City of York Council

Adult Social Care and Integration Directorate

CQC Assurance – Understanding the New Single Assessment Framework
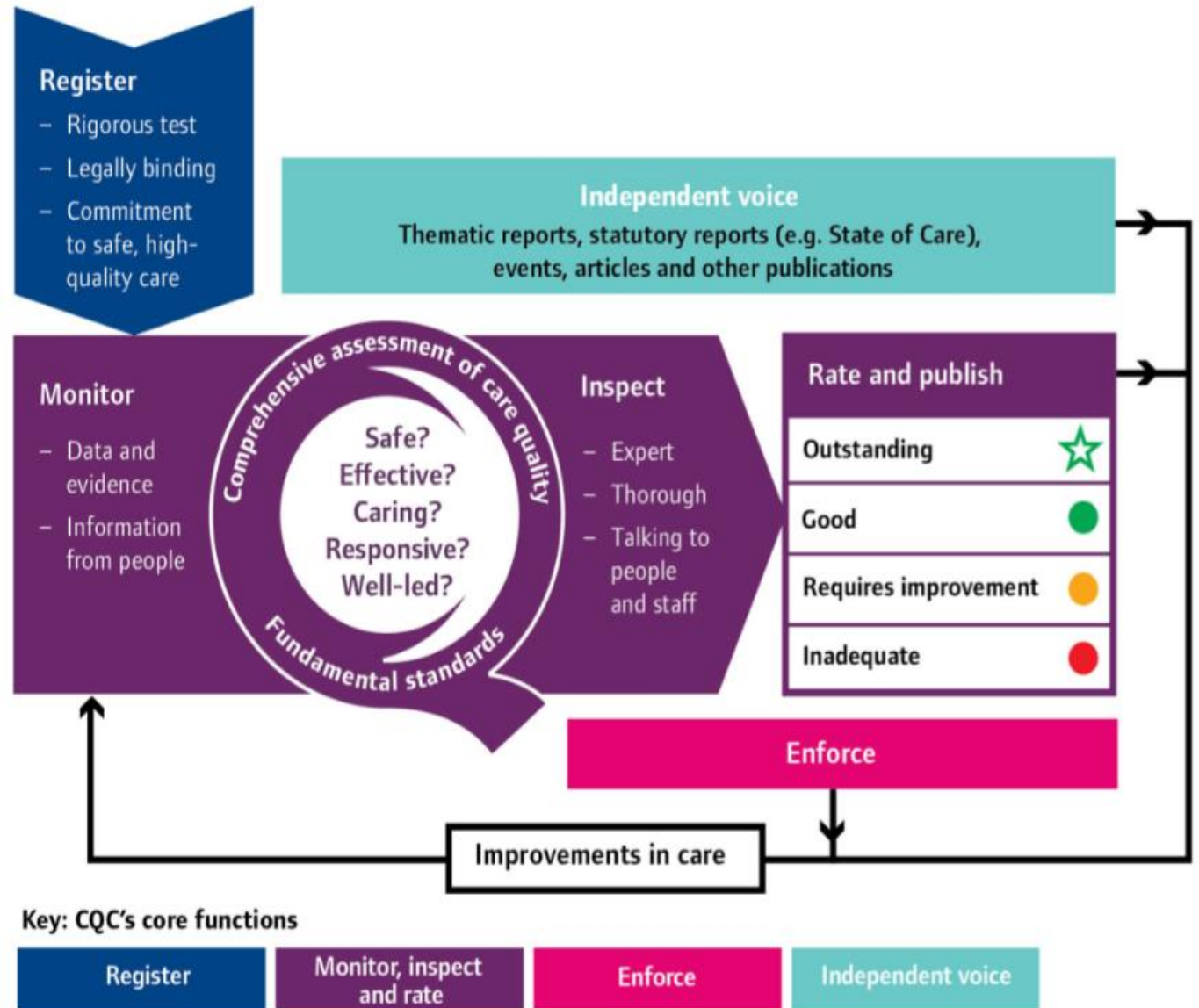
An Introduction to the CQC

Operating Model

An Introduction to the CQC

The New Single Assessment Framework

- The New Single Assessment Framework allows the CQC to assess **all types of services in all health and care sectors at all levels.** It will apply when **registering new providers through to how we look at local authorities.**

- The **Health and Care Act 2022** gives us new regulatory powers that allow us to offer a meaningful and independent assessment of care at a local authority level.

- Assessing **Local Systems** is a core ambition in our current strategy. It will enable us to provide independent assurance to the public of the quality of care in their area. Our aim is to understand how the care provided in a **local area is improving outcomes for people and reducing / tackling inequalities** in their access to care, their experiences and outcomes from care. This means looking at how services are working together within an integrated system, as well as how systems are performing overall.

- We are also committed to protecting **human rights** through our regulation.

- The assessment framework:

- Sets out clearly **what people should expect a good service to look like**

- Places **people's experiences of care at the heart** of our judgements

- Ensures that **gathering and responding to feedback is central** to our expectations of providers, local authorities and integrated acre systems.

Running through each of the four ambitions are two core ambitions: ➡️

THE CQC AMBITIONS under **FOUR KEY AREAS**

People and communities

Smarter regulation

Health and care systems
Reducing inequalities

Safety through learning

Accelerating improvement

Assessing local systems: Providing independent assurance to the public of the quality of care in their area

Tackling inequalities in health and care: Pushing for equality of access, experiences and outcomes from health and social care services

Underpinned by - Legislation

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) ....

Regulation 4: Requirements where the service provider is an individual or partnership ....

Regulation 5: Fit and proper persons: directors ....

Regulation 6: Requirement where the service provider is a body other than a partnership ....

Regulation 7: Requirements relating to registered managers ....

Regulation 8: General ....

Regulation 9: Person-centred care ....

Regulation 10: Dignity and respect ....

Regulation 11: Need for consent ....

Regulation 12: Safe care and treatment ....

Regulation 13: Safeguarding service users from abuse and improper treatment ....

Regulation 14: Meeting nutritional and hydration needs ....

Regulation 15: Premises and equipment ....

Regulation 16: Receiving and acting on complaints ....

Regulation 17: Good governance ....

Regulation 18: Staffing ....

Regulation 19: Fit and proper persons employed ....

Regulation 20: Duty of candour ....

Regulation 20A: Requirement as to display of performance assessments ....

Care Quality Commission (Registration) Regulations 2009 (Part 4) ....

Regulation 12: Statement of purpose ....

Regulation 13: Financial position ....

Regulation 14: Notice of absence ....

Regulation 15: Notice of changes ....

Regulation 16: Notification of death of service user ....

Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983 ....

Regulation 18: Notification of other incidents ....

Regulation 19: Fees ....

Regulation 20: Requirements relating to termination of pregnancies ....

Regulation 22A: Form of notifications to the Commission ....

CropicApp

Underpinned by – Legislation

Care Act 2014

Section 1: Wellbeing principle

Section 2: Preventing needs for care and support

Section 3: Promoting integration of care and support with health services

Section 4: Providing information and advice

Section 5: Promoting diversity and quality in provision of services

Sections 6-7: Co-operation generally and in specific cases

Sections 9-13: Assessment of an adult or Carers needs for care and support; eligibility criteria

Section 14(1) and (3) to (8); **Section 17**(1) and (3) to (13): Charging and financial resources

Section 18(1)(a), (c); (2) to (4), (6) and (7); **Section 19-20:** Duty to meet needs

Section 19(3): Power to meet needs for care and support

Sections 24(1), (2) and 25, sections 26(1) and (3) and 27: Next steps after assessment plans

Section 30: Next steps after assessment; care and/or support

Sections 31-33: Direct Payments

Section 37(1), (3), (4), (5)(a), (e), (f), and (6) to (15); Section 38(1)(a) and (2) to (8): Continuity of care and support when adult moves

Sections 42-43: Safeguarding enquiries and Safeguarding Adults Board

Section 48: Provider failure (temporary duty to provide services)

Sections 58 - 65: Children and young people's assessments and Transition from childhood

Sections 67: Independent advocacy support

Section 77: Register of Sight Impaired Adults

Section 79: Delegation of functions

Sections 68: Independent advocacy support
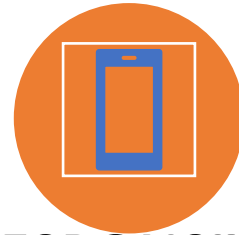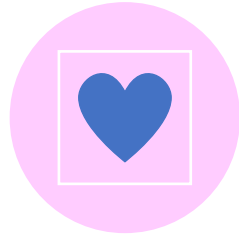
5 Key Questions

CARING

staff involve and treat you with compassion, kindness, dignity and respect.
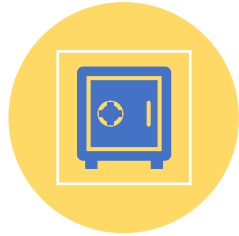
EFFECTIVE

your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

SAFE

you are protected from abuse and avoidable harm.

RESPONSIVE

services are organised so that they meet your needs.

WELL-LED

the leadership, management and governance of the organisation make sure it's providing high-quality care that's based around your individual needs, that it encourages learning and innovation, and that it promotes an open and fair culture.

The CQC will use a **subset of the quality statements from the overall assessment framework to assess how well local authorities are performing against their duties under Part 1 of the Care Act 2014.**

We will be assessed under the following 9 quality statements across the 4 themes:

Theme 1: Working with People	Theme 2: Providing Support	Theme 3: Ensuring Safety	Theme 4: Leadership
• Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes	• Care provision, integration and continuity • Partnerships and communities	• Safe systems, pathways and transitions • Safeguarding	• Governance, management and sustainability • Learning, improvement and innovation

I and We Quality Statements

Quality statements are written in the style of 'We' statements from a provider, local authority and integrated care system perspective, to help them understand what we expect of them. They are the commitments that providers, commissioners and system leaders should live up to in order to deliver truly person-centred care and support. They also help to provide a benchmark of what good care looks like by linking to the relevant best practice standards and guidance.

To develop the quality statements, we reviewed our existing assessment frameworks as well as using aspects of the Making It Real framework. Making It Real was co-produced by Think Local Act Personal (TLAP) with a range of partners and people with lived experience of using health and care services. It is a framework for how to provide personalised care and support aimed at people working in health, care, housing, and people who use services. It contains a jargon-free set of personalised principles that focus on what matters to people.

We statements are what Local Authorities must commit to.

I statements are what People expect.

6 Evidence Categories

- **People's Experience** as set out in our experience principles and framework. This category covers all types of evidence where the source is from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services. Examples include interviews with people, Give Feedback on care forms, survey results, feedback from representative groups and case tracking.

- **Feedback from Staff and Leaders** including for example, from direct interviews, compliments and concerns raised with us, and surveys. Evidence from self-assessments.

- **Feedback from Partners** including for example, commissioners, providers, professional regulators, accreditation bodies, royal colleges, multi-agency bodies. This will include partners involved in the wider determinants of health and wellbeing such as housing, licensing, or environment services.

- **Processes** are the series of steps, or activities that are carried out to deliver care and support that is safe and meets people's needs. We will focus on the effectiveness of the processes rather than simply the fact they exist. This category includes metrics such as waiting times, audits, policies and strategies.

- **Outcomes** are focused on the impact of processes on individuals and communities, and cover how care has affected people's physical, functional or psychological status. Evidence includes information on the quality of a provider, clinically relevant measures, quality of life assessments and population data. Not all Themes / Quality statements will be looked at from an Outcomes perspective.

- ~~**Observations** will not be used as part of a local authority assessment~~

Ratings and Scoring

The CQC have advised us that they will award ratings for all local authorities after the initial baselining period.

They intend to introduce scoring into their assessment process for local authorities. This approach will be consistent with their assessments of registered providers and so ratings will be produced on a similar basis to providers – building up scores from quality statements to a rating.

When the CQC assess evidence, they will assign a score to the relevant quality statement. The scores for the each of the quality statements will be totaled to ultimately produce the ratings, and an overall score. All evidence categories and quality statements are weighted equally.

So, rather than rate all 5 key questions, for each quality statement in the assessment framework, they will assess the 'required evidence' in the evidence categories and assign a score to that quality statement. The score will indicate a more detailed position within the rating scale.

The overall rating will use our four-point rating scale. The scoring framework to support decisions is:

1 = Evidence shows significant shortfalls in the standard of care.

2 = Evidence shows some shortfalls in the standard of care.

3 = Evidence shows a good standard of care.

4 = Evidence shows an exceptional standard of care

When they publish ratings, they will publish the following information:

- the overall rating
- the score for each quality statement.

What the CQC are doing to prepare

Pilots - the five local authorities that will participate in the pilot assessments are:

• Birmingham City Council
• Lincolnshire County Council
• North Lincolnshire Council
• Nottingham City Council
• Suffolk County Council.

The pilots began in May and are still underway – they are a key activity to ensure that our approach to local authority assessments is as meaningful and effective as possible. For each of these local authorities, we will provide:
• a report
• indicative scores for all the quality statements and an overall indicative rating.

- They will use their new single assessment framework when assessing the five local authority sites during the pilots, following our draft local authority assessment framework.

- They will also be undertaking **case tracking** as part of the pilots. This involves retrospectively following the pathway of a small number of people's cases to gather evidence for the assessment.

- For each local authority in the pilot, we will provide a report and indicative scores for all the quality statements and an overall rating. These are not formal ratings – they are indicative ratings that are determined through piloting. We will work with the LGA, ADASS and the pilot sites to agree the best way of making this clear.

- We will incorporate any learnings into our **formal assessments which will start later in 2023.**

- The CQC have committed to completing all initial formal assessments and award ratings for all local authorities in this phase within 2 years.

What City of York Council Are doing To prepare

- Drop-In Surgeries for Operational Staff.

- Face to Face Workshops exploring each theme and quality statements – 1 / 4 complete to date.

- Head of Transformation to attend Regional Workshops and feedback any recommendations re best practice.

- CYC Senior Leaders will continue to develop and evaluate our self-assessment, with support from ADASS and peer review sessions.

- Senior Leaders will continue to attend Monthly CQC Readiness Meetings with our Health and Community Partners to discuss progress.

- Head of Transformation and Project Manager - Social Care and Integration to work closely with relevant stakeholders to create evidence list.

- Heads of Service to prepare potential questions to support operational staff readiness and circulate as appropriate, as well as explore during drop-ins.

- T&F Group to be established with our ICS colleagues to support us, and them with their CQC readiness.

- Annual Conversation – held

- Mock Inspection – TBC for early 2024