Homecare Association

Homecare Association submission to the Care Quality Commission consultation: *Better regulation, better care: Consultation on improving how we assess and rate providers*

Submitted via the CQC website on 9th December 2025

How we developed our response

The Homecare Association welcomes the opportunity to respond to the Care Quality Commission's consultation on improving regulation, assessment and ratings. Homecare plays a central role in helping people live well at home, avoid unnecessary admissions, and maintain independence. Effective regulation is essential to public confidence and to supporting high-quality, person-centred services across England.

This response draws on extensive evidence from the Association's policy work, including information from the Association's Quality and Compliance Specialist Interest Group. It also integrates insights from three key Homecare Association reports: *Care Quality Commission: Regulatory Performance in Homecare One Year On* (September 2025), *What is the CQC Looking For? Insights for Providers from Analysis of 1,052 CQC Homecare Inspection Reports 2024–2025*, and the *Care Provider Alliance CQC Single Assessment Framework Review – Final Report*. For clarity, the Association believes that every registered homecare service must receive a full, holistic assessment at least once every three years, with risk-based follow-up in between, and that CQC should publish a credible plan and performance data to demonstrate how it will deliver this.

Part 1: Improving the Assessment Framework

Question 1: To what extent do you agree we should publish clear rating characteristics of what care looks like for each rating as part of our new assessment frameworks? Options: **Strongly agree** / Agree / Disagree / Strongly disagree / I don't know

Question 2: To what extent do you agree with our proposed approach to developing assessment frameworks that are specific to each sector? Options: Strongly agree / **Agree** / Disagree / Strongly disagree / I don't know.

Question 2a: Do you have any comments or suggestions on how we should develop the sector-specific assessment frameworks?

The Homecare Association strongly supports the development of sector-specific assessment frameworks because a single adult social care framework cannot reflect the reality of different service types. The CQC's proposals move in the right direction, but the consultation does not confirm whether sector-specific means distinct frameworks for homecare, residential care, live-in care, supported living and Shared Lives, or whether the CQC intends to keep a single overarching framework with limited variations. Clarity on this point matters because adult social care includes services with different models, risks and evidence sources.

Members of the Homecare Association want the CQC to design frameworks by service type. Homecare differs significantly from residential and supported living services. Outcomes in homecare rely on coordination, consistency, communication and responsiveness in a person's own home rather than on-site practices or physical environments. The Association's analysis of 1,052 inspection reports (CQC: Regulatory performance in homecare one year on, 2025) shows clear differences in how Outstanding, Good, Requires Improvement and Inadequate features present in homecare. When inspectors apply generic criteria, they introduce ambiguity and inconsistency, which harms trust and reduces confidence in the fairness of ratings.

Providers across the CPA workshops echoed this view. They described confusion, unpredictable inspector interpretation and inconsistent expectations when the CQC uses a single framework with overlapping quality statements. Providers called for clear, tailored guidance and practical examples that show what good and outstanding practice look like for each service type. They want the CQC to highlight where a quality statement does not apply, particularly for homecare.

Members also want the CQC to redesign statements such as "care environment" so they fit the context of homecare. The home belongs to the person, not the provider. Requirements that reference premises, on-site meetings or environmental standards do not work for homecare and create pressure to produce irrelevant evidence. The Association's report, What is the CQC Looking For?, shows that many providers struggle with statements that originate from residential models, for example large staff meetings, controlled physical environments and office-based supervision.

Direct engagement with each sector will help the CQC design frameworks that reflect real-world practice. The Homecare Association recommends that the CQC hold dedicated sessions with homecare providers. Providers want the CQC to co-produce guidance with the sector and use examples drawn from actual practice. The CPA

review reinforces this, as providers said they want co-production and clear interpretation at the quality statement level.

The Association also recommends that the CQC align sector-specific frameworks with inspector expertise. Specialist inspectors will improve fairness and consistency, but only if the frameworks reflect the service they inspect. Inspectors need training, shadowing and clear guidance so they can apply the framework accurately. Without this, the CQC will not realise the benefits of specialist teams.

Experience in Wales offers useful lessons for England. The Welsh model promotes transparency and consistency through clear statutory expectations, structured evidence requirements and ongoing engagement with providers. Wales also invests in specialist inspection teams and uses flexible inspection methods that reflect different service types. The Homecare Association encourages the CQC to consider similar principles.

The Homecare Association recommends that the CQC:

1. Define frameworks by service type within adult social care, including homecare.

2. Provide practical examples of good and requires-improvement practice specific to each service type, including examples that show how homecare supports safety, dignity and independence in people's homes.

3. Clarify where quality statements do not apply to a service type and avoid requiring evidence that does not reflect the nature of the service.

4. Support sector-specific frameworks with specialist inspectors, who understand the service model, the evidence sources and the context in which providers operate.

These changes will create a framework that delivers clarity and fairness. They will also help providers focus on what matters most for the people they support and will improve public confidence in inspection outcomes.

Question 3: To what extent do you agree with our proposed approach to making our assessment frameworks clearer and removing areas of potential duplication?

Options: **Strongly agree** / Agree / Disagree / Strongly disagree / I don't know

Question 3a: Do you have any comments on the content of our current single assessment framework, or suggestions for how we should make our assessment frameworks simpler and clearer?

The Homecare Association calls for a simpler and clearer Single Assessment Framework because many providers see the current model as overwhelming. Members describe 34 quality statements as unmanageable, unnecessary and confusing. The Care Provider Alliance's independent review confirms this, as providers repeatedly highlighted duplication, ambiguous wording and unclear guidance that does not reflect different service types, especially homecare.

The Association urges the CQC to reduce the number of quality statements. Providers want fewer than 20 statements, with clear guidance and concrete examples that show what good and outstanding practice look like for each service type. Members want the CQC to remove overlapping prompts, so evidence sits in one place and avoids repeated effort. They also want the CQC to use precise language, so providers and inspectors interpret requirements in the same way.

Members report that "I statements" and "we statements" increase confusion because they do not give practical clarity. Simpler and clearer key questions, paired with sector-specific detail, would give providers a more navigable and meaningful framework and would support inspectors in making more consistent judgements.

Proportionality must feature clearly in the redesign of the framework. Smaller providers work with limited administrative capacity and hold smaller pools of data. A single negative qualitative statement can distort outcomes when the reference pool is small, so the framework must balance qualitative and quantitative measures with professional judgement. Members want the CQC to recognise scale and context when judging governance and evidence. They also want the CQC to set expectations that reflect the reality of SME capacity, especially in homecare where the proportion of homecare providers serving 4 people or fewer is 28% (CQC State of Care 2025) and at least 43% of homecare providers employ fewer than 4 careworkers (Skills for Care 2025).

Proportionality also matters when the CQC expects providers to adopt more complex systems. Members raised examples such as standardised electronic MAR charts, which could improve safety and reduce errors if the government invests in a universal system. Smaller providers cannot absorb these costs alone, so the CQC must consider the impact of new expectations on SMEs.

Members also want clearer and more consistent guidance that reflects service type. Many quality statements do not apply to homecare, including those that reference physical environments. Providers want the CQC to remove statements that do not fit homecare or to clarify how providers should interpret them. The CPA review confirms that providers want service-specific interpretation at the quality statement level.

The Association welcomes the recent collaboration between the CQC and the Care Provider Alliance to simplify the quality statements. Members want this work to continue at pace and to focus on practical improvements that reduce burden and increase clarity.

Part 2: Making Judgements and Awarding Ratings

Question 4: To what extent do you agree that we should award ratings directly at key question level with reference to rating characteristics?
Options: Strongly agree / **Agree** / Disagree / Strongly disagree / I don't know

Question 4a: Do you have any comments or suggestions on our proposed approach to awarding ratings?

The Homecare Association supports the proposal to move away from the current complex scoring system and return to awarding ratings at the key question level. This approach sets a clearer structure for providers, uses professional judgement more effectively and reflects the complexity of assessing a service delivered in someone's own home. Members tell us that a simpler model with clear rating characteristics would give them a fairer and more transparent experience.

The current scoring system creates significant problems for providers. Members report inconsistencies, shifting weightings and unpredictable interpretations. Some providers say inspectors change scores when they challenge the narrative, which reduces confidence in the system and fuels a sense of uncertainty. Providers also say the lack of a published scoring method makes the process feel unclear and arbitrary. The CPA review echoes these concerns and highlights widespread confusion about how scoring works across social care.

A return to ratings supported by clear rating characteristics will strengthen transparency and accountability. Well-designed characteristics will give providers

clarity on what good, outstanding and requires improvement look like for their service type. They will also help inspectors exercise judgement consistently. Members value the principle that inspectors should apply professional judgement when assessing complex, real-world homecare practice. They want the CQC to anchor that judgement in service-specific characteristics and clear examples rather than numerical scores.

Members also raised concerns that the CQC will still use internal scoring tools that influence ratings, even if the CQC removes published scores. Providers want full transparency about how ratings are formed. They want the CQC to publish a national scoring method, an indicative scoring example for each service type and a provider-facing self-audit tool that aligns with inspector methodology. These tools will help providers track their own progress, complete meaningful internal audits and reduce the risk of surprise outcomes. Larger providers and franchise networks say they already run audits that match CQC outcomes when they understand the scoring approach. Smaller providers need proportionate tools to achieve the same insight.

Timeliness sits at the heart of confidence in ratings. Providers are waiting five or six years for reassessment, even after improvements by the CQC. Long gaps leave providers with ratings that no longer reflect current quality. The old model gave providers a clear route to improvement, because poor ratings triggered a follow-up within a year. That approach helped providers show progress and gave the public a more up-to-date view of quality. Members want the CQC to introduce a clear mechanism that allows providers to request a re-inspection within a defined timeframe after improvement. Where the CQC faces capacity pressures, a secondary validation process could support this. To give providers and people who draw on care predictable and fair access to updated ratings, the Association recommends that the CQC consults on and adopts a clear, time-bound standard for responding to re-inspection requests (for example, committing to a full reassessment within 12 months where providers can evidence a credible improvement plan).

Ratings influence public trust, reputation and market viability. People and families make major decisions based on CQC ratings, so the system must operate with transparency and pace. When ratings stay out of date, they distort the market and harm providers that have worked hard to improve. Members want the CQC to adopt a simpler rating model, remove sub-scores and strengthen professional judgement with clear, sector-specific rating characteristics. This aligns with findings from the CPA review, which shows that providers want clarity about expectations and a more consistent system across the sector.

A simple, transparent model with clear sector detail will support fairer decisions, rebuild trust and give providers a clearer route to improvement. The Homecare Association encourages the CQC to use this opportunity to set out a rating system that reflects actual practice, supports meaningful improvement and offers the public a reliable and current view of quality.

Question 5: Do you have any comments or suggestions for how we should support our inspection teams to deliver expert inspections, impactful reports and strong relationships with providers?

Sector-specific knowledge sits at the heart of effective inspection. The move away from this approach weakened the quality and consistency of inspections across adult social care, and homecare providers have felt this most acutely. Members frequently describe inspectors applying standards designed for hospitals, residential care or supported living services, which do not reflect the realities of care given in people's own homes. Inspectors sometimes fail to recognise the distinct approaches and expertise required to support younger people with learning disabilities or older people with complex needs receiving care at home.

Examples from members show how this plays out in practice:

Fire safety: Homecare providers deliver care in people's own homes and cannot control the physical environment. Inspectors need to focus on what providers can influence, such as training, risk assessment and partnership working, not standards designed for care homes.

Medicines support: Homecare often involves shared responsibility with family members, informal carers or people who self-administer. This requires a different approach to oversight and governance than a single-site setting. Inspectors need to understand these complexities and recognise what good practice looks like in a home environment.

The Care Provider Alliance's review of the Single Assessment Framework reinforces these concerns, stating that:

"Inspectors do not always have sufficient knowledge of a wide diversity of service types… and can draw inappropriate and inaccurate conclusions about services."

The Homecare Association strongly supports the reintroduction of specialist inspectors. This approach will help restore consistency and fairness. The Association

also recommends mandatory baseline training for inspectors that matches the requirements placed on providers. In the same way that all providers must complete autism and learning disability training, inspectors should complete equivalent training before they inspect those services. New inspectors should shadow homecare teams, so they gain insight into remote workforce management and the realities of supporting people in their own homes.

Resourcing and capacity

Members consistently tell us that training and methodology will not deliver expert inspections without adequate resourcing. The Association's report, *CQC: Regulatory performance in homecare one year on* (2025), shows that CQC currently inspects only 81 services per month when homecare requires around 424 inspections per month to maintain coverage. The inspectorate lost a significant number of experienced inspectors while the number of providers grew rapidly over the last five years. Bolstering inspection teams is essential.

The Association recommends that the CQC:

- Surge inspection capacity with a focus on homecare to clear the backlog.
- Introduce a two-tier triage system:
    - Rapid safety checks for services that have never been inspected.
    - Full inspections within set timescales.
- Provide administrative support and simpler IT workflows so inspectors can focus on assessing quality rather than completing bureaucratic tasks.
- Set clear throughput targets and publish monthly progress reports to maintain transparency.

Inspection teams need a comprehensive resource review so they can meet the needs of the sector. Investment in training, analytics capability and planning capacity within local teams will strengthen expertise and support meaningful improvement. Without adequate resourcing, even the strongest frameworks will fail to deliver consistent, expert and trustworthy inspections.

Consistency and quality assurance

The most frequent concern raised by members is variability in inspection quality. Members describe significant differences in how inspectors approach assessments, even for similar services inspected in comparable timeframes. This variation appears

to stem from local resources, team capacity and individual interpretation rather than a coherent national approach.

Key issues include:

- Approaches vary widely, with some inspections remote, some hybrid and others on site.
- Similar services receive different levels of scrutiny depending on the inspector or region.
- Local capacity, not provider quality, often dictates the depth of inspection.
- Inspector attitudes vary significantly, with some teams taking a balanced approach and others taking an excessively negative stance.

Members also report that inspectors often struggle to navigate the inspection framework and evidence requirements. Larger providers with compliance teams sometimes need to guide inspectors through the process, while smaller providers can be left unsure about what to challenge. This creates an uneven playing field that disadvantages SMEs. The CPA review highlights the challenges SMEs face, as most providers operate without dedicated quality leads or compliance teams.

The CQC needs a stronger national quality assurance process, so inspectors receive consistent guidance and apply expectations in the same way across the country. Providers want the CQC to standardise inspection formats, evidence expectations, decision-making and judgement writing. A consistent national approach will increase fairness and strengthen public confidence in the system.

Relationships and communication

Members want a return to collaborative relationships between providers and inspectors. Some teams already operate this way, but many do not. In too many cases, inspectors arrive with a combative approach, which only softens once they see evidence of quality. Providers want inspections that start from a position of professional respect, open communication and a shared aim of improving care.

Relationships would improve significantly if providers had regular contact with local CQC teams. Quarterly informal meetings would allow providers to raise questions, understand expectations, explore local challenges and build trust. These sessions should be conversational, supportive and off the record so both sides can share insights honestly.

Reliable communication channels are also essential. Many providers describe the current experience as sending information into a “black hole,” with no

acknowledgement or route to follow queries. The CPA report highlights widespread frustration with dysfunctional communication routes and a belief that inspectors do not always receive updates from central teams.

Restoring a simple, dependable point of contact in each region would help address this.

Fair processes and realistic timelines

Members want processes that support meaningful dialogue. Providers need timelines that allow them to gather evidence and respond carefully to concerns. Members describe examples where inspectors allow only two days to respond to complex allegations, which pushes providers into defensive or rushed submissions. Fair timelines and clear expectations will support constructive engagement and reduce unnecessary conflict.

Inspection teams should provide inspection plans in advance for routine assessments. These plans should include:

- which quality statements they will inspect,
- required evidence,
- the inspectors involved,
- the proposed timetable.

This will help providers prepare, support staff and ensure the availability of registered managers. It will also reduce disruption for people receiving care and their families.

Report quality and usefulness

Providers need inspection reports that follow simple structures, set out the evidence used and explain how inspectors reached their decisions. Members often receive reports with errors, unclear reasoning or contradictions. Reports sometimes omit the strengths inspectors recognised during the visit, which undermines trust and limits the report's value for improvement.

The CPA report shows widespread concern about poor-quality reports, with many providers unable to understand what influenced their ratings.

Providers want reports that offer clear, actionable guidance mapped to rating characteristics so they can plan improvements confidently.

CQC should also commit to timely publication. Late reports lose value because providers adapt quickly and implement feedback in real time. Delays then interact

with long re-inspection gaps, leaving the public with outdated and unreliable information.

Independent oversight of challenges

Members want a fair and accessible complaints and challenge process. Many smaller providers struggle to navigate complex processes, and some feel forced to seek legal advice. Providers want the CQC to introduce an independent body that oversees challenges and ensures that all providers have a meaningful route to raise concerns. The CPA review identifies this as a major structural weakness for SMEs.

Workforce wellbeing and emotional impact

Members highlight the emotional impact of inconsistent inspections. Registered managers and staff feel distressed, confused and disoriented after some inspections. The CPA report gives clear examples of registered managers leaving their roles because of the stress created during assessments.

Inspection teams need training that embeds trauma-informed practice, emotional intelligence and professional respect. Collaborative and supportive communication will protect staff wellbeing and help build a more positive regulatory culture.

Consultation question 6: To what extent do you agree with the approach to following up assessments and the principles for updating rating judgements?

Options: Strongly agree / Agree / Disagree / Strongly disagree / I don't know

Question 6a: Do you have any comments on our proposed approach?

The Homecare Association agrees in principle with a three-year routine inspection cycle supported by risk-based triggers. We welcome the CQC's recent commitment to increase homecare inspections. However, given the scale of the current backlog, we cannot support any suggestion that the cycle should extend to five years. A maximum three-year cycle must mean a full, holistic reassessment of each homecare service, not just a light-touch review anchored in historic ratings or limited sampling of quality statements. Anything longer than three years would be incompatible with public protection and would disproportionately disadvantage people who rely on homecare in areas with fragile markets or high provider churn.

Our coverage analysis shows that:

- 33.5 percent of homecare providers have never received an inspection
- 70.3 percent do not hold a current rating

- the backlog grows each month

Without a substantial increase in throughput, homecare coverage will fall to 11 percent by 2035. The consultation does not set out clear commitments that show how CQC intends to reverse this trend.

A maximum three-year cycle is essential, but CQC can only deliver this if it introduces:

- a detailed and credible capacity plan
- monthly published performance data
- a strategy that clears the backlog at pace

Prioritising never-inspected services

Never-inspected services create the greatest level of risk for the public. The Association strongly supports a two-tier model for homecare:

1. Rapid safety checks for never-inspected services
2. Full inspections within clear timeframes

This approach delivers urgent oversight while efficiently using limited resources.

Eighty-five percent of adult social care providers operate as SMEs. The CPA review shows that SMEs struggle most when inspections remain significantly overdue or when ratings stay out of date for long periods. Smaller providers cannot absorb the commercial impact of outdated ratings or long periods without regulatory contact. This reinforces the need to inspect never-rated services as a priority.

Transparency, tracking and accountability

We strongly recommend that the CQC publish monthly reports that show completed inspections, backlog reduction and progress against targets. Providers and the public need clear information about how CQC moves through the backlog and how rapidly it improves coverage.

The Association recommends that the CQC:

- introduce transparent scheduling that shows when providers should expect inspection

- define clear metrics that show whether the approach succeeds
- deliver timely inspections that reflect the actual risk and context of each service

Without published targets and regular progress updates, the backlog will keep growing. Providers need confidence that the regulator operates in a coordinated and transparent way. The public also needs confidence that ratings reflect the current reality, not the position five or six years ago.

Evidence, corroboration and fair judgement

CQC must corroborate evidence before it updates ratings. Members report that inspectors sometimes rely on isolated comments or untested issues, which distorts overall judgement. The CPA review raises the same concern and calls for balanced evidence that reflects the complete picture of a service. Corroboration ensures that rating updates support improvement and not confusion.

Members also raised concerns about the inconsistent use of flexible sampling. When inspectors focus on a narrow selection of statements during follow-up, they sometimes miss improvements in key areas. The CPA review shows that this limits providers' opportunities to update ratings that no longer reflect current practice. CQC must ensure that sampling supports fairness and accuracy.

Timely reports that support improvement

Providers want timely inspection reports that show clear reasoning and explain how inspectors reached their judgement. Late or unclear reports reduce the value of the process and delay improvement planning. Members report errors, contradictions and unclear rationale in some reports. The CPA review confirms this and shows that poor-quality reporting harms trust and limits the usefulness of rating updates for providers.

Timely reports matter even more in a system where inspections take place infrequently. Providers adapt quickly and use feedback to drive improvement. When reports arrive months later, the findings fail to reflect the current quality of care and create further confusion for the public.

Workforce impact and service stability

Delayed updates create uncertainty for registered managers and frontline teams. Members describe the emotional impact of waiting years for ratings to change,

especially after significant improvement efforts. Some managers step away from their roles because the current system creates stress and a sense of helplessness. The CPA review highlights the same issue, with multiple examples of staff leaving because assessment processes created distress and instability.

CQC must recognise the impact of protracted inspection cycles on workforce morale and retention. Fair, timely follow-up supports stability across the sector and protects continuity of care for people who rely on homecare.

Public confidence in ratings

People and families rely on CQC ratings to judge whether a service is safe and high quality. Outdated ratings undermine this trust and can result in people choosing services that do not reflect their current performance. Timely rating updates protect the public, support informed decision-making and strengthen confidence in homecare.

Part 4: Equality and Other Feedback - Measuring the impact on equality - Care Quality Commission

Question 8: We'd like to hear what you think about the opportunities and risks to improving equality and human rights in our proposals. Do you think our proposals will affect some groups of people more than others (for example, those with a protected equality characteristic such as disabled people, older people, or people from different ethnic backgrounds)? Please tell us if the impact on people would be positive or negative, and how we could reduce any negative effects.

The Association believes that the consultation presents opportunities to strengthen equality and human rights by improving transparency and clarifying expectations for providers and the public. Publishing rating characteristics and sector-specific frameworks will help providers understand what "good" looks like and support consistent, person-centred care.

While we welcome the CQC's commitment to equity and inclusion, we believe the proposed changes could disproportionately affect certain groups unless safeguards are in place and support and training are provided to inspectors. Inspectors need to expand their knowledge of homecare-specific issues and protected characteristics to ensure fair and inclusive assessments.

Some key risks and considerations for homecare include:

Digital exclusion
A digital-first approach to evidence collection and remote inspections risks excluding people who don't use digital technology, people without internet access, people for whom English is not a first language, and smaller providers with limited digital capability. This could lead to under-representation of their experiences and create barriers to compliance.

Cultural and linguistic barriers
Standard feedback processes may under-represent people from minority ethnic backgrounds or those reluctant to raise concerns because of cultural norms or past negative experiences with authorities. Proactive engagement strategies can help to prevent losing these voices.

People with fluctuating capacity or hidden disabilities
Structured interviews and rigid evidence-gathering methods may fail to capture the lived experience of individuals with cognitive impairment, mental health needs, neurodiversity, or communication differences. This risks inaccurate assessments of care quality for these groups.

Communication inequalities
People who use non-verbal communication, AAC devices, hearing aids, or experience sensory overload may be excluded from typical inspection engagement. Inspectors need training and tools to ensure these individuals are heard.

Inspector bias risk
Without robust equality and cultural competence training, inspectors may unintentionally apply biased interpretations, particularly for services supporting people with learning disabilities/autism, minority ethnic communities, LGBTQ+ individuals, or rural populations.

Rural inequalities
Rural communities face unique challenges such as poor connectivity, staffing constraints, and long travel times. These factors could disadvantage rural providers and service users because evidence expectations or inspection timelines may not adequately reflect them.

LGBTQ+ inclusion
Older LGBTQ+ people may be reluctant to share concerns openly. Inspection methods need explicit prompts and safe spaces to ensure their voices are heard.

Intersectionality
People experiencing multiple disadvantages (e.g., ethnicity + disability + rurality +

age) face compounded inequality. Inspectors should be required to recognise and document intersecting factors in their assessments.

Inspection capacity and timeliness are also equality issues in their own right. Infrequent, delayed or partial assessments tend to hit hardest those who rely on small providers, live in under-resourced or rural areas, or face greater barriers to raising concerns or navigating complex complaints processes.

We therefore recommend that the CQC publishes equality-disaggregated data on inspection frequency, ratings and enforcement action (by service type, region and, where possible, protected characteristic), and commit to an equality impact review of any new framework or inspection model after an initial period of implementation (for example, 12–18 months). This would support transparent monitoring of both intended and unintended impacts and allow timely adjustment.

Question 9: Do you have any other comments on our work, things we should consider, or suggestions for how we could improve?

The consultation leaves important gaps that demand urgent action. Our recent report, *CQC: regulatory performance in homecare one year on* (2025), shows that the regulator faces structural challenges that harm public protection and disrupt the homecare market. Key findings include:

- The number of uninspected homecare locations has risen by 64% in just 14 months, from 2,879 to 4,727.
- Total registered community social care locations grew from 12,574 to 14,137, meaning the queue is bigger and moving slower.
- At current inspection rates of 81 per month, the backlog will never be cleared and is growing by 312 (no growth in locations) to 424 locations monthly (current rate of growth of locations).
- Only 29.7% of homecare locations currently have up-to-date CQC ratings.
- Without urgent action, coverage could drop to just 11% by 2035, meaning almost nine in ten services would lack a current, independent quality assessment.

These figures show a fundamental breakdown in inspection coverage. Our analysis of 1,052 inspection reports published between July 2024 and August 2025 also shows that CQC identifies real quality differentiation when inspections take place.

Outstanding services demonstrate compassionate, person-centred support, while Inadequate services show serious safety and governance failures. Inspection therefore works, but the regulator does not inspect often enough for the system to function.

Commissioners struggle to make safe and fair procurement decisions when a third of services lack a current rating. Some contract with unrated providers and take on significant risk. Others exclude unrated providers and create market distortions that block high-quality providers from contributing. This harms people who need care, undermines fair competition and distorts commissioning practice.

CQC must increase inspection throughput to protect people and stabilise the market. The regulator must raise throughput by at least fivefold to stop performance declining and by eightfold to clear the backlog within a reasonable timeframe. CQC must publish a clear and credible capacity plan that shows how it will reach these levels. CQC must also publish monthly performance data so the sector can track inspection progress by region, service type and priority group. Transparent reporting will support public confidence and reduce uncertainty for providers.

While CQC increases throughput, the regulator must introduce temporary measures to support the sector and commissioners. CQC must publish clear guidance for councils on the safe commissioning of unrated homecare services. CQC must provide practical support for providers that face commercial challenges while they wait for an inspection they cannot control.

Communication, transparency and relationship management

Transparent and timely communication is essential. Our members often learn about regulatory changes only after they take effect. For example, CQC published new registration requirements on 8 July, but these already applied on 1 July. Providers could not prepare or plan because they had no advance notice. This creates frustration, uncertainty and risk in a heavily regulated sector. CQC must publish a clear communication strategy and ensure homecare providers understand what they must comply with and when changes will take effect.

Relationship managers would help restore confidence. In the past, providers could call a named contact, receive consistent advice and speak to someone who also understood their service. That approach created continuity and accountability. CQC removed this structure, and providers now struggle to contact the regulator or receive clear guidance. CQC should reintroduce relationship managers or local contact points so providers can ask questions, navigate changes and raise concerns without fear or confusion.

Many providers describe the CQC as intimidating, which damages collaborative working. Providers want inspectors who support improvement and give practical advice on how to reach Outstanding or maintain Good. CQC should help providers see the regulator as a partner that seeks better outcomes for people, not as a distant authority that communicates only through punitive processes.

Proportionality and support for different provider sizes

The consultation does not refer to proportionality, which creates serious concern among our members. Inspectors must understand the difference between large and small providers. Around 90 percent of providers in community social care have fewer than fifty staff, and around 40 percent have fewer than four employees (Skills for Care, 2024). Smaller providers use different systems, record improvements in different ways and operate with limited administrative capacity. Inspectors must understand these differences so small, high-quality providers do not receive lower ratings simply because their evidence does not fit corporate templates.

Registration processes and standards

CQC must strengthen entry standards for new registrants. The regulator registers many providers that do not have the knowledge or commitment to operate safely. This increases fragmentation, harms service continuity and creates further pressure on the inspection system. Stronger entry standards will protect the public, reduce market churn and support a more sustainable homecare sector.

Expand CQC's role beyond regulation into sector advocacy

CQC should take a more proactive role in national discussions about commissioning models, legislative frameworks and sustainable funding. Poor commissioning and inadequate fee rates create unsafe services and drive sector instability. CQC should use its position to highlight system barriers that undermine quality and should call for integrated, long term commissioning arrangements that support safe, consistent homecare.

Focus on regulatory remit

Members want the CQC to stay focused on its core role: quality and outcomes for people who draw on care. CQC should avoid expanding into areas covered by other regulators, such as staff pay, because this diverts capacity, slows inspection throughput and increases complexity. CQC must keep regulatory expectations simple, clear and precise.

Equality, human rights and the Provider Information Return

The Provider Information Return (PIR) is a practical mechanism for evidencing equality and human rights commitments. Strengthening PIR guidance and clarifying what defines “Outstanding” versus “Good” would help providers align evidence with expectations. Clear indicators would reduce ambiguity and support fairer assessments. To mitigate risks, we recommend accessible feedback mechanisms, clear proportionality guidance, inspector training on equality and human rights, and published monitoring of the impact on protected characteristics. These steps will ensure transparency and continuous improvement while keeping the CQC focused on its core purpose.

Treatment of Disease, Disorder or Injury (TDDI)

Providers welcome the CQC’s progress on clarifying the rules for Treatment of Disease, Disorder or Injury, but inconsistencies still harm the sector. Some ICBs require TDDI registration for tasks that do not justify clinical oversight. For example, one provider delivered daytime personal care and received a request to provide night care, but the ICB insisted on TDDI registration. This forced the provider to recruit a clinician for a role that did not require one and created an unnecessary barrier to continuity of care. CQC must provide clear guidance to ICBs and prevent inappropriate use of TDDI requirements.

Understanding different provider models and service types

CQC must strengthen its understanding of franchise models. Inspectors sometimes request information from national offices without recognising that franchisees operate as independent businesses. We welcome the initial work the CQC has undertaken with franchise networks, and we encourage the CQC to expand this engagement. Franchise networks often hold detailed quality assurance data across multiple services and could support pilots, insight gathering and regulatory development.

Self-assessment tools and support for improvement

Providers need support when they receive a Requires Improvement rating. CQC should develop practical audit tools that help providers self-assess against the framework. These tools would help providers identify gaps, plan improvements and reduce the risk of repeated low ratings. Large providers already replicate this approach through internal audits that usually match inspection outcomes, but smaller providers do not have the capacity to do this. A standardised CQC audit tool would create a fairer playing field and support continuous improvement.

CQC should also share more information about its own judgement methods so providers can align their internal audits with the regulator's expectations. This would strengthen consistency across the sector and help providers prepare for inspection with confidence.

Piloting, implementation and learning from experience

We welcome the positive steps toward greater transparency referenced in the consultation, and we genuinely feel this represents a step forward from the CQC. We have seen greater transparency in the last year in acknowledging lessons learned from the challenges of the past few years. However, the consultation only loosely mentions continuing pilots and reviewing them, and this needs to be a fundamental part of CQC's roadmap for any future changes.

CQC must introduce a robust piloting model for all major changes. Pilots must not penalise providers. CQC should give indicative ratings only, not publish them. This will allow inspectors and providers to learn without fear of reputational damage or commercial harm. CQC must document lessons learned, refine processes after each pilot and allow time to adjust before full rollout. Rushed implementation harms providers, inspectors and people who draw on care.

Technology, IT systems and artificial intelligence

Members welcome the CQC's acknowledgement that its IT systems need improvement. Current systems slow inspectors down, impede evidence collection and reduce productivity. CQC must modernise its systems and involve providers in this design work so workflows support effective inspection.

Members also want clear guidance about how the regulator expects providers to use artificial intelligence in 2026 and beyond. Providers also want the CQC to explain how it uses AI or why it does not. This clarity will help providers align with expectations and understand how CQC analyses information.

Fee structure and resource sustainability

CQC must reform its fee structure to match the size and complexity of services. A flat-fee model does not reflect cost or risk. A proportional or percentage-based model would protect small providers and raise funds for the inspection capacity the system needs.

CQC must also commission an independent review of resource requirements. Our analysis shows that CQC will not reach safe inspection levels without increased funding, improved productivity and clearer accountability. Regulatory coverage for homecare will continue to decline without structural change.

Reports and actionable feedback

Inspection reports must remain clear, structured and actionable. Providers need to see what evidence led to specific findings and what action they must take to improve. Reports that lack detail, contain errors or fail to link observations to the framework harm improvement and create repeated issues across inspection cycles.

The Homecare Association welcomes the CQC's ambition to improve clarity, strengthen sector-specific regulation, and support better public understanding of quality. To succeed, the regulator must:

- Design simple and tailored frameworks based on service type.
- Strengthen specialist inspector teams.
- Deliver consistent and transparent judgement processes.
- Rebuild local relationships and improve communication.
- Introduce a robust national quality assurance.
- Invest in inspection capacity at scale.
- Commit to full, routine assessments of every homecare provider at least every three years, with additional risk-based inspections in between, underpinned by a robust capacity plan and monthly published performance data.
- Apply proportionate expectations for small and large providers.
- Use clear, evidence-based reporting.
- And deliver a credible plan to clear the backlog.

With adequate resourcing, sector engagement and strong implementation, CQC can deliver a modern regulatory system that protects the public and supports high-quality homecare. The Homecare Association looks forward to continued constructive engagement as these proposals progress.