CQC QUALITY STATEMENT GAP ANALYSIS

BIDSuite
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Sections 1–5 (Key Questions 1 & 2: Safe and Effective)

Introduction

Working with care providers across England on tender submissions, one pattern keeps showing up. Providers that struggle most with scored method statements are not always the ones delivering the poorest care. They are often the ones that cannot articulate what they do in a way that maps to what commissioners are looking for. Increasingly, what commissioners are looking for follows the same architecture as the CQC Single Assessment Framework.

1. How to Use This Gap Analysis

Work through each of the five Key Questions in turn. For every Quality Statement, complete the final two columns: Evidence Status, using ✓ (Strong) / P (Partial) / ✗ (Gap), and Action Required, using the prompts in the final column as a starting point before adapting them to your specific service context. Once complete, use Section 7 to prioritise which gaps carry the greatest risk to your next tender submission or CQC assessment.

For bid writers, when a commissioner asks a quality question in a tender, cross-reference it against the Quality Statement it most closely maps to. If the evidence status for that statement is Partial or a Gap, that is your drafting risk. Address the gap with the client before drafting begins, or at minimum acknowledge a clear development trajectory within the response.

Commissioners scoring against a framework can tell the difference between a provider that has the evidence and a provider that is describing what they intend to do.

2. Understanding the CQC Single Assessment Framework

The Single Assessment Framework replaced the previous Key Lines of Enquiry system. The key changes are summarised below.

Element	Old KLoEs System	New Single Assessment Framework
Five Key Questions (Safe, Effective, Caring, Responsive, Well-Led)	✓	✓
Key Lines of Enquiry and prompts	✓	✗
Quality Statements	✗	✓
Evidence categories	✗	✓
Ongoing evidence collection between inspections	✗	✓
Scoring of evidence	✗	✓
Ratings issued at any time, not only after inspection	✗	✓
Shorter and simpler inspection reports	✗	✓
Ratings scale (Outstanding / Good / Requires Improvement / Inadequate)	✓	✓

There are 34 Quality Statements in total, distributed across the five Key Questions. Each statement begins with "We..." to reflect the provider's commitment to that standard. The statements are written at Good level. To evidence an Outstanding rating, a provider must demonstrably exceed what the statement describes. Good intentions on paper are not sufficient.

Not all 34 statements will be assessed at every inspection. In adult social care and supported living, CQC typically assesses between 10 and 12 statements during a planned inspection, with Safe and Well-Led receiving the heaviest focus. For the purposes of tender submissions, it is safer to treat all 34 as live. Commissioners do not limit themselves to the same selection CQC inspectors prioritise.

3. The Evidence Categories Explained

The CQC uses six categories of evidence to assess how well a provider meets each Quality Statement. Understanding these categories helps providers organise existing evidence and identify where collection is weak or missing entirely.

Evidence Category	What It Means	Examples
People's experience	Direct feedback from the people who use the service, their families, and those who know them	Satisfaction surveys; compliment letters; feedback from service users, families and advocates
Feedback from staff and leaders	Views of the people who work in and lead the service	Staff surveys; supervision notes; focus group minutes; exit interview findings
Feedback from partners	Views of organisations and professionals who work alongside the service	Commissioner monitoring outcomes; safeguarding partner feedback; GP or social worker feedback; accreditation reports
Observations	What is seen and heard, both on-site and remotely	On-site inspection observations; internal care quality observations; Healthwatch reports
Processes	The systems, policies, procedures and governance structures in place	Policies and procedures; risk assessments; training matrices; audit

		schedules; staffing rotas; governance frameworks
Outcomes	The measurable results of the care and treatment provided	Incident rates; medication error rates; staff turnover; safeguarding referral outcomes; independence outcome data

4. The Summary Scoring Guide

Use this when completing the Evidence Status column in the gap analysis tables below.

Status	Code	What It Means in Practice
Strong	✓	Evidence exists, is current, and is sufficient to support a scored method statement or withstand CQC scrutiny
Partial	P	Evidence exists but is incomplete, outdated, or not sufficiently documented to hold up under scrutiny
Gap	✗	No evidence currently exists. Action is required before submission or inspection

5. Gap Analysis Tables

KEY QUESTION 1 — SAFE

8 Quality Statements

Ref	Quality Statement	Primary Evidence Categories	Bid / Tender Relevance	Evidence Status ✓ / P / ✗	Action Required
S1	**Learning culture.** We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practice.	Processes; Staff feedback; Outcomes	**High.** Safeguarding culture and governance method statements across most frameworks ask providers to demonstrate how learning is embedded, not just that policies exist.		Incident and near-miss logs; whistleblowing policy; documented examples of learning from incidents that changed practice

S2	**Safe systems, pathways and transitions.** We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured.	Processes; Partner feedback; Observations	**High.** Transition planning and hospital discharge question types appear in Bradford and Norfolk frameworks. Multi-agency safety protocols are a recurring scored area.		MDT and multi-agency working protocols; handover documentation; transition planning records; discharge pathway evidence
S3	**Safeguarding.** We work with people to understand what being safe means to them as well as with our partners on the best way to achieve this. We concentrate on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect. We make sure we share concerns	People's experience; Processes; Partner feedback	**High.** Safeguarding is a scored standalone section in Bradford, Norfolk, Essex and Waltham Forest frameworks. It is one of the most heavily weighted sections in supported living ITTs.		Safeguarding policy and procedure; MCA/DoLS evidence; Making Safeguarding Personal framework; staff training records including Oliver McGowan Mandatory Training; safeguarding referral outcomes with documented learning

	quickly and appropriately.				
S4	**Involving people to manage risks.** We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.	People's experience; Processes; Outcomes	**High.** Positive risk-taking and co-produced risk management are regularly scored questions in supported living ITTs. Providers that default to risk-aversion rather than person-centred risk management score poorly here.		Risk assessment methodology; positive risk-taking policy; care plans showing co-produced risk management; consent records; examples where managed risk led to better outcomes
S5	**Safe environments.** We detect and control potential risks in the care environment. We make sure that equipment, facilities and technology support the delivery of safe care.	Processes; Observations; Outcomes	**Medium.** Most applicable to residential settings. For supported living, this maps primarily to housing liaison responsibilities, environmental risk assessments and assistive technology use.		Health and safety audit evidence; premises maintenance schedules; COSHH records; environmental risk assessments; assistive technology examples where relevant

S6	**Safe and effective staffing.** We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development to provide safe care and treatment.	Processes; Staff feedback; Outcomes	**High.** Staffing methodology, safer recruitment and training matrices are scored questions across every framework in scope. Commissioners want to see dependency tools, not just stated ratios.		Safer recruitment policy; DBS records; supervision logs; dependency and rota planning tools; mandatory training matrices; staff-to-service-user ratios; induction records
S7	**Infection prevention and control.** We assess and manage the risk of infection. We detect and control the risk of it spreading and share any concerns with appropriate agencies promptly.	Processes; Observations; Outcomes	**Medium.** Most frameworks reference IPC in compliance sections rather than as a scored method statement question. Worth evidencing but unlikely to be a differentiating factor in most supported living bids.		IPC policy; PPE provision records; audit results; outbreak management plan; staff IPC training records

S8	**Medicines optimisation.** We make sure that medicines and treatments are safe and meet people's needs, capacities and preferences by enabling them to be involved in planning, including when changes happen.	Processes; People's experience; Outcomes	**High.** Medication management is a scored question in most supported living frameworks. Bradford and Norfolk both assess this area in detail. Error logs and learning evidence are as important as competency records.		MAR chart processes; medication audit results; competency assessment records; PRN protocols; medication error logs showing what changed as a result

KEY QUESTION 2 — EFFECTIVE

6 Quality Statements

Ref	Quality Statement	Primary Evidence Categories	Bid / Tender Relevance	Evidence Status ✓ / P / ✗	Action Required
E1	**Assessing needs.** We maximise the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.	People's experience; Processes	**High.** Needs assessment methodology is a core question in supported living tenders. Commissioners want to understand the assessment process, not just		Needs assessment tools; care planning frameworks; communication support plans; SALT and specialist assessment referral

			see that a form exists.		protocols; evidence of reviews
E2	**Delivering evidence-based care and treatment.** We plan and deliver people's care and treatment with them, including what is important and matters to them. We ensure that outcomes are positive and consistent, and that they meet both the standards of the relevant legislative frameworks and the expectations of people themselves.	People's experience; Processes; Outcomes	**High.** Care planning methodology and outcomes evidence are assessed across all frameworks. The test commissioners apply is whether care plans are genuinely individualised or whether they look like templates with names inserted.		NICE-aligned procedures; outcome-based care planning examples; co-production evidence; care plan audits showing person-centred approach

E3	**How staff, teams and services work together.** We work effectively across teams and services to support people. We make sure they only need to tell their story once by sharing their assessment of needs when they move between different services.	Partner feedback; Processes; Outcomes	**High.** Multi-agency working and partnership evidence is required across all four frameworks in scope. The emphasis on people not having to repeat their story is directly mirrored in commissioner quality questions about continuity and coordination.		MDT meeting records; referral pathway documentation; information sharing agreements; joint working protocols; examples of coordinated care
E4	**Supporting people to live healthier lives.** We support people to manage their health and wellbeing so they can maximise their independence, choice and control. We support them to live healthier lives and where possible, reduce their future	People's experience; Outcomes; Processes	**High.** Independence and health promotion outcomes are central to the supported living model. Commissioners increasingly want to see outcome data, not just a description of what support is provided.		Health promotion activities; independence outcome data; links with GP and community health services; self-management support plans; examples where support reduced dependency

	needs for care and support.				
E5	**Monitoring and improving outcomes.** We routinely monitor people's care and treatment to continuously improve it. We ensure that outcomes are positive and consistent, and that they meet both clinical expectations and the expectations of people themselves.	Outcomes; Processes; Observations	**High.** This is one of the areas where providers most commonly score below maximum. Commissioners want KPI frameworks and outcome data, not assurances that outcomes are monitored. If the data does not exist in a presentable format, this needs to be addressed before submission.		KPI dashboard or outcome framework; outcome measurement methodology; care review frequency data; quality improvement cycle evidence; comparative benchmarking where available
E6	**Consent to care and treatment.** We tell people about their rights around consent and respect these when we deliver person-centred care and treatment.	People's experience; Processes	**High.** MCA compliance and consent evidence is assessed across all frameworks, with particular weight in services supporting adults with learning disabilities,		Consent policy; MCA assessment records; best interest meeting documentation; care plan consent sections; staff MCA and DoLS training records

			autism or mental health needs, which is the primary client group across current frameworks.		

Continues in Part 2 — Key Questions 3–5, Priority Gap Categories, and Next Steps. To access Part 2, click the link below to get it

Get Part 2