Care Provider Alliance CQC Single Assessment Framework Review – Final Report

Executive Summary

The Care Provider Alliance (CPA) CQC Single Assessment Framework (SAF) Review is a project commissioned by the CQC, seeking to examine social care providers' perspectives of the SAF and what they want the future of regulation to look like. This work was necessary to ensure that any further change to CQC's regulatory approach accounts for the diversity of service types and perspectives in the sector[1]. The CPA approach deliberately sought not to replicate the work of Professor Sir Mike Richards, but rather to work alongside his broader scope of work and give a deep dive into the experience of social care providers.

Care providers support effective, proportionate regulation that they can trust. It is important that their voices and those of the people they care for and support are centred in any regulatory approach. This work aims to support the CQC in its decision-making by engaging with the voices of a wide range of care providers to understand their views about the SAF.

Whilst the focus of the work was the SAF itself, other elements of the regulatory landscape such as the current backlog of assessments inevitably contribute to and nuance the perspectives of providers and as such are not possible to keep entirely removed from the findings.

The project was formed of two stages. The first stage was a large-scale outreach effort involving an online survey gathering over 1200 qualifying responses. The second stage involved over 100 care providers in five 90-minute workshop discussions.

This project has also drawn on the input of a steering group, comprised of 19 representatives from CPA member organisations and a range of care providers who form part of the CPA membership.

Readers should remain cognisant throughout this report of the fact that 85% of adult social care providers are small to medium enterprises (SMEs) with fewer than 50 employees[1]. SMEs range from having fewer than 10 members of staff to those with up to 250 members of staff. All challenges presented below are magnified for these organisations, who make up a very large proportion of the sector and often do not have individual roles and resources dedicated to quality improvement. This means that all work carried out in preparing for and undergoing assessment is completed by staff members who also hold

[1] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024.pdf

other roles, as opposed to many larger organisations who are more likely to have a dedicated quality lead or department. What is practical and achievable for SME organisations is a vital consideration in responding to the recommendations below.

Several issues were made clear across both stages of this work, the most prevalent of which were:

- The quality statements are too numerous and overlapping, and the guidance to support them is unclear and not specific enough to the type of service inspected. This makes preparation for assessment and self-assessment within services a significant administrative burden and relies on individual interpretation of the quality statements. This in turn means that providers often spend a disproportionate amount of time in preparation for assessment and remain unsure of the inspectors' interpretation of what 'good' looks like.
- The 'flexible' application of a sample of quality statements in each assessment creates opportunity for inspections to miss key information. For example, the selected sample may not encompass work that providers are proud of, or areas previously rated Requires Improvement which should be re-assessed and updated.
- Providers who have been assessed under the SAF have found it disorientating and upsetting. They describe staff feeling "devastated" and "distressed", with registered managers leaving their jobs, and organisations considering closing their services. These experiences were consistent between those who received both good ratings and requires improvement ratings.
- Challenging assessment processes and outcomes is a very difficult, lengthy and frustrating administrative process and often yields little to no satisfactory outcomes for providers. Stage 1 data showed that smaller providers were less likely to challenge their outcomes, despite stage 2 indicating that they did not feel they had had a better experience or outcome. This may suggest that SME's lower rate of challenge is due to a lack of resource and a need for support during these processes.
- Inspectors do not always have sufficient knowledge of a wide diversity of service types within social care, and the changing context in which they operate, meaning they do not always understand how to apply the quality statements appropriately in all cases and can draw inappropriate and inaccurate conclusions about services.
- Reports are often unclear, inaccurate and not timely, meaning ratings are not meaningful to the public, and the inspection process and report do not drive quality improvement for providers. Unclear reports make it challenging for providers to

know where to improve, particularly when decisions are not explained clearly and the evidence influencing decisions may not be corroborated, meaning it disproportionately contributes to providers' ratings.

- Communicating with the CQC has become very difficult for providers, with no reliable route through online systems and often no acknowledgement or feedback from CQC on receipt of information from providers.
- Communications within the CQC do not appear to reach all inspectors, meaning that they are not always aware of recent changes in the currently shifting landscape.

Recommendations

These recommendations are drawn from input from providers across both stages of the project, with issues raised within the survey being clarified and discussed within the workshops to determine how to take them forward. There was very little support shown in workshops for a complete overhaul of the regulatory approach; many providers stressed that they thought the SAF was an improvement on the KLOEs and had no appetite for requirements to understand another completely new system. However, they underscored that the SAF will not work without some amendments.

It is important that these recommendations are considered alongside the aforementioned fact that a majority of adult social care providers are SMEs and are unlikely to have roles and resources dedicated to quality improvement.

In implementing these recommendations, CQC should urgently consider the steps required to improve providers' experiences of assessment; this is highlighted as a particularly damaging aspect of both CQC's relationship with providers, and providers' day-to-day experiences at work.

1. Create a reduced set of quality statements (all specific numbers suggested by providers were under 20) and assess all providers on a consistent set of statements for every routine inspection. This should reflect a meaningful reduction in the burden that the SAF imposes on providers, rather than a condensing of the same workload into a smaller set of quality statements.

    • The 'standard set' of quality statements applied to each service type may flex to the elements of service delivery most relevant to them

- Shared Lives providers were the only group to differ in this regard and would prefer flexible and more frequent assessment drawn from a reduced set of quality statements.

2. Create guidance for each service type at the quality statement level. Each set of guidance should include specific examples of what good and outstanding looks like and highlight where an aspect of a quality statement is not applicable to the service type.
3. Use the information in the Provider Information Return to plan a timeline, CQC staffing, and priorities for assessment.
4. Share this assessment plan, including evidence requests, with providers and give them advanced notice of inspection.

   •Evidence requests, assessment timelines, and number of inspectors must be reasonable and proportional in their scale of demands on services.

5. Ensure that evidence included in decision-making has been corroborated rather than taken at face value, to produce a balanced appraisal of the service and is not wholly focused on finding issues or risk.

   • Detail efforts made to triangulate information in the report.

   •Increasing the rate of inspections does not help providers or the public if the assessment process and report are not meaningful and reflective of the findings on the day of inspection.

6. Re-write the reports of providers who have been assessed in the period of time between the implementation of the SAF and the stabilisation of the regulatory approach to a consistent and meaningful process.
7. Develop a shared, meaningful approach to co-production with providers for use in further work to be completed during CQC's ongoing recovery programme.
8. Re-introduce a single point of contact/named inspector for providers
9. Train inspectors, with the involvement of care providers, to understand and respect each type of care service and the people that they support.
10. Establish an independent body to mediate all complaints and challenge processes.

    •Ensure that this is fully accessible and able to support smaller providers who may not have the same level of resource to commit to these processes.

11. Ensure that all changes in regulatory approach thus far and in future are effectively communicated to all inspectors to reduce inconsistencies in implementation.

Communications to providers about changes expected at CQC should be accompanied by achievable timescales for completion.

Underpinning all of the issues presented above are the connected themes of a lack of consistency and a lack of clarity from CQC, which have harmed businesses' reputations, local availability of care and individuals' careers. This has ultimately led to a loss of trust from the care sector and the public regarding CQC's ability to complete a fair and accurate evaluation of services. These recommendations have been created in collaboration with a wide range of providers of all sizes from this diverse sector and will support CQC to implement a fair and proportionate assessment approach moving forwards, rebuilding the trust of the care sector and public.

More Detail – Stages 1 and 2

Stage 1

The first stage of this project was comprised of a large-scale outreach effort based on a survey which drew over 1,200 qualifying responses. This sought to understand social care providers' opinions in relation to the SAF in its initial design and implementation and focused mostly on providers' opinions of the formative elements of the SAF: quality statements, evidence categories, scoring and a flexible model of assessment over a consistent approach to all routine assessments.

This stage also highlighted the importance of paying particular attention to the needs and experiences of small to medium enterprise (SME) providers, who make up a very large proportion of the sector and often do not have individual roles and resources within their organization dedicated to quality improvement; 85% of adult social care providers are small to medium enterprises (SMEs) with fewer than 50 employees[2]. As such, any assessment framework designed for use in adult social care must be designed to be compatible with the level of capacity and resource in these organisations.

[2] https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/documents/State-of-the-adult-social-care-sector/The-state-of-the-adult-social-care-sector-and-workforce-in-England-2024.pdf

The key conclusions of the interim report, in brief, were:

- Quality statements: Respondents' views tell us that quality statements need to be more concise, contain more useful detail (e.g. concrete, real-world examples of what good practice under each quality statement looks like), and no longer overlap.
- Evidence categories: Whilst most providers appear to understand the evidence categories, their use is not necessarily supported by all providers. Many qualitative comments in survey responses are clear that they create a significant administrative burden.
- Scoring: There is no clear trend in the data regarding providers' understanding of, or support for, the use of scoring.
- Single-word ratings: Single word ratings are opposed by just over 50% of all respondents. However, a significant minority (31%) of respondents indicated that they do not know how they feel at present.
- Experience of assessment: 163 respondents had been assessed. These providers' experiences of assessment have been broadly negative, with the exception of a small number of positive and constructive outcomes. In most cases, assessment has been inconsistent, stressful, and disorientating. Inspection teams have often not communicated clearly throughout the assessment process, meaning care providers do not know what they have been assessed on, or how their assessment has gone.
- Challenging outcomes: 45% of respondents went on to challenge at least one aspect of their assessment. Those who did challenge described this process in the main as very difficult and drawn-out, even in cases which yielded a positive outcome for the care provider.

The full interim report detailing stage 1 of this project has been shared with the chair and board of the CQC.

Stage 2

The second stage of this project centered on what social care providers want for the future of regulation. It was comprised of five workshops with a total of over 100 providers in attendance.

Four of the workshops focused on different models of care provision, with one each for:

Homecare and extra care providers
Supported living providers
Residential care providers
Shared Lives providers

The fifth workshop catered to those with experience of assessment under the SAF. This cohort was highlighted as a key voice emerging from the first stage of work due to their experience of the reality of the SAF in its implementation, and how that experience appeared to differ from the rhetoric of the SAF in anticipation of assessment.

Each workshop was divided into two groups: SMEs and larger organisations. This was to understand if opinions varied between larger organisations and SMEs, following the first stage conclusion that understanding the experience of SME providers was key due to the difference in resource that each group has available to devote to compliance and improvement.

This second stage also presented an opportunity to 'sense-check' the learnings from the first stage, as what providers want for the future of regulation is inevitably linked to their opinions of the current circumstances. Many of the issues we heard about in the first stage of this work were echoed in the second stage. Providers' opinions of the quality statements and their experiences of SAF assessment were of particular note and are elaborated below:

- Quality Statements: Stage 1 feedback on quality statements was built on in stage 2, with providers highlighting that the volume of quality statements was 'hard to keep up with' in preparation for assessment and during assessment itself.
- Experience of assessment: A large degree of consistency with stage 1 was evident in the experiences of those assessed under the SAF. There was a consensus that the current implementation of the SAF imposes a significant burden on providers and registered managers and creates a totally unacceptable and unnecessary level of disruption to services. Many providers cited examples of registered managers and staff members leaving their jobs or developing mental health problems following assessment.

These issues are presented alongside others identified in the second stage below, alongside recommendations for their resolution.

The Single Assessment Framework – Issues identified

When asked, providers attending the stage 2 workshops indicated very little support for any complete overhaul of the assessment approach, and said they felt the SAF was workable and had positive elements which should be kept, if certain changes could be implemented. These changes are detailed below.

Social care providers often find that the process of maintaining records and evidence for 34 quality statements, and self-assessing across all 34, is an "overwhelming" and time-consuming process. This is particularly true for SMEs, who are less likely to have roles dedicated to these activities.

The quality statements overlap, and there is no clarity regarding how to interpret them in the context of a particular service type. Further, they sometimes contain detail which does not apply to a particular service type. For example, quality statements which contain assessment criteria relating to the care environment do not make sense in the context of homecare, where providers are not in control of their surroundings. This leads to inconsistent application of the quality assessment, and inconsistencies in the standards associated with each rating. This lack of consistency in ratings was highlighted by providers who have been rated 'Requires Improvement' (RI) and feel they should be 'Good', but also by those who have 'Good' ratings and feel they should be RI.

Flexible assessment looking at a smaller sample of the 34 quality statements can mean that areas previously rated as RI are not reassessed so providers cannot improve their ratings. It can also mean that innovative aspects of a service which providers and staff are proud of, and which drive quality improvements, may not be taken into account.

The Single Assessment Framework – Recommendations

- **Reduce the number of quality statements and consistently apply this smaller set.**

  Providers in all workshops called for a reduction in the number of quality statements. All specific numbers quoted were below 20. This will make assessment preparation and day-to-day quality control more achievable and productive.

  Most groups expressed a preference for this reduced number of quality statements to be applied consistently across routine assessments, rather than being assessed on a smaller sample. The 'base set' may vary depending on the service type, to be most relevant to their provision. This would ensure that all areas previously rated RI were re-

inspected and give providers a chance to demonstrate the work that they and their staff are proud of, without which outstanding ratings are not possible to achieve.

It should be noted that Shared Lives providers preferred the idea of more frequent assessment across a sample of this smaller set of quality statements. This was partly, though not wholly, because they wanted to ensure there was time reserved during their assessment to explain their service model to inspectors.

- **Co-produce service-level guidance at the quality statement level**

This would introduce clarity for providers and inspectors regarding the correct interpretation of the quality statements for different types of service, leading to agreement and consistency in expectations and inspection ratings across different standards of quality. Guidance should also indicate where elements of a quality statement do not apply to a service type.

Service types should be split into the following groupings, as a minimum:

Homecare and extra care
Shared Lives
Supported living
Residential care

Further work is necessary to ascertain the appropriate groupings to carry forward.

The Assessment Experience - issues identified

For many providers, the assessment experience is inconsistent and disorientating, with many being unclear how long it will last and what has been assessed, against which quality statements, and using what evidence. The confusion that this creates is compounded by efforts to meet CQC's evidence requests, which are often difficult to fulfil and require a lot of staff time to prepare.

As detailed in the stage 1 interim report, the impact of assessment on providers has led to a strong consensus across all workshop groups that assessment which creates this level of disruption and upset for services and providers is not an acceptable way of regulating and is wholly unnecessary. It has led to high levels of stress amongst staff members, impacting their mental health and leaving them and the people they support feeling disorientated and upset. In some cases, these pressures have led to registered managers

and business owners leaving their jobs or considering closing down their services. This impact is present whether the final assessment outcome was positive or not.

Inspectors' understanding of some service types in the social care sector can also be very limited. This can lead to inappropriate and disproportionate judgements of services, as well as inappropriate approaches to engaging with people in receipt of care and support and staff.

Some inspectors also lack understanding of the complex context and changing market in which care providers operate, where some aspects of delivery are outside of their control. For example, the financial pressures that Local Authorities face can result in the commissioning of care packages which do not fully reflect the evolving needs of the individual. This means that the funding allocated to support the person does not cover the full operational cost of providing the necessary care and support that the person needs. This poses a significant challenge for care and support providers, as they endeavour to provide high-quality care which meets the needs of the individual and comply with regulations whilst being manifestly under-resourced to do so.

Following assessment, reports are poor quality and are often difficult to understand. They do not reflect the feedback given by inspectors on the day of inspection and contain basic inaccuracies, including examples such as the dates of inspection. Decision-making processes are not articulated in reports, meaning they cannot be useful to providers because they do not detail the evidence that has influenced quality statement scores. Decisions are also unduly influenced by individual pieces of evidence which have not been corroborated with other sources before inclusion.

The CQC's targets to increase the rate of assessments are not helpful to providers or the public, who rely on CQC reports to make informed choices about care options, if the assessments and reports completed are not meaningful. Those providers who have never been assessed, those who have waited years for their RI rating to be re-assessed and those who have been assessed under the SAF do not feel their situation will be ameliorated unless any further assessments are clear and proportionate.

The Assessment Experience – Recommendations

The issues detailed above make clear that CQC should urgently consider the steps required to improve providers' experiences of assessment; this is highlighted as a particularly damaging aspect of both CQC's relationship with providers, and providers' day-to-day experiences at work.

To make assessment more meaningful and bring clarity to the assessment experience and reports for providers, thus re-building provider and staff confidence in assessment, CQC should:

- **Give all providers advanced notice for all routine inspections**
  Providers want to work with CQC colleagues to facilitate a good inspection experience for all parties, including the people that they care for and support and their staff. This is only possible if they are given notice of inspection.

  Notice will allow providers to inform CQC of any specific needs that the people they support may have, for example dress codes required to be on-site, discomfort having unknown people in their living space, preferred modes of communication and other elements which may otherwise impede the progress of an on-site inspection and cause disruption to services.

  Giving notice will also minimise the risk that key personnel, including the registered manager, are not available. Providers feel it is important for registered managers to be in attendance during inspections, so they have clear, knowledgeable and consistent oversight of inspection and are able to respond to CQC's queries in real time, bringing clarity to assessment processes for both parties. This is particularly relevant to Shared Lives services, where staff often work part-time, with limited office days. Where they have not given notice previously, CQC inspectors have arrived when the office is empty.

  Giving notice will also allow providers to speak with their staff members, answer their questions and provide reassurance ahead of assessment. This is important, as many staff members have experienced or heard about the stress, confusion and upset that SAF inspections have caused. Giving notice will therefore go some way to re-building staff members' trust in the CQC and inspection process and acknowledge the disruption that SAF inspections have caused in the past.

  Furthermore, notice of inspection will allow providers to communicate this to the people that they care for and support and their families. This is important, as assessment may be disruptive to their routines and environments and may cause a degree of discomfort, for example in having an unknown person enter their living space or interacting with their loved ones. Advanced notice means that providers can work to facilitate the inspection that CQC wants to carry out, without de-prioritising the comfort and needs of the people they support.

- **When giving providers notice of inspection, they should also be given a plan for how their inspection will progress.**
  Assessment plans should be developed by an inspector who understands the unique sector context that the provider works in and has read their Provider Information Return. The plan should detail which quality statements are being assessed, how long it will take, the CQC staff members involved, and any evidence required from the service. The plan should be reasonable and proportional in its scale of demands on the service, in terms of the volume of evidence required from providers, the format it should be presented in, and the amount of time assessment will take. Giving providers notice and a plan for inspection will also go some way to embedding mutual respect in assessment processes, and bringing CQC's relationship with the social care sector in line with the other sectors that it regulates.

- **Improve the clarity and timeliness of reports**
  Reports should include useful detail that providers can use to improve their services following assessment. They should state what was inspected, under which quality statements, and what evidence was used to make decisions. They should also explain the triangulation of evidence which contributes to decisions, rather than including individual comments which may have been taken at face-value as evidence of an issue. This will ensure that assessment produces a clear and balanced appraisal of a service, which is useful to the provider and is not wholly focused on finding issues or risk.

  Reports should also be meaningful and clear for the public, who will use them to inform judgments about care options for themselves or their loved ones. This requires timely publication, as services will implement and adapt to the feedback they receive meaning late reports are unlikely to be a current view of a service, particularly in the case of a requires improvement rating. Delays to re-assessment then compound this issue by preventing further updates to ratings for a number of years.

- **Provide training for inspectors about each type of social care service, with the involvement of providers.**
  This is important to ensure suitable expertise to be able to assess services in an informed way, prevent the continuation of demands being made of services which are inappropriate to their service type and ensure that a fair and accurate

representation of a service results from assessment. It will also ensure that inspectors understand the work of the staff members in different service types, allowing staff to have greater confidence in the inspection process and embedding mutual respect and trust between inspectors and all staff members. This knowledge should extend to understanding the people in receipt of care and support, to prevent approaches to inspection which are inappropriate to the context e.g. trying to contact non-verbal people on the phone.

- **Re-write reports published between the introduction of the SAF and any future stabilisation of the regulatory framework**
  There is a growing cohort of providers with services which have been assessed under various iterations of the SAF, who do not feel their assessment or report is reflective of their service. These providers would like their reports to be re-written into an accurate portrayal of their assessment and service. Reports and ratings from this period are not helpful for the public or commissioners, are unnecessarily harming providers' businesses and relationships with their Local Authorities and causing upset for the people they support and their families.

Culture (Communication and relationships) - issues identified

Care providers feel there has been a breakdown of co-productive relationships and open communication between the sector and the CQC. This relationship is important to providers because regulation has a direct impact on the viability of providers' businesses and mutually respectful relationships with CQC are paramount to ensuring that they are able to effectively meet regulations, respond to issues and demonstrate their strengths. Providers also want to return to a productive working relationship which supports them to develop and implement ideas and continuously improve and innovate in their service provision. At present, providers report that their efforts to communicate with the CQC feel like sending information into a "black hole".

Difficulties in communicating with CQC extend further to providers challenging the outcomes of their assessments. There is a lack of timely responses and open dialogue which, in combination with the lack of clarity available to providers during their assessment and in their reports, creates a very frustrating and difficult process which lacks fairness and objectivity. Some of those challenging assessment outcomes indicated that they have had to take legal advice.

Care providers also report that, in their experience, communications during this period of change and recovery are not reaching all CQC staff members, creating further inconsistencies in inspections.

Culture (Communication and relationships)

- **Develop a shared approach to co-production with providers**
  This would ensure that further work completed in designing and implementing changes to the SAF would involve genuine co-production with providers, to ensure that they were able to contribute to further work, on the understanding that their contributions would be listened to and addressed. This would also ensure that both parties understood an agreed meaning and approach to co-production which they felt would be valuable. In turn, this would re-build relationships with the provider sector, which has lost trust that CQC are invested in meaningful external engagement.

- **Re-instate the single point of contact/named inspector for providers**

  This would improve the timely acknowledgement of, and responses to, providers' communication, ensuring that providers could form a working relationship with CQC which can help them improve and innovate in their services. It would also mean that they could stay in regular contact with CQC between assessments and navigate improvement in the context of an RI rating, notification or warning notice. This would allow CQC to be reassured that providers are improving, whilst giving providers the time needed to implement lasting change and allowing their record to be corrected without long delays when they improve.

- **Establish an independent body to oversee challenges and complaints – including support for SMEs**
  This would ensure that providers can trust that the processes surrounding challenges and complaints are robust and objective, reducing the need for resource and time for providers and CQC through legal processes. This in turn will allow providers to feel that they have a voice in response to CQC and that there is fairness in the system. It would also remove the administrative burden of complaints-handling from CQC, increasing the rate at which challenges are resolved and reducing the backlog.

Stage 1 of this project found that SME providers are much less likely to challenge an assessment outcome than larger organisations, though they did not feel more positively about their assessment experience in stage 2. This body should therefore be resourced to support providers through their complaint or challenge, ensuring the opportunity is open to all. Experience from the existence of other ombudsmen / independence appeals services also enable the publication of valuable lessons and trends for both the regulator and the services being regulated.

- **Develop improved approaches to communicating change**

  Whilst recognising that urgent change is necessary, providers would like plans announced by the CQC to be accompanied by clear, achievable timelines. Further communication within CQC is also necessary to ensure that all inspectors are aware of the current approach and any upcoming changes, to reduce the disconnect between what providers hear is happening, and what they experience during inspection.

A strong consensus

All examples in this report are drawn from providers contributing to this project. Whilst some providers have had good experiences of being assessed under the SAF or preparing for assessment, most involved in this project have not. This includes providers who received 'good' ratings. These findings are consistent with those presented in the interim report, based on the first stage of this project. There are many more examples that we did not include, and many more providers we have not heard from. In our experience, the issues and inconsistencies presented here are the rule, not standout exceptions.

Whilst all of the recommendations presented in this report carry a level of urgency, we recognise that some are achievable sooner than others which may take longer to implement and embed. We ask that CQC commits to these recommendations and provides a clear timeline for implementation.

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We also give our sincere thanks to all care providers who have taken the time to engage in this piece of work.