

How well the Care Quality Commission works



Easy read booklet

Who I am and what this booklet is about



My name is Dr Penny Dash.



In **May 2024** I did a **review** into the **Care Quality Commission**. They are also called **CQC**.

A **review** means I looked at how **CQC** work to see how they could get better.



CQC make sure **care services** give you good care.

Care services are places like doctors' surgeries, hospitals and care homes.



This booklet tells you what I found out in the review.

What I found out



I found out that **CQC** are not doing their job well.



This means people don't trust them.



It also means people might not be getting good care.

10

I have made 10 **conclusions** about why **CQC** are not doing their job well.

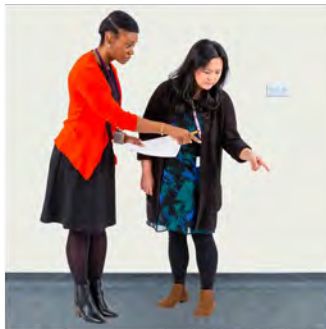
Conclusions tell you what I found out in more detail.

Conclusion 1

CQC are not doing enough work



In 2023 **CQC** inspected less than half of the number of care services that they did in 2019.



Inspect means to check. **CQC** inspect care services to make sure they give people good care.



Care services have to wait a long time to be inspected because **CQC** are not inspecting enough each year.



Because of this people don't know if care services

- give good care.
- fix the problems they need to.

Conclusion 2

Some technology is too hard to use



In **2023** **CQC** put new technology onto their computers.



Lots of people who work for **CQC** found it hard to use this technology.



This makes it harder and takes longer for them to do their jobs.



This new technology can also be used by care services. They told me that they also find it hard to use.

Conclusion 3

It takes a long time to write reports



After **CQC** inspect care services they write a report about the care services and the care they give.



Care services have to wait a long time for **CQC** to write these reports and then send them back.



Care services told me that the reports are not good enough because they are hard to read and don't have the right information.



This means that it is hard for care services to know what to do next.

Conclusion 4

CQC do not have enough expert staff



In **2023** **CQC** changed the way they work so a lot of staff had to do different jobs.



This means that there are not enough staff who are **experts** to do all the jobs in **CQC**.

Experts are people who have done a job for a long time and know lots about it.



This means **CQC** are not working as quickly or as well as they should do.

Conclusion 5

People are worried about the Single Assessment Framework



The **Single Assessment Framework** is a new way for **CQC** to ask questions to care services when they inspect them. It is also called the **SAF**.



There are 7 things lots of people told me about the SAF



1. it is hard to understand.
2. it is hard to know what **CQC** think is good or bad care.
3. they do not know how **CQC** will use the information.
4. it does not help care services care for people in new ways.
5. it does not check if people get the best type of care they want and need.
6. it does not look at how much money care services spend.
7. it does not look at how care services work if they are part of a bigger organisation.



Conclusion 6

People do not know how CQC decide if care services are good or bad



It is hard for **CQC** to know if a care service is good or bad because they haven't done enough inspections.



Sometimes they say a care service is good or bad because of what they thought after their last inspection, even if the inspection was a long time ago.



CQC reports tell people if a care service gives good care and if it's a good place to work.



If the reports do not have the right information then people can't use them.

Conclusion 7

CQC need to get better at helping local authorities



In **2022** a new **law** was made which means **CQC** can inspect care services for adults that **local authorities** use to give care to people.



Laws are government rules that protect people and make sure everyone is treated in a good and fair way.



Local authorities are the people in charge of looking after an area where people live, like a town or city. They can also pay for care for people.

Local authorities told me **CQC**



- did not have enough experts to help them.
- did not write clear reports
- did not talk to them enough during inspections.

Conclusion 8

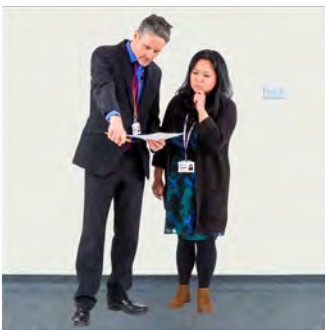
CQC should stop inspecting integrated care systems for now



In **2022** a new law was made which means **CQC** can inspect **integrated care systems**.



Integrated care systems are when care services work together to make healthcare better.



CQC have practised inspections of integrated care systems in 2 places so far.



The 2 places told me they were unhappy with how **CQC** did it because

- they did not talk to enough people.
- it takes a long time for **CQC** to inspect them.
- **CQC** did not tell them what their reports meant.

Conclusion 9

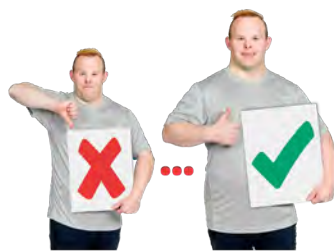
People want CQC to help services in different ways



CQC want to help care services get better.



Lots of care services told me that they want **CQC** to help them in different ways.



Care services told me that some of the things **CQC** do when they inspect them are helpful.



But they also want **CQC** to tell them about new ways to give care and new technology that can help.

Conclusion 10

CQC need to work better with the Department of Health and Social Care



The **Department of Health and Social Care** is the part of the government that is in charge of care services and making sure people are healthy. It is also called **DHSC**.



CQC work with **DHSC** to make sure care services give good care to people.



I think **CQC** could work better with **DHSC**.

What will happen next



CQC need to make sure care services and the people who use them can trust them.

I think that CQC need to

- work harder and do more inspections.
- make sure the right people do the right jobs.
- make the Single Assessment Framework better.
- write better reports more quickly.
- work better with local authorities.
- stop integrated care system inspection until they can make them better.
- work better with DHSC.
- talk to more people about their care so that they can improve care for everyone.



This easy read booklet tells you about the main points. It does not contain all the information.

The full version of this document is called

“Review into the operational effectiveness of the Care Quality Commission.”