

# CQC and Care Inspectorate Scotland: Expectations Around Registration

*A 20-year personal perspective from the frontline of social care across Scotland and England by Arlene Bunton*

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## Introduction

I have worked in social care for over twenty years, worked on the frontline, managed care homes, led strategic programmes, held senior operational role, and now run my own consultancy and research organisation. In that time, I have been through more registration processes, inspections, and regulatory changes than I can count — on both sides of the border.

What I can say with certainty is this: the registration landscape in 2026 is unrecognisable from the one I entered in the early 2000s. The bar has risen. The documentation burden has intensified. The scrutiny is sharper. The consequences of getting it wrong are more severe. And the commitment required to get registered — and to stay registered — is something that many prospective providers fundamentally underestimate.

This analysis draws on that twenty-year perspective to examine what has changed in the registration expectations of both the Care Quality Commission (CQC) in England and the Care Inspectorate (CI) in Scotland, what those changes mean for providers, what you actually need to get registered in each jurisdiction in 2026, and — critically — what commitment you are really signing up to when you put your name above the door.

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## 1. Then and Now: How Registration Has Changed

### The Early 2000s: A Different World

When I started in social care, the regulatory landscape was simpler. In Scotland, care services were regulated under the Regulation of Care (Scotland) Act 2001 and inspected against the National Care Standards. In England, the Commission for Social Care Inspection (CSCI) — and before it, the National Care Standards Commission — oversaw registration under the Care Standards Act 2000.

Registration was, by today's standards, relatively straightforward. You submitted your application, demonstrated that your premises met basic physical standards, showed that you had a manager in place, provided references, and waited for the inspector to visit. The documentation requirements were modest. The policy expectations were general rather than granular. The emphasis was on whether you could provide care, not whether you could evidence a comprehensive governance infrastructure before you had even opened your doors.

That is not a criticism. The sector was smaller, the risks were understood differently, and the regulatory philosophy was one of enabling provision rather than gatekeeping it. But it was a different world.

## The Regulatory Shifts

Three major structural changes reshaped the landscape:

**Scotland:** The Public Services Reform (Scotland) Act 2010 replaced the Care Commission with the Care Inspectorate (from April 2011) and established a new regulatory framework grounded in the Health and Social Care Standards, published in 2017 and effective from April 2018. The Standards shifted the regulatory lens from inputs and processes to outcomes and experiences — a fundamental philosophical change that raised the bar for what “good” looks like.

**England:** The Health and Social Care Act 2008 created CQC, which assumed responsibility for all health and social care regulation from 2009. CQC introduced the five key questions (Safe, Effective, Caring, Responsive, Well-led) and a ratings system that made quality judgements public, searchable, and consequential. The more recent Single Assessment Framework, currently in consultation and expected to launch by end of 2026, represents the most significant shift in CQC's approach in years (CQC, 2025a).

**Workforce Registration:** In Scotland, the creation of the Scottish Social Services Council (SSSC) introduced mandatory registration of the social care workforce — a requirement that has no direct equivalent in England, although the Care Certificate and emerging Fair Pay Agreement frameworks are moving in that direction.

*Twenty years ago, registration was about permission to operate. Today, it is about demonstrating that you are capable of delivering safe, person-centred, rights-based care before you see your first service user.*

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## 2. What Has Actually Changed?

### Documentation and Evidence

The single biggest change is the volume and specificity of documentation required at the point of registration. In both jurisdictions, the days of submitting a basic application form with a few supporting documents are over.

In England, CQC's February 2026 registration changes mean that applications must be complete, accurate, and inspection-ready from the moment they are submitted. CQC will no longer go back and forth with applicants to chase missing documents — if your application is incomplete, it will be returned or rejected at the point of submission (CQC, 2026; Cura Compliance, 2026). Required documents now include a detailed Statement of Purpose, a business plan with financial forecasts, evidence of legal occupancy, a comprehensive training plan, governance policies, and — for care homes — a building control completion certificate. Additional documents must be available on request, including risk assessments for lone working, medication, manual handling, safeguarding, restrictive practice, and fire safety (CQC, 2026).

In Scotland, the Care Inspectorate's registration process requires a detailed online application covering the aims and objectives of the service, staffing plans, premises information, financial viability evidence, and PVG scheme records. The CI aims to assess applications within six months for most service types, but emphasises that this presumes a competent, fully detailed application — incomplete submissions risk closure or refusal (Care Inspectorate, 2025). New registered managers must hold at least an SCQF Level 7 practitioner qualification, and all care staff must register with the SSSC within the required timescale.

### **The Fit and Proper Person Test**

Both regulators now apply a fitness test to the individuals behind the registration. In England, the Fit and Proper Persons requirement (Regulation 5 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) applies to directors and equivalent roles. CQC's Fit and Proper Person interview is now a standard part of the registration process, and applications are routinely rejected where governance arrangements are considered weak — particularly where the nominated individual and registered manager are the same person (Care Sync Experts, 2026).

In Scotland, the Care Inspectorate conducts fitness checks on key individuals including PVG (Protecting Vulnerable Groups) scheme membership through Disclosure Scotland, references, and — notably — online searches of publicly available information. If the CI has concerns about what it finds, it may contact Police Scotland (Care Inspectorate, 2025). This is a significant evolution from the reference-and-disclosure model that existed twenty years ago.

### **The Policy and Governance Expectation**

Perhaps the most significant shift is in what regulators expect to see in place before registration, not after. Twenty years ago, it was understood that policies would develop as the service became operational. Today, both CQC and the Care Inspectorate expect a comprehensive, service-specific policy suite to be in place at the point of registration.

This is not a box-ticking exercise. Inspectors will read your policies. They will check whether they reference the correct legislation for the jurisdiction you are operating in. They will assess whether they are specific to your service type or whether they are generic templates downloaded from the internet. They will look for evidence that you understand what you have written — and that you can implement it.

At Mac Research, we have seen applications stall or fail because the applicant submitted English policies for a Scottish registration, cited CQC regulations in a Care Inspectorate application, or presented policies that were clearly written for a different service type. The regulators are not looking for volume. They are looking for relevance, accuracy, and operational readiness.

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### 3. What You Need to Get Registered in 2026

#### Care Inspectorate — Scotland

To register a care service in Scotland, you must apply to the Care Inspectorate under the Public Services Reform (Scotland) Act 2010. The following are required:

**Application:** Completed online via the CI's secure portal, covering service type, aims and objectives, staffing structure, premises, and financial viability.

**Aims and Objectives:** A formal statement setting out the purpose, ethos, and operational model of the service. The CI has specific guidance on what this must include (Care Inspectorate, 2019).

**Registered Manager:** A named individual who will be responsible for the day-to-day management of the service. Must hold at least an SCQF Level 7 practitioner qualification. Must apply for PVG scheme membership through the Care Inspectorate as counter-signatory.

**Premises:** For care homes, the premises must meet the requirements of the Care Inspectorate's Design Guide 2026, which now mandates full wetroom provision in all new-build care homes. For care at home services, the registered office address must be confirmed.

**Staffing:** Evidence of how the service will be staffed, including numbers, roles, qualifications, and training plans. All care staff must register with the SSSC.

**Policies and Procedures:** A comprehensive, service-specific policy suite aligned to the Health and Social Care Standards 2017, relevant Scottish legislation, and the Care Inspectorate's quality framework for the service type.

**Financial Viability:** The CI may check the financial viability of the service as part of the registration process.

**PVG and Disclosure:** PVG scheme membership for the registered manager and key individuals. The CI will also run online searches of publicly available information.

**Fee:** A non-returnable application fee, plus an annual continuation fee once registered.

**Timeline:** The CI aims to assess applications within six months, but this depends on the quality and completeness of the submission.

## CQC – England

To register a care service in England, you must apply to CQC under the Health and Social Care Act 2008. Following the February 2026 changes, the requirements are as follows:

**Application:** Completed via CQC’s online portal. Must specify the regulated activities, service type, and location(s). Since February 2026, incomplete applications are returned or rejected at the point of submission — there is no chasing process (CQC, 2026).

**Statement of Purpose:** A formal document describing the service, its aims, the regulated activities, the people it will support, and how it will meet CQC’s fundamental standards. Must be specific to the service type — generic templates will not be accepted.

**Business Plan:** Including a one-year financial forecast (reduced from two years under the July 2025 changes), demonstrating financial viability and operational readiness.

**Nominated Individual:** A director, manager, or secretary of the organisation who acts as the primary contact with CQC. Must be in a senior position to supervise the management of regulated activities.

**Registered Manager:** A named individual responsible for the day-to-day management of the service. Subject to the Fit and Proper Person test and a CQC interview.

**Evidence of Legal Occupancy:** Title deeds, tenancy agreement, or licence agreement for the premises, plus written permission from the landlord or mortgage provider (Bettal, 2025).

**Training Plan:** A comprehensive training plan covering induction through to ongoing development — more detailed than the previous training policy and matrix requirement.

**Governance Policies:** A full policy suite covering safeguarding, medication management, complaints, infection control, data protection, recruitment, and all other areas relevant to the regulated activities. For services supporting autistic people or people with a learning disability, additional requirements apply including accessible policies and Oliver McGowan training evidence (CQC, 2026).

**Building Control Completion Certificate:** Required for care homes (may be deferred if construction is ongoing, but must be provided before the service opens).

**Documents Available on Request:** Risk assessments (lone working, medication, manual handling, environmental, safeguarding, restrictive practice, fire safety), person-centred care planning policy, reportable incidents policy, and business continuity plan (Cura Compliance, 2026).

**Fee:** Registration is currently free for new providers. An annual service fee is payable once approved.

**Timeline:** CQC is targeting 9,000 assessments by September 2026 and has recruited additional registration inspectors to address backlogs (CQC, 2025b).

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## **4. The Real Commitment: What You Are Signing Up To**

Getting registered is not the hard part. Staying registered is.

This is the message I give to every prospective provider who comes to Mac Research for registration support. The application is the beginning of a permanent, open-ended commitment to regulatory compliance, continuous improvement, and personal accountability. Here is what that commitment looks like in practice:

### **Your Name Above the Door**

In both jurisdictions, the registered manager's name is on the registration certificate. It is on the inspection report. It is on any improvement notice or enforcement action. When things go wrong — and in social care, things will go wrong — the system looks for the registered manager. Not the owner. Not the board. Not the commissioner who underfunded the service. The registered manager.

This is a level of personal accountability that most other sectors do not impose. If you are not prepared to carry that weight, do not apply.

### **Inspection Readiness Is Permanent**

In Scotland, the Care Inspectorate can inspect at any time, announced or unannounced. In England, CQC's shift towards continuous assessment under the Single Assessment Framework means that evidence is collected from multiple sources throughout the year, not just during a periodic inspection visit. Your service must be inspection-ready every day — not just on the day the inspector arrives.

This means: policies must be current and reviewed annually. Training must be up to date and evidenced through competency assessment, not just attendance. Supervision must happen at the required frequency and be recorded. Audits must be conducted and acted upon. Personal plans must reflect the person's current needs. Incidents must be reported, investigated, and learned from. Self-evaluation must be ongoing.

### **Workforce Investment Is Non-Negotiable**

In Scotland, all care staff must register with the SSSC and meet Continuous Professional Development requirements. The registered manager must hold at least an SCQF Level 7 qualification. In England, the Care Certificate, mandatory training requirements, and the emerging Fair Pay Agreement framework set the baseline — but the baseline is rising.

You cannot run a care service on goodwill and zero-hours contracts. You need trained, supervised, competent staff who are paid fairly, supported properly, and held accountable professionally. The regulators will assess this. The people receiving care will experience it.

### **Financial Sustainability**

Both regulators are increasingly interested in financial viability — not just at the point of registration, but throughout the life of the service. A service that is financially precarious is a service at risk of cutting corners on staffing, training, maintenance, and ultimately care quality.

If your business model depends on paying the minimum, staffing to the minimum, and spending the minimum on training, maintenance, and quality assurance, you will struggle. The true cost of delivering safe, compliant, person-centred care is significantly higher than many prospective providers realise.

## Dual Regulatory Fluency

For providers operating across Scotland and England — and there are an increasing number who do — the commitment is doubled. You must understand and comply with two different legislative frameworks, two different sets of standards, two different registration processes, two different inspection methodologies, and two different enforcement regimes. The language is different. The expectations are different. The legislation is different.

A policy suite written for CQC will not pass muster with the Care Inspectorate. A self-evaluation written to the Care Inspectorate's quality framework will not satisfy CQC's five key questions. Getting this wrong is not a minor administrative inconvenience — it is a registration risk.

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## 5. What Twenty Years Has Taught Me

If I could distil twenty years of navigating registration and regulation into a set of principles, they would be these:

**Preparation is everything.** The providers who succeed at registration are the ones who invest months of preparation before they submit the application. They seek pre-application advice. They commission a service-specific policy suite. They train their staff before they open. They build the governance infrastructure before they need it. The application is the end of the preparation process, not the beginning.

**Specificity matters.** Both regulators can tell the difference between a policy that has been written for your service and one that has been downloaded from the internet and had the service name changed. Generic is not good enough. Your policies must reference the correct legislation for the jurisdiction, the correct standards, the correct regulatory body, and the specific needs of the people you will support.

**The registered manager is the service.** In the eyes of the regulator, the registered manager is not a role — it is the embodiment of the service's quality, safety, and leadership. Choose this person carefully. Support them properly. Do not underestimate the personal toll of the role.

**Registration is not a one-off event.** It is the first step in a permanent relationship with the regulator. That relationship is defined by trust, and trust is built through consistent compliance, transparent communication, and a demonstrable commitment to continuous improvement.

**The bar will keep rising.** In every year of my twenty-year career, the regulatory expectations have increased. The documentation requirements have grown. The scrutiny has

intensified. This trend will not reverse. If you are registering in 2026, you should be preparing for the expectations of 2030.

*Registration is not a licence to trade. It is a promise to the people you will support that you are capable, committed, and accountable. Do not make that promise lightly.*

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## How Mac Research Can Help

Mac Research and Consultancy Limited supports providers through every stage of the registration process in both Scotland and England. Our services include:

**Pre-Application Advisory:** Assessing your readiness, identifying gaps, and developing a clear registration roadmap before you submit.

**Policy Suite Development:** Bespoke, service-specific policy suites built to the correct legislative and regulatory framework — Care Inspectorate/HSCS for Scotland, CQC/Health and Social Care Act 2008 for England. Every policy is evidence-based, legislation-referenced, and written to the standard the regulator expects.

**Statement of Purpose and Business Plan Support:** Drafting and reviewing the critical documents that form the foundation of your application.

**Registered Manager Preparation:** Supporting your nominated registered manager through the qualification requirements, the fitness process, and the practical realities of the role.

**Mock Inspection and Readiness Assessment:** Testing your service against the regulator's framework before the real inspection. Identifying what you need to fix, and helping you fix it.

**Ongoing Compliance Support:** Quality assurance frameworks, audit programmes, self-evaluation support, and continuous improvement systems to maintain standards after registration.

We operate across Scotland and England with fluency in both regulatory frameworks. Our dual-jurisdiction expertise is a core differentiator for providers who operate — or plan to operate — across the border.

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