**SECTION 1: PROVIDER HANDBOOK QUESTIONS**

In the last few years CQC has made changes to its guidance for providers. In order to assess the impact of these changes we would like your answers the following questions:

1. For Residential Social Care, Domiciliary Care Service and Hospice Services we would assume that in most cases provider guidance will be read by:
* The Registered  Manager (per location)
* The Nominated Individual (per location)
* An Operations Director (per registered provider, for corporate providers only)
1. Do you agree with these assumptions about who will read the guidance? (Yes/No)
2. If no, what do you think the assumptions should be about who will use the guidance?
3. We will use job categories in ONS data to calculate average (median) salaries for different roles. Please can you indicate which ONS job categories we are best to use for each of the following roles:

|  |  |  |
| --- | --- | --- |
| **Sector** | **Roles** | **ONS Job Categories**  |
| **Managers and proprietors in health and care services****(Median Salary £15.38/ hr)** | **Residential, day and domiciliary  care managers and proprietors****(Median Salary £15.36/ hr)** | **Health and social services managers and directors** **(Median Salary £21.78/ hr)** |
| **Residential Adult Social Care** | **Registered****Manager** |  |  |  |
| **Nominated Individual** |  |  |  |
| **Operations Director** |  |  |  |
| **Community Adult Social Care** | **Registered****Manager** |  |  |  |
| **Nominated Individual** |  |  |  |
| **Operations Director** |  |  |  |
| **Hospice Services** | **Registered****Manager** |  |  |  |
| **Nominated Individual** |  |  |  |
| **Operations Director** |  |  |  |

3) If we make minor amendments to provider guidance (e.g. updating with new references, clarifying vague language, or removing or updating references to out of date policy, where the change in guidance does not in itself change what is required of services) we expect appropriate staff to familiarise themselves with what has changed as a one off activity only, rather than this affecting ongoing use of the guidance.

a) Is this a reasonable assumption? (Yes/No)

b) If no, what do you think the assumptions should be?

**SECTION 2: Registration process questions**

In the last few years CQC has been moving towards moving registration processes digitally. We introduced New Provider online registration, and have extended membership of the Provider Portal.

In order to assess the impact of this change we would like your answers to the following questions:

1. In all providers it is the Registered Manager (RM) of the service who fills in the following types of forms:
* New provider application
* Notification
* Registration variation
1. Do you agree with these assumptions? (Yes/No)
2. If no, who does generally fill in these forms?
3. New provider application form
4. Have you completed a new provider application form using a paper or an email form? (Yes/No)
5. If yes, on average how long (in hours) would you say it takes to complete a new provider application in paper or email form?
6. Registration variation form
7. Do you submit your registration variation forms to CQC via email? (Yes/No)
8. If yes, on average how long (in hours) would you say it takes to complete a registration variation form?
9. Notification form
10. Do you submit your notification forms to CQC via email? (Yes/No)
11. If yes, on average how long (in hours) would you say it takes to complete a notification form?

**SECTION 3: assessment frameworK**

Earlier this year we [consulted on changes to our assessment frameworks](http://www.cqc.org.uk/content/our-next-phase-regulation) across all sectors to reduce complexity and create more consistency. Our assessment frameworks include our five key questions, the key lines of enquiry (KLOEs) and prompts, and ratings characteristics. The consultation proposed replacing the current 11 provider handbooks with two updated assessment frameworks – one for health and one for adult social care. The outcome of this consultation will publish in June 2017.

In order to assess the impact of this proposed change we would like your answers to the following questions:

1. How many CQC Provider Handbooks do you currently refer to?
2. If two assessment frameworks are introduced (one for health and one for adult social care) will you refer to both or only one of these?
3. Have you developed internal quality assurance or monitoring processes that reflect CQC’s current assessment framework?
4. If yes, reflecting on the proposed changes to the assessment frameworks, how long would it take you (in hours) to change your assurance or monitoring processes to reflect the changes in the frameworks?
5. Who in your service would make these changes?
6. Do you think the proposed new assessment framework will mean you collect more information on an ongoing basis? (Yes / No)
7. If yes, how much more time (in hours) do you think this will take per month?