



# **What to focus on in 2026 to maintain and improve your CQC rating**

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# Agenda

- 1 CQC update
- 2 Top 3 issues to focus on in 2026
- 3 Best practices of outstanding services
- 4 Getting inspection ready in 2026!
- 5 Summary



# 2024

## Top 3 breaches

- 1. Reg 17** Quality Assurance (40)
- 2. Reg 12** Risk Assessments (27)
- 3. Reg 12** Medication (13)

## Top 5 areas

- Quality Assurance (**WL**)
- Risk assessments (**S**)
- Medication management (**S**)
- Recruitment (**S**)
- Staffing (**S**)

**80% of reports had a Regulation 17 breach**



# 2025

## Top 3 breaches

- 1. Reg 17** Quality Assurance (44)
- 2. Reg 12** Risk Assessments (25)
- 3. Reg 19** FPP employed (7)
- 4. Reg 18** Staffing (7)

## Top 5 areas

- Quality Assurance (**WL**)
- Risk assessments (**S**)
- Recruitment (**S**)
- Staffing (**S**)
- Consent (**E**)

**88% of reports had a Regulation 17 breach**



# Statistics

Most common areas reviewed by CQC are

- **Safe and Effective staffing**
- **Involving People to Manage Risks**
- **Safeguarding**



28% of CQC ASC ratings are Requires improvement (Nov 2025)

## My findings

**47 out of 50** (94%) of reports were rated Requires Improvement because of ratings in SAFE and WELL-LED.

**44 out of 50** (88%) were in Breach of Regulation 17 (Good Governance)

**25 out of 50** (50%) were in Breach of Regulation 12 (Safe Care and Treatment)

**7 out of 50** (14%) were in Breach of Regulation 19 (Fit and Proper Persons Employed)

**7 out of 50** (14%) were in Breach of Regulation 18 (Staffing)



# Create a Safety culture

*Safety culture is defined as the way in which safety is managed in a workplace.*

*We define a positive safety culture as one where the environment is collaboratively crafted, created, and nurtured so that everybody (individual staff, teams, patients, service users, families, and carers) can flourish to ensure brilliant, safe care.*

**CQC July 2023** (<https://www.cqc.org.uk/about-us/transparency/external-reports-research/rapid-literature-review-safety-cultures>)

## Top 5 tips

- **Improve Communication** - Everyone reports concerns without fear
- **Improve reporting systems** - Incident reporting without blame
- **Lead by example** - Demonstrate commitment to safety
- **Identify emerging safety issues** - Proactive risk management/keeping informed of new risks
- **Invest in safety** - Dedicate financial resources to safety

**4 C's of safety** - Communication, Commitment, Competence and Compliance.



# Create a Learning culture

We have a proactive and positive culture of safety based on openness and honesty, in which concerns about safety are listened to, safety events are investigated and reported thoroughly, and lessons are learned to continually identify and embed good practices. **CQC Learning Culture**

## Top 5 tips

- **Learning is a priority** – link learning to business goals.
- **Open and effective communication** - it fosters psychological safety, encourages collaboration, and increases engagement and trust.
- **Leadership** - leaders must demonstrate their commitment by actively participating in learning and communicating its value.
- **Constantly innovating** - reward continuous learning/show appreciation.
- **Knowledge sharing** - facilitate opportunities for employees to learn from each other and share knowledge.
- **Psychologically safe environment** - build an environment where it's safe to ask questions, share ideas, admit mistakes, and take risks without fear of failure.



# Safe and effective staffing

## SAFETY

We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.

### Including

- Safe recruitment (including DBS)
- Staffing levels and skills mix
- Skills and qualifications/revalidation
- Learning, development and competency
- Support, supervision
- Performance management
- Volunteers and unpaid carers



# Safe and effective staffing **SAFE**

Reg12 Reg 18 Reg 19

- Staff rotas showed that the staffing level was not always met.
- There was no formal and recorded induction for agency staff. This meant we could not be assured agency staff were being introduced to the service and the people they were supporting.
- Training records showed not all staff were up to date with their essential training in line with the provider's policy.
- Staff did not always receive enough training to meet the needs of people they supported.
- We found staff had not received current training in mandatory and additional subjects. Staff supervisions were not always completed on time and not always recorded in detail. Spot checks and staff competency assessments on staff practices were inconsistent.
- Staff were not always suitably trained and supported. Staff did not have sufficient opportunities to routinely reflect on their working practices and professional development.
- The registered manager did not use a dependency tool to calculate the number of staff they needed. This meant they could not reliably evidence how they made decisions about staff levels.



# Recruitment **SAFE** Reg 19

- We queried a screen shot of a 'WhatsApp' message being accepted as a reference and the registered manager told us they were unaware of it, and it should not have happened.
- We saw gaps in recruitment files, such as incomplete documentation on staff files in relation to their interview, and there was no evidence references received had been verified.
- The registered manager had not always ensured staff were safely recruited. We saw gaps in recruitment files, such as staff not having a completed application form containing a full employment history.
- Recruitment practices were unsafe. Appropriate checks on staff had not always taken place, for example, on their employment history or proof of identity. Staff commenced work before checks on their suitability had been completed.
- Records relating to recruitment did not demonstrate robust recruitment checks and process were in place. We found gaps in staff employment history, dates of previous employment not visible and the references provided did not identify who had provided them.



# Involving people to manage risks

## SAFETY

We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.

### What this quality statement means

- People are informed about any risks and how to keep themselves safe.
- Risks are assessed, and people and staff understand them.
- There is a balanced and proportionate approach to risk that supports people and respects the choices they make about their care.
- Risk assessments about care are person-centred, proportionate, and regularly reviewed with the person, where possible.



# Risk Assessments **SAFE**

**Reg 12**

- Risk assessments related to people's health and emotional needs had not been fully completed and lacked sufficient detail and guidance for staff to follow to help keep people safe.
- More detail was required around this person's risk of falls, continence, skin care, equipment and ability to mobilise safely.
- Some people's risks were not clearly assessed which impacted on how staff were able to consistently and confidently support the person to manage the risk.
- For example, people lacked risk assessments and care plans in relation to epilepsy, pressure care and mobility.
- However, people's care and risk management plans had not always been updated to reflect people's current needs or recommendations made by health care professionals.
- This meant staff did not always have guidance needed to support people safely.



# Governance, management and sustainability

## Quality statement - WELL-LED

We have clear responsibilities, roles, systems of accountability and good governance. We use these to manage and deliver good quality, sustainable care, treatment and support. We act on the best information about risk, performance and outcomes, and we share this securely with others when appropriate.

### What this quality statement means

- There are clear and effective governance, management and accountability arrangements. Staff understand their role and responsibilities. Managers can account for the actions, behaviours and performance of staff.
- The systems to manage current and future performance and risks to the quality of the service take a proportionate approach to managing risk that allows new and innovative ideas to be tested within the service.
- Data or notifications are consistently submitted to external organisations as required.
- There are robust arrangements for the availability, integrity and confidentiality of data, records and data management systems. Information is used effectively to monitor and improve the quality of care.
- Leaders implement relevant or mandatory quality frameworks, recognised standards, best practices or equivalents to improve equity in experience and outcomes for people using services and tackle known inequalities.



# Quality Assurance **WELL LED** Reg 17

- The provider and registered manager did not understand the principles of good quality assurance systems. They were not always able to identify areas for improvement.
- Governance arrangements at the service were not always effective and failed to ensure effective oversight on the quality and safety of the service.
- Systems were not effective in identifying shortfalls and making changes to improve the service.
- There was a lack of clear and effective governance.
- They did not always act on the best information about risk, performance and outcomes.
- We were therefore not assured that all areas of service delivery were being adequately monitored and that actions were taken to make improvements.
- Audits being completed were not effective in identifying shortfalls in areas such as medicines management, risk management plans, staff recruitment and training.



# Records

- The person's care plan and risk assessment was not person-centred or accurate.
- Documentation lacked structure and often failed to demonstrate how care had been adapted over time.
- Record keeping and monitoring of people's ongoing health needed to improve.
- The service did not have effective systems in place to monitor and evaluate care outcomes.
- People were not consistently placed at the centre of their care and treatment decisions.
- We found some of the care plans had contradictory information on how to support people.
- Care records did not clearly or comprehensively support ongoing reviews or show appropriate action taken in response to changes in people's needs.



# “Exceptional” definition

## Adjective

unusual; not typical.  
"late claims will only  
be accepted in  
exceptional  
circumstances"

## Noun

an item in a  
company's accounts  
arising from its  
normal activity but  
much larger or  
smaller than usual.

## Adjective

You use **exceptional** to  
describe someone or  
something that has a  
particular quality,  
usually a good quality,  
to an unusually high  
degree.  
unusually good : much  
better than average.



# Safe

## Learning Culture

- The management team had a strong proactive and positive culture of safety, based on openness and complete honesty
- **The service had nominated 'ambassadors' to ensure people's views were heard**
- The management team had a strong proactive and positive culture of safety
- Staff had a clear focus on improving people's lives while protecting their right to live in safety, free from bullying, harassment, abuse, discrimination, avoidable harm and neglect.

## Safe and effective staffing

- Staffing levels were sufficient to allow staff to spend meaningful time with people
- Staff skills and competency were regularly assessed by the management team, to ensure they could meet individual people's needs



# Safe

## **Safe systems, pathways and transitions**

- The service always worked with people and healthcare partners to design, establish and maintain safe systems of care, in which safety was always well managed and monitored

## **Environment**

- The service was clean and well maintained

## **Medicines optimisation**

- Some people required 'as needed' medicines and staff had clear guidance on how these should be administered. One person required a specific medicine when they experienced periods of agitation. Staff had guidance on symptoms the person may show, what dose should be offered, steps to take prior to administering the medicine and the person's preferred way to receive the medicine.



# Effective

## Assessing needs

- The provider always made sure people's care and treatment was effective by thoroughly assessing and reviewing their health, care, wellbeing and communication needs with them.
- **People's life stories and clinical history were exceptionally detailed and considered as the baseline for all of their care planning**
- Care plans were extremely person centred and included people's wishes, goals and aspirations and individualised needs. This included people's communication needs, sexuality and relationships
- Care plans were strength based, focussed on what people could do to support themselves, rather than any limitations they may face
- Staff had worked with people to identify their favourite past times and how they would like to spend their time



# Effective

## Monitoring and improving outcomes

- **People living at the service had been supported to achieve incredibly positive outcomes**
- People were supported to achieve outcomes which were meaningful to them

## Supporting people to live healthier lives

- The cook and kitchen team showed an exceptional knowledge of ensuring high quality nutrition and choices for people
- The provider offered a wide variety of activities to support people to be engaged, entertained and to stay as mobile as possible, activities included, film nights, music, professional music players, pet therapy, exercise, Zumba, creative arts and crafts, theatre trips, and regular community visits. People could take part in weekly flower arranging, so there were fresh flowers in the home, painting, including painting small figurines, visits from a therapy dog, baking, a regular church service, visits from musicians and exercise sessions, from an external provider



# Caring

## Kindness, compassion and dignity

- The provider was **exceptional** at treating people with kindness, empathy and compassion and in how they respected people's privacy and dignity. Staff always treated colleagues from other organisations with kindness and respect
- **The service had a dignity champion in place.** A dignity champion is passionate about promoting people's human rights, treating people with dignity and respect; they support staff to ensure this is promoted and achieved





# Caring

## Treating people as individuals

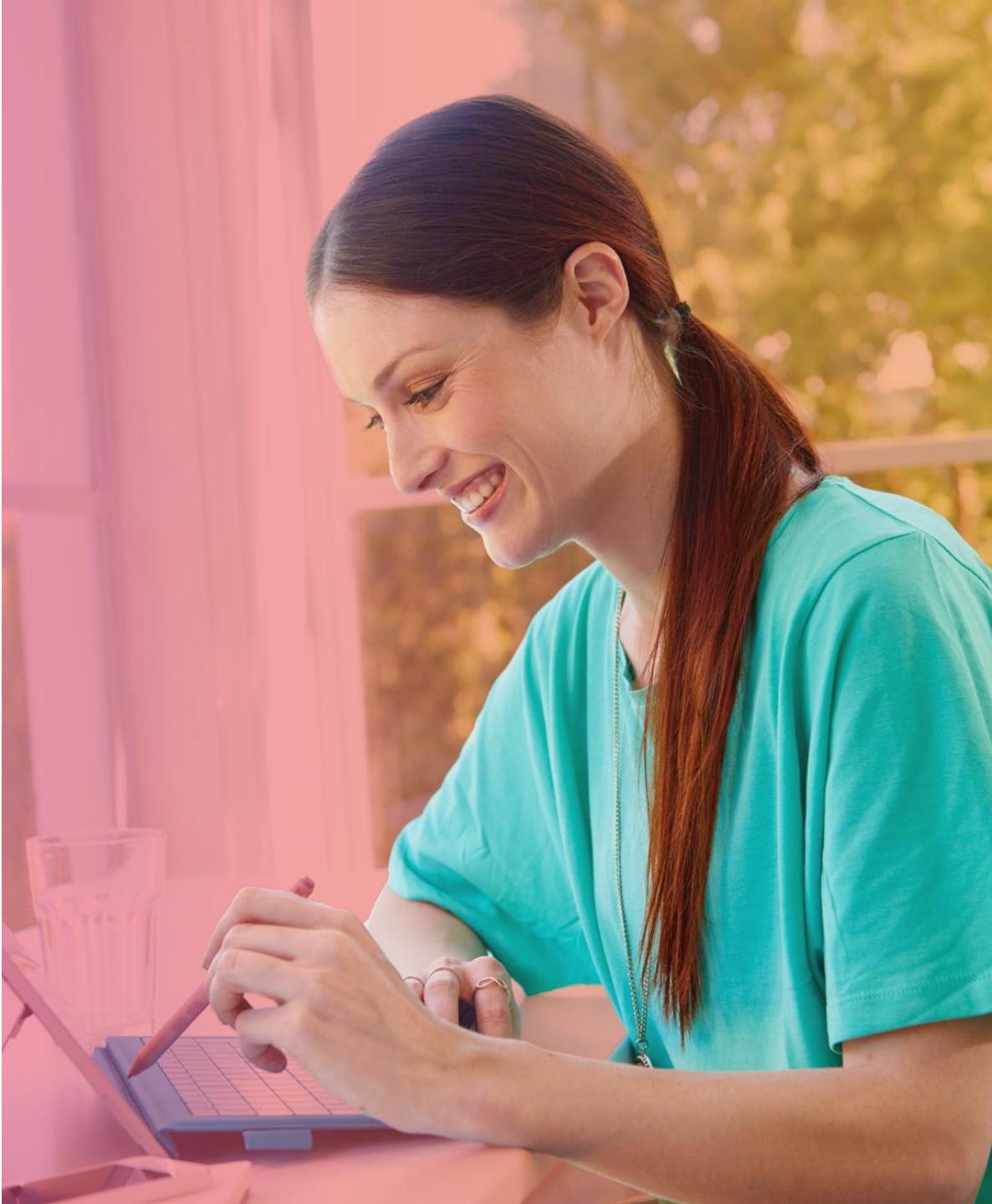
- The provider treated people as individuals and was **exceptional** in how they made sure people's care, support and treatment met people's needs and preferences. The provider took account of people's strengths, abilities, aspirations, culture and unique backgrounds and protected characteristics
- **People were placed at the heart of the home and the whole staff team was committed to putting residents first**
- Members of staff introduced household tasks into the person's routines and praised and encouraged their contributions
- **The service had an 'enrichment' folder, which detailed the activities and events held to mark different cultures and religious holidays. We saw the service had recently celebrated Holi, a Hindu festival of colour, marking the end of winter**
- People and their sexuality and personal relationships were fully respected. One person from the LGBTQIA+ community was supported to maintain their personal appearance with support from an external barber
- The provider recently opened a 'Wellbeing Suite' with a working kitchen, dishwasher, oven, sink and washing machine so people living with dementia could take part in day-to-day activities they might miss from their lives
- The management team was **exceptional** in how they listened to and understood people's needs, views and wishes
- Staff were supported by Dementia Care Coaches in the use of VERA framework. VERA is a communication approach developed to improve interactions with people living with dementia
- Staff promoted the Wishing Tree initiative which encouraged individuals to put forward their wishes that allowed them to reconnect with a past hobby or try something new.



# Caring

## **Workforce wellbeing and enablement**

- Mental Health first aider provided support to staff when they needed it while staff could access a wellbeing application for confidential guidance on a range of personal issues.
- The provider always cared about and promoted the wellbeing of their staff and was **exceptional** at supporting and enabling staff to always deliver person-centred care





# Responsive

## Person-centred care

- **The management team was exceptional at making sure people were at the centre of their care and treatment choices**
- People were placed at the front and centre of a truly holistic, whole team approach to their care
- **People had also celebrated key dates throughout the year, such as VE day, Chinese New Year, learning disability week and mental health day**
- This meant they were supported in an environment which was tailored to them, inclusive and promoted their equality and diversity

## Care provision, integration, and continuity

- The provider had an **exceptional** understanding of the diverse health and care needs of people and their local communities, so care was joined-up, flexible and supported choice and continuity
- The home had an **exceptional** understanding of people's health needs and worked hard to ensure that everyone had the opportunity to participate in a way they were able to



# Responsive

## Listening to and involving people

- **People had their future goals and aspirations formulated with them and were supported to achieve this**
- People were fully involved in the shaping and development of the service. There was a nominated 'speak up ambassador' and 'resident ambassador', who gave views on behalf of people

## Equity in access

- The life enrichment and activity planners were provided in large print, or alternative formats, and everyone received a copy to keep in their room

## Equity in experiences and outcomes

- The management and staff team actively listened to information about people who are most likely to experience inequality in experience or outcomes and tailored their care, support and treatment in response to this



# Well-Led

## Shared direction and culture

- The provider strongly valued diversity in their workforce. They had an inclusive and fair culture which had improved equality and equity for people who worked for them

## Capable, compassionate and inclusive leaders

- Leaders had exceptional understanding of staff and people's needs, their past histories and oversight of their care experiences. This knowledge and approach were central to their methods of leading an inclusive and highly effective team
- The provider had exceptionally inclusive leaders at all levels who understood the context in which they delivered care, treatment and support and embodied the culture and values of their workforce and organisation
- They always encouraged creative ways of delivering equality of experience, outcome and quality of life for people



# Well-Led

## **Freedom to speak up**

- Staff were very comfortable in speaking with leaders and told us leaders had listened to their concerns and had made changes when required

## **Workforce equality, diversity and inclusion**

- **Equality issues and values were discussed during staff interviews, probationary reviews, supervision and appraisals and staff meetings**

## **Governance, management and sustainability**

- **The registered manager shared a 'reaching for outstanding' folder with us. This contained evidence of where the service had made and embedded improvements to ensure that people were fully at the centre of their care experience**
- The leadership team had a governance approach which improved standards and created a culture of continuous improvement, innovation and outstanding leadership

## **Learning, improvement and innovation**

- **The provider had a strong focus on continuous learning, innovation and improvement across the organisation**
- We saw learning from incidents was shared widely amongst the staff team to ensure care quality could be improved



# Summary



**Quality Assurance**



**Risk Assessments**



**Safety Culture**



**Learning Culture**



# Questions





# Thank you!

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