

# Preparing for a CQC Assessment Adults Social Care and Health Scrutiny

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12 June 2024



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## CQC assessments of local authorities

- The Care Quality Commission (CQC) has been given a responsibility, through the Health and Care Act 2022, to carry out assessments of health and care systems in a local area, in order to understand how care is improving outcomes for people and reducing inequalities in their access to care, their experiences, and outcomes from care.
- CQC is interested in how *local authorities* meet their duties under Part 1 of the Care Act 2014
- We do not know when Oldham will be assessed but we do know it will be within the next 18 months
- Plans to assess Integrated Care Systems have been put on hold.

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## Implementing initial and ongoing formal assessments

- CQC expect to have assessed each local authority at least **once within an initial 2-year period**. Where the CQC believes people are or may be at risk or harm or where serious risks to people have been identified, and they require assurance that improvements have been made, they may carry out more than one assessment.
- The period of assessment starts when the local authority receives an information return request from CQC and ends when the final report is published.
- CQC will look at evidence that relates to 12 months before the start of the assessment, however, they may consider evidence outside that period and in exceptional circumstances may look at information that is several years old.

# Assessment framework for local authorities

The assessment framework for local authorities, is based on the CQC's Single Assessment Framework, and is made up of nine quality statements across four overall themes

## 1. Working with people

Assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice.

### » Assessing needs

We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing, and communication needs with them.

### » Supporting people to live healthier lives

We support people to manage their health and wellbeing so they can maximise their independence, choice and control, live healthier lives, and where possible, reduce their future needs for care and support.

### » Equity in experiences and outcomes

We actively seek out and listen to information about people who are most likely to experience inequality in experience or outcomes. We tailor the care, support and treatment in response to this.

## 2. Providing support

Shaping, commissioning, workforce capacity and capability, integration and partnership working.

### » Care provision, integration and continuity

We understand the diverse health and care needs of people and local communities, so care is joined-up, flexible and supports choice and continuity.

### » Partnerships and communities

We understand our duty to collaborate and work in partnership, so our services work seamlessly for people. We share information and learning with partners and collaborate for improvement.

## 3. Ensuring safety

Safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care.

### » Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is maintained, 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 as well as our partners on the best way to achieve this.

We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

## 4. Leadership

Culture, strategic planning, learning, improvement, innovation, governance, management and sustainability.

### » Governance

We have clear responsibilities, roles, systems of accountability and good governance to manage and deliver good quality, sustainable care, treatment and support.

We act on the best information about risk, performance and outcomes and we share this securely with others when appropriate.

### » Learning, improvement and innovation

We focus on continuous learning, innovation and improvement across our organisation and the local system.

We encourage creative ways of delivering equality of experience, outcome and quality of life for people.

We actively contribute to safe, effective practice and research.

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# Assessment framework for local authorities

- The local authority assessment framework sets out *quality statements* which are the commitments that local authorities must commit to. They are expressed as '*we statements*' and show what is needed to deliver high-quality, person-centred care.
- It also sets out '*I statements*' which are the things people expect. They are based on Think Local Act Personal's '[Making It Real](#)' framework
- The I statements are particularly important when looking at case audits and should be being considered by all frontline workers when they are completing assessments and reviews.

## **'I statements'**

'I statements' are what people expect, based on Think Local Act Personal's 'Making It Real' framework.

### **Working with people**

- I have care and support that is co-ordinated, and everyone works well together and with me.
- I have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths and goals.
- I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.
- I am supported to plan ahead for important changes in my life that I can anticipate.

### **Providing support**

- I have care and support that is co-ordinated, and everyone works well together and with me.

### **Ensuring safety**

- 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 feel safe and am supported to understand and manage any risks.

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## Assessing local authorities

- The initial formal assessment of local authorities will be based on different categories: **people's experience; feedback from staff and leaders; feedback from partners; and processes**. These assessments will not assess outcomes.
- CQC will gather evidence based on
  - **what they already have**, e.g., national data collections;
  - **what they need to request**, e.g., specific policies and strategies, internal survey results, staff feedback.
  - **what they need to actively collect**, e.g., from case tracking, focus groups and conversations with staff and leaders. Evidence may be collected both on and off site.
  - **self-assessment**. It is an opportunity for local authorities to assess and make judgements about their performance in relation to Care Act duties; highlight key successes, risks, and challenges; and identify actions being taken to address the most pressing risks.

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## Assessing local authorities

- CQC will also ask for the **details of 50 people who are receiving care and support** and will look at their care records. They use this ‘case tracking’ approach to gain insights and gather evidence about people’s experiences and outcomes from their care and support and to understand if the care and support provided is good or if it needs to improve.
- They will **also talk with people who receive support as well as those who support them, e.g., family members**, to further understand their experiences and outcomes. CQC will also talk to local authority staff and other professionals involved in the person’s care.
- **CQC want to speak to staff about their experience of Oldham** and how they work with the residents in Oldham. They will not be asking to speak to managers.

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# Reporting and information sharing

- Authorities will be able to check reports for factual accuracy and for completeness of evidence used.
- CQC will only start to publish scores and ratings for local authorities once they have gathered enough evidence to make a judgement. Overall ratings and scores for each of the individual quality statements will be used once CQC start publishing scores and ratings.
- The scoring framework to support decisions is:
  4. Evidence shows an exceptional standard
  3. Evidence shows a good standard
  2. Evidence shows some shortfalls
  1. Evidence shows significant shortfalls
- **CQC has a duty to inform the Secretary of State if they find that a local authority is failing to perform its functions** under the Care Act to an acceptable standard. The duty is triggered where any quality statement receives a score of 1.



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## Preparing for an assessment in Oldham

- ASC in Oldham has utilised the LGA and ADASS [Getting Ready for Assurance](#) documentation to carry out both an initial self-assessment and an updated self-assessment in March and September 2023, respectively. A further self-assessment is due to be completed
- The self-assessment focuses on the **four themes (working with people; providing support; safety and leadership)** and the nine quality statements.
- It provides a systematic framework to consider three key questions that enable ASC to arrive at evidence-based judgements to support improvement:
  1. How are we doing?
  2. How do we know?
  3. What are we going to do?

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# Preparing for an assessment in Oldham

## **Self-Assessment and Improvement Plan**

- Following the completion of the self-assessment and as part of an ongoing transformation programme for ASC in Oldham **an Improvement Plan has been developed** to identify areas that require further development including implementation of a new Target Operating Model for ASC; implementation of a Strength-Based Approach to care and support; mental health transformation; financial sustainability; assistive technology; Systems and Digital, and Workforce.

## **Assurance Preparation Awareness Challenge Day and Follow Up**

- An Assurance Preparation Awareness Challenge Day was held in March 2023. This was carried out by a team of peers put together by NWADASS and built on initial data analysis of identified key metrics related to the CQC Assurance themes, a case file audit, and an assurance checklist provided by ASC Oldham. A follow up check-in session with the Peer Reviewers took place in February 2024. The peer review recommendations; current strengths and challenges and how they can be evidenced; development and improvement priorities

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## Staff Engagement

Engagement is a key part of the assessment. This will include discussions with partner organisations, local authority and health colleagues and people with care and support needs

- As part of the feedback element of the assessment process CQC will speak to staff from Adult Social Care.
- Sessions have been delivered to provide staff with information on the assessment process and included role play to demonstrate to staff what an interview with CQC may be like. These will continue.
- CQC will be holding a session with a group of staff (not managers or Heads of Service), and they will also offer informal drop ins for staff members not involved in the formal session.
- This provides an opportunity for us all to celebrate the work that we do whilst recognising the challenges to be addressed.

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## Mock Information Return

- As part of the overall planning for the CQC assessment in Adult Social Care (ASC), a mock-exercise was undertaken to test the department's readiness and response to complete the CQC Information Return (IR) that starts the assessment process.
- The mock-exercise was undertaken over a **10 day period**, which started on **13 March 2024** and ended on **22 March 2024**, when all relevant information and evidence responses were required to be submitted by ASC DMT leads. This mirrored the time we anticipate to have should we be contacted by CQC.
- As part of this exercise, staff were required to submit information and evidence for their responsible areas, split across the **six** key information and **38** themed IR areas.
- An analysis of the department's readiness and a SWOT analysis have been completed.

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## Initial findings

- An initial assessment of the overall mock-exercise process and findings from the information/ evidence submissions has been completed.
- One issue evidenced during the mock-exercise was the limited amount of time people were able to allocate to collecting information due to other work pressures.
- The information requested by CQC does not always tell the whole picture and as a result, where this is the case, we need to be clearer about what it is we want to have in place to demonstrate what we are doing, eg waiting lists information
- While the availability of data in certain areas is good, eg out of area placements, there are still areas where it requires improvement, eg mental health
- We have identified the need for substantial amounts of work to get us CQC-ready both in terms of the information needed but also in terms of engagement with staff, partners and colleagues, eg voluntary community sector, health, public health, place-based teams.

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## CQC key areas of focus

Analysis of the reports of the pilots and from those authorities that have now completed their assessment has highlighted several key areas of focus. These are:

- Transitions (children to adults and between services)
- Carers
- Waiting Times
- Equalities, Diversity and Inclusion
- Co-production

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# Specific Improvement Priorities

- Assessment Processes & Pathways (IR5)
- Appeals process and pathways (IR6)
- Prevent, Reduce, Delay strategy (IR8)
- Information & Advice policy (IR10)
- Processes and pathways for transitioning between services (IR24)
- ASC strategic plans and delivery plans (IR30)
- Coproduction strategy (IR35)
- Information & Data – Themes, Trends Analysis (Various)
- Case tracking and quality audits

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# Governance

## **Task & Finish Group**

- A Task & Finish Group is being established to meet weekly to focus on the key elements of preparation for a CQC assessment visit covering the information return and essential organization for a visit. The Group is led by Reform and Improvement Heads of Service and consists of Heads of Service from the ASC portfolios. Heads of Service act as representatives of their portfolios and are responsible for ensuring that activities designated to their portfolio are completed and for reporting progress to the Task and Finish Group. The Group will also take responsibility for ensuring factors relating to CQC are communicated across ASC, the council and partner organisations. Further details of the Task & Finish Group are available on the ASC CQC Assurance SharePoint Governance site.

## **Board/ DASS Meetings**

- A dedicated Board is currently being considered to lead ASC in Oldham. Further details of the Board will be available on the ASC CQC Assurance SharePoint Governance site. While the Board is being considered regular meetings are being held with the DASS to help steer the preparations for the assessment.



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## Next Steps

- Detailed project action and resource plan to be developed detailing assigned timescales and lead officers.
- Implement new CQC Assurance Task & Finish group as the formal governance arrangements for delivery of the improvement plan.
- Prioritisation of all activity areas within detailed project plan to be completed.
- Focus on engagement – staff; partners and residents; people with lived experience
- Agree necessary resources to ensure improvement between now and an actual assessment