



Homecare Association



Care Quality Commission: regulatory performance in homecare

August 2024

Produced by

Dr Jane Townson OBE

Homecare Association

Table of Contents

Contents

- Table of Contents 1
- Executive summary 4
 - Key findings 4
 - Underlying issues..... 5
 - Recommendations 5
- Introduction..... 6
- Method 9
- Findings 10
 - Analysis of CQC data..... 10
 - Number of adult social care registered locations and inspection reports published each year 10
 - Unassessed locations by date of registration 12
 - Aged ratings – year of last published CQC report 14
 - Key observations*..... 14
 - Ratings as a percentage of total community care locations inspected each year. 15
 - Ratings as a percentage of total residential care locations inspected each year. 16
 - Review of CQC’s income, expenditure and staff numbers from 2013 to 2024 16
 - CQC’s income and expenditure in total and per registered location (all health and care services), 2013 to 2024 17
 - CQC’s staff numbers in total and per registered location (all health and care services), 2013 to 2024 18
 - Feedback from providers. 20
 - Data from survey 20
 - Qualitative feedback from providers 20
- Discussion 25
 - Performance 25
 - Registration 26

Monitoring, assessment, and inspection.....	29
Costs of regulation	32
Productivity and efficiency.....	34
Capital investment	35
Organisational leadership and adaptation.....	36
Conclusions	37
Recommendations.....	38
Appendix 1.....	41
Feedback on CQC from Homecare Association members	41

List of Figures

Figure 1: Inspections of community adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).	10
Figure 2: Inspections of residential adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).	11
Figure 3: Inspections of community and residential adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).....	12
Figure 4: Uninspected locations by date of registration (source: CQC data, June 2024)	13
Figure 5: Year of last published report for community and residential adult social care locations (source: CQC data, June 2024).....	14
Figure 6: Ratings as a percentage of total community care locations inspected each year (source: CQC data, June 2024).....	15
Figure 7: Ratings as a percentage of total residential care locations inspected each year (source: CQC data, June 2024).....	16
Figure 8: CQC’s income and expenditure, including capital expenditure, from 2013 to 2024, in relation to the total number of registered locations across all health and social care services (source: CQC annual accounts and reports 2013 to 2022; CQC board reports 2023-2024; CQC data download, June 2024)	17
Figure 9: CQC staff numbers in total and per registered location in health and care from 2013 to 2024 (sources: CQC annual accounts and reports 2013 to 2022; CQC board reports 2023-2024; CQC data download, June 2024)	18

Figure 10: Data from pulse survey of Homecare Association members, March 2024 20

Figure 11: Registration applications processed (source: CQC Board Reporting Year End 2023-2024)..... 26

Figure 12: Extract from a recent council homecare tender document 31

Figure 13: Number of employees per social care organisation..... 33

Figure 14: Capital expenditure by CQC from 2013 to 2024 (Source: CQC annual reports and accounts, 2013-2022; CQC board reports 2023-2024)..... 35

Care Quality Commission: regulatory performance in homecare

Executive summary

The Care Quality Commission (CQC), established in 2009 as the independent regulator of health and social care in England, is struggling to fulfil its core responsibilities, particularly in the homecare sector. This report analyses CQC data and market intelligence from homecare providers. We compare this with CQC data on care homes where appropriate. It explores issues affecting CQC's performance and suggests potential solutions.

Key findings

- The number of registered community social care locations has increased 5.5-fold over the last decade, from 2303 in 2013 to 12,574 in June 2024, while CQC's resources have remained largely static. CQC staff numbers per registered location have almost halved in this period.
- As of June 2024, 60% of community social care providers had either never been rated by CQC (23%) or had a rating of 4 to 8 years old (37%).
- CQC's risk-based approach is identifying a greater proportion of under-performing providers. In community social care, the locations "Requiring Improvement" have increased from 0.5% in 2017 to 26.3% in 2024. In residential care, locations "Requiring Improvement" have increased from near 0% in 2017 to about 33% in 2024. Many poor-performing providers continue to operate, and others remain undetected.
- CQC is conducting too few assessments and inspections to ensure quality, safety, and public confidence in care services.
- Providers report long delays in registration; inconsistent or flawed inspection approaches; and poor communication from CQC.
- Councils cannot rely on CQC data for homecare tender processes, and many have given up trying. Many councils are now contracting with unassessed and unrated providers. Others are disallowing providers without ratings or with old ratings to bid for work.
- CQC's poor performance is increasing risks to people drawing on services and harming providers. Some providers are suffering severe financial detriment because of delays in registration and ratings reviews.

Underlying issues

The report explores several potential underlying reasons for CQC's performance issues. The COVID-19 pandemic exacerbated but did not cause these:

- Inadequate resourcing relative to the growth in registered locations. Many local authorities have encouraged a proliferation of small homecare providers, with c. 87% having fewer than 50 employees and 53% fewer than 10. This has increased regulatory challenges. The number of CQC staff per registered location has almost halved over the last decade. CQC inspectors are struggling to manage their workload.
- Flaws in CQC's funding model and fee structure.
- Ineffective IT systems despite capital investment of £137.9 million over the last decade.
- Shortcomings in CQC's approach to local authority assessment and misalignment between CQC and local authority practices.
- Ineffective leadership and management of change.

Recommendations

1. Commission a realistic review of CQC's resourcing needs.
2. Increase transparency in CQC's operational costs and performance.
3. Review the funding model for CQC to ensure it is fair and sustainable.
4. Make genuine improvements in efficiency by recovering or replacing IT and data systems.
5. Address the impact of local authority commissioning practices on care quality and market stability. Improve CQC's approach to local authority oversight. Care quality is profoundly impacted by factors such as fee rates and contracting models, which must be considered. We need to improve the alignment between CQC and local authority practices to support care quality.
6. Enhance CQC's engagement with providers.
7. Implement regular review, adaptation, and contingency planning for CQC's regulatory approach. Ensure routine independent oversight of CQC and accountability for its use of public money.

Policymakers must grasp the interconnections between regulation, commissioning, funding, and provision of quality care. A regulator like CQC cannot succeed in isolation or without adequate resources. Ability to regulate effectively depends on intelligent market shaping, adequate human resources, effective systems, and flexibility to adapt to the realities of the care landscape.

It is in everyone's interests to align funding, resources and incentives to support the provision of high-quality, sustainable care. We stand ready to support CQC as it works to improve and transform the way it performs its duties as a regulator.

Introduction

The Care Quality Commission (CQC) was established in 2009 as the independent regulator of health and social care in England, replacing three former regulatory bodiesⁱ. Its role is to register, monitor, assess, and rate services to ensure they meet fundamental standards of quality and safety. Effective regulation is vital to safeguard the well-being and rights of those who rely on services and maintain public trust in care.

At its best, the CQC is a positive force. It can set and uphold high standards of care; drive continuous improvement; and ensure public confidence in care services. If providers do not meet safe standards and fail to improve, CQC can take action, such as prosecuting them or removing their registration.

CQC introduced regulatory fees for providers in 2009ⁱⁱ, with full cost recovery from 2016. After the Public Inquiry into concerns about patient safety at Mid Staffordshire NHS Foundation Trust in 2013ⁱⁱⁱ, CQC changed its inspection and regulatory approach. They introduced "fundamental standards", asking five questions of all services: are they safe; effective; caring; responsive to people's needs; and well-led? CQC strengthened how it acts on concerns and complaints raised by the public and introduced a new 'duty of candour'. They appointed chief inspectors for hospitals; adult social care; primary medical services; and integrated care.

Since the formation of CQC, some care providers have expressed dissatisfaction with its performance. Common complaints include inconsistencies in approach between inspectors; alleged poor behaviours that do not align with the standards they expect from providers; and the costs of registration.

From the start of the COVID-19 pandemic in 2020, though, the level of concern about CQC's performance among homecare providers has grown. Discontent has intensified over the past year and has now reached a crescendo. Aggravating issues include registration delays; low frequency of assessment and inspection; concerns about the way CQC is implementing its new Single Assessment Framework; confusion about the method for determining ratings; poor communication and relationship management; and a dysfunctional new data portal.

The COVID-19 pandemic disrupted CQC's normal inspection and regulatory activities from early 2020. CQC had to rapidly adapt its approach, suspending routine inspections and focusing on supporting the health and social care system's response to the crisis. This period of disruption and adaptation contributed to the current backlog and operational challenges. As we shall see, though, the pandemic explains only part of CQC's problems.

Failure of CQC to fulfil its responsibilities risks harm to people drawing on services and to the growth and sustainability of care provision. It also risks damaging public perception of the quality and safety of homecare services.

CQC has monthly meetings with trade associations that represent care providers in the sector. Senior CQC staff also meet monthly with representatives of the Care Provider Alliance, which is a coalition of the 10 care associations in England. The Homecare Association also takes part in CQC's External Strategic Advisory Group and the Provider Implementation Steering Group. The latter has transitioned to a new engagement forum called CQC's Regulatory Approach Advisory Group, which met for the first time in May 2024. At these meetings, we have raised providers' concerns many times. Despite multiple meetings and correspondence, the problems persist and improvement appears elusive. We therefore escalated concerns to senior civil servants and former Ministers in the Department of Health and Social Care (DHSC).

In December 2023, the Cabinet Office and DHSC notified CQC they would review its effectiveness^{iv}. The government made a public announcement about the review in May 2024, which is taking place as part of the Cabinet Office public bodies review programme^v. Dr Penny Dash, Chair of the North West London Integrated Care Board (ICB), is leading the review. The Department of Health and Social Care published an interim report of this investigation on 26 July 2024^{vi}.

CQC is undergoing change as an organisation and we appreciate the challenges.

If providers go through changes, though, CQC expects them to maintain high standards, staff satisfaction, and service. Providers expect the same of the regulator, especially as they pay substantial regulatory fees. CQC uses a calculation to determine the annual fee per community social care service location^{vii}:

$£239 + (\text{number of service users} \times 54.305)$

or

a maximum fee of £92,558 (1,700 service users or more)

A single-branch homecare agency supporting 100 people will thus pay $£239 + (100 \times 54.305) = £5669.50$ per year.

A large homecare company with 140 branches, each serving 250 people, has an annual bill for regulatory fees of almost £2 million.

Care home fees depend on the number of people a service can accommodate. Fees for fewer than four people are £313 per year and increase to £15,710 per year for over 90.

CQC fees for care homes, 2024-2025^{viii}

Maximum number of service users	Regulatory fee 2024/25
Less than 4	£313
4-10	£816
11-15	£1,643
16-20	£2,388
21-25	£3,268
26-30	£4,270
31-35	£5,023
36-40	£5,779
41-45	£6,533
46-50	£7,289
51-55	£8,037
56-60	£8,792
61-65	£10,048
66-70	£11,050
71-75	£12,058
76-80	£13,062
81-90	£14,069
More than 90	£15,710

Many providers are required to spend substantial sums on funding CQC. They thus expect the regulator to deliver on its basic functions of registration and assessment in a way which is fit for purpose.

Our predecessors founded the Homecare Association in 1989 to campaign for standards and regulation in homecare. Complexity of need and demand for homecare is increasing. Never has it been more important to ensure effective oversight of quality and safety of care services. We want the regulator to succeed and recognise the dedication, experience, and passion of many CQC employees.

Homecare providers, though, feel neglected by CQC. The aim of this report is to articulate the concerns of the homecare sector, drawing on multiple sources of evidence, including:

1. **Analysis of CQC data.** We analysed CQC's published data from 2010 to June 2024, examining trends in inspections, ratings, and unrated services.
2. **Review of CQC annual reports and accounts.** We examined CQC's financial performance and strategic priorities from 2013 to 2024.
3. **Feedback from homecare providers.** We conducted a pulse survey of homecare providers and looked at their communications with our helpline.

It is also our aim to offer constructive suggestions for improvement and we thus make recommendations for CQC and policymakers to consider.

Method

Following receipt of a growing number of complaints about CQC from homecare providers, we analysed CQC's data from 2010 to 3 June 2024^{ix}. We explored the:

- Number of registered locations in community and residential social care from 2010 to 2024.
- Number of inspection reports published each year as a proportion of the total registered locations in each year.
- Number of uninspected locations and years since registration.
- Length of time since the last published inspection report.
- Number and percentage of locations rated outstanding, good, requires improvement, and inadequate, from 2017 to 2024.

We also reviewed CQC's published annual reports from 2013 to 2022 and corporate performance reports to CQC's board of directors from 2023 to 2024. We looked at CQC's income, expenditure, and staff numbers over time, relative to the total number of registered health and care locations.

To explore homecare providers' concerns further, we reviewed calls, emails, and letters to our helpline. We also asked our members for more feedback by asking four simple questions:

- How do you rate your current satisfaction with CQC?
- Please explain your answer.
- What would you like to see CQC continue doing, stop doing, start doing?
- Please add any other comments.

Findings

Analysis of CQC data

Number of adult social care registered locations and inspection reports published each year

Community adult social care locations

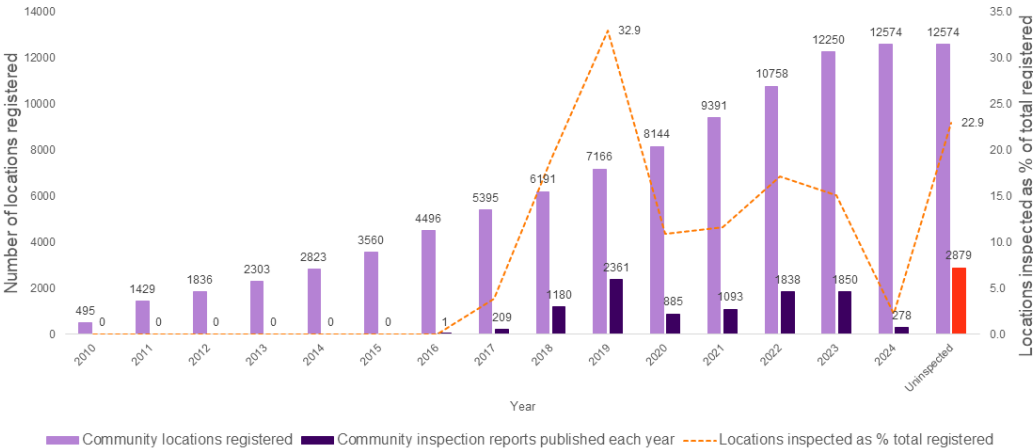


Figure 1: Inspections of community adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).

Key observations

- Over the last decade, the number of community adult social care registered locations (which includes homecare, also referred to as domiciliary care) has increased by 5.5-fold, from **2303** in 2013 to **12574** in June 2024.
- In 2017, CQC inspected **3.9%** of community adult social care registered locations. This increased to a peak of **32.9%** in 2019 but fell to **15.1%** in 2023.
- The number of uninspected registered locations in community adult social care in June 2024 was **2879**, or **23%** of the total community locations. These are shown in the red bar in Figure 1.
- There was only one year in the last decade (2019) when CQC inspected almost enough locations (32.9%) to ensure it could check all services every three years.

Residential adult social care locations

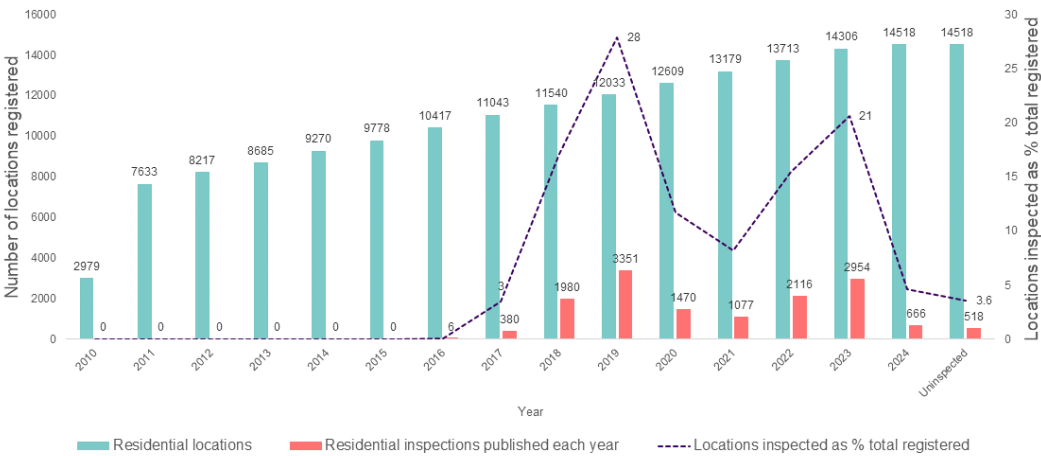


Figure 2: Inspections of residential adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).

Key observations

- Since 2013, the number of residential adult social care registered locations (which includes care homes) has increased by 1.7 fold, from **8685** in 2013 to **14518** in June 2024.
- In 2017, CQC inspected **3.0%** of residential adult social care registered locations. This increased to a peak of **28%** in 2019 and fell to **21%** in 2023.
- The number of uninspected registered locations in residential adult social care in June 2024 was 518, or **3.6%** of the total residential care locations.
- As for community social care locations, there was only one year in the last decade (2019) when CQC inspected almost enough residential care locations (28%) to ensure it could check all services every three years.

Comparison of community and residential care locations

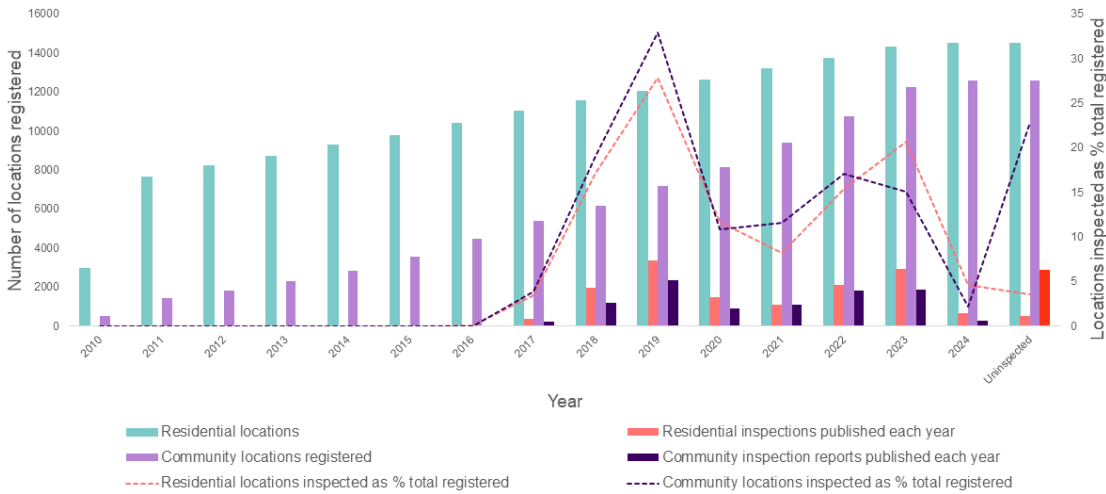


Figure 3: Inspections of community and residential adult social care locations each year as a proportion of the total registered locations in each year (source: CQC data, 3 June 2024).

When we overlay Figures 1 and 2, we see a similar pattern in the percentage of inspections for both community and residential social care (Figure 3).

CQC is conducting too few assessments and inspections in social care to ensure quality, safety and public confidence in care services.

Unassessed locations by date of registration

As shown in Figures 1 to 3, CQC has not assessed or inspected 23% of community adult social care locations and 3.6% of residential care locations.

This begs the question: how long ago did the unassessed locations register with CQC?

Figure 4 provides the answer.

Unassessed or uninspected locations by date of registration

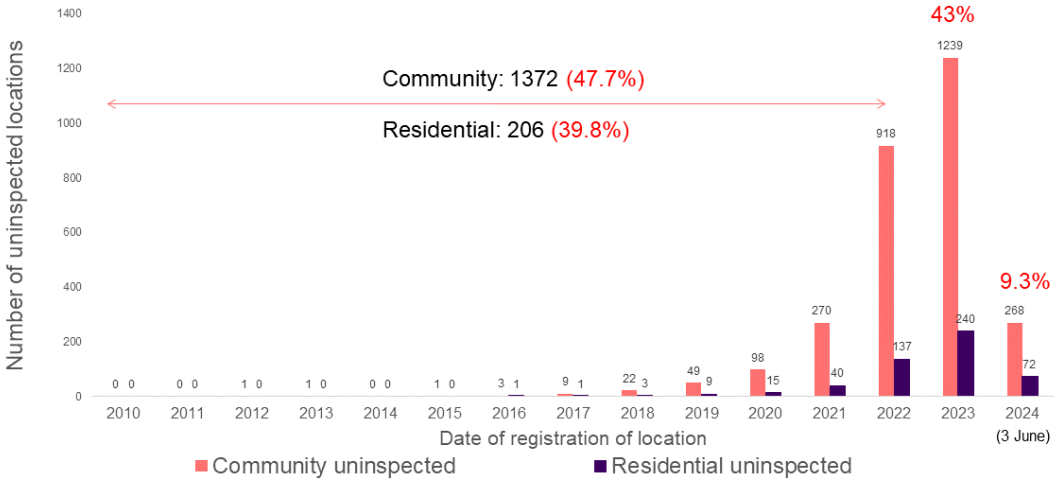


Figure 4: Uninspected locations by date of registration (source: CQC data, June 2024)

Key observations

- In June 2024, there were over five times more unassessed or uninspected community social care locations (2879) than residential care locations (518).
- The number of uninspected locations has increased dramatically in recent years, particularly from 2020 onwards, with a peak in 2023: 1,239 (43% of total uninspected) for community and 240 (46.3% of total uninspected) for residential.
- Nearly 50% of uninspected community locations and 40% of uninspected residential locations have been waiting over 18 months for CQC to visit. It is unclear why CQC has not inspected or rated some locations years after they registered.
- Prior to 2016, there were very few or no uninspected locations recorded, but the total number of registered locations was much lower than now.
- The consistent and dramatic increase in uninspected locations over recent years points to a significant systemic challenge rather than a temporary anomaly.
- The data raise serious questions about the capacity of CQC to keep pace with new registrations, particularly in the community social care sector.

Moving to the social care registered locations that CQC has assessed or inspected, we analysed the age of the most recently published reports.

Aged ratings – year of last published CQC report

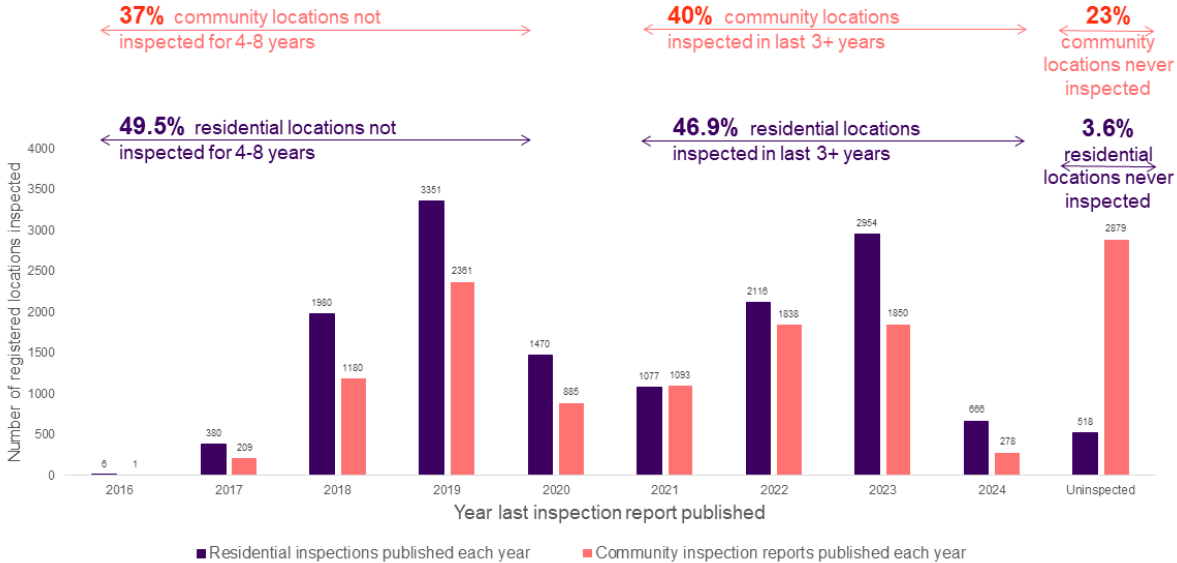


Figure 5: Year of last published report for community and residential adult social care locations (source: CQC data, June 2024)

Year	Number of community locations inspected	Total community locations	Number of residential locations inspected	Total residential locations
2017	209	5395	380	11043
2018	1180	6191	1980	11540
2019	2361	7166	3351	12033
2020	885	8144	1470	12609
2021	1093	9391	1077	13179
2022	1838	10758	2116	13713
2023	1850	12250	2954	14306
2024	278	12574	666	14518
Never inspected	2879		518	

Table 1: Year of last published inspection report for community and residential adult social care locations (source: CQC data, June 2024)

Key observations

- More community care providers (60%) have not been assessed (23%) or were assessed 4 to 8 years ago (37%), compared to residential care providers (53%).

- CQC has not published reports for 4 to 8 years for 49.5% of residential locations and 37% of community locations.
- CQC has published reports within the last 3.5 years for 46.9% of residential locations and 40% of community locations.
- CQC is conducting assessments or inspections of social care locations at too low a frequency to provide adequate assurance on quality and safety.

Next, we looked at the ratings given following assessment or inspection and how these have changed over time.

Ratings as a percentage of total community care locations inspected each year.

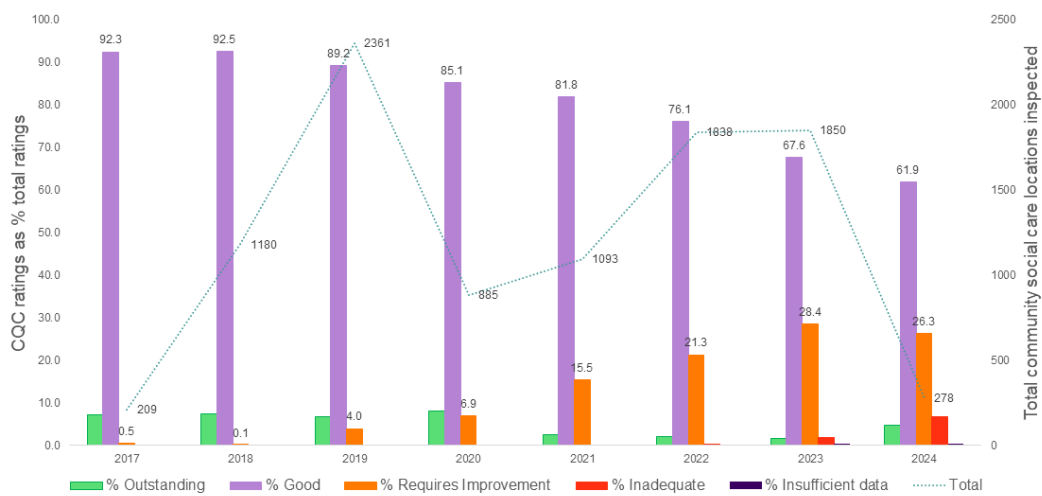


Figure 6: Ratings as a percentage of total community care locations inspected each year (source: CQC data, June 2024)

Key observations

- The number of assessments or inspections conducted per year at community locations has been highly unpredictable, both before and after COVID-19.
- In community care locations, "Good" ratings consistently make up the largest proportion each year, but have declined from over 90% in 2017 and 2018 to about 60% in 2024.
- There has been a significant increase in locations "Requiring Improvement", from 0.5% in 2017 to 26.3% in 2024.
- "Outstanding" ratings remain relatively low, generally under 10% of total ratings.
- "Inadequate" ratings were rare or non-existent until 2023 and 2024, reaching 7.2% in 2024.

Ratings as a percentage of total residential care locations inspected each year.

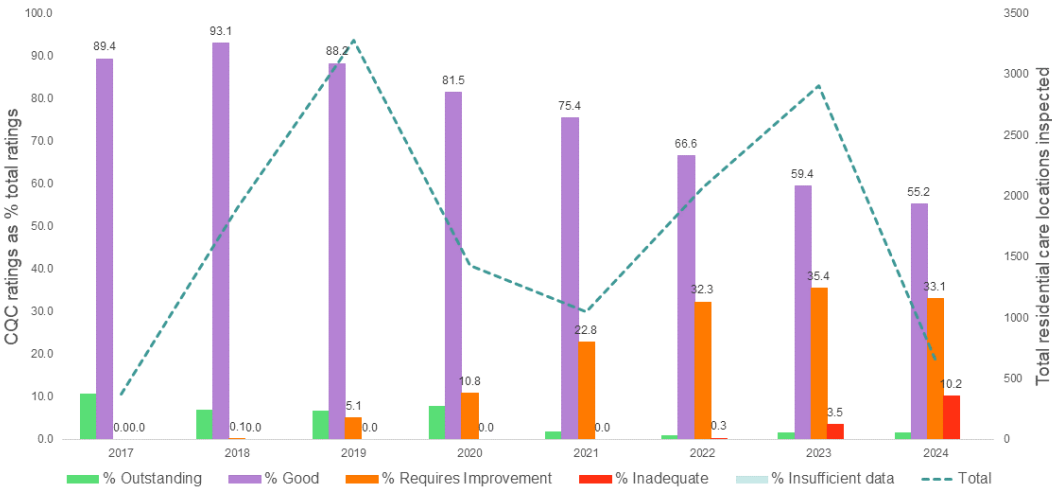


Figure 7: Ratings as a percentage of total residential care locations inspected each year (source: CQC data, June 2024)

Key observations

- The number of assessments or inspections of residential care locations has also varied greatly each year, both before and after COVID-19.
- "Good" ratings in residential care have decreased more dramatically than in community locations, from about 90% in 2017 to around 55% in 2024.
- The proportion of locations "Requiring Improvement" has increased significantly, from near 0% in 2017 to about 33% in 2024.
- "Inadequate" ratings have increased more noticeably than in community locations, reaching about 10% in 2024.
- "Outstanding" ratings have remained consistently low, generally under 10%.
- Residential care locations have seen a greater decline in ratings compared to community locations.

Review of CQC’s income, expenditure and staff numbers from 2013 to 2024

We extracted data from CQC’s annual accounts and reports from 2013 to 2022; CQC board reports from 2023 to 2024; and CQC’s data download in June 2024 to compile the following table of data.

Year	Headcount (FTE)	FTE per registered location	Operating Income from Fees £ million	Grant in Aid £million	Capital Spend £million	Expenditure £million	Total registered locations	Expenditure per registered location £
2013-2014	2237	0.10	101.2	87.3	9.0	175.0	22629	7733
2014-2015	2681	0.11	103.0	126.0	10.0	221.0	24611	8980
2015-2016	3272	0.12	109.0	135.0	10.0	248.0	26890	9223
2016-2017	3097	0.10	149.6	76.6	6.3	226.2	29513	7664
2017-2018	3193	0.10	193.7	81.7	7.7	222.1	32102	6919
2018-2019	3210	0.09	204.3	28.2	10.3	227.7	34687	6564
2019-2020	3102	0.08	204.0	25.5	13.5	221.6	37432	5920
2020-2021	3056	0.08	205.2	27.0	14.7	212.2	40302	5265
2021-2022	2982	0.07	207.9	26.5	14.3	215.6	43622	4942
2022-2023	3076	0.06	220.8	23.5	19.7	217.7	47455	4588
2023-2024	3295	0.06	233.3	35.2	22.4	231.2	52048	4442

Table 2: CQC's income, expenditure and staff numbers from 2013 to 2024 in relation to the total number of registered locations across all health and social care services (source: CQC Annual Accounts and Reports 2013-2022 and Board Corporate Performance Reports 2023-2024; CQC data 3 June 2024).

We then plotted the following graphs from these data to visualise trends.

CQC's income and expenditure in total and per registered location (all health and care services), 2013 to 2024

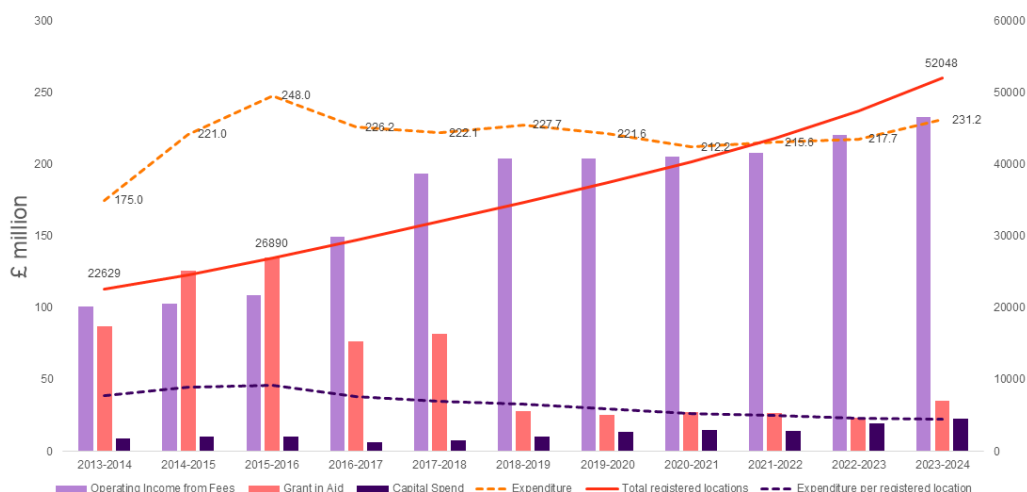


Figure 8: CQC's income and expenditure, including capital expenditure, from 2013 to 2024, in relation to the total number of registered locations across all health and social care services (source: CQC annual accounts and reports 2013 to 2022; CQC board reports 2023-2024; CQC data download, June 2024)

CQC’s staff numbers in total and per registered location (all health and care services), 2013 to 2024

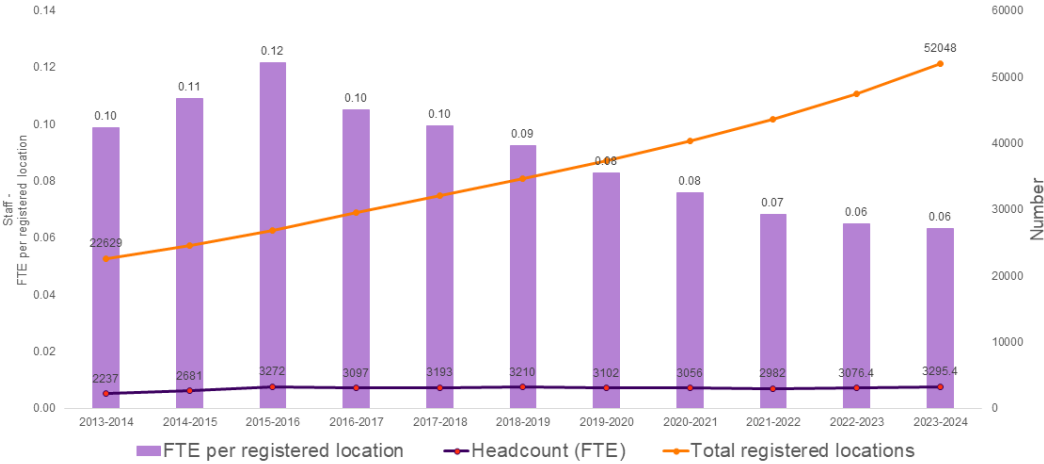


Figure 9: CQC staff numbers in total and per registered location in health and care from 2013 to 2024 (sources: CQC annual accounts and reports 2013 to 2022; CQC board reports 2023-2024; CQC data download, June 2024)

Key observations

Registered locations

- The number of registered locations across all health and care services has more than doubled, from **22,629** in 2013-2014 to **52,048** in 2023-2024.

Operating income and expenditure

- Operating income from fees has increased over time as CQC moved to full cost recovery, from £101.2 million in 2013-2014 to £233.3 million in 2023-2024. Income from fees has, however, remained relatively flat from 2017-2018 onwards, despite the increase in registered locations.
- Grant in aid funding has fluctuated but generally decreased over time, from £87.3 million in 2013-2014 to £35.2 million in 2023-2024. CQC has used grant-in-aid funding to cover costs such as CQC’s statutory Market Oversight^x.
- Total operating expenditure peaked in 2015-2016 at £248.0 million and has since decreased to £231.2 million in 2023-2024.
- Expenditure per registered location has significantly decreased from £7,733.44 in 2013-2014 to £4,442.05 in 2023-2024.

Capital expenditure

- CQC’s capital spend over the last decade amounts to £137.9 million.

- Capital spend has fluctuated but generally increased over time, from £9 million in 2013-2014 to £22.4 million in 2023-2024. There was a dip in 2016-2017 to £6.3 million because of the reshaping of digital projects.
- Throughout the period, there was a consistent emphasis on investing in technology, digital capabilities, and IT infrastructure. This aligns with CQC's strategic goal of becoming more data-driven and efficient in its regulatory approach.
- Early years focused on developing basic systems and capabilities (e.g. online registration, website development). Later years saw more investment in advanced tools like intelligence systems and the regulatory platform.

Staff

- CQC staff numbers (FTE) have fluctuated from 2,237 in 2013-2014 to 3,295 in 2023-2024. CQC's July 2024 board papers report current FTE's at 3314 (including contractors and secondments). Staff turnover has reduced from 12% to 10% over the last three years but the vacancy rate is currently 14%^{xi}.
- The number of staff (FTE) per registered location has decreased over time, from 0.10 in 2013-2014 to 0.06 in 2023-2024.

Alongside analysis of CQC data, we received both solicited and unsolicited feedback from homecare providers.

We conducted a simple pulse survey and gathered qualitative feedback from 75 homecare providers.

We also reviewed correspondence from homecare providers to us and to the CQC, if copied to us.

Feedback from providers.

Data from survey

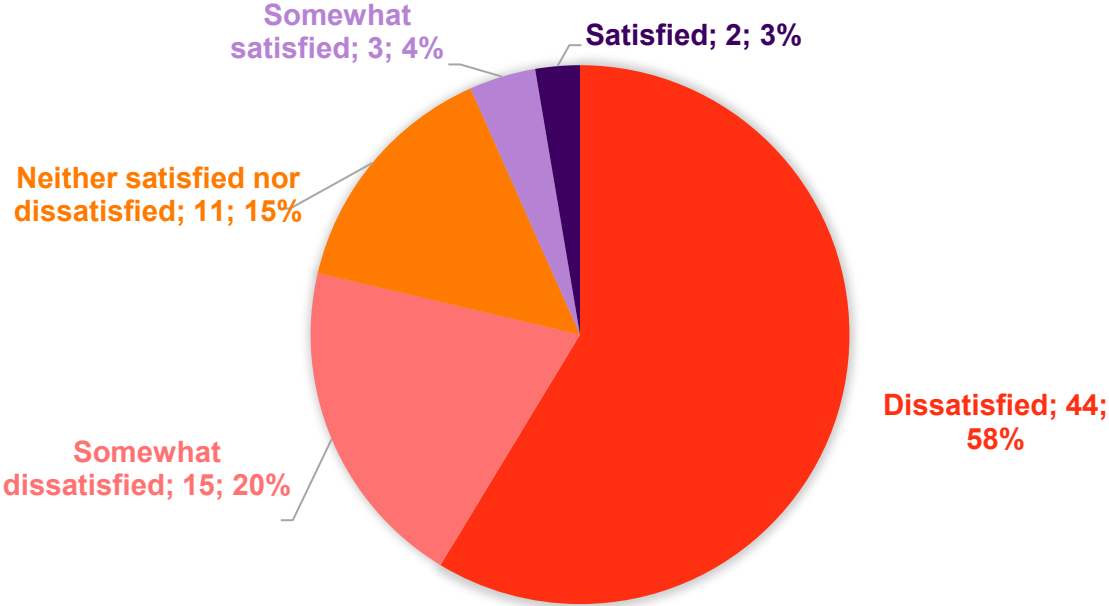


Figure 10: Data from pulse survey of Homecare Association members, March 2024

Qualitative feedback from providers

Besides calls, emails and letters to our helpline, we received detailed responses from 75 homecare providers (published as received in Appendix 1).

- Over three-quarters of respondents (78%) expressed dissatisfaction or some level of dissatisfaction with CQC.
- 15% were neutral.
- 7% of respondents expressed satisfaction or some level of satisfaction with CQC.

The main reasons cited for dissatisfaction include:

- Long delays in registering new services.
- Low frequency of inspections.
- Concerns and confusion about the new Single Assessment Framework (SAF) and the way CQC is implementing it.

- Inconsistency in inspection approaches and standards between inspectors.
- Poor communication, responsiveness, relationship management and support from CQC.
- Computer systems which are not fit for purpose.
- High fees paid to CQC with little perceived value received in return.
- The severe business impact of CQC's poor performance.

You can read all the responses as received in Appendix 1. Below are some examples of comments from providers in each satisfaction category.

Satisfied

"Inspector at our last inspection was supportive."

"Timely responses."

Somewhat satisfied

"We used to have a nominated inspector who we felt we could go to for advice and guidance, they have been removed now. It feels as though there is no-one at the end of the line, who knows your service well and understands the issues or improvements you have made."

"The new framework is daunting".

"We are currently rated Outstanding, and I assume no/few concerns have been raised regarding our service as we have not been inspected for 5 1/2 years. In one way, I am happy not to be inspected, as we can't get a higher rating, but on the other hand, I imagine the public would look at a 2018 report as largely irrelevant now. I am dissatisfied at the inability of the registrations team to be more proactive and forceful with their intelligence gathering. I am sure many PAs [personal assistants] operating in groups are simply unaware of the regulations requiring registration for regulated activities, and I expect a considerable number would stop operating in this manner if they were called by CQC to inform them that they were potentially at risk of prosecution if they continued to operate in their current manner".

Neither satisfied nor dissatisfied

"We haven't been inspected by CQC for over 6 years, therefore I have no recent experience of inspection, let alone experience of the new SAF. I am deeply concerned, having seen the LBA from Barchester [this refers to an open Letter Before Action from

Barchester Healthcare to CQC raising concerns about the changes to regulatory processes]. *A huge organisation who pays richly for this service AND volunteered to be part of the pilot, for them to take this action is a huge worry on the integrity of the new SAF."*

"I have yet to be inspected. I was registered in September 2022, and didn't start personal care until March 2023. When I do get inspected, I will have no rating as they have nothing to rate us by and feel this is [an] unfair process."

"We have not been inspected for 4.5 years and we are waiting for an inspection to accurately reflect the quality of our services. At our previous inspection, the inspector was very dismissive of the ability to achieve an outstanding in any of the 5 key questions which was very disheartening. We thankfully have no regular interaction with CQC apart from sending notifications. We are regulated and pay the fees, but have not had an inspection for a long time".

Somewhat dissatisfied

"I am frustrated at the long times having to wait to get through to CQC. We have now also been notified [that] we no longer have a dedicated CQC inspector and all advice/enquiries should go to CQC. I have been trying to access the new portal with no luck at all and, over 2 months, they have been trying to rectify this."

"Our London branch was last inspected in December 2019. The current rating is requires improvement. This has resulted in our London branch being unable to bid for LA [local authority] contracts as their requirement is a minimum of Good. We have been consistent in requesting an inspection, but informed we are not a priority. We are now into a fifth year without an inspection."

"Communication is poor. I emailed a few months ago and I'm still waiting for a response. The only time they have contacted us is when there is an inspection or concern."

"One of the providers had a recent inspection, and as soon as the inspector arrived, she advised: '...I hope you are not planning to show me any outstanding activity folder.' She completely dismissed this business's effort and input. This type of inconsistent behaviour is distressing and only shows that little to no improvements are being made in the biased behaviour of some of the CQC inspectors. This issue has not been appealed as another service complained about her but, on the repeat inspection, the same inspector was sent to inspect and was assessed to requires improvement."

"I am generally low in mood as a direct impact of my inability to do business that I am very passionate about. For example, unable

either take on LA [local authority] clients or even private paying clients due to [a] lack of rating even when you have successfully won a tender. [The] LA tell you [that you] cannot look after clients because you are not CQC-rated whilst CQC in turns says they cannot rate you because your business is not actively trading. You are then left to scramble for private clients at the mercy of online website/pages/business who pose as a link between the providers and care seeker. [They] are charging providers what they feel is reasonable but cumulatively, over given months, it's a whopping amount compounded with no business yielding from all the amount spent. I am CQC-registered for 2 years now, not rated and I do not know when I will be rated, although I was dormant for almost 11 months without a client which is why I joined HA [Homecare Association] with the hope [of] looking credible and possibly attracting a client. In fact, I attended one LA market engagement last week and we were told that, if your business has not been rated, you should not bother to participate in their new tender that will be released in April. Now tell me if this is not a huge restriction. How are new businesses expected to survive?"

"We pay very high fees and work very hard to provide a very good service. However, there appears to be so many poor agencies that we find the fees incredibly frustrating, especially considering we don't appear to get anything for the fees, opposed to registration. Yet there are many agencies 'registered' with CQC who have never even received an initial inspection - we cannot understand how then it could even be possible for registration and therefore find the fee structure somewhat unclear as to what it is actually being used for."

Dissatisfied

"There is no leadership from CQC. We are told time and time again [that] we have to do this a certain way and in a certain time. Yet this new SAF has dragged on and on. On the front line, we still do not know what CQC are doing, when or where."

"General lack of responsiveness:

- applications submitted to move [domiciliary] care offices in July/August 2023 still not responded to.*
- no progress of Registered Manager applications sent in September 2023.*
- additional locations applied for in November 2023 still not approved.*
- managers spending over 2 hours waiting for updates by ringing the main helpline.*
- no transfer of information to [the] new portal. Previously, [we] could manage all provider accounts within one group via one portal log in, [but] this no longer seems possible, reported to CQC."*

"Throughout the COVID-19 pandemic, they were completely AWOL and provided absolutely no help or advice to providers. Without the Homecare Association effectively taking up CQC's role, or at least filling the huge void, providers would have been completely in the dark."

"Paid over £25k in fees since [our] last inspection for what? No value for money. No consistency across the country. Inspectors don't even know their own regulations."

"I bought into a franchise. I did everything I was told. The franchisor completed all the paperwork and attached all the policies that were required. About 5 of us started the same time. I was the fifth. I was SO excited to get my interview date. On the interview, I was shouted at by the interviewer that my policies were wrong. The exact same policies my colleagues had used for CQC. She failed me after a 9-month wait. I lost a tremendous amount of business."

"I have worked in the care sector for nearly 20 years now and 10 years as a registered manager. I have never had a positive interaction with CQC. I have been through 4 inspections and the most recent being the CQC inspector, [who] was extremely unprofessional and had bullying tactics. This made me nearly resign from my position as [a] registered manager. I have never felt so low in myself. My confidence took a huge knock and [it] effected my mental health severely.

Not only this, I have used the same email address for the last 5 years. We never received our fees invoice as they sent it to the wrong email, then asked me to complete a statutory notification to change my email address that was never changed in the first place from registration with no explanation. We were threatened with a charge for not completing our invoice yet it took me 4 weeks to chase this, being passed from department to department, making multiple calls and sending multiple emails with no response. This was also the same with my PIR [provider information return]. I have completed 3 PIRs with the same company, yet this year's was again sent to a different email address that I have never used. [I was] threatened with requires improvement for not completing this, [but] yet again no explanation for why my email had been changed in the first place.

I have emailed my inspector multiple times regarding different things for support and information, and still not had a response since February 2023."

"No support, confusing inspection processes, lack of transparency, unfair grading processes and terrible inconsistency across

employees. For years we have never had a dedicated CQC inspector or point of contact. I have personal experience of the factual accuracy process which led to a formal complaint about the inspector's conduct. No actions followed, accountability or fault was recognised, and CQC continues to act as they see fit, ignoring the voices of providers. I have also more recently raised queries with CQC over a registration matter - 6 weeks on, this is still not resolved with no contact from the Registration team, only a standard email from the contact centre apologising for the delay. For the fees we are paying, I have lost all faith in the system."

Discussion

Performance

Feedback from care providers and their representatives informed the interim report published by Penny Dash^{xii}. It highlighted various concerns with CQC's performance:

- Poor operational performance.
- IT system challenges.
- Loss of sector expertise and credibility.
- Concerns with the Single Assessment Framework (SAF).
- Issues with ratings calculations.

The report made five key recommendations:

- Rapidly improve operational performance.
- Fix IT systems issues.
- Rebuild expertise and relationships with providers.
- Review and improve the Single Assessment Framework.
- Clarify and improve transparency in calculations of ratings.

Our analysis of CQC data and market intelligence since 2013 highlights the significant problems faced by the homecare sector. It deserves attention equal to that of care homes and the NHS.

In the following sections, we aim to go beyond Penny Dash's interim report. We discuss possible underlying causes; the impact on homecare services; and potential solutions.

Registration

CQC's board performance reports reveal a declining performance on processing registration applications. CQC's target is to complete registration applications within 10 weeks of submission. In 2023-2024, the percentage of applications over the 10-week target increased from 46.3% in December to 54% at the end of the financial year (Figure 11).

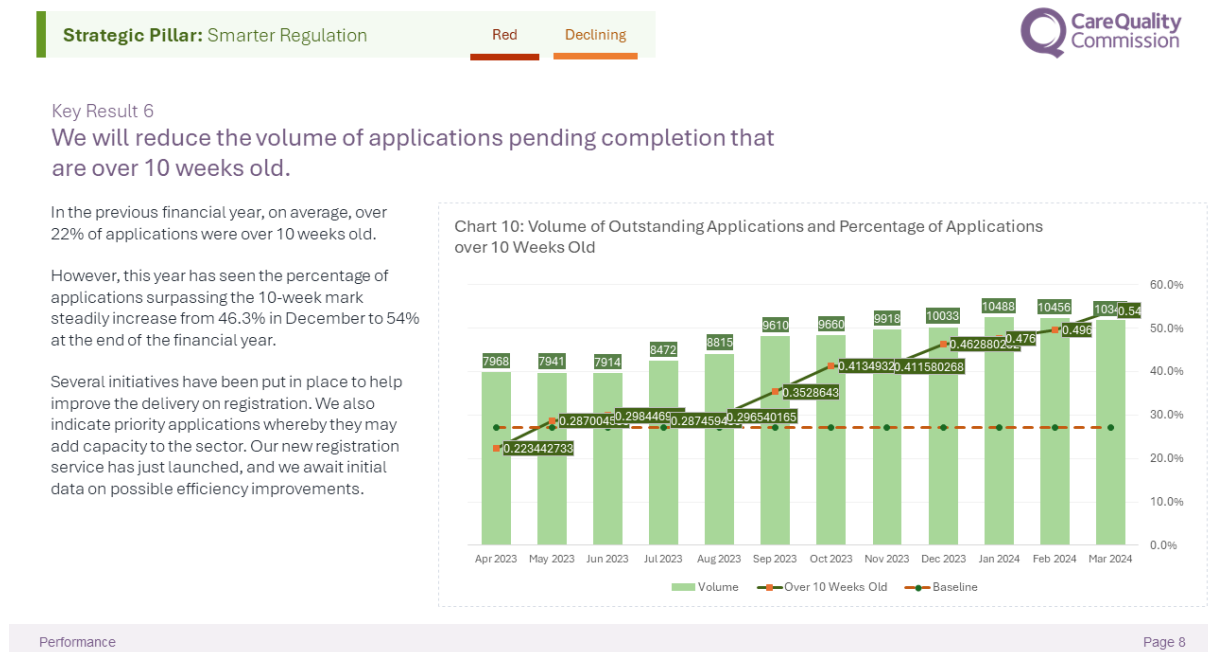


Figure 11: Registration applications processed (source: CQC Board Reporting Year End 2023-2024)

CQC says it deals with registration applications on a first come, first served basis. If an applicant does not provide all the required information, CQC registration inspectors have to chase them. This wastes time and means other applicants must wait longer. Providers also report variation in approach between registration inspectors. National providers see identical policies being approved by some CQC staff and declined by others.

CQC needs a digital system to triage registration applications and only accept those that meet the requirements. It also needs to train its staff adequately to ensure accuracy and consistency in assessment.

Some Homecare Association members have had to wait seven months or more for registration. This means services are not available for those in need and providers suffer severe commercial detriment.

To apply for registration, you need a registered manager and a registered location. Feedback from providers suggests typical costs of £6000 per month. Care organisations are thus bearing these costs for months before they can start trading.

They cannot take on work until registered, so they also experience a loss of potential revenue. Some have gone bust before they even started. Others have lost the registered managers they hired because they grew tired of waiting around without work. They then had to recruit a new registered manager and start again with their application. A Homecare Association member wrote:

“I mentioned that we have an additional problem with delayed registrations in that we are losing care managers as they are not willing to wait until the registration. As a new office we avoid unnecessary costs so often have to employ the first care manager on a part-time basis or on a retainer basis. As you can imagine, after a few months of not being paid, they often resign and find other employment. The knock-on effect is then having to resubmit the registration and going to the back of the queue.

Recently, our offices in [town name redacted] and [town name redacted] have experienced this and with no flexibility from CQC to allow us to just change the name of the care manager”.

CQC tells providers they can speed up their application if they have a letter of need from a commissioning authority.

Many commissioners are, however, reluctant to provide such letters. They claim that if they do it for one provider, they must do it for everyone, but lack the resources.

Arguably, councils across England have made their own and CQC’s work much harder by fragmenting the hours they purchase across thousands of small providers, many with fewer than 10 employees. Local authorities often support a “small is beautiful” approach to shaping the market, but may not fully grasp the consequences. As highlighted above, the number of registered locations in community social care has increased by 5.5-fold, from 2303 in 2013 to 12,574 in June 2024. Some councils are contracting with c. 200 providers. By their own admission, they do not have the resources to monitor the quality of 200 providers in one local authority area. Neither does CQC. Spreading the hours across so many providers makes efficient deployment of the workforce difficult. It also makes it difficult for providers to be financially efficient and sustainable since they cannot benefit from economies of scale. Reliance on international recruits to meet needs has intensified problems. Insecure hours and low fee rates make it hard for homecare providers to meet sponsorship licence conditions. In some places, these dynamics have greatly increased the risks of labour abuse.

A further issue relating to quality and safety is the growth of unregulated homecare^{xiii}. Skills for Care estimates there are 100,000 individual care workers (often referred to as “personal assistants”)^{xiv}, filling 130,000 jobs, comprising almost % of the homecare workforce. Some local authorities are encouraging unregulated care to save money. In Somerset, for example, there are reportedly now over 2000 individual care workers delivering care in communities. Though many claim to be self-

employed, they are unlikely to meet HMRC's criteria for self-employment. Self-employed care workers lack employment rights and protections compared to PAYE employees. Market intelligence suggests that many accept cash in hand and are thus going under the radar of the tax and benefit systems. Individual care workers are exempt from regulation^{xv}. This means there are no requirements for training and no regulatory oversight. If the purpose of regulation is public protection, it would seem logical to regulate based on the activities performed. Instead, regulation is determined by employment status. Many consumers are unaware that not all personal care or healthcare delivered in people's own homes is subject to regulation. Discussion of the merits or otherwise of regulation is outside the scope of this report. We recommend the government considers these issues as part of work to develop a National Care Service, which the Labour government committed to in its manifesto^{xvi}.

Returning to regulated care, some have suggested restricting applications for registration. We disagree with this approach as it risks damaging innovation and positive competition.

What we recommend instead is a more robust approach to registration and an increase in the barrier to entry. Too many homecare providers slip through the net who lack the ability to deliver safe, high-quality homecare. Given the long delays in assessment and inspection, it may take CQC years to rate them, potentially endangering those who rely on these services.

Inexperienced applicants are consuming CQC's resource at the expense of established providers. At present, the fees from existing registered providers are paying for the costs of new providers to register, which is unfair.

For years, we have suggested to CQC that they consider charging an initial registration application fee that covers their costs. This may require a modification to existing legislation on fees, but would be possible.

We have also suggested to CQC that they adopt a risk-based approach to registration, as they are doing for assessment and inspection. For example, there is a difference in risk between a brand new start-up with no history and a new branch of an established franchise network, with over 200 branches all rated good or outstanding. Though CQC says they agree, they appear not to be pursuing this proposal.

We have also proposed a simplification of CQC's rules on registered locations in homecare, especially now there is widespread use of digital systems. Prior to the pandemic, CQC rated one of our members as outstanding. They wanted to renovate their office, so had to move to a temporary location. CQC required them to register the temporary location. They then had to re-register the original office before they moved back after the refurbishment. Every move triggered an inspection. This made little sense and was wasteful of resources, especially as CQC rated this service as outstanding every time. We appreciate CQC needs to know of a change of address. Unlike care homes, though, care is not delivered in a homecare location so a simplification of processes for this type of issue would be helpful.

Strengthening standards and speed of registration is only part of the answer. CQC also needs to assess new providers within a year of starting, and be ruthless about removing those where there are concerns about quality and safety.

Monitoring, assessment, and inspection

Frequency of quality assessment

To protect the public, regulators must assess the quality of health and care services regularly. After the Public Inquiry into Mid Staffordshire NHS Foundation Trust, published in 2013, CQC changed its approach to inspection and rating. They set a target of a quality review every three years as a minimum. CQC would monitor and assess those with Requires Improvement or Inadequate ratings more frequently. On this basis, CQC should have reported on at least one-third of services every year.

As shown in Figures 1 to 3, there has been only one year in the last decade, 2019, when CQC came close to achieving this goal. This suggests a long-term systemic issue with CQC's performance rather than just a recent temporary anomaly.

As of June 2024, 23% of community social care locations remained unassessed by CQC, though more than half of these registered over 18 months previously. A further 37% of locations had ratings which are 4 to 8 years old. So, in June 2024, 60% of community social care providers had either never been rated by CQC or had a rating so old it is unreliable. In care homes, only 3.6% had never been rated and 49.5% had not had a rating review for 4 to 8 years (53.1% in total).

CQC is conducting too few assessments and inspections in social care to ensure quality, safety and public confidence in care services.

Trends in ratings

CQC is, however, identifying a greater proportion of under-performing providers. In community social care, the locations "Requiring Improvement" have increased from 0.5% in 2017 to 26.3% in 2024 (Figure 6). In residential care, locations "Requiring Improvement" have increased from near 0% in 2017 to about 35% in 2024 (Figure 7).

CQC's shift in approach during COVID-19 may have affected rating distribution. During this time, they focused on higher-risk services and used remote assessment methods.

Looking back through historic CQC reports, though, we see some providers rated Requires Improvement or Inadequate two or more times. It is hard to understand why CQC lets such operators continue.

A risk-based approach to regulation is fine, provided there is enough resource to re-assess all providers. As the data show, 60% of all community care providers have no recent rating or no rating at all (Figure 5). Market intelligence suggests there are still too many poor quality providers operating undetected. Higher performing providers feel neglected by CQC. Understandably, many are angry about the perceived lack of service and value for the regulatory fees they are required to pay.

Impact of aged ratings

The absence of up-to-date assessments and ratings is a problem for councils and the NHS when tendering contracts. It is also a problem for care providers bidding for these contracts.

Some councils have given up considering CQC ratings and are contracting with new providers that CQC has never assessed. Sometimes, they are doing so because these new providers agree to work at low fee rates, such as £15 to £18 per hour^{xvii}. Rates like these are unsustainable and do not enable compliance with employment or care regulations.

The hourly rate for homecare needs to cover both direct care worker costs and other expenses related to delivering homecare. Our Minimum Price for Homecare report includes detailed calculations of the fee rates needed for different wage rates^{xviii}.

At the national minimum wage (NMW) of £11.44 per hour, plus statutory employment on-costs (e.g. pension; employers' national insurance; holiday and sick pay; travel time and mileage), we calculate direct staff costs at an average of £19.90 per hour.

Providers must also cover other costs; these include the wages of the Registered Manager and office staff; recruitment; training; IT and telephony; rent, rates, utilities; CQC fees; insurance; PPE and consumables; finance, legal and professional costs; general business overheads; and a small surplus for re-investment. We estimate providers need a fee rate of £28.53 per hour to cover both direct staff costs at NMW and other operational costs.

Why regulated homecare costs at least £28.53 per hour in 2024/25



In some places, ethical providers with good or outstanding ratings are losing work to cheap providers without ratings. Quality providers are thus gradually being squeezed out of the market. The councils and NHS Integrated Care Boards (ICBs) involved appear unconcerned. Their focus seems to be on cutting costs rather than on the welfare of older and disabled people in their communities.

Some councils are asking providers without a rating or with a low rating to evaluate their own quality as part of bid processes (Figure 12). This makes a mockery of the system of regulation.

07	Self-certification assessment	To be completed and submitted with the tender response for Bidders not yet inspected and rated by CQC and Bidders rated Requires Improvement by CQC . Further details can be found at section 22 below.	This document is to be completed and submitted with the tender response for Bidders not yet inspected and rated by CQC and Bidders rated Requires Improvement by CQC .
08	Council name redacted Reference Form	To be completed and submitted with the tender response for Bidders not yet inspected and rated by CQC and Bidders rated Requires Improvement by CQC . Further details can be found at section 22 below.	This document is to be completed and submitted with the tender response for Bidders not yet inspected and rated by CQC and Bidders rated Requires Improvement by CQC .
09	Method Statement Question	To be completed and submitted with the tender response for Bidders not yet inspected and rated by CQC . Further details can be found at section 22 below.	This document is to be completed and submitted with the tender response for Bidders not yet inspected or rated by CQC .

Figure 12: Extract from a recent council homecare tender document

Other councils and NHS ICBs are disallowing providers without a rating or with an outdated Requires Improvement rating to bid for contracts. This is causing serious commercial detriment and leading to small providers folding before they have started. Loss of income from being unable to bid for work is so high that care providers have asked CQC if they can pay extra for a ratings assessment. CQC has persistently declined.

Flawed method of assessment

Providers are concerned about assessments conducted by CQC since the launch of the new Single Assessment Framework.

Recently published CQC reports show they have typically assessed only 7 to 10 out of 34 quality statements per inspection. For the 24 to 27 quality statements they did not assess, they assigned an average score based on the previously published

rating. If a service has a previous rating of “Good”, even if 8 years ago, they give the unassessed quality statements a score of 3 out of 5 (where 1 is Inadequate and 5 is Outstanding). They then add up the scores of all 34 quality statements to arrive at an average score overall. Even if most of the 7 assessed quality statements receive a score of 2, or Requires Improvement, the average score ends up as 3 because of the number of unassessed statements with a score of 3. Clearly, this makes little sense. For meaningful quality assurance, CQC needs to do a full assessment of services every few years.

Some providers claim long waits for draft report production contribute to their discontent. In the past, CQC set a target to produce draft reports within 50 days. They no longer seem to report on time to publication. CQC made a change in their approach to deal with limited resources. They assigned one person to do the assessment and another person to write the report. Following feedback, they have just reversed this decision.

Providers also remain dissatisfied with the process for disputing factual accuracy. The same inspector assesses the provider and reviews the challenge, though supposedly with a moderator.

Relationship between providers and CQC

Historically, care providers had a named contact within local CQC inspection teams. CQC inspectors knew local services and providers felt able to ask them for information or advice.

Rising demands meant local inspection teams could not keep up, so CQC replaced named contacts with generic mailboxes. Providers emailed but did not receive timely responses. This added to frustrations. CQC has now recognised this is not working and has announced intended improvements to relationship management.

CQC has not, however, yet addressed the underlying problems. Reports issuing edicts to CQC to sort out its operations and systems are unlikely to be helpful, unless there is an understanding of why CQC is in this situation, with support for solutions to get them back on track.

In the next section, we explore potential issues and solutions.

Costs of regulation

The data in Table 2 reveal that the number of registered locations across all settings of health and care has more than doubled (2.3-fold increase) since 2013-2014, from 22629 in 2013-2014 to 52048 in 2023-2024. In community social care, the number of registered locations has increased from 2303 in 2013 to 12574 by June 2024; this is a 5.5-fold increase.

Over the same period, CQC's operating expenses and staff numbers have remained similar, with an average annual revenue spend of c. £220 million and c. 3000 FTE staff. This means the average number of CQC staff per registered location has almost halved. In the past, CQC recruited inspectors on the equivalent of NHS

Agenda for Change Band 8. CQC has told us they now recruit them on Band 6. There has thus been a significant dilution of skills and resources.

In theory, the more registered locations, the higher CQC's income from provider fees. In social care, though, CQC fees depend heavily on the number of clients served per registered location.

As described earlier, the formula CQC uses to calculate fees in community social care is:

$$£239 + (\text{number of service users} \times 54.305)$$

Each year, providers submit returns to CQC, giving data on the number of their clients receiving regulated services. Providers have told us that CQC appears not to check the accuracy of the numbers submitted.

In homecare, in particular, councils have encouraged fragmentation of hours across a myriad of small providers.

Skill for Care data show that 85% of social care providers have fewer than 50 employees and 51% have fewer than 10^{xix}. For community social care (non-residential in Figure 13), an estimated 53% organisations have fewer than 10 employees and 87% have fewer than 50 employees.

Chart 1. Estimated number of adult social care organisations in England by size group (number of employees), 2022/23

Source: Skills for Care estimates based on ONS IDBR data

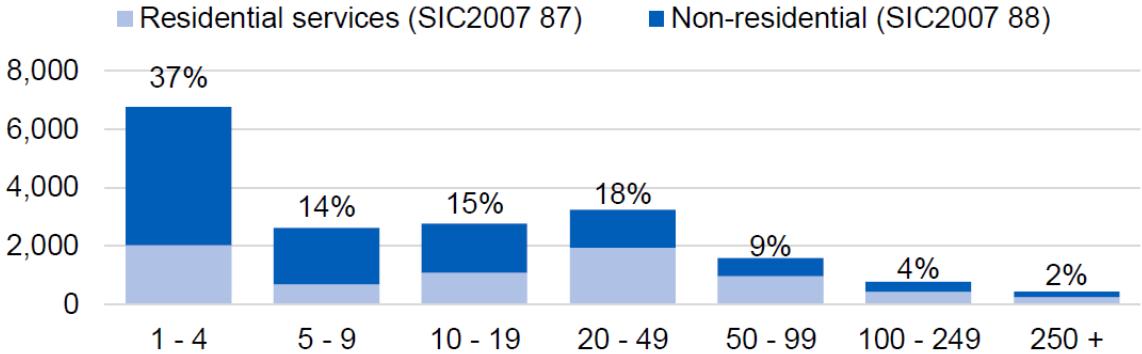


Figure 13: Number of employees per social care organisation

An organisation of 10 employees is likely to care for 10-20 clients.

CQC fees for a community care provider with 10 clients would be:

$$£239 + (10 \times 54.305) = £782.05$$

This comes nowhere near the current average cost per location of £4000 to £9000 (Table 2).

It is important to note that the average cost per location quoted here is based on every registered location across health and social care. Hospitals, for example, cost

much more to regulate. CQC's annual report in 2015-2016 stated: "The average cost for inspections for the Hospitals directorate fell from £182,068 in quarter 1 to £74,759 in quarter 4... The average cost for inspections for the Adult Social Care directorate fell from £5,276 in quarter 1 to £3,149 in quarter 4."^{xx}. CQC does not report these figures routinely so current costs per directorate are unknown.

There is, though, likely to be a minimum cost to CQC per registered location to perform its regulatory activity in each service type.

Regulation of health and care involves a range of activities, including but not limited to registration; monitoring notifications, complaints, inquiries and other intelligence; assessment, inspection and re-inspection; enforcement; data analysis; and development of new regulatory approaches, such as market and local authority oversight. Poor quality services consume more of CQC's time and thus cost more to regulate than those of good quality. Right now, the best providers are paying for the costs of the worst providers and getting nothing in return.

CQC needs to understand its cost base and publish a detailed breakdown of the costs of its activities by sector and setting. It will then be able to calculate how much income it needs to fulfil its duties and thus how to charge fairly, so the services which cost more pay more, and providers see value for money. The fixed fee per location needs to cover the average minimum cost of regulation per location before counting the number of service users.

Providers are familiar with the way the insurance market operates. If a service receives a poor quality rating, makes claims, or raises concerns in the insurer's risk assessment, the insurance premium goes up. A risk-based approach to charging fees would reward the best providers rather than penalising them, which is the case at present.

Productivity and efficiency

In its annual reports over the years, CQC has consistently claimed it has increased efficiency, particularly through its investments in technology, digital transformation, and process improvements. It has also cut costs; for example, by rationalising its estate; recruiting at lower levels of qualification; encouraging remote working; and reducing travel.

If CQC were cutting costs, improving efficiency *and* maintaining performance, there would be no issue. As this analysis shows, though, CQC has arguably only come close to a reasonable performance in one year (2019) in the last decade.

A doubling of productivity is hard for any organisation, even if full automation is possible. Many of the regulatory activities performed by CQC require human intervention and judgment. It is hard to imagine accurate assessment of care quality without, for example, talking to people or visiting registered locations.

CQC's annual reports since at least 2013 state its strategy is to become a more modern and intelligence-driven regulator. CQC promised changes to its regulatory approach, organisational structure, and use of data and technology. Everyone agrees

that greater use of data and intelligence in regulation is necessary and desirable. Indeed, it was a data analyst who first raised concerns about death rates at Mid Staffordshire NHS Foundation Trust, which led ultimately to a public inquiry^{xxi}. This strategy hinges, though, on having access to good data and effective systems to handle it.

The NHS collects large amounts of data in digital format. In social care, though, quality and availability of data are more limited. Though 70% of care providers in England are now using digital care records^{xxii}, providers collect data in different ways and there is no consistent approach to recording or evaluating outcomes. Providers also use many IT systems.

To double productivity and implement their strategy, CQC needed effective data and technology solutions. So, have they invested enough in this?

Capital investment

Data extracted from CQC’s annual reports, accounts and board papers from 2013 to 2024 show a steady increase in capital expenditure. CQC has made a cumulative total capital investment of £137.9 million over the last decade (Figure 14).

CQC has allocated a significant portion of this capital expenditure to developing and upgrading IT systems and software. Its reports quote investments in systems that support the registration of care providers; inspection management; data collection, and analysis; as well as customer relationship management (CRM) platforms. These systems are crucial for ensuring CQC can efficiently process large volumes of data, manage regulatory activities, and interact with both providers and the public.

Capital investment by CQC, 2013-2024 – total £137.9m

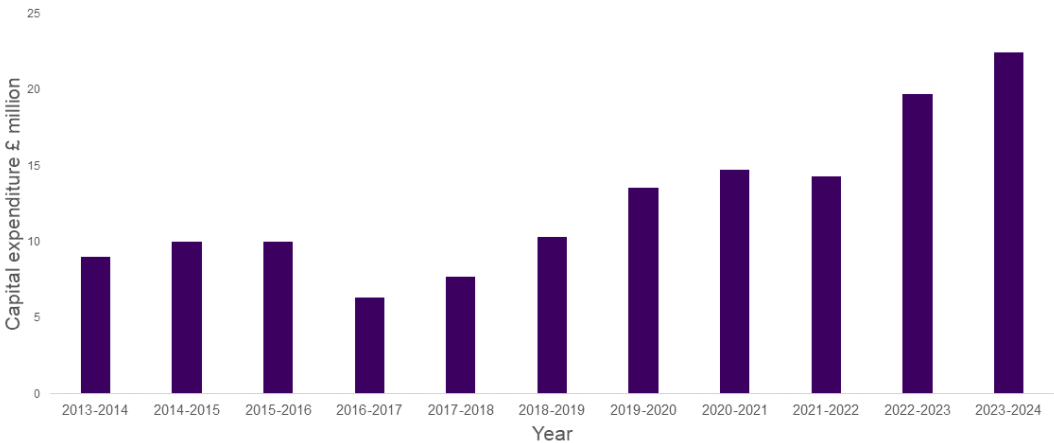


Figure 14: Capital expenditure by CQC from 2013 to 2024 (Source: CQC annual reports and accounts, 2013-2022; CQC board reports 2023-2024)

CQC told us that launch of their new data portal in March 2024 would improve efficiency of registration, assessment and inspection. Regrettably, the launch appeared to fail, and the system does not work effectively. CQC responds slowly, if at all, to tickets raised and providers have had to revert to manual processes.

After such significant investment in technology and data solutions, we need to understand why CQC's basic operational systems are not fit for purpose, with key processes such as registration still mainly manual.

There needs to be a review of CQC's use of capital expenditure over the last 10 years. The reasons for failure to design and implement effective IT systems must be identified and addressed.

The facts do not support CQC's narrative that it has improved productivity and efficiency. Its processes and systems are not cost-effective, and its performance is poor.

Organisational leadership and adaptation

The challenges faced by CQC over the past decade have placed significant demands on its leadership. While the organisation has consistently stated its commitment to becoming a more modern, intelligence-driven regulator, implementing this vision has faced obstacles.

CQC's leadership has made efforts to adapt to the changing landscape of health and social care by:

- Introducing new regulatory approaches, such as the Single Assessment Framework.
- Investing in technology and digital transformation.
- Attempting to streamline processes and improve efficiency.

The dramatic decline in performance shows their efforts have thus far been unsuccessful.

Care providers have complained that CQC has not listened to their suggestions or feedback. In a public apology issued on 15 July 2024, Kate Terroni, Interim CEO of CQC, said:

“Many of the issues we’re experiencing now were anticipated and flagged by providers and our own people. We didn’t listen properly or take on board these concerns and that’s why we’re where we are now. Though there was significant engagement and co-production of the high-level elements of our approach, we didn’t follow that process into detail of how we’ll assess providers.”

Evidence suggests they have been travelling hopefully, failing to recognise the extent of changes in their external environment, not adapting fast enough, or managing change effectively.

As CQC moves forward, strong leadership will be crucial in:

- Implementing recommendations from reviews.
- Rebuilding trust with staff, care providers and other stakeholders.
- Aligning CQC's operations with the realities of the current care landscape.
- Ensuring that investments in technology and process improvements deliver tangible benefits.

Appointment of new leadership will provide an opportunity for CQC to reset its approach.

Conclusions

1. The homecare market has undergone significant changes over the past decade. There has been an over 5-fold increase in the number of registered locations, rising complexity of care needs, and growing demand for services. These changes reflect broader shifts in healthcare delivery, with more emphasis on care at home.
2. Councils' commissioning practices have played a significant role in shaping the homecare market. Many have encouraged a proliferation of small providers with fewer than 10 employees and prioritised cost over quality. This has contributed to a reduction in quality, efficiency, workforce retention, and market stability. Central government's brutal squeeze on council budgets has adversely affected how councils commission care services.
3. CQC's resources and systems have not kept pace with these market changes. This is partly because of a lack of analysis, transparency and realism about the true costs of effective regulation. CQC has claimed for years it is improving efficiency without spending more, but data and experience show its operations cannot cope and performance has declined. CQC is not alone. Other regulators, including HMRC and UK Visas and Immigration (UKVI), also cannot keep pace with changes in the market. Neither can councils themselves, and many have ceased to try.
4. An effective regulatory system is crucial for ensuring the quality and safety of care services. Improving data, systems, and processes can certainly boost productivity and efficiency at CQC. Regulating care will, though, always need a degree of professional judgment and interpersonal skills because of its human nature.
5. CQC's struggles with core functions such as registration and inspection, particularly in the homecare sector, are symptoms of broader resourcing and operational issues. The COVID-19 pandemic exacerbated many of the challenges facing CQC and the care sector. Though it caused disruptions,

added new pressures, and highlighted the need for more adaptable regulation, there are other factors at play. CQC's performance issues have harmed providers and people needing and drawing on care and support. We agree CQC's performance must improve with urgency.

6. The interplay between CQC ratings and council commissioning decisions has created additional challenges. In some places, councils are contracting with providers without quality ratings. In others, outdated ratings are excluding providers from contract opportunities, leading to commercial detriment.
7. Solving these problems requires cooperation between CQC, local authorities, central government, and care providers. It also requires a realistic assessment of the resources, skills, and systems needed for effective regulation.

Recommendations

In the light of our conclusions, we propose the following recommendations:

1. Commission a realistic review of CQC's resourcing needs.
 - Commission an independent review to assess the true costs of effective regulation in different health and care settings. This must consider the human resources, skills, and systems required for all aspects of regulatory activity.
 - Develop comprehensive training programmes for inspectors to ensure consistency in registration, assessment and other regulatory activities, and to support them in exercising professional judgment effectively.
2. Increase transparency in CQC's operational costs and performance.
 - Require CQC to provide detailed breakdowns of its costs to regulate different service types and sizes.
 - CQC must also report clear metrics on its performance, which are consistent from year to year. Analysing trends over time was difficult because data were hard to access and presented in different ways each year. This will enable more informed discussions about resourcing and efficiency.
3. Review the funding model for CQC to ensure it is fair and sustainable.
 - Based on the findings of the resource review, establish a funding model that ensures CQC can effectively carry out its regulatory functions. The current approach clearly isn't working. This may involve a combination of government funding and provider fees, structured to reflect the true costs of regulation. This must recognise the higher costs to CQC of dealing with poorer quality providers. It must also appreciate the funding constraints

and affordability for the care sector. It may be worth considering a charging model akin to the one used by the insurance industry, with higher fees associated with higher risk.

- In state-funded homecare, providers' margins are extremely tight. Providers will be strongly against an increase in fees without a substantial improvement in CQC's performance. As indicated, though, many providers would prefer to pay extra to speed up registration or to have an up-to-date assessment. This is because CQC's poor performance on registration and assessment is causing a substantial loss of income to providers. If there is a return on investment, providers may be open to change. Fees must be proportionate and sustainable for providers of all types and sizes.
4. Make genuine improvements in efficiency by recovering or replacing IT and data systems.
 - Commission a review to examine use of the £137.9 million of capital expenditure by CQC over the last decade. The goal is to learn from mistakes leading to systems which are not fit-for-purpose.
 - Ensure expertise in CQC to deliver effective digital systems for core regulatory processes.
 - Make real improvements in efficiency by investing in IT and data management systems that work. It is important to acknowledge the role of human judgment in regulatory decisions.
 - Given the history and public money invested, ensure independent oversight of IT projects in CQC.
 5. Improve alignment between CQC and local authority practices to support care quality.
 - Local authorities and CQC should align their activities to support effective regulation. This could include coordinating inspection timelines with contract renewal periods; reviewing needs for registration of new providers in the light of demand and supply; and sharing data and intelligence on provider performance.
 - CQC needs to improve its approach to assessment of local authority market shaping and commissioning. CQC does not, for example, consider council fee rates or contracting mechanisms, though these have a profound impact on care quality.
 - CQC must highlight the effect of inadequate government funding on commissioning and quality of care.
 6. CQC must enhance engagement with providers.
 - Resource local inspection teams, so providers have named relationship managers.

- Encourage meaningful communication with care providers and stakeholders to improve regulatory approaches.
7. Regular review, adaptation and contingency planning.
- Create a process for regularly reviewing CQC's performance and approach to ensure effective regulation.
 - Ensure accountability of CQC and value for money.
 - Review the laws that govern care regulations and be flexible in adjusting them to match changes in the market and care delivery methods. One aspect that requires further consideration by the government is the growth in unregulated homecare.
 - CQC should create guidelines for adapting regulatory activities during emergencies. It is vital that they maintain effective oversight of quality and safety.

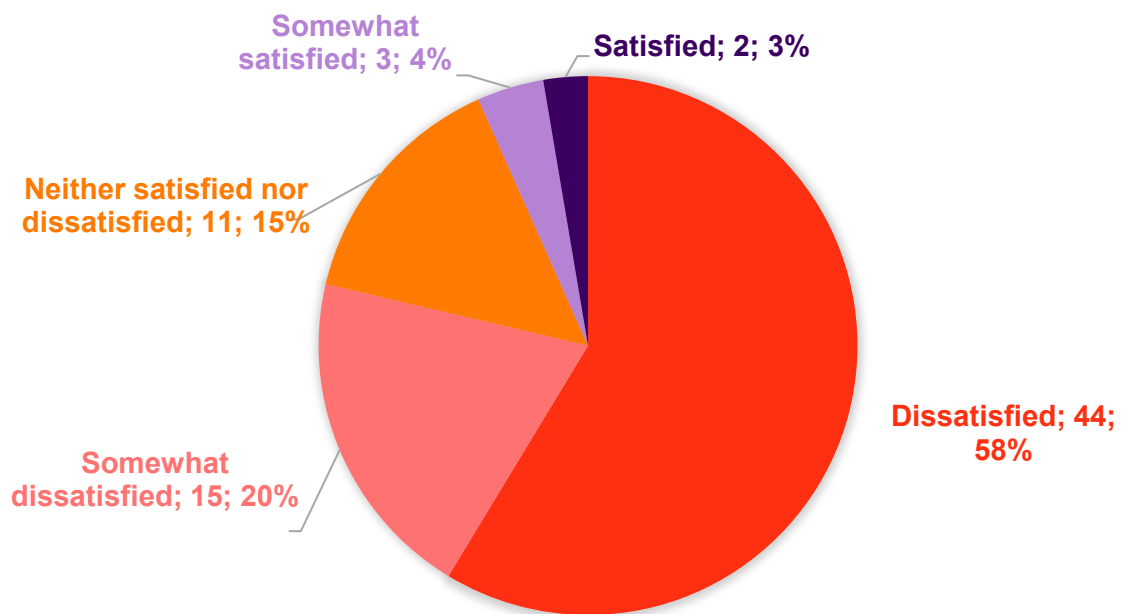
Policymakers must grasp the interconnections between regulation, commissioning, funding, and provision of quality care. A regulator like CQC cannot succeed in isolation or without adequate resources. Ability to regulate effectively depends on intelligent market shaping, adequate human resources, effective systems, and flexibility to adapt to the realities of the care landscape.

It is in everyone's interests to align funding, resources and incentives to support the provision of high-quality, sustainable care. We stand ready to support CQC as it works to improve and transform the way it performs its duties as a regulator.

Appendix 1

Feedback on CQC from Homecare Association members March 2024

How do you rate your current satisfaction with CQC?



n = 75

Please explain your answer

Satisfied

timely responses
Inspector at our last inspection was supportive

Somewhat satisfied

The new framework is daunting

We used to have a nominated inspector who we felt we could go to for advice and guidance, they have been removed now. It feels as though there is no-one at the end of the line, who know your service well and understands the issues or improvements you have made.

We are currently rated Outstanding, and I assume no / few concerns have been raised regarding our service as we have not been inspected for 5 1/2 years. In one way I am happy not to be inspected, as we can't get a higher rating, but on the other hand I imagine the public would look at a 2018 report as largely irrelevant now. I am dissatisfied at the inability of the registrations team to be more proactive and forceful with their intelligence gathering. I am sure many PAs operating in groups are simply unaware of the regulations requiring registration for regulated activities, and I expect a considerable number would stop operating in this manner if they were called by CQC to inform them that they were potentially at risk of prosecution if they continued to operate in their current manner.

Neither satisfied nor dissatisfied

i have yet to be inspected i was registered in Sept 2022, and didn't start personal care until March 2023. When i do get inspected i will have no rating as they have nothing to rate us by and feel this is unfair process

It's like they aren't there. Never hear from them except for survey emails etc. Had our last inspection in 2019. I can email my Inspector and she is great with advice, but as an organisation its poor.

I have only ever had 1 inspection and that was in October 2019, my other interactions when I have spoken to CQC in Newcastle or our local inspector for advice has been good. Haven't spoken to them really in the time I've been registered

Whilst we are a Franchise, I have worked in care for 12 years and have been a Registered Care Manager among with job roles. My role as Head of Quality in the Franchise side of the business is to support new franchisees through the CQC Registration process for both Registered Managers and New Care Providers. The length of time it takes to even get an interview date is far too long, franchisees are waiting to be able to provide care and this really hinders not only the financial side of the business but also the eagerness to start providing care. I have met many prospective franchisees who when they find out how long they may be waiting for their registration do not proceed with purchasing a franchise. Inspections - we have a network of 12 franchisees and although smaller than other franchise networks we focus on delivering compassionate, dignified and person centred care. 4 out of those 12 have not yet been inspected by CQC despite all of them being registered for over 12 months. Perspective clients/representatives do look for a service rating when looking for care and this has been mentioned several times that they have not chosen them due to the fact they do not have a rating. This is frustrating as all 4 are able to clearly evidence and demonstrate that they are GOOD in all areas if not Outstanding in at least one of the KLOES. The Single Assessment Approach has not been filtered to care providers in a detailed manner, I have been to at least 15 webinars/conferences that do not actually tell you what the changes are and what providers need to do in order to be ready for inspection. The CQC website gives little to no information and when we do receive information it is conflicting or confusing. One of the biggest issues that I have received feedback on from our franchise network is the fact that CQC can change your rating remotely (I am not even sure if this is a thing?) I have also spoken to many other

franchise teams when we have exhibited at franchise shows across the UK and one recently told me that a franchise was inspected under the new approach and actually not much has changed at all? Registered Care Managers who are already feeling the strain are worried and anxious that they have missed something or not implemented new things that CQC have not made clear. I recently contacted CQC direct regarding a question I had around regulated activities what should have taken 1-2 days to clarify turned into 11 days as nobody knew the answer and I was put through to a different individual each time. They all said that they could not really comment as it was a grey area? CQC is the regulator and if they don't know surely nobody will?

I do not feel CQC are particularly invested in providers. Some providers do not fit neatly into all boxes, we are a niche provider with a long standing client base that promotes independence. Recently I contacted our inspector, the essential question by email was answered but I would have liked to talk the situation through with the inspector, as we did before. In the email it said because the CQC has moved away from the relationship management approach we should make contact the customer service centre online. I feel our inspector understands the service and I would have had to explain to customer service representative how we work, I see this as one size fits all, whereas in health and social care that is almost never the case. A dedicated and approachable inspector is invaluable to any service.

The website is good. No inspection since 2019, although we're not too bothered as we do not need an inspection to provide outstanding care. Our main disappointment is the lack of people joining social care due to bad experiences at poorly run care companies - a drain on an already reduced pool of resources. Not only are many of these care providers allowed to carry on providing poor and unsafe care, with no continuity of carers or care visit times - many have NEVER even been inspected. This is giving social care a bad name and leading to the most vulnerable in our society (many of whom gave so much for our country) feeling neglected, of no value, and disrespected. The policing of such care providers need to be a priority.

I think they have a hard job but they could do better

We haven't been inspected by CQC for Over 6 years., therefore I have no recent experience of inspection, let alone experience of the new SAF. I am deeply concerned, having seen the LBA from Barchester [*this refers to an open Letter Before Action from Barchester Healthcare to CQC raising concerns about the changes to regulatory processes*]. A huge organisation who pays richly for this service AND volunteered to be part of the pilot, for them to take this action is a huge worry on the integrity of the new SAF. This not only causes concern but has the potential to further delay inspection, especially where it is overdue with poor operators in the sector

The paid service/fee from a provider perspective in regards to CQC is a rather confusing proposition. If a business/care provider is paying for a service it should be tailored around their needs, requirements and improvement in offering. I just don't think that is the case with CQC. The inspection/rating will identify shortcomings and then move on. How does that help the provider, where is that relationship building and time spent to see the business transition to a better service. The new single assessment framework is also very concerning, as one size fits all model simply undermines the complexity of the health and care business models and care delivery. You cannot expect the inspection in a GP surgery to mirror that of a home care service, hospital and care home (not to mention Local Authority and ICB). There are too many different variables, with some similar aspects admittedly, but overall it comes across as a 'generic assessment' in my opinion. I appreciate the same model across the entire sector might on the surface indicate consistency, but who is actually wanting to compare a GP surgery CQC report to a home care CQC report, it simply isn't 'apples for apples' comparison or meaningful in any way whatsoever.

We have not been inspected for 4.5 years and we are waiting for an inspection to accurately reflect the quality of our services.

At our previous inspection, the Inspector was very dismissive of the ability to achieve an outstanding in any of the 5 key questions which was very disheartening. We thankfully have no regular interaction with CQC apart from sending notifications. We are regulated and pay the fees but have not had an inspection for a long time.

Somewhat dissatisfied

I am frustrated at the long times having to wait to get through to CQC, we have now also been notified we no longer have a dedicated CQC inspector and all advice/enquiries should go to CQC. I have been trying to access the new portal with no luck at all and over 2 months they have been trying to rectify this

The change of registered address in 2021 also coincided with a change in registered manager. The process to update our registration was unclear, lengthy, and even the CQC call handlers didn't understand it well. We were given instructions several times of which forms to submit, which simply did not work.

A registration inspection was carried out in May 2023, after we moved offices in November 2021. 2 inspectors came (a lead who had inspected us previously, and a support inspector) and the outcome of our inspection was impacted by the style of forms we were using, and the preference of the inspector. This led to statements within the report that insinuated lack of compliance, where factually it was down to the support inspector's preference, and not linked to a regulatory requirement. When the lead inspector was challenged, they conceded on one point, but held firm around the others.

We were told at our inspection in 2018 that we couldn't get outstanding as it was our first inspection (after registering in 2016) - we were awarded one outstanding in well-led, and good in all other areas. We were told that to achieve outstanding we had to demonstrate that what we were doing was sustainable. In 2023, we demonstrated that we had sustained, and developed hugely on what we had been doing in 2018, however, as it was classed as a 'new registration' following our change of address, that didn't count and we were effectively starting from scratch again. That is ludicrous, that a change in office address severs all historical inspection detail - what an entirely 'tick box' approach from a body that says it is driving quality!

communication is poor. I emailed a few months ago and I'm still waiting for a response. The only time they have contacted us is when there is an inspection or concern.

One of the providers had a recent inspection, and as soon as the inspector arrived, she advised, 'That I hope you are not planning to show me any outstanding activity folder.' She completely dismissed this business's effort and input. This type of inconsistent behaviour is distressing and only shows that little to no improvements are being made in the biased behaviour of some of the CQC inspectors. This issue has not been appealed as another service complained about her but on the repeat inspection the same inspector was sent to inspect and was assessed to 'requires improvement'.

No inspection for over 4 years

Frequently take over from very poor Care Providers who have the same rating as me

I am generally low in mood as a direct impact of my inability to do business that I am very passionate about. For example, unable either take on LA client or even private paying clients due to lack of rating even when you have successfully won a tender. LA tell you cannot look after clients because you are not CQC rated whilst CQC in turns says they cannot rate you because your business is not actively trading. You are then left to scramble for private clients at the mercy of online website/pages/business who pose as a link between the providers and care seeker and are charging provider what they feel is reasonable but cumulatively over a given months its a whopping amount compounded with no business yielding from all the amount spent. I am CQC registered for 2 years now,

not rated and I do not know when I will be rated, although I was dormant for almost 11 month without a client which is why I joined HA with the hope look credible and possible attract a client.

In fact, I attended one LA market engagement last week and we were told that if your business has not been rated you should not border to participate in their new tender that will be released in April. Now tell me if this is not a huge restriction. How are new businesses expected to survive?

The new Frame work is untimely. Social Care is just recovering from COVID and the recruitment crisis.

I attended training Via CQC for the new Framework, it did not afford me learning it felt like CQC were still understanding the framework themselves.

Our last dealing with the CQC was a challenge to their rating of overall Good at our first inspection in 2021.

Their response to the challenge refused to even address the stated reason we challenged (the inspector strongly implied Good was our ceiling, despite mountains of evidence of Outstanding practice (the inspector's stated view), simply because it was our first inspection.) Our own independent audit had shown we were well over the threshold for Outstanding.

The CQC simply closed us down during the challenge - it was exhausting and demoralising. The CQC came across as incompetent, lacking transparency and highly inconsistent in its assessment process. (We know several similar services rated Outstanding on first inspection).

Since then, we have not been assessed, but simply monitored in terms of risk factors, which told us that there was no evidence that the ratings needed to change. Of course, the only direction of travel to a ratings change would have been down. They clearly had no way of assessing any positive work we did.

CQC should deal with all providers on a level playing field. This is not the case and most staff have experienced good staff but also those who use a perceived position of power to humiliate staff. There is no feeling that CQC is supportive but an organisation to be feared. CQC are looking to punish organisations rather than celebrate and reward. Staff are then fearful of their hard work being denigrated. When responding to requests from CQC, providers do not receive notification of closure or any feedback from CQC. Providers are kept in the dark as to the results of complaints. This only instils in staff a further level of fear.

We pay very high fees and work very hard to provide a very good service. However, there appear to be so many poor agencies that we find the fees incredibly frustrating, especially considering we don't appear to get anything for the fees, opposed to registration. Yet there are many agencies 'registered' with CQC who have never even received an initial inspection - we can not understand how then it could even be possible for registration and therefore find the fee structure somewhat unclear as to what it is actually being used for.

Our London branch was last inspected in December 2019. The current rating is Requires Improvement. This has resulted in our London branch being unable to bid for LA contracts as their requirement is a minimum of Good. We have been consistent in requesting an Inspection, but informed we are not a priority. We are now into a 5th year without an Inspection.

Having seen the new inspection framework I struggle to see how we are able to prove that we are an outstanding provider as not enough will be inspected at our next inspection and will rely on old outdated data

lack of engagement, slow speed when needing support, huge amount of information being requested for inspection with little or short timescales

They receive money from us each year but do not appear to engage with us at all. We have not had an inspection since 2019 where we had a requires improvement.

Most recent inspection under previous framework did not feel fair, transparent or accurate. From what I've heard of the new SAF this does not appear to take an approach that would reduce these issues. Homes should feel and be supported during and after inspections.

Dissatisfied

It's very unclear how the CQC's new system for evaluating adult care providers will work. It also feels like they're looking for faults and downgrading providers rather than celebrating their successes and striving for improvement. I fear that if we don't have perfect compliance we will be penalised and that ongoing stress can be hard to live with.

Half hearted inspections yielding unreliable results.

There is no support whatsoever ..3 weeks to get an email answered and over an hour on the phone waiting inspectors used to help and advise nothing now

General lack of responsiveness:

- applications submitted to move [domiciliary] care offices in July/August 2023 still not responded to
- no progress of Registered Manager applications sent in September 2023
- additional locations applied for in Nov 23 still not approved
- Managers spending over 2 hours waiting for updates by ringing the main helpline
- no transfer of information to new portal, previously could manage all provider accounts within one group via one portal log in, this no longer seems possible, reported to CQC

CQC were quick to come and inspect our service in Q4 2022 and issued us a Requires Improvement"

We have made huge improvements in all the areas the inspector raised and have been asking for a re-inspection since Q2 2023. Which CQC have declined as they do not see us as priority. I have shared several emails, phone call and even business financial reports with the CQC on the impact the rating is having on our business growth and the opportunities to compete for tenders in an already extremely challenging market. Yet CQC have declined to come and reinspect.

Presently the business is on the verge of survival and we are now having to lay off care staff as the business cannot continue to pay. CQC have failed to recognise the impact their decisions have on SMEs who are trying their best to deliver a safe and efficient service and stay compliant to regulation.

I feel CQC have missed the whole point of why the regulations and inspections are there - they are to help both the service users and providers. Not to run service providers into bankruptcy and closure.

I can send you a complaint letter I sent to SecState Atkins on 04/12/2023.

I had my CQC inspection in March 2022 with the required improvement outcome, which I challenged at the time without success. For over a year, I have been requesting reinspection as the rating is negatively affecting my business. There is no hope in site of when next we will have inspection.

Throughout the COVID pandemic they were completely AWOL and provided absolutely no help or advice to providers. Without the Homecare Association effectively taking up the CQC's role, or at least filling the huge void, providers would have been completely in the dark.

I have a new care manager in place who has not be approached by CQC at all about her new registration and also no real concise information about the new regulatory approach.

As a small business I pay over £3.5k per annum for which I receive absolutely nothing. I have not seen an inspector since before the pandemic and I feel charging this level of fee is daylight robbery.

Paid over £25k in fees since last inspection for what? No value for money.

No consistency across the country. Inspectors don't even know their own regulations.

CQC inspection to gain a rating took over 2 years, thus preventing me from bidding on a Local Authority Adult Social Care Framework that required at least a "requires improvement" rating

I bought into a franchise. I did everything I was told. The franchisor completed all the paperwork and attached all the policies that were required. About 5 of us started the same time. I was the 5th. I was SO excited to get my interview date. On the interview, I was shouted at by the interviewer that my policies were wrong. The exact same policies my colleagues had used for CQC. She failed me after a 9 month wait. I lost a tremendous amount of business.

CQC ratings are out of date on a number of our services and the new ways of inspecting wont be a true reflection of their current state when they happen as not all areas will be inspected

We have and continue to experience significant delays in the registration of a new business. After various requests to CQC to establish why there are such delays, I'm still none the wiser and there is no communication coming from CQC to provide any clarification on this either. I do not believe that CQC truly understand the financial commitment a new business has made and the need to start generating an income. Whilst I appreciate that there is a process that needs to be adhered too and I'm a huge advocate of making sure that only providers that are fit for purpose are given registration, however there has to be some investment made by CQC to clear the back log of registration.

In addition, we have a number of offices who have been registered with CQC for over 18 months and have yet to have any inspection and be provided with a rating. With most Local Authorities and other contracting bodies requiring that the provider must have a rating, this is preventing offices from being able to take on work. With the continued increased need in care provision, surely CQC have to recognise that their lack of action is impacting the overall social care system.

Communication and clarity regarding the new framework has been minimal leaving many of us trying to figure it out ourselves. There has been no sharing of information from CQC regarding the outcomes of the testing carried out with the pilot sites. Although based on Barchesters response, perhaps this is the reason why.

Complete failure to have meaningful informed dialogue with providers regarding new inspection processes and creation of new portal.

Our last assessment was in 2018, and since then we have paid [approximately] £30,000 to the CQC. We have a good rating in all areas except responsive which is outstanding - by not assessing we have been denied the opportunity to improve further on our ratings. Our clients and staff have been denied the reassurance that a more recent inspection provides.

I have worked in the care sector for nearly 20 years now and 10 years as a registered manager. I have never had a positive interaction with CQC. I have been through 4 inspections and the most recent being the CQC inspector was extremely unprofessional and had bullying tactics, this made me nearly resign from my position as reg manager. I have never felt so low in my self my confidence took a huge knock and effected my mental health severely.

Not only this I have used the same email address for the last 5 years, we never received our fees invoice as they sent it too the wrong email, then asked me to complete a statutory notification to change my email address that was never changed in the first place from

registration with no explanation. We were threatened with a charge for not completing our invoice yet it took me 4 weeks to chase this, being passed from department to department, making multiple calls and sending multiple emails with no response. This was also the same with my PIR. I have completed 3 PIRs with the same company yet this years was again sent to a different email address that I have never used. Threatened with Requires Improvement for not completing this yet again no explanation for why my email had been changed in the first place.

I have emailed my inspector multiple times regarding different things for support and information on and still not had a response since Feb 2023.

Nearly a year ago, we were scheduled for our first inspection in April 2023, but it was unexpectedly cancelled the night before due to an office relocation that had not been updated in CQC systems. Despite the passage of almost 12 months, our information still remains outdated. Additionally, our new CQC manager, appointed eighth months ago, has yet to be acknowledged or contacted by CQC Despite our efforts to chase, including three follow-up inquiries, we were informed during our last communication that our application was incomplete and required resubmission. It's now been two months since that notification, and we're still awaiting any form of confirmed update or guidance on how to proceed.

We have not been inspected since 2019. Despite being outstanding rated we receive no value for our fees. We have no clear inspector dedicated to our service so the CQC are a faceless entity to us.

The delay in inspections appears to be an issue across the board.

Another issue is the lack of consistency between inspectors is extreme. One inspector would rate you good, and the next would rate you as requires improvement or special measures. All the inspectors have their own opinions which aren't consistent across the board.

We underwent an inspection in November 2023. The inspector was over 2 hours late arriving and spent a total of about 3 1/2 hours on site.

At the initial meeting with the CEO, Head of HR and our two Registered Managers it was clear that she was not interested in the improvements we have made since our last inspection. She stated that she 'does not do IT' when we tried to show here the new IT system we have implemented and she was not interested in seeing anything, whilst on site. We really had to push to show her our information , rostering and records, even though she was asking questions about them.

She did however look at the paper information and newsletters we provided and said that she hadn't seen another provider do quite so much with the people they support.

She criticised a support plan for being written in the third person, instead of in the first person, even though it did include all the persons preferences, decision making etc - I can find no requirement to write support plans in the first person. Following this she stated that we may be a 'good' provider, but that we wouldn't get 'outstanding'.

She asked for a huge amount of information to be sent onto her by email, which took four days to collate and send, but it does not seem to have been taken into account or even referenced in the draft report.

She took negative feedback from one member of staff and told one of our Registered Managers that we were likely to be 'Requiring improvement' as a result, but would not share any details at all. We then asked her if she had spoken to a specific member of staff as they had been given a final written warning a few days before and were told 'Well that does changes things!'

We were then contacted by the inspector to say she had made a mistake, that she was

supposed to have done a 'Focussed Inspection' and did we want to cancel it or go ahead - given the amount of work we had put into supplying information and improvements we have made since our last 'Good' rating we said we would go ahead.

The draft report, when it finally arrived, was clearly cut and paste from other reports as some paragraphs and sentences made no sense or were clearly in the wrong place. The rating given in one text section was at odds with what was on the summary sheets.

I have over 30 years working across health and social care and this was the poorest experience I have had of any inspection. The worry thing was that there seems to have been such a limited amount of information reviewed that if we were a poor provider it probably wouldn't have been picked up.

Approach is inconsistent across the country
Different criteria is used depending on the inspectors preference
Factual accuracy reports are generally not accurate or shared timely

Inspected in 2017. We have been left with a required improvement rating against safe which if we had not received an outstanding in caring would have resulted in a less than good rating. We have repeatedly asked to be re inspected to no avail.

There is no leadership from CQC.

We are told time and time again we have to do this a certain way and in a certain time.

Yet this new SAF has dragged on and on.

On the front line we still do not know what CQC are doing, when or where.

CQC will have a Helen Perry death on their hands as the stresses in Social Care are high.

We get survey after survey asking what we think or do we know about the SAF.

New portal is now being delayed.

They take the fees of course. Its been a dogs dinner from start to finish.

Trying a new system, untested, unfair and its a complete mess.

No support, confusing inspection processes, lack of transparency, unfair grading processes and terrible inconsistency across employee's. For years we have never had a dedicated CQC Inspector or point of contact.

I have personal experience of the factual accuracy process which led to a formal complaint about the Inspectors conduct. No actions followed, accountability or fault was recognised, and the CQC continue to act as they see fit, ignoring the voices of providers.

I have also more recently raised queries with the CQC over a registration matter - 6 weeks on, this is still not resolved with no contact from the Registration team, only a standard email from the contact centre apologising for the delay.

For the fee's we are paying, I have lost all faith in the system.

I would rate my current satisfaction with Care Quality Commission as completely dissatisfied. In my opinion, the scheme lacks the benefits it claims to offer and simply serves as a tick box exercise by the government, without providing much help to providers. The CQC has not proven to be fit for purpose over the past decade and its system can be easily manipulated. Unfortunately, despite paying for their services, good providers do not receive adequate value for their money. Furthermore, despite CQC's talk about person-centred care, I have had no communication from them and when I reached out for information about my inspector, I received no response. This experience makes me question their commitment to their own values.

The biggest worry is that this new system is just a tick box exercise and that phoning for advice will just be calling a call centre. The CQC are effectively depersonalising their approach which is extremely worrying in a very person centred industry. As a niche service provider our biggest issue is that, with all our clients having full mental capacity,

we cannot always tick Yes in a Yes/No answer. Previously we have been able to have a discussion with the inspector to explain. Under the new system we won't be able to offer an explanation. It is potentially condemning a service, which has always been rated as good, to RI without knowing the full background of that service or it's users.

As a service we pay thousands of pounds in CQC fees, all our services are rated Outstanding but the ratings now seem out of date. As our service develop we are opening new branches the registration process for our last branch took 19 weeks. We are not receiving the service that the CQC are regulated to deliver and even worse we are paying with increased fees for a non existent service. We look after some of the most vulnerable members of our community. We are having to pass this fee onto them, it does not seem right that they are paying for a regulated service that is not being effectively delivered by the CQC

I was registered 2 years ago and have called and emailed and raised cases to prompt an inspection. They won't even let me talk to my inspection team at North West London. I have been told by the council, CHC and various other case managers that I cannot get any referrals as I do not have a rating - their internal policies require us to have a good or outstanding for them to consider partnerships. I have a great team of carers but cannot find enough work to give them enough hours. I keep sending emails to all the councils I work with to say I have capacity but they won't work with me until I get inspected. This is causing me financial burden and restricting capacity.

We registered to become a member and got membership but was told that we wouldn't have our 1st inspection for at least 7 months which is ridiculous - we could have 'lied' our way through the process as no-one visited us to check we were doing what we said we were doing yet the 'registration' gave us immediate permission to do personal care on vulnerable people in their home. We cancel our registration immediately as we did not want to be part of a system that doesn't work and pay such extortionate fees for. They are still chasing us for money even though they did nothing. We have gone back to basics and don't do personal care.

our organisation had a CQC inspection on 10th Sept 2019 and whilst we were rated 'Good' overall the Well led section was rated as Needs improvement - we appealed this at the time as the comments did not match the grading but to no avail - Since then we have submitted the required PIRs indicating what changes and improvements have been made and we have asked for a reassessment but nothing has been discussed with us or changed - even if we do not get a face to face assessment (we do realise they should concentrate on providers with issues) we feel someone should consider if this is still an appropriate rating for this section (and overall). We feel potential new clients and staff may assess us unfairly based on this grading and to have it for (going into) the 5th year is unfair and inappropriate. We have emailed our CQC inspector for advice but rarely get an answer. Also, we have been waiting for months for a potential change of manager review

No inspection or opportunity to improve our rating since 2018. Online assessment only, which was aggressive, confrontational and dismissive of our responses. We are being bombarded with information, supposed updates, webinars and surveys about the new approach, but we remain mystified about how it will really work.

We submitted a request to add a new location to our service in October. 5 months later we have had no updates at all despite repeated phone calls (with waits of over an hour to the phone line) and emails.

I have had no CQC inspection on 1 of my care homes for over 3 years! As a result of this I don't have a rating this of course has a huge impact on possibility of referrals

Two services have not been inspected since 2019, One service has been registered since 2022 and we are still awaiting inspection, one service is awaiting registration since October 2023. The Requires Improvement rating in one of our services, is removing our ability to tender for new opportunities and sustain our business.

no engagement, no registered manager interview since change of management. No explanation of the new regulations, new regulations seem very overly complicated and the

way the ratings are decided is overly complicated and not all the regulations are even inspected which is unfair on the provider, no way to showcase your business on a virtual basis via a portal and uploaded information.

12 months to register a location, still not registered

4 months to move a location, current location unsafe under health and safety inspection completed on responsiveness 16 bullet points, only 1 negative rated RI

CQC is always inconsistent with its inspectors and they find issues with. They should publish their inspector's guidelines or scoring system, which is fundamental to a consistent and open approach. They have internal sets standards and expectations for providers but need to prepare to publish the standards they set for providers to use as guidance. They are a punisher organisation rather than an enabler. Another point is that they never notify agencies of changes or inspections. For example, there was a bit of check on Accessible Information Standards but no warning that this was now a hot topic. If they were open and honest about their standards and scoring system, then much of this would be mute. And finally, I don't feel they stand up to the government and support the industry they regulate. They know the problems within the sector and have never heard them raise it as a concern with the government.

They are unsupportive, the website is not fit for purpose the regulations are subjective and no two inspectors give the same guidance in relation to the regulations which leads to being downgraded. There needs to be clear guidance which is very clear.

We have an office in [location redacted] which has been trading for three years which has not had an inspection, it is effecting our revenue and ability to stay open as KCC and CCG will not work with us without an inspection, despite communicating this with CQC they have still not inspected.

I run 2 services - a care home and a Dom Care agency. Both were inspected in June 2018 and found to be Good in all areas. Our Dom Care has been inspected again with a draft report published in February 2024. The care home has not been inspected for almost 6 years now.

The Dom Care inspection looked at just 5 quality statements - 5 in Safe, 1 in Responsive and 1 in Caring. We were rated as Outstanding in the Caring category, and Good in the other 4.

However, even if we had been rated as Outstanding in all 5 areas inspected, our rating would have remained as 5 x Good.

This is not satisfactory after waiting almost 6 years for the inspection.

I have maintained for several years now that CQC are not fit for purpose and a quango which should be dissolved. ALL care provider inspections ,(and the fees we as providers pay), given to Local Authorities to re establish local, informed partnerships and a local inspection team.

They do not take there time to assess concerns they find during the inspection.

What would you like to see CQC continue doing, stop doing, start doing?

I would like the CQC to be more considerate of the mental health of providers, particularly Registered Managers and Nominated Individuals. I would like them to consider the impacts on clients, staff, and the business of scoring a KLOE as Requires Improvement or Inadequate and to really consider if these ratings actually improve services because I feel

they actually make services worse in the short term as clients and staff leaving making it even harder for a service improve.
Having more presence in the field - really working with companies to assist and not to make peoples lives worst. be fair in their judgement on what they see on paper and what is witnessed - providing a presence that does not frighten all involved - being more personal - person centred to the organisation. bring back your own named inspector who knows your service and you can work with -
More inspections that match their own standards. If they are not going to do their job properly, then there should be a reduction in fees
Be more caring
- Responsiveness to meet the speed of necessary business changes, contract wins with limited mobilisation periods mean you have no chance of getting registration through in time - process for changing [domiciliary] care offices is long winded and unnecessary
I will like them to have a clear timeline for inspections and re-inspections and be held accountable for meeting it.
Continue to have dedicated CQC inspectors on hand to offer advice and as first point of contact. Speed up registration processes
Playing an active supportive role. We had an unexpected death and they were like a dog with a bone, asking all sorts of questions, making us feel like criminals. Their approach isn't positive, where was the support?
Either continue using the 2014 system or shut down and be replaced by a minimum standards registration system with any concerns handled by local authorities.
Regular review of ratings via timely inspection
Reduce their costs to Providers. Put in place a clear, understandable and functional inspection and assessment process that is fair and representative across all providers. It is just not clear what we are paying CQC for and, no doubt, they continue to hire more and more people that just represent a cost centre to the sector without currently providing any value added.
giving specific concise easily understood information about inspections - also visit in person very difficult to showcase your business via an online portal
I would like them to stop bombarding us with ridiculous information and get on with actually regulating the sector. Stop imagining that they impact on how we think about the provision of care - they don't.
Make fees based on number of inspections required. Failing companies pay more as they need more input and guidance to improve. Why should the better rated care providers subsidise the poor ones? Scrap one word ratings. Will it take the suicide of care manager to change this? Learn from Ofsted before it actually happens. Scrap all ratings, either meets required standard or doesn't meet the standard. The rest is unnecessary. It works in Northern Ireland. Come up with a regulatory approach and stick with it. The regular re-invention of what they do is a huge waste of our money. They should support the call for a professional registration scheme for care staff in England. Why is this available in devolved nations but not in England? They must take local authority funding into account and make LAs prove their rates are sustainable and profitable for providers. How can they criticise a business for failing the regulations when their funding is so dire they struggle to meet their legal obligations? The media regularly highlight failing providers but fail to highlight failing LAs that are a big part of the problem.
Rating providers within 6 months of CQC registration. Prosecute in any manner those providers who are abusing sponsorship candidates both during (fees) and after recruitment (not enough hours).

Give me value for money. Chase unlicensed providers.
A joined up approach to provider information, and a clear historical trail so that good providers don't lose that track record, and poor providers continue to remain accountable for how they have operated.
Less subjectivity and room for individual inspectors to lead with a personal agenda.
A fair and comprehensive framework that enables the public to use the CQC rating and reporting to compare providers.
Start believing Providers more. I have been waiting for my inspection since last October. Due to no inspection, I cannot assist my local Council with packages, so all the work went to rivals, and we have had to file for bankruptcy.
Would like CQC to stop doing focused inspections and carry out full inspections of all areas of the service at each inspection
As I have had very little contact or interaction with CQC, I do not feel qualified to answer this question.
Start - providing additional resource to work through the back log of registration applications Stop - requesting additional information as part of the registration process - we are asked for various different information - there is no consistency in what is requested. Surely this should be standardised. Start - providing information on their methodology when it comes to how they are inspecting offices e.g. are they focusing on those that haven't been inspected for 5 years or those that are requires improvement - what is the approach? Stop - creating bureaucratic processes Start - communicating outcomes of inspections and how they have gone and what they are reviewing Start - working more in partnership with providers
Act like a professional body. Issue clear guidance and examples of how the new inspection regime will work.
Start inspecting service regularly. Take a holistic view of the service - do not inspect on a narrow set of areas - that won't reflect the whole service.
Being more supportive and responsive. They are fast at jumping onto providers when we don't do thing timely, the need to have a target and set agenda for every inspection. I feel inspections are based on the mood of the inspector that day as to how you are inspected. The new SAF doesn't provide providers with reassurance that we will be inspected fairly and evidence based, we have not received proper guidelines from CQC and everything out there training wise is peoples opinions and views on what they believe the key statements to be. How can providers be better prepared with little information on what exactly they will be looking at.
The amount of complicated forms to simply move office !
Start communicating at local level to develop relationships with providers. Stop asking for an 8 hour (plus) provider information review yearly but not giving us any feedback on it. Be clear on expectations from us about the new inspection process. The website is far too vague.
I would like support from them and not only communicate as above. I would like them to visit more often for support
The new framework needs to be reviewed and a more consistent approach needs to occur for all providers in the health and social care sector.
Much greater consistency in the quality and overall knowledge of inspectors.
Provide a clear, transparent consistent approach Work with providers and not against them

The communication about the new framework has been poor and it almost feels like we are guessing how it is going to work - published reports under the new framework are not evidencing how the quality statements have been achieved

works well for our organization.

Stop being judgemental and looking at real life real scenarios as we are not robots

Stop putting unethical providers through registration and then concentrating your time on working with them to improve them when other providers who are doing outstanding work have little to no interaction and are not being reinspected and getting the recognition through the ratings they deserve.

Have clear expectations of us as providers and for this not to be variable on inspector, location or provider. The new SPA framework is ambiguous and not uniform.

I like the idea of being able to regularly submit evidence for review and continuous compliance updates but this needs to be able to effect our ratings at the moment the census is that this will only work against us and not for us or be ignored completely.

Start - Have a clear message regarding the New Single Assessment Approach, make it simple and easy to follow rather than confusing providers and causing anxiety.

Registration for new care providers should be much less 6-8 weeks would be ideal but some new providers are waiting 14-20 weeks to be registered.

Continue - Using the KLOES these are easy for providers to use. Inspecting new providers sooner or giving them a temp rating this would help with getting people out of hospital sooner and people start receiving care quicker.

Stop - Making the process so long to apply to register or be inspected. This is putting potential business owners off buying a franchise or starting their own care company. The UK needs care providers to be able to keep hospitals as available as they can the NHS is on its knees.

Carrying out a reinspection within a timeframe less than 7 years! Particularly if they have stated an agency requires improvement.

Go back to basics.

start again from fresh and have system that's fair, less stressful and get the sector to be as one and not so bloody disjointed.

Revert to using nominated inspectors that can get to know services. Have some sort of how is my service doing portal, providing guidance in weaker areas, using actual anonymized documentation. There are very many compliance systems available, many with a broad brush approach, it is individual incidents that providers gain the most learning from and I feel this would be a good way to raising standards across H&SC.

Supporting providers, offering value for money [to which we see zero right now!], targeting those who present risk and not penalising those who do a good job.

Build a consistent methodology and protect services from biased behaviour. Expectations of the CQC inspection/assessment method are still unclear, as no document that may explain different characteristics in the categories is available.

Start giving more advice on how to become compliant

Be more consistent in their inspections

Inspect more regularly

I would like to see CQC START funding itself through other means other than through care providers, who are struggling to operate and pay their own staff a realistic wage.

I want the CQC to STOP allowing scrupulous providers to operate as a care business.

I want CQC to continue.....??? That would be dependent on whether they are fit for purpose.

I think it will be a good idea if CQC will have an agreement (written agreement) with the LA that allows beginners like myself to do business with the LA without restriction. The reason being that it can facilitate coming off dormancy and leading to early inspection and rating.

Additionally, every registered business has gone through rigours by the CQC before being registered and I think that should be good enough grounds for business to be allowed to take on clients. The LA on their own should encourage new business by allowing them take on clients else it feels like the LA are promoting monopoly and favouring known and existing businesses.

Face to face inspections. Being able to contact a named person for advice.

I feel that the new frame work increases pressure on providers to self audit and report our findings to CQC. We pay CQC per client and now do there job? Its feels fundamentally wrong and I wonder what we are paying for?

Providing notifications for SAF just feels arduous. Why can't I just send a copy of the original SAF? Sheer duplication of work. If the inspector actually called they would view the documents any way? I want CQC to actually come out and inspect services offer improvements and work in partnership with providers to improve services for the vulnerable people we support.

To commence training sessions to truly under pin which services should do what in terms of the new framework. I see little point in a domiciliary care agency sitting with a dental practice or GP when the evidence we would be gathering would be different for each service provision.

We work in a low paid area and CQC seem to think that we can afford to train for each and every disability/illness we support which is not afforded able.

1) Inspect all care providers with no inspection as a PRIORITY. 2) Put a cap on care hours provided until a CQC inspection has been completed, to check all processes and systems are adequate 3) Stop care providers from taking on new service users until they have a GOOD or OUTSTANDING rating on ALL 5 KLOEs. 4) check care providers are not hiding service users under a non-regulated category, for fear the service user will give a true reflection of poor care received 5) Join up with HMRC to check carers are being paid according to employee law (e.g. contact time, travel time, mileage separately shown on time sheets, holiday pay on travel time as well as contact time). 6) Check carers are truly receiving adequate and documented training, and are signed off for specialist care per client (e.g. hoist, catheter, stoma)

Being competent, consistent and transparent. They should aim to provide users with a score and breakdown which truly assists people researching which provider to use.

Providing meaningful regulation and ratings, a hard line approach to underperforming services. Drive up and support Health and Social Care.

Inspect services as at when due if possible

Faster inspections. Allow us to speak to our inspection teams directly (they have told me multiple times they will send them an email and that is all they can do)

I would like a dedicated person i can go to discuss issues rather than sharing with which ever person picks up the phone.

To start acting as a regulator and not sit in their offices, not answering calls or ringing back. To inspect, to make difficult decisions about closing care businesses who have had 2 needs improvement, to support businesses to be better and safe - to be a FACE not a faceless organisation.

More clarity of what they expect, some guidelines to what they will assess at inspection.

If organisations are submitting PIRs CQC should be able to assess based on the content of the PIR - it seems they are submitted and no use is made from them

The new inspection process appears disjointed and again accusatory. CQC are never in the room at forums or best practice meetings so do not hear the actions providers are trying to take to improve care, the pressures of operating as a business. CQC should be campaigning more jointly with other bodies to bolster providers and give greater voice.

Stop the single word assessments (as per concerns re Ofsted). Offer a regular consistent point of contact with whom we can liaise and expect constructive engagement. Explain properly what the new approach is going to be.

Start being more proactive with PAs / unregistered services. I reported one 'provider' recently who was recruiting for additional self employed PAs to work with her to support a client with personal care. CQC say this is insufficient evidence to do anything about. Following this through logically, it seems unlikely they will ever have enough evidence to prosecute / warn groups of PAs or unregistered providers, unless they themselves publish evidence of their working with clients.

I am happy with risk based inspections, but support the suggestions made by Barchester in their letter so that inspections are fair and current, not reliant on potentially out of date information for some of the evidence categories.

We would like to see CQC start:

- Issuing accurate estimates on how long processes such as new/updated registrations etc will take
- Meet their own timelines
- Respond to the feedback from those involved in the new SAF pilot in an open way for the benefit of all of us in the care sector
- Resource their phone lines properly (over 1 hr waits to still not speak to someone are not acceptable)

We would like to see CQC continue:

- to replace the current portal.

We would like to see every clear updates of all changes and suggested changes being sent out in a monthly email directly to registered providers free of charge. These emails would need to be clear and concise to be beneficial and helpful to agencies to remain current and up to date of course, but also in a timely and responsive manner.

CQC should inspect regularly as promised and Not only when they get a complaint about the service!

Get back to the routine of Inspections as they were pre-pandemic, like all other homecare businesses have returned to for a few years now!

Complete full inspections with a maximum frequency of 12 months on RI rated services.

Start - Having an SLA of how often I will be inspected (or at least a maximum time between inspections).

Stop - This new framework and return to a fuller inspection model

Start - Providing a clear reporting pathway (in between inspections) for me to evidence all the great work we are doing to be outstanding.

I don't think it's a "start or stop" but it seems that somewhere the delivery, not necessarily the outline of the SAF is flawed, which was the same problem with the old system, inspectors with limited understanding of the sector they were inspecting and having peculiarities of approach

(i.e. have all your service users got end of life plans? That may be entirely inappropriate for all people!) CQC have spent several years developing, promoting and gaining feedback on this new system but seems they've still got it wrong.

have people available to visit and support services , do inspections in person and listen to the people who are providing care in extremely challenging circumstances with the social care situation and still managing to run outstanding services.

CQC should stop being so reactive to client queries and concerns to come down hard on the care providers. If CQC are a market regulator to offer people in the community safe care as the primary goal then they can charge the end user the CQC license fee as a part of their care cost. CQC is a strange entity that makes little sense in its current format in 2024.

Timescales set for each process and penalties if not met. Location registration guidance is 12 weeks, we are now 12 months yet no accountability. Been issued with a breach on this location, which we are legally representing ourselves at a financial cost to [name redacted]

STOP - Demanding lots of evidence with short deadlines which put pressure on people, continue trying to be better but start taking on board feedback and answering questions and being specific rather than polishing over issues and not answering straight questions
They must be clear on the standards they expect agencies to work to; the guidance should not leave it to individual provider interpretation or, for that matter, inspectors. As part of that process, they need to publish their inspectors' scoring guidelines. They also need to be representing the sector., so they ensure that the industry can meet their standards in a financially secure manner (none of this - they all can put in their rates as part of the bid - that is a naive argument)
We would like CQC to start Inspections and to come with an open mind. We want them to listen to our concerns. It is worrying that we have to publish and display our ratings, yet we are not inspected for years.
Focus on fair inspection process which applies to all providers regardless of size.
Inspecting and supporting - TO START
TO STOP- doing everything over email, with little interaction and support
All services should be rated according to their first inspection under the new system. i.e. - do not base the rating on an inspection from years ago
Start doing regular inspections, go back to doing unannounced inspections.
I would like to see the CQC quango Abolished as not fit for purpose as CQC are taking money under false pretence
Stop unfair, inaccurate inspections
More consistent in quality of inspectors
More open communication with providers
To stop external pharmacy inspectors checking controlled drugs on their own. pharmacy inspectors to stop going into residents rooms without there consent before hand

Please add any other comments

Other comments
No other comments.
I feel the new process will see more companies go under or become inadequate - nothing is really ever mentioned about the good things that are witnessed only negative things seem to be seen or mentioned - registration process was an absolute nightmare and basically came down to not having a named person because every time i sent it back someone else found something else wrong. in the end it came down to the SOP they did not like it and wanted it on their paperwork, which i did and used the same wording on their form and it got passed. all rather sad to be honest.
None
There is no support from inspectors you only ever hear from them when they want something and then want an immediate response
Since COVID the general service provided has been poor. There are no direct lines of communication, very slow to respond to applications or queries, they stated they had not received a number of our forms yet though show as submitted via the portal. Very frustrating for providers under short deadlines to make business changes, not fit for purpose.
I believe my comments in point 2 covers it all. I'll like to clearly state that my comments are not directed at an individual as i know the inspectors are only trying to follow what they

are being told. Rather my comments are directed at the process being used and the senior leadership who have the powers to make changes.
N/A
NA
CQC not fit for purpose.
The current rating is killing my business terribly
We have already seen that CQC are accused of being overly aggressive and Barchester seem to have been pushed into this action because of CQCs inaction or inability to appropriately acknowledge and engage with the simple premise that perhaps they do not have everything correct.
more engagement , more about what is well done within services more realism around the difficulties faced with a failing NHS service now offering little or no
They are a waste of time and money and are not fit for purpose. Good luck to Barchester.
Take responsibility for the crisis in overseas recruitment. Too many new startups employing hundreds of overseas staff with no clients. The "providers" make money on huge fees to bring people into the UK and then give them no work. Its a national disgrace.
I pay a lot of money to have a good sticker on my window and communications. I really don't see value in it.
I have lost all confidence in the CQC inspection process. The support inspector we had in 2023 seemed to have her own agenda of how she wanted to see the business run, and in her own words "is on her own personal mission to make sure that people are receiving person centred care" a sentiment I completely agree with, but the measures she was using did not align with regulatory requirements, but rather the initiatives she was championing as best practice.
I was sent a letter offering me either 2 years in jail or a £50k fine for fraud. Noone was interested that my franchisor was helping me, they just listened to an anonymous tip. It cost me thousands in solicitors fees to clear my name- no apology, no compensation for all my loss, nothing. I had sleepless nights, I even thought about suicide once.
A review of the CQC fees would be welcome
See Above
n/a
We have attended numerous CQC provider engagement events relating to the new inspection regime which should be an opportunity for providers to raise concerns and receive meaningful answers. This does not happen these meetings are stage managed affairs with little or no feedback being given by CQC and countless questions being left in the chat facility that never get answers. The impression is that CQC are in a complete muddle with the new regime and I have no confidence that the new process is going to be managed in a fair and meaningful way.
I feel that the whole new inspection process needs to be revisited.
Lack of communication and length of time to actually have a first inspection.
Review the fees to reflect a market value of the CQC service i.e. more advice and guidance.
I have no issues with the inspectors that have done the audits. The audits seem to have been conducted professionally and fairly.
Not Applicable
We pay significant fees for CQC regulation and it is failing. Providers need a more open and robust way to raise concerns, including during the inspection if necessary.
The inspection outcomes have a significant impact on providers and having spoken to people at the Homecare Conference it was clear that people were afraid of raising concerns in case it impacted on current and future inspections - one said that he definitely thought this was the case after he had raised a complaint.

We need to have CQC inspectors who have the time and skills to engage with providers and a consistent approach with an appropriate check and balance process.
Provide a clear, transparent consistent approach Work with providers and not against them The communication about the new framework has been poor and it almost feels like we are guessing how it is going to work - published reports under the new framework are not evidencing how the quality statements have been achieved
works well for our organisation.
I will like to see them more organised
None
No additional comments
CQC need to revisit as we have been left with a rating which we are obliged to show with no chance of removing. All our systems have changed and were completed within 6 months of the inspection.
CQC heads must be fired and have a new team in place who understand the pressures we face day to day and be more sympathetic to us as providers.
More inspections.
I was pleased to hear Barchester had raised a LBA - this is long overdue. A challenge is needed from a national Home Care Provider who has the weight behind them to stand up to the CQC FINALLY!
Assessment of one or two areas of the service at a time but more frequent assessments may prove to be counterproductive- especially if the inspectors are strapped for time, don't give opportunity to the providers to present information.
I have had good helpful feedback from a local inspector, which has been much welcomed, so my issue is not with that individual but with the organisation as a whole
I do believe the sector needs careful monitoring, but this needs to be much more closely than the CQC can commit to. Having a distant working partnership with the CQC is not working and it is unrealistic to have a one-day snapshot as to how a business is operating or if it is meeting its regulations. Data should not be solely relied upon as we have seen firsthand how this can be used to mask poor care.
I think home care association should do more for their members especially those like myself who are very new in the industry and are struggling. I am struggling to pay my membership fees and still expected to pay for almost all training offered to the point I ask myself what is in it for me and my business. Their should be a good representation for member in regards to issues around not being able to take on clients from LA. I hope I and my company will not to be listed for speaking my mind?
From the very beginning the role out of the SAF has been flawed. On many webinars the people giving the webinar didn't know the answers to questions themselves. If the people in the CQC can't provide information on the new SAF, what chance do the rest of us have? We need less emphasis on ticking boxes and more emphasis on the people we support. I am in total agreement with Barchester having read their position on CQC's new SAF.
What is the point in CQC awarding providers with 'unmet' or 'needs improvement' when councils still allow failing providers to win large tenders? It seems even our local councils don't values CQC findings. To be really honest I believe that all councils should be the auditor of services and companies that they get to know the provider and councils would be better placed to complete these quality audits.
If the CQC is not seen policing poor care companies, and putting in penalties where it hurts (money) there will be little incentive for poor care companies focused on profit to spend money on training, proper & safe working practices, continuity of care/times, abiding by employer law. The CQC needs to stop the rot that is infecting social care.
None

We are paying thousands of pounds for nothing, I think the red tape regulation and fee structure needs to be reversed. At the end of the day its the our clients who we care for that have to foot the bill, we are their voice and it must be heard.

None

I am begging for an inspection and they won't inspect me as I am not high risk. I believe if I have been trading for 2 years, providing regulated care, surely that is a risk?

I would also like more communication, such as virtual reviews of my service to make sure we are doing well.

I once contacted them regarding a concern with a care home one of our clients brother was in. He unfortunately passed away and they moved all of this items without telling my client, who had LD and was having issues understanding the situation as there had only been the 2 of them living together for 20 years. She was desperate to get back his watch but the care home was extremely unhelpful, stating they weren't sure who moved the items or even where they were and had we tried the hospital - the hospital was just as bad. We were already concerned about the brothers treatment at this home and had reported it to Bucks and now we were extremely frustrated with their attitude, especially in light of the vulnerability of his sister. I was told by an Inspector that they didn't deal with things like this and that they wouldn't do anything about it unless they heard more bad things. They would make a note on their system and that was it. This was from an Inspector who wasn't apologetic or sympathetic to the situation at all. A faceless organisation who should get out there, be seen, follow up and make clients feel they have someone fighting for their rights, safety and wellbeing!

Last year I contacted CQC to ask what policies they expected from a domiciliary care provider as I was working on our updated policies. Their answer was - it was not for them to tell us but for us to know. But you must have a tick list of what you are looking for? Yes but that's for us. I would like to see more of a mentoring attitude to help increase the quality of care rather than policing once it is too late. An allocated CQC assessor/inspector/account manager helping to steer providers in the right direction and when it matters not an unforgiving inspection 5/6 years later when mistakes become culture and it is hard to change. Also as a CQC registered provider you must give a minimum reference for care workers - many times we get nothing or just dates of employment.

as above

nil

The current situation of trying to keep up and understand what CQC are telling us is highly burdensome and time consuming, but all to no benefit. They use a lot of unnecessary and opaque jargon.

A mandatory registration scheme for all care workers should provide sufficient funds to better resource CQC for more comprehensive inspections. It would also give care sector workers a far more professional image, with a higher perceived value than the current public perception that anyone can be a carer because they have a bit of family experience.

NA

It is incredibly frustrating working as a good agency amongst many, many bad ones who are able to continue their provisions without consequence. The main issues we see currently is safe and transparent recruitment; we get tens of applicants each week trying to swap their sponsorship for example due to dishonest and expensive to them as individuals in way of employment. Agencies being able to run like this, registered but 'yet to be inspected' is not only dangerous, but also adds increased strains on to agencies like ours who run well due to the mess they are creating in this very precious, and pressured sector. We always believed CQC was there to regulate services to ensure these kind of things could not happen. It is happening everywhere.

And, Local Authorities. For decades we have worked with ours, not regulated yet they have the power to dictate so many aspects of provision, at times without the accurate

knowledge of what CQC guidance may reflect and at worst, is in conflict with guidance of CQC or other regulators and that has always been an issue. Due to the lack of LA regulation, they are able to plan grant funding spending on areas they choose, but does not always fall in line with the description of the grant. In summary, I feel that CQC being targeted so vastly yet actually in action not half as vastly as it is designed really lessens the meaning of it and the strength of it in general as so many agencies, and huge LA can easily sidestep it and it's purpose.

I have been waiting over 6 months to register my new unit having to pay bills and staff with no clients I have written to CQC who have simply sent me a standard letter out to me saying I have to wait my turn, which I feel is an insult!
This has had a huge impact on my business and in the mean time I have had to turn down referrals!

No further comments.

I also believe that the LA's need to review their commissioning mechanism and if a provider has a RI rated service which has been rated this for a long time, they should be allowed to tender for opportunities and not be disqualified due to lack of GOOD rated service. The fault of their rating has to lie in part, you would hope down to the frequency in which you are reinspected.

I used to feel nervous before being inspected. Under the new framework I see it more as an inconvenience and don't see how it has any benefit to the public or can be seen as a tool to trust a home care company with.

Google reviews will be more trusted and more useful to the public.

Another surprise I got was an email last week stating that they'd been awarded around £640,000 from some fund (can't remember which) and they were going to use this for some work with the ICS. I can't imagine that money will go very far so what their desired outcome is for that project can't be ground breaking.
They are obviously spending a small fortune on their web presence with multiple surveys etc. I'd just like to see them doing what they are commissioned to do and do it well.
Perhaps inspection should be by a collaborative arrangement between companies, with CQC overseeing in some way

I would like to see more enforcement actions on companies procured by councils who run substandard services and undercut professional dedicated companies

What is the value add from a providers perspective when paying the CQC annual fee, which has also increased far more than the actual interactions, communications from local/assigned inspectors (this would be a nice to have).

Contacted enquiries numerous times, often get told cannot advise we will instruct an area inspector to contact you, no response.
We are held legally to abide to this regulator, however there is no accountability when they breach their own policy and process. Membership, and fees do not reflect the service we should receive. The new framework, training should of been provided by CQC. Our organisation has paid to attend various sessions with external providers. Still no access to the new portal

added above

The devil is in the details, and I would be pleased to work with CQC, Homecare and other providers to ensure that CQC inspections are fair and effective. And how they can improve their day-to-day working relationships with providers at all levels.

It always feels that a CQC inspection is a lottery, depends on who you get on the day. It is subjective, not objective and your rating depends on the person inspecting you.

Living in fear of losing your business is incredibly stressful

N/A

"Inspections" under the new system should take place at least annually.

There also needs to be more consistency between inspectors.

I would like to see the CQC quango Abolished as not fit for purpose, as CQC takes money for fees under the false pretence that they inspect and monitor effectively.
I have spoken often on tv interviews how CQC were complicit in signing off the discharge of untested patients back into care homes.

I would like to see the CQC quango Abolished as not fit for purpose, as CQC takes money for fees under the false pretence that they inspect and monitor effectively.
I have spoken often on tv interviews how CQC were complicit in signing off the discharge of untested patients back into care homes.

Lost faith in CQC and their role in supporting care services

When inspectors find anything they should be rechecking with staff. In most cases they might have missed where the information has been recorded.

ⁱ <https://commonslibrary.parliament.uk/research-briefings/cbp-8754/>

ⁱⁱ <https://www.legislation.gov.uk/ukpga/2008/14/contents>

ⁱⁱⁱ <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

^{iv} <https://www.cqc.org.uk/event/board-meeting-22-may-2024>

^v <https://www.instituteforgovernment.org.uk/explainer/public-bodies-review-programme>

^{vi} <https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission/review-into-the-operational-effectiveness-of-the-care-quality-commission-interim-report>

^{vii} <https://www.cqc.org.uk/guidance-providers/fees/provider-fees-payable-social-care-services>

^{viii} <https://www.cqc.org.uk/guidance-providers/fees/provider-fees-payable-social-care-services#community-socialcare>

^{ix} <https://www.cqc.org.uk/about-us/transparency/using-cqc-data>

^x <https://www.cqc.org.uk/guidance-providers/market-oversight-corporate-providers/market-oversight-adult-social-care>

^{xi} <https://www.cqc.org.uk/event/board-meeting-24-july-2024>

^{xii} <https://www.gov.uk/government/publications/review-into-the-operational-effectiveness-of-the-care-quality-commission>

^{xiii} <https://www.homecareassociation.org.uk/resource/unregulated-homecare.html>

^{xiv} <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

^{xv} <https://www.cqc.org.uk/guidance-regulation/providers/scope-registration-general-exceptions-and-exemptions-registration#:~:text=If%20directly%20employed%20individuals%20provide,provided%20through%20a%20Shared%20Lives>

^{xvi} <https://labour.org.uk/change/build-an-nhs-fit-for-the-future/>

^{xvii} <https://www.homecareassociation.org.uk/resource/fee-rates-for-state-funded-homecare-2024-25.html>

^{xviii} <https://www.homecareassociation.org.uk/resource/homecare-association-publishes-minimum-price-for-homecare-2024-25.html>

^{xix} <https://www.skillsforcare.org.uk/Adult-Social-Care-Workforce-Data/Workforce-intelligence/publications/national-information/The-state-of-the-adult-social-care-sector-and-workforce-in-England.aspx>

^{xx} <https://www.gov.uk/government/publications/care-quality-commission-annual-report-and-accounts-2015-to-2016>

^{xxi} <https://www.gov.uk/government/publications/report-of-the-mid-staffordshire-nhs-foundation-trust-public-inquiry>

^{xxii} <https://www.gov.uk/government/statistics/adult-social-care-in-england-monthly-statistics-july-2024/adult-social-care-in-england-monthly-statistics-july-2024>