

CQC's single assessment framework

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Our model now and in the future

Model: Now

Assessment frameworks (multiple)	Ongoing monitoring but inspections schedule based on previous rating	Inspection: gather evidence using KLOEs (Single point in time)	Develop judgements (offline) Line-up judgements against ratings characteristics	Publish narrative inspection report
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Process

Single assessment framework	Ongoing assessment of quality and risk	Not just inspection - variety of options (multiple points in time) – more time spent in higher risk services	Team assigns score based on evidence found	Ratings updated, short statement published
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Model: Future

A single assessment framework

Our framework will assess providers, local authorities and integrated care systems with a consistent set of key themes, from registration through to ongoing assessment

Aligned with “I” statements, based on what people expect and need, to bring these questions to life and as a basis for gathering structured feedback

Expressed as “We” statements; the standards against which we hold providers, LAs and ICSs to account

People’s experience, feedback from staff and leaders, feedback from partners, observation, processes, outcomes

Data and information specific to the scope of assessment, delivery model or population group



The 5 key questions and topics

Safe

- Learning culture
- Safe systems, pathways and transitions
- Safeguarding
- Involving people to manage risks
- Safe environments
- Safe and effective staffing
- Infection prevention and control
- Medicines optimisation

Effective

- Assessing needs
- Delivering evidence-based care and treatment
- How staff, teams and services work together
- Supporting people to live healthier lives
- Monitoring and improving outcomes
- Consent to care and treatment

Caring

- Kindness, compassion and dignity
- Treating people as individuals
- Independence, choice and control
- Responding to people's immediate needs
- Workforce wellbeing and enablement

Responsive

- Person-centred care
- Care provision, Integration, and continuity
- Providing information
- Listening to and involving people
- Equity in access
- Equity in experiences and outcomes
- Planning for the future

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive?
- Is it well-led?

Well-led

- Shared direction and culture
- Capable, compassionate and inclusive leaders
- Freedom to speak up
- Governance and assurance
- Partnerships and communities
- Learning, improvement and innovation
- Environmental sustainability
- Workforce equality, diversity and inclusion



‘I’ statement: When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.



‘We/Quality’ statement: We work in partnership with others to establish and maintain safe systems of care in which people's safety is managed, monitored and assured, especially when they move between different services.

SAFE

Safety is a priority for everyone and leaders embed a culture of openness and collaboration. People are always safe and protected from bullying, harassment, avoidable harm, neglect, abuse and discrimination and their liberty is protected where this is in their best interests and in line with legislation. Where people raise concerns about safety or ideas to improve it, the primary response is continuous learning and improvement. There is strong awareness of the areas of practice with the greatest safety risks, and solutions are developed collaboratively. Services are planned and organised with people and communities in a way that improves their safety across their care journeys. They are supported to make choices that balance risks of harm with positive choices about their lives and always protected them from abuse. Leaders ensure there are enough skilled people to deliver safe care that promotes choice, control and individual well-being.

- ✓ **I feel safe and am supported to understand and manage any risks.**
- ✓ **I know what to do and who I can contact when I realise that things might be at risk of going wrong or my health condition may be worsening.**
- ✓ **If my medication has to change, I know why and am involved in the decision.**
- ✓ **When I move between services, settings or areas, there is a plan for what happens next and who will do what, and all the practical arrangements are in place.**
- ✓ **I have considerate support delivered by competent people.**
- ✓ **I can get information & advice about my health, care and support and how I can be as well as possible - physically, mentally and emotionally.**

SAFE: Quality statements

Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices.

Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services

Safeguarding

We work with people to understand what being safe means to them and work with them and our partners on how that can best be achieved. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect, and make sure we share concerns quickly and appropriately.

Involving people to manage risks

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

Safe environments

We detect and control potential risks in the care environment and make sure that the equipment, facilities and technology support the delivery of safe care.

Safe and effective staffing

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development and work together effectively to provide safe care that meets people's individual needs.

Infection prevention and control

We assess and manage the risk of infection, detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.

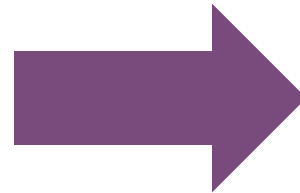
Medicines optimisation

We make sure that medicines and treatments are safe and meet the needs, capacities and preferences of people, by enabling them to be involved in planning, including when changes happen.

How we maintain up to date judgements



SET timetable for evidence collection based on national and local risk analysis and priorities

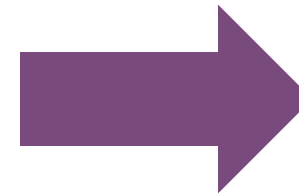


Rules define when we move to assessment

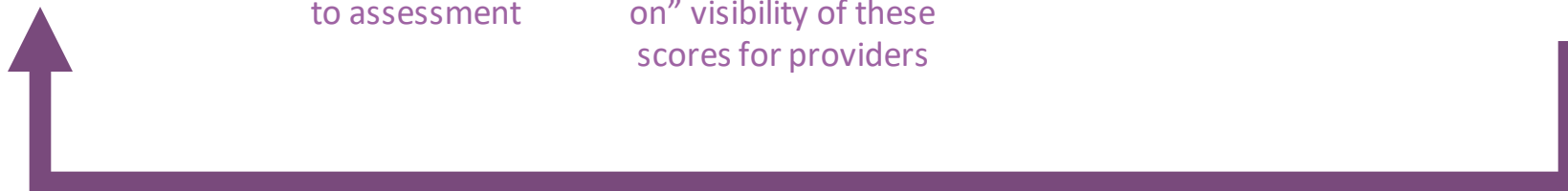
Score evidence categories for impacted quality statements



Maintain "always on" visibility of these scores for providers



Publish scores, narrative and direction of travel when change/time thresholds reached



Planned evidence collection timetable - illustrative

Planned evidence collection “minimums” set from national profiles

	Observation (care and care environment)	People’s Experience	Staff & Leaders	Partners	Outcomes	Processes
Residential	Once a year	Once a year	2 years	Annual schedule	Data schedules	Annual data collection
Inpatient	2 years	Once a year	National data schedules	Annual schedule	Data schedules	National data schedules/ Annual data collection
Ambulatory	2 years	Once a year	2 years	Annual schedule	Data schedules	Annual data collection
Community settings including people’s homes	n/a	Once a year	2 years	Annual schedule	Data schedules	Annual data collection
Digital services	n/a	Once a year	2 years	Annual schedule	Data schedules	Annual data collection

How a rating will be reached



Total score

Total possible score



Percentage



Description (DRAFT)	
1	Evidence indicates significant shortfalls in the standard of care
2	Evidence indicates good practice but it is inconsistent, not fully embedded and/or unsustainable
3	Evidence indicates consistent and sustainable good practice.
4	Evidence indicates innovative practice that delivers person centred care as well as insight and learning for the provider and wider system

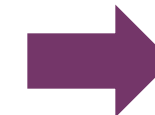


Total score

Total possible score



Percentage



A rating will still be reached for each of our key questions but the process will be more transparent with scores for each quality statement and each evidence category feeding in to them

Inadequate
Requires Improvement
Good
Outstanding

Evidence Requirements - Update

- We have reformatted the Evidence Requirements to make feedback quicker and easier
- Evidence Requirements now described at Key Question level, so only 5 slides to review and comment on
- We value your insight; your views will help us to get these right
- We are seeking your feedback to understand:
 - ✓ **Have we got the evidence categories right for each of the quality statements?**
 - ✓ **Have we identified the specific evidence we need for adult social care services to support us to make assessments?**

Please contact Lara.Nuttall@cqc.org.uk and Katie.Barton@cqc.org.uk to volunteer, **deadline 6 May 2022**



People's Experiences



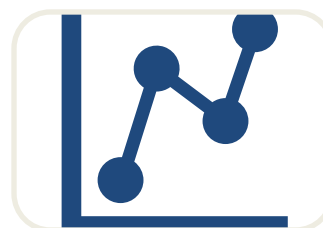
Feedback from staff and leaders



Feedback from partners



Observation



Outcomes



Processes

Next steps

- Continued engagement to develop the new regulatory model further
- Start to 'scenario test' the model with small numbers of providers