



Homecare Association



Unseen & Unrated

The widening CQC assurance gap in
community social care, two years on.

An analysis of CQC data to 5 May 2026

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Executive summary

The Care Quality Commission (CQC) continues to struggle with its core regulatory responsibilities in community social care, which includes homecare and support for older and disabled people, and people with learning disabilities, autism or mental health needs. Performance has deteriorated further since our August 2024¹ and September 2025² analyses. This report examines CQC data downloaded on 5 May 2026 and compares it with our previous findings to assess whether the regulator has made progress in addressing the backlogs and operational challenges we identified.³

The CQC has made welcome progress at the front door of regulation. At our Homecare Association Annual Conference on 20 May 2026, the CQC set out how it has overhauled its registration process and cleared its registration backlog. It has raised the bar for new applicants, rejecting or refusing most new homecare applications for failure to supply requested information and requiring evidence such as realistic business plans. This responds directly to a recommendation we have made for several years, including in our 2024 and 2025 reports^{1,2}, and it is beginning to slow the inflow of poorly prepared new providers.

The CQC has also taken various steps to increase the number of assessments it conducts, which are bearing fruit. The number of community social care inspection reports published between January and April 2026 was almost 96 per month, compared with only 78 per month on average in the 12 months to 5 May 2026. On 26 May 2026, the CQC published a clearer basis for prioritising assessments that now explicitly includes aged ratings and services left unassessed for more than a year after registration, which is a welcome step toward our recommendations.⁴ However, this progress has not yet translated into sufficient assurance for the existing community social care market. The assessment backlog has not reduced. It has worsened. Although the CQC has increased its overall assessment numbers, the number of assessments conducted is inadequate to clear the backlog, and it continues to prioritise residential care over community social care. Over the last 12 months, the CQC

¹ Townson, J.K. (2024). Care Quality Commission: regulatory performance in homecare <https://www.homecareassociation.org.uk/resource/critical-failures-in-homecare-regulation-revealed-by-new-report.html>

² Townson, J.K. (2025). Care Quality Commission: regulatory performance in homecare one year on <https://www.homecareassociation.org.uk/resource/care-quality-commission-regulatory-performance-in-homecare-one-year-on.html>

³ Care Quality Commission, care directory with filters, downloaded from the CQC data pages on 5 May 2026: <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>. Dormant and not-applicable locations were excluded from the analysis.

⁴ Care Quality Commission, Priorities for delivering more assessments and tackling aged ratings, 26 May 2026: <https://www.cqc.org.uk/about-us/improving-how-we-work/0526-update>

published 2.2 times more inspection reports in residential care than in community social care.

This means that CQC ratings no longer provide current, independent assurance for most community social care locations.

Two years ago, around 60 per cent of community social care locations had either never been rated or held a rating four or more years old. One year ago, that figure was 70 per cent. It now stands at 83.5 per cent. On the central measure we have tracked since 2024, the position has not stabilised; it has continued to worsen, and at an accelerating pace. CQC teams are now taking practical steps to increase throughput within current resources and systems, but the data suggest they lack the surge capacity needed to restore a credible three-year cadence of assessments.

Key findings

- **Registration reform is real progress and follows our advice.** The CQC has cleared its registration backlog and raised entry standards. According to figures the CQC presented at our Annual Conference on 20 May 2026, of 3,053 new homecare provider applications received in the six months to April 2026, 67 per cent were rejected at the initial completeness check, and 83 per cent of those that reached assessment were refused. We estimate that only around 174 applications, fewer than 6 per cent, were granted. This is stemming the inflow of providers that lack the capability to deliver safe, good-quality care, and is a constructive response to a recommendation we have made for several years.
- **Assessment activity is increasing and is beginning to bear fruit.** The CQC has taken a series of steps to increase the number of assessments it completes, and the effect is now visible. Community inspection reports published between January and April 2026 ran at almost 96 per month, compared with 78 per month on average across the 12 months to 5 May 2026. Its prioritisation update of 26 May 2026 also now explicitly targets aged ratings and services left unassessed more than a year after registration, both of which align with our recommendations. This is welcome and constructive progress, even if it is not yet sufficient to clear the backlog or to keep pace with a growing market.
- **Rating providers at the point of registration would risk misleading the public.** The CQC has suggested it would like to assign a quality rating at registration. We caution against any published rating at that stage: a newly registered provider has by definition not yet delivered any care, so its quality cannot be assessed. Registration tests likely capability, not delivered quality. Some providers hire experienced consultants as registered managers purely to achieve registration, and they leave as soon as this has been obtained. If the CQC wishes to publish a judgement at registration, it should be clearly labelled

as a provisional registration assessment, not a quality rating, and should be replaced by a first assessment rating within 12 months of the provider beginning regulated activity.

- **Performance has deteriorated further.** As of 5 May 2026, 83.5 per cent of community social care locations had either never been assessed (36.9 per cent) or held a rating four to ten years old (46.6 per cent). Only 16.5 per cent held a current rating, defined as one published within the past three years. The figure of 83.5 per cent compares with 70 per cent without a recent rating in 2025 and 60 per cent in 2024.
- **The number of currently rated services has collapsed.** The number of community locations holding an up-to-date (zero to three year) rating has more than halved in two years, falling from 5,118 in 2024 to 4,204 in 2025 and 2,413 in 2026. Over the same period, the number never assessed rose from 2,879 to 5,385. The sector is not standing still; the stock of reliable, current quality information is shrinking in absolute terms.
- **The CQC continues to prioritise residential care over community care.** In the 12 months to 5 May 2026 the CQC published 2,076 ratings of residential locations but only 934 of community locations, that is, 2.2 times as many residential assessments. This is despite the two sub-sectors now being almost identical in size: 14,842 residential locations and 14,597 community locations (excluding dormant locations).
- **Annual community assessment activity remains too low, despite recent improvement.** The CQC rated community social care locations at an average of c. 78 per month over the 12 months to 5 May 2026, down from the 81 per month we reported in 2025. However, from January to April 2026, this increased to almost 96 per month, suggesting that recent action is beginning to have an effect. Even so, this remains far below the c. 406 community assessments per month needed simply to maintain a three-year cycle, and considerably more would be needed to clear the existing backlog.
- **The deterioration is outpacing our own projections.** In 2025 we projected that, if the market kept growing, the proportion of community locations with a current rating could fall to around 15 per cent by 2030. That level (16.5 per cent) has effectively been reached in 2026, roughly four years ahead of that projection.
- **Recently assessed services show rising concern.** Among community ratings published in the past year, 24 per cent were rated requires improvement or inadequate, compared with 12 per cent across all ratings since 2016. The proportion rated inadequate was 3.6 per cent in the recent cohort, compared with 0.5 per cent across all community ratings published since 2016. The CQC prioritises higher-risk services, so these recent ratings are not necessarily representative of the entire community social care market. However, they show

inspections continue to uncover significant concerns, making the scale of the unassessed and out-of-date population more concerning, not less.

Underlying issues

The continued deterioration since 2024 indicates that the fundamental problems we identified remain unresolved:

- **Throughput remains the binding constraint.** Despite organisational change and a reduction in quality statements assessed, the volume of completed community assessments has not increased sufficiently and remains far below the level required to keep pace with the sector. More recently, however, there are early signs of improvement: in the four months to April 2026 the community rate rose to around 96 per month from an average of 78 per month over the 12 months to 5 May 2026, an indication that the new Chief Inspector's actions are beginning to take effect, although it remains well short of the level required.
- **Resourcing and prioritisation have not followed the market.** Community social care has grown to roughly the same size as residential care, yet receives less than half of the annual residential assessment volume. The allocation of regulatory effort has not tracked the shift in where people receive care.
- **The gap is structural, not transitional.** Unassessed locations are concentrated among services registered between 2021 and 2024, many of which have now operated for two to five years without ever being assessed. This is a sustained inability to keep pace with new registrations, not a temporary backlog.
- **Reform is taking place during a period of leadership and methodological transition.** The CQC is replacing its Single Assessment Framework with four sector-specific frameworks while operating under an interim chief executive and without a permanent chair, though a new Chief Inspector of Adult Social Care and Integrated Care started in September 2025. Welcome as reform is, simultaneous change of this kind carries a risk of further slowing throughput in the short term.

Recommendations in brief

We set out detailed recommendations later in this report. In summary, we call on the CQC to:

- Deploy surge capacity to clear the community backlog.
- Ring-fence and rebalance assessment effort towards community social care in proportion to its share of the market.

- Introduce a risk-based two-tier system so that never-assessed services receive a timely first assessment.
- Publish monthly, sector-specific data on assessment completions and backlog reduction.
- Commission an independent assessment of the resources required to maintain a three-year cycle across the expanded community market.
- Protect inspection throughput during the transition to the new frameworks.

We also recommend time-limited, ring-fenced government funding for surge capacity in community social care assessment, rather than an immediate increase in provider fees during a period when providers are already paying for a regulatory service many are not receiving in a timely way.

Introduction

In August 2024, the Homecare Association published a detailed analysis of the CQC's regulatory performance in community social care, which includes homecare and support for older and disabled people, and people with learning disabilities, autism or mental health needs. Our analysis showed that around 60 per cent of community social care locations had either never been rated or held a rating four or more years old.⁵ In September 2025, we published a follow-up, finding that the position had deteriorated to 70 per cent.⁶

Those reports contributed to wider scrutiny of the regulator's effectiveness, including the independent reviews led by Dr Penny Dash⁷ and Professor Sir Mike Richards⁸. We committed to continuing to monitor whether improvements materialised. This third report presents our analysis of CQC data downloaded on 5 May 2026 and compares performance against our 2024 and 2025 baselines. The evidence shows that, rather than recovering, the CQC's regulatory performance in community social care has continued to deteriorate, and the rate of deterioration has not slowed. The most recent months do, however, show throughput beginning to rise as the new Chief Inspector's measures take hold, which is welcome, even if it has not yet been enough to reverse the decline in coverage.

Context of ongoing challenges

Since our previous report, the CQC has continued a substantial programme of change. It has operated under new leadership arrangements, restructured into four sector-focused inspectorates led by Chief Inspectors, and consulted on replacing its Single Assessment Framework with four sector-specific frameworks under its *Better regulation, better care* programme.⁹

Leadership has, however, remained unsettled. Sir Julian Hartley was appointed chief executive in early 2025 but stepped down in October 2025; Dr Arun Chopra has since

⁵ Townson, J.K. (2024). Care Quality Commission: regulatory performance in homecare <https://www.homecareassociation.org.uk/resource/critical-failures-in-homecare-regulation-revealed-by-new-report.html>

⁶ Townson, J.K. (2025). Care Quality Commission: regulatory performance in homecare one year on <https://www.homecareassociation.org.uk/resource/care-quality-commission-regulatory-performance-in-homecare-one-year-on.html>

⁷ Dash, P. (2024). Review into the operational effectiveness of the Care Quality Commission: full report. <https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission-full-report>

⁸ Richards, M. (2024). Review of CQC's single assessment framework and its implementation. <https://www.cqc.org.uk/publications/review-cqcs-single-assessment-framework-and-its-implementation>

⁹ Care Quality Commission, Better regulation, better care consultation, 2025 to 2026, proposing four sector-specific assessment frameworks to replace the Single Assessment Framework. <https://www.cqc.org.uk/about-us/how-we-involve-you/consultations/better-regulation-better-care>

acted as interim chief executive, and recruitment for a permanent chief executive was under way in spring 2026. The chair, Professor Sir Mike Richards, stepped down in May 2026. A new Chief Inspector for Adult Social Care and Integrated Care, Chris Badger, started in September 2025. The regulator has reported progress in reducing its registration application backlog and states that it is on track to deliver 9,000 assessments across all sectors by the end of September 2026.¹⁰ That all-sector figure equates to 750 assessments per month. As this report shows, community social care receives only a small fraction of that activity.

We recognise and welcome the seriousness with which the regulator is approaching reform. In a presentation at our Homecare Association Annual Conference on 20 May 2026, the CQC's Director of Registration and National Enforcement and its Interim Director of Adult Social Care (South) set out the progress made on registration and the regulator's plans for assessment, which we will discuss later. As this report records, the registration reforms are substantive and welcome. Our concern is not with the intent but with a specific outcome that the data describe: on the measures that matter for people already receiving care at home, assessment coverage has continued to fall.

The importance of effective regulation

Effective, timely regulation protects people with increasingly complex needs who rely on care in their own homes, and it underpins public confidence in the sector. CQC ratings are intended to help people, families, councils and NHS commissioners understand whether care services are safe, effective, caring, responsive and well-led. Without current, accurate assessments of quality, people cannot make informed choices, commissioners cannot make sound procurement decisions, and poor-quality or unsafe services may continue to operate undetected. When 83.5 per cent of community social care locations have either never been assessed or do not have a recent rating, the rating system no longer provides reliable assurance for most of the market. The consequences extend beyond individual services. Quality providers lose the benefit of current independent recognition. Poor providers may operate for years without external scrutiny. People needing care and their families are left with too little meaningful information when choosing care and support at home, eroding trust in the care system.

This matters all the more given the direction of national policy. The government was elected on a 2024 manifesto that set out a principle of 'home first' in adult social care, supporting people to live independently for as long as possible, and its subsequent 10 Year Health Plan for the NHS rests on a decisive shift of care from hospital into the

¹⁰Care Quality Commission: Our improvement plans for 2026 and related board updates, which state the regulator is on track to deliver 9,000 assessments across all sectors by the end of September 2026. <https://www.cqc.org.uk/event/board-meeting-3-june-2026>

community. Community social care - homecare and support for older and disabled people and people with learning disabilities, autism or mental health conditions - is the foundation on which that shift depends. A policy of moving care closer to home cannot succeed if the regulator cannot assess the safety and quality of the services that deliver it. Effective regulation of community provision is therefore not only a safeguard for individuals but a precondition for the government's wider reform of health and care.

Method

This analysis follows the same approach as our 2024 and 2025 reports, enabling direct comparison over time.

Data sources

We analysed the CQC's published care directory data, downloaded with filters from the CQC data pages on 5 May 2026.¹¹ We excluded dormant and not-applicable locations so that the analysis reflects active, regulated provision. We also drew on Skills for Care data on the number of community and residential social care locations since 2017/18.¹²

Our analysis focused on the total number of active community and residential locations; the number and proportion of locations never assessed; the age of the most recent published rating; the distribution of unassessed locations by year of registration; the volume of ratings published in the 12 months to 5 May 2026; and the distribution of ratings awarded.

Definitions

- **No recent rating:** never assessed, or the most recent published rating is four or more years old.
- **Current rating:** a rating published within the past three years.
- **Steady-state requirement:** one assessment per location at least every three years, equivalent to the total number of locations divided by 36 months.
- **Note:** Earlier reports referred to ratings four to eight years old. In this 2026 analysis, the upper end has extended to ten years because time has passed since the earliest reports in the dataset. The analysis is comparable because it considers services unrated for four or more years.

Scope and limitations

This report focuses on the quantitative ratings data. It does not repeat the qualitative analysis of inspection report narratives that formed the appendices to our 2025 report, although we examine the distribution of recent ratings below. The data represent a

¹¹ Care Quality Commission, care directory with filters, downloaded from the CQC data pages on 5 May 2026: <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>. Dormant and not-applicable locations were excluded from the analysis.

¹²Skills for Care (2025). The state of adult social care and the workforce in England. <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/workforceintelligence/Reports-and-visualisations/National-information/The-State-of-report.aspx>

snapshot at a single point in time and should be read alongside broader factors affecting the regulator and the sector. We use the CQC's published data and, as before, focus on overall trends and scale rather than on the definitional distinctions the CQC draws between assessments, inspections and ratings.

These limitations may affect the precise categorisation of some locations, including services with more than one service type or changes arising from CQC data publication arrangements. They do not, however, explain the scale of deterioration observed, nor the disparity between community and residential assessment volumes.

Findings

Overall performance has deteriorated further

The proportion of community social care locations without a recent rating has risen from 60 per cent in 2024 to 70 per cent in 2025 and 83.5 per cent in 2026. Of 14,597 active community locations, 36.9 per cent (5,385) had never been assessed and a further 46.6 per cent (6,799) held a rating four to ten years old. Only 16.5 per cent (2,413) held a current rating.

The contrast with residential care is stark. For residential locations, 8.2 per cent had never been assessed and 59.7 per cent had no recent rating, leaving 32.1 per cent with a current rating, nearly twice the community figure (Figure 1).

Aged ratings – year of last published CQC report 2026

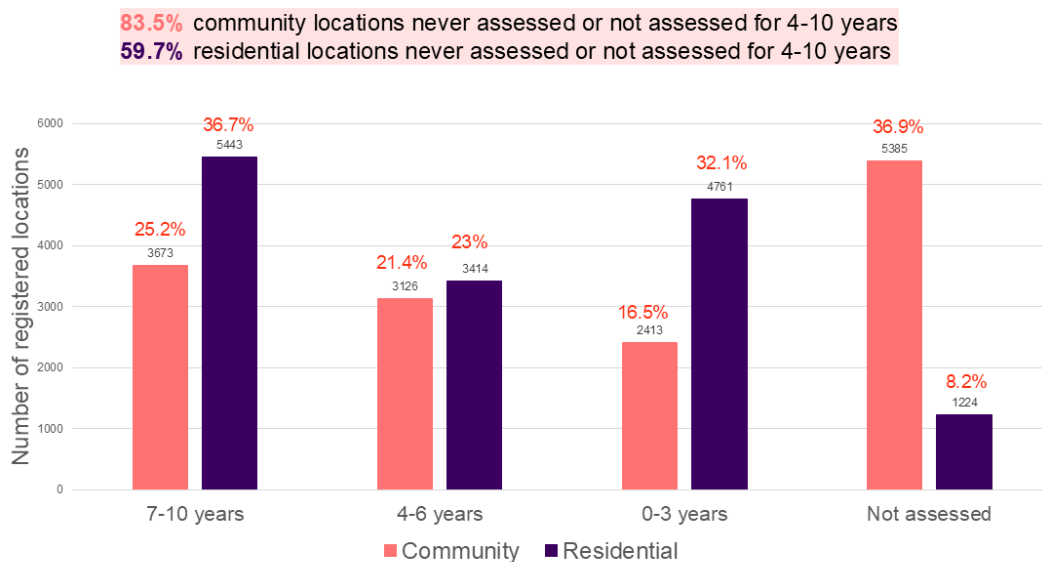


Figure 1: Aged ratings by year of the last published CQC report, community and residential social care, 2026.

The number of currently rated services has collapsed

The most striking feature of this year's data is not only the rising proportion without a recent rating, but the fall in the absolute number of services holding a current rating. Even as the sector has grown, the stock of up-to-date quality information has shrunk.

Between 2024 and 2026, the number of community locations with a current (zero to three year) rating fell from 5,118 to 4,204 to 2,413, a reduction of 53 per cent in two

years. Over the same period, the number of locations holding only an ageing rating (four to ten years) rose from 4,688 to 6,799, and the number never assessed rose from 2,879 to 5,385 (Figure 2). In other words, ratings are ageing out of currency faster than new assessments are replacing them.

Aged ratings in community social care locations 2024-2026

Source: CQC data to 5 May 2026 vs August 2025 and June 2024

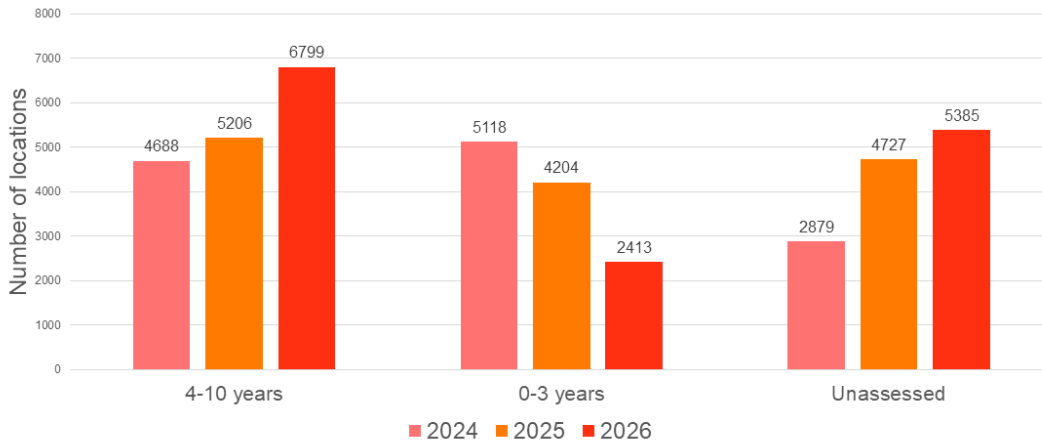


Figure 2: Aged ratings in community social care locations, 2024 to 2026.

This matters because a four- to ten-year-old rating provides little assurance about a service as it operates today. Registered managers change, ownership changes, staff turn over, and care packages evolve. A shrinking core of current ratings means that the practical coverage of independent quality assurance is even thinner than the headline backlog figure suggests.

When ratings are unavailable or out of date for most of the market, CQC ratings stop functioning as a fair market signal.

The market has grown and changed shape

The community social care sector has grown from 9,100 locations in 2017/18 to 14,597 in May 2026, an increase of around 60 per cent. Residential provision has been broadly flat to gently declining over the same period, from roughly 16,200 to 14,842 locations (Figure 3).

The consequence is a fundamental change in the shape of adult social care. In 2017/18, residential locations outnumbered community locations by almost two to one. They are now of essentially equal number. Community social care accounts for very

nearly half of all regulated adult social care locations, yet it receives less than a third of social care assessment activity. The allocation of regulatory effort has not followed the long-term shift in where, and how, people receive care.

Number of community and residential locations

Source: Skills for Care; CQC – dormant locations excluded



Figure 3: Number of community and residential social care locations since 2017/18 (source: Skills for Care; CQC, dormant locations excluded).

This growth has been driven by a sustained high rate of new registrations of community providers, principally domiciliary care agencies. It is precisely this inflow that the CQC has now begun to address at registration.

Progress at the front door: registration reform

It is important to record genuine and welcome progress. For several years, we have recommended that the CQC raise the standards required at registration, because too many new providers were entering the market without the knowledge and systems needed to deliver homecare safely. At our 2026 Homecare Association conference, the CQC described how it has done exactly that, and has cleared its registration backlog in the process. Under the revised process, applications are now checked for completeness at the point of submission and rejected immediately, with reasons, if they are incomplete, inaccurate or do not reflect the regulated activity proposed. Applicants must provide a Disclosure and Barring Service check, a complete and accurate application and statement of purpose, relevant policies, a physical location rather than a virtual office, and a business plan with realistic financial projections and evidence of local

need. The CQC registers only providers able to demonstrate the capability to deliver a good service.

The effect has been marked. Homecare attracts the highest volume of registration applications of any service type. Of 3,053 new homecare provider applications received in the six months to April 2026, the CQC reported that 67 per cent (2,045) were rejected at the initial completeness check, and that of the third (1,008) progressing to assessment, 83 per cent (834) were refused. On these figures only around 174 applications, fewer than 6 per cent, resulted in registration. The CQC also reported that its oldest open homecare application dated from mid-April 2026, indicating that the registration queue has effectively been eliminated.

We welcome this. Raising the bar at the point of entry is the right response to a market that has grown rapidly and, in some areas, become over-supplied. It should, over time, improve the quality of new entrants and slow the rate at which the unassessed population grows. It does not, however, address the central problem this report describes: the existing market of more than 14,000 active community locations, the great majority of which still lack a current rating.

The CQC continues to prioritise residential over community care

Despite an increase in the CQC's overall assessment activity across adult social care over the past two years, the distribution of that activity continues to favour residential care. In the 12 months to 5 May 2026, the CQC published 2,076 ratings of residential locations and 934 ratings of community locations - 2.2 times as many residential assessments as community assessments (Figure 4). This is a continuation of the pattern we identified previously, and it is occurring even though the two sub-sectors are now almost identical in size.

On a monthly basis, the CQC rated community locations at an average of 78 per month and residential locations at an average of 173 per month. The community rate has fallen from the 81 per month we reported in 2025. We are not arguing that residential care should be assessed less often; the higher capital intensity and acuity of residential settings provide reasons for close oversight. We are arguing that community provision, now equally large and serving people in their own homes where care is unobserved by others, cannot reasonably receive less than half the attention.

There are, however, early signs that this is beginning to change. In the four months from 1 January to 30 April 2026, the CQC published 383 community social care reports, an average of around 96 per month. That is a 23 per cent increase on the average of 78 per month across the year as a whole and suggests that recent management action is starting to lift community throughput. The rate nonetheless remains far below the order of 406 per month required to sustain a three-year cycle across the current market.

CQC ratings community vs residential social care locations

Source: CQC data, 6 May 2025 to 5 May 2026



Figure 4: CQC ratings published in community and residential social care, 6 May 2025 to 5 May 2026.

Composition of unassessed locations

Analysis of unassessed locations by year of registration shows that the problem is structural (Figure 5). The largest groups of never-assessed community locations registered in 2023 (1,360) and 2024 (1,336), with substantial numbers also registered in 2021 (240) and 2022 (736). Many of these services have now operated for three to five years without ever receiving an assessment. The steady accumulation of unassessed services since 2021 indicates a sustained inability to keep pace with new registrations rather than a one-off backlog. Residential registrations show the same pattern at a far smaller scale.

Two qualifications are fair to note. First, our analysis excludes dormant and not-applicable locations; the CQC has observed that some unassessed registrations are not currently delivering a regulated activity, and that services can move in and out of dormancy, which complicates the picture at the margins. Second, the CQC has acknowledged that unassessed domiciliary care agencies are concentrated in particular areas, with the East of England a notable outlier, and has established a dedicated team to address this. These qualifications refine the picture but do not alter the central finding: most active community services lack a current rating.

Unassessed community and residential locations by date of registration 2026

Source: CQC data to 5 May 2026

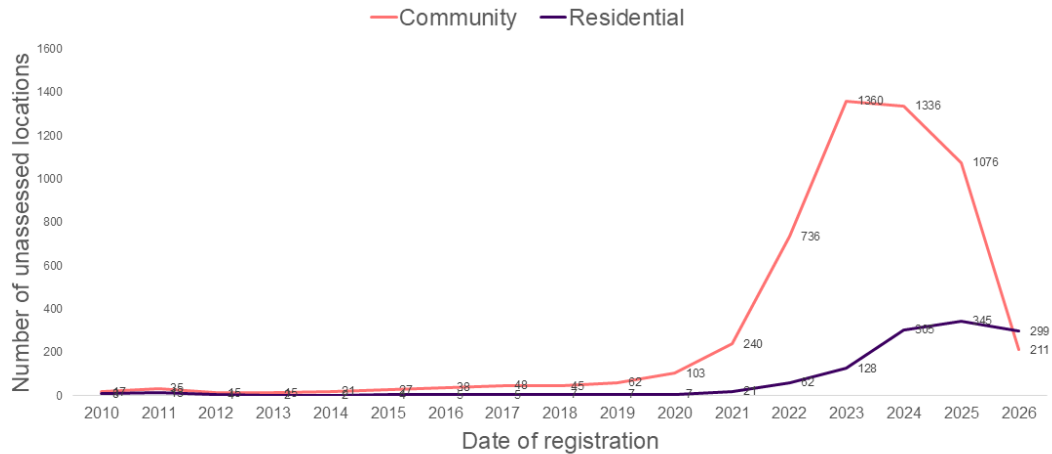


Figure 5: Unassessed community and residential locations by year of registration, 2026.

Estimated time to clear the backlog

On current data, 12,184 non-dormant community locations lack a recent rating. To maintain a three-year assessment cycle once caught up, the CQC would need to complete c. 406 community assessments per month (14,597 locations divided by 36 months). At the current rate of 78 per month, the regulator falls about 328 locations further behind every month before any allowance for market growth.

Clearing the existing backlog more quickly - bringing the 12,184 unrated or out-of-date locations back within a current rating over around eighteen months, while keeping recently rated services up to date (inspection every three years) - would require in the order of 744 community assessments per month (677 per month to work through the backlog over eighteen months, plus 67 per month to renew ratings as they fall due). In practical terms, the CQC would need to increase community throughput roughly fivefold simply to stop coverage from deteriorating, and almost tenfold to clear the backlog within around eighteen months. At the current rate, and accounting for ratings that continue to age out of currency, the backlog will not clear; it will continue to grow.

Quality signals from recently assessed services

The community social care assessments the CQC does complete are increasingly finding cause for concern. Among the 934 community ratings published in the year to 5 May 2026, 3.5 per cent were inadequate, 20.4 per cent require improvement, 72.1 per

cent were good and 4.0 per cent outstanding. Taken together, 24 per cent of recently rated community services were rated below good.

This is double the proportion across all community ratings published since 2016, of which 12 per cent were below good (Figure 6). This partly reflects the CQC’s approach of risk-assessing services to prioritise inspections. Residential care shows a similar, if even more pronounced, pattern, with around 35 per cent of residential ratings published in the year to 5 May 2026 below good.

CQC ratings in community social care

Source: CQC data, 5 May 2026

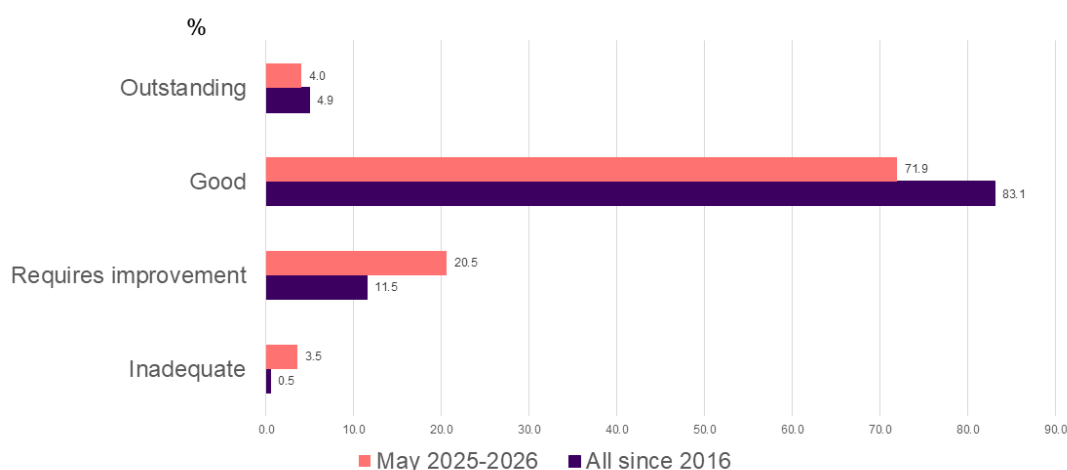


Figure 6: Distribution of CQC ratings in community social care, recent year compared with all data since 2016.

These figures should be interpreted with care. A risk-based approach is designed to direct assessments towards services where concerns have been flagged, so a higher rate of poor ratings among assessed services is partly expected. From 26 May 2026, the CQC has also begun to prioritise services with ageing ratings and those never assessed, alongside its risk-based criteria, so the profile of services it assesses in future should become more representative of the sector as a whole. Even allowing for this, the trend is concerning. If the services the regulator chooses to look at are increasingly likely to fall short, it is reasonable to infer that the much larger population it has not looked at, more than 12,000 community locations, is likely to contain a material number of services with undetected quality and safety problems.

Discussion

Why has performance continued to deteriorate?

Several factors continue to drive the deterioration. The sustained growth of community provision, from around 9,100 locations in 2017/18 to 14,597 in May 2026, has consistently outpaced the regulator's assessment capacity. The implementation of successive frameworks, organisational restructures and a new IT system have, on the evidence of the data, coincided with a fall rather than a rise in completed community assessments. And the persistent preference of many commissioners for purchasing from numerous small providers continues to multiply the regulatory task: a sector served by many small organisations requires more assessments per hour of care delivered than one served by fewer, larger providers.

We have consistently recommended that the CQC raise the standards required at registration, because too many new providers were entering the market without the knowledge and systems needed to deliver homecare safely and well. The CQC has now acted on this, and the rising rates of requires improvement and inadequate ratings among assessed services lend weight to the original concern. The reformed registration regime should, in time, improve the quality of new entrants. It cannot, however, repair the position of the existing market, which is the subject of this report, and which requires assessment capacity rather than registration controls.

How the CQC is now prioritising assessments

Alongside the registration reforms, the CQC has set out, in an update published on 26 May 2026, a clearer basis for prioritising the limited assessments it can complete.¹³ For adult social care, it states that it will prioritise services with urgent or emerging risks; never-assessed services that its data flag as very high risk; services registered for more than a year that have not yet been assessed; and services whose rating is more than six years old. It is also introducing a lighter-touch approach to revalidate services rated good across all five key questions whose ratings are more than six years old and that show no significant risk.

This is a welcome and constructive development, and a notable shift. For most of the period since the COVID-19 pandemic, the CQC returned to services mainly on the basis of risk alone. The published criteria now explicitly target two of the problems this report identifies: services that remain unassessed more than a year after registration, and

¹³ Care Quality Commission, May 2026. Priorities for delivering more assessments and tackling aged ratings. <https://www.cqc.org.uk/about-us/improving-how-we-work/0526-update>

ratings that have aged. The first aligns closely with our recommendation that every provider should receive a first assessment within 12 months of registration.

Two limitations should be kept in view. First, prioritisation allocates scarce capacity more intelligently; it does not increase it. With community assessments running at c. 78 per month (more recently 96 per month) against a need of around 406 per month, a better-ordered queue is still a queue that is growing. Second, the CQC's target for assessment is for all directorates, and other services may continue to be prioritised ahead of community social care, as the figures for the past year show. We would also note that a six-year threshold for prioritising aged ratings is more generous than the three-year cycle that meaningful assurance requires: on that threshold, the fifth of community services holding ratings four to six years old would not yet be prioritised at all.

The lighter-touch revalidation of long-standing good ratings is a sensible way to refresh assurance for lower-risk services and to lift the number of current ratings, provided there is still an opportunity for good-rated services to improve to outstanding. It is most useful, however, for services that already hold a good rating; it does not reach the 36.9 per cent of community locations that have never been assessed, for whom only a first assessment will do.

Recent actions by the new Chief Inspector

It is important to recognise that the regulator is aware of these problems and has begun to act on them. At our Homecare Association Board meeting on 18 March 2026, the Chief Inspector of Adult Social Care and Integrated Care, Chris Badger, described increasing assessment activity as his foremost and most relentless priority, noting that inspectors had too often been kept behind screens rather than crossing the threshold to see care directly. Since November 2025 he has restored a direct line of management oversight of inspectors through three regional directors; rebalanced prioritisation away from a heavy reliance on risk-triggered activity towards a fuller view of the sector, with homecare prioritised within the mix; and begun piloting much shorter inspection reports, with wider roll-out expected in spring 2026. He also described a faster 'return to good' assessment method for lower-risk providers, the use of artificial intelligence and ambient voice technology to reduce the share of inspectors' time spent drafting reports, which he put at around 40 per cent, a simplification of the assessment framework, and a renewed emphasis on observing care rather than collecting documents. We welcome both the clarity of this focus and the practical nature of the measures.

These actions are beginning to bear fruit. The Chief Inspector reported that the CQC completed 76 per cent more homecare assessments in 2025/26 than in 2024/25, against an overall increase of around 50 per cent, which he attributed to a direct

instruction to prioritise homecare. Our own analysis points in the same direction: community throughput in the four months to April 2026 rose to around 96 per month, a 23 per cent increase on the rate across the year as a whole. This is genuine and welcome progress, and an early indication that the measures now in train are starting to work. It is not yet sufficient. Even at the improved recent rate, the CQC is completing only around a quarter of the assessments needed to sustain a three-year cycle, and the recent gains will need to be sustained, properly resourced and substantially scaled before coverage of the community market can recover. The key question is whether these operational improvements can be sustained and scaled quickly enough to reduce the backlog, rather than simply slow its growth.

Resourcing, productivity and leadership

In 2024/25, the CQC reported total expenditure of around £293 million, fee income of around £231 million, and an average of around 3,300 whole-time equivalent staff.¹⁴ The growth of the community social care market should, in principle, have generated additional fee income capable of funding additional assessment capacity, a point we set out in detail in 2025 and which still stands. That up-to-date community social care assessments have fallen rather than risen suggests that either additional revenue is not being directed towards front-line assessment or that other constraints are preventing its effective deployment. We recognise that inflationary increases in costs have likely absorbed any increase in revenue because the CQC's fees have remained frozen since 2019, the seventh consecutive year.

The CQC remains in a position of senior leadership instability, though there has been a new Chief Inspector for Adult Social Care and Integrated Care in role since September 2025. It also continues to operate with an IT system that is not fit for purpose. In our 2024 report, we found that the CQC had recorded £137.9 million of capital expenditure over the previous decade, much of it linked to technology, digital capability and regulatory systems¹⁵. Despite this, providers continued to experience serious problems with CQC's digital portal, registration systems and basic operational processes. We recommended an independent review of how this capital expenditure had been used and why it had not delivered systems fit for purpose. Recent tender notices suggest the CQC intends to spend a further £40 million over three years to deliver a functional system¹⁶. In the meantime, inspectors must grapple with poor systems, which reduce

¹⁴Care Quality Commission (2026). Annual report and accounts 2024-2025.

<https://www.cqc.org.uk/publications/annualreport/2024-2025>

¹⁵ Townson, J.K. (2024). Care Quality Commission: regulatory performance in homecare

<https://www.homecareassociation.org.uk/resource/critical-failures-in-homecare-regulation-revealed-by-new-report.html>

¹⁶GOV.UK. Regulatory IT Platform Delivery Partner. <https://www.find-tender.service.gov.uk/Notice/085555-2025>

efficiency. The CQC's planned use of new AI tools may, in part, help with administration¹⁷.

Impact on providers and people needing care

The consequences identified in our earlier reports have intensified. With over four in five community services lacking a recent rating, commissioners face an unenviable choice between contracting with providers whose quality is unknown and excluding potentially good providers who happen not to have been assessed. Both responses distort local markets. Providers awaiting a first assessment, sometimes for years after registration, continue to lose tender opportunities, while the absence of current ratings makes it harder for people and families to make informed choices.

The result is a market distortion problem and a public assurance problem: commissioners cannot use ratings consistently, providers cannot rely on them as a fair indicator of quality, and people drawing on care cannot compare services meaningfully.

These are not abstract concerns. Homecare Association members describe being suspended from local authority framework tenders and losing clients because they hold no current CQC rating, despite having repeatedly sought assessment. Some commissioners have responded to the gap by asking providers to self-assess their own quality, which is no substitute for independent assessment. The CQC has said it is reminding local authorities that an existing rating remains valid until it is replaced, which is welcome, but it does not help the many providers that have never been rated at all.

Most importantly, low assessment frequency means that unsafe or poor-quality care delivered in people's own homes, where it is least visible, may continue undetected for extended periods. There is also a risk of provider complacency: where a regulator rarely visits, the perceived consequences of non-compliance are low. In an environment of rising costs and constrained fee rates, weak regulation increases the risk of harm to older and disabled people.

A quality rating cannot be awarded at registration

At our Homecare Association conference on 20 May 2026, the CQC suggested it would like to move towards awarding a rating at the point of registration, validated subsequently at a first inspection. We understand the intention: it would give newly registered providers something to show commissioners, who frequently decline to

¹⁷ Care Quality Commission, May 2026. Artificial intelligence in health and social care: CQC's role, expectations and plans. <https://www.cqc.org.uk/about-us/transparency/artificial-intelligence-health-social-care-cqcs-role-expectations-plans>

contract with unrated providers, and it would extend the reach of the ratings system. We nonetheless urge caution.

Registration is, by its nature, an assessment of likely capability and fitness before any care is delivered. A newly registered provider has not yet supported a single person, so there is no delivered quality to assess. To publish a quality rating at that point, even an interim one, risks giving people and commissioners a false impression that a service has been found to deliver good care when it has not yet delivered any. Experience also shows that some applicants invest specifically in passing the registration process and then change their approach once operating. A rating awarded at registration would not capture this. Registration is an assessment of readiness, fitness, and likely compliance. It is not an assessment of delivered care.

The better safeguard, and the natural complement to a tougher registration regime, is to guarantee a timely first assessment. We recommend that every newly registered provider receives its first assessment no later than 12 months after registration. That would give commissioners the early, evidence-based assurance they need, based on care actually delivered, without the risk of a misleading rating issued before any care has taken place. If the CQC wishes to publish a judgement at registration, it should be clearly labelled as a provisional registration assessment, not a quality rating, and should be replaced by a first assessment rating within 12 months of the provider beginning regulated activity.

Comparison across the care sector

The position in community social care stands in marked contrast to residential care, where 8.2 per cent of locations have never been assessed against 36.9 per cent in the community. Residential never-assessed rates have themselves more than doubled over two years, from around 3.6 per cent, so the residential picture is also deteriorating; but it does so from a far lower base and with more than double the assessment activity. The particular characteristics of homecare, smaller providers, lower fee income per location, and rapid market growth, create regulatory challenges that current approaches are not meeting.

Conclusions

Key conclusions

- Registration reform is genuine progress. The CQC has cleared its registration backlog and raised entry standards, following our long-standing advice, which should slow the inflow of poorly prepared providers.
- Progress at registration has not been matched in assessment. The proportion of community locations without a recent rating has risen from 60 per cent to 70 per cent to 83.5 per cent over two years, and the absolute number of currently rated services has more than halved.
- Throughput is the binding constraint and is not increasing enough. Community assessments ran at an average of 78 per month over the 12 months to 5 May 2026, against a steady-state need of around 406 per month. The most recent months show early improvement, with the rate rising to around 96 per month following action by the new Chief Inspector, but this is still only about a quarter of what a three-year cycle requires.
- Community care is under-prioritised relative to its size. Although overall assessment activity has risen, community provision, now almost as large as residential care, still receives less than half of the residential assessment volume.
- A rating should not be awarded at registration. A new provider has delivered no care; the safeguard is a first assessment within 12 months, not a rating issued before any care has taken place. If the CQC awards ratings at registration, it must flag these as provisional registration assessments and follow with an inspection within 12 months.
- The unassessed majority is likely to conceal real risk. Rising levels of requires improvement and inadequate ratings among assessed services suggest the much larger unassessed population contains undetected problems. Risk-based inspection may skew ratings towards under-performing services, but the scale of the unseen population means the absence of evidence cannot be treated as evidence of safety.

Broader implications

The continued decline in the CQC's regulation of community social care raises wider questions about the sustainability of current models of market shaping, commissioning and regulation. Reduced oversight increases risk to people and erodes public confidence. A more sustainable approach is needed, one that aligns regulatory capacity

with where care is actually delivered, supports quality providers, and maintains effective safeguards for people who rely on care in their own homes.

These questions are sharpened by the government's stated ambition to shift care from hospital into the community and to put 'home first'. That ambition depends on a community social care sector in which quality can be seen and assured. A system that leaves more than four in five community services without a current rating cannot yet provide that assurance, and closing the gap should be treated as integral to delivering the shift to care closer to home, not as a separate concern.

Recommendations

Building on our 2024 and 2025 recommendations, we propose the following urgent measures.

We begin by acknowledging genuine progress. The CQC has cleared its registration backlog and raised the standards required of new applicants, in line with a recommendation we have made for several years. It is also proposing to change its assessment approach, which will in part speed up activity, but is unlikely to be adequate within current resources. The measures below build on that progress and concentrate on the area where performance continues to decline: the assessment of the existing market.

1. Guarantee a first assessment within 12 months, and do not rate at registration

- Commit to a first assessment of every newly registered provider no later than 12 months after registration, based on care actually delivered. The CQC's May 2026 prioritisation update, which targets services left unassessed more than a year after registration, is a welcome step; we recommend turning this priority into a firm guarantee.
- Do not publish a quality rating at the point of registration, unless clearly marked as a provisional registration assessment. A newly registered provider has delivered no care, so any such rating risks misleading the public and commissioners; registration should be described as a test of fitness and likely capability, not as a quality rating.

2. Surge capacity to clear the community backlog

- **Government should provide time-limited, ring-fenced transitional funding to enable the CQC to deploy surge capacity in community social care assessment.** This should not be funded through immediate increases in provider fees, given the scale of CQC's current performance deficit and the fact that providers are already paying for a regulatory service many are not receiving in a timely way. This is a public protection issue, not merely a provider service issue. Temporary government funding is justified because the backlog affects people's ability to choose safe care, commissioners' ability to contract responsibly, and the credibility of the national system of adult social care regulation.
- Deploy temporary, dedicated teams to assess never-assessed community services, prioritising those registered before 2024.

- Set interim milestones: by May 2027, assess all active community locations registered before May 2025 that have never been assessed, unless there is a clearly documented reason for not doing so.
- Over the same period, raise community assessment activity from around 78 per month to at least 300 per month - around four times the current rate - as a realistic first-year step towards the steady-state requirement of about 406 per month.
- By May 2028, having addressed the backlog of never-assessed active community locations under the May 2027 milestone above, restore a credible rolling cycle for community social care, reduce the proportion of community locations that have been assessed but do not have a recent rating from 46.6 per cent to 20 per cent, and ensure no newly registered provider waits more than 12 months for a first assessment.

3. Rebalance assessment effort towards community care

- Align community and residential assessment volumes with the relative size of each sub-sector, given that they are now of equal scale.
- The CQC should explain why residential care received 2.2 times more ratings than community care in the year to 5 May 2026, despite both sub-sectors now being of similar scale, and set out how it will rebalance activity.
- Consider ring-fencing assessment capacity for community social care so that it is not displaced by competing priorities elsewhere in the regulator's remit.

4. A risk-based, two-tier assessment system

- Combine the 12-month first assessment above with fuller assessments prioritised by risk, so that never-assessed and longest-unrated services are reached first.
- Use risk indicators, intelligence and provider feedback to prioritise the most urgent cases.

5. Transparent, sector-specific performance reporting

- Publish monthly data on community social care assessment completions, by region, and on progress against backlog-reduction targets. This should include never-assessed services, aged ratings, regional variation, first assessments completed within 12 months and progress against published clearance dates.
- Report community-specific performance, including progress against the targets above, routinely to the Board, distinct from all-sector totals, so that overall growth in assessments does not mask the position in community care.

6. Independent resource and funding review

- Commission an independent assessment of the resources required to maintain a three-year assessment cycle across the expanded community market.
- Review the fee model, including application fees for new registrations and risk-related fees, so that funding reflects cost and supports adequate capacity. In the short term, the priority should be transitional government funding for backlog recovery, not an immediate increase in provider fees.

7. Protect throughput during the transition to new frameworks

- Sequence the move to sector-specific frameworks so that assessment volumes are protected, and avoid simultaneous wholesale change to framework, IT and structure.
- Where systems hinder productivity, use simpler interim tools and provide inspectors with dedicated administrative support so that their time is spent on assessment.

8. Sustain registration reform and support the existing market

- Maintain the higher registration standards now in place, monitoring that they reduce poor-quality entry without creating an unjustified barrier to capable new providers.
- Work with commissioners to develop interim assurance arrangements for unrated providers and remind local authorities that an existing rating remains valid until replaced, reducing market distortion while assessments are awaited. The Department of Health and Social Care, CQC and local government partners should issue guidance to prevent unfair exclusion of capable unrated providers while maintaining appropriate safeguards for people.

9. Regular, independent progress review

- Commit to quarterly public reporting on progress against these recommendations, with independent oversight and clear timescales.

The evidence is clear. The CQC has made real and welcome progress at the point of registration, clearing its registration backlog and raising entry standards in line with our long-standing advice. Its overall assessment activity has also increased. Yet on the measure that matters most for people already receiving care at home, the position has not improved but has deteriorated further, and the rate of deterioration has not slowed. Community social care continues to be assessed at less than half the rate of residential

care. At current rates, the assessment backlog will continue to grow, and coverage will continue to fall. The progress at the front door now needs to be matched by decisive action to assess the existing market, with the government providing temporary funding to the CQC to pay for surge capacity to catch up. In short: the CQC has improved the front door, but the existing community social care market remains largely unseen and unrated.

About the Homecare Association

The Homecare Association is the professional association for homecare providers, representing more than 2,100 members across the United Kingdom and supporting the delivery of high-quality care in people's own homes. We stand ready to work with the CQC, government and other stakeholders to address these urgent regulatory challenges and to ensure effective protection for people who rely on care at home.

Shaping homecare together

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