CQC update



Credit: Disabled And Here

Neil Cox – Deputy Director
South region
Thames Valley Conference 2026

Our vision, our purpose

Why does CQC exist and what impact will we have?

Our vision

Everyone receives safe, effective and compassionate care.

Our purpose

We regulate health and adult social care, we work together with the public, systems and providers of care to protect people, and to promote and improve quality of care.



Our commitments

Public

To listen, act, inform and protect.

We listen to, learn from, and inform the public. We act to keep them safe and improve care, protecting rights and ensuring safe, effective, and compassionate care for all.

Providers & Systems of Care

To help them improve and innovate.

We work with care providers and systems to improve quality and equity. We set clear, evidence-based expectations, identify risks early, and support innovation through strong relationships and data-driven insight.

Our People

To feel valued and do great work.

We invest in our people, tools, and culture so everyone at CQC is guided by our vision and values. This builds internal trust, external credibility, and enables our people to thrive through strong leadership, support, and a sense of belonging.

Partners who share our Purpose

To work together for better care.

We work with government, Parliament, stakeholders, and communities to share insight and learning—strengthening regulation, accelerating innovation, and building an effective, inclusive, and resilient care system.

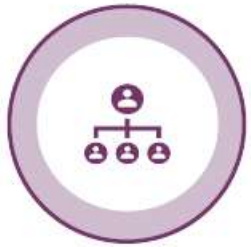
The Case for Change

- The Policy context:
  - Dr Penny Dash reports
  - Professor Mike Richards' report
  - Care Provider Alliance report
  - NHS 10 Year Plan
- Independent IT review
- Feedback; both sector and colleague feedback have been invaluable

The last six months… and the next six months

Returned to specialist teams, strengthening subject-matter focus and practice.	Increase inspection activity and reporting.
Improved oversight and handling of information of concern, alongside clearer risk and prioritisation approaches.	Introduce digital system improvements.
Tackled system pressures by clearing stuck assessments and improving inspection frequency.	Drive quality improvement outcomes by ‘returning to good’ for adult social care and primary care.
Strengthened regulation through improved registration processes for homecare providers and started piloting other sectors.	Piloting and testing our draft assessment frameworks.
Redesigned and publication updates to the local authority assessment approach through consultation and collaboration.	Introduce phased named inspectors

We are focused on rebuilding our trusted approach to regulation



Leadership and expertise



Registration



Assessment framework



Inspection and technology



Working in partnership

Chief Inspector priorities

1

Our expert teams

- Build a strong, cohesive team
- Supporting training, development and recruiting more expertise into our inspectorate
- Strengthening sector leadership

2

Our inspections

- Increasing volume, consistency and quality of inspections
- Developing a balanced inspection scheduling approach including digital providers
- Scheduling to include aged ratings, services registered but not rated

3

Our ability to drive change

- Streamline systems and processes
- Using test and learn pilots to develop new and innovative ways to understand quality of care
- Sharing innovative, and best practice

4

Our methodology

- Using our powers and processes to drive down health inequalities
- An assessment framework designed for each sector
- Engaging and piloting our methodology

Piloting and testing

The new approach is key to restoring credible and consistent regulation, supporting providers to improve and giving assurance to the public.

We are running a structured programme of pilots and testing for the new assessment approach between June and October 2026, with a final evaluation in November.

Pilot assessments will run alongside with voluntary participation from providers. Pilot judgements will not affect regulatory status or rating.

The pilot sample reflects the diversity of the sectors we regulate, covering a range of services and settings.

We will use feedback from participating providers and inspection teams, together with survey responses, to understand how the approach works in practice and to refine it further.



>1,700 providers, national stakeholders and public representatives joined our online consultation events during winter 2025	
>800 adult social care representatives	Nearly 500 primary and community care service representatives
>200 secondary care representatives	>200 mental health representatives
Across two in-person days, 150 participants, including providers and people with lived experience, contributed 175 feedback survey responses	
Focus groups engaging people with lived experience >30 attendees	Two online sector events with >200 attendees
Inspectorate conferences targeting each sector of regulation	Co-designed team-based tasks designed to draw out feedback from individual teams across regions
Drop-in sessions for inspectorate and registration colleagues - >350 attendees over three events	

Snapshot: *Better care, better regulation*

We have done extensive engagement through our *Better care, better regulation* consultation which focused on:

1. How we are proposing to develop our frameworks and guidance for assessing providers
2. How we propose to change our methods for inspecting, assessing and awarding ratings to health and care services

We received over 1,700 survey responses across health and social care providers, stakeholders, CQC colleagues and people.

How we will continue to involve user voice

4 sector-specific focus groups in June, building on what we've heard through the consultation survey and wider engagement. We will involve a diverse range of people who use services, families and carers, including:

- Experts by Experience
- Public Engagement Network members
- Service User Reference Panel members
- People more likely to have a poorer experience of care and experience health inequalities



We will prioritise groups of people who are under-represented from the consultation.

We will focus on the key themes that emerged from people who use service throughout the consultation.

Strengthening our assessment frameworks

- Re-introducing sector-specific assessment frameworks
- Re-introducing clear descriptions of what each rating means in practice
- Fewer quality statements, reframed into key lines of enquiry (KLOEs)
- Reducing duplication
- User voice included throughout
- Rating at key question level
- Continuing to adopt the ‘I statements’



Draft adult social care framework

36 to 24

SAFE	EFFECTIVE	CARING	RESPONSIVE	WELL-LED
• Safety culture • Managing risks during care and treatment • Safe systems, pathways and transitions • Safeguarding • Safe environments and infection prevention and control • Safe staffing • Safe medicines and treatments	• Assessing needs • Evidence-based care and equitable outcomes • Supporting people to live healthier lives • Consent to care and treatment	• Kindness, compassion and dignity • Person-centred care • Independence, choice and control	• Care provision, integration and continuity • Listening to and involving people • Timely and equitable access • Equity in experiences	• Strategic direction • Workforce equity and culture • Capable and compassionate leaders • Governance and management • Partnerships and communities • Improvement, innovation and learning

What does it look like in adult social care

Key question

EFFECTIVE

Your care, treatment and support achieves good outcomes, helps you to maintain quality of life and is based on the best available evidence.

I statement

I statements reflect what people have said matters to them:

- ✓ **I can get information and advice about my health, care and support and how I can be as well as possible – physically, mentally and emotionally.**
- ✓ **I have care and support that is co-ordinated, and everyone works well together and with me.**
- ✓ **I am supported by people who listen carefully, so they know what matters to me and how to support me to live the life I want.**
- ✓ **I can live the life I want and do the things that are important to me as independently as possible.**

KLOE

Assessing needs

Are people's needs holistically assessed and reviewed with them to maximise the effectiveness of their care, treatment and support?

Scope/topic areas:
Assessing people's needs (including accessibility and communication needs)
Person-centred approach
Carer assessments/support
Care planning
Assessment tools

Ratings characteristics

Outstanding	Good	Requires improvement	Inadequate
• A consistent, holistic approach to assessing, planning and delivering care means that people's quality of life, outcomes and independence	• People's needs are comprehensively assessed, and reflect their wishes and physical, mental, emotional, sensory, social and communication needs,	• Assessments do not routinely consider the full range of people's diverse needs, including those related to protected characteristics.	• People's needs are not adequately assessed, which means care and support is not or is unlikely to be effective in meeting their needs.

What to expect in the coming months



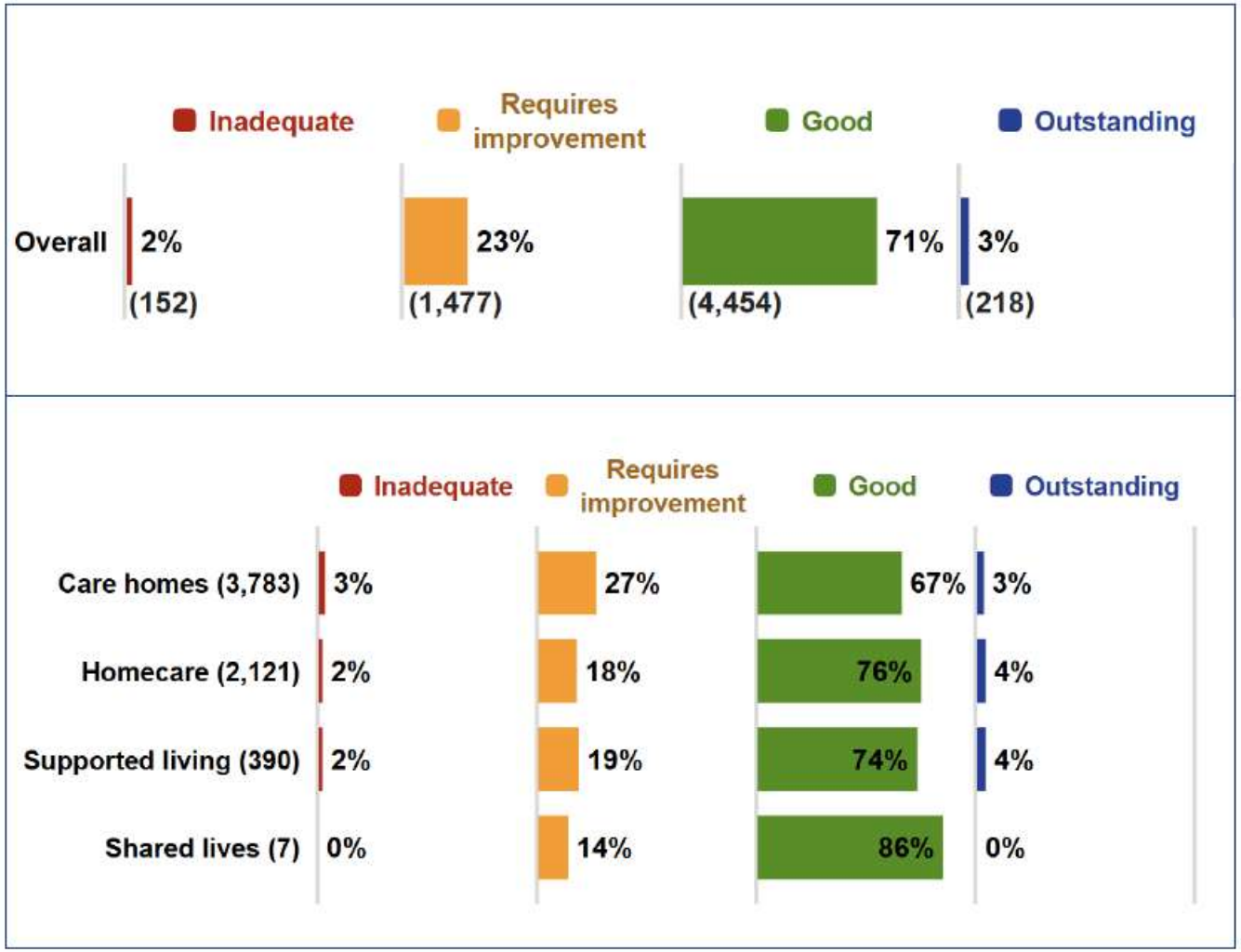
- Ongoing dialogue with stakeholders and providers
- Co-designing new digital and technology systems to support our whole regulatory process
- Conclusion of piloting
- Engagement to test, strengthen and refine draft assessment frameworks, tools and systems
- Continuing to test and strengthen our registration processes
- Phased implementation of new frameworks, methodology and systems for inspection and registration during 2027

CQC ratings overview

Thames Valley

Care Quality Commission

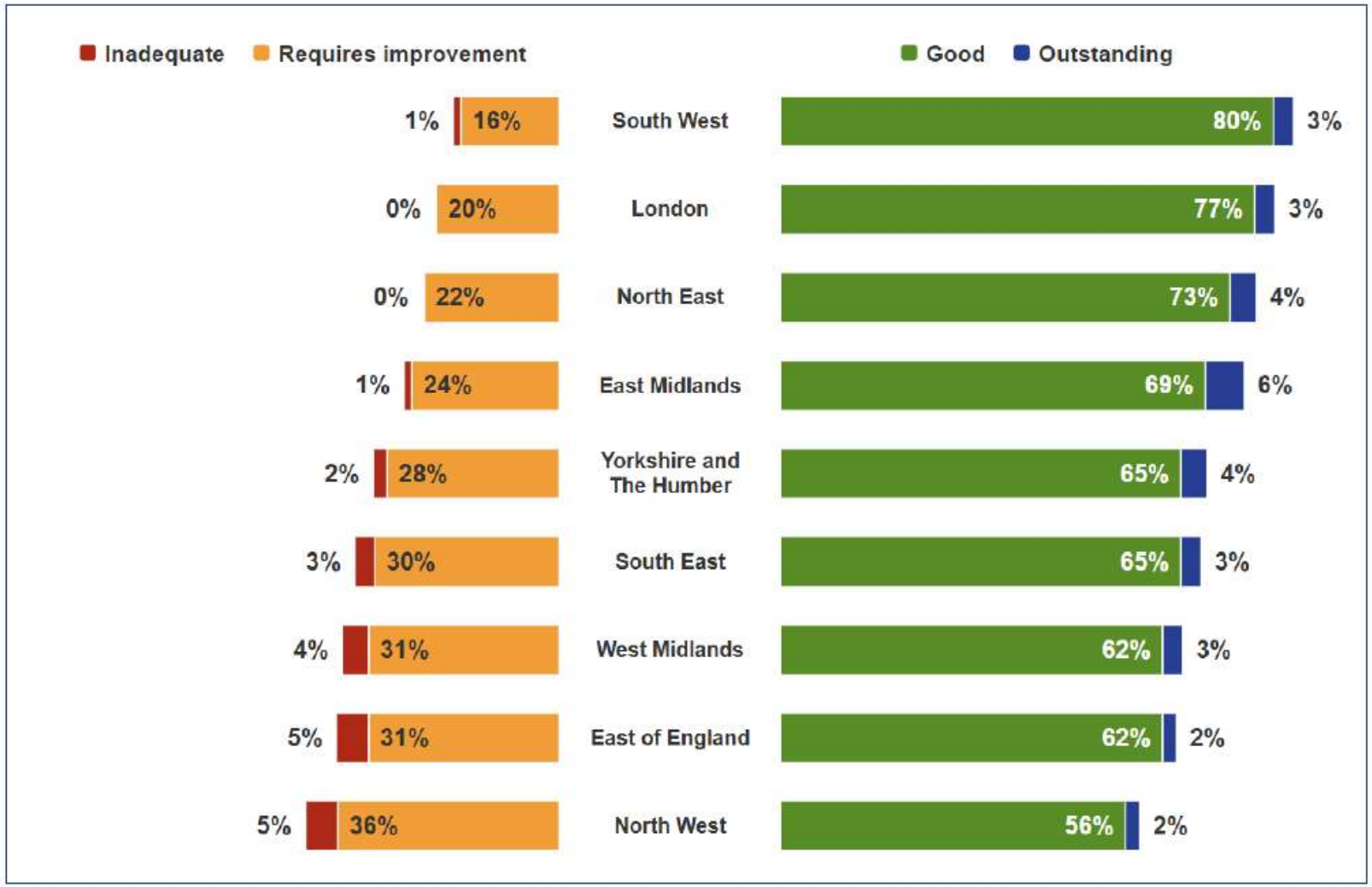
Adult Social Care Overall ratings and by ASG



CQC national ratings data as published in State of Care. Under CQC's Single Assessment Framework ratings are no longer awarded at location level. Locations may still have associated ASG ratings. [Adult social care ratings - Care Quality Commission]

CareQuality Commission

Adult Social Care ratings by region

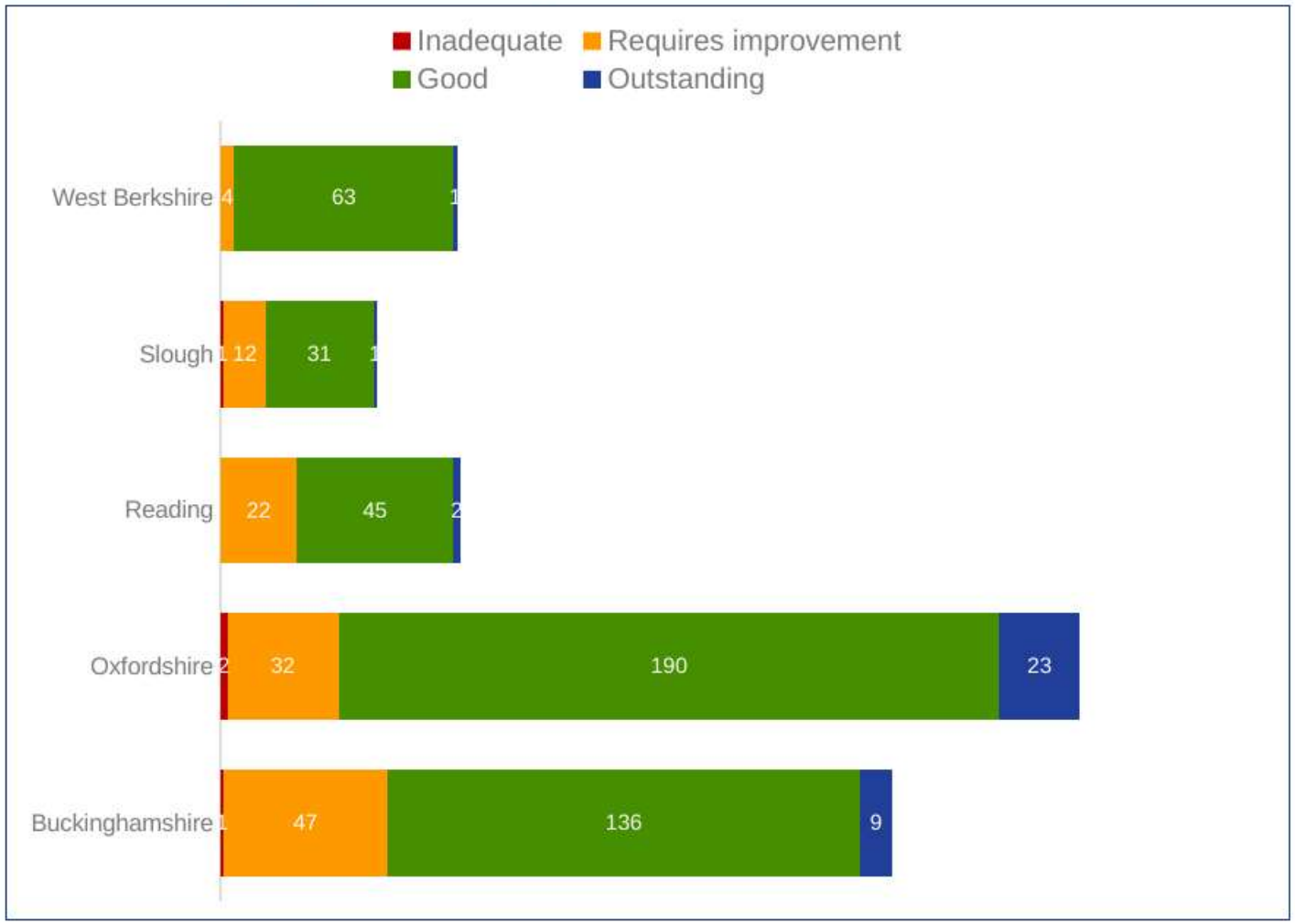


CQC national ratings data as published in State of Care. Under CQC's Single Assessment Framework ratings are no longer awarded at location level. Locations may still have associated ASG ratings. [Adult social care ratings - Care Quality Commission]

CareQuality Commission

Thames Valley ratings

Current Ratings by local authority



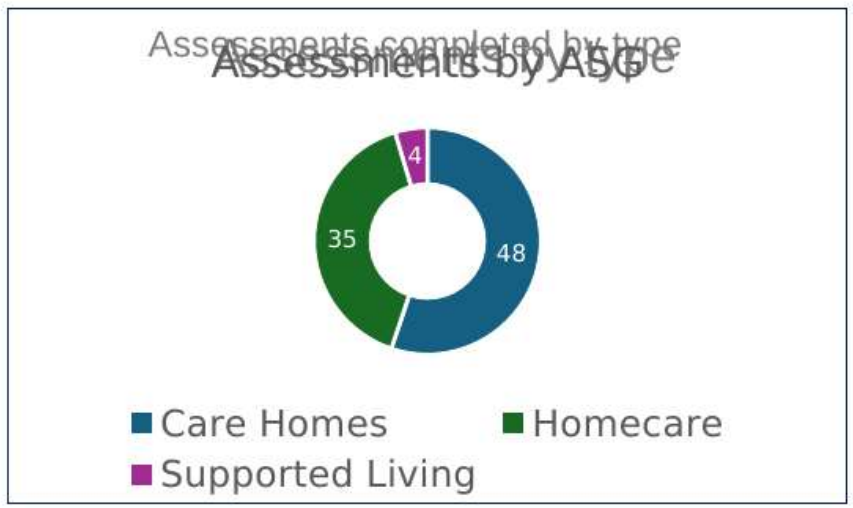
Of locations that have a rating across the five local authorities, 81% are currently rated Good or Outstanding (ranging from 94% in West Berkshire to 68% in Reading). This compares with 74% nationally.

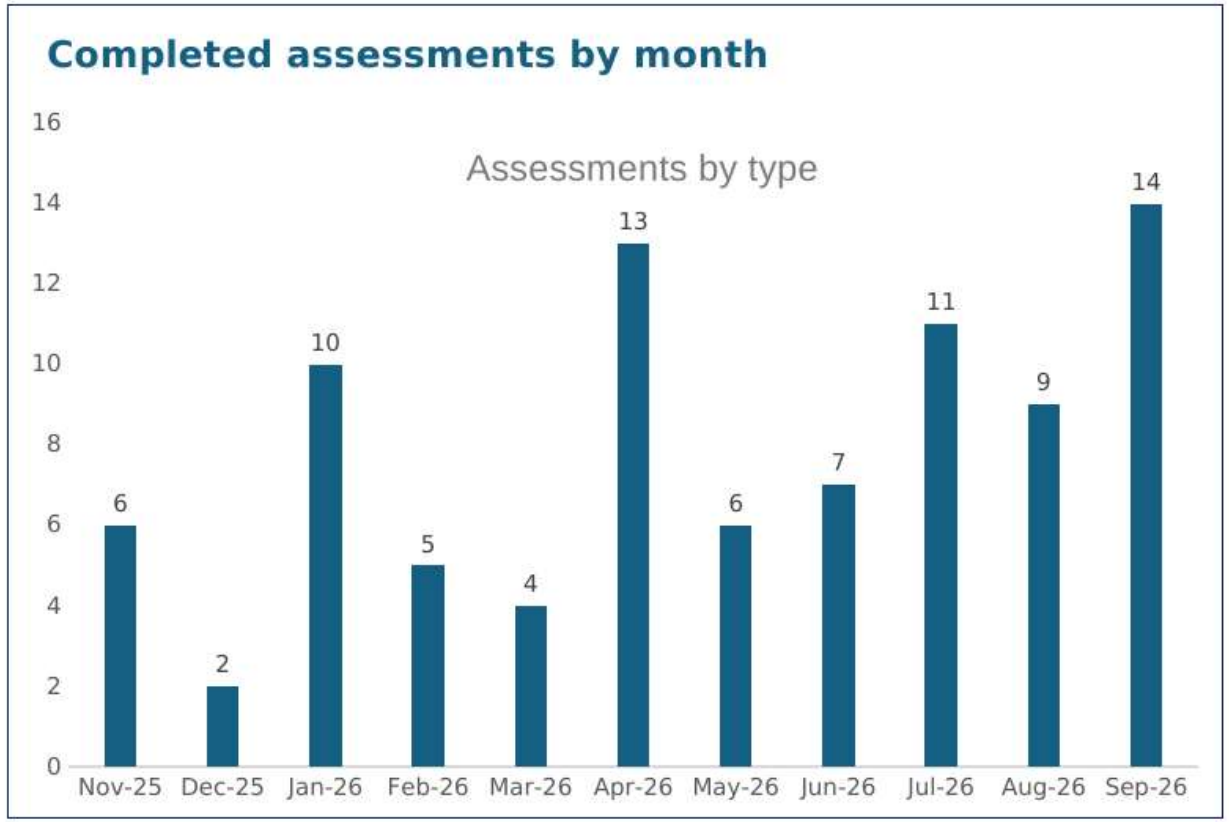
Service ratings are correct as at 1 October 2026 and can be found on CQC's website. Under CQC's Single Assessment Framework ratings are no longer awarded at location level. Locations may still have associated ASG ratings.

CareQuality Commission

Assessments undertaken

From November 2025 to September 2026, 86 assessments were undertaken of services within Buckinghamshire, Oxfordshire, West Berkshire, Reading and Slough. The majority of the ASGs assessed were for Care Homes, followed by Homecare.





Source: CQC data

Any questions?

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