

# Care Quality Commission Strategy from 2021 – Ground for Optimism but Much Still to Learn

There is much still to learn about how the strategy will be implemented and those details will play a huge part in determining the final outcome. However, there are grounds for optimism.

10 December 2021

At a recent event, we asked leaders of health and care businesses what each would like to change most over the next year. The most common answer was not funding or workforce-related, but was a hope for a more consistent, collaborative regulator that truly understood their businesses.

With the CQC having launched its new strategy in June, will that hope be fulfilled? The truth is, we don't know. There is much still to learn about how the strategy will be implemented and those details will play a huge part in determining the final outcome. However, there are grounds for optimism.

## Inspections

One of the key changes in the strategy is the move away from reliance only on set-piece inspections to regulate and rate providers. Inspections will still occur, but generally in response to concerns. A broader range of data will be collected from services and more regularly, allowing ratings to change more responsively. This also has the potential to reduce the inconsistencies that can arise from over-reliance on the view of a lead inspector on a single day.

Where inspections are carried out, generally in response to concerns, providers should expect that they will be challenging and prepare accordingly. It is often said that a CQC inspector's first impression can set the stage for a whole inspection process. Increasingly, that first impression will have been formed before the inspection even commences as most inspections will be prompted by identified risks.

## Relationships

The CQC is talking about changing its relationship with providers, being more accessible and transparent. Understanding those it regulates better. Setting clearer expectations and benchmarks. Providing advice or signposting to reliable sources of guidance as part of meaningful engagement.

If realised, that ambition could be revolutionary for the sector. The development of mutual respect, trust and transparency has the potential to encourage innovation and investment. Providers should certainly seek to engage with their local inspectors.

The CQC as a leader in the sector, including in its new role regulating Integrated Care Systems could play a vital role in sharing best practice and ensuring local systems work more effectively.

## System-level regulation

The CQC's new 'core ambitions' are 'Assessing local systems' and 'Tackling inequalities in health and care'. This emphasises how much they are aiming to move beyond just provider-by-provider regulation to play a role in making the whole health and care system work better

and work for everyone. Much of this will come from the powers due to be bestowed on CQC in the Health and Social Care Bill. This should be welcomed by those who have said that CQC's decisions over recent years have demonstrated a lack of a 'big picture' view.

## CQC Investment

Crucially the CQC acknowledges the need to recruit and upskill its own staff and to invest in technology as well as working with stakeholders to fundamentally change how it collects data and service user experiences.

## Provider Risks

Of course, there are risks for providers. There is reason to be wary of the CQC's drive to publish more data about services, including action plans agreed following difficult inspections, given the potential effect on their reputations. The CQC has a history of prioritising timely publication over providing an effective route to challenge.

Clearer expectations and benchmarking, absent the time and expertise to fully understand specialist and innovative models of care, can lead to a one-size-fits-all approach that stifles innovation. We have seen previous examples of CQC insisting on rigid compliance with certain guidelines, even when clinical practice has developed alternatives.

## Actions for Providers Now

Providers will need to adapt to data-led regulation, ensuring that they are equipped to and proactive in providing and analysing required data. It will be vital to provide data in a way consistent with similar providers, to avoid appearing as an outlier. Where data does suggest a concern, providers will need to identify this proactively and be able to provide an explanation and action plan. There is a risk that the regular provision of data will become burdensome and this will need to be factored in to resource-planning.

Continual, meaningful engagement with service users will be even more important than ever as otherwise the CQC will be reliant on feedback they collect themselves, which may be less balanced.

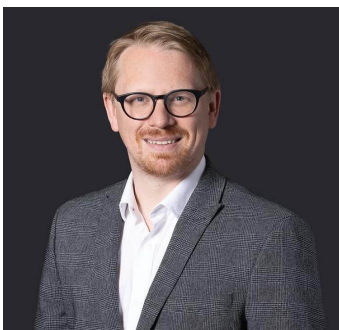
## Staying Up To Date

There will be many changes to come in how the CQC operates. It is due to start with development of a new inspection and rating framework over the next year or less. A new scope of registration document may need to follow, as will new expectations on the provision of data and collection of service user feedback.

Providers that are to thrive under the new system will respond quickly to these changes, understanding how they feed into to the CQC's thinking and how they can adapt to ensure the best result for their services.

This article was first published by [National Health Executive](#)

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