

**The Care Act 2014 and CQC's Assessment  
Framework for local authorities;  
understanding the relationship between them  
and strengthening your practice**

**Diane Buddery & Carmen Colomina**  
**July 2024**

# Agenda

<b>Time</b>	<b>Section</b>
10.00am	<b>Introductions and welcome</b> Diane Buddery – Senior Advisor PCH
10.05am	<b>The Care Act 2014 and CQC's Assessment Framework for local authorities; understanding the relationship between them and strengthening your practice. Q &amp; A</b> Carmen Colomina- Practice Development Manager (SCIE)
11.00	Q&A
11:15	<b>Closing remarks and evaluation</b>

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- Please ensure your microphones are muted.
- Dedicated time is set aside for Q&A.
- You are welcome to use the Chat function to ask questions during the presentations.
- Should you lose connection to the session, please re-join using the same MS Teams link you joined with.
- If you have any problems, please contact [cqcassessment@local.gov.uk](mailto:cqcassessment@local.gov.uk)
- An evaluation form will be emailed at the end of this session to capture your feedback.

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# Objectives for the session

Consolidate understanding of  
key legal Care Act terms

Understand key Care Act general  
responsibilities and specific duties

And how the above relates in practical terms to the CQC single assessment  
framework enabling participants to be clear on the relationship between the  
Care Act Part 1 and the CQC assessment framework and how to ensure this is  
embedded in their organisations



What are the key  
aspects from the  
Care Act 2014?



What do you think the  
below terms mean in  
the Care Act?

Spirit of the Law and  
letter of the law

- **Must**
- **Should**
- **May**



# Local authorities must have regard to...

- the importance of beginning with the assumption that the individual is best-placed to judge their wellbeing
- respecting an individual's views, wishes, feelings and beliefs
- decisions being made having regard to all the individual's circumstances
- the need to protect people from abuse and neglect





What do you think the  
below terms mean in  
the Care Act?

- **Individual**
- **Carer**
- **Adult**



- Promote individual wellbeing
- Prevent, reduce and delay
- Integration, cooperation & partnership
- Information & advice
- Commissioning

## General responsibilities



- Carers
- Assessment
- Eligibility
- Care and Support Plan. Personal Budget and Direct Payments. Review of Care and Support Plan
- Independent advocacy
- Safeguarding
- Transition
- Continuity of care
- Finance

## Other duties



# How is it ensured that LAs meet these legal duties?

The CQC was given regulatory powers in the Health and Care Act 2022

## What?

- Assess LAs social care from April 2023

## Why?

- Aim - to provide assurance to local people about how well local authorities are discharging their duties under Part 1 of The Care Act 2014

## How?

- Single assessment framework

# Single Assessment Framework

## Four themes

Working with people

Providing support

Ensuring safety

Leadership

## Quality statements

I – people in the  
community and people  
receiving care and support

We – councils and social  
services departments

## Ratings

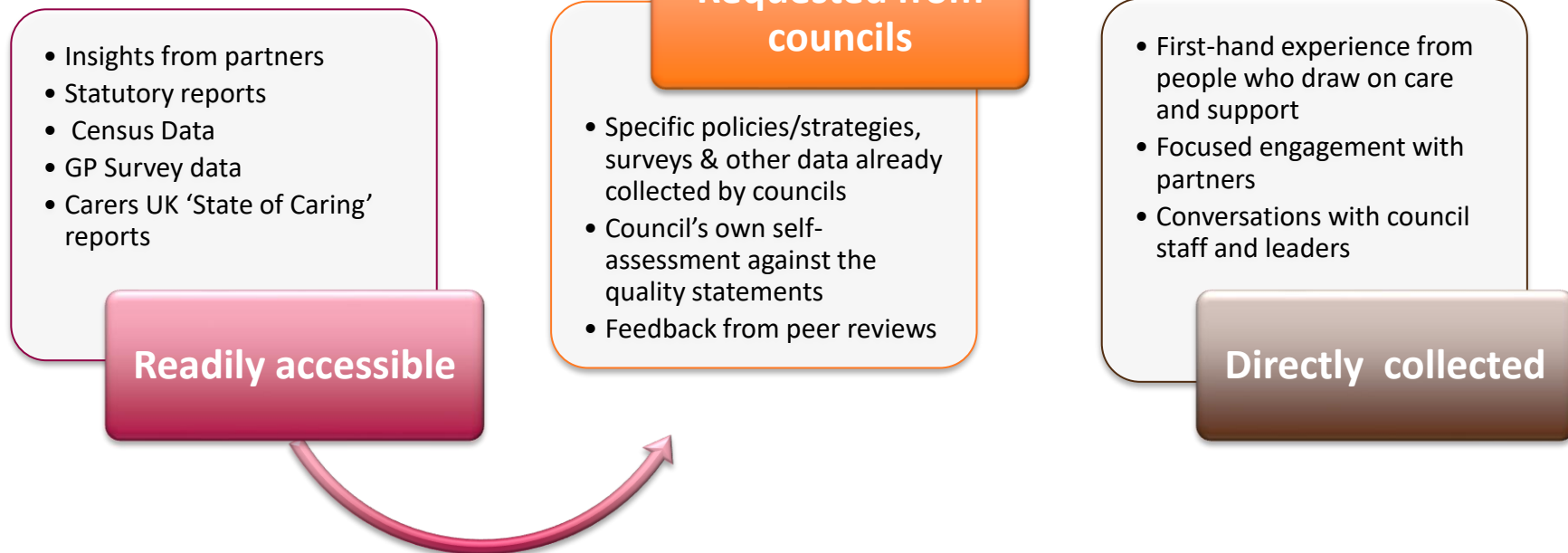
Outstanding,

Good,

Requires improvement,

Inadequate

# Evidence collection



**Working with People:** assessing needs, care planning and review, direct payments, charging, supporting people to live healthier lives, prevention, wellbeing, information and advice

**Providing Support:** shaping, commissioning, workforce capacity and capability, integration and partnership working

**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

**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

**Ensuring Safety:** safeguarding enquiries, reviews, Safeguarding Adults Board, safe systems, pathways and continuity of care

**Leadership:** culture, strategic planning, learning, improvement, innovation, governance, management and sustainability

**Safe systems, pathways and transitions**

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, 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, harassment, abuse, discrimination, avoidable harm and neglect, and we make sure we share concerns quickly and appropriately.

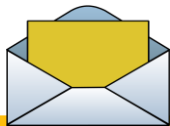
**Governance**

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

**Overview  
of the  
process  
from start  
to finish**



### Notice of Assessment

CQC will send a letter of notice to the Chief Executive and Director of Adult Social Care that they will be assessing the local authority. Usually, the letter is sent 6-8 weeks before the onsite CQC assessment visit.



### Review of Publicly Available Data

Before the onsite visit, CQC will review all data reporting that is publicly available. This will include outcomes from the Adult Social Care Outcomes Framework (ASCOF), Safeguarding Adults Collection (SAC return) and other surveys the local authority must complete.



### Information Return

CQC will request a range of information before their onsite assessment visit. This includes a list of 38 data and document items, 50 cases of which they will pick 10, track 6, and put 4 on reserve. Some of this information must be received within 1 week of the notice to assess received and the rest within 3 weeks.



### Onsite Visit

During CQC's onsite visit, which usually lasts 3-4 days, they will interview a range of people. This includes front-line practitioners without managers, the PSW, people who draw on services and carers, providers, partners and leaders.



### Report and Rating

Once CQC has finished their onsite visit, they will consolidate the information from the information return, onsite visit, and publicly available data. They will assess against the 9 quality statements and add these up to give a final overall rating of outstanding, good, requires improvement or inadequate.



### Draft Report and Rating

CQC will send a draft report which includes an overall rating. If the local authority disagrees with parts of the report and or the rating, an appeal can be launched. Once the local authority and CQC have agreed on the report and ratings, the report will be finalised and published Publicly.

# Theme One-Working with People – Care Act sections

- 1- Preventing needs for Care and Support
- 4 – Providing information and advice
- 6.Co-operating generally
- 7.Co-operating in specific cases
- 9.Assessment of an adult's needs for care and support
- 10.Assessment of a carer's needs for support
- 11.Refusal of assessment
- 12.Assessments under sections 9 and 10: further provision
- 13.The eligibility criteria
- 14.Power of local authority to charge
- 17.Assessment of financial resources
- 18.Duty to meet needs for care and support
- 19.Power to meet needs for care and support
- 20.Duty and power to meet a carer's needs for support
- 24.The steps for the local authority to take
- 25.Care and support plan, support plan
- 26.Personal budget
- 27.Review of care and support plan or of support plan
- 31.Adults with capacity to request direct payments
- 32.Adults without capacity to request direct payments
- 33.Direct payments: further provision
- 60.Assessment of a child's carer's needs for support
- 61.Child's carer's assessment: requirements etc.
- 62.Power to meet child's carer's needs for support
- 63.Assessment of a young carer's needs for support
- 64.Young carer's assessment: requirements etc.
- 67.Involvement in assessments, plans etc





# Theme One-Working with People

## Care and Support Statutory Guidance Chapters

- 2 - Preventing, reducing or delaying needs
- 3 - Information and advice
- 6 – Assessment and eligibility
- 7 – Independent Advocacy
- 8 - Charging & Financial Assessment
- 9 – Deferred Payments agreement
- 10 – Care and Support Planning
- 11 – Personal Budgets
- 12 – Direct Payments
- 13 - Care and Support Planning

# Theme One-Working with People

## Quality Statements...

- Method of assessment
- Independent advocate
- Choice and control
- Flexibility in process
- Joint working
- Carer AND cared for
- Etc.

### 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

# Carers

- A carer is somebody providing any unpaid “necessary support”
- Duty to assess any carer who appears to have needs for support, including their willingness and ability to continue
- Duty to provide carers with a Personal Budget if they have eligible needs
- Local authority duty to meet a carer’s needs
  - Provision of support to the carer (can be charged for)
  - Provision of support to the person with care and support needs (carer cannot be charged)



# Independent advocacy

- LA has the duty to provide independent advocacy to adults with care and support needs and carers:
  - who would have substantial difficulty (understanding, retaining, weighing up, communicating) being involved in care and support processes (assessment, review, care and support planning)
  - when there is no other appropriate individual to support them
- The role is to facilitate the person's involvement, not merely to be consulted



## Practice – Haringey example

September 2015: first Care Act case

Council criticised for failing to provide independent advocate to asylum-seeker

Judge ordered assessment to be redone

May 2015: decision not entitled to accommodation because community care package inadequate

Council ‘failed to ask itself the right questions’

Requirement for advocate ‘could not be clearer’



# Information and advice

**Local authorities must: “establish and maintain a service for providing people in its area with information and advice relating to care and support for adults and support for carers”.**

- Communication of knowledge and facts regarding care and support

Information



- Helping a person to identify choices and/or providing an opinion or recommendation regarding a course of action in relation to care and support.

Advice



# Theme Two - Providing support – Care Act sections

- 1.Promoting individual well-being
- 3.Promoting integration of care and support with health services etc.
- 5.Promoting diversity and quality in provision of services
- 6.Co-operating generally
- 7.Co-operating in specific cases
- 48.Temporary duty on local authority
- 77.Registers of sight-impaired adults, disabled adults, etc.
- 79.Delegation of local authority functions



## Theme Two- Providing support

### Care and Support Statutory Guidance Chapters

4. Providing information and advice

15. Cap on care costs

16. Cap on care costs: annual adjustment



# Theme Two - Providing Support

## Quality Statements...

- Integration, cooperation and partnership
- Diverse market – choice and control
- Promote individual wellbeing
- Etc.

Shaping, commissioning, Workforce Capacity and Capability, Integration and partnership working

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



# Theme Three- Ensuring safety within the local system – Care Act sections

6.Co-operating generally

7.Co-operating in specific cases

19. Power to meet needs for care and support

37.Notification, assessment, etc.

38.Case where assessments not complete on day of move

42.Enquiry by local authority

43.Safeguarding Adults Boards

48. 48.Temporary duty on local authority

58.Assessment of a child's needs for care and support

59.Child's needs assessment: requirements etc.

60.Assessment of a child's carer's needs for support

61.Child's carer's assessment: requirements etc.

62.Power to meet child's carer's needs for support

63.Assessment of a young carer's needs for support

64.Young carer's assessment: requirements etc.

65.Assessments under sections 58 to 64: further provision

68.Safeguarding enquiries and reviews



## Theme Three- Ensuring safety within the local system

### Care and Support Statutory Guidance Chapters

14. Power of Local Authority to charge

15. Cap on care costs

16. Cap on care costs: annual adjustment

# Theme Three- Ensuring safety within the local system

## Quality Statements...

- Hospital discharge
- Safeguarding
- Flexibility in system –'must have regard to'
- 'signposting'
- Etc.

### Safe systems, pathways and transitions

We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.



# Theme Four – Leadership and governance

Care Act

PART 1 – CARE AND  
SUPPORT

Care and Support  
Statutory Guidance  
Chapters

1. Promote individual  
wellbeing



# Theme Four – Leadership & governance

## Quality Statements...

- Professional judgement, decision making
- Learning and development
- Clear and 'lean' sign off processes
- Safeguarding 'every ones' business'
- Etc.

### 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.

- Promote individual wellbeing
- Prevent, reduce and delay
- Integration, cooperation & partnership
- Information & advice
- Commissioning

## General responsibilities



- Carers
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## Other duties

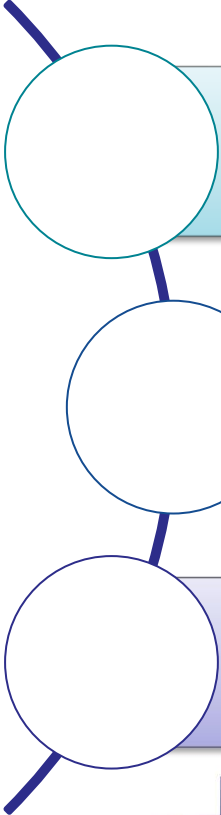


# Wellbeing areas

The core duty of the  
Act is to promote  
individual wellbeing







Duty to promote individual wellbeing (holistic view) when performing any care and support function

The wellbeing principle applies to all people in LA area who participate in a care and support system function

There is no hierarchy and all areas of wellbeing or outcomes should be considered of equal importance



## Key learnings from early sites...

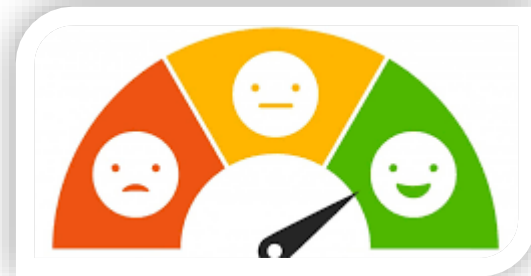
- “This IS an inspection, not a place to be negative, but an opportunity to showcase great practice.”
- You need to understand where your work and its impact ‘fits’ into the 4 CQC themes
- Remember to show evidence:
  - Practice application of the Care Act – ensure your recording is consistent with the practice
  - How input by experts by experience has and continues to shape your approach
  - How your ‘customer journey’ provides ‘care and support’
  - Prepare real examples to show evidence



# Key learnings from early sites....

- Ensure familiarisation with:
  - What is coproduction
  - key messages from your Self-Assessment
  - Awareness of and response to equality, diversity and inclusion
- Be open and honest -Identify your areas for development and have an action plan for them. Councils will be given credit for awareness of the challenges they face and actions in place to address them. Even outstanding services will have challenges that they are working on.





# Any Questions



# Appendices

## Care Quality Commission (CQC) Assessment in brief

- Health & Care Act 2022 - new regulatory powers to CQC to independently assess local authority social care from April 2023
- Aim is to provide assurance to local people about how well local authorities are discharging their duties under **Part 1 of The Care Act 2014**
- Single assessment framework structured around four themes:
  1. How local authorities work with people
  2. How local authorities provide support
  3. How local authorities ensure safety within the local system
  4. Leadership



## CQC Assessment in brief

- Each of the 4 themes are underpinned by a set of quality statements using an ‘I/we’ approach –see slide 8. for ‘we’ statements for councils
- Example of an ‘I’ statement would be “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.”
- The Health and Care Act also gave CQC new responsibility to assess how integrated care systems are working to tackle health inequalities and improve outcomes for people.
- Aim is for all councils to be assessed within 2 years
- One-word ratings: **outstanding, good, requires improvement, inadequate**



## **CQC approach to evidence collection**

Evidence will be sought in support of each quality statement (which is aligned to the relevant TLAP 'I' statement)

### **1. Evidence already held or accessible to CQC**

Evidence already collected as part of CQC's regulatory activity eg insights from partners, providers, people using regulated care, Short and Long Term (SALT) data, Survey of Adult Carers in England (SACE) data, Census Data, GP Survey data, Carers UK 'State of Caring' Reports

### **2. Evidence which will be requested from councils**

Specific policies/strategies, survey & other data collected by councils, Council's own self-assessment against the quality statements, feedback from peer reviews

### **3. Evidence which will be directly collected by CQC**

First-hand experience (eg via case tracking or focus groups) from people who draw on care and support, focused engagement with partners, including those delegated to undertake assessment, and conversations with council staff and leaders





## CQC approach to evidence collection

CQC will not only collect evidence from a range of sources, they want to triangulate it, so whatever is set out in the council's vision, strategies and ambitions for adult social care should align with what they hear from frontline staff and people who draw on care and support. This should also align with what's required of councils in the Care Act.

CQC aren't so interested in details of our process and systems, or in what we *intended* for people, they want evidence of the beneficial impact and improved outcomes in a person's life resulting from a social care intervention.

CQC want to hear about what we do well, where we know we need to do better and crucially, how we are going about this. They want to know that we can apply what we learn to further improve our care and support. **Lastly, councils have told us that CQC place the greatest weight of all on evidence from people who draw on care and support so make sure you have examples of where a person's experience has shaped and influenced the support they receive.**

