Better regulation, better care:

Consultation on improving how we assess and rate providers

Contents

About us

The Care Quality Commission is the independent regulator of health and social care in England.

Our vision

Everyone receives safe, effective and compassionate care.

Our purpose

We regulate health and adult social care, we work together with the public, systems and providers of care to protect people, and to promote and improve quality of care.

Our commitments

To the public: To listen, act, inform and protect
We listen to, learn from and inform the public. We take appropriate action to keep them safe and improve their care. This is to protect people's rights, and enable safe, effective and compassionate care regardless of their background or circumstances.

To providers and systems of care: To help them improve and innovate
We work with health and care providers and wider care systems to improve the quality and equity of care. We set clear, evidence-based expectations, and we identify and respond to risk early. We encourage innovation and improvement by building strong, trusted relationships and using data and insight.

To our people: To feel valued and do great work
We invest in our people, tools and culture to create the conditions for everyone at CQC to be guided by our vision and values. This will build internal trust and external credibility. Our people will do their best work as they are well-led, they feel supported and that they belong.

To partners who share our purpose: To work together for better care
We work with partners across government, Parliament, wider stakeholders, and communities, sharing insight, best practice and learning. This is to strengthen our regulation, accelerate innovation and build an effective, inclusive and resilient health and care system.

Our values

- Excellence
- Integrity
- Caring
- Teamwork

Foreword

This consultation marks an important moment as we rebuild our methods of working in order to get back on track and deliver effective regulation.

We want to start by thanking all of you for the time and commitment you have already shown to our improvement to date. We have used your feedback and our own learning about what went wrong previously, as well as the findings from the reviews by Penny Dash, Mike Richards and the Care Provider Alliance to inform our way forward.

This consultation is about our proposals to evolve and improve our approach to assessing health and care providers. In it we set out the improvements we are currently making and the steps we propose to take to ensure that people receive safe, effective, compassionate, and high-quality care.

The changes we propose to our assessment framework and methodology in this consultation are based on extensive internal and external engagement. Some of these proposed changes return us to the best of what we had before.

Central to this is developing assessment frameworks that are specific to the sectors we regulate and publishing rating characteristics to directly guide our rating decisions for each of our 5 key questions. Driving this work forward will be our 4 new Chief Inspectors, who will use specialist knowledge and experience of each sector to implement the improvements we need to see, while recognising the ongoing need to work across these sectors.

We also propose to reframe our quality statements as supporting questions, similar to our previous key lines of enquiry (KLOEs). These proposed changes will allow us to be more precise about what good looks like, giving clarity to providers on what we need, and to the public on the standard of care they should expect.

However, we are clear that some of our previous ways of working needed to change, and we remain committed to that, especially in relation to clarity of reporting, consistency of approach, and the timeliness of our assessments.

As the delivery of health and care services changes, our assessment framework must change too. We need to be responsive to new models of care and recognise the key role of integrated and effective care being delivered in local areas, including through new neighbourhood health services. We need to focus on what matters most to people and make best use of data and new insights to understand quality and ensure our judgements reflect the latest available evidence.

Our aim is to develop an approach that improves our regulatory work in all areas, delivering effective regulation and driving up quality and improvements for people who use health and care services.

But we can only deliver effective regulation by developing our approach in partnership with our colleagues, the providers we regulate, the public and other stakeholders.

This consultation, and the engagement that sits alongside it, is a pivotal opportunity for us to listen to you. Every response provides an opportunity for us to deliver better regulation, and we will be carefully considering all responses. We may not be able to act on every element of your feedback, but it is critical that we deliver this change in a way that works for our stakeholders, and we are committed to explaining how we are acting on the feedback we receive.

Thank you for your ongoing support in driving these improvements forward.

Sir Julian Hartley
Chief Executive

Professor Sir Mike Richards CBE
Chair

Introduction

Why we're changing and what we have done so far

We welcome several independent reports of reviews that have contributed constructively to our proposals in this consultation, in particular:

- the final report of the independent review from Dr Penny Dash into our operational effectiveness
- the report of the independent review by Professor Sir Mike Richards into the assessment framework and its implementation
- The review of our single assessment framework by the Care Provider Alliance.

This consultation marks an important step in addressing the concerns raised in these reviews.

We're focusing on 4 areas that we know are causing the most issues. We are:

1. Making sure we can publish reports of assessments that we have completed, which providers have been waiting too long for.
2. Increasing the number of assessments we complete each month, so we can provide up-to-date ratings and ensure people understand the quality of care in services in their area.
3. Clearing our registration backlog to enable new services to start delivering care and increasing capacity in the system.
4. Making sure we've acted promptly on information of concern and statutory notifications that providers tell us about.

People want to see improvements in each of these areas. Since starting to address these issues, we have reduced the number of registration applications waiting over 10 weeks, we have published the majority of assessment reports that providers were waiting too long for, and we have taken steps to enable us to carry out more assessments through a streamlined approach.

We are committed to making sure we have the right IT systems and tools to support our regulatory activity. The findings from the independent review of our technology are helping us to identify these. This review will also help us identify the next steps for how we can improve the quality and consistency of data.

What this consultation is about

This consultation has 2 areas of focus:

- **how we are proposing to develop our frameworks and guidance for assessing providers**
- **how we propose to change our methods for inspecting, assessing and awarding ratings to health and care services.**

Our proposals have been informed by a programme of internal and external engagement, including through provider roadshows, workshops with local Healthwatch and the voluntary, community and social enterprise sector, alongside internal workshops with colleagues about new ways of working.

Alongside our engagement, we have set up a programme of testing and piloting. This is to check that our proposed changes incorporate the recommendations from external reviews, ensure the changes support us to achieve our strategy and equality objectives and, most importantly, that they work well for everybody – people who use services, providers, our colleagues and others.

There will be an opportunity to test and refine our proposed assessment approach, to ensure it is inclusive, informed by evidence and geared toward continuous improvement.

During that time, we will continue to work with people using services, providers, professionals and our other local and national partners to co-produce what we do.

What this means for people using services and the public

The proposals in this consultation reflect the priorities set out in our organisational strategy. They aim to support our regulation to:

- provide independent assurance to the public of the quality of care in their area
- be driven by people's experiences
- be trusted by those that we regulate
- effectively use data to drive our work and support improvements in outcomes for people using services
- push for equity of access, experience and outcomes
- be dynamic, flexible and deliver insight for us and the system
- enable and support health and care providers and systems to improve how they provide care
- enable stronger safety cultures, prioritising learning and improvement.

We intend to carry out this work by engaging thoroughly and working together with our partners.

Part 1: Improving our assessment framework

We use our assessment framework to assess and make judgements about the quality of the services of registered providers, and where applicable to give a rating. We also use elements of our assessment framework to inform and structure activity for our other functions. This includes:

- our registration and enforcement functions
- assessing registered services that we do not rate, such as dental providers
- our joint inspection programmes with Ofsted and other regulatory agencies and inspectorates
- our assessments of how local authorities deliver their Care Act duties.

Our assessment framework currently includes:

- **Our 5 key questions** – these are the things we ask of all registered health and care services that we regulate. We ask if services are safe, effective, caring, responsive and well-led.
- **Quality statements** – these are the commitments that providers, commissioners and system leaders should live up to. Expressed as ‘we statements’, the quality statements are intended to show what is needed to deliver high-quality, person-centred care.
- **‘I’ statements** – these were developed in partnership with Think Local Act Personal (TLAP) and reflect what people have said matters to them the most.

As a modern regulator, we know that regulation can drive improvement in many ways, which are not just limited to inspection. Providers use our assessment framework to know what’s required of them, our colleagues use it to assess quality, and the public use it to know what to expect when using health and care services.

Why we are making changes to our assessment framework

In 2024, we introduced a new streamlined single assessment framework, which brought together into one place content from our previous 2 frameworks: for healthcare services and for adult social care services. This was intended to support us to take a consistent assessment approach across increasingly complex services.

We also brought together the previous key lines of enquiry (KLOEs), prompt questions, and rating characteristics into a single set of quality statements, which describe quality at the level of a ‘good’ service.

The independent reviews, along with our operational experience and feedback from colleagues, providers, stakeholders, and people using services, have highlighted that we need to make improvements to our assessment framework by:

- describing our expectations of quality for all our rating levels
- providing a clearer view of quality and safety for the sectors that we regulate
- making the frameworks simpler and clearer.

What will not change

Our 5 key questions remain and are the things we ask of all health and social care services. We ask if they are safe, effective, caring, responsive to people's needs and well-led. The 5 key questions will continue to provide the overall structure for the content of our assessment frameworks.

The regulations in the Health and Social Care Act 2008, including the fundamental standards, are a set of requirements that all regulated health and social care providers in England must adhere to. These regulations set out the core requirements for the safety and quality of care provided to people, including in relation to person-centred care, dignity and respect, safety, safeguarding, and staffing. The fundamental standards will continue to be the basis of our assessment frameworks and our enforcement action, and our guidance will make clear how the content of the frameworks links back to those regulations.

This consultation does not include our approach to local authority assessment, but we will be reviewing and refreshing the focus of these assessments through engagement and the agreement of new priorities with government. We will ensure that our framework for assessing local authorities remains aligned with changes to our wider assessment frameworks.

What we propose to change

1. Describing our expectations of quality for all our rating levels

When we began awarding ratings to providers in 2013, we started to describe the characteristics of each of our 4 rating levels of: outstanding, good, requires improvement and inadequate. The rating characteristics were supported by a framework of key lines of enquiry (KLOEs) and prompt questions.

When we introduced the single assessment framework in 2024, we replaced these detailed sets of rating characteristics and supporting questions with the quality statements. The quality statements aimed to provide a shorter description of quality at the level of a good service, which significantly reduced the total length of our assessment framework.

But since then, we have heard that the additional detail and nuance in the previous rating characteristics was highly valued by the public, providers, our staff and our other partners.

We propose to re-introduce rating characteristics as part of our assessment frameworks.

These would describe our expectations for the quality and safety of services, for each of our rating levels, to support providers to improve. We would develop the rating characteristics using a collaborative approach through co-production and engagement, led by our chief inspectors.

The rating characteristics would act as a key part of our frameworks for assessing quality and safety, being clearly structured and helping to ensure consistency and transparency in our rating process. The characteristics would support the use of evidence-based, moderated, professional judgement and consideration of context – they would not provide a rigid checklist.

To support the rating characteristics, we propose to develop a framework of supporting questions similar to our previous key lines of enquiry (KLOEs).

The intention of these supporting questions would be to replace our current quality statements, provide a clear structure to our assessment approach, and to assist providers, people who use services and other stakeholders to understand the key areas we would be likely to assess.

Consultation question 1: To what extent do you agree that we should publish clear rating characteristics of what care looks like for each rating as part of our new assessment frameworks?

☐ Strongly agree ☐ Agree ☐ Disagree ☐ Strongly disagree ☐ I don't know

2. Providing a clearer view of quality and safety for the sectors that we regulate

A strong theme from feedback on our current approach is that our assessment frameworks and supporting guidance needs to more clearly articulate what good looks like within the different health and care sectors that we regulate. This includes a wide range of services within those sectors, for example including hospitals, GP and dental practices, care homes and homecare (domiciliary) services, and ambulance services.

We propose to re-introduce assessment frameworks that are specific to each sector, which more clearly reflect and articulate the context of those health and care sectors.

Our 4 chief inspectors will lead the development of these assessment frameworks in partnership with our colleagues, providers, people who use services and key stakeholders for each sector. As we develop new sector-specific assessment frameworks and supporting guidance, it will be essential that we work closely with each of the sectors to understand what good looks like for that sector and how it can be best reflected in our frameworks and guidance.

In parallel with this consultation on our overall approach we intend to determine the level of difference for each sector in the new assessment frameworks through further consultation and co-production on the more detailed aspects of our assessment approach. Our aim is that our staff and those we regulate have the same understanding, and the same information to help determine what good looks like for their sector.

In developing proposed assessment frameworks that are specific to each sector, we know that we need to maintain an appropriate level of consistency in our overall assessment approach, while also reflecting importance differences between sectors in our frameworks where this is needed.

Our intention is to develop the separate sector frameworks to support us to take an integrated assessment approach to services and pathways that run across care sectors. Providers are creating more innovative, complex and integrated ways of working together to deliver better care, which we will accommodate in our assessment frameworks and guidance, and we will adapt our approach over time in response to new care models. We will also consider how the framework we use to assess the well-led key question at the trust level in NHS trusts is appropriately adapted to that context.

We intend to maintain a high degree of consistency across all the proposed frameworks for each sector, while also reflecting important differences specific to each sector where needed. This would also help us when we look across pathways of care, for example how people experience care when they move between different services (Figure 1).

Figure 1: Illustration of our approach to developing sector-specific assessment frameworks

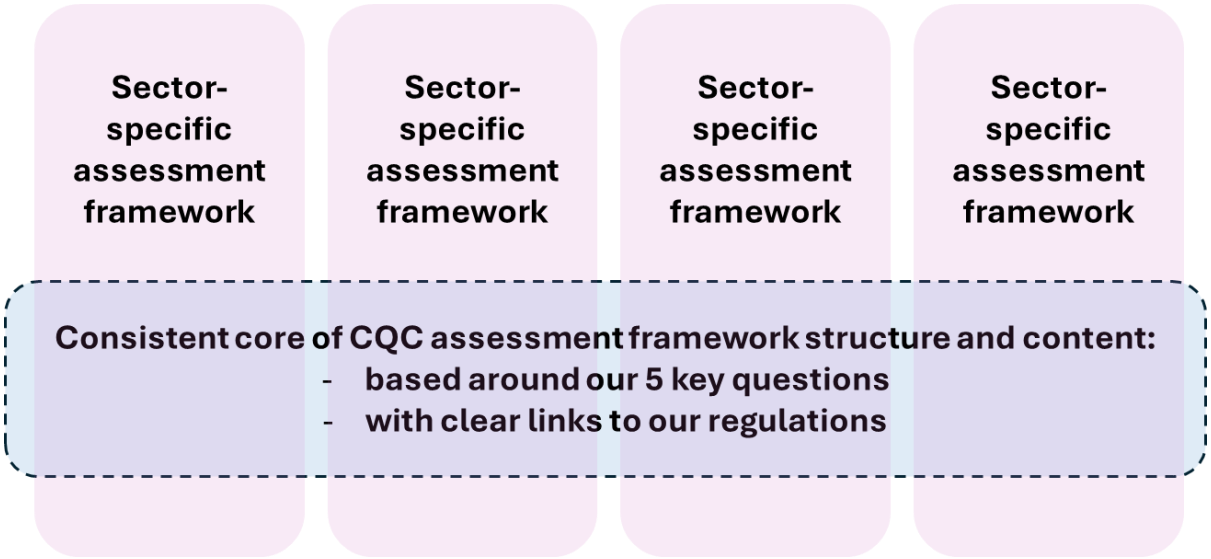


Figure 1 shows our proposed approach to developing a consistent overall core assessment framework structure and content, which is based around:

- our 5 key questions
- clear links to regulations.

Each sector-specific assessment framework would include this core content as well as important different content that is specific to each sector.

Within our new sector-specific assessment frameworks, we propose to be clear about which elements of the framework apply to the services that fall within that sector, and how we assess the quality and safety of those services.

We also intend to support the assessment frameworks by publishing more detailed supporting guidance that shows the key standards and sources of evidence that we will consider for the services in that sector.

Some types of services registered with us are exempt from CQC's legal duty to give a rating. As we do not have the legal power to give a rating, we assess these services and provide a judgement to reflect whether they are compliant with the regulations. These include primary dental care providers and some independent healthcare services. We also inspect some services in partnership with other regulators and inspectorates, for example Ofsted. When developing sector-specific frameworks and supporting guidance, we intend to be clear how we will assess these services and which assessment framework we will use to do this for each type of service.

Anyone intending to provide a regulated activity in England must apply to register with CQC. We decide registration applications by referring to the relevant regulations and,

in doing so, we use elements of our assessment framework. So, once our new approach to assessment is confirmed, we will look at how we consider registration applications to ensure our approaches are aligned so that evidence gathered during registration remains relevant for ongoing assessment. When we design this approach we will work closely with the people who use our registration processes to understand their requirements, where appropriate.

We intend to publish the draft assessment frameworks on our website as part of our detailed engagement and co-production of their content. We will develop and change these frameworks in response to feedback received from this consultation.

Consultation question 2: To what extent do you agree with our proposed approach to developing assessment frameworks that are specific to each sector?

□ Strongly agree □ Agree □ Disagree □ Strongly disagree □ I don't know

Consultation question 2a: Do you have any comments or suggestions on how we should develop the sector-specific assessment frameworks?

(free text response)

3. Making our assessment frameworks simpler and clearer

We propose to improve our assessment frameworks by removing content that could duplicate or overlap across the different key questions. We also propose to simplify the language in the frameworks to make them easier to understand for everyone who uses them. This includes people using services and the public, service providers and our colleagues in CQC.

Feedback on the current single assessment framework highlights that some areas have a lot more detail and are more complex than others. In developing the updated assessment frameworks, our aim is to ensure an appropriately balanced level of detail in the different areas of the framework.

Consultation question 3: To what extent do you agree with our proposed approach to making our assessment frameworks clearer and removing areas of potential duplication?

□ Strongly agree □ Agree □ Disagree □ Strongly disagree □ I don't know

Consultation question 3a: Do you have any comments on the content of our current single assessment framework, or suggestions for how we should make our assessment frameworks simpler and clearer?

(free text response)

Part 2: How we make judgements and award ratings

We are responsible for registering, monitoring and assessing regulated health and care providers, and for taking action where we find failures in care.

Our ratings were introduced to provide the single, independent, authoritative assessment of the quality and safety of care provided by a service.

Ratings are based on the judgements of experienced, expert inspectors about whether services are safe, effective, caring, responsive to people's needs and well-led. They consider the information we hold about a service, including the views of people who use services and the findings of others. We award ratings to reflect whether services are outstanding, good, require improvement or are inadequate.

Why we are proposing changes to how we make judgements and award ratings

When we introduced the single assessment framework in 2024, we also introduced a new way of making judgements and awarding ratings, using scoring.

Before introducing scoring, we awarded ratings for each of our key questions by looking at all the evidence collected for that key question and making a judgement against our rating characteristics.

Scoring was introduced to help us make consistent rating decisions using a more structured approach to making judgements. The aim was that scoring would provide more transparency about the quality and safety of services by showing a detailed position within the rating scale.

The scoring model was also intended to support our ambitions to deliver a faster and more flexible approach to rating. It was intended to enable us to change ratings for a provider more responsively at any time, by updating any score within the scoring model to reflect changes in performance data or other evidence.

Under the scoring approach, ratings for each of our key questions were awarded based on building up from quality statement scores, which were awarded on a scale of 1 to 4 (the scales are 1 = evidence shows significant shortfalls, 2 = evidence shows

some shortfalls, 3 = evidence shows a good standard and 4 = evidence shows an exceptional standard).

Quality statement scores were themselves built up from scores awarded for each category of evidence collected within that quality statement (the 6 evidence categories are: people's experience, feedback from staff and leaders, feedback from partners, observation, processes, and outcomes). The scores at each higher level were decided using a mathematical process based on calculating percentage scores.

Feedback from stakeholders and the independent reviews, along with our operational experience, has shown that the way scoring was implemented was too complex. How scoring worked wasn't transparent enough to providers or the public, which made our rating judgements less clear. The scoring model was also too inflexible in how it balanced different types of evidence in the framework, and it limited the appropriate use of professional judgement in awarding ratings.

We propose to improve our approach to making judgements and awarding ratings by:

1. Simplifying our rating approach, strengthening the role of informed, expert professional judgement and making our reports clearer and easier to use to support improvement in care.
2. Supporting our inspection teams to deliver timely and expert inspections, publish reports that have an impact, drive improvement, and maintain strong and effective relationships with providers.
3. Reviewing and clarifying our approach to following up assessments and updating rating judgements, including through developing clear principles around the frequency of assessing providers.

We are also considering whether we should make changes to the way we award ratings for NHS trusts and independent hospitals. We are seeking views in this consultation on how our current rating structure works, and whether changes would be desirable. The issues we are considering are:

1. Whether we should re-introduce an overall trust-level quality rating, and trust-level ratings of all 5 key questions, for NHS trusts.
2. Whether we should no longer award overall ratings for locations, for example for individual hospitals within an NHS trust.

We explain these possible changes further in the next section.

What will not change

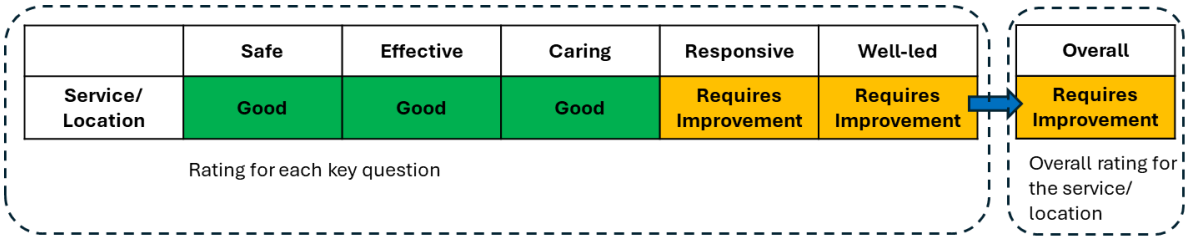
Feedback shows that our ratings are valued by the public, providers and other partners as an accessible summary of the quality of the services that we assess and inspect.

For services that we rate, we will continue to award ratings for each of our 5 key questions: are services safe, effective, caring, responsive and well-led.

We will continue to award an overall rating for these services, with the overall rating based on the ratings for each of the 5 key questions. We will continue to do this with reference to the established rating principles, along with the use of our professional judgement.

Our current principles for aggregating key question ratings will also remain as they are, where each location or service receives a rating for each key question, which is then aggregated to provide an overall rating for each service (figure 2).

Figure 2: Illustration of key question and overall ratings



Some types of services that we regulate do not receive a rating, with examples including primary care dental services, children's homes, medical laboratories and secure settings in the health and justice sector. This is because we do not have the legal powers to rate these services. Under our current model we do not provide scores for quality statements for these non-rated services. Instead, we provide a judgement of either 'regulations met' or 'not all regulations met' for all regulations related to each quality statement based on our assessment. Those quality statement judgements then inform the overall key question judgement.

We will continue this approach for non-rated services in the future. We will adapt our new assessment framework and methodology for these services, so that our approach is as consistent as possible with our approach for services that receive ratings.

What we propose to change

1. Simplifying our rating approach and strengthening the role of professional judgement

We intend to implement an approach to awarding ratings that clearly and simply reflects the quality of services.

To deliver this, we propose to no longer award separate scores underneath our key question ratings.

This is because we recognise that the current quality statement scores have created additional complexity.

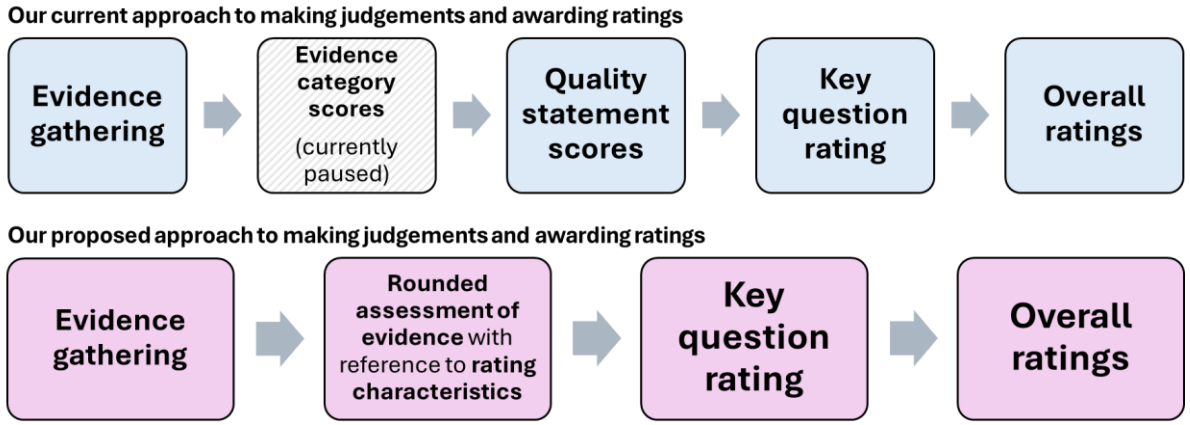
Our intention is for rating characteristics to have a key role in our new approach to making judgements. As in our previous approach, when awarding ratings our inspection teams would consider all the evidence they collect under each key question and make a judgement with reference to the expectations of quality and safety described in the ratings characteristics that we propose to develop and publish.

We intend to report clearly and in a structured way, to support providers to understand our judgements, identify good and outstanding practice, and respond to areas for improvement. While we propose to no longer publish separate scores underneath our key question ratings, we intend to continue to be transparent about our findings in each area of the assessment framework to support providers to improve.

Our approach to aggregation may need to evolve in the future, but we recognise our priority right now is to establish an approach to awarding ratings that is clear and that we know gives confidence to, and works for the public, providers and our staff, along with other partners.

Figure 3 summarises the proposed changes to our approach to making judgements and awarding ratings.

Figure 3: Illustration of our proposed approach to making judgements and awarding ratings



The diagram describes the following stages in our current approach to assessing and rating providers:

1. **Evidence gathering** through inspection and other activity.
2. **Evidence category scores** awarded (currently paused).

3. **Quality statement scores** driven by evidence category scores and professional judgement.
4. **Key question rating** driven directly by aggregated quality statement scores.
5. **Overall ratings** based on aggregation from key question ratings and professional judgement.

We are proposing moving to a simpler approach:

1. **Evidence gathering** through inspection and other activity.
2. **Rounded assessments of evidence** collected across the whole key question, with reference to rating characteristics. We would no longer award scores for quality statements within each key question.
3. **Key question rating** awarded based on professional judgement.
4. **Overall ratings** awarded based on aggregation from key question ratings and professional judgement.

Consultation question 4: To what extent do you agree that we should award ratings directly at key question level with reference to rating characteristics?

□ Strongly agree □ Agree □ Disagree □ Strongly disagree □ I don't know

Consultation question 4a: Do you have any comments or suggestions on our proposed approach to awarding ratings?

(free text response)

2. Supporting our inspection teams to deliver timely and expert inspections, publish impactful reports and develop strong relationships with providers

As well as making changes to our assessment frameworks and methodology, we know that we need to make other changes to our ways of working.

The independent reviews and other feedback have especially highlighted the need to improve the timeliness of our inspections, the clarity and impact of our inspection reports, and how we maintain relationships with the providers that we regulate.

As described above, we have already made significant progress in these areas, but we need to do more.

Information technology and our data and insight

We know that our current IT systems need to better support our internal colleagues as well as providers and stakeholders. We will develop and roll out replacement functionality to support our regulatory functions, including our assessment process over the coming months. As part of this work, we will redevelop the provider portal functionality and our registration systems, acknowledging feedback about the significant improvements we need to make. We are also examining how the data and insights that we generate from our regulatory work can be shared in a better way to enable providers and other stakeholders to use it to support improvements in health and care.

In making these changes, we will use the learning from our previous IT transformation programme. We will design our approach to developing new functionality by working closely with the people who will be using our digital systems to understand their requirements, including the public and providers of health and care services. We will adopt a thorough approach to user research to ensure our systems are user friendly, simple and safe to use, and that they provide the right functionality and have accessibility at their heart.

CQC has a role to encourage AI-enabled care, alongside other innovative practice, where it benefits people and services. We do not regulate or endorse AI technologies or products themselves, but will consider how a service uses AI in line with our existing regulations. To make this remit clear, we are currently developing a policy position statement on AI. This will articulate our role and remit, and the principles for the responsible use of AI in line with expectations around quality, safety and equity. We will engage with colleagues, providers and other stakeholders to develop our position statement, and aim to publish by spring 2026.

Skilled specialist inspection workforce

We have committed to specialist leadership around the sectors we regulate with 4 chief inspectors to lead on regulation and improvement of hospitals, mental health, primary and community care and adult social care services. The chief inspectors will lead specialist inspection teams with responsibility for each of their sectors.

As outlined in our commitment to providers and systems, professional relationships between ourselves and those we regulate, based on respect and trust, are central to helping to deliver our purpose. But however good our regulatory model, standards and processes are, our impact depends crucially on the people who implement and experience our regulation. We aim to ensure that we consider the impact of our work on the providers that we regulate, including the wellbeing of their staff.

Through our commitment to our people, we aim to continue to develop the skills of our workforce, with expertise in sectors, regulatory methods and relational skills. We

recognise regulatory relationships with providers are important – particularly in terms of continuity, expertise, mutual respect, trust and confidence.

We intend to strengthen our approach to developing and maintaining ongoing relationships with the providers we regulate in each sector. In particular, we are working to ensure that large providers such as NHS trusts always have a clear point of contact within CQC with a member of our staff so they can discuss any issues in their service and their experience of our work. We are also exploring how we can improve our contact with other providers, depending on the type of services offered and information we have on quality and performance.

Alongside our Experts by Experience, continued use of our external professional advisors will be central to our approach, as they contribute vital specialist expertise and credibility. Our intention is that our inspections should wherever possible have joint input from our own expert inspectors and external experts (for example, clinicians, managers and Experts by Experience). This peer review element to our assessment approach is essential to the quality of our assessments, and also helps spread knowledge across the health and care system.

Clear, impactful inspection reports

We intend to co-design a new approach to inspection reports, to make them clearer and more useable for our audiences. We want to make sure our reports are structured and consistent in a way that make them easy to use.

We intend to produce narrative reports that reflect our assessments against the ratings characteristics. Reports will be structured so that performance is clear against each part of the assessment framework that we have assessed.

For the public, we intend to make sure our new inspection reports enable them to quickly and easily understand the quality of the services they use.

For providers, we want our inspection reports to provide detail of our judgements and support them to identify areas for positive change and continuous improvement. We recognise that providers need detail in our reports to understand why they have received a particular rating and to relate to other providers.

We intend to highlight areas of both good practice as well as where improvements are needed, including around inequalities of experience or unwarranted variation in outcomes for different groups of people.

Consultation question 5: Do you have any comments or suggestions for how we should support our inspection teams to deliver expert inspections, impactful reports and strong relationships with providers?

(free text response)

3. Reviewing and clarifying our approach to following up assessments and updating rating judgements

In our 2021 organisational strategy we set ourselves the ambitious aim of introducing a smarter regulatory model, including developing more dynamic and flexible regulation that provides up-to-date and high-quality information and ratings.

The introduction of scoring at evidence category and quality statement level, along with the mathematical aggregation used to drive key question rating judgements, was intended to support us to do this. Its aim was to adopt a more dynamic approach to updating ratings in response to smaller changes in performance data and the quality of services.

In introducing this approach, we said we would regularly review how well the new approach was working, and that we would publish a more detailed schedule for planned assessments. However, because of the operational and implementation issues described in the independent reviews, we have not yet been able to publish that detailed schedule.

As we introduce our new assessment approach based on the changes proposed in this consultation document, we will include an updated approach to planning assessments and updating our judgements, including how we use on-site inspections as part of our assessments of providers.

There will be 2 main types of inspection activity supporting our ongoing assessments of providers, as noted in the government's 10 Year Health Plan for England:

1. **Routine planned inspections**, where we plan to take a broad and detailed look at the quality and safety of the services. These inspections will generally take place on a 3 to 5-year cycle, depending on the type of service, and on information and changes in quality over time. We will consider evidence for both positive and negative changes in quality when planning and scheduling routine inspection activity.

2. **Rapid response inspections**, where immediate and specific concerns are identified. Inspectors will be deployed to understand the nature and significance of problems and will focus on areas of particular risk.

We would not expect to look comprehensively at every area of every service or cover every part of the assessment framework every time we inspect a service. However, we would expect that routine planned inspections would normally cover all of our 5 key

questions, so that we fully understand the quality of the service across the framework before updating our overall ratings.

We will ensure that we gather enough evidence to be assured of our judgements and may use tools such as sampling and pathway assessment. We will also consider other evidence gathered outside of an inspection in an assessment of a provider, as we do now. Furthermore, we will also consider the impact on ratings of significant quality failings that result in enforcement action.

When updating our ratings, we intend to minimise the mixing of new evidence with evidence gathered in previous inspections, especially where those inspections were carried out several years previously.

Our aim will be to ensure that when we update ratings for a service, our judgements are not affected by evidence or other ratings that are significantly out of date.

After we introduce our new approach to making judgements, we intend to introduce a frequency schedule for individual health and care sectors that takes into account previous ratings and other factors such as emerging risks. In planning assessments, we will consider the length of time since the service was last assessed, and evidence that the quality of the service may have improved. When inspecting large organisations with multiple services, we will normally prioritise services that previously had lower ratings. We may assess providers more frequently depending on their last rating if concerns are raised, or if reviews and complaints indicate a need for a more immediate assessment.

We will continue to carry out both announced and unannounced inspections. For care homes, we will normally carry out an unannounced inspection, but will return to speak to the registered manager if they are not available on the day of inspection. Assessments of the well-led key question at trust level will normally be announced to ensure that key people can be available.

Consultation question 6: To what extent do you agree with the approach to following up assessments and the principles for updating rating judgements?

□ Strongly agree □ Agree □ Disagree □ Strongly disagree □ I don't know

Consultation question 6a: Do you have any comments on our proposed approach?

(free text response)

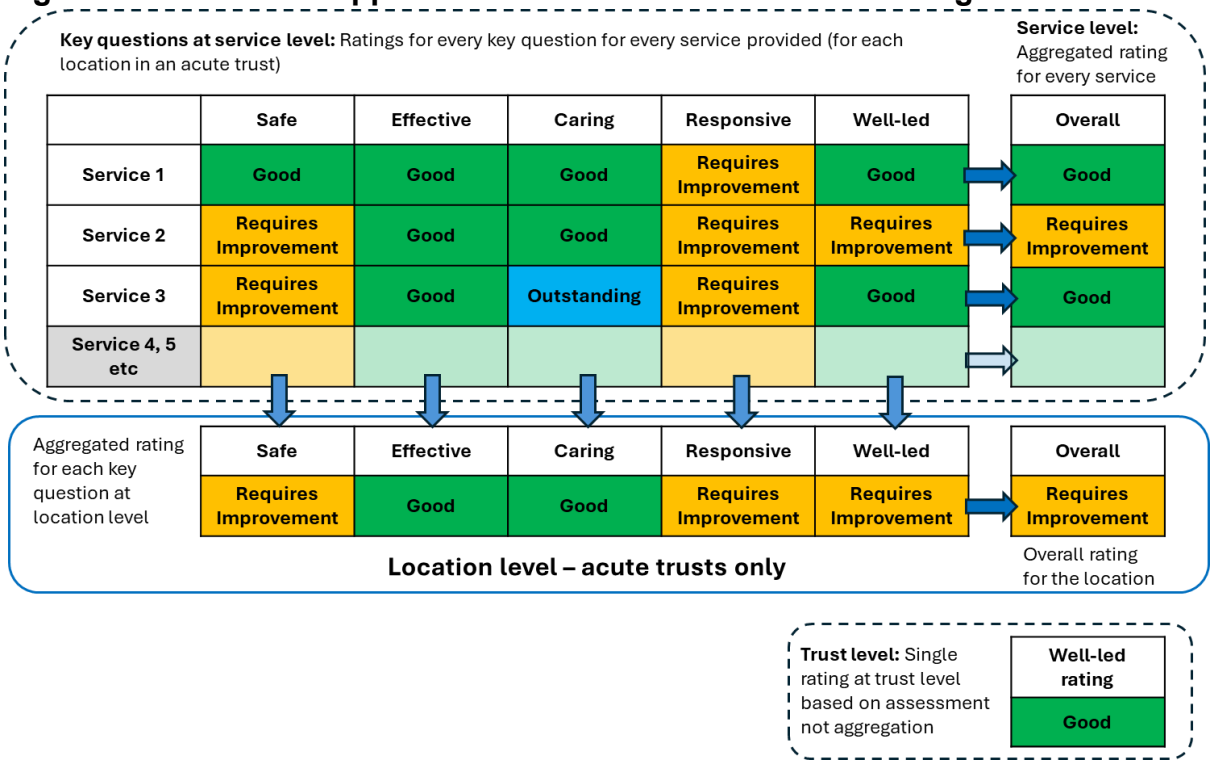
4. Potential changes to our approach to rating NHS trusts and independent hospitals

We are continuously reviewing and improving our approach to how we regulate and rate complex providers, including NHS trusts and independent hospitals. We are considering changes to how we award ratings for these providers and would welcome feedback on our current approach to rating and comments on whether we should consider changes.

When we introduced our current assessment frameworks and methodology, we also changed our approach to rating NHS trusts. This includes acute, mental health, community and ambulance NHS trusts. We began publishing a single rating for the well-led key question, which replaced our previous overall quality rating for NHS trusts. We also stopped publishing trust-level ratings for our other key questions, including the safe, effective, caring and responsive key questions.

The single trust-level well-led rating is based on our overall assessment of the organisation's performance against the well-led key question, including findings from service-level assessments. Figure 4 shows our current approach to trust-level ratings.

Figure 4: Our current approach to location and trust-level ratings for NHS trusts



As shown in the diagram, our approach to rating NHS trusts and independent hospitals currently has several levels of ratings.

- Level 1: We give a rating for each key question at service level. For example, how safe a hospital's surgery service is, or how effective the hospital's maternity service is.
- Level 2: We give an aggregated overall rating for the service. For example, the rating for a surgery service at a hospital.
- Level 3: We give an aggregated rating for each key question at location level. For example, how safe a hospital is.
- Level 4: We give an aggregated overall rating for the location. For example, the rating for a hospital.
- Level 5: For NHS trusts, we also give an overall trust-level rating. This is based on the trust-level assessment of the quality statements under the well-led key question, alongside our assessment of the overall quality, safety and performance of the services that a trust delivers.

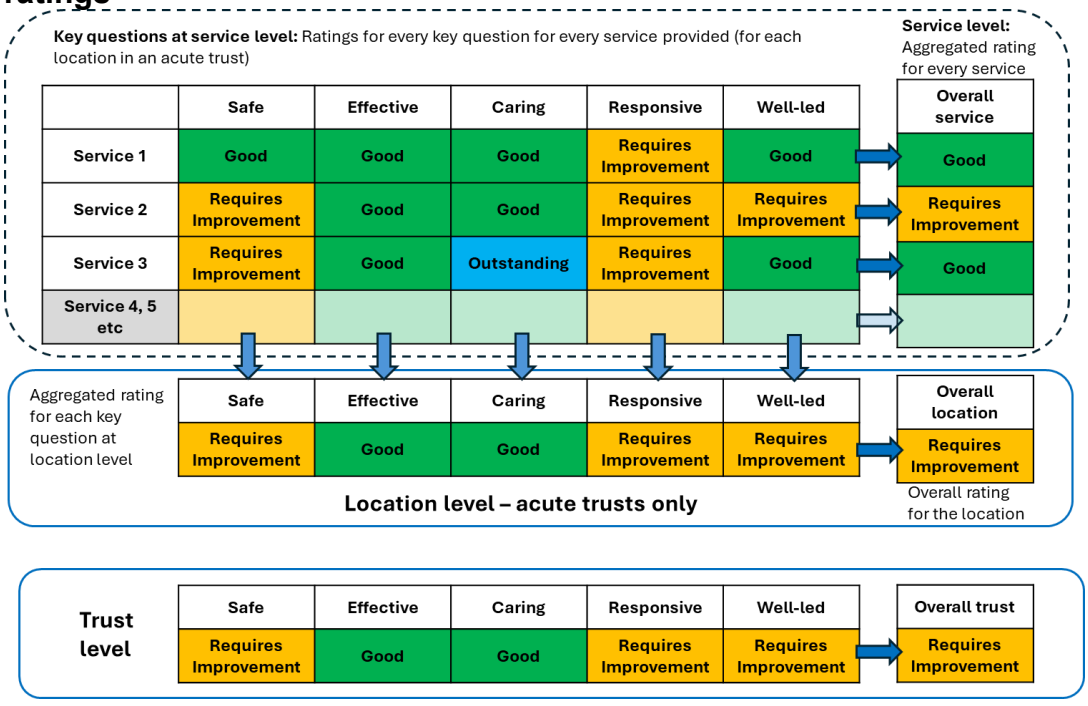
Our website provides full details of all our levels of ratings.

Overall trust ratings for NHS trusts

We are now considering changes to our approach to trust-level ratings. We are aware of the challenges of appropriately reflecting the quality and leadership of an NHS trust in a single well-led rating. We know that many of our stakeholders placed value on our previous overall quality rating for NHS trusts, and the previous structure of trust-level ratings.

We are therefore seeking feedback in this consultation on whether we should re-introduce an overall quality rating for NHS trusts, and a supporting structure of trust-level ratings of all 5 of our key questions. This potential rating structure is illustrated in Figure 5.

Figure 5: Illustration of overall trust quality rating and trust-level key question ratings



We would need to consider the best way of awarding the overall quality rating for a trust and trust-level key question ratings. This work would need to consider questions such as:

- the role of our existing rating aggregation principles in guiding our decisions
- how we take account of service and location-level ratings within a trust in determining trust-level key question ratings, especially in complex trusts that offer a wide range of services
- how we take account of wider organisational performance and direction of travel in awarding ratings.

Location ratings

We have listened to feedback on our current location-level ratings, and are considering whether to remove location-level aggregated ratings for NHS acute trusts and independent hospitals.

We know there are challenges with awarding location-level ratings. Aggregated ratings do not always reflect the way people experience services and care, which is increasingly delivered across hospital locations. We also know that aggregating a large number of different service ratings within a hospital location is complex, and could hide variations in the quality of services.

However, we also know that many patients and people using services have told us previously that they value a rating that shows the quality of care at the level of their local hospital, for example those that sit within a larger NHS trust.

We want to do some further work to explore whether assessing each hospital service in a trust separately in each location is still the most meaningful way to assess these services, or if some may be better assessed across locations or pathways.

We welcome views on these topics. Alongside this consultation, we will also carry out further engagement with our stakeholders on our definitions of the services that we assess and rate within trusts and how we assess them.

Consultation question 7a: To what extent would you support CQC in re-introducing an overall quality rating for NHS trusts and trust-level ratings of all 5 key questions?

□ Fully support □ Mostly support □Partly support □ Not support at all □I don't know

Consultation question 7b: To what extent would you support CQC in no longer aggregating key question ratings to produce an overall rating for an individual hospital location?

□ Fully support □ Mostly support □Partly support □ Not support at all □I don't know

Consultation question 7c: Do you have any comments to support your views, or suggestions for how we should award ratings for NHS trusts and independent hospitals?

(free text response)

Measuring the impact on equality

We need to consider equality and human rights in all our work, so we've produced a draft equality and human rights impact assessment (add link). It aims to identify and assess the potential impact and any risks from our proposals on specific groups of people. It also aims to improve how we identify any good or outstanding practice within a service that results in more equitable access, experience or outcomes for groups of people.

Consultation question 8: We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our proposals. Do you think our proposals will affect some groups of people more than others (for example, those with a protected equality characteristic such as disabled people, older people, or people from different ethnic backgrounds)?

Please tell us if the impact on people would be positive or negative, and how we could reduce any negative effects.

(free text response)

Other feedback

We welcome any other feedback or suggestions for our approach to assessing providers or our other ways of working.

Consultation question 9: Do you have any other comments on our work, things we should consider, or suggestions for how we could improve?

(free text response)

How to respond to this consultation

Thank you for taking the time to tell us what you think about the proposals for our future approach to assessment. It's important to get your feedback so we can make this work for everyone and deliver better regulation.

The quickest and easiest way to respond is through our online form:

www.cqc.org.uk/assessment-approach-consultation

Please respond by 5pm on 11 December 2025

If you can't use the online form, you can respond by email to:

publicinsight@cqc.org.uk

Or you can write your response and post free of charge. Just address your envelope to:

Freepost CQC CONSULTATION

(you must write CQC CONSULTATION in capital letters)

Contact details to be included.

Please contact us if you would like a summary of this consultation document in another language or format.

If you have general queries about CQC, you can:

Phone us on: 03000 616161
Email us at: enquiries@cqc.org.uk

Write to us at: Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA