

# Strengthening Governance at Every Stage

## Raising the Bar on CQC and Care Inspectorate Compliance

*An Advanced Guide for Established Care Home Providers*

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You have been here before. You have navigated registration, survived your first inspection, and built a team that — on most days — delivers genuinely good care. And yet something is nagging at you. Perhaps your last inspection grade was not what you hoped for. Perhaps the sector is changing faster than your governance systems can keep up. Perhaps you have a sense that your service is performing well operationally, but your paperwork trail does not yet tell that story convincingly enough.

This guide is for you. It is written for established care home providers — those with experience, ambition, and an honest desire to raise their own bar. It uses the language of your regulators, speaks to the specific challenges that emerge as services mature, and offers practical, evidence-based tools to help you move from compliance to genuine excellence.

### 1. Re-Evaluating Your Governance Framework — From Compliance to Culture

Many experienced providers reach a point where their governance framework has been built incrementally — a policy added here, an audit tool introduced there, a meeting structure inherited from a previous manager. The result is often a patchwork system that technically covers the requirements but lacks the coherence, visibility, and cultural ownership that regulators — and, more importantly, residents and staff — actually need.

The most meaningful governance upgrade you can make is not a new policy or a new software system. It is a cultural shift — from governance as something done to your service to governance as something that lives within it.

***In England — CQC: The Well-led Quality Statement***


Under the CQC's Single Assessment Framework, the Well-led domain asks not just whether governance systems exist, but whether they are effective. Inspectors are specifically looking for evidence that leaders understand the performance and culture of their service — that they have reliable, timely information; that they act on it; and that the culture of the service reflects the values stated in the provider's documentation. A governance framework that looks good on paper but is not embedded in daily practice will not withstand inspection scrutiny.

The Well-led Quality Statements most relevant to established providers include: 'We have a positive culture that is person-centred, open, inclusive and empowering'; 'We continuously learn, improve and innovate'; and 'We understand our performance and how we compare to others.' This last statement is particularly important — are you benchmarking? Are you aware of how similar services are performing in your area or nationally?

### ***In Scotland — Care Inspectorate: Quality Indicator 1.3 — Leadership of Improvement and Change***

The Care Inspectorate's Quality Indicators (published within the How Good Is Our Care Home? and equivalent self-evaluation tools) assess not just what you do, but how you think about improvement. Quality Indicator 1.3 focuses specifically on Leadership of Improvement and Change, asking whether leadership is reflective and learning-oriented, whether improvement is systematic and sustained, and whether the values of the organisation are visible and lived — not merely documented.

For established providers in Scotland, the Care Inspectorate will also scrutinise your track record. They will look at your previous inspection reports, your response to requirements and improvement notices, and whether actions taken have been sustained. Improvement that lasts is governance. Improvement that disappears between inspections is performance management.

 **Reflection Point:** Retrieve your last three inspection reports. For each requirement or recommendation made, ask: was the action taken sustainable, or did it rely on short-term effort? If the answer is the latter, you have identified your most important governance priority.


## **2. Overhauling Your Quality Assurance System — Making It Work Harder**

Quality assurance (QA) is the engine of governance. For established providers, the challenge is rarely the absence of a QA system — it is ensuring that the system is rigorous, integrated, and genuinely driving improvement rather than simply generating paperwork.

## 2.1 Audit Depth and Frequency

Not all audits are equal. A medication audit that counts the number of signatures on a MAR chart is not the same as a medication audit that assesses whether prescribing decisions are reviewed, whether PRN medication is used appropriately, whether capacity assessments are in place where relevant, and whether the prescribing clinician is receiving regular feedback from your service. Depth matters.


Your audit schedule should be proportionate to risk. Medication, infection prevention and control, moving and handling, nutrition and hydration, and mental capacity and deprivation of liberty safeguards (in England) or adult support and protection (in Scotland) are high-risk areas that require regular, detailed scrutiny. Other areas may be reviewed less frequently but should not be neglected entirely.

 **Tip:** Review your current audit tools. Ask yourself: does completing this audit actually tell me whether people are receiving safe and effective care, or does it only tell me whether documentation exists? If it is the latter, redesign it.

## 2.2 Closing the Loop — Action Planning and Follow-Through

The most common governance failure in established services is not the absence of audit activity — it is the failure to close the loop. Audits produce findings. Findings generate action plans. Action plans generate tasks. And tasks, without accountability and follow-up, quietly disappear.


A robust action planning process includes a named lead for every action, a clear timescale, a measurable outcome indicator, and a defined review date. It is reviewed at every governance meeting. Outstanding actions from the previous period are addressed before new business is introduced. Completed actions are evidenced — not simply marked as done, but evidenced with the specific change that has been made and the outcome observed.

 **Tip:** Introduce a RAG-rated (Red, Amber, Green) action tracker that is visible in your governance meeting pack. Any action that has been Red for more than two consecutive meetings should trigger an escalation conversation with the Registered Provider. Visibility creates accountability.

## 2.3 Triangulating Your Intelligence

The most sophisticated governance systems do not rely on any single source of information. They triangulate — drawing intelligence from multiple sources simultaneously to build a rounded picture of quality and safety. As an established provider, you should be triangulating across at minimum the following sources:

- Audit outcomes — across all domains and risk areas.
- Incident, accident, and near-miss data — analysed for patterns, trends, and contributing factors, not just individual events.
- Complaints and compliments — analysed thematically, not just resolved individually.
- Staff feedback — through supervision, team meetings, appraisals, and anonymous staff surveys.
- Resident and family feedback — through formal surveys, residents' meetings, relatives' forums, and informal conversations captured in records.
- Regulator feedback — including inspection reports, any correspondence received, and outcomes of notifications.
- External benchmarking data — such as NHS benchmarking tools, sector workforce data from Skills for Care or the SSSC, or local authority quality monitoring outcomes.

 **Tip:** If your monthly governance report only draws on audit outcomes and incident data, you are missing half the picture. Build a simple one-page Intelligence Dashboard that draws on all key data sources and presents trends rather than snapshots.

## 3. Leadership Development — Moving from Good to Outstanding

Established providers often have a management team that is competent and stable. The challenge at this stage is not competence — it is growth. How do you move a capable Registered Manager towards genuine leadership excellence? How do you build the next tier of leadership so that your service is resilient when key people are absent, change roles, or move on?

### 3.1 The Registered Manager as a Strategic Asset

In England, the CQC expects the Registered Manager not only to manage the day-to-day operation of the service but to be a strategic leader — someone who understands the

broader landscape of adult social care, who is visible and known to staff and residents, who is engaged with sector development, and who can articulate a clear vision for the service's future. The Skills for Care Leadership Qualities Framework provides a useful benchmark for assessing and developing management capability.

In Scotland, the SSSC's Leadership and Management of Care Services award and the Standard for Childhood Practice provide equivalent benchmarks. More broadly, the Care Inspectorate's Quality Indicator 1.1 — Confident leadership — assesses the extent to which leaders are visible, values-led, and capable of driving sustained improvement. Confident leadership is not a personality trait; it is a learned and practised set of behaviours and skills.

### 3.2 Succession Planning as a Governance Imperative

One of the most significant risks to any established care home — and one that regulators are increasingly alert to — is over-reliance on a single individual. When a Registered Manager leaves, retires, or is absent due to illness, how does your service maintain its governance standards? What is your contingency plan, and how does it translate into practice?

Succession planning does not require you to have a deputy ready to step into every role on day one. It requires you to have a documented understanding of who has the skills, the knowledge, and the developmental trajectory to grow into leadership roles — and an active programme of support, mentoring, and stretch opportunities to help them get there.

**💡 Tip:** Identify your top two leadership development candidates today. Have an honest conversation with each of them about their career aspirations. Create a simple Individual Development Plan (IDP) that maps their current skills against the skills they will need for the next step up. Review it at every appraisal.

### 3.3 External Leadership Benchmarking

Strong leaders in established care homes do not operate in isolation. They seek external reference points — engaging with peer networks, attending sector conferences, participating in regulated research or improvement collaborations, and maintaining relationships with their local authority, health board, or ICB quality teams. This external engagement is not a luxury. It is a governance requirement — the means by which your service remains aligned with current best practice, emerging sector challenges, and regulatory direction of travel.

**💡 Tip:** Ensure your Registered Manager attends at least two external sector events or learning opportunities per year, and that their learning is formally captured in their

CPD record and brought back into the service through team meetings or updated practice guidance.

## 4. Staff Morale, Culture, and the Evidencing of Achievement

Experienced providers know that the correlation between staff morale and care quality is not theoretical — it is tangible, observable, and directly visible in inspection outcomes. The CQC's Well-led domain and the Care Inspectorate's Quality Indicators both assess organisational culture, and both are clear that a positive, open, and inclusive culture is a governance requirement — not a nice-to-have.

### 4.1 Understanding Your Current Culture

Before you can strengthen your culture, you need to understand it with honesty. This means going beyond the annual staff survey and asking harder questions. Do staff feel psychologically safe to raise concerns? Do they trust that concerns will be taken seriously? Do they feel valued as professionals, not simply as a workforce? Do they understand how their daily actions connect to the outcomes experienced by residents? Do they feel that the organisation's stated values are genuinely lived — or merely displayed on a noticeboard?

Culture audits, anonymous staff feedback mechanisms, and structured exit interview analysis are all tools that can help you build an evidence-based picture of your current culture. The absence of formal complaints from staff is not evidence of a positive culture. It may simply evidence a culture where staff do not feel safe enough to speak up.

### 4.2 Evidencing Achievement — Creating a Culture of Visible Recognition

One of the most powerful and underused governance practices available to established providers is the systematic evidencing and celebration of achievement. This is not about empty praise. It is about creating a visible, documented record of what your service does well — one that can be shared with staff, residents, families, commissioners, and your regulator.

Practical mechanisms for evidencing achievement in an established service include:

- A monthly Provider Achievement Summary — a brief, structured document that draws together compliments received, positive outcomes achieved, improvements evidenced from audit, successful training completions, and any external recognition

or positive feedback from commissioners or the regulator. Shared with all staff at the monthly team meeting and displayed on the staff notice board.

- An annual Quality Account — a public-facing document that sets out your service's priorities for the previous year, what you achieved, what you did not achieve and why, and what your priorities are for the year ahead. Modelled on the NHS Quality Account format, adapted for social care. Both the CQC and the Care Inspectorate regard the publication of a Quality Account as evidence of transparency and a commitment to accountability.
- A Resident and Family Experience Report — compiled quarterly, drawing on survey data, residents' meeting outcomes, formal complaints and their resolution, and compliments. Presented to residents and families directly. Demonstrates that feedback is valued, acted upon, and used to shape service development.
- Staff awards and recognition — whether through a formal programme or simply through consistent, genuine, specific recognition in supervision and team meetings. Evidence that achievement is noticed and valued reduces turnover and increases engagement.

### 4.3 Using Inspection Outcomes Positively

For established providers, inspection outcomes — whether positive or challenging — are governance data. A strong inspection grade should be shared with your team with gratitude and with a clear articulation of what behaviours and practices produced it. A less positive outcome should be shared with transparency, with honesty about what needs to change, and with a clear, structured improvement plan that involves staff at every level.

In Scotland, your Care Inspectorate grades are publicly visible on the Scot Cares portal. In England, your CQC rating must be displayed prominently in the service and on your website. Rather than treating these ratings as something that happens to you, treat them as a statement about your service that you have the agency to influence.

**💡 Tip:** After every inspection — whether positive or challenging — hold a structured debrief with your full management team within two weeks. What did the inspection reveal about your service that you did not already know? What does it confirm? What does it challenge? Use the debrief to inform your next Quality Improvement Plan.

## 5. Responding to Requirements, Recommendations, and Enforcement Action

For established providers, one of the most consequential governance challenges is responding effectively to regulatory requirements, improvement notices, or — in the most serious cases — enforcement action. How you respond to regulatory challenge is itself a measure of your governance maturity.

## 5.1 Understanding the Difference Between Compliance and Improvement


A common mistake — and one that regulators encounter regularly — is treating a requirement or recommendation as a problem to be solved and then forgotten. Meeting a requirement means bringing your service back into compliance with the minimum standard. It does not mean the issue is resolved, the root cause has been addressed, or the risk of recurrence has been eliminated. Inspectors know this, and they will return.

The governance response to any requirement or recommendation should begin with root cause analysis: Why did this issue arise? What systemic factors contributed to it? What needs to change — not just to address the presenting issue, but to ensure it cannot recur? The action plan produced from this analysis should address root causes, not just symptoms.

## 5.2 Communicating with Your Regulator

In England, the CQC expects providers to engage openly and proactively with their regulatory relationship. This includes responding to information requests promptly and fully, being available for monitoring calls and Provider Collaboration Reviews, and notifying the CQC proactively when significant changes occur — including changes that are positive, such as new service developments or leadership appointments.

In Scotland, the Care Inspectorate expects providers to engage with their scrutiny and improvement remit through the Hub portal, to respond to inspection findings within the timescales specified, and to participate constructively in any improvement planning or support processes offered. The Care Inspectorate's scrutiny and improvement model is explicitly designed to be relational — providers who engage openly and honestly with their inspector relationship consistently achieve better outcomes than those who are defensive or avoidant.

 **Tip:** Never draft a response to a requirement or improvement notice without involving your Registered Manager and, where relevant, your specialist consultant. Responses that address only the letter of a requirement — without demonstrating understanding of the underlying issue — rarely satisfy inspectors and often generate follow-up scrutiny.


### 5.3 Managing a Warning Notice or Enforcement Action — England

In England, if the CQC issues a Warning Notice under Section 29 of the Health and Social Care Act 2008, you are legally required to achieve compliance by the date specified in the notice. The CQC must be satisfied — through evidence submitted by you and, typically, through a further inspection — that compliance has been achieved before the notice is removed. During an active Warning Notice, the service is inspected as Requires Improvement or Inadequate in the relevant domain, and the rating remains suppressed until compliance is evidenced.

The most important thing to understand about a Warning Notice is that compliance is not the end goal — sustained improvement is. Providers who achieve compliance within the notice period but then regress will face escalating enforcement action, up to and including cancellation of registration.

### 5.4 Managing an Improvement Notice or Condition of Registration — Scotland

In Scotland, the Care Inspectorate may issue an Improvement Notice under Section 62 of the Public Services Reform (Scotland) Act 2010, requiring improvements to be made within a specified period. Failure to comply may result in a condition being placed on the provider's registration, a suspension of registration, or in the most serious cases, cancellation proceedings. As with Warning Notices in England, the governance response must address root causes, be evidenced thoroughly, and demonstrate that improvements are sustainable.

 **Tip:** If you receive any form of formal regulatory notice or action, seek specialist advice immediately. Do not attempt to navigate enforcement processes without expert support. The earlier you engage specialist consultancy, the wider your options.

## 6. Keeping Pace with Regulatory Change — Strategic Responsiveness

Both regulators operate in a policy environment that is undergoing significant and sustained change. For established providers, the risk is not ignorance of change — it is the assumption that because something worked last year, it will work this year. Regulatory frameworks, inspection methodologies, and best practice standards evolve, and governance frameworks must evolve with them.


## 6.1 Key Regulatory Developments to Monitor

In England, the CQC's transition to the Single Assessment Framework has changed how inspections are conducted, how evidence is gathered, and how ratings are awarded. The increased use of regulatory intelligence — including data submitted through Provider Information Returns (PIRs), notifications, and direct feedback from people who use services — means that inspection readiness is no longer about preparing for a visit. It is about ensuring that your governance systems produce a continuous and accurate picture of quality and safety that the CQC can access at any time.

In Scotland, the Care Inspectorate's scrutiny and improvement model continues to place greater emphasis on self-evaluation, joint inspections with Healthcare Improvement Scotland, and the emerging requirements of the National Care Service (Scotland) Bill. Established providers should be actively tracking the progress of the National Care Service legislation and engaging with consultation processes — this is not simply good citizenship; it is strategic intelligence gathering that will shape how you position and develop your service over the next decade.

## 6.2 Building Regulatory Intelligence Into Your Governance Cycle

- Assign a named individual in your management team responsibility for monitoring regulatory updates from both the CQC and Care Inspectorate, and for reporting changes to the monthly governance meeting.
- Subscribe to provider bulletins, Dear Provider letters, and inspection methodology updates from your regulator. Read them — do not file them.
- Engage with your local provider association — Scottish Care (Scotland), National Care Association, Care England — which provide regulatory briefings, member support, and consultation responses that represent provider interests.
- Participate in any regulator-led engagement events, provider forums, or pilot programmes. Providers who engage proactively with their regulator are better informed, better understood, and — evidence consistently suggests — better supported.
- Review your governance framework against any significant regulatory update within three months of its publication. Do not wait for your next inspection to discover that your systems are no longer aligned with current expectations.

 **Tip:** Create an annual Regulatory Horizon Scan — a brief document that maps the key regulatory, legislative, and best practice changes anticipated in the coming

twelve months and assesses their implications for your service. Review it at your quarterly Provider Self-Assessment meeting.

## 7. When to Seek Specialist Advice — and Why Earlier is Always Better

Established providers sometimes carry the weight of experience as a reason not to seek advice. You have been doing this for years. You have seen policies come and go, inspectors come and go, and fashions in quality assurance come and go. But experience, while invaluable, can also create blind spots — particularly when the regulatory landscape is shifting, or when a specific challenge in your service falls outside the range of what you have encountered before.

### 7.1 Situations That Demand Specialist Input

As an established provider, there are specific situations in which specialist input is not a sign of weakness but of governance intelligence:


- Before and during any planned service expansion or change of client group — regulatory implications are complex, and early advice prevents costly mistakes.
- When preparing for a registration variation application — including any change to your registered manager, your statement of purpose, or your registered places.
- When your inspection grade has declined — or when internal intelligence suggests that your service may be approaching a threshold of concern — proactive engagement with a specialist before the inspector arrives is always more effective than reactive damage limitation after.
- When you are managing a complex safeguarding situation — particularly one that involves multiple agencies, regulatory notifications, and potential media attention. Governance in these situations requires specialist knowledge of your legal duties, your notification obligations, and your duty of candour responsibilities.
- When you are considering a merger, acquisition, or restructuring — the regulatory implications of provider changes, changes of responsible individual, or changes in service configuration require careful navigation.
- When your Registered Manager is newly appointed or is themselves new to management — the transition period is a governance risk. Structured induction support for new managers, provided by an experienced external consultant, significantly reduces the risk of early regulatory difficulty.

- When you are preparing your self-evaluation for the Care Inspectorate or your Provider Information Return for the CQC — these are significant governance documents and should be approached with the same rigour as an inspection visit.

## 7.2 The Value of External Challenge

One of the most consistent findings from providers who have used external consultancy support is that the greatest value comes not from the delivery of new knowledge, but from honest, external challenge. A good consultant will tell you what your internal governance processes cannot always tell you — not because your team lacks intelligence or commitment, but because familiarity with a service can reduce the ability to see it clearly.

Commissioning an external governance review — a structured, independent assessment of your systems, your culture, and your regulatory compliance — is one of the most cost-effective investments an established provider can make. It identifies strengths to build on, risks to address, and opportunities to improve — before your regulator identifies them for you.

 **Tip:** Mac Research and Consultancy Limited offers independent governance reviews, pre-inspection readiness assessments, and specialist regulatory compliance support for established care providers across Scotland and England. If your service is not quite where you want it to be — or if you simply want assurance that it is — we can help. Visit [www.macresearchandconsultancy.co.uk](http://www.macresearchandconsultancy.co.uk) to find out more.

## 8. A Governance Maturity Checklist — Benchmarking Where You Are Today

Use the questions below to benchmark your current governance maturity. Be honest. This is not an inspection — it is a self-assessment tool designed to help you identify your priorities.

### Quality Assurance and Audit

- Do all audits assess outcomes for people, not just the existence of documentation?
- Is your audit schedule risk-proportionate and reviewed at least annually?
- Are all audit findings translated into SMART action plans with named leads, timescales, and review dates?
- Are outstanding actions formally tracked and escalated when overdue?

- Do you triangulate intelligence from multiple sources — audit, incidents, complaints, staff feedback, resident feedback — rather than relying on any single data source?

## Leadership and Culture


- Can your Registered Manager articulate your service's quality trajectory with confidence and with evidence?
- Do you have a succession plan that identifies leadership development candidates and actively invests in their development?
- Is your organisational culture openly discussed — through staff surveys, exit interviews, and supervision — rather than assumed to be positive?
- Do staff feel psychologically safe to raise concerns, and is there evidence that concerns raised have been heard and acted upon?

## Regulatory Compliance and Responsiveness

- Is your governance framework reviewed against regulatory updates within three months of their publication?
- Are all notification obligations met within the required timescales, with a process in place to ensure no notifiable event is missed?
- If you have received any requirements or recommendations in previous inspections, are the improvements evidenced as sustained — not just as actions completed?
- Do you engage proactively with your regulator — through provider forums, engagement events, and proactive communication — rather than only in response to inspection or concern?

## Staff Morale and Achievement Evidencing

- Is achievement systematically evidenced and shared with staff — not just through occasional recognition but as a consistent, structured governance practice?
- Do staff understand how their daily actions connect to the outcomes experienced by residents?
- Do you have a published Quality Account or equivalent that demonstrates accountability and transparency to your stakeholders?

 **Reflection:** If you answered 'no' or 'partially' to three or more questions in any single section, that section represents your most significant governance development priority. Do not try to address everything at once — prioritise by risk, and build your improvement plan around the areas of greatest need.

## Final Thoughts — Excellence is Not a Destination, It is a Practice

If you have read this guide and recognised your own service in these pages — both in its strengths and in its challenges — then you are already operating with the kind of honest, reflective self-awareness that the very best care home providers possess. That is not nothing. In a sector where the pressures are relentless and the stakes are high, the willingness to look clearly at your own practice and ask how it can be better is a governance act in itself.

The CQC's Outstanding rating and the Care Inspectorate's Grade 6 do not go to services that are perfect. They go to services that know themselves well, learn continuously, invest in their people, and are relentlessly focused on the outcomes experienced by the people they support. That is achievable. It requires sustained commitment, honest self-evaluation, strong leadership, and — when needed — the willingness to seek expert support.

Mac Research and Consultancy Limited works with established providers across Scotland and England who are committed to raising their governance standards, improving their inspection outcomes, and building services that are genuinely excellent — not just compliant. We bring two decades of frontline, strategic, and academic expertise in social care to every engagement, and we will tell you what you need to hear, not simply what you want to hear.

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