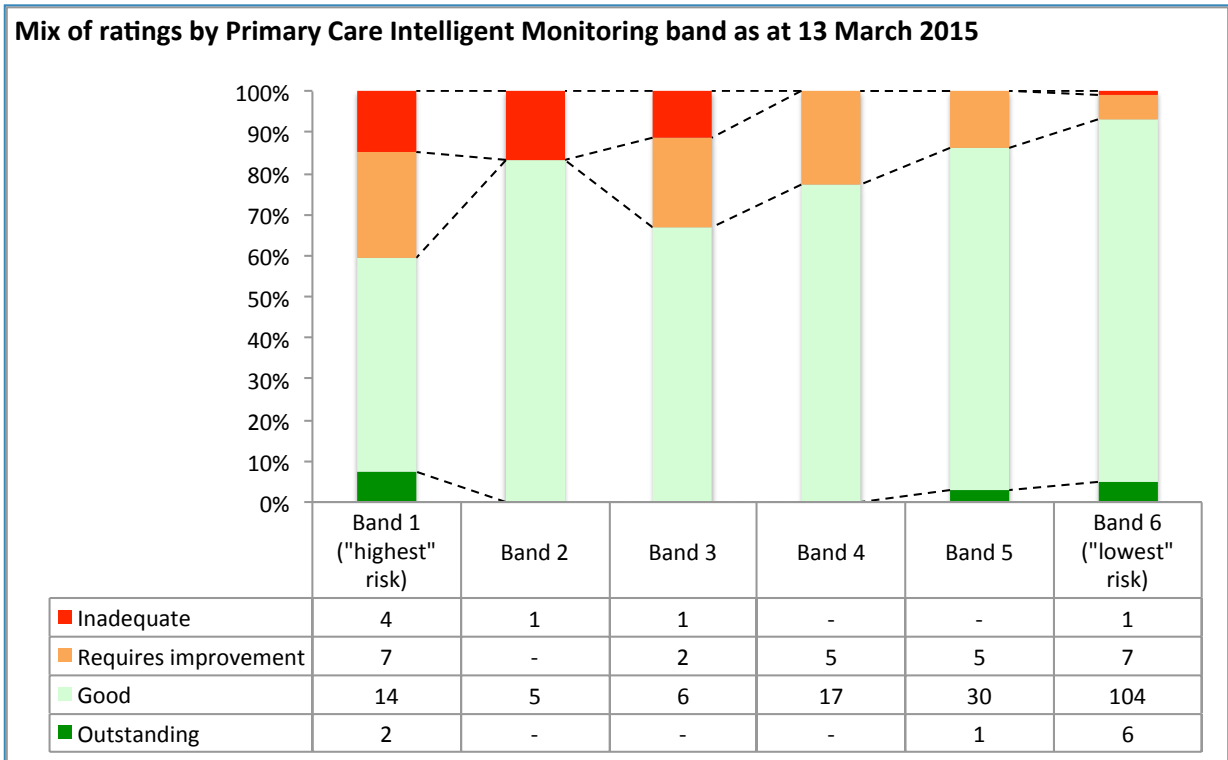
7. "Safe" domain is least likely to differentiate an outstanding location but "Inadequate" in "Safe" most likely to be associated with an "Inadequate" rating overall. Importance of leadership is highlighted by high frequency of "Outstanding" ratings in "well-led" domain for locations rated "Outstanding" overall and of "Inadequate" ratings for "well-led" domain amongst services rated "Inadequate".



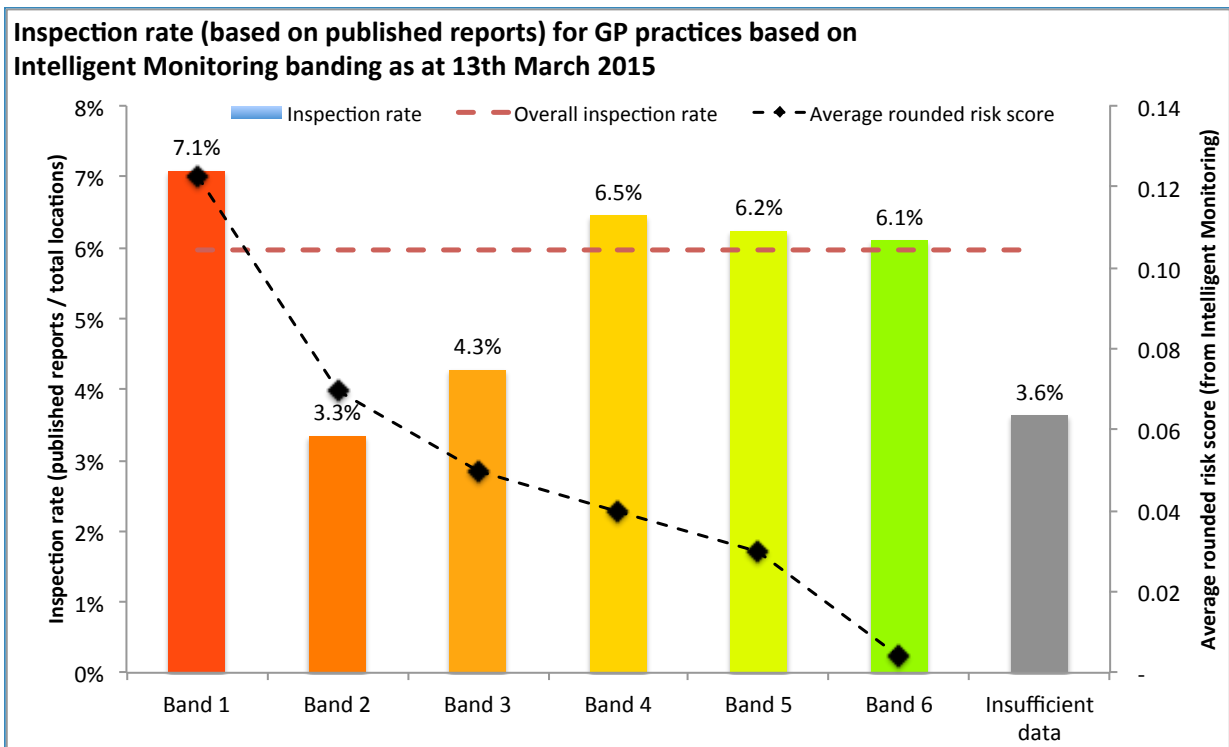
8. There is a relationship between overall ratings for Primary Medical Services (GPs) and the CQC Intelligent Monitoring risk scores. Practices rated "outstanding" or "good" overall have lower risk scores than average, whilst "requires improvement" and "inadequate" rated practices have elevated risk scores.



9. However, just because a practice has been identified as 'Band 1' through the CQC Primary Care Intelligent Monitoring does not mean it will necessarily be "Requires Improvement" or is going to be rated "Inadequate". 60% of practices in this band reported to date have been deemed "Good" or "Outstanding". There have also been seven 'Band 6' practices rated as "Requires Improvement" and one practice rated "Inadequate".



10. There is a slightly higher inspection rate amongst Band 1 practices (7% have had an inspection compared to 6% overall) but other "higher" risk bands (Bands 2 & 3) have a lower inspection rate at this stage. This suggests limited prioritisation of practices with higher overall risk scores.



## Notes:

1. All data sourced from <http://www.cqc.org.uk> under the Open Government Licence on or before Friday 13th March 2015.
2. The analysis is based on locations and not providers as this is where care is delivered and ratings are awarded. There are 30,380 providers with an average of 1.6 locations per provider, although the largest provider has 307 locations. As such the inspection rate at provider level is higher than shown in analysis, particularly for NHS Trusts. This will also affect the time taken to complete at least one inspection per provider.

Location Type_Sector	Providers	Locations	Providers			
			Locations per provider	with no locations inspected	Inspection rate by provider	Inspection rate by location
Independent Ambulance	248	306	1.2	248.0	0.0%	0.0%
Independent Healthcare Org	1,694	3,282	1.9	1,654.0	2.4%	1.5%
NHS Healthcare Organisation	242	2,077	8.6	154.0	36.4%	10.3%
Primary Dental Care	8,073	10,199	1.3	8,064.0	0.1%	0.1%
Primary Medical Services	7,256	8,620	1.2	6,687.0	7.8%	6.8%
Social Care Org	12,867	25,359	2.0	11,597.0	9.9%	7.3%
<b>Grand Total</b>	<b>30,380</b>	<b>49,843</b>	<b>1.6</b>	<b>28,404.0</b>	<b>6.5%</b>	<b>5.4%</b>

3. The analysis also uses Inspection Report publication date as proxy for inspections. There is undoubtedly a lag between actual inspection date and report publication date which means the actual number of inspections will be higher. However, the overall size of the reporting 'backlog' does not appear to be available on CQC website as "Date of latest check" field appears to be the same as "Report publication date".
4. Whilst every effort has been made to check the analysis, please feedback any errors or misinterpretations to the author David Seymour [david@fusion48.net](mailto:david@fusion48.net)

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