

# The quality statements

The assessment approach was underpinned by CQC's new regulatory model and the [single assessment framework](#) that includes quality statements under key questions. Local authority assessments use 9 quality statements mapped across 4 overall themes to assess local authorities for their duties under the Care Act.

When we asked local authorities for their views on the quality statements, they were broadly positive about them being applicable and appropriate. In most cases they were what the local authorities expected and considered them to be pitched at the right level. As one local authority stated:

“They are consistent with what we would want to see in terms of a local authority being tested against.”

One local authority commented on how it was pleased to see a focus in the statements on inequalities, as well as prevention and wellbeing. Others commented on how they intend to integrate the quality statements as a framework going forward. The only area that one local authority suggested it might expect to see more emphasis on in the quality statements was around partnership working with health colleagues. This pertains to earlier comments about involving health colleagues more in the fieldwork.

For the assessment team, the piloting was their first experience in using the quality statements. They too were broadly in agreement about the content of the quality statements being right and that they were enabling CQC to assess local authorities for the adult social care functions for which they are accountable. We also heard that the 'I' and 'We' statements provided a helpful background to talk to people about. However, when it came to allocating certain types of evidence, they found there was some overlap in the statements, which added to time spent deciding where to place evidence. We heard some specific examples:

- On evidence about transitions, *"you could put evidence under care pathways, which talks about people's journey and joined-up care, it could go under partnerships as you expect adult and children services to work well with families and all involved, or you could put it under safe pathways because the transition needs to be safe and not put anyone at risk"*.
- Another member of the team described how evidence about hospital discharge could go in either the Safe systems, pathways and transitions or the Care provision, integration, and continuity quality statements.

This potential ambiguity leads to concern about consistency and whether it is necessary to provide more 'fixed' guidance on evidence that bridges quality statements. Although the team had these challenges they understood it is a new framework and they expected that in time the allocation of evidence would become much clearer.