

# Evidence categories

We have grouped the different types of evidence we will look at into 6 categories.

Each category sets out the types of evidence we use to understand:

- the quality of care being delivered
- the performance against each quality statement.

This is to make our judgements more transparent and consistent.

To make clear what we'll look at in our assessments, we will set out the relevant evidence categories that we'll focus on when assessing a particular quality statement. We will provide some examples of types of evidence to make it easier to understand what we'll look at.

The number of evidence categories that we need to consider and the sources of evidence we'll collect varies according to:

- the type or model of service
- the level of assessment (service, provider, local authority or integrated care system)
- whether the assessment is for an existing service or at registration.

# People's experience of health and care services

This is all types of evidence from people who have experience relating to a specific health or care service, or a pathway across services. It also includes evidence from families, carers and advocates for people who use services.

We define people's experiences as:

"a person's needs, expectations, lived experience and satisfaction with their care, support and treatment. This includes access to and transfers between services".

Find out about [the importance of people's experience](#) in our assessments

Evidence from people's experience of care includes:

- phone calls, emails and [Give feedback on care](#) forms received by CQC
- interviews with people and local organisations who represent them or act on their behalf
- survey results.
- feedback from the public and people who use services obtained by:
  - community and voluntary groups
  - health and care providers
  - local authorities

- groups representing:
  - people who are more likely to have a poorer experience of care and poorer outcomes
  - people with protected equality characteristics
  - unpaid carers

## Feedback from staff and leaders

This is evidence from people who work in a service, local authority or integrated care system, and groups of staff involved in providing care to people.

It also includes evidence from those in leadership positions.

This includes, for example:

- results from staff surveys and feedback from staff to their employer
- individual interviews or focus groups with staff
- interviews with leaders
- feedback from people working in a service sent through our Give feedback on care service
- whistleblowing

## Feedback from partners

This is evidence from people representing organisations that interact with the service or organisation that is being assessed.

We may gather evidence through interviews and engagement events.

The organisations include, for example:

- commissioners
- other local providers
- professional regulators
- accreditation bodies
- royal colleges
- multi-agency bodies.

## Observation

Observing care and the care environment will remain an important way to assess quality.

Most observation will be carried out on the premises by CQC inspectors and Specialist Professional Advisors (SpAs).

External bodies may also carry out observations of care and provide evidence, for example, Local Healthwatch. Where the evidence from organisations such as Healthwatch is specifically about observation of the care environment, we will include it in this category, and not in the people's experiences category.

We will not use the observation category for local authority assessments. It does not apply to a local authority context.

All observation is carried out on site.

## Processes

Processes are the series of steps, arrangements or activities that a provider or organisation carries out to deliver safe care that meets people's needs.

Our assessments focus on how effective processes are to the relevant quality statement. To do this, we will look at information and data sources that measure how well processes work. Examples of evidence for processes include:

- results from audits a provider has developed or from national programmes (for example, the National Clinical Audit and Patient Outcomes Programme)
- findings and learning from safety incidents
- access times for treatment and care
- case note reviews of people's care or clinical records.

## Outcomes

Outcomes are focused on the impact of care processes on individuals. They cover how care has affected people's physical, functional or psychological status.

We consider outcomes measures in context of the service and the specifics of the measure.

Some examples of outcome measures are:

- mortality rates
- emergency admissions and re-admission rates to hospital
- infection control rates
- vaccination and prescribing data.

We source the information from:

- patient level data sets
- national clinical audits
- initiatives such as the patient reported outcome measures (PROMs) programme.

# Evidence categories for sector groups

We have listed the key evidence categories by sector groups. We'll prioritise collecting evidence in these categories as part of our assessments. These lists are a guide, not a checklist.

We will collect evidence in all the key evidence categories for a particular quality statement:

- for our first assessments under the new approach
- following new registrations.

We may also look at other categories if evidence suggests that we need to.

We will only look at every key evidence category when:

- we carry out the first assessment of a service using our new approach
- new services registering with us for the first time.

For future assessments of these services we may review evidence in specific categories.

There are small differences between which evidence categories we look at within sector groups. In each list we have marked where categories only apply to certain services.

We can tailor the assessment framework by selecting different evidence categories between sectors. We will look at different evidence types under each category to tailor assessments further. The evidence available will vary between services. For example:

- each core service in NHS acute hospitals will have different types
- services operate in different ways yet have similar key evidence categories - for example care homes and supported living services.

We're engaging with providers on the detail of this guidance and will improve this information following feedback.

We list the sectors against which we've set out evidence categories on the [assessment index page](#) (see section 4).