

How to Strengthen Governance

In Line with CQC and Care Inspectorate Regulations

A Practical Guide for First-Time Care Home Buyers

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Purchasing a care home is one of the most significant and rewarding decisions you will ever make — but it comes with substantial legal, regulatory, and ethical responsibilities from day one. Whether your service is registered with the Care Quality Commission (CQC) in England or the Care Inspectorate in Scotland, strong governance is not simply a compliance checkbox. It is the foundation upon which safe, effective, and compassionate care is built.

This guide is written specifically for first-time care home buyers. It speaks plainly, points to practical actions, and draws on both regulators' own language and frameworks to help you establish — and sustain — an environment where people who use your service are protected, your staff are supported, and your business is built to last.

1. Understanding What Governance Actually Means in Your Regulatory Context

Governance is the system by which your care home is directed, managed, and held accountable. Both the CQC and the Care Inspectorate place governance at the heart of their inspection frameworks, and both expect you — as the Registered Provider — to take personal and professional accountability for everything that happens within your service.

In England — CQC: The Single Assessment Framework (SAF)


Under the CQC's Single Assessment Framework, governance sits within the Well-led domain. Inspectors will scrutinise how your leadership team identifies, manages, and mitigates risk; how you use data and learning to drive continuous improvement; and how well you understand the performance of your service at all levels. The SAF replaced the previous Key Lines of Enquiry (KLOEs) with Quality Statements — and as a new provider, you should familiarise yourself with statements such as:

- "We have a clear vision and credible strategy to deliver high quality, sustainable care, support and treatment."
- "We systematically learn, improve and innovate."

- "We have effective governance, management and accountability arrangements."
- "We engage and involve people who use our services and those close to them."

In Scotland — Care Inspectorate: The Health and Social Care Standards

The Care Inspectorate inspects against the Health and Social Care Standards (2017), which frame all care around five key principles: Dignity and Respect, Compassion, Be Included, Responsive Care and Support, and Wellbeing. Governance expectations are embedded throughout the Standards but are particularly prominent in Standard 4: I have confidence in the organisation providing my care and support. Inspectors will consider your governance arrangements through the lens of outcomes for people — not just the existence of policies, but whether those policies genuinely shape the lived experience of residents.

 **Tip for New Providers:** Download both regulatory frameworks in full and keep physical copies accessible to your management team. Read the language your regulator uses — then use that same language in your own documentation, supervision notes, and quality assurance reports.

2. Building Your Governance Framework from the Ground Up

Before your service opens its doors — or as soon as possible after acquisition — you need to establish the core architecture of your governance framework. Think of this as the scaffolding that holds your entire operation together.

2.1 Policies, Procedures and Their Legal Foundations

Your policies are not internal documents for the filing cabinet. They are live instruments that should guide staff decision-making every single day. Both regulators expect policies to be current, accessible, and reflective of the most up-to-date legislation and guidance.

In England, your policies must align with CQC Regulations under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Key regulations to embed into your policy suite include Regulation 9 (Person-centred care), Regulation 12 (Safe care and treatment), Regulation 17 (Good governance), and Regulation 20 (Duty of Candour).

In Scotland, your policies must reflect the Social Care (Self-directed Support) (Scotland) Act 2013, the Adult Support and Protection (Scotland) Act 2007, the Public Bodies (Joint Working) (Scotland) Act 2014, and the requirements of your registration conditions under the

Public Services Reform (Scotland) Act 2010. For care homes supporting older people, alignment with the National Dementia Strategy and Promoting Excellence framework is also expected.

💡 Tip: Never simply purchase an off-the-shelf policy pack and assume it meets your registration requirements. Policies must be contextualised to your specific service, your client group, your staffing model, and your geographic location. A policy that works for an English nursing home may need significant adaptation for a Scottish residential service.

2.2 Your Statement of Purpose / Registration Certificate


In England, your Statement of Purpose is a legal document that describes what your service does, who it is for, and how it operates. The CQC will hold you to it. Any material changes must be notified to the CQC. In Scotland, your Certificate of Registration sets out your conditions of registration including the maximum number of places, client group, and any specific conditions. Deviation from either document without prior regulatory approval is a serious matter.

💡 Tip: Review your Statement of Purpose or registration conditions within the first three months of ownership. Ask yourself: does the way this service currently operates match what is described? If not, take action immediately — either through operational change or by applying to vary your registration.

2.3 Notifications and Duty of Candour

One of the most commonly misunderstood governance obligations for new providers is the duty to notify your regulator of significant events. In England, Regulation 18 of the CQC (Registration) Regulations 2009 sets out notifiable events including deaths, serious injuries, abuse, and deprivation of liberty applications. In Scotland, the Care Inspectorate's Notification Guidance outlines a comparable set of requirements, including notifications of significant incidents, unexpected deaths, and changes in key personnel.

The Duty of Candour — a statutory requirement in both England (Health and Social Care Act 2008, Regulation 20) and Scotland (The Duty of Candour Procedure (Scotland) Regulations 2018) — requires your service to be open and honest with people when something goes wrong that causes harm or the risk of harm. This is not optional, and failure to comply is a regulatory breach.

 **Tip:** Create a simple, laminated Notification Reference Card for your management team. List what must be notified, to whom, and within what timescale. Stick it on the inside of the manager's office door. Familiarity reduces the risk of missed notifications.

3. Leadership That Inspectors Can See, Feel and Evidence

Your Registered Manager is arguably the most important appointment you will make as a new provider. Both the CQC and Care Inspectorate scrutinise leadership extensively, and inspectors are skilled at distinguishing between leaders who are visible, values-led, and knowledgeable — and those who are not.

3.1 The Registered Manager Role

In England, your Registered Manager must be registered with the CQC and must meet the fit and proper person requirements under Regulation 5. They are jointly responsible with you as Registered Provider for compliance with all relevant regulations. In Scotland, the Registered Manager (referred to as the Manager) must be suitably qualified and experienced, and the Care Inspectorate will assess their competence through the inspection process, including scrutiny of their qualifications against the Scottish Social Services Council (SSSC) Codes of Practice and registration requirements.


3.2 Demonstrating Leadership in Practice

Effective leadership in a care home is not demonstrated through grand strategy documents alone. Inspectors — and, more importantly, your staff and residents — will gauge your leadership through day-to-day evidence: the culture of your home, the confidence of your team, the experience of your residents, and the quality of your records.

Practical ways to demonstrate strong leadership include:

- Conducting regular, documented management walkrounds — speaking directly with staff, residents, and families and recording what you learn and what actions you take as a result.
- Holding monthly Quality Assurance meetings with a standing agenda that includes learning from incidents, complaints, compliments, audit outcomes, and staff feedback.

- Ensuring the Registered Manager attends external forums — such as local provider networks, IJB or ICB meetings, and sector conferences — and brings learning back into the service.
- Maintaining a visible Leadership Development Plan for the management team, reviewed annually.
- Ensuring supervision is meaningful, regular, and reflective — not simply a tick-box exercise. In Scotland, the SSSC expects supervision to support professional development and registration compliance.

 **Tip:** When the inspector asks 'How do you know this service is safe?' — you should be able to answer without hesitation, with evidence. If that question makes you pause, you have work to do on your governance systems.

4. Enhancing Leadership Capability — Investing in Your Team

Strong governance cannot rest on the shoulders of one person. As a first-time care home buyer, one of your earliest strategic priorities should be to build a leadership pipeline — developing the people around you so that your service is resilient, consistent, and capable of growth.

4.1 Training and Qualification Frameworks

In England, the CQC expects staff to have the skills, knowledge, and competence to carry out their roles safely. This expectation is supported by the Skills for Care workforce development frameworks, including the Care Certificate (mandatory for new care workers), the Level 5 Diploma in Leadership and Management for Adult Care (for managers), and the Oliver McGowan Mandatory Training on Learning Disability and Autism (now a statutory requirement).

In Scotland, training expectations are embedded in SSSC registration requirements. All care staff are expected to work towards relevant Scottish Vocational Qualifications (SVQs), and managers must hold — or be working towards — a relevant management qualification. The Promoting Excellence framework sets out the dementia training expectations across all care settings, with four levels (Dementia Informed, Dementia Skilled, Enhanced Dementia Practice, and Dementia Expertise) applicable to different roles.

4.2 Building a Training Matrix

A Training Matrix is a governance tool that maps every member of staff against every required training module, showing completion dates, expiry dates, and gaps. It should be reviewed monthly by the Registered Manager and quarterly by the Registered Provider. It is one of the first documents an inspector will request, and it should reflect a proactive rather than reactive approach to workforce development.

💡 Tip: Go beyond mandatory training. Use supervision conversations to identify individual learning aspirations and link them to business development goals. A care worker who aspires to be a senior carer is an asset — invest in them before they look elsewhere.

5. Improving Staff Morale by Evidencing Your Achievements

One of the most powerful and underused governance tools available to you is the act of evidencing and celebrating achievement. Staff who work in care often do so for deeply personal reasons — they care. They want to know their efforts make a difference. As a leader, it is your responsibility to show them that they do.

5.1 Using Compliments and Positive Outcomes as Governance Evidence

Both regulators expect you to demonstrate learning not only from things that go wrong, but from things that go right. A compliment from a resident's family is not simply a kind word — it is evidence of a positive outcome, and it should be recorded, shared, and used to reinforce the behaviours and practices that produced it.


Practical tools for evidencing achievement include:

- A Compliments Log — recorded alongside your complaints log, presented at team meetings, and referenced in your quality assurance reports.
- A monthly 'You Said, We Did' summary — shared with staff, residents, and relatives — demonstrating how feedback has shaped improvements.
- Individual and team recognition — whether through a staff notice board, a recognition scheme, or a simple verbal acknowledgment in team meetings. Recognition costs nothing but has a profound impact on retention.
- An annual Quality Account or Service Report — written in accessible language, shared with stakeholders, and used to demonstrate progress against your own improvement priorities.

- Positive inspection outcomes and grades — share these publicly, display them in your reception area, and celebrate them with your team. In Scotland, Care Inspectorate grades are publicly available on the Scot Cares portal. In England, CQC ratings must be displayed prominently.

5.2 Using Audit Outcomes to Build Team Confidence

Audits are governance tools, not punishment exercises. When you share audit results transparently with your team — including areas of strength as well as areas for improvement — you build a culture of collective accountability and shared ownership of quality. Staff who understand what good looks like, and who can see that the service is moving in the right direction, are more confident, more engaged, and more likely to stay.

 **Tip:** After every internal audit, hold a brief team huddle to share the headline findings. Thank staff for their contributions to areas of strength. Invite their ideas on how to address areas for improvement. This one practice alone can shift the culture of your service.

6. Following Regulatory Updates — Staying Ahead of Change

Both the CQC and the Care Inspectorate update their guidance, inspection methodologies, and regulatory expectations regularly. As a Registered Provider, it is your professional responsibility — and, in some respects, your legal obligation — to remain current with these changes.

6.1 How to Stay Informed


- Subscribe to CQC email updates at www.cqc.org.uk/news — including inspection framework updates, provider guidance, and Dear Provider letters.
- Register for Care Inspectorate provider updates and briefings at www.careinspectorate.com — including guidance on the new scrutiny and improvement model and the Hub portal for notifications and self-evaluation.
- Join your local and national provider association — Scottish Care (Scotland) and the National Care Association or Care England (England) publish regular regulatory updates and provide member support.
- Attend regional provider forums, sector webinars, and regulator engagement events. These are not optional extras — they are part of your governance responsibility.

- Set a standing agenda item in your monthly management meeting to review any regulatory updates received that month and assess their implications for your service.

6.2 Self-Evaluation as a Governance Practice

Both regulators expect providers to engage in ongoing self-evaluation — a structured, honest appraisal of how well your service is performing against the regulatory standards. In Scotland, the Care Inspectorate has a formal self-evaluation tool aligned to the Health and Social Care Standards. In England, providers are increasingly expected to demonstrate how they assess their own compliance between inspections.

Self-evaluation should not be a document prepared shortly before an inspection. It should be a living, breathing part of your governance cycle — informed by audit outcomes, staff feedback, resident and family experience, incident analysis, and external benchmarking.

 **Tip:** Schedule a quarterly Provider Self-Assessment day — where you and your Registered Manager work through your self-evaluation together, review your action plans, and set priorities for the next quarter. Treat it as seriously as you would an inspection visit.

7. Seek Advice at the Earliest Opportunity — You Do Not Have to Navigate This Alone

Perhaps the most important piece of advice in this entire guide is this: if you are unsure how a regulation, standard, or guidance document applies to your specific service — ask. Ask early. Ask before you make a decision you cannot easily reverse.

7.1 When to Seek Advice

There are certain moments in the life of a care home where specialist advice is not a luxury but a necessity. These include:


- During the acquisition process — before you sign contracts, ensure you understand the regulatory history of the service, any outstanding compliance requirements, and the implications of the existing registration conditions.
- When you receive a compliance action, requirement, or improvement notice from your regulator — respond promptly and strategically. Do not simply respond to what

the inspector has written; understand what it means for your service and how to address the root cause.

- When you are considering any change to your service — a change of client group, an increase in registered places, a new specialism, or a significant change in staffing — regulatory implications should be assessed before implementation.
- When you are preparing for registration — the process is detailed, the requirements are specific, and the time between application and first registration can be longer than many new providers expect.
- When staff raise concerns through whistleblowing — your obligations under the Public Interest Disclosure Act 1998 and equivalent Scottish provisions must be understood and met.

7.2 Where to Seek Advice

- Your regulator directly — both the CQC and Care Inspectorate have dedicated provider support lines and guidance resources. Regulatory staff can often clarify how a specific requirement applies to your service type without it constituting a formal visit.
- A specialist social care consultant — someone who understands your regulatory environment, has practical care home experience, and can translate complex guidance into actionable operational steps.
- Your local Integration Joint Board (Scotland) or Integrated Care Board (England) — for queries relating to local commissioning expectations, additional oversight requirements, or how local guidance interfaces with national regulation.
- A social care solicitor — for matters relating to contracts, employment law, registration conditions, and enforcement action.
- Peer networks and provider associations — other providers who have faced similar challenges and can share learning, tools, and experience.

 **Tip:** Mac Research and Consultancy Limited offers tailored governance support, audit services, and regulatory compliance advice for care providers across Scotland and England. Whether you are preparing for registration, recovering from an adverse inspection, or simply want to ensure your governance framework is robust before you open your doors — we are here to help. Visit www.macresearchandconsultancy.co.uk to find out more.

8. Practical Governance Quick Wins for Your First 90 Days

If you have just acquired your care home and you are feeling overwhelmed by the scale of what governance requires, here are the actions that will make the most immediate and meaningful difference:

- Read your current inspection report in full — understand what the previous provider was told and what actions were taken or left incomplete.
- Meet with your Registered Manager within your first week. Understand what they are proud of, what they are worried about, and what support they need from you.
- Walk every part of your service within your first five days. Speak with staff on every shift, speak with residents and their families, and record what you learn.
- Audit your notification log — are there recent events that should have been notified to the regulator but were not? If so, make a late notification and record your reasoning.
- Review your current policies — when were they last updated? Do they reflect current legislation? Are they accessible to staff in the environments where they are needed?
- Introduce yourself to your regulator — you are required to notify both the CQC and Care Inspectorate of a change of provider, but going beyond notification to make a proactive introduction sets the right tone.
- Establish your governance meeting cycle — monthly for operations, quarterly for quality assurance, and annually for strategic planning.
- Set up your quality assurance folder — whether physical or digital, create a structured record of audits, action plans, meeting minutes, training matrices, and incident analyses from day one.

Final Thoughts — Governance is a Journey, Not a Destination

Strong governance is not something you achieve once and then set aside. It is a continuous, iterative process of learning, improving, and adapting. Both the CQC and the Care Inspectorate know this. They are not looking for perfection — they are looking for evidence that you understand your service, that you are honest about its challenges, and that you have the leadership capability and the systems in place to drive continuous improvement.

As a first-time care home buyer, you are entering one of the most demanding and most meaningful sectors in the economy. The people in your care have placed their trust — and

often their lives — in your hands. Governance, done well, is how you honour that trust every single day.

If you would like support in building or strengthening your governance framework — whether in Scotland or England — Mac Research and Consultancy Limited offers expert consultancy services tailored to your service type, your regulatory context, and your stage of development. We understand the language of your regulators, because we have spent two decades working within and alongside those frameworks.

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