

CQC Single assessment framework

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Starting our new assessment process

21 November to 5 December:

Our early adopter programme involving a small group of providers started with planned assessments as we began to roll out the new approach. We used what we learnt to help improve how we implement the new changes.

From 5 December:

Providers in local authority areas including Bedford Borough, Central Bedfordshire, Luton, Milton Keynes
All registered providers in our South region

From 9 January:

Assessments start for all registered providers in our London and East of England region.

From 16 January:

Assessments start for a small number of providers in our North region and Midlands region.

Starting our new assessment process (2)

From 6 February:

Assessments start for all registered providers in our North region and Midlands region

Trust well-led assessments start in all regions

We assess applications to register a new activity or service using the new approach

As we start using the new assessment approach, we'll be listening to feedback from providers and may adjust our approach so that we use the best way possible. We will keep you updated as we begin to make these changes.

Assessing quality and performance

Differences from our current model. For health and care providers, there will be some differences in how we assess quality of services.

- **Gathering evidence:** We'll make much more use of information, including people's experiences of services. We'll gather evidence to support our judgements in a variety of ways and at different times – not just through inspections. This means inspections will support this activity, rather than being our primary way to collect evidence.
- **Frequency of assessments:** We will no longer use the rating of a service as the main driver when deciding when we next need to assess. Evidence we collect or information we receive at any time can trigger an assessment.
- **Assessing quality:** We'll make judgements about quality more regularly, instead of only after an inspection as we do currently. We'll use evidence from a variety of sources and look at any number of quality statements to do this. Our assessments will be more structured and transparent, using evidence categories and giving a score for what we find. The way we make our decisions about ratings will be clearer and easier to understand.

How the assessment process will work

- Our guidance to support providers in our new approach to assessment is all online. You can download and print the guidance, but we will refine and update it, so organisations must keep up -to-date. Our new framework retains our 5 key questions and the 4-point ratings scale. We will assess services against quality statements. These replace our key lines of enquiry (KLOEs), prompts and ratings characteristics.
- We will gather evidence both on site and off site to make an assessment. The types of evidence we will consider are grouped into 6 evidence categories. We list the evidence categories we will look at for different sector groups.
- Our assessments may be responsive (in response to information of concern) or planned. In both cases, we will be flexible and may expand the scope of an assessment if we need to.

Engaging with providers during the assessment process

Starting an assessment

- We will continue to apply existing rules when giving notice of assessments. This includes where we carry out unannounced on-site activity.
- We will email providers to tell them when an assessment is starting. We may ask them for documentation at this point.

During an assessment

- In some cases, we may not need to carry out a site visit at all if the scope of our assessment does not require this. If we do need to make a site visit to gather evidence, Experts by Experience or a specialist may support us.
- We will give feedback to the provider when we have completed either an on-site or off-site assessment. If possible, we will give feedback about on-site activity immediately after completing it.

Our scores, ratings and reports

Scores

- We will give a score for each evidence category that is part of the assessment of the quality statement. All evidence categories and quality statements are weighted equally.
- Scores for evidence categories relate to the quality of care :
 - 4 = Evidence shows an exceptional standard
 - 3 = Evidence shows a good standard
 - 2 = Evidence shows some shortfalls
 - 1 = Evidence shows significant shortfalls
- The quality statement scores are combined to give a total score for the relevant key question. We will initially only publish the ratings for providers, but we intend to publish the scores in future.
- Video link – How we will score <https://www.youtube.com/watch?v=Y8rfXcoFVpA>

Our scores, ratings and reports (2)

Ratings

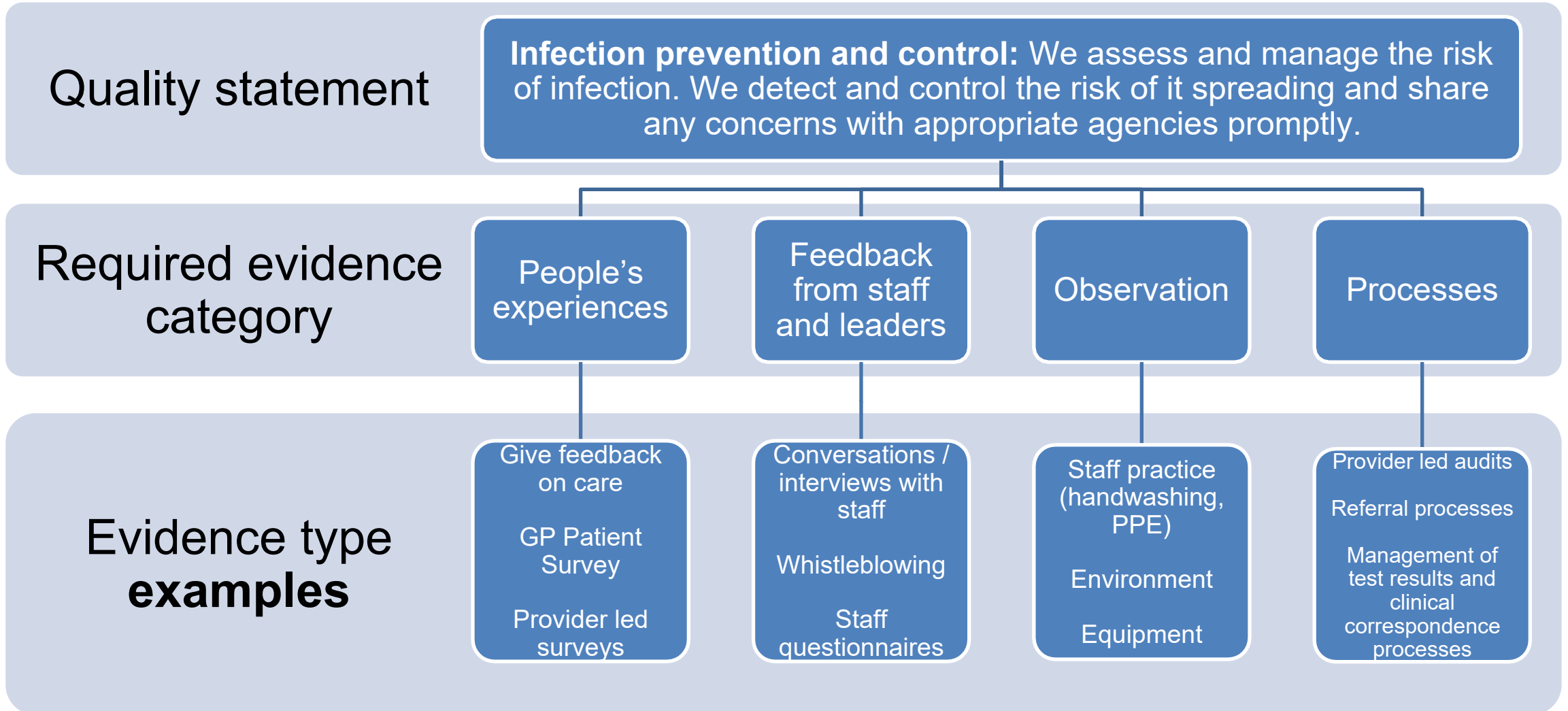
- We will use the scoring system to then produce a rating for a service. Providers will have a chance to check the factual accuracy of our draft assessment report.
- If a service currently has a rating, we will transfer that across to our new platform by applying scores to quality statements.

Publishing reports and ratings

- We will publish reports as web content rather than in a PDF document. It will contain sections for each area of the framework we have looked at during the assessment.
- If ratings change as a result of our assessment, we will also publish these.
- Providers can still ask us to review how we produced their ratings to check we followed our process correctly.



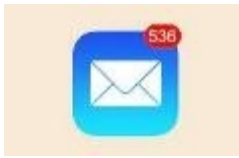
How we reach a rating - example



How we're implementing these changes

- We won't release everything at once
- We want to learn as we go, starting small and rolling out the changes in stages
- Feedback will be key, and we will adjust plans if necessary
- We'll be clear at every step about what it means for you

<https://www.cqc.org.uk/news/our-revised-plan-and-approach-transformation>



Provider Bulletin

<https://www.cqc.org.uk/news/newsletters-alerts/email-newsletters-cqc> or Search: CQC bulletin



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