Homecare Association

Care Quality Commission: regulatory performance in homecare one year on

September 2025

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Executive summary

The Care Quality Commission (CQC) continues to struggle with its core regulatory responsibilities in the homecare sector, with performance deteriorating further since our August 2024 analysis. This follow-up report examines the CQC data from August 2025 and compares it with our previous findings to assess whether the regulator has made progress in addressing the significant backlogs and operational challenges we identified.

Key findings

- **Performance has worsened rather than improved.** As of August 2025, 70.3% of community social care providers had either never been rated by the CQC (33.5%) or had a rating of 4 to 8+ years old (36.8%). This represents a deterioration from the 60% we reported in 2024, when 23% had never been inspected and 37% had ratings 4 to 8+ years old.
- **The inspection backlog has grown substantially.** The number of registered community social care locations increased from 12,574 in June 2024 to 14,137 in August 2025. More concerning, the number of uninspected locations rose by 64%, from 2,879 to 4,727 over this period.
- **The scale of the challenge is now greater.** We calculate 9933 locations currently lack a recent rating (uninspected plus those with ratings 4+ years old). At current inspection rates (1052 homecare inspections over 13 months = 81 per month), the backlog would never be cleared and is growing by about 312 locations every month, assuming no increase in locations. If growth of locations continues at the same rate of c. 112 per month, the backlog will increase by 424 per month. Today, only 29.7% of homecare locations have up-to-date CQC ratings. At the current inspection pace, that falls to 22% by 2030 and 21% by 2035 (assuming no market growth). If the market keeps expanding, coverage drops to 15% by 2030 and c.11% by 2035 - meaning almost nine in ten services will lack a current, independent quality assessment. CQC must increase throughput by 5× just to stop inspection coverage from deteriorating, and by 8-14× to clear the backlog within 3-12

months while maintaining a 3-year review cycle. If not, it will fall further behind each month, with the proportion of unrated or outdated services continuing to increase indefinitely.

- **The CQC's risk-based approach continues to identify underperforming providers.** However, the fundamental problem remains: too few assessments are being conducted to provide adequate assurance on quality and safety across the sector.
- **The impact on providers and people needing care has intensified.** People continue to be at risk of harm from unsafe and poor-quality home-based care and support, which goes undetected. Councils continue to struggle with procurement decisions when a third of potential providers lack current ratings. Some are contracting with unrated providers, which is a risk, whilst others exclude them, leading to commercial detriment and market distortions.

Underlying issues

The deterioration in performance since our 2024 report suggests the CQC has not yet addressed the fundamental problems we identified:

- **Throughput remains the binding constraint.** Despite organisational changes and new frameworks, the volume of completed inspections has not increased sufficiently to match sector growth.
- **Resource allocation has not kept pace with market expansion.** The growth from approximately 9,100 registered locations in 2017/18 to 14,137 in 2025 continues to outstrip the CQC's capacity to inspect them within reasonable timeframes.
- **Systemic capacity gaps persist.** The composition of uninspected services shows that 77% of the backlog comprises providers registered between 2022-2024, indicating this is not a temporary issue but a structural problem.

Recommendations

Building on our August 2024 recommendations, we propose urgent action in the following areas:

1. **Immediate capacity increases.** The CQC must substantially increase inspection throughput, potentially requiring surge capacity and temporary measures to clear the growing backlog.
2. **Transparent performance monitoring.** Publish monthly data on inspection completions, backlog reduction, and regional performance to enable proper oversight of progress.
3. **Risk-based triage system.** Implement a two-tier approach with rapid safety assessments for never-inspected services, followed by full inspections within 24 months.

4. **Realistic resource assessment.** Commission an independent review of the resources needed to maintain a three-year inspection cycle across the expanded market.
5. **Interim market support measures.** Work with commissioners to develop alternative assurance mechanisms for providers awaiting inspection, preventing market distortion.
6. **Fee structure reform.** Review the funding model to ensure adequate resources while maintaining fairness for providers of different sizes and risk profiles.

The evidence shows that the CQC's regulatory performance in homecare has not improved over the past year but has deteriorated. Without urgent intervention, the situation will continue to worsen, undermining public protection and market confidence in the sector.

Introduction

In August 2024, the Homecare Association published a comprehensive analysis of the Care Quality Commission's regulatory performance in homecare, revealing significant concerns about the regulator's ability to fulfil its core responsibilities. Our report found that 60% of community social care providers had either never been rated by the CQC or had ratings that were 4 to 8+ years old.

The report prompted considerable discussion within the sector and contributed to the government's review of the CQC's operational effectiveness. Given the scale of the problems identified and their potential impact on people needing care, we committed to monitoring whether improvements materialised over the following year.

This follow-up report presents our analysis of the CQC data from August 2025, comparing performance with our 2024 baseline. Unfortunately, the evidence shows that rather than improving, the CQC's regulatory performance in homecare has deteriorated further over the past 12 months.

Context of ongoing challenges

Since our original report, several developments have occurred within the CQC and the broader care system. The regulator has continued implementing its Single Assessment Framework, appointed new leadership, and stated commitments to improving operational performance. The government review led by Dr Penny Dash identified similar concerns to those we highlighted, including poor operational performance, IT system challenges, and loss of sector credibility[1].

The CQC began responding to these challenges. It has implemented immediate action programmes, recruited four new Chief Inspectors, unified inspection roles, and increased monthly assessment completions from 319 in December 2024 to 465 in

[1] https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission-full-report

May 2025. It has also undertaken extensive stakeholder engagement with over 2,500 participants and developed technology improvement roadmaps in response to the Peter Gill review[2]. However, as our analysis shows, these efforts, while welcome, have not yet translated into a sufficient improvement in inspection throughput to address the capacity gap.

The fundamental challenge remains unchanged: the CQC's inspection capacity has not kept pace with the rapid growth in registered homecare providers. Local authorities continue to fragment their care purchasing across numerous small providers, creating an increasingly complex regulatory landscape that strains the CQC's resources.

The importance of effective regulation

Effective regulation remains vital for protecting people with increasingly complex needs who rely on care services, and maintaining public confidence in the sector. Without timely, accurate assessments of service quality, people cannot make informed choices about their care, commissioners cannot make sound procurement decisions, and poor quality providers may continue operating undetected.

The consequences of regulatory failure extend beyond individual services. They undermine the credibility of the entire sector, disadvantage good providers who invest in quality, and potentially compromise the safety and wellbeing of some of society's most at-risk people.

Method

This analysis follows the same methodology we employed for our August 2024 report, enabling direct comparison of the CQC's performance over time.

Data sources

We analysed the CQC's published data on community adult social care locations as of 1 August 2025, comparing this with equivalent data from 3 June 2024 used in our original report[3]. We have also used Skills for Care data on the number of community social care locations since 2017/18. Our analysis focused on:

- Total number of registered community social care locations
- Number and percentage of locations never inspected since registration
- Number and percentage of locations with ratings 4 to 8+ years old
- Distribution of uninspected locations by year of registration
- Estimated backlog of locations requiring inspection or re-inspection

[2] https://www.cqc.org.uk/event/board-meeting-25-june-2025
[3] https://www.cqc.org.uk/about-us/transparency/using-cqc-data

Analysis of inspection reports

For the qualitative analysis of inspection findings, we used both manual processes and Claude AI to help review and categorise themes from 1,052 published CQC inspection reports. The AI tool analysed the narrative content of reports across all rating categories (Outstanding, Good, Requires Improvement, Inadequate) to identify:

- Common patterns in what the CQC praised or criticised
- Specific examples of excellent and poor practice
- Recurring themes in improvement requirements
- Quotes and evidence from people receiving care and their families

The AI tool enabled systematic analysis of this large volume of text-based reports, identifying patterns and themes that would be difficult to discern through manual review alone. We drew all findings and quotations directly from the published CQC inspection reports.

Definitions

We maintained consistent definitions from our 2024 report:

- **No recent rating**: Never inspected or last rating four or more years old
- **Steady state requirement**: One inspection per location at least every three years
- **Current backlog**: All locations with no recent rating (9933 locations)
- **Steady state monthly requirement**: 14,137 ÷ 36 ≈ 393 inspections per month

Scope and limitations

As with our 2024 analysis, this report focuses on community social care locations rather than residential care. We use the CQC's published data and acknowledge its distinctions between "assessments" and "inspections", focusing on overall trends and scale rather than definitional precision.

The data represent a snapshot at specific points in time and should be interpreted alongside broader contextual factors affecting the CQC's performance and the care sector's evolution.

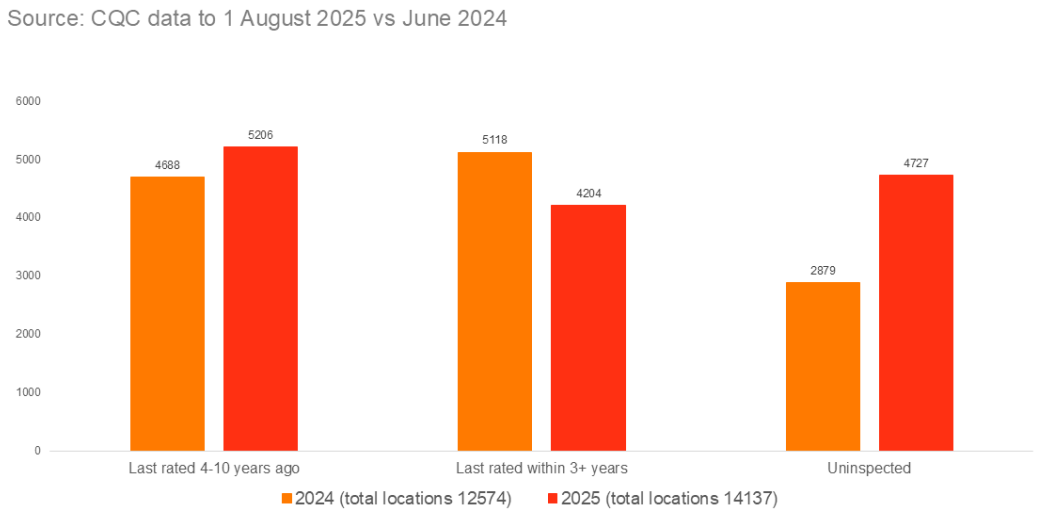
Findings

Overall performance deterioration

Our analysis reveals that the CQC's regulatory performance in homecare has worsened over the past year rather than improved. The proportion of community

social care locations with no recent rating has increased from 60% in June 2024 to 70.3% in August 2025 (Figs 1-3).

Figure 1: CQC regulatory performance in community social care locations, 2025 vs 2024



This deterioration occurred despite increased attention to the CQC's performance problems following our 2024 report and the government's effectiveness review. The findings suggest the CQC has yet to address the fundamental capacity constraints we identified.

Breakdown of the deterioration

The worsening performance comprises distinct trends:

Never inspected locations: The proportion of providers that have never received a CQC inspection has increased dramatically from 23% (2,879 locations) in June 2024 (Fig. 2) to 33.5% (4,727 locations) in August 2025 (Fig. 3). This represents a 64% increase in absolute terms over just 14 months.

Aged ratings: The proportion of locations with ratings 4 to 8+ years old has remained similar with 37% in 2024 and 36.8% in 2025. However, this stability is more than offset by the growth in never-inspected services and overall expansion in total registered locations.

Recent ratings: The proportion of locations with up-to-date ratings within the past 3+ years has reduced from 40% to 29.7%.

Figure 2: Aged ratings - year of last published CQC inspection report, 2024

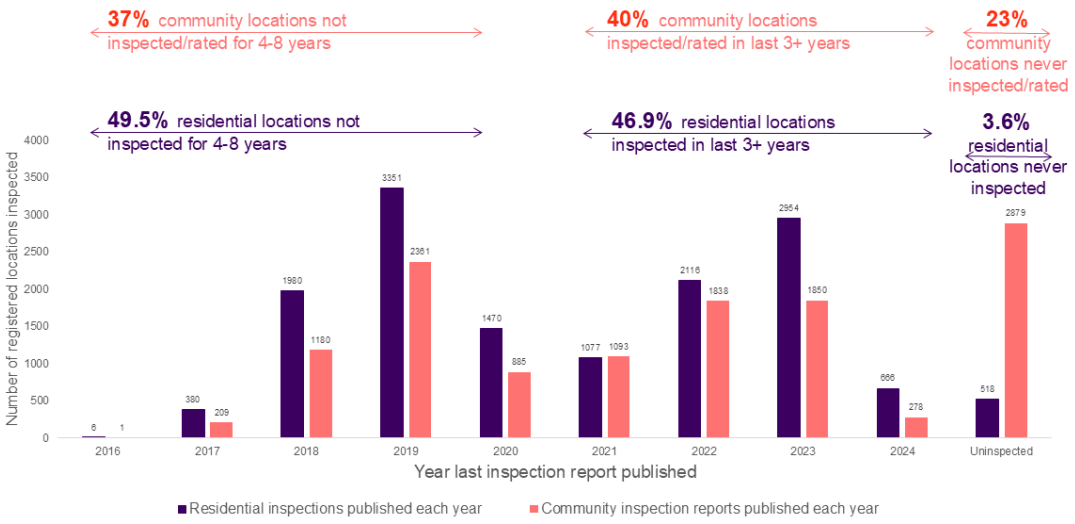
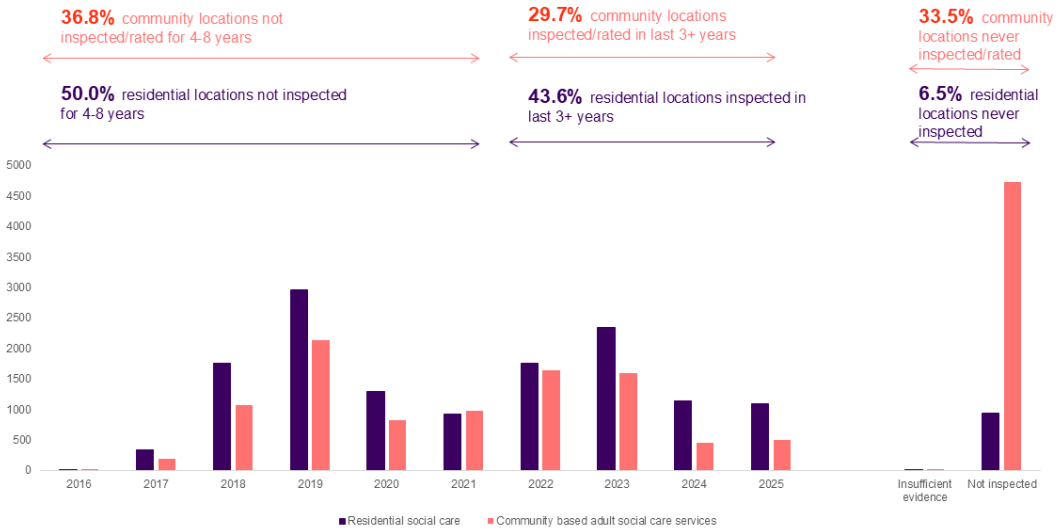


Figure 3: Aged ratings - year of last published CQC inspection report 2025

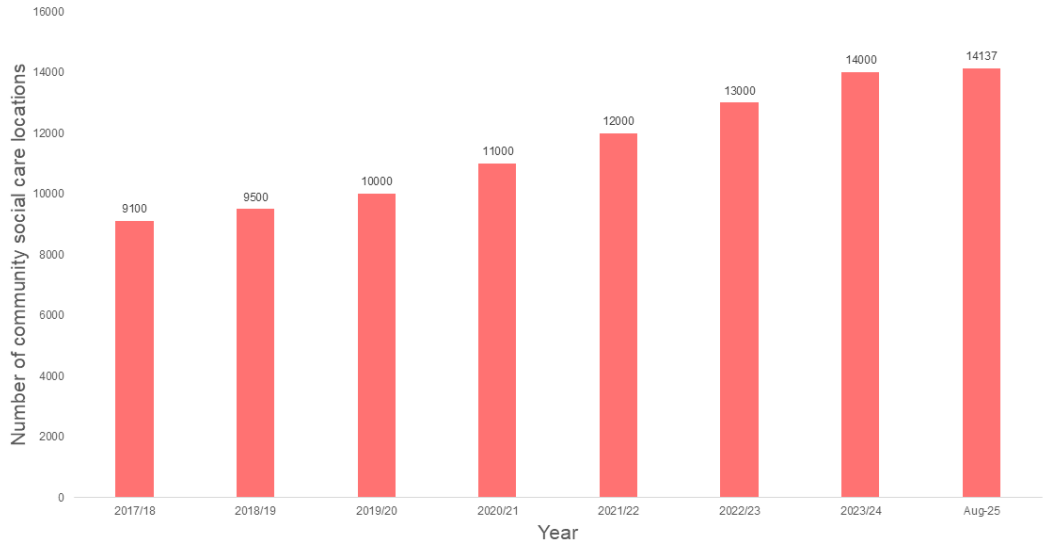


Scale of market growth

The total number of registered community social care locations grew from 12,574 in June 2024 to 14,137 in August 2025, an increase of 1,563 locations (12.4%) in just over 14 months. This continued rapid expansion compounds the regulatory challenge, as the CQC must inspect new registrations whilst also addressing the existing backlog.

Looking at longer-term trends, the sector has grown from 9,100 locations in 2017/18 to 14,137 in 2025, representing a 55% increase over seven years (Fig. 4). This sustained growth trajectory shows the scale of the challenge facing the CQC.

Figure 4: Growth in community social care locations since 2017/18 (source: Skills for Care)



Additional revenue and potential capacity

The 1,563 new community locations registered since our 2024 report should have generated substantial additional fee income for the CQC. The exact amount depends on the average number of clients per location, but even conservative estimates show a significant capacity for expansion.

Fee per location: £239 + (number of clients × £54.305)

With an average of 10 clients per location, CQC's income = £239 + (10 x £54.305) = £782.05

1,563 new locations × £782.05 = **£1.22 million per year** in additional fees

- **Average 10 clients per location:** £1.22 million annually - sufficient for 17-20 additional inspectors
- **Average 20 clients per location:** £2.07 million annually - sufficient for 30-35 additional inspectors
- **Average 30 clients per location:** £2.92 million annually - sufficient for 42-49 additional inspectors

These calculations use typical fully-loaded employment costs and demonstrate that sector growth should theoretically provide the CQC with substantial resources to expand inspection capacity. Even the most conservative estimate would fund enough additional inspectors to make a meaningful impact on the backlog.

That inspection throughput has not increased proportionally suggests either that additional revenue is not being directed toward inspection capacity, or that there are other constraints preventing effective deployment of additional resources.

The CQC has not increased fees since 2019-2020, likely conscious of high provider dissatisfaction with its performance. This probably means inflationary cost increases, such as pay rises, have absorbed any growth in revenue.

As noted in our previous report, providers might be willing to pay more if the CQC could guarantee regular assessment and rating reviews. The commercial impact of having no rating or an outdated rating can be very significant.

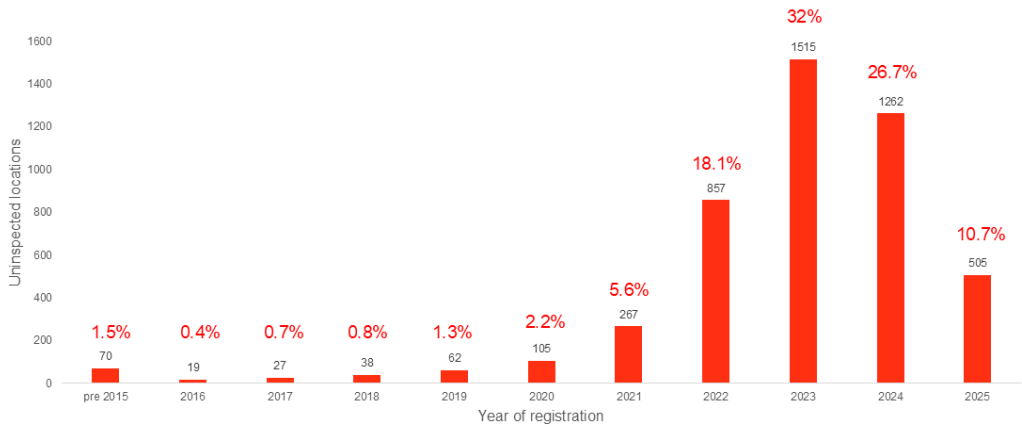
Composition of uninspected locations

Analysis of uninspected locations by registration year reveals the systemic nature of the problem (Fig.5):

- **Registrations in the last 3 years dominate:** 77% of uninspected locations registered between 2022-2024, with 32% registering in 2023 alone
- **Long waiting times persist:** Many locations have been waiting 18+ months for their first inspection. Some have waited 5 years or more. This is unacceptable.
- **Systematic capacity gap:** The consistent accumulation of uninspected services since 2022 indicates a structural inability to keep pace with new registrations

Figure 5: Uninspected community social care locations by date of registration

Source: CQC data to 1 August 2025



Estimated time to clear backlogs

Based on our calculations, 9933 locations now lack a recent rating. To maintain a three-year inspection cycle once caught up, the CQC would need to complete 393 community social care inspections monthly (total locations, 14137, divided by 36 months).

The CQC's reported system-wide assessment rate of 465 per month in May 2025 covers all sectors, not just community social care.

At current inspection rates (1052 homecare inspections over 13 months = 81 per month), the backlog would never be cleared and is growing by about 313 locations every month, assuming no increase in locations.

If growth of locations continues at the same rate of c. 112 per month, the backlog will increase by 424 per month.

Today, only 29.7% of homecare locations have up-to-date CQC ratings. At the current inspection pace, that falls to 22% by 2030 and 21% by 2035 (no market growth). If the market keeps expanding, coverage drops to 15% by 2030 and c.11% by 2035 - **meaning almost nine in ten services will lack a current, independent quality assessment.**

CQC must increase throughput by 5× just to stop coverage from deteriorating, and by 8 to 14× to clear the backlog within 3 to 12 months while maintaining a 3-year review cycle. If not, it will fall further behind each month, with the proportion of unrated or outdated services continuing to increase indefinitely.

Quality trends

The CQC continues to identify concerning service quality through its risk-based approach, with increasing proportions of providers receiving "Requires Improvement" or "Inadequate" ratings when inspected. However, the fundamental issue remains the low frequency of assessments relative to the sector's size.

Quality findings from completed inspections

To understand what the CQC discovers when inspections take place, we analysed all 1052 homecare inspection reports published between July 2024 and August 2025 (Appendices A-D).

Outstanding services demonstrate excellence in both outcomes and systems. These services seamlessly integrate person-centred care that genuinely enhances people's lives with robust governance systems that evidence this quality systematically. Our analysis of the CQC’s reports on 29 Outstanding-rated services found consistent patterns of "compassionate, person-centred support underpinned by strong leadership and effective oversight." These services typically excel in Caring and Well-led domains, with visible leaders who model values daily, comprehensive governance systems that translate learning into improvements, and staff who consistently "go above and beyond" routine tasks to support people's individual goals and relationships.

Good services provide solid, dependable care. The 758 Good-rated locations analysed show services delivering "day-to-day reliability paired with person-centred care." People describe staff who arrive punctually, treat them with dignity and kindness, and adapt when circumstances change. However, the most common improvement areas relate to documentation discipline, particularly medicines records, audit action closure, and ensuring refresher training cycles are fully evidenced.

Requires Improvement services show caring intent but governance gaps. The 230 services analysed in this category typically deliver kind, respectful interactions but fall short on systematic assurance. Common issues include incomplete medicines documentation, unclear audit-to-action closure, and insufficient evidence of supervision and competency cycles. Significantly, many of these services could likely achieve Good ratings with focused improvement on record-keeping and governance disciplines.

Inadequate services reveal fundamental failures. The 35 Inadequate services analysed show structural weaknesses in safety and governance. These include incomplete medicines management, unreliable risk assessment processes, disjointed record-keeping, and poor governance flow from audit findings to verified actions. For people receiving care, this translates to missed calls, unfamiliar workers, and uncertain communication when problems arise.

The common thread across all ratings is leadership quality. Whether Outstanding or Inadequate, the presence or absence of visible, competent leadership emerges as the critical differentiating factor. Outstanding services have leaders who are present in operations and create learning cultures, while Inadequate services typically lack effective field-facing leadership capacity.

These findings show that CQC inspections are identifying real and important quality variations across the sector. That such differentiation exists, from excellent person-centred care to fundamental safety failures, makes the current inspection gaps even more concerning. Without regular assessment, poor-quality services may continue operating undetected while excellent services remain unrecognised, distorting both public protection and market dynamics.

Appendices A-D present a detailed analysis of inspection reports by rating category.

Discussion

Why performance has deteriorated

Several factors have contributed to the worsening situation since our 2024 report:

Market growth outpacing capacity: The 55% increase in registered locations from 9,100 in 2017-2018 to 14,137 in 2025 has far exceeded the CQC's inspection capacity. With only 81 homecare inspections monthly against a requirement of 393, the regulator falls 312 inspections further behind each month, assuming no growth in locations. As explained above, this increases to a backlog of 424 per month if the current rate of expansion of locations continues. This suggests the regulator's resource planning has fundamentally failed to anticipate or respond to sector growth. We have repeatedly recommended to the CQC over many years that it raise the standards for new registrations because we see too many new providers without the requisite knowledge and skills to deliver homecare safely and well.

Inspection process complexity: Implementation of the Single Assessment Framework and ongoing organisational and technology changes have reduced inspection throughput whilst systems and processes adjust.

Competing priorities: The CQC's broader responsibilities across health and social care may limit the resources available specifically for community social care regulation, particularly given the political focus on NHS performance and local authority assessment. Fewer care homes remain uninspected than community social care locations, however, growth of care home locations is much less rapid than community social care. This is because the high capital requirement for care homes creates a significant barrier to entry.

Structural market dynamics: Many local authorities' continued preference for multiple small providers creates more regulatory work per hour of care delivered compared to fewer, larger providers. In community social care, about 90% of providers have fewer than 50 employees, and over 40% have fewer than four employees[4].

The regulatory challenge: outcomes versus process evidence

The CQC's inspection approach creates a fundamental tension for providers between delivering excellent outcomes for people and maintaining the systematic evidence required for positive ratings. Outstanding services demonstrate that both are achievable simultaneously, but this requires sophisticated leadership that can create learning cultures while ensuring robust documentation and governance processes.

This dual requirement means that caring, outcomes-focused providers may receive lower ratings because of documentation gaps, whilst providers with excellent paperwork but less person-centred care may achieve higher ratings. The most effective regulatory oversight would need to assess both dimensions adequately, but current inspection frequencies make this difficult across the sector.

Impact on providers and people needing care

The deteriorating situation has intensified the problems we identified in 2024:

Market distortions: With one-third of providers unrated, commissioners face impossible choices between contracting with unknown quantities or excluding potentially good providers from opportunities.

Financial impacts: Providers awaiting inspection continue to lose tender opportunities, while new providers face extended periods of operating costs before generating revenue.

Public confidence: Outdated or absent ratings undermine public trust in the care system and make it difficult for people to make informed choices about their care.

[4] Skills for Care State of the Workforce and Adult Social Care, 2024

Safety risks: The low inspection frequency means poor quality or unsafe practices may continue undetected for years.

Comparison with other parts of the care sector

The problems in community social care regulation stand in stark contrast to the CQC's performance in other sectors. Residential care, while also facing challenges, has maintained a much lower proportion of uninspected services (6.5% versus 33.5%). This suggests that the particular characteristics of homecare - smaller providers, lower fee income per location, and rapid market growth - create specific regulatory challenges that current approaches cannot address.

Productivity

The CQC's productivity per staff member in 2025 is significantly lower than in 2019-2020. In 2019-2020, the CQC reported c. 16,000 assessments per year, whilst in 2023-2024 it was 6230.

It is also lower than other UK care regulators, who appear to be inspecting all providers regularly. The continued deterioration in performance since then suggests the CQC has not adequately addressed this efficiency gap and it may be widening.

Conclusions

One year after our initial analysis raised serious concerns about the CQC's regulatory performance in homecare, the situation has deteriorated rather than improved. The proportion of providers with no recent rating has increased from 60% to 70.3%, with the number of never-inspected locations rising by 64% over just 14 months. Most concerning, current inspection rates mean the backlog is growing by 312 to 424 locations monthly (depending on growth assumptions), rather than reducing.

Key conclusions

1. **Throughput is the binding constraint.** Despite various organisational and framework changes, the CQC has not achieved the increase in completed inspections necessary to address the growing backlog.
2. **The problem is systemic and worsening.** This is not a temporary post-pandemic issue but a structural inability to match regulatory capacity with market growth.
3. **Current approaches are insufficient.** Without fundamental changes to resources, processes, or regulatory approach, the backlog will continue growing indefinitely.
4. **Market impacts are intensifying.** The regulatory failure is increasingly distorting procurement decisions and undermining market confidence. There are worrying signs of provider complacency developing – if the regulator

never visits, the risks of non-compliance are low. In an environment of rising costs, fee rate constraints, and inadequate regulation, quality and safety will suffer, risking harm to older and disabled people.

5. **Urgent intervention is required.** The trajectory shows the situation is worsening every month. Without immediate action, we risk having no effective regulation of care at home, compromising safety and quality across the sector.

Broader implications

The continued deterioration in the CQC's regulation of community social care raises questions about the sustainability of current models of market shaping, commissioning and regulation.

Reduced regulatory oversight increases risks to people and reduces public confidence in care services. We need a more sustainable approach to market shaping and commissioning of services whilst maintaining appropriate safeguards.

Recommendations

Building on our 2024 recommendations, we propose the following urgent measures:

1. Immediate surge capacity

- Deploy temporary inspection teams specifically to clear the community social care backlog
- Prioritise never-inspected services registered before 2024
- Set clear targets for reducing uninspected locations by at least 50% within 18 months

2. Two-tier inspection system

- Implement rapid safety assessments for all never-inspected services within 12 months
- Follow up with full comprehensive inspections within 24 months
- Use risk indicators to prioritise the most urgent cases

3. Transparent performance monitoring

- Publish monthly data on community social care inspection completions by region
- Report backlog reduction progress against clear targets
- Include community social care-specific metrics in the CQC board reporting

4. Resource adequacy review

- Commission independent assessment of resources needed for three-year inspection cycles
- Consider ring-fenced funding for community social care regulation given sector growth and government policy direction
- Explore alternative funding models, including application fees for new registrations, and differential fees which reflect costs; for example, providers rated requires improvement or inadequate pay higher fees than those rated good or outstanding.

5. Interim market support measures

- Work with commissioners to develop provisional quality frameworks for unrated providers
- Enable time-limited contracting arrangements while awaiting inspection
- Provide clearer guidance on using alternative quality indicators

6. Systematic process improvement

- **Balance outcomes and process assessment** - ensure inspection methodologies adequately assess both the quality of outcomes for people and the systematic evidence required for assurance, recognising that both dimensions are essential for effective care
- Review and streamline inspection processes to reduce time per assessment
- Invest in technology to support remote monitoring and risk assessment
- Ensure IT systems support rather than hinder inspection productivity
- **Refocus on core purpose** - clarify that the primary role of a regulator is ensuring safety and quality through monitoring and enforcing regulatory compliance
- **Map quality statements to regulations** - provide clear guidance on what each quality statement requires and why, linking back to specific regulatory requirements
- **Implement interim IT solutions** - where systems are not functioning effectively, revert to simpler tools such as Word documents and bespoke AI tools to convert inspection notes into formal reports
- **Increase administrative support** - provide inspectors with dedicated administrative support to handle document uploads and system management, allowing inspectors to focus on inspection work rather than administrative tasks

7. Market development considerations

- Work with local authorities to consider the regulatory implications of market fragmentation

- Provide guidance on sustainable market structures that support both quality and efficiency
- Consider regulatory approaches that reflect different provider sizes and risk profiles

8. Regular progress reviews

- Commit to quarterly public reporting on progress against these recommendations
- Establish independent oversight of improvement efforts
- Set clear timescales and accountability measures for addressing the backlog

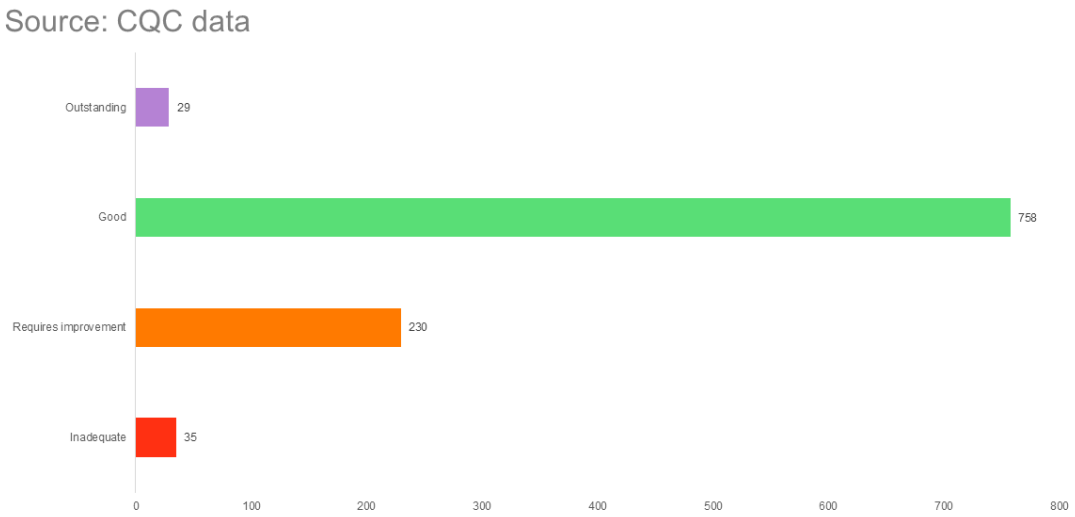
The evidence is clear: the CQC's regulatory performance in community social care, which includes homecare, has not improved but has deteriorated over the past year. At current inspection rates, the situation will continue worsening indefinitely, with the backlog growing by 312 to 424 locations every month, based on current data. Without urgent substantial intervention, this trajectory will continue, undermining safety, quality, and confidence across the sector. The time for incremental change has passed; what we need now is decisive action to restore effective regulation to this vital sector.

The Homecare Association represents over 2200 homecare providers across the UK, 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 ensure effective protection for people who rely on care services.

Appendices: Analysis of the CQC homecare inspection reports 2024-2025

Between July 2024 and August 2025, the CQC published 1052 reports of inspections of homecare providers. On average, the CQC inspected 81 homecare providers per month. Of the inspected locations, the CQC rated 29 Outstanding, 758 Good, 230 Requires Improvement and 35 Inadequate (Fig. 6).

Figure 6: CQC ratings in homecare, July 2024 to August 2025



Appendix A: Analysis of Outstanding homecare services

Executive summary

A review of the CQC reports for homecare services rated Outstanding over the last year reveals a consistent pattern of excellence built on strong leadership, person-centred care, and effective governance. This analysis reveals that effective homecare requires both excellent outcomes for people and robust systems to evidence and sustain quality. The CQC recognises and values person-centred care that enhances people's lives, but their assessment methodology requires systematic documentation and governance processes to demonstrate consistent quality. The most successful services excel at both dimensions. These services demonstrate that Outstanding outcomes in homecare are achievable across diverse provider types, from small services supporting four people to larger agencies supporting nearly 100. The analysis shows that excellence stems not from size or resources but from leadership behaviours that create cultures of learning and continuous improvement.

Methodology

This analysis examines all 29 homecare services rated Outstanding by the CQC between July 2024 and August 2025. For the qualitative analysis of inspection findings, we used both manual processes and Claude AI to help review and categorise themes from published CQC inspection reports. The findings derive entirely from narrative evidence contained in published inspection reports, with no additional data sources. Where illustrative, direct quotations from people receiving care and their relatives are included from the reports.

Service characteristics

The Outstanding cohort demonstrates remarkable diversity in scale and specialisation. Services range from very small operations supporting four young people to substantial agencies caring for up to 96 people. Several services focus on fewer than 20 people, while others operate at a larger scale, with between 20 and 50 people receiving care.

Specialist services for autistic people and people with learning disabilities feature prominently within the Outstanding group. These services were explicitly assessed against the CQC's "Right support, right care, right culture" guidance, demonstrating excellence in supporting choice, community participation, and positive risk-taking while maintaining appropriate safeguards.

The breadth of this cohort illustrates that Outstanding performance is not constrained by organisational size or client group complexity. Whether supporting four young people or 96 adults, the fundamental characteristics of excellence remain consistent.

Rating distribution patterns

All services achieved Outstanding overall ratings, but domain-level performance varied significantly. Only a minority achieved Outstanding across all five domains. More commonly, services combined Outstanding ratings in Caring and Well-led with Good ratings in Safe, Effective, or Responsive domains.

This pattern suggests that while operational competence across all areas is necessary for an Outstanding overall rating, excellence in relationship-based care and leadership often distinguishes Outstanding services from those rated Good. The domain combination indicates that technical compliance alone is insufficient; Outstanding services must demonstrate both competent systems and exceptional care cultures.

Defining characteristics of excellence

Leadership that creates conditions for excellence

Outstanding homecare services consistently feature visible leaders who model organisational values in daily interactions with people, families, and staff. These leaders demonstrate accessibility, spending time in operational settings and

maintaining direct contact with care delivery. Reports emphasise clear oversight of risk management, safeguarding, and quality assurance, supported by systematic auditing processes that translate findings into tangible service improvements.

The leadership in Outstanding services creates supportive cultures where staff feel valued, receive effective supervision, and demonstrate confidence in raising concerns. Managers actively seek feedback from all stakeholders and respond constructively to suggestions for improvement. Multiple reports explicitly connect high staff morale and retention rates to the quality of leadership, suggesting that excellent leadership creates positive cycles of staff satisfaction and service quality.

Person-led care that goes beyond routine tasks

Care planning and daily practice in Outstanding services are closely tailored to individual needs and preferences, with people and families deeply involved in all stages from initial assessment through ongoing review. Inspectors consistently describe staff who “go above and beyond” routine care tasks, actively supporting people to pursue interests, maintain relationships, and achieve personal goals.

Examples from inspection reports illustrate this commitment to individualised support. In one service, people described staff as “not just doing the care but enhancing it.” Another report highlighted how staff organised transport and support enabling a person to visit a loved one in hospital. These examples of discretionary effort appear repeatedly across Outstanding services and represent a key differentiator from Good-rated services.

The person-led approach extends beyond individual care tasks to encompass broader life outcomes. Outstanding services demonstrate sophisticated understanding of how care interventions can support independence, social connections, and personal fulfilment rather than simply meeting immediate physical needs.

Robust operational systems

Even where domains such as Safe and Effective achieve Good rather than Outstanding ratings, the underlying operational systems in these services remain well-designed and reliable. Reports describe comprehensive safeguarding processes, thorough risk assessments, appropriate medicines management, and effective liaison with health professionals.

Services achieving Outstanding ratings in safety and effectiveness demonstrate proactive approaches to risk management, maintain consistent staffing arrangements, implement strong clinical governance where relevant, and provide excellent training that enables staff to support complex needs safely and competently.

The operational excellence in Outstanding services appears to stem from systematic approaches to identifying and addressing potential problems before they impact care quality. This proactive stance distinguishes them from services that respond adequately to issues but do not anticipate and prevent them.

Workforce development and support

Outstanding services implement regular, competency-based training programmes complemented by routine supervision and comprehensive induction processes for new staff. People receiving care and their families consistently describe staff as kind, respectful, and well-prepared for their roles.

Reports highlight careful staff matching processes, including for live-in care arrangements, and flexible rostering approaches that maintain continuity of relationships important to people receiving care. This attention to workforce planning supports both care quality and staff satisfaction.

The workforce development in Outstanding services extends beyond technical competence to encompass understanding of person-centred values and communication skills. This comprehensive approach to staff development appears to create teams capable of delivering both competent and compassionate care.

Individual and family perspectives

Feedback quoted in inspection reports demonstrates consistently strong satisfaction with Outstanding services. People receiving care and their relatives describe staff as “very caring,” “professional,” and “absolutely excellent.” Comments frequently highlight support that exceeds expectations and planned arrangements.

Family feedback emphasises reliability, kindness, maintenance of dignity, and reassurance derived from consistent staffing and clear communication. For services supporting children and young people, relatives particularly value trust, safety, and confidence in staff competence to respond appropriately during challenging situations.

These perspectives appear consistently across Outstanding services regardless of geographical location or client group, suggesting that excellence in homecare creates similar experiences of care quality and satisfaction across diverse contexts.

Frameworks and technology

Services supporting autistic people and people with learning disabilities demonstrate explicit implementation of “Right support, right care, right culture” principles. Reports show careful attention to communication preferences, support for community participation, and approaches to risk management that enable autonomy while maintaining safety.

Technology references in Outstanding service reports are limited, with inspectors focusing primarily on outcomes, culture, safeguarding, and partnership working rather than digital systems. Where technology is mentioned, it typically relates to routine governance and record-keeping rather than innovative care delivery methods.

Success factors

The strongest common factor across Outstanding services is leadership that establishes clear conditions for excellence through visible values, learning cultures, and governance systems that translate lessons into improved practice. From this foundation, person-led care flourishes through staff who listen to people, provide genuine choice and control, and actively promote independence.

For specialist services, Outstanding ratings correlate strongly with cultures that respect communication differences, promote community participation, and approach risk management as an enabler of choice rather than a constraint on freedom.

Areas for continued development

Even within Outstanding services, inspection reports occasionally identify opportunities for enhancement, typically relating to documentation refinement or maintaining consistency during periods of growth or increased complexity. Some reports note that rapid expansion or additional complex care packages require careful oversight to preserve standards of responsiveness and continuity.

These observations represent areas for continued attention rather than fundamental shortcomings, indicating that sustaining excellence requires ongoing vigilance and adaptation to changing circumstances.

Implications for sector development

Outstanding homecare services demonstrate that excellence is achievable across diverse organisational forms and client groups. The analysis suggests that success stems primarily from leadership behaviours that create learning cultures, person-led approaches that prioritise individual outcomes, and systematic governance that translates good intentions into consistent practice.

For providers aspiring to Outstanding ratings, the evidence points to practical priorities: visible leadership that models values, time and support for staff to know people well enough to provide individualised care, governance systems that turn feedback and incidents into improvements, and workforce development aligned to the specific needs of people supported.

Appendix B: Analysis of Good homecare services

Executive summary

This analysis examines all CQC inspection reports for homecare services rated Good, published between July 2024 and August 2025. The cohort represents geographically diverse services supporting wide-ranging needs across England. Good-rated services provide solid, dependable care characterised by respectful

interactions, person-centred planning, and proportionate governance. The most common improvement opportunities relate to documentation discipline, audit completion, and evidence of training and supervision cycles.

Methodology

This analysis examines 758 homecare services rated Good by the CQC between late 2024 and mid-2025. For the qualitative analysis of inspection findings, we used both manual processes and Claude AI to help review and categorise themes from published CQC inspection reports. The findings derive entirely from narrative evidence contained in published inspection reports, with no additional data sources. Where illustrative, direct quotations from people receiving care and their relatives are included from the reports.

Service profile

The 758 Good-rated locations demonstrate national distribution with highest concentrations in London (185 services), Yorkshire and Humberside (107), South West (93), and South East (90). The remaining services are distributed across East (79), North East (33), North West (67), East Midlands (56), and West Midlands (48) regions.

Specialisms show the breadth typical of homecare provision. The most frequently recorded specialisms are adults over 65 years (691 services) and adults under 65 years (659), followed by physical disabilities (607), dementia (581), sensory impairments (495), mental health conditions (479), and learning disabilities (477). Smaller but notable numbers serve children 0-18 years (164), substance misuse (132), and eating disorders (117).

Publication dates range from 4 July 2024 to 29 August 2025 with a median publication date of 23 March 2025.

Characteristics of Good practice

Reliable, person-centred care delivery

Good-rated services consistently demonstrate day-to-day reliability combined with person-centred approaches to care. People receiving care describe staff who arrive punctually, remain for agreed durations, and treat them with dignity and respect. Care planning is individualised, with regular reviews and adaptations when circumstances change.

Family members frequently comment on continuity of care workers and clear communication practices, both of which contribute to building trust and confidence in services. These fundamental aspects of care quality appear consistently across Good-rated services regardless of size or specialisation.

Visible and accessible leadership

Leadership in Good-rated services is typically characterised by visibility and accessibility. Managers maintain a presence in operational activities, monitor quality through direct observation, and respond constructively to concerns raised by people receiving care, families, or staff members.

Good services implement systematic approaches to mandatory training, induction, and supervision. Competence is assessed for specific tasks including medicines support and moving and handling. Where people have complex needs, providers arrange additional training and coordinate effectively with community health professionals.

Effective risk management and safeguarding

Risk assessment and safeguarding understanding are well-established in Good-rated services. Assessments and care plans are appropriate, incidents are properly recorded and reported, and learning is shared effectively across teams. The distinction between Good and Outstanding ratings often relates not to the absence of safe practice but to the completeness and timeliness of documentation evidencing that practice.

People's experiences and satisfaction

Feedback quoted in inspection reports demonstrates consistent satisfaction with Good-rated services. People and relatives particularly value kindness, reliability, and continuity of care workers. Comments frequently highlight staff who encourage independence rather than creating dependency, and services that keep people well-informed about any changes or developments.

Where services have improved scheduling or communication in response to feedback, confidence and satisfaction increase markedly, demonstrating the importance of responsive service management.

Specialist provision

A substantial proportion of Good-rated services list learning disabilities among their specialisms. Where services support autistic people and people with learning disabilities, reports routinely reference assessment against "Right support, right care, right culture" principles.

These services demonstrate people being supported to exercise choice and control, participate in community life, and take positive risks with appropriate safeguards. Capacity and consent recording and involvement of relatives or advocates feature as expected elements of Good practice in this area.

Technology and systems

Technology references in Good-rated services are typically practical rather than innovative. Many services use electronic care records and digital rostering systems.

The common improvement focus relates to data quality and consistency, ensuring that recorded information accurately reflects care delivered.

Reports contain no systematic references to artificial intelligence or advanced technological solutions as drivers of care quality, suggesting that Good outcomes depend primarily on human factors rather than technological sophistication.

Common improvement opportunities

The most frequent improvement themes across Good-rated services relate to documentation coherence and governance follow-through. Medicines administration may be safe in practice, yet Medicine Administration Record entries or documentation of reasons for omissions require improvement.

Audit schedules often exist and operate effectively, yet action logs may need more consistent dating, ownership assignment, and closure evidence. Supervision and refresher training are typically planned appropriately, yet coverage and timeliness may require more complete documentation.

These improvement areas rarely compromise the Good rating but represent key mechanisms for progressing toward Outstanding performance and maintaining consistent quality over time.

Sector implications

Good-rated services demonstrate three fundamental pillars of quality homecare. Firstly, compassionate reliability through punctual visits, respectful interactions, and continuity of care workers. Secondly, active risk management through appropriate assessments that translate into clear daily instructions and trigger review when needs change. Thirdly, visible leadership with systematic governance that includes accessible managers, operational presence, routine audits driving concrete actions, and learning cultures that translate incidents into improvements.

Recommendations for providers

Services seeking to sustain or enhance Good performance should prioritise record-keeping discipline, particularly relating to medicines and consent documentation. Audit-to-action closure processes should be strengthened with clear timelines and verification procedures. Training and supervision cycles should be maintained with complete evidence of coverage and timeliness.

Where services support autistic people and people with learning disabilities, “Right support, right care, right culture” principles should be clearly evident in planning, review processes, and daily practice. This includes accessible communication, positive risk enablement, and community participation support.

Communication protocols with families and community health teams should be strengthened to ensure changes are understood and implemented promptly. Rostering resilience should be maintained to protect punctuality and continuity of care relationships.

Market context

The analysis of 758 Good-rated services demonstrates that solid, dependable homecare is being delivered across England despite challenging market conditions. These services show that Good outcomes are achievable across diverse organisational forms, geographical contexts, and client groups.

The consistency of themes across this large cohort suggests that Good homecare has identifiable, replicable characteristics that can inform both provider development and regulatory expectations. The improvement opportunities identified are typically systematic rather than fundamental, indicating that Good services have sound foundations requiring refinement rather than transformation.

Appendix C: Analysis of Requires Improvement homecare services

Executive summary

This analysis examines 230 CQC inspection reports for homecare services rated Requires Improvement, published between July 2024 and August 2025. The cohort spans England with highest concentrations in South East (48) and London (32) regions. Services typically deliver caring day-to-day support but demonstrate shortcomings in governance disciplines, documentation completeness, and consistency of assurance processes. The most common improvement requirements relate to medicines recording, audit-to-action closure, and strengthening evidence for supervision, training, and risk management processes.

Methodology

This analysis examines all 230 homecare services rated Requires Improvement by the CQC between July 2024 and August 2025. For the qualitative analysis of inspection findings, we used both manual processes and Claude AI to help review and categorise themes from published CQC inspection reports. The findings derive entirely from narrative evidence contained in published inspection reports, with no additional data sources. Where illustrative, direct quotations from people receiving care and their relatives are included from the reports.

Service characteristics

The 230 services demonstrate national distribution with largest groups in South East (51), London (33), West Midlands (29), South West (27), Yorkshire and Humberside (23), East (23), North West (19), North East (13), and East Midlands (12). Publication dates range from 3 July 2024 to 28 August 2025 with a median of 26 March 2025.

Specialisms reflect the breadth typical of homecare provision. Most frequently recorded are adults under 65 years (209) and adults over 65 years (208), followed by

physical disabilities (187), dementia (172), learning disabilities (148), sensory impairments (141), and mental health conditions (136). Smaller but notable groups include children 0–18 years (44), eating disorders (31), and substance misuse problems (30).

Characteristics of services requiring improvement

Caring practice with systematic gaps

The typical narrative emerging from Requires Improvement services describes caring, respectful staff delivering person-led support, but with significant gaps in systematic assurance processes. Policies, procedures, and audit frameworks often exist but demonstrate inconsistencies in implementation or evidence.

Medicines administration may be safe in practice, yet Medicine Administration Record entries show incompleteness or missing documentation of reasons for omissions. Risk assessments are present, but updates following incidents or changes in circumstances may not be consistently reflected in care plans and daily instructions.

Training and supervision are planned but evidence of coverage, timeliness, and competency verification often lacks completeness. These systematic gaps do not necessarily indicate poor care but demonstrate insufficient assurance mechanisms to evidence consistent quality.

Variable reliability and communication

People’s experiences in Requires Improvement services are mixed but not uniformly poor. Comments in reports often describe appreciation for staff kindness combined with frustration about reliability and communication. Late visits, shortened calls, or unfamiliar care workers undermine confidence even when individual staff interactions are positive.

Services that implement clearer scheduling oversight and proactive communication with families often see rapid improvements in satisfaction, but sustained enhancement requires the governance disciplines mentioned above to be embedded systematically.

Governance follow-through challenges

The most persistent theme across Requires Improvement services relates to governance follow-through. Audit schedules operate and identify issues, yet the progression from audit finding to dated action to verified completion often lacks consistency.

Incident management systems exist and capture events appropriately, yet learning translation into practice changes may be incomplete or poorly evidenced. Supervision occurs but coverage across all staff and consistency of approach requires strengthening.

Specialist provision considerations

A substantial minority of Requires Improvement services list learning disabilities among their specialisms. While systematic analysis of “Right support, right care, right culture” implementation was not possible from available data, the prevalence of learning disability specialisms emphasises the importance of capacity and consent recording, accessible information provision, and positive risk enablement approaches.

Technology and digital systems

Data do not include systematic information about digital systems or technology use in Requires Improvement services. Common patterns in similar reports during this period suggest that electronic care records and digital rostering are frequently used, with improvement focus typically relating to data quality and consistency rather than system presence.

Common improvement requirements

The areas most frequently requiring improvement relate to documentation coherence, medicines assurance, and governance completion processes. Documentation coherence requires alignment between assessments, care plans, and daily records with consistent updating procedures.

Medicines assurance requires complete Medicine Administration Records, explicit protocols for as-required medicines, appropriate stock management where relevant, and current competency verification for staff administering medicines.

Governance completion processes require dated actions with assigned ownership and recorded verification of completion for all audit findings, incidents, and complaints. This “closing the loop” from identification to resolution represents a critical improvement area.

Progression pathways

Movement from Requires Improvement to Good typically focuses on three systematic disciplines.

- Audit-to-action closure ensures that reviews and checks result in dated, owned, and verified changes.
- Risk pathway traceability ensures that assessed risks translate into clear daily instructions and are reviewed after incidents or changes.
- Rostering resilience with proactive communication provides real-time oversight, clear escalation procedures, and timely updates to people and families when delays occur.

These disciplines complement rather than replace caring, person-centred practice, providing the systematic foundation that protects and sustains good care delivery.

Recommendations for improvement

Services aiming to progress from Requires Improvement to Good should prioritise medicines record completeness, capacity and consent documentation clarity, and risk plan currency. Competency verification and supervision cycle evidence should be strengthened with clear timelines and verification procedures.

Where care complexity or caseload size has increased, leadership capacity should be enhanced through deputies, lead practitioners, or peer review arrangements to maintain consistency and embed learning in daily practice.

Communication protocols with families and health professionals should be formalised to ensure changes are understood promptly and acted upon consistently while governance improvements take effect.

Market implications

The analysis of 230 Requires Improvement services suggests that caring intentions and person-centred approaches are present but require systematic strengthening to achieve consistent Good outcomes. The improvement areas identified are typically procedural rather than fundamental, indicating that these services have appropriate foundations requiring systematic development.

The consistency of improvement themes across this cohort suggests that progression from Requires Improvement to Good has identifiable, achievable characteristics that can inform both provider development and regulatory support approaches.

The geographic distribution and specialism breadth of Requires Improvement services indicates that systematic challenges affecting this rating level are sector-wide rather than concentrated in specific regions or care types, suggesting that improvement support should address common systematic issues rather than localised problems.

Appendix D: Analysis of Inadequate homecare services

Executive summary

This analysis examines CQC inspection reports for homecare services rated Inadequate between July 2024 and August 2025. Services demonstrate fundamental shortcomings in safety assurance and governance systems that undermine care quality despite often caring individual interactions. Common failings include incomplete medicines management, unreliable risk assessment processes, disjointed record-keeping, and poor governance systems that fail to translate audits and incidents into verified improvements. For people receiving care, these

systematic failures manifest as missed visits, unfamiliar care workers, and poor communication when problems arise.

Methodology

This analysis examines all 35 homecare services rated Inadequate by the CQC between 16 July 2024 and 27 August 2025. The median publication date was 23 May 2025. For the qualitative analysis of inspection findings, we used both manual processes and Claude AI to help review and categorise themes from published CQC inspection reports. The findings derive entirely from narrative evidence contained in published inspection reports, with no additional data sources. Where illustrative, direct quotations from people receiving care and their relatives are included from the reports.

Service characteristics and scope

The 35 services analysed demonstrate the severe consequences of systematic failure in homecare regulation and delivery. While individual caring interactions may be present, these are overwhelmed by structural inadequacies that compromise safety and quality.

Limited data availability regarding regional distribution, service specialisms, and operational characteristics reflects the focus on urgent improvement requirements rather than detailed service profiling in Inadequate reports.

Fundamental safety and governance failures

Medicines management breakdown

Inadequate services consistently demonstrate serious shortcomings in medicines management that extend beyond documentation errors to systematic process failures. Medicine Administration Records are frequently incomplete or inaccurate, with reasons for omissions either absent or unreliably recorded.

Competency verification for staff administering medicines is often absent, out of date, or inadequately documented. Where services manage medicine stocks, checking procedures may be absent or inconsistent, creating risks of medicine shortages or inappropriate administration.

These medicines management failures represent fundamental safety risks that require immediate attention and systematic rebuilding rather than minor adjustments to existing processes.

Risk assessment and management failures

Risk assessment processes in Inadequate services often exist on paper but fail to translate into effective daily practice. Risk assessments may be present initially but updates following incidents, changes in circumstances, or care needs are inconsistent or absent.

The critical failure occurs in the translation from assessed risks to clear daily instructions for care staff. Risk assessments that do not inform daily practice provide no protection for people receiving care and may create false assurance about safety measures.

Record-keeping breakdown

Record-keeping in Inadequate services typically demonstrates significant disconnection between different elements of the care process. Assessments, care plans, and daily notes may exist but show little alignment or consistency.

This disjointed approach makes verification of safe care delivery extremely difficult and undermines any systematic approach to quality improvement. Without reliable records, services cannot demonstrate that care has been delivered as planned or that changes have been implemented effectively.

Governance system collapse

The most serious failing in Inadequate services relates to governance systems that do not function effectively. Audit schedules may exist but the critical flow from audit finding to dated action to verified completion is broken or absent.

Supervision and training may be planned but evidence of delivery, effectiveness, and consistency is inadequate. Incident management exists but learning translation into practice changes cannot be demonstrated or verified.

Impact on people receiving care

The systematic failures in Inadequate services translate directly into poor experiences for people receiving care. Missed visits, significantly shortened calls, and care delivered by unfamiliar workers who lack knowledge of individual needs and preferences represent common experiences.

Communication breakdowns mean that when problems occur, people and families are not kept informed of changes, delays, or resolution attempts. This communication failure compounds the direct care problems and undermines trust and confidence.

People receiving care in Inadequate services often experience the consequences of systemic failure through unreliable service delivery rather than necessarily poor individual interactions with care workers.

Service user and family perspectives

Feedback patterns in Inadequate services characteristically combine appreciation for individual care worker kindness with significant frustration about service reliability and organisational responsiveness.

People receiving care and their families report difficulties getting consistent information, unreliable scheduling, and poor communication when problems arise.

These organisational failures overshadow positive individual relationships and create significant stress and concern.

Specialist considerations

While systematic analysis of specialisms was not possible from available data, services supporting autistic people and people with learning disabilities require particular attention to capacity and consent documentation, accessible information provision, and positive risk approaches.

The systematic failures common in Inadequate services are likely to particularly disadvantage people with communication differences or complex needs who rely heavily on consistent, well-planned care approaches. The CQC highlighted failures to follow “Right Support, Right Care, Right Culture” guidance in some Inadequate services.

Technology and systems

Available data suggests minimal systematic use of advanced technology in Inadequate services. Electronic care records and basic digital systems may be present but the fundamental issue relates to process reliability rather than technological sophistication. In one service, the CQC raised concerns about the use of AI tools for care planning without adequate governance. The CQC said: “Artificial Intelligence (AI) had been used to generate auditing templates and reports. This practice raised concerns about reliability and data privacy, as the use of confidential care records with AI had not been risk-assessed. This lack of robust governance and failure to implement sustainable systems did not ensure people received safe, high-quality care and increased risk of harm.”

Common improvement requirements

Services rated Inadequate require systematic rebuilding across multiple areas simultaneously. Medicines assurance requires complete Medicine Administration Records, clear protocols for all medicine administration, current competency assessments, and appropriate stock management procedures.

Risk pathway reconstruction requires assessed risks to flow into specific daily instructions with regular reassessment following incidents and changes, supported by care plan updates that reflect current risk profiles and management approaches.

Governance rebuilding requires every audit finding to connect to dated, owned actions with recorded verification of completion, supported by supervision cycles that demonstrate coverage, timeliness, and effectiveness in translating learning into practice.

Leadership capacity enhancement requires field-visible management with real-time oversight of care delivery quality, clear escalation procedures for problems, and systematic communication with people receiving care and their families.

Recovery pathway

Movement from Inadequate toward better outcomes requires systematic rebuilding of basic assurance mechanisms rather than incremental improvements to existing processes. This rebuilding process typically requires external support and sustained oversight to ensure that improvements are embedded and sustained.

The complexity of simultaneous improvement across multiple failing systems means that Inadequate services require intensive support and monitoring, with clear milestones and verification of progress at each stage.

Regulatory and market implications

Inadequate services represent the consequences of systematic regulatory failure combined with inadequate provider capability. The existence of services operating at Inadequate levels for extended periods raises serious questions about both market entry standards and ongoing oversight effectiveness.

The impact on people receiving care from Inadequate services demonstrates the real consequences of regulatory gaps and inadequate provider capability, emphasising the importance of effective systems to prevent services reaching this level of failure.

Commissioners and system partners can support improvement by focusing monitoring on closure of priority actions, seeking evidence of field leadership capacity, and facilitating community health team input where clinical oversight is required for safe care delivery.

Broader implications

The analysis of 35 Inadequate services demonstrates that fundamental failure in community social care, including homecare, creates serious risks for vulnerable people and undermines confidence in the care system. The systematic nature of these failures suggests that Inadequate outcomes result from multiple, interconnected problems rather than single issues.

Prevention of Inadequate outcomes requires effective systems throughout the care journey from market entry standards through ongoing oversight and early intervention when problems are identified. The consequences of allowing services to reach Inadequate levels justify intensive prevention efforts and early intervention approaches.