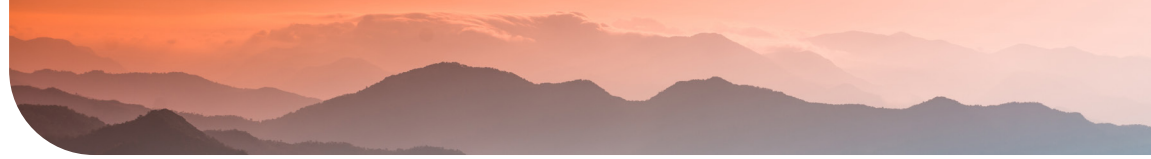




CQC's New Single Assessment Framework

What care providers need to know

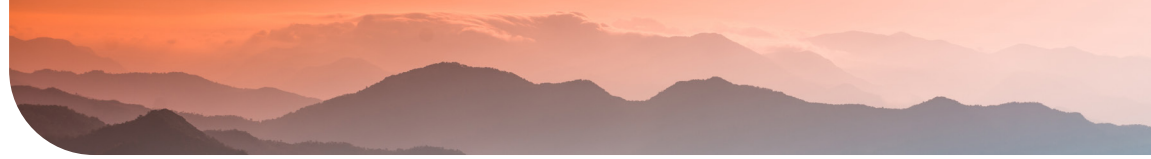


The Care Quality Commission (“CQC”) has introduced the biggest changes in regulatory framework the sector has seen in over a decade, including significant changes to the way in which it gathers evidence, assesses registered care services and reaches ratings.

In May 2021, CQC said that its strategy for change was to be based on four themes: people and communities; smarter regulation; safety through learning; and accelerating improvement. Since that time, CQC has been developing its new Single Assessment Framework, with a tentative roll out commencing on 21 November 2023, for a small number of ‘early adopter’ providers located in the South region.

Whilst the day-to-day delivery of care may not change, care providers will need to be aware of and prepared for a number of significant changes in CQC’s approach, including frequency of assessment by CQC, the criteria against which the care service will be assessed (including a couple of new areas which will be subject to scrutiny), and the process for determining ratings. CQC is continuing to review and release some of the finer details, but now is the time for providers to be familiarising themselves with the new terminology and assessment framework, and preparing for the changes, so that they are able to provide the best evidence to CQC when they come to be assessed under the new Single Assessment Framework.

In this newsletter, we summarise the key changes and actions care providers can be taking now to prepare for the changes ahead.



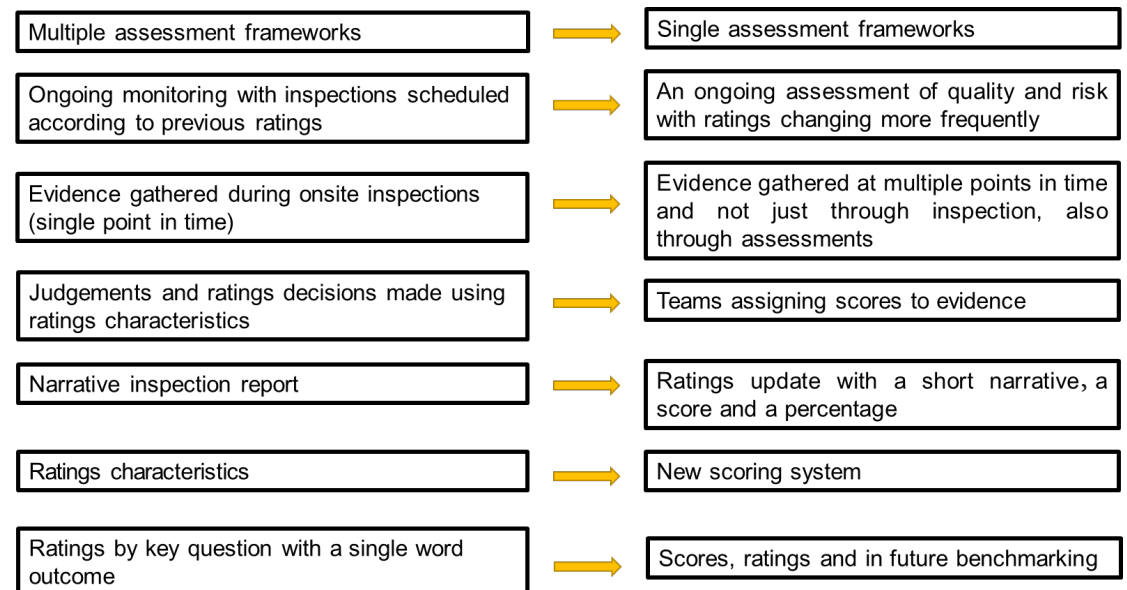
Differences from the current model

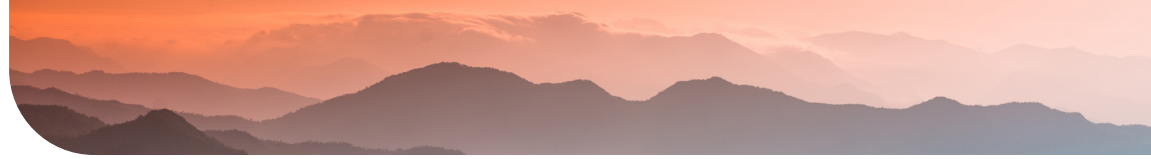
The existing model has comprised a number of separate assessment frameworks, each applicable to different types of regulated services. By contrast, CQC's new single assessment framework will apply to all registered providers, local authorities and integrated care systems, with the same set of standards, or Quality Statements, applying to all types of regulated service. Those Quality Statements are underpinned by Evidence Categories and there is service specific guidance, identifying how CQC will assess compliance with the framework for different types of service.

CQC will still be reporting its findings grouped under the headings of the existing five Key Questions, which are remaining – namely Safe, Effective, Caring, Responsive and Well-led.

The new Single Assessment Framework also aims to adopt a more flexible, intelligence led approach. One key aspect is that CQC intends to assess services and update ratings more frequently, without an inspection necessarily taking place. CQC stated that this will improve the accuracy of ratings and reports, by making them more up to date.

The main changes can be summarised as follows:





New CQC roles

In order to achieve the changes, job roles and teams within CQC have changed. This means that new terminology and roles have been introduced.

The new structure includes around 110 – 115 operational teams, working across four geographic regions, known as networks, namely: North, Midlands, London and East, South regions. Each operational team will be led by an Operations Manager and will comprise a number of roles, including Inspectors, Assessors, Regulatory Co-ordinators, Regulatory Officers and Senior Specialists. The teams will contain a mixture of skills and knowledge and cover all service types within a designated area. This means that Inspectors and Assessors will be assessing a range of different service types, and may have greater experience and understanding of some service types than others.

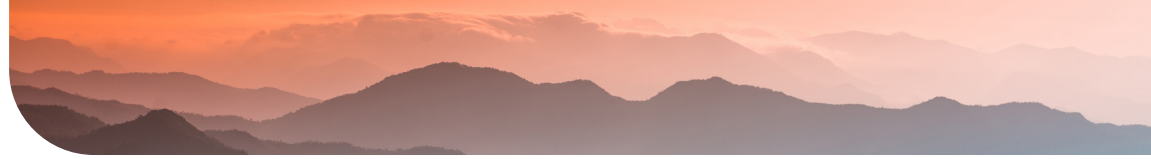
The main roles to be aware of are the Inspectors and Assessors. An inspection may form just part of the evidence collection during an assessment and review of ratings. Many assessments may not involve an inspection at all, but will be based on evidence collected or held by CQC about the service, including information received by CQC from a variety of sources, and information requested from the provider. Inspectors and Assessors will work together, where an inspection is undertaken, to collate evidence. Rating judgements will usually be made by the Assessors, with the support of the Inspector, if applicable.

Roll Out of the Single Assessment Framework

- **21 November to 4 December 2023**, CQC started using the new single assessment framework for approx. 14 planned assessments in the South region, referred to by CQC as 'early adopters'.

The South region includes Berkshire, Buckinghamshire, Cornwall, Devon, Dorset, Gloucestershire, Hampshire, Kent, Oxfordshire, Somerset, Surrey, Sussex and Wiltshire.

- **From 5 December 2023**, CQC expanded the new assessment approach in the South region together with providers in the Bedford, Luton and Milton Keynes integrated care system area (ICS).
- **From 8 January 2024**, rollout of the new single assessment framework in the London and East of England region.
- **From 23 January 2024**, rollout to a small number of providers in the North and Midlands regions.
- **From 6 February 2024**, CQC intends to start using the new regulatory approach with all providers in the North and Midlands regions.



The new assessments, as gradually rolled out across the regions, could be undertaken as a planned assessment, or on a risk-informed basis.

Alongside the roll out of the Single Assessment Framework, CQC will continue to inspect and rate services in the current way for regions in which the Single Assessment Framework has not yet commenced.

For those providers operating in different regions, they are likely to see different systems in use at the same time during this roll out period, depending on the location of individual services. This should be borne in mind when considering the implementation of any revised quality assurance systems aligned to the new framework.

Frequency of assessments

CQC will no longer base the frequency of assessments on existing ratings. An assessment can be triggered at any time by evidence collected or information CQC receives.

CQC has recently stated that it will continue to review how well the new framework is working and the timescales involved, until the end of June 2024, and that it will learn from feedback it receives from the providers assessed under the new framework.

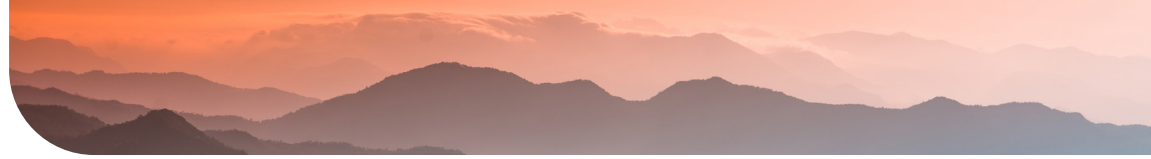
CQC will then decide how frequently it will undertake assessments for each sector, taking into account its learning from the first 6 months, its view of regulatory risk and issues affecting the health and social care systems. However, its intention is to continue a risk informed approach and the order of planned assessments will be based on the level of risk.

It is expected that, once the new frequencies of assessment are decided, a more detailed schedule for planned assessments will be published around July 2024.

Assessing quality

By using the new assessment framework, CQC states that it will have the flexibility to:

- Update the ratings for key questions and overall ratings when things change, based on more frequent assessment of evidence;
- Collect and review evidence in some categories more often than others; and
- Be selective in which Quality Statements it looks at – this could be one, several or all.



Quality Statements, We Statements and I Statements

Quality Statements are replacing the existing Key Lines of Enquiry (KLOES) and are described by CQC as the commitments that providers, commissioners and system leaders should live up to. The 34 Quality Statements are also referred to as 'We Statements' as they are expressed as from the perspective of the service, and show what is needed to deliver high-quality, person-centred care. They describe a 'Good' service.

For example, within the Safe key question, the Quality Statement/We Statement for 'learning culture' is expressed as: "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."

Associated with each Quality Statement/We Statement, is a corresponding 'I Statement', describing what service users should experience if the provider is fulfilling that Quality Statement.

Providers will be required to evidence how they are demonstrating compliance with the Quality Statements. CQC will judge how well a service is meeting the Quality Statements by assessing various different types or categories of evidence (known as the Evidence Categories).

Whilst most Quality Statements mirror existing CQC expectations, such as accurate, person-centred care plans, there are a couple of new topics and types of evidence which CQC has not previously considered (or scored). In particular, staff wellbeing and environmental sustainability.

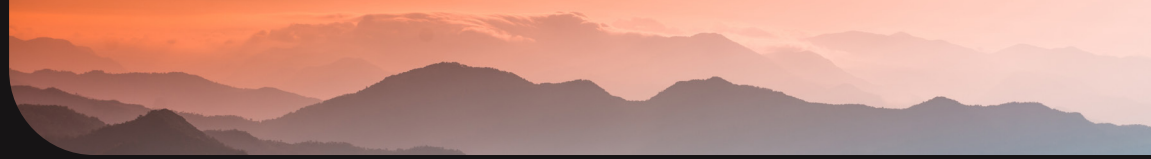
Evidence Categories

There are a number of different categories of evidence CQC will consider in order to judge a service against the Quality Statements. Overall, there are six Evidence Categories available to CQC (people's experience of health and care services; feedback from staff and leaders; feedback from partners; observation; processes; and outcomes), although not all Evidence Categories will be applicable to all types of regulated service.

CQC has published, and is gradually updating, sector specific Evidence Category guidance for different types of service.

However, currently there is an apparent disparity between the regulated activity of some services and the criteria used to judge them. For example, an entity providing care in a supported living service and a homecare service will both be providing the same regulated activity of 'personal care' and it is only the care (not accommodation) which is regulated/inspected. This is different to the regulated activity for which a care home must be registered, and for care homes CQC regulates both the care and accommodation. However, CQC has decided that supported living should be judged by a criteria closer to that of a care home, rather than homecare which shares the same regulated activity.

For all service types, feedback is a notable form of evidence applicable to all Quality Statements. There is likely to be an emphasis on feedback received by CQC, including through the 'Give Feedback about Care' function on its website. Providers should take this opportunity to consider how feedback is collected from service users and staff internally and how it is documented. Consideration should also be given to how feedback is collected from visitors and visiting professionals.



New Provider Portal

CQC is gradually rolling out a new provider portal, starting with a small number of invited providers. Invitations are sent to Nominated Individuals by email. Currently, functionality is limited to a small number of notifications initially (namely serious injury, events that stop a service, deaths and DoLS) to give CQC a chance to undertake testing.

It is understood that the next stage of the portal roll out will allow providers to complete registration actions such as applying to register a service, variation of activity and delegate access to colleagues within organisations.

Initially, it is likely providers will need to use both the new and the existing portals concurrently, as functionality is limited on the new portal at present.

It is envisaged that functionality of the new portal will continue to increase as the new approach is implemented.

Ratings

When CQC undertakes an assessment under the new Single Assessment Framework, it can select which Quality Statements and Evidence Categories it reviews and updates. It is unlikely to review all of them during each assessment.

Ratings will be determined through a process of scoring, starting with the scoring of each Evidence Category, followed by a complex methodology of scores and percentages to translate those Evidence Category scores into overall Quality Statement scores, and then Key Question scores – and ultimately a percentage to determine the rating.

Where CQC assesses only certain Quality Statements or Evidence Categories, the scores for those aspects will be reviewed and updated, as CQC feels appropriate, and used in conjunction with the existing scores for remaining areas, to reach the overall Key Question ratings – which will still be known as ‘Outstanding’, ‘Good’, ‘Requires Improvement’ and ‘Inadequate’.

Where adult social care services have not yet been inspected or rated, CQC has stated that it will normally collect evidence for all the Quality Statements within the first year.

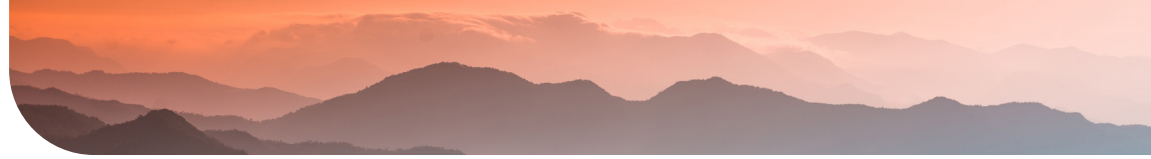
For those services with an existing rating or findings about compliance, when CQC undertakes its first assessment under the Single Assessment Framework, it will select the Quality Statements to review based on national priorities (determined by type of service) and the information held by CQC about the service. CQC will score those areas it assesses. For the remaining Quality Statements, which CQC does not assess at that initial assessment, CQC intends to effectively transition the current ratings by translating them to a score for incorporation in its scoring matrix.

Reports

CQC has stated it wishes to make inspection reports more accessible and it will therefore produce shorter inspection reports. CQC will no longer publish PDF reports but will publish the report as text on its website, with parts updated as and when they are assessed.

CQC has confirmed that inspection reports will include information about: the service overall, the key questions it has assessed, the Quality Statements it has assessed under each of those key questions. Ratings and scores for key question level and at Quality Statement will also be published. It remains to be seen how much visibility providers will have of the rationale for each score used to determine the rating of the service.

CQC has stated that, during 2024, it will deliver some improvements to the way it displays information, including new visualisations of the scoring information to make it clear where a service sits on its rating scale.



Factual accuracy checks and ratings process review

In November 2023, CQC published the first details in relation to the factual accuracy process. Providers will be emailed a link so that they can review the draft report online. Providers will be able to enter comments about factual accuracy against each section. Providers will be able to upload evidence to support comments made about Evidence Categories. Providers will still have 10 working days to make factual accuracy comments. The ratings review process will also remain.

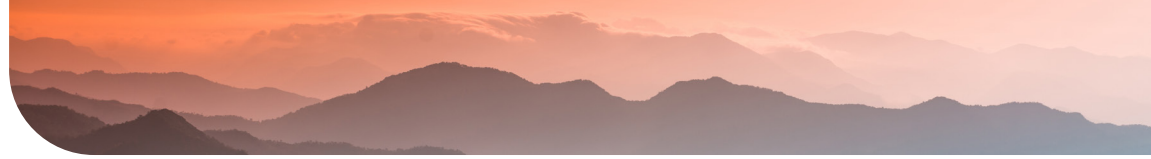
Observations

Given the extent of the changes and the manner in which CQC is publishing new guidance, the above information is intended to be a brief summary guide as to the key changes which are being introduced. There are a number of other details which we have not touched upon within this summary, including the detailed scoring process to reach a rating, and ratings limiters.

There are a number of uncertainties for care providers at this time. We do not yet have clear information on a range of matters, for example: the use of the new provider portal for uploading of evidence, enforcement for any potential breach of regulation or frequency of assessment, to name a few. CQC has been updating guidance on its website in relation to the new regulatory approach, in some cases without any notification that changes have been made. It is also continuing to seek feedback on various updates and it remains to be seen whether some will be subject to amendment following feedback. Further, the navigation of the information published on CQC's website is arguably disjointed and is not particularly easy to follow. CQC has not made use of flow charts to pictorially represent its changes, nor has it produced an example report so that providers can see in advance what reports will look like in practice. Although some reports are now starting to be published as the assessment rollout is underway.

The above changes will undoubtedly impact upon the current internal processes and quality assurance mechanisms that care providers, have in place. Despite assurances from CQC that it is aiming to simplify the system, the current sentiment of our clients, and commentators alike is that the new system seems far from "simple".

The changes have the potential to benefit providers, particularly the large number of providers who have lived with the long term frustration of a Requires Improvement, or even, Inadequate, rating since prior to the pandemic, ironically on the basis that CQC had not re-inspected because it had no current concerns. The new assessment process allows the opportunity for ratings to be improved more promptly where providers can demonstrate improvements have been made. However, it remains to be seen whether these aims will be achieved in practice as the decision to assess sits with CQC.



Next Steps

As set out above, CQC has provided its planned timetable for initial roll out of the Single Assessment Framework across each region, with the new approach becoming the new normal from March 2024 onwards.

Further changes are expected to the reporting and visualisation of scoring, including benchmarking against equivalent services nationally and locally.

CQC will continue to keep the process under review, and we may see some refinement over the coming months, until June 2024. CQC will then be reflecting on its learning over the past 6 months, and at that stage we expect to see the following:

- Confirmation of the intended frequency of planned assessments;
- A more detailed schedule for planned assessments of providers based on level of risk; and
- A defined set of priority Quality Statements for each type of service, which will typically be assessed in each assessment. Those priorities will be reviewed and set on an annual basis.

How care providers can be preparing for the new approach

There are a number of steps which should be taken now in order to prepare for assessment under the Single Assessment Framework, including:

- Ensure CQC has the correct contact details so that you can be invited to the new portal
- Start introducing the new language and share information about the changes
- Familiarise yourself with the “I” and “We” statements and the Evidence Categories, particularly the emerging sector/service specific guidance and evidence
- Review your audits and actions arising
- Review auditing processes and consider aligning with new framework
- Consider new areas CQC will be assessing, such as the Quality Statements relating to environmental sustainability and staff wellbeing and whether action is needed to comply or evidence compliance to CQC. Many of our clients are not currently providing staff with training in respect of environmental sustainability, for example.
- Ask those that use / visit your service for feedback and ensure there is a system for documenting feedback and action taken in response
- Professional visitors are often asked for feedback by CQC – consider how and who manages these relationships and whether you have systems in place to collect such feedback also
- Sign up for the CQC update emails and follow the links for updates / watch the videos on their Youtube channel. Join CQC’s Citizen Lab – not only can you share your opinion but also become aware of some of the upcoming changes
- Sign up to Lester Aldridge updates and consider attending our webinars or masterclasses to improve or embed your understanding

We are specialist health and social care solicitors, with a national reputation for our extensive expertise in the regulation of health and social care. We represent CQC registered providers, and those seeking CQC registration, on a daily basis.

We have vast experience in representing providers to challenge CQC inspection reports through the factual accuracy process, bring judicial review proceedings in respect of CQC reports, and defending enforcement action and criminal prosecutions brought by CQC, in addition to representation in respect of safeguarding matters, Coroner's inquests and sales, acquisition and development of care services. We also regularly undertake regulatory due diligence on many of the largest acquisitions and disposals of care provider groups on behalf of lenders and equity funds.

We have a comprehensive understanding of the sector and taking into account our clients' wider business considerations, we are able to provide practical, proactive legal advice and imaginative commercial solutions to achieve the best possible outcome for you together with guiding our clients.

We are on hand to support you in navigating the new Single Assessment Framework.

Healthcare team



Laura Guntrip
Partner
laura.guntrip@LA-law.com
Tel: 01202 786187



Nicole Ridgwell
Senior Associate
nicole.ridgwell@LA-law.com
Tel: 07833 232369



Alice Straight
Solicitor
alice.straight@LA-law.com
01202 786353



Isabel De La Haye
Solicitor
isabel.DeLaHaye@LA-law.com
01202 786191

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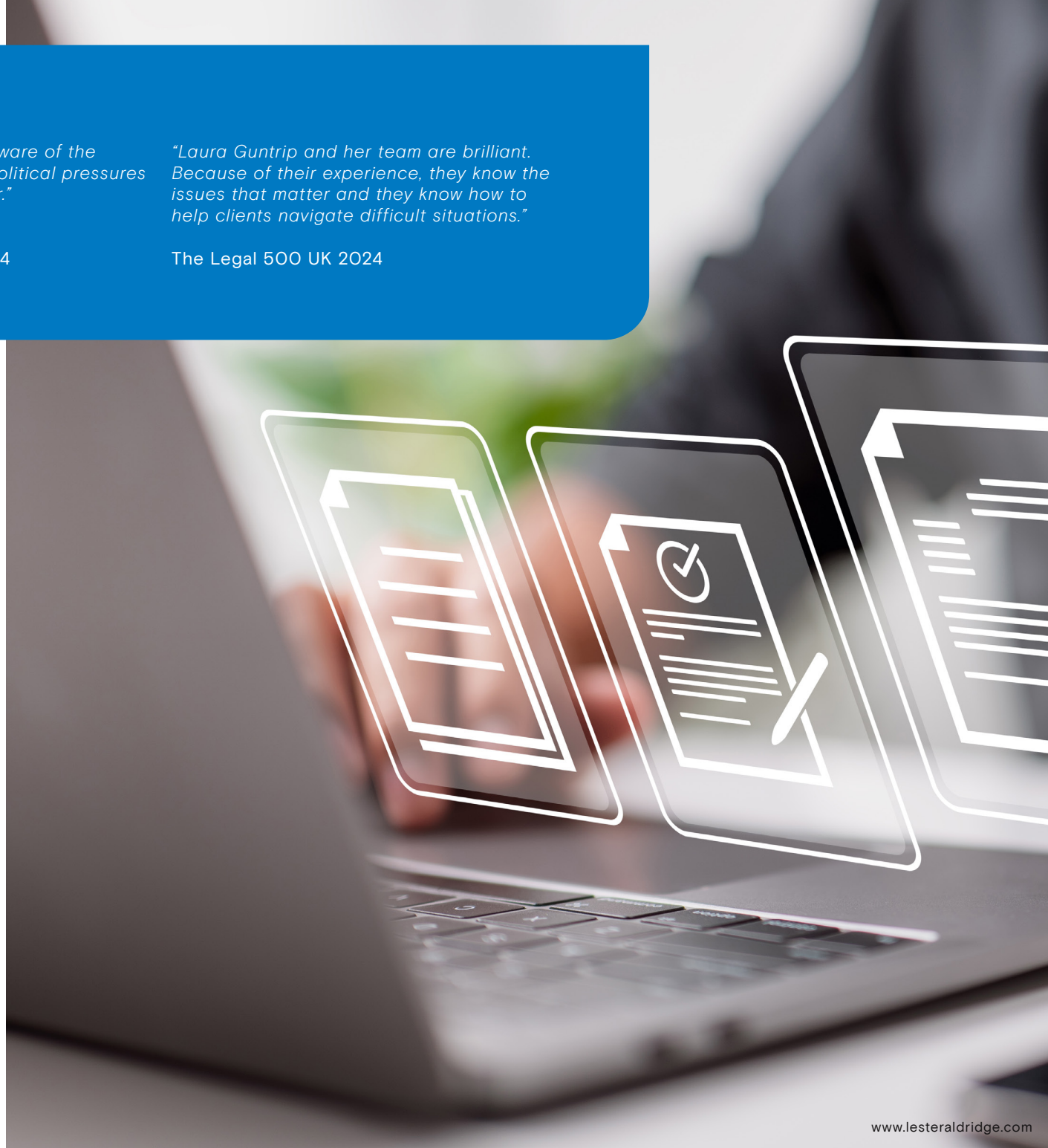
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