

How we will gather evidence

We will use the most appropriate options to gather evidence for a quality statement through both on-site and off-site methods.

Information return and self-assessment

Each assessment starts when we send a request for information (an 'information return') to local authorities with adult social care functions. It ends when we publish our report.

The [information return](#) requests the documentary evidence and key information that we need to carry out an assessment. This enables the assessment team to:

- gain valuable insight into how the local authority is delivering its adult social care functions
- identify areas for further exploration
- identify the additional evidence that we need to actively collect to complete the assessment
- target on-site activity and minimise time demands on both the assessment team and the local authority.

The information return also includes a request for a self-assessment. This is an item of evidence in the 'Feedback from staff and leaders' evidence category. It is an opportunity for local authorities to:

- assess and make judgements about their performance in relation to Care Act duties
- highlight key successes, risks and challenges
- identify actions being taken to address the most pressing risks.

We do not currently specify the format of the self-assessment. But we anticipate that local authorities will use the guidance from the Local Government Association (LGA) and ADASS 'Getting Ready for Assurance: A guide to support the development of your Adult Social Care Self-Assessment' (December 2022).

On-site activity

When we are on site, we expect to:

- speak with people who are using care and support services, and with their representatives. This is especially where people may find it hard to communicate through telephone or video conversations
- speak with staff, leaders and partner organisations.

We'll usually do this through small group discussions or interviews. We may hold these online if it is suitable for the people taking part.

Our local authority assessment teams

Executive reviewers and specialist advisors will work alongside our assessors and inspectors during the assessment process.

- Executive reviewers will be substantively or recently employed within a local authority, the Local Government Association (LGA) or Association of Directors of Adult Social Services (ADASS). They will provide expert peer perspective to inform our findings and judgements relating to leadership and governance.

- Specialist advisors will be managers and leaders who are currently working within a local authority or other relevant organisation. They will provide specialist advice in relation to how a local authority is delivering its Care Act duties.

This will help ensure our judgements are informed by professional knowledge and experience.

Experiences of care and support through a local authority

We use case tracking as a way to gather evidence in local authority assessments.

What is case tracking?

Case tracking helps us to gather the lived experiences of people using social care arranged through a local authority. This is key to our assessment. We use case tracking to gather evidence under all 9 quality statements. We consider the information alongside what people tell us and evidence gathered by the local authority (for example through surveys).

Case tracking is when we follow the pathway of a small number of people to gather evidence. A pathway is a person's 'journey' from the point they first approach the local authority. It covers:

- the assessment of their needs
- care planning
- moving through services (if applicable)
- the impact of the care
- outcomes for the person
- review of their needs.

Case tracking involves reviewing care records and talking with the person and maybe their family, friends, or advocate. We may also talk with staff at the local authority and other partners and agencies.

We will send each local authority full guidance on case tracking. We will also provide information to give to people whose records we are looking at.

How we carry out case tracking

Before we visit, we will ask the local authority for an anonymised list of 50 people who fit the themes we are assessing. We will provide a template for the local authority to tell us about the primary needs of those people.

The themes may change, but are currently:

- older people
- young people who have transitioned to adult services
- people who have recently come out of hospital and are receiving care
- autistic people and people with a learning disability
- people with needs relating to their mental health or substance misuse
- people with physical disabilities or long-term conditions
- unpaid carers

From the list, we will select 6 people to speak with, plus 4 reserve people. We will ask the local authority to check with those people to confirm they are willing to talk to us. Using a secure online portal the local authority will then send us specific information about each person's care.

The type of information we need for case tracking

We will only ask for information that is essential to enable us to carry out our assessments. For example, this will include details of:

- the person's care
- their assessments and reviews
- the professionals involved
- any referrals
- services provided.

This information helps us decide the areas for discussion with the person – it is not a 'case file audit'.

We will also ask the local authority to complete a brief evaluation of the person's care and support. This should highlight any areas of good practice or areas for improvement.

Information collected from national bodies

We will use and develop insight from national data collections, particularly where there are nationally agreed measures of quality.

Feedback we receive and our engagement activities

We will also use the feedback we receive from people and their representatives about their experiences. This could be:

- from our Give feedback on care service

- when people contact us through our National Customer Service Centre

To help us collect evidence we will work with other people and organisations, for example local Healthwatch groups and our Experts by Experience. They can help us to contact people, families and carers, and engage with communities whose voices are seldom heard.

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