



CARE ENGLAND

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Care AGENDA

The voice of the care sector



Chief Executive's View



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The CQC has just published a report on Trafford Council, delayed by several months. The council was deemed to require improvement in several important areas. A few weeks before the CQC Report, the council received a damning report on its children's services. The fact that the CQC report was significantly delayed raises questions about why local authorities are being given the opportunity to delay their reports when they challenge the CQC's narrative. This is not something that happens with care providers, and it is very difficult to get the CQC to acknowledge and correct factual inaccuracies; their general approach to anyone challenging their judgement is to hunker down and use their power to reject it.

This raises the question of why some elements of the system are given different rules from those that independent care services must abide by. If CQC is to have credibility in the future, it must become transparent and equitable across the whole system, including the public sector. Sadly, we have seen a differential approach to regulation across different parts of the system for many years. If you are receiving services that are failing, it does not matter whether they are public, private or voluntary; citizens want services that meet their needs and protect them from abuse.

If the regulatory system is going to be credible, it must not only be fair, but also demonstrate that it treats every commissioner and provider, whether in health or social care, in the same transparent way. Until this is achieved, questions will remain about whether regulation is delivering.

I also feel the CQC needs to acknowledge that services have their own ways of monitoring quality, and I urge them to work with these systems rather than overlay something totally different, which will only ever be a snapshot of a particular day or week.



There is much talk in the system about reform and people always see it in terms of funding. While this is vital, it is not the only area of health and social care that needs to be brought into the 21st century. We look forward to Baroness Casey's final report, and I am confident she will address a raft of issues in the sector, as well as delivering a blueprint for future funding.

Martin

Professor Martin Green OBE
Chief Executive: Care England
DH: Independent Sector Dementia Champion

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Boots Winter Flu Vaccination Booking – Now Live

The online appointment booking system for in-store winter flu vaccinations is now live.

Please see poster on the previous page, which includes a QR code and direct link to the booking system. We encourage social care teams to use these details to secure appointments.

For the 2026/27 flu season, Boots will be using the following inactivated influenza vaccines (IIV) for eligible adults, which have been approved for use for the NHS flu service and are in line with UKHSA recommendations:

- **IIVc (cell-based inactivated influenza vaccine):**
 - Who it's for: Adults under 65 years in a clinical risk group, including frontline health and social care workers. Also recommended for adults aged 65 years and over
 - About the vaccine: Produced using cell culture technology rather than eggs. This can offer improved protection against the flu strains expected to circulate.
- **IIVe (egg-based inactivated influenza vaccine):**
 - Who it's for: Adults under 65 years in a clinical risk group where IIVc is not suitable or not available.
 - About the vaccine: Manufactured using the traditional egg-based process and remains a safe and effective option for preventing flu.

Free NHS flu vaccinations are available for **frontline workers in social care settings across England and Wales**.

We will share further updates regarding provision in **Scotland** once these are confirmed.

Learning Support Available

Our Boots Care Learning module – **"Let's Learn About Flu"** – is available to support social care teams. This module offers clear, practical guidance on how flu spreads, who is most at risk, and why vaccination remains one of the most important lines of defence each winter.

Thank you for continuing to prioritise the health and wellbeing of both your teams and the people you care for. If you have any questions or require further support, please don't hesitate to get in touch at care.service@boots.co.uk

What the draft CQC framework could mean for your next inspection

The CQC published its draft adult social care assessment framework in March 2026, with the consultation ending on 12 June 2026. Although the CQC hasn't adopted it yet, the direction is clear, so it's worth getting ahead of.

We've reviewed the draft alongside sector commentary, including a breakdown by care sector consultant Naomi Owolabi. Here's what care leaders need to know.

What's changing

- **KLOEs return, scoring goes.** The draft brings back Key Lines of Enquiry and rating characteristics, and professional judgement replaces numerical scoring.
- **It's built for adult social care, not borrowed from health.** The draft replaces the generic Single Assessment Framework that currently covers hospitals, GP practices, care homes and domiciliary care alike.
- **Evidence of outcomes matters more than policies.** Inspectors want to see safeguarding and good practice lived out day-to-day, not just written into a folder.
- **Equity runs through every topic.** Nearly every section asks whether your service identifies people most at risk of poorer outcomes because of protected characteristics.
- **Closed culture gets named directly.** The draft states plainly that leaders and staff must recognise what a closed culture looks like and take steps to prevent one.
- **Governance goes digital.** The Well-led section names the Data Security and Protection Toolkit (DSPT) and cyber security as specific lines of enquiry.

What happens next

The CQC expects to pilot the new framework through summer 2026 and plans full implementation towards the end of the year. Until then, CQC will assess services under the current framework.

Why mock inspections matter now

With the framework still in flux and inspection timings already less predictable, a mock inspection tells you where you stand before the real thing does. It highlights what's working, flags the gaps that

matter, and gives your team a genuine chance to demonstrate explaining their own practice, since inspectors will ask staff to do exactly that.

Where Citation can help

Citation helps care providers stay inspection-ready all year round, not just when CQC calls. Our support includes:

- **Mock inspections** – our ex-CQC inspectors and care sector experts show you what today's and tomorrow's frameworks are looking for.
 - **CQC Pro** – our digital tool helps you build and evidence your compliance picture as the framework evolves.
 - **E-learning** – we cover the training areas inspectors return to again and again, from safeguarding to manual handling.
 - **Cyber security and DSPT support** – we help you meet the governance expectations the new framework puts front and centre.
 - **HR, employment law and Health & Safety support** – we make sure your policies, training and risk assessments hold up to scrutiny.
- Get in touch

As a Care England member, you benefit from preferential rates on Citation's full range of HR, employment law and Health & Safety services. Give us a call on 0345 844 1111 or [click here](#) to find out more.

Don't forget to let us know you're a Care England member to access your preferential rates.



Research in Action: Making a Difference Together

At EQ Care, we believe that great care comes from never standing still.

Whilst compassion, kindness and relationships sit at the heart of everything we do, we also know that providing exceptional care means continually learning, listening and looking for ways to do things even better.

That is why we are proud to be involved in research programmes such as the Vivaldi Study and to work alongside organisations such as The Outstanding Society. These opportunities help us learn from others, share our own experiences and contribute to improving care across the sector.

The impact of this approach can be seen throughout our CQC inspection reports.

At The Oaks, rated Outstanding overall, with Outstanding in Effective, Caring and Well-led, inspectors highlighted that learning and innovation were key drivers of improvement. They recognised that leaders were "very motivated to improve and develop healthcare provision both inside The Oaks and in the wider community."

One example was our involvement in the national Vivaldi research programme. Through this work, our teams strengthened their knowledge of infection prevention and outbreak management, helping us keep people safe whilst maintaining what mattered most – connection with family and friends.

CQC noted how learning from Vivaldi helped shape practical improvements, including the introduction of 'Outbreak Boxes' within each household, providing immediate access to equipment and guidance should it ever be needed. The result was not simply improved processes; it meant people could continue enjoying visits from loved ones and remain connected to those who matter most to them.

At The Rowans, inspectors recognised that involvement in research projects, including the Vivaldi Study, gave leaders valuable insight into issues affecting older people and created opportunities to help shape the future of social care.

Similarly, at The Maples, CQC highlighted our commitment to working with external partners and participating in studies that improve people's health and wellbeing outcomes.

Across all three services, a common thread emerges. The strongest improvements happen when organisations are willing to learn, share and remain curious.

Our involvement with The Outstanding Society has also played an important role. CQC recognised how these networks provide opportunities for knowledge sharing, peer

support and collaborative problem-solving. In practice, this means our teams are able to learn from outstanding services across the country, bring back new ideas and adapt them in ways that make a meaningful difference for people living in our homes.

Research can sometimes sound like something that happens in universities or laboratories. In reality, some of the most important research starts with a simple question:

"Could we do this better?"

Every team member has a role to play. Whether it is noticing a trend, suggesting an improvement, sharing an idea or taking part in a study, each contribution helps build a culture where learning never stops.

For the people who live in our homes, this means care that continues to evolve, improve and respond to what matters most to them.

For families, it provides reassurance that decisions are informed by evidence as well as experience.

For our teams, it creates opportunities to grow, develop and contribute to something bigger than ourselves.

And for the wider sector, it helps ensure that social care continues to influence the future of health and care provision across the country.

At EQ Care, research is not about paperwork or projects.

It's about people.

It's about asking questions, learning together and using that learning to make life better for those we support every day.

Samantha Crawley, CEO of EQ Care and OS Director of Leadership and Wellbeing

The OS is a Community Interest Company (CIC), free to all providers regardless of rating, offering a platform to share and celebrate best practice, support improvement and promote careers in social care. For more information, contact Sonia – info@theoutstandingsociety.co.uk or follow the links below:



Don't miss out on training funding for your staff: Update or create an ASC-WDS account today

Did you know that having an Adult Social Care Workforce Data Set (ASC-WDS) account means that you can access funding to support staff training costs?

The funding is set aside by the Government through the Learning and Development Support Scheme (LDSS) but is only available to adult social care providers who have an up-to-date ASC-WDS account. You might be missing out on thousands of pounds, so why not create or update your ASC-WDS account to make sure you are eligible to claim the funding.

The ASC-WDS is managed by Skills for Care and they have a friendly support team who are available to help you with adding data to your account. You can contact them on 0113 241 0969 or by email at ascwds-support@skillsforcare.org.uk.

For larger adult social care providers, the ASC-WDS service includes a bulk upload feature that you can use. This means you don't have to add your data manually, making it faster for you to update all your data in one go.

Funding for staff training is just one of the many benefits of having a free ASC-WDS account. The service has tools to help you manage your business. For example, it allows you to manage workforce data in one central place and the data can also be shared for regulatory requirements, including with the Care Quality Commission and your local authority. A benchmarking feature enables you to compare your service against local

comparable data, giving you valuable context for performance and improvement. On top of all that, the ASC-WDS is the leading source of workforce intelligence for adult social care in England. It provides a nationally recognised and trusted evidence base that is widely used by government, regulators, commissioners and sector bodies.

Recent examples of where the data has been used include within Skills England's Annual Skills Report and Sectoral Skills Needs Assessments and as part of Alan Milburn's interim report into Young People and Work. Care England have also used the data to inform the case for reform of adult social care, including in their response to [the latest data on pay](#).

By contributing your own data, you'll play a direct role in shaping policy decisions, funding priorities and workforce strategies that affect the sector at every level.

[Create or update your account today](#)



Chief Nursing Officer Summit 2026: Social Care Takes Centre Stage in Shaping the Future of Health Services

By Cindy Willcocks, Southwest SCNAC Co-Chair

On 23 July 2026, nursing leaders from across England gathered in London for the Chief Nursing Officer (CNO) Summit, bringing together chief nurses, executive nursing leaders, policymakers, educators and representatives from health and social care.

The event was opened by Duncan Burton, CNO for England, who outlined the importance of strengthening nursing leadership across all sectors while recognising the unique contribution made by nurses working beyond traditional NHS settings. He reaffirmed his commitment to ensuring that social care nursing expertise continues to influence national policy and welcomed delegates from the Social Care Nursing Advisory Councils (SCNACs), particularly during the transition following the retirement of Professor Deborah Sturdy as Chief Nurse for Adult Social Care.

Rt Hon Yvette Cooper MP delivered one of the keynote addresses, speaking just four days after her appointment as Secretary of State for Health and Social Care. She emphasised the need for fundamental reform of health and social care services, echoing Prime Minister Andy Burnham's vision for a more integrated, community-focused system that delivers better outcomes for people. Acknowledging that the current model is not consistently meeting the needs of individuals or communities, she called for bold, collaborative action to redesign services around prevention, partnership and person-centred care.

One of the most moving presentations centred on the story of Darren, whose death by suicide highlighted the devastating consequences of unmet support needs. Shared by healthcare professionals alongside members of Darren's family, the presentation offered a powerful reflection on the opportunities that were missed and challenged delegates to consider how different the outcome might have been had Darren been truly placed at the centre of coordinated, person-centred support within his community. His story served as a poignant reminder of the importance of listening to individuals, working collaboratively across services and ensuring compassionate, timely support is available to those who need it most.

The summit provided delegates with an opportunity to reflect on the future of nursing leadership at a time of significant change across health and care services. Collaboration, innovation, workforce development and integrated working were recurring themes throughout the day.

A particularly significant feature of this year's summit was the strong representation from the SCNACs. Their attendance reinforced the growing recognition that social care nursing is fundamental to the sustainability of the wider health and care system. Throughout the day, delegates returned to a clear message: the future of health services cannot be shaped without social care being recognised as an equal strategic partner.

Presentations from senior nursing leaders across NHS England, adult social care, Integrated Care Systems and professional organisations explored the increasing complexity of care, workforce challenges, leadership development and the need for closer integration between health and social care.

SCNAC representatives provided an important voice for the thousands of registered nurses working in care homes, community services, home care, learning disability services and other

social care settings. They highlighted how social care nurses are supporting people with increasingly complex needs, including multiple long-term conditions, frailty, dementia and palliative care, often delivering highly skilled clinical care outside hospital environments. Zoë Fry, Director of Nursing for The Outstanding Society (OS) said, 'This year's summit has felt different to previous years and there is a changing picture emerging across health and social care which is exciting'

A recurring theme was the need for stronger, more visible leadership structures within social care. Delegates recognised that while NHS organisations benefit from well-established executive nursing leadership and governance arrangements, equivalent leadership opportunities within social care remain inconsistent. There was widespread agreement that social care requires greater representation at system level, with senior nursing leaders contributing directly to Integrated Care System (ICS) decision-making, regional planning and national policy. Stronger leadership would not only improve quality and safety but also ensure that social care nursing expertise helps shape future service redesign.

The importance of integrated working was another key discussion point. As people increasingly move between hospital, community and social care services, delegates agreed that organisational boundaries should no longer determine how care is planned or delivered. Examples of successful collaboration demonstrated improvements in hospital discharge, prevention of avoidable admissions, medicines optimisation, palliative care and end-of-life services, reinforcing the value of health and social care professionals working as equal partners. The pressures of system failures for individuals was recognised and courageous leaders shared personal and professional stories about the impact of these pressures.

Leadership development also featured prominently, with delegates recognising the need for clearer career pathways, education, research opportunities and succession planning for nurses working within social care. Strengthening leadership capability at every level was seen as essential for attracting, developing and retaining the nursing workforce.

The summit concluded with a shared commitment to strengthening nursing leadership across all sectors and ensuring that social care has a stronger voice within strategic decision-making. The active contribution of the SCNACs demonstrated that social care nursing is increasingly recognised as a strategic partner in improving outcomes for individuals and communities.

Perhaps the strongest message from the day was that social care should not be viewed as a destination after healthcare but as an integral part of the health and care system. As integrated care continues to evolve, the leadership, innovation and expertise of social care nurses will be essential in shaping sustainable, person-centred services that meet the needs of future generations.

For more information about the SCNACs and opportunities to get involved, reach out to The OS (<https://theoutstandingsociety.co.uk/scnac/>), contact Sonia on Admin. SCNAC@theoutstandingsociety.co.uk) or speak to your regional contacts today.

The business case for better care



Some of the decisions that have the biggest impact on a care home's performance are not financial decisions at all. They are everyday care decisions: when a resident needs support, whether an intervention is necessary, how staff time is used and whether a change is recognised before it becomes an incident.

What connects those decisions is information. The more complete the picture a care team has of each resident, the more confidently it can decide what support is needed and when. Increasingly, we are seeing that those better-informed care decisions can have an impact far beyond individual resident outcomes.

The impact becomes particularly interesting when you look at how that plays out across the wider operation of a care home.

At Clipstone Hall & Lodge, greater visibility overnight enabled the home to reduce unnecessary checks by 25%, releasing more than six hours of staff time each night. At Charnwood Country Residence, routine checks reduced by 23%, releasing around three and a half hours. The significance is not simply fewer checks, but staff time being directed towards residents who needed support rather than routinely checking those who did not.

The same principle applies to more complex care decisions. At Azalea Court, information about what was happening when residents were alone helped the team build a clearer picture of individual needs. It also provided objective evidence when discussing one-to-one care with commissioners. Funded one-to-one packages reduced from 18 residents to 10, while additional support remained in place where the

evidence showed it was needed.

There are less obvious commercial effects too. One New Care home reported families specifically mentioning its use of resident monitoring when explaining why they chose the service. At The Grange Nursing Home, better visibility gave the team greater confidence to accept residents whose needs they might previously have considered too complex.



Perhaps most importantly, better information can help teams act before situations escalate. An independent Dorset evaluation of Ally reported a 49% reduction in falls, a 64% reduction in ambulance callouts and a 79% reduction in hospital transfers. A Surrey Heartlands pilot also saw hospital admissions halve across four participating homes.

None of these outcomes started with a cost-saving exercise. They started with care teams having a better understanding of what was happening with their residents.

That raises an important question for providers. If better information can influence how staff time is used, the level of care residents require, the complexity a home can confidently support and the number of incidents that escalate, should we be thinking about resident monitoring as more than a safety tool?

Better care and better business performance may be more closely connected than we think.

Explore what this looks like in practice

Ally is holding Masterclass Learning Workshops in care homes already using advanced resident monitoring, providing an opportunity to hear directly from care teams about what they have learnt and the impact it has had in practice.

[Book a place at a masterclass learning workshop](#)

Why better visibility is becoming essential for care home operators

Care homes generate huge amounts of operational data. Occupancy levels, enquiries, staffing hours, invoices, bed rates and workforce information all help show how a home, or group of homes, is performing. The challenge is turning that information into something useful.

The 2025 Adult Social Care Provider Technology Survey highlighted growing adoption of digital technology across the sector, but also identified ongoing challenges around interoperability, data visualisation and internal analytical capacity.

For care providers, valuable information may be spread across different reports or take time to collate and interpret. When managers spend hours gathering and circulating information, there is less time to act on what the data is telling them.

Turning information into action

Better reporting is about more than reviewing what has already happened. Clearer visibility can help teams identify trends earlier and understand where attention is needed, supporting more informed decisions.

Occupancy is one example. Looking at occupancy alongside enquiry activity can show where vacancies exist and how effectively prospective residents are moving through the admissions process. Conversion rates can highlight where opportunities are being missed.

The same applies to workforce planning. A clear view of staffing levels helps operators understand where pressure is building. Comparing this with hours worked can highlight where resources may need to be adjusted or costs are rising.

Financial information becomes more useful when it is easy to access and understand. Keeping sight of invoices and income can help teams identify changes sooner. Bed-rate information also supports more accurate planning and a clearer view of financial performance.

For multi-site operators, a group-wide view makes it easier to compare performance between homes. It can highlight common trends while showing where an individual home may need additional support.

Making reporting work harder

The value of reporting is not in creating more spreadsheets or dashboards, but in making operational information easier to interpret and use.

Different roles require different levels of detail. A care home manager may focus on occupancy and staffing, while finance teams need visibility of income and billing. Regional managers and boards may require a broader picture across several locations.

Tailored reporting can reduce duplication and support consistent decision-making.

There is a commercial benefit too. Better visibility can help operators respond to occupancy opportunities, control staffing costs and identify financial issues earlier. Over time, these improvements can contribute to stronger margins and more efficient operations.

Ultimately, data should make care home management easier, not create another administrative task.

CoolCare's Advanced Reporting has been developed with this principle in mind, bringing real-time operational information together through customisable dashboards, reports and automated distribution. It allows providers to explore areas including occupancy, enquiries, staffing and financial performance, while tailoring access to different roles.

For care operators looking to get more value from the information they already hold, clearer reporting can support smarter decisions and more efficient operations.

To find out more about Advanced Reporting and how CoolCare can support your care business, email info@coolcare.co.uk or call 01133 853 853.



What could £50,000 do for your care home?

For most care providers, it would fund two more full-time carers. That is [Care England's own estimate](#) of what a home saving £50,000 a year on energy could put back into staffing. And for a lot of providers, savings on that scale are already sitting in their buildings, waiting to be found.

The pressure is familiar. Care England's [Sector Pulse Check](#) found 75% of providers have seen energy costs rise, and the [average annual cost now reaches £1,233 per resident](#). What is less obvious is how much of that spend is simply waste, energy slipping out through heating that runs when rooms are empty, lighting left on, and settings no one has revisited in years.

Here is the shift worth making. That waste is not only an environmental cost. It is money leaking out of your service that could be going into care. A [care home in Manchester proved the point, cutting £20,000 from its annual energy bill by improving its lighting and heating alone](#). No rebuild, no disruption to residents. They found where the energy was going and fixed it.

Measuring your carbon footprint and finding energy hotspots is what Planet Mark does. We are a carbon certification body, proud to partner with Care England, and we help providers turn scattered energy bills into clear decisions. A Planet Mark energy audit shows exactly where cost is concentrated and what each fix will save, so you can act on the biggest wins first. Third-party certification gives you validated carbon data that's accepted in NHS tenders and commissioner conversations. And a clear, staged path to net zero means you focus on the next step, not the whole journey.

None of this asks residents to be colder or

less comfortable. Done well, it means better-controlled heating, fewer draughts and homes that cope better through extreme weather, for residents and staff alike.

You also do not need a strategy to begin. You need twelve months of energy bills and a starting point. From there, it is one confident decision at a time.

As a Care England member, you also receive 10% off your first year of certification and a consultation call with Planet Mark's ESOS auditors.

The money is already in your buildings. The only question is whether it keeps disappearing into energy bills, or starts supporting the people your residents depend on.

The simplest first step is a [free carbon clinic](#): a short, obligation-free session with a Planet Mark expert who will help you see where your savings are and what they could fund.

[Book yours today.](#)





Cybercriminals don't care that you're a care home

Whether you're running a care home or a café, cybercriminals don't stop to check.

That's why the protection we arrange is built to be resilient and layered. It doesn't only cover the financial fallout, but the emotional impact too.

When care is at the heart of what you do, safeguarding it matters.

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Ontex Roundtable 2026 Calls for National Action to Address Growing Crisis in Continence Care

Ontex has released the key findings from its 2026 Adult Continence Roundtable, where senior NHS leaders, Bladder & Bowel UK specialists, Continence Service Managers, and frontline clinicians came together to examine the pressures facing continence care across the UK.

Despite more than **14 million people** living with continence issues, the roundtable revealed that continence care remains one of the most misunderstood and under prioritised areas of healthcare. Participants agreed that patients are accessing support too late, often because they are unaware of continence services or too embarrassed to seek help.

Key Issues Identified

- **Misunderstanding of continence services:** Many patients and clinicians still believe services simply provide pads, rather than specialist assessment, treatment, and rehabilitation.
- **Stigma and silence:** Embarrassment continues to delay help seeking and worsen symptoms.
- **No national pathway:** Inconsistent referral routes, training expectations, and product provision create a postcode lottery of care.
- **Pad first culture:** Staffing shortages, fear of falls, and time pressure are driving a shift away from supported toileting—leading to avoidable loss of continence and reduced independence.
- **Prescribing challenges:** Limited training, budget pressures, and restrictive formularies are undermining safe, person centred product selection.
- **Education gaps:** Bladder & Bowel UK

highlighted that its entire national service is run by just six specialists, underscoring the scale of unmet need.

A Call for System Wide Change

Participants agreed that continence care requires urgent national attention. Priorities include:

- **A standardised national continence pathway**
- **Mandatory continence training** for nurses, carers, and support workers
- **Public awareness campaigns** to reduce stigma
- **Improved product education** for clinicians and patients
- A shift from **containment to rehabilitation**, protecting dignity and independence

Continence is not just a clinical issue—it is a dignity issue. The roundtable made clear that meaningful change will require coordinated action across NHS services, care providers, and policymakers.

View the whole roundtable report here:
<https://bit.ly/2026OntexAdultRoundtable>

SCAN ME



As part of a national legal firm with over 150 specialist health lawyers, we cover all aspects of health care related law and practice.

We have a long history of providing market-leading legal advice to care providers. Our large team of specialist and experienced care homes lawyers advise our regulated care business clients daily across wide-ranging areas including:

- Inquests and inquiries
- Safeguarding and investigations
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- CQC issues and regulatory advice
- Commercial disputes and debt recovery



To find out more about the care services we can offer, contact **Julia Appleton**, Partner, at julia.appleton@weightmans.com

Could a cooling jobs market create a recruitment opportunity for social care?

By Paul Watson, VP at Sona

The UK labour market is changing and for social care providers, that could create an opportunity. New figures from the Office for National Statistics show that UK vacancies fell to 707,000 between May and July 2026, down 2.7% compared with a year earlier. Outside of the pandemic, vacancies have not been this low since 2014. There are now 2.5 unemployed people for every vacancy, compared with 2.3 a year ago.

For employers, that suggests competition for candidates is beginning to ease. And in social care, where recruitment has been one of the sector's most persistent challenges, that matters.

There are encouraging signs already. Skills for Care's latest figures show that the adult social care vacancy rate in England fell to 6.2% in 2025/26, its lowest level in a decade. Around 96,000 posts were vacant on any given day, down 10.5% from the previous year.

But a less competitive jobs market does not automatically solve social care's workforce challenge.

Vacancy levels remain around three times higher than in the wider economy. The number of posts filled by people with a British nationality fell by 40,000 over the past year, while the number of people recruited directly from abroad dropped to 30,000, its lowest level in four years. Skills for Care estimates that the sector could need another 410,000 posts by 2040.

The opportunity, then, is not simply to fill more vacancies while competition for employees is lower. It is to use this moment to make social care a more compelling long-term career choice. That starts with the experience people have once they join.

Pay will always be an important part of the conversation, but employees also value things providers have greater ability to influence directly: predictable working patterns, genuine flexibility, development opportunities, good communication and a sense that their time is respected.

For providers, this means looking beyond recruitment campaigns and considering the everyday experience of work. How far in advance can employees see their schedules? How easy is it to pick up additional hours or request time off? Are managers spending their time supporting teams, or dealing with avoidable administration? Can employees see a clear path to develop within the organisation? These details can help turn an application into a long-term career.

The latest labour-market figures should therefore be seen as a window of opportunity rather than a sign that the recruitment challenge has disappeared. The wider jobs market may be giving social care providers a larger pool of potential candidates, but attracting them is only the first step.

The organisations that benefit most will be those that use this moment not just to recruit more people, but to create the kind of working experience that gives them a reason to stay.

Sona♦

Supporting you and your workforce

Our employment law specialists are here to help you stay compliant, confident, and focused on care.

We advise care home operators on:

- Agency worker regulations
- Contracts, policies and handbooks
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- Pay and working time directives
- Restructuring and TUPE transfers
- Tribunal claims and risk mitigation

To find out more please get in touch.

Stuart Craig

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07917766996



Food First: Putting Nutrition at the Heart of Care

By Rachel Sipaul, Senior Dietitian at apetito

Care homes are caring for residents with increasingly complex needs. Many residents are living with frailty, dementia or swallowing difficulties. At the same time, care teams are working under significant operational pressure. In this context, it is easy for food and drink to be seen primarily as a catering function, something that must be provided safely, on time and within budget.

However, few aspects of care touch a resident's life as often as food and drink. Mealtimes provide opportunities to support health, encourage independence and enable social connection, while providing structure, pleasure and dignity.

Why Food First Matters

Maintaining good nutritional intake can become increasingly difficult with age. Changes in appetite, illness, medication side effects, cognitive decline, poor dentition and swallowing difficulties can all affect how much a resident eats and drinks.

Too often, nutrition receives attention only when a resident has already lost weight, or screens as being at risk of malnutrition. By this point, opportunities for prevention may already have been missed. A food-first approach challenges that reactive model asking care homes to think earlier and more holistically about the role food and drink play in everyday wellbeing.

Older adults need adequate, and in some cases increased, energy, protein, fluid, fibre, vitamins and minerals to support health and wellbeing.¹ For residents with reduced appetite or increased needs, food may need to be more nourishing, more frequent and more carefully planned.

Food-first therefore brings together two essential ideas: nutritional adequacy and resident experience. What Does Food First Mean in Practice?

A food-first approach is not a single intervention but a whole-home culture, embedding food and drink into care planning, rather than it sitting separately as a catering task.

In practice, a food-first approach means making nutrition visible in everyday routines: noticing



when a resident eats less than usual, offering timely alternatives, sharing information between care and catering teams, and recording concerns so that support can be reviewed.

Care homes rightly invest significant time and resource in medicines, clinical monitoring, risk assessments and care planning. Yet food and drink are among the few intervention's residents receive multiple times every day.

While food is not a replacement for medical treatment, dietetic advice or clinical care when needed, it is a powerful part of the wider care environment. ESPEN guidance on nutrition and hydration in older people emphasises the importance of routinely screening for malnutrition, supporting oral nutrition through food fortification and nutritional counselling, and taking an individualised, multidisciplinary approach.²

This reinforces a key message: nutrition is everyone's responsibility. Catering teams, carers, nurses, managers, dietitians, families and residents all have a role to play.

To read the full Food First Care Guide from apetito, including further insights and practical advice, visit: apetito.link/foodfirstguide



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2. Volkert D, Beck AM, Cederholm T, Cruz-Jentoft AJ, Goisser S, Hooper L, et al. ESPEN guideline on clinical nutrition and hydration in geriatrics. Clinical Nutrition. 2019;38(1):10–47.

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Webinar

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- Explore the clinical benefits of the Presto and how it supports patient centred care, safer transfers, manual handling practices and clinical interventions across a range of care environments.
- Evaluate how the Presto has been designed to support the entire equipment pathway, from prescription and delivery through to installation and ongoing use, and the benefits this provides for prescribers, technicians, warehouse teams, commissioners and, most importantly, service users.
- Explore how the Presto's positioning

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Meet our experts

The session is delivered by Jayne Brewer, Occupational Therapist, and Nicholas Drake, Category Lead for Beds at Accora. Jayne qualified as an OT in 1996 and has a wide range of clinical experience across acute and community settings, most recently in Community Equipment Stores providing training and support to prescribers and commissioners. Join us live

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Adult specialist care: Why does a growing £21 billion market still face funding and margin pressures?

The adult specialist care market in the UK is a critical component of the adult social care services sector, delivering long-term support to around 800,000 younger adults aged 18–64 with learning disabilities and autism, physical disabilities, brain injury, mental health and substance abuse needs. Spending has continued to grow as the number of adults receiving support increases and payroll costs inflate. LaingBuisson estimates the market is worth £21.3 billion in financial year 2026/27. While this may suggest a market positioned for sustained expansion, the reality is not as straightforward. Despite a sharp post-Covid increase driving a five-year Compound Annual Growth Rate (CAGR) of 8.9% in nominal terms and 2.1% in real terms, real-terms council spending on long-term social care for younger adults in England in 2024/25 remains below its 2009/10 peak. Growth in the sector is primarily driven by demographic change, particularly the ageing of the learning-disabled population, which is the largest client group.

In the latest research from LaingBuisson's eighth edition of the Adult Specialist Care UK Market Report, proprietary and public data combined with trusted expert commentary from William Laing reveal that 95% of funding comes from public sources while 94% of services are supplied by the independent sector, mainly for-profit providers. Councils prioritise those with the highest needs under strict eligibility criteria, leaving many with lower-level needs reliant on informal support. The shift from residential to supported living is projected to continue, reinforced by expanding housing options. Yet the latest report by LaingBuisson highlights a possible halt in the decline of residential care as remaining residents become more dependent and diminishing returns set in for transitions to supported living in community settings.

The independent sector has shown resilience, and the post-Covid recruitment crisis has eased so that the workforce is no longer cited as the principal challenge for many providers. However,



margin pressure from local authorities and the NHS has halved aggregate operating profitability since 2011/12 for providers that report profit and loss to Companies House. A long tail of micro-providers may prove to be fragile. This is why trusted insights matter.

What appears as linear growth driven by demographics and community care preferences is underpinned by complex dynamics of funding constraints, eligibility thresholds, high lifetime costs and shifting care models that require comprehensive national and regional analysis.

Whether you're a prospecting service provider looking to enter the market, an investor conducting due diligence, or an existing operator seeking to streamline operations, LaingBuisson's latest edition of the Adult Specialist Care UK Market Report contains the latest market data to avoid knowledge pitfalls and make smart business decisions. Complete with public and proprietary data, expert commentary and the latest charts and graphs, this report provides comprehensive insight into this growing market not found elsewhere.

To find out more about the report, please visit laingbuisson.com.

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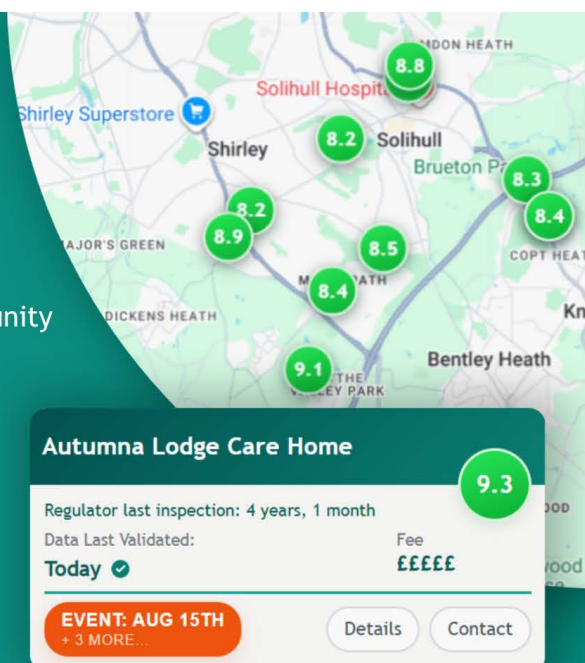
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Why Workforce Problems Are Often Operational Problems

Fabio Cecchi, Commercial Director, Fulcrum Care

Workforce challenges in adult social care are often discussed in terms of recruitment, but when a service is struggling with staffing, the root cause is not always a shortage of applicants. A registered manager may be spending too much time filling rota gaps to support their team properly. Agency use may be increasing because recruitment processes are too slow. Experienced staff may be leaving because supervision is inconsistent or because too much responsibility is falling on too few people.

These are workforce issues, but they are also operational issues. That distinction matters because repeatedly recruiting into an unstable service rarely creates long-term stability. Providers need to understand what is happening behind the vacancies. Are staffing levels aligned with people's needs? Are rotas being planned efficiently? Is sickness increasing? Are employees receiving appropriate supervision and development? Are managers spending enough time leading their teams, or are they being pulled into compliance, administration and constant firefighting?

Agency usage is a good example. Reducing agency spend may be a priority, but simply instructing managers to use fewer agency workers does not address why those shifts are difficult to cover. The underlying issue could be recruitment, retention, absence, working patterns, leadership capacity or a combination of several factors.

The same applies to staff turnover. Pay will always be important, but people also need clear expectations, consistent leadership and confidence that they will be supported in their role. When management teams are stretched, those fundamentals can become harder to maintain.

From our work with care providers, we regularly see that workforce improvement is most

effective when it is considered alongside the wider operation of the service. That means looking at staffing data, agency usage, recruitment, training, supervision, management capacity and care quality together, rather than treating each as a separate problem.

"Workforce pressure is rarely caused by one issue in isolation. Recruitment, retention, agency use, leadership capacity and operational systems all influence one another. The providers that make the strongest progress are often those that step back, understand what is driving the pressure and address the wider operating model rather than focusing on vacancies alone."

It may also mean providing additional management support where internal teams simply do not have the capacity to implement the changes required.

There is no single solution to the workforce pressures facing social care, but understanding the operational causes behind them gives providers a much better starting point. A stable workforce is not created through recruitment alone. It is supported by strong leadership, effective systems and an operating model that gives people the conditions they need to stay and perform well.

For further information and support with workforce optimisation and operational management, contact Fulcrum Care at fulcrumcareconsulting.com.



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Every Photograph Begins with One Question: Is It in the Person's Best Interests?

A photograph can preserve a smile, celebrate an achievement, reassure families, or capture a meaningful moment. Used well, photographs help families stay connected and demonstrate that life in residential care continues to be full of friendship, purpose, and enjoyment.

Before any camera is picked up, one simple question should always be asked.

Is this in the person's best interests?

There is increasing focus on consent for photography within health and social care. Policies, consent forms, and procedures all have an important place, but they should never become the reason a photograph is taken. The starting point should always be the individual. The Mental Capacity Act provides a clear framework for supporting people to make their own decisions wherever possible. Where someone lacks the capacity to consent to having their photograph taken or shared, any decision made on their behalf must be in their best interests. That principle exists to protect the person, not the organisation.

This distinction is important.

A decision should never be influenced by the need to create content for social media, update a website, produce marketing materials, or demonstrate that activities are taking place. While these outcomes may benefit an organisation, they are not appropriate reasons for making a best interests decision. Instead, every discussion should focus on the individual. Would this person want their photograph taken and shared? If they have capacity, do they fully understand what it will be used for and the possible implications of sharing it publicly? Could it identify where they live, compromise their privacy, or even create security risks, such as highlighting that their own home may be empty?

Genuine informed consent means understanding both that a photograph is being taken and how it will be used.

Where a person lacks capacity, decisions must reflect what they would have wanted, not simply what others think is acceptable. Families and those who know the individual well should be consulted because they can provide valuable insight into the person's wishes, beliefs, and values. However, family agreement does not override the person's likely wishes or automatically make publication in their best interests.

These are the questions that matter.

These principles extend beyond photography. Best interests decisions influence healthcare, personal care, activities, and everyday life. Person centred care is demonstrated through the decisions we make, particularly when someone cannot make those decisions for themselves. At Cornerstone Care Solutions Limited, we believe asking, "**Is this in the person's best interests?**" should become second nature. When that question guides every decision, organisations do more than meet their legal responsibilities. They build trust, strengthen professional practice, and protect the dignity of the people they support.

Ultimately, the most powerful image a care service can present is not the photograph itself. It is the confidence that every decision behind that photograph was made for the right reason, with the individual firmly at the heart of the process. That is what truly defines outstanding person-centred care.



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Rest Assured: Connecting Sleep, Comfort and Care

As the Elizabethan playwright Thomas Dekker once wrote, “sleep is the golden chain that ties health and our bodies together.” While the Shakespearean ruffs Thomas once wore are thankfully a thing of the past, his words – penned during the English Renaissance – are as true today as they were then. Perhaps more so, as CareHomeLife explains.

If you were to describe your own sleep quality in a single word, what would it be? Well, if the sixth annual Global Sleep Survey is anything to go by, ‘inconsistent’ is the likely answer. Conducted by Resmed, the sleep apnoea specialist, the survey found that 53% of respondents slept well just four nights a week or less, with fewer than one in three people sleeping well every night.

It’s a worrying trend – especially when applied to the care sector, where the relationship between sleep and health is often at its most acute. From fatigue and increased fall risk to irritability, anxiety and reduced appetite, poor sleep quality touches almost every aspect of the resident experience – bringing with it a raft of long-term health risks. So, what proactive steps can care providers take to ease their residents into a restful night’s sleep?

It’s important to remember that a bed is more than somewhere residents sleep. For some residents, this will be the place where they spend much of their day and it’s why care providers need to consider not only sleep but also overall comfort.

As you might expect, each resident experiences comfort differently and, just like anyone else, each has their own unique preferences. While one resident might feel reassured in a bed fitted with side rails, for instance, another might find those same side rails restrictive or claustrophobic. For these residents, an open side might be more reassuring, but this might also require a crash mat to reduce fall risk. Others might prefer adjustable beds that sit closer to the ground.



All of which is to say, there is no one-size-fits-all approach to bedroom comfort. To achieve the best health and wellbeing outcomes, each resident must be treated as an individual – and that means listening to them and their loved ones to understand how best to support their needs without compromising on their safety. Encouragingly, experience tells us that a system that supports residents also supports care workers – ensuring that they’re caring for residents who are more alert, independent and happier in their home.

As Thomas Tredinnick, CEO and Co-Founder of Ally Cares, says: “We’ve seen that when care teams protect rest, residents eat better, engage more and recover faster. Good sleep isn’t just good for residents; it makes life easier for staff, improves occupancy, and reduces costs.”

Ultimately, quality sleep and bedroom comfort are in everyone’s best interests, and that means taking each and every resident as they come.

To explore the latest innovations in bedroom equipment, including our resident-first range of beds, mattresses and crash mats, visit carehomelife.co.uk.



Solving the Workforce Crisis: How AI Is Changing What's Possible in Care

Workforce pressure remains the single biggest threat to sustainable care delivery. Care England members consistently report the same triad of problems: recruitment is slow and expensive, retention is fragile, and the administrative burden on the staff you do have, is pushing good people out of the sector altogether.

The problem is bigger than headcount. It's tempting to frame the workforce crisis purely as a numbers problem – not enough carers, too many vacancies. But talk to any registered manager and the real story is often about time. Care staff are spending hours each shift on rostering headaches, paper-based record keeping, care plan updates, and compliance documentation; time that should be spent with residents or care recipients. When administration eats into care time, morale drops, agency reliance rises, and the workforce problem compounds itself.

Where technology has fallen short. Many providers have already invested in care management software to digitise records and rostering. That's progress, but most systems still treat staff as data-entry points rather than removing the burden altogether. Digitising a paper process isn't the same as solving the underlying time problem, it just moves the friction onto a screen.

The AI shift and where Access Evo fits. This is where the emergence of AI in care technology matters. Rather than another module to learn, Access Evo has been built as an AI-native layer across Access's care management software, designed specifically to take work off staff, not add to it.

In practice, that means:

- **Automated care note summarisation** – turning verbal handovers and quick observations into structured, compliant records in seconds, not minutes.
- **Predictive rostering support** – flagging gaps and risk before they become last-minute agency spend, easing pressure on permanent staff.
- **Intelligent compliance prompts** – surfacing what needs attention (CQC evidence, medication reviews, care plan updates) before it becomes a crisis, rather than after an inspection.
- **Natural language interaction** – enabling staff



to ask questions of the system and get answers, instead of hunting through screens and folders.

The goal isn't to replace carers' judgement, it's to protect their time so more of it goes where it matters most: direct care.

Why this matters for retention. Workforce retention isn't only about pay, though pay matters enormously. It's also about whether people feel their skills and time are respected. Reducing avoidable admin, giving staff clearer information at the point of care, and cutting the chaos of last-minute rota changes all directly address the reasons carers say they leave the sector.

A sector at turning point. AI in care isn't a distant prospect, it's arriving now, and providers who adopt it thoughtfully stand to gain a genuine advantage in recruitment, retention, and quality of care, at a time when every one of those is under strain.

See for yourself

To see how Access Evo works alongside your existing care management systems, visit Access Evo or speak to your Access account manager about an [Access Evo](#) demonstration.



Beyond compliance: adult safeguarding in a changing legal landscape

Adult safeguarding is a core responsibility for care providers and commissioners, and it is an increasingly complex legal and regulatory area. Good practice depends on understanding important and interlinked legal frameworks like the Care Act 2014 and CQC regulations.

This is also an area of particular importance at the moment as adult safeguarding arrangements come under renewed scrutiny with the Casey commission. For providers, the focus should be on ensuring concerns are identified, escalated and managed in a way that protects individuals, supports staff and demonstrates accountability.

Key principles from the Care Act

The Care Act framework applies where an adult with care and support needs is experiencing, or at risk of, abuse or neglect and cannot protect themselves because of those needs. Its principles — empowerment, prevention, proportionality, protection, partnership and accountability — continue to shape practice.

Section 42 enquiries: what providers need to manage
Local authorities lead adult safeguarding and must make section 42 enquiries where they reasonably suspect an adult may be at risk of abuse or neglect. Providers should co-operate with such investigations, provide information and support access to the adult. Safeguarding enquiries can be demanding. Providers may need to consider separate and related issues about the service user's capacity, wishes and feelings, and the need for best interests decision-making. Where risk is immediate or serious, other statutory frameworks may also be engaged, for example via police powers, the Court of Protection or the Mental Health Act 1983.

Why the Casey commission matters

The Casey commission highlighted fragmented safeguarding arrangements, inconsistent local responses and limited opportunities to learn from Safeguarding Adult Reviews. The new National Adults Safeguarding Board has been set up following Baroness Casey's recommendation and will be urgently reviewing the legal frameworks for adult safeguarding.

For providers, this signals clearer expectations and closer scrutiny. It reinforces the importance of evidencing practical, proportionate safeguarding action rather than relying on policy statements alone.

Linking in with CQC regulations: robust systems, confident decision-making

Regulation 13 requires registered providers to have effective systems and processes to protect people from abuse and improper treatment, including degrading treatment, inappropriate restraint and misuse of restrictions.

A practical response to safeguarding concerns should include clear reporting routes, timely investigation, accurate records, appropriate referrals, and careful consideration of capacity, consent and advocacy. Staff should understand both what to report and how the adult's wishes and wellbeing are being considered.

Where concerns escalate, providers should be ready to engage constructively with local authorities, commissioners, CQC and families. Early legal input can help organisations respond proportionately and manage regulatory, contractual and reputational risks.

How Hempsons can help

Hempsons advises care providers, commissioners and professionals on safeguarding, section 42 enquiries, Regulation 13 compliance, CQC enforcement, Mental Capacity Act and Court of Protection issues, governance, policies, training, and support following serious incidents or reviews. Care England members can get 30 minutes' free legal advice by emailing Hempsons' social care legal advice line at socialcare@hempsons.co.uk or calling **01423 724028**.

Contact:

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HEMPSONS

Payroll: The Hidden Pressure Point in Social Care Staffing

by Damian Wasey, Chief Commercial Officer, New Red Planet

Care home managers and owners, and directors of domiciliary care services, are used to juggling competing pressures: safe staffing levels, CQC inspections, rising costs, and a workforce that is harder to recruit and retain than in almost any other part of the economy. Payroll rarely tops that list of concerns, until it goes wrong. For a growing number of providers, how pay is calculated, processed and delivered behind the scenes has become a genuine differentiator in staff retention, compliance confidence, and the time owners and managers have left over to focus on care itself.

Why payroll is harder in care than in almost any other sector

Care payroll is rarely straightforward. Providers are often running a mix of directly employed permanent staff, bank workers and agency temps across multiple shift patterns: waking nights, sleep-ins, unsociable-hours enhancements, and mileage or travel-time payments for domiciliary teams moving between visits. Add high starter and leaver volumes, multiple pay frequencies, pension auto-enrolment, and the ongoing need to evidence National Minimum Wage compliance on sleep-in shifts, and it is easy to see why an in-house payroll function, often run by a manager with a dozen other responsibilities, can struggle to keep pace.

The cost of getting it wrong

The numbers make the case for taking payroll seriously. Staff turnover in care homes still runs at around a quarter of the workforce each year, and pay is consistently one of the biggest reasons care staff give for moving on. Skills for Care has estimated that replacing a single care worker can cost a provider up to £3,600 once recruitment, induction and lost productivity are factored in, and in domiciliary care, where vacancy rates run at roughly double those seen in care homes, the pressure to hold on to staff is even greater. A payslip that is late, wrong or hard to understand is not just an admin headache; it quietly erodes the trust that keeps people in the job.

Where New Red Planet fits in

New Red Planet (NRP) provides a specialist, fully managed payroll bureau service built around the realities of social care. The bespoke service covers care homes, nursing homes and domiciliary care organisations alike. Rather than running payroll in-house or relying on a generalist provider that does not understand the sector, care providers can outsource the whole function to NRP: processing hours, statutory payments, pension auto-enrolment and RTI submissions to HMRC, right through to producing clear, accurate payslips that staff can trust.

A few things set NRP's payroll bureau apart:

- Sector specialists, not generalists. NRP's team understands the realities of care rotas, including sleep-ins, waking nights, unsociable-hours pay and mileage, and the high volume of starters and leavers care providers manage. Payroll is built around how care organisations actually operate, adapted to sector needs.
- Compliance you can evidence, not just claim. NRP is

FCSA and SafeRec accredited, in addition to being members of the Association of Bureau Managers. These partnerships ensure NRP meets independent standards, while providing the highest levels of compliance within the payroll market. For providers under CQC and commissioner scrutiny, that is a paper trail regulators and auditors expect and respect.

- Fast, accurate payroll, every time. Error-free processing means staff are paid correctly and on time, removing one of the most common, and most avoidable, triggers of staff dissatisfaction and turnover.
- Real people, not a call centre. NRP's model is built around responsive, named account support rather than an anonymous queue, so payroll queries get resolved via phone or your own dedicated Bureau Portal.
- Built to scale with you. Whether it is a single care home or a multi-site group, weekly or monthly pay runs, NRP's bureau service flexes to fit the organisation, freeing owners and managers from payroll administration so they can focus on delivering care.

One partner across your whole care workforce

While providing the very best bureau service, NRP can also bring compliance and efficiency to recruitment agency supply chains. From April 2026, newly introduced joint and several liability rules mean agencies (and care homes) can be held directly liable for tax debts if the payroller in their supply chain gets it wrong, making due diligence on payroll partners a legal necessity rather than a nice-to-have.

NRP already supports social care agencies with its FCSA and SafeRec accredited umbrella and PEO payroll, engaging a range of temporary care workers. Aligning NRP's specialist bureau service with fully accredited recruitment agency service means care homes, agencies and domiciliary providers can now work with a single trusted payroll partner across their whole workforce and supply chain, whether for permanent or temporary workers.

Why now is the time to review your payroll

With staffing pressures unlikely to ease, CQC and commissioner scrutiny only increasing, and the compliance bar for the sector rising, care providers have a clear opportunity to get ahead of payroll problems rather than react to them. Outsourcing to an accredited, care-sector specialist like New Red Planet is not just about efficiency, it is a way to protect staff, protect the organisation, and free up time to focus on what matters most: quality care.

For Care England members looking to strengthen the payroll foundations behind their care workforce, whether directly employed, bank or agency, New Red Planet welcomes the conversation to discuss all aspects of the supply chain payroll. To find out more about how New Red Planet can support you with payroll services, contact

Damian.wasey@newredplanet.com
www.newredplanet.com

Protecting Your Workforce from UKVI Compliance Failures



The care sector is facing its toughest workforce challenge in years. With overseas recruitment routes now closed and the Home Office tightening enforcement, providers who rely on sponsored staff are under intense pressure. UKVI has set up a dedicated compliance unit that is revoking sponsor licences at an unprecedented rate, often on the basis of minor administrative errors such as a late report of a start date or a shortfall in salary of just a few pounds.

The consequences go far beyond paperwork. When a licence is suspended or revoked, UKVI notifies CQC and the local authority. Providers are then asked whether they can still deliver safe care, and are left facing serious questions about what happens to their workforce and whether services need to be scaled back. The staff who came from overseas, often experienced, committed carers who filled roles the resident labour market could not, are left in limbo. The people who suffer most are the vulnerable residents who depend on that continuity of care. The problem is that most providers only discover where they stand when an inspector is already at the door. Many have never been through a UKVI inspection and do not know what to expect, both from the person responsible for the licence and from the sponsored workers themselves, who are interviewed separately to confirm the vacancy was genuine and the role matches their certificate of sponsorship.

The solution is preparation. Providers need robust systems across the five areas UKVI inspects: maintaining migrant contact details, monitoring immigration status, recruitment practices, monitoring attendance and leave, and general sponsor duties. That means a reliable way to track visa expiry dates, keep historic addresses on file, and evidence every stage of recruitment and monitoring, not a spreadsheet checked occasionally by an HR colleague, but a system built specifically for sponsorship compliance.

At [Aston Brooke Solicitors](#), we built our Cierra Secure compliance platform for exactly this purpose, developed and refined since 2008 and vetted by Home Office inspectors. We also run UKVI mock audits, mirroring a genuine inspection so that providers and their staff know precisely what will be asked and how to respond, well before UKVI arrives. If a licence is suspended or revoked unfairly, and many decisions are disproportionate, providers also have the right to challenge them by judicial review. Getting the right advice early makes all the difference to whether a workforce, and the care it delivers, survives the process.

Do not wait until an inspector is at the door. For further information and support with sponsor licence compliance, UKVI mock audits, or the Cierra Secure platform, contact Aston Brooke Solicitors at support@astonbrooke.co.uk or phone 020 3475 4321.

CQC is returning to Good-rated care services: what providers need to know

The Care Quality Commission (CQC) has confirmed that it is returning to assess adult social care services with older Good ratings, as part of its drive to tackle aged ratings and increase assessment activity.

For providers that have not been assessed for several years, this is an important reminder that a historic Good rating is no guarantee of what CQC will find today.

Under the new approach, CQC will return to eligible services that are rated Good overall and across all five key questions, with ratings typically at least six or seven years old.

The programme can include care and nursing homes, supported living services and homecare providers, provided they meet CQC's wider eligibility criteria.

A greater focus on people's experiences

One of the most important aspects of CQC's approach is the emphasis it places on the experiences and outcomes of people receiving care. During assessments, inspectors will spend more time speaking with people using the service, relatives and visitors, visiting professionals, staff and leaders. Where possible, they will also observe care and support to understand what day-to-day life is really like for people.

Records and other documentation will then be used to validate what inspectors have seen and heard.

This distinction is important. **Being inspection-ready is no longer simply about having the right policies and documentation in place. Providers need to be confident that these are reflected consistently in people's actual experiences of care.**

What will CQC assess?

The streamlined approach focuses on 18 quality statements across CQC's five key questions of Safe, Effective, Caring, Responsive and Well-led.

These cover fundamental areas of care delivery including safeguarding, staffing, medicines optimisation, risk management, consent, person-

centred care, people's independence and choice, governance and continuous improvement.

If concerns – or evidence of outstanding practice – emerge during the planning or assessment process, CQC can expand its assessment to additional quality statements.

For providers with a rating that is six or seven years old, a lot may have changed since their last assessment. Leadership teams may be different, staff may have changed, people's needs may have become more complex and systems and processes may have evolved.

The question providers should therefore be asking isn't simply **"Are we still compliant?"**, but **"Could we evidence the quality of our service if CQC assessed us today?"**

Why independent assurance matters

This is where an [independent mock inspection](#) can be particularly valuable.

A good mock inspection shouldn't be about helping a service put on its best face for CQC. It should provide an objective assessment of what is happening in practice, identify potential gaps between policies and people's experiences, and highlight areas requiring improvement before they become regulatory concerns.

Through [WorkNest](#), providers can access [mock CQC inspections](#) delivered by experienced care compliance professionals, alongside wider support with compliance, governance and improvement.

Speak to their team today by [requesting a call back](#) here or giving them a call on 0808 303 7627.

The logo for WorkNest, featuring the word "work" in a dark blue sans-serif font, followed by a stylized human figure icon in a lighter blue color, and then the word "nest" in the same dark blue sans-serif font.

The Regulator Must Embrace Technology to Make Care Safer

The care sector is under enormous pressure. Workforce shortages, increasing complexity and the growing needs of people living with dementia mean providers are being asked to deliver more, often with fewer resources. Technology cannot replace good care, skilled staff or effective leadership. But it can help make care safer, provide better information and support staff to identify risks earlier.

At [Care Campaign for the Vulnerable \(CCFTV\)](#), we believe this needs to become a much bigger part of the regulatory conversation.

The Care Quality Commission has an important role in ensuring that people receive safe, effective and person-centred care. Its assessment framework already considers area including safe care, staffing, governance, learning and improvement.

But the way care is monitored and evidenced also needs to keep pace with technology.

Modern safety technology can potentially provide information that was previously unavailable – helping identify patterns, changes in behaviour, potential risks and incidents that may otherwise only come to light after something has gone wrong.

For care staff, this can be valuable. Staff should not be expected to remember every detail of an incident or rely solely on handwritten records when questions arise. Better technology can support them with more accurate information and help distinguish between genuine concerns, misunderstandings and situations that require further action.

For families, technology can provide greater reassurance and transparency.

For regulators, it could provide another source of evidence when assessing whether a provider has effective systems for identifying and managing risk.

This does not mean greater surveillance.

Technology must always be used responsibly, proportionately and with proper consideration for consent, dignity, privacy and human rights.

The answer is not to replace people with technology. **It is to give people better tools.**

Recent CQC assessments continue to demonstrate why this matters. In one July 2026 assessment, CQC identified weaknesses in incident follow-up and governance, including an example where required post-fall observations were not carried out for 48 hours.

The care sector needs to move from a predominantly reactive model towards one that makes better use of information to identify risk earlier.

[CCFTV](#) believes the regulator, providers, technology companies, families and care professionals need to have a much more open conversation about what responsible technology can contribute to safer care.

The question should no longer simply be “Did something go wrong?”

It should be:

“What information could have helped us identify the risk sooner – and how can technology help us prevent it happening again?”

For further information about Care Campaign for the Vulnerable and its work to improve safety, transparency and accountability in care, please contact CCFTV.

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