

Briefing note: What does the CQC assessment of Adult Social Care entail?

This briefing note has been prepared to help people and our partners to understand more about what the process will look like and how they may be asked to support the assessment.

Background information

The [Health and Care Act \(2022\)](#) empowered the [Care Quality Commission](#) (CQC) to assess how well local authorities meet their duties under [Part 1 of the Care Act \(2014\)](#) using their [single assessment framework](#).

We asked the [Local Government Association](#) (LGA) to undertake a peer review of Gloucestershire in September 2023 - read the [full report here](#).

CQC have published full guidance on [local authority assessments](#), this briefing note does not replace their full framework which should be accessed on the CQC website.

A reminder: The CQC LA Framework

The focus of LA inspection will be across **four themes**, with 9 relevant **quality statements** drawn from the **Single Assessment Framework**



What will the Assessment entail?

It will be a 6-stage process

- Notice of assessment – 18th March 2024
- CQC review of publicly available data - review national datasets e.g. ASCOF, SAC etc
- Information Return request – deadline 5th April 2024. CQC will read our self-assessment and Information Return – desk top review
- Offsite preparation work inc
 - Case tracking request and template on **receipt of site visit notification**
 - Follows pathway i.e. a person's 'journey' from the initial approach to the local authority, to assessment, care planning, moving through services (if applicable), impact, outcomes, and review.

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- We submit the anonymised list (people who have had an assessment within the last 12 months) and CQC will select 10 cases for case tracking from the 50 submitted.
- Case Tracking will involve talking to person and carer/advocate
 - Permission required by LA on CQC selection, confirmed in writing
 - Permission checked by CQC who will arrange interview within 3 weeks
 - Pen portrait of inspector provided on request
 - Communication needs established before interview
 - Interview usually an hour and online, by phone or in person as the person prefers
 - CQC empowered to access records and follows GDPR on retention/destruction
- May involve talking to staff involved - if triangulation required
- Case selection should be informed by seeking to understand the range of people's experience
 - e.g. people at higher risk of poor care outcomes and/or with less good experiences
 - e.g. taking into account protected characteristics and other forms of disadvantage

CQC Selection of cases to track:

- 50 cases submitted, 10 selected, 6 tracked with 4 reserves
- Must have received an assessment within 12 months
- **List must be returned within 10 working days of onsite visit notification**
- All information submitted via secure portal
- Cohorts (cases codified)
 - CT01 older people
 - CT02 young people who have transitioned to adult services.
 - CT03 people who have recently come out of hospital and are receiving care (for example receiving a large package of care and/ or joint funded or reablement)
 - CT04 people with a learning disability and autistic people
 - CT05 people with mental health needs or substance misuse.
 - CT06 people with physical disabilities or long-term conditions.
 - CT07 unpaid carers
- For 10 selected cases, records required:
 - Initial reason for the contact with the LA.
 - One page summary of the person's needs.
 - Date of first contact.
 - Date of assessment.
 - Most recent assessment or review.
 - Any services provided as a result of the most recent assessment/review.
 - Any referrals made to other services as a result of the most recent assessment/review.
 - Any multi agency or contextual information relevant to the person.
 - Agreement to be contacted as part of the LA assessment case tracking.
 - Contact details of the lead professional (for some cases we may need to contact a professional for further details or clarity on some areas of the assessment journey)

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- A brief evaluation summary (no more than 1 page to provide a self-evaluation summary highlighting any areas of good practice or areas for improvement.)
- CQC will reach out to range of stakeholders including Members, GCC Corporate, Health and Voluntary and Community Sector, Partnership Boards, and people with lived experience (inc carers). They will try and do a lot of this virtually, but where required onsite meetings/interviews will be arranged.

5. Onsite CQC assessment visit – Anytime between Mid-May – Early October (TBC) 2-4 days on site at Shire Hall
6. CQC provide draft report and rating factual accuracy check and then publicly published.

What will the onsite process look like?

The Size of CQC team is likely to be about 8

Possible scenarios for our staff¹

- You are invited to a focus group on a topic CQC would like to establish greater evidence for.
- You are asked to attend an interview on behalf of your team
- You decide to join a drop in and talk about your work
- There is a query about a case you have been involved in (case tracking)
- There is a visit to your locality/where you are based
- Informal / Corridor contact

Possible scenarios for our partners and people with lived experience

- You are contacted virtually for your feedback and invited to attend virtual interview or provide feedback through a survey.
- You are invited to a focus group on a topic CQC would like to establish greater evidence for.
- You are asked to attend a face-to-face interview on behalf of your organisation
- You decide to join a drop in and talk about your work.

How can you prepare for the CQC Assessment?

- Familiarise yourself with the CQC themes and quality statements
- Read our [self assessment](#), this will help you understand what we are saying about ourselves, our performance, our strengths and areas for improvement.
- If you are invited to speak with the CQC inspectors this will be a confidential professional discussion. This could include 1:1 interview, focus group, drop in, face to face or online meetings.
- Prepare anything you would like to share with the CQC team to showcase the work you do to support adult social care or how adult social care supports you. What works? what are you pleased with? What could be improved? Be prepared to provide examples to showcase your work e.g. successful projects, ongoing transformation or feedback from people who use our services.

¹ This is a catch all definition and includes all ASC Practitioners, Social Workers, Financial Assessors, Direct payment specialists, Inhouse Service staff and commissioners of services.

How should I respond to questions?

- Be honest and transparent in your responses. Provide accurate information based on data and evidence.
- Highlight both achievements and challenges, along with any strategies in place to address them.
- Focus on collaborative efforts, partnerships, and co-production initiatives.
- Provide specific examples and success stories to illustrate your points.

Be open to feedback.

Who will CQC interview?

Ahead of onsite visit they will likely meet with the Director of Adult Social Care, Leader of the Council and our Chief Executive virtually. During onsite visit they will interview a range of people. Interviews are likely to be held at Shire Hall. Reasonable adjustments are offered to those who require it.

Key roles to be interviewed:

Principal Social worker	Director of Public Health
Frontline workers	People with lived experience
VCSE	Chair of GSAB
Care Providers	NHS Partners

What kind of questions might CQC ask?

The Inspection team will ask questions related to the 4 CQC assurance domains

- How we work with people
- How we support people
- How we keep people safe
- Leadership

For example

1. What does adult social care do well?
2. What are the challenges that you in your role face and or that adult social care face?
3. How can you evidence that adult social care works in a strength-based and personalised approach?
4. How can you evidence that adult social care promotes making safeguarding personal?
5. How long do people have to wait for an assessment and how are they kept safe whilst awaiting assessment?
6. How long do people have to wait for care services to start, how are they kept safe in the interim?
7. How do you assess for risk?
8. Is there good management oversight and support?