

# Differences from our previous model

For health and care providers, there are some differences in how we assess the quality of their services:

- **Gathering evidence:** We'll make much more use of information, including people's experiences of services. We'll gather evidence to support our judgements in a variety of ways and at different times – not just through on-site inspections. This means inspections will support this activity, rather than being our primary way to collect evidence.
- **Frequency of assessments:** We will no longer use the rating of a service as the main driver when deciding when we next need to assess. Evidence we collect or information we receive at any time can trigger an assessment.
- **Assessing quality:** We'll make judgements about quality more regularly, instead of only after an inspection as we did previously. We'll use evidence from a variety of sources and look at any number of quality statements to do this. Our assessments will be more structured and transparent, using [evidence categories](#) and giving a score for what we find. The way we make our decisions about ratings will be clearer and easier to understand.

## Up-to-date, transparent assessments of quality

By using our assessment framework as part of our regulatory approach, we will have the flexibility to:

- update the judgements and ratings for key questions and overall ratings when things change, based on more frequent assessment of evidence
- collect and review evidence in some categories more often than others. For example, we may collect evidence of people's experiences more often than evidence about processes
- be selective in which quality statements we look at – this could be one, several or all.

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