2027

PGQ Solutions' Practical Guide to

ACHIEVING AND SUSTAINING

Well-led across your care home service

A practical provider guide for services rated Requires Improvement

Strengthen governance. Evidence improvement. Prepare confidently for your next strategic decision.

THINKING AHEAD TO 2027

- ✓ **Improve and retain?**
- ✓ **Refinance?**
- ✓ **Grow?**
- ✓ **Prepare for sale?**

The strategic question is not simply whether a service has an RI rating. It is whether leaders can demonstrate that risk is understood, improvement is working and quality can be sustained.

Prepared for publication with Chandler & Co

Provider, Governance & Quality Solutions Ltd (trading as PGQ Solutions)

Confidence for Today. Assurance for Tomorrow. | Understand the position. Control the risk. Evidence the improvement.

PUBLICATION CONTROL

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IMPORTANT LIMITATION

This guide supports provider governance, quality-improvement and strategic decision-making. It does not replace legal, regulatory, financial, employment, property or transaction advice. PGQ Solutions is independent of the Care Quality Commission. No consultancy, framework or audit can guarantee a CQC rating, regulatory outcome, funding decision, valuation or sale. Providers remain accountable for operating their regulated activity in accordance with applicable law and regulation.

REGULATORY TRANSITION NOTE

At the publication date, CQC's public provider guidance continues to use five key questions, quality statements, evidence categories and scoring. CQC is also developing and piloting sector-specific assessment frameworks that retain the five key questions while proposing changes to the supporting assessment structure and rating methodology. Providers should therefore keep regulatory mapping under active review rather than build governance around one static inspection template.[1][2]

How to use this guide

- Use the first half to understand what a credible Well-led position looks like and why RI ratings often persist.
- Use the practical sections to test your governance, leadership, risk, evidence and improvement systems.
- Use the 90-day planner and provider self-assessment to convert findings into a controlled improvement programme.
- If you are considering refinancing, growth or sale, use the strategic sections to test how your current evidence would stand up to independent challenge.

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THE CORE MESSAGE

A Requires Improvement rating should trigger a controlled governance response, not a burst of paperwork. Strong Well-led improvement is visible when leaders understand their risks, act on reliable information, verify that actions worked, learn across the service and can show a sustained difference for people.

1. EXECUTIVE INSIGHT

RI is a position, not a strategy

Care home providers enter 2027 in a market where quality, leadership and governance increasingly influence far more than the next CQC assessment. They affect commissioner confidence, lender risk, management stability, acquisition appetite, valuation assumptions and the provider's ability to grow without weakening existing services.

CQC's 2025/26 State of Care report provides important context:

31%	3%	34%
of assessed care homes were rated Requires Improvement for Well-led	were rated Inadequate for Well-led	combined: around one in three homes below Good for Well-led

CQC identifies leadership as a key area for improvement in care homes, particularly governance, systems of accountability and clarity of roles and responsibilities.[3]

The strategic risk of staying RI

- Repeated weaknesses can become evidence that improvement is not embedded or sustainable.
- High internal audit scores lose credibility if care records, incidents, medicines, environmental risks or people's experience tell a different story.
- Leadership instability can turn operational weaknesses into provider-level governance concerns.
- A potential buyer or lender may price not only the current rating, but the cost, time and uncertainty required to restore confidence.
- If the provider cannot explain its top risks, actions and evidence of impact, external stakeholders will form their own view.

> **THE PGQ VIEW**
>
> The objective is not to "look inspection-ready". The objective is to operate a service where the evidence of safe, person-centred and improving care is produced naturally by the way the service is led and governed.

2. WHAT WELL-LED MEANS IN PRACTICE

Leadership, governance, culture and learning must work together

CQC's current assessment framework retains five key questions: Safe, Effective, Caring, Responsive and Well-led. For care homes and supported living services, the Well-led evidence framework includes shared direction and culture; capable, compassionate and inclusive leaders; freedom to speak up; workforce equality, diversity and inclusion; governance and assurance; partnership and communities; and learning, improvement and innovation. [1][4]

Well-led area	What leaders should be able to demonstrate	Weak assurance often looks like
Direction & culture	A clear strategy and values that are understood and visible in practice.	A vision on paper but inconsistent behaviours or priorities.
Leadership	Leaders have capacity, competence, visibility and credibility.	The service depends on one individual or leaders are unsupported.
Speaking up	Staff can raise concerns and see that concerns are acted on.	Whistleblowing policy exists but staff confidence is uncertain.
Governance & assurance	Risks, performance and outcomes are understood and acted on.	Audits are completed but miss the issues later found externally.
Partnership	Professionals, commissioners, people and families influence improvement.	Feedback is collected but does not change decisions or practice.
Learning & improvement	Incidents, complaints and audits lead to measurable, sustained change.	The same themes recur or action only follows external challenge.

WELL-LED IS NOT A SEPARATE DEPARTMENT

A service cannot be genuinely Well-led if Safe, Effective, Caring or Responsive weaknesses remain invisible to leaders. Well-led is the system through which leaders know what is happening, decide what matters, control risk and verify whether improvement has changed people's experience and outcomes.

3. WHY REQUIRES IMPROVEMENT PERSISTS

The recurring gap is often assurance, not activity

Recent 2026 CQC assessments of care homes rated Requires Improvement show recurring patterns. The services differ, but the governance weaknesses are strikingly similar: [5] [6] [7] [8]

Audits did not find what inspectors found Internal quality systems produced reassurance that conflicted with care records, medicines, environmental risks or observation.	**Provider oversight was weak or informal** Contact occurred, but structured challenge, escalation, support and evidence of provider-level scrutiny were limited.
Actions were completed without proving impact Issues were “closed” before re-audit, observation or outcomes demonstrated that risk had reduced.	**Improvement followed external challenge** Changes occurred after CQC or professionals identified concerns rather than through proactive internal governance.
Records did not reflect current need Care plans and risk assessments were inconsistent, contradictory, incomplete or not updated when people’s needs changed.	**Learning did not travel** Incidents, complaints or medicines concerns generated local actions but not service-wide learning or sustained prevention.
Leadership capacity was fragile Vacancy, turnover, insufficient development or over-dependence on the manager weakened oversight.	**Risk was known but not connected** Issues appeared in separate audits or conversations but did not reach the risk register, SIP or provider/board decision-making.

A useful diagnostic question

IF CQC ARRIVED TOMORROW...

Would the principal risks they identify already be visible in your own governance? If the answer is no, the issue is not inspection preparation. It is the reliability of the provider’s assurance system.

4. THE PGQ APPROACH

Evidence → Professional Challenge → Assurance → Leadership → Improvement → Better Outcomes

PGQ Solutions separates activity from assurance. Completing an audit, writing a policy or holding a meeting creates information. Assurance is achieved only when evidence is reliable, challenged, acted upon and the impact is verified.

The PGQ Evidence Ladder™

Move from assumption to independent assurance before leaders rely on a judgement.

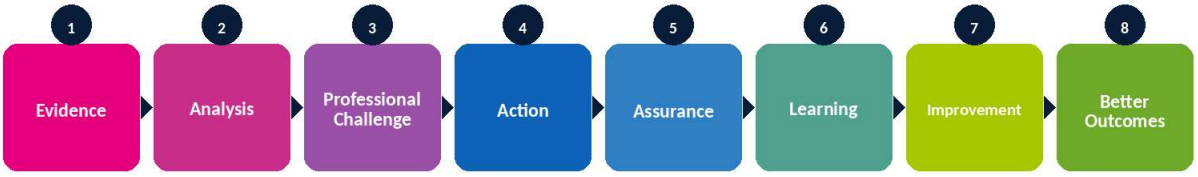


Leadership question: Where are we relying on confidence without sufficient evidence?

A provider can have extensive documentation and still have weak assurance. The question is not "Do we have evidence?" but "How strong is the evidence, and does it support the conclusion we are relying on?"

The PGQ Assurance Cycle™

Evidence must move through challenge, action and learning before it becomes improvement.



The cycle is broken when audits are completed but analysis, professional challenge or verification is weak.

The cycle is strong when leaders can evidence what changed and whether outcomes improved.

5. REGULATION 17 AS AN OPERATING SYSTEM

Good governance should connect risk, evidence, action and improvement

Regulation 17 requires providers to establish and operate effective systems and processes to assess, monitor and improve quality and safety; assess, monitor and mitigate risks; maintain accurate and complete records; seek and act on feedback; and continually evaluate and improve governance practice. CQC guidance also expects scrutiny and overall responsibility at board level or equivalent.[9]

The five governance questions

Question	Evidence of assurance	Evidence of false assurance
Did leaders know?	Risk appears in audits, dashboards, minutes and escalation.	The issue was known informally but absent from governance.
Did they act?	Named action, owner, deadline, resources and control.	Generic action such as “staff reminded”.
Did they verify?	Re-audit, observation, record sampling and outcome review.	Action marked complete without testing.
Did it work?	Trends and people’s outcomes demonstrate improvement.	No baseline, measure or sustained evidence.
Did they learn?	Learning is shared and changes policy, training or practice.	The same issue repeats across audits, incidents or locations.

Minimum governance architecture for an RI service

- Live service risk register with clear controls, ownership and escalation thresholds.
- Service Improvement Plan (SIP) that connects regulatory findings, internal risk, actions, evidence and outcomes.
- Risk-led audit programme with validation checks rather than blanket high scores.
- Incident, safeguarding, complaints, medicines, falls and workforce trend analysis.
- Independent or provider-level visits that challenge the manager’s assurance rather than repeat it.
- Provider or board reporting that explains what changed, what remains uncertain and what needs a decision.

> **PGQ RULE**
>
> An action is not complete because the task was done. It is complete when evidence shows the intended control is operating and the risk has reduced or is being effectively managed.

6. PROVIDER LINE OF SIGHT

Know what is happening when you are not in the building

Provider oversight should create a clear line from frontline practice to provider and board assurance. The aim is not more meetings. It is fewer gaps between what happens, what is known and what is acted upon.

Level	Primary purpose	Minimum evidence	Escalation question
Daily	Immediate safety and operational control	Walkaround, staffing, incidents, medicines, environment	What changed today that needs action now?
Weekly	Short-cycle risk and improvement control	Top risks, actions overdue, clinical alerts, staffing pressures	What is deteriorating or failing to close?
Monthly service	Formal governance and trend review	Audits, incidents, complaints, feedback, workforce, SIP, RR	What themes are repeated and why?
Provider visit	Independent challenge and verification	Observation, records, staff discussion, action verification	Does local assurance match practice?
Board / owner	Resource, risk appetite and strategic assurance	Themes, risk, outcomes, exceptions, decisions	What requires resource, escalation or strategic action?

What the Nominated Individual / provider should be able to answer without preparation

- What are the service's three highest current risks?
- Which people are at greatest clinical or safeguarding risk today?
- Which improvement actions are overdue or repeatedly reopened?
- Where does audit evidence conflict with incidents, complaints, care records or observation?
- What has improved in the last 30 days and what evidence proves it?
- What requires a provider or board decision rather than a manager action?

LINE OF SIGHT TEST

If the provider's knowledge depends on the Registered Manager choosing what to report, governance is fragile. Independent challenge, dashboards and risk escalation should ensure that significant issues travel upwards even when the message is uncomfortable.

7. LEADERSHIP, CULTURE AND SPEAKING UP

Sustainable improvement depends on behaviour, not only systems

A turnaround can produce cleaner audits without producing a healthier culture. Well-led improvement becomes sustainable when leaders are visible, staff understand expectations, challenge is welcomed and accountability is fair and consistent.

Test	Stronger position	Warning sign
Leadership capacity	RM, deputy and senior roles are clear; succession and development are active.	One leader carries most knowledge, challenge and follow-up.
Visible leadership	Leaders observe practice and speak with people and staff.	Governance is desk-based and dependent on reports.
Speaking up	Staff can describe how to raise concerns and believe action will follow.	Concerns are minimised, personalised or treated as disloyalty.
Supervision	Supervision addresses competence, wellbeing, accountability and development.	Forms are signed but repeated performance issues remain.
Learning culture	Incidents and mistakes generate shared learning and changes in practice.	Blame, reminders and retraining are the default response.

Leadership recovery priorities for an RI service

- Confirm who is accountable for each high-risk domain and what authority they hold.
- Set non-negotiable standards for escalation, record accuracy and action closure.
- Create a visible leadership rhythm: walkaround, huddle, review, provider challenge and feedback.
- Use supervision and competency assessment to test practice, not simply training completion.
- Track leadership workload and capacity; improvement plans fail when the same small group owns every action.
- Recognise improvement and positive practice as well as deficits.

CULTURE QUESTION

What happens when a member of staff brings bad news? The answer tells you more about Well-led maturity than the existence of a whistleblowing policy.

8. RISK, CARE QUALITY AND CLINICAL ASSURANCE

Well-led is visible in the safety and experience of people

Governance should connect directly to the risks people experience. For an RI care home, provider assurance should deliberately sample the areas most capable of causing harm or demonstrating systemic weakness.

Medicines Omissions, PRN, time-sensitive medicines, stock, competency, pharmacy actions	**Falls & mobility** Risk assessment, post-fall review, injury, equipment, trends
Nutrition & choking MUST, weights, IDDSI, referrals, care plans, mealtime practice	**Skin integrity** Risk, repositioning, equipment, wound records, escalation
MCA / DoLS Decision-specific capacity, best interests, restrictions, authorisations	**Safeguarding** Referrals, investigations, repeat themes, organisational concerns
Workforce Dependency, deployment, agency, training, supervision, retention	**Environment** Fire, hot surfaces, water safety, maintenance, call systems, equipment

Triangulation: one source is rarely enough

People's experience	Records & documentation	Observation of practice	Leadership knowledge
What people and families say	What care plans, audits and data show	What can be seen in real practice	What leaders know, challenge and escalate

WHEN EVIDENCE CONFLICTS

Do not select the most reassuring version. Investigate the discrepancy. A high audit score alongside repeated incidents, poor care records or negative experience is a governance finding in its own right.

9. FROM CQC FINDING TO EVIDENCED IMPROVEMENT

Build an improvement programme that can withstand challenge

The most common weakness in improvement plans is that they describe tasks rather than the change the provider intends to achieve. “Update care plans” is an activity. “All people with identified choking risk have current, accurate plans that staff can explain and follow, verified through record sampling and observation” is a controlled improvement objective.

Finding	What was identified?
Impact / risk	How does this affect, or potentially affect, people?
Root cause	Why was the problem able to occur or persist?
Improvement required	What must change in practice or governance?
Owner	Who is accountable for delivery?
Due date	When must the action be operating?
Evidence required	What will demonstrate implementation?
Assurance method	How will leaders verify the action worked?
Outcome / sustainability	What changed for people and how will it be maintained?

Action closure rules

- Do not close a high-risk action because a policy has been updated.
- Do not use training completion alone as evidence of changed practice.
- Re-audit the original finding and sample enough evidence to test consistency.
- Where improvement is new, keep the risk visible until sustainability is demonstrated.
- Escalate overdue actions and explain why the original control failed.
- Record the outcome for people, not only the organisational output.

GOOD IMPROVEMENT EVIDENCE

A reviewer should be able to trace: finding → risk → action → evidence → verification → outcome. If that chain breaks, the provider may have activity but not assurance.

10. INSPECTION READINESS EVERY DAY

The evidence should already exist before CQC asks for it

Inspection readiness is strongest when it is a by-product of good governance. The provider should not need to build a separate version of the service for inspection.

Evidence area	What should be current	Provider challenge
Risk & improvement	Live risk register, SIP, evidence of closed and sustained actions	Which risks are increasing, static or reducing?
Care quality	Risk-led care plan samples, outcomes, clinical audits	Can staff safely support the person from the record?
Governance	Audit calendar, provider visits, dashboards, minutes	Where has challenge changed a decision?
Incidents & safeguarding	Trends, investigations, duty of candour, learning	What repeated and what was changed to prevent recurrence?
Workforce	Establishment, rota, dependency, training, supervision, competence	Is completion data reflected in competent practice?
People & families	Meetings, surveys, complaints, compliments, actions	What changed because people told us something?

Provider interview test

- What has deteriorated in the last six months?
- Which audit finding worries you most?
- What is the service's highest residual risk?
- What assurance have you independently verified this month?
- Which previous CQC concern has taken longest to embed, and why?
- What is the clearest evidence that people's outcomes have improved?

PIR AND NARRATIVE

Your PIR, improvement plan, governance minutes and what leaders say should tell the same story. Inconsistency between narrative and evidence weakens confidence even where individual documents appear strong.

11. THINKING STRATEGICALLY ABOUT 2027

Use your Well-led position to support the next decision



Decision	What matters	Well-led evidence to strengthen	Key question
Retain & improve	Sustainable quality and leadership	SIP closure, risk reduction, stable leadership, outcomes	Can we show the service is genuinely on a different trajectory?
Refinance	Lender confidence in risk and control	Independent assurance, capex clarity, governance reporting	What risks could affect cashflow, occupancy or licence to operate?
Grow	Governance capacity and replication	Provider oversight, succession, board reporting, standard systems	Can our current model absorb another service without weakening this one?
Prepare for sale	Reduce buyer uncertainty and remediation burden	Regulatory history, current evidence, leadership continuity, capex/SIP	What would a sceptical buyer discover that we have not already controlled?

DO NOT WAIT FOR THE TRANSACTION

If sale or refinancing may be part of the 2027 plan, the strongest time to address regulatory and governance weaknesses is before the service enters a formal process. Improvement evidence needs time to become credible and sustained.

12. IF A SALE OR REFINANCE MAY BE PART OF THE PLAN

Understand how an external reviewer may see an RI service

An RI rating does not automatically make a care home unattractive. It changes the due diligence questions. Buyers and lenders will want to understand whether the rating reflects historic issues that are being demonstrably resolved, or current weaknesses that remain inadequately controlled.

External challenge	Evidence that builds confidence	Evidence that increases uncertainty
Why is the service RI?	Clear root causes, regulatory mapping and action status.	Generic statement that "everything has been addressed".
Is improvement real?	Re-audit, trend improvement, outcomes and independent verification.	Actions closed immediately after completion.
Will leadership remain?	Credible RM/deputy structure and retention/succession plan.	Reliance on one person or unresolved registration gap.
What investment is needed?	Costed workforce, compliance and capital requirements.	Deferred works or uncosted improvement burden.
Can governance sustain quality?	Provider line of sight, risk escalation and board assurance.	High audit scores contradicted by external findings.
What remains on Day One?	Transparent residual risk register and integration plan.	Material risks emerge only during buyer diligence.
How credible is the narrative?	Evidence matches records, staff, observations and outcomes.	Seller narrative is stronger than the underlying evidence.

QUALITY-ADJUSTED THINKING

A buyer or lender may look beyond headline EBITDA or occupancy to the recurring cost of safe staffing, competent leadership, clinical oversight, regulatory compliance and required capital works. Governance weakness can therefore become a commercial issue even where trading performance appears strong.

13. 90-DAY IMPROVEMENT PLANNER

A practical route from immediate control to sustainable assurance

0–7 DAYS

CONTROL IMMEDIATE RISK

- ✓ Confirm top clinical, safeguarding, medicines and environmental risks.
- ✓ Review open enforcement / CQC actions and overdue high-risk actions.
- ✓ Stabilise staffing and leadership escalation.
- ✓ Create daily oversight for critical risks.
- ✓ Start evidence register for actions completed.

8–30 DAYS

BUILD THE BASELINE

- ✓ Complete risk-led Independent Inspection Readiness / assurance review.
- ✓ Rebuild live risk register and SIP around current evidence.
- ✓ Validate care records, medicines, MCA/DoLS and workforce assurance.
- ✓ Establish governance calendar and provider visit cycle.
- ✓ Engage staff, people, relatives and key professionals.

31–60 DAYS

VERIFY CHANGE

- ✓ Re-audit priority findings and sample actual practice.
- ✓ Analyse incidents, falls, complaints, safeguarding and medicines trends.
- ✓ Address leadership capability and competency gaps.
- ✓ Escalate stalled actions and allocate resources.
- ✓ Report outcomes and residual risk to provider / board.

61–90 DAYS

TEST SUSTAINABILITY

- ✓ Repeat independent/provider assurance sampling.
- ✓ Confirm previously closed risks remain controlled.
- ✓ Test staff understanding and consistency across shifts.
- ✓ Evidence what changed for people and families.
- ✓ Agree the next 6–12 month quality and strategic plan.

PACE WITH CONTROL

Urgency is appropriate where people are at risk. But speed should not create false closure. High-risk improvements need enough time and evidence to demonstrate that practice has changed and remains changed.

14. PROVIDER WELL-LED SELF-ASSESSMENT

Use evidence, not confidence, to score your current position

For each question mark Yes, Partly or No and record the evidence you would show an independent reviewer. A "Yes" without current evidence should be treated as Partly until verified.

Area	Question	Y	P	N / evidence note
Direction & culture	Can staff explain the service's current priorities and why they matter to people?	☐	☐	☐ _____
Direction & culture	Are values visible in day-to-day decisions, not only displayed on walls?	☐	☐	☐ _____
Leadership	Is there a stable, credible leadership structure with clear accountability?	☐	☐	☐ _____
Leadership	Does the provider actively support and challenge the Registered Manager?	☐	☐	☐ _____
Leadership	Is succession or contingency in place for key leadership roles?	☐	☐	☐ _____
Speaking up	Can staff explain how to raise concerns and give examples of concerns being acted on?	☐	☐	☐ _____
Speaking up	Are whistleblowing, grievances and staff feedback reviewed for themes?	☐	☐	☐ _____
Governance	Are the service's top risks visible in a live risk register?	☐	☐	☐ _____
Governance	Do audit findings, incidents and complaints flow into the SIP and governance meetings?	☐	☐	☐ _____
Governance	Do provider visits independently verify local assurance?	☐	☐	☐ _____
Governance	Are high audit scores challenged where other evidence conflicts?	☐	☐	☐ _____
Governance	Can actions only close when evidence demonstrates implementation and impact?	☐	☐	☐ _____

14. PROVIDER WELL-LED SELF-ASSESSMENT

Continued

Area	Question	Y	P	N / evidence note
Risk & care	Are high-risk care and clinical areas sampled according to actual resident need?	☐	☐	☐ _____
Risk & care	Are care plans and risk assessments current, person-centred and consistent with practice?	☐	☐	☐ _____
Risk & care	Are medicines, falls, choking, skin and MCA/DoLS risks analysed for themes?	☐	☐	☐ _____
Workforce	Does staffing reflect dependency, acuity and actual deployment needs?	☐	☐	☐ _____
Workforce	Is training completion supported by competency evidence?	☐	☐	☐ _____
Workforce	Do supervision and appraisal result in development or performance action?	☐	☐	☐ _____
Learning	Are incidents, complaints and safeguarding concerns analysed for recurrence and root cause?	☐	☐	☐ _____
Learning	Can leaders show one example where learning changed practice across the service?	☐	☐	☐ _____
People	Can people and relatives identify changes made because of their feedback?	☐	☐	☐ _____
Partnership	Are commissioner / professional concerns tracked and closed with evidence?	☐	☐	☐ _____
Improvement	Can you show sustained evidence for each major CQC action?	☐	☐	☐ _____
Improvement	Can leaders explain what remains uncertain or not yet fully assured?	☐	☐	☐ _____

Reflection

Our three strongest areas are: _____

Our three highest Well-led risks are: _____

The evidence we currently rely on but have not independently verified is: _____

The one improvement that would most strengthen confidence in 2027 is: _____

WORKING ACTION PLANNER

Use this page to convert the self-assessment into a small number of controlled priorities. Avoid creating an improvement plan so large that leaders cannot distinguish the critical risks from routine development.

Priority / risk	Action	Owner	Due	Evidence required	Assurance method	Outcome / status

KEEP IT CONTROLLED

If an action has no owner, due date, evidence requirement or assurance method, it is not yet a controlled improvement action. If it has no intended outcome for people, challenge why it is a priority.

Provider / board decisions required

_____

_____

_____

_____

15. THE FINAL PGQ TEST

Would your evidence convince an independent sceptic?

Before describing a service as improved, inspection-ready or well-governed, ask:

- Do leaders know the real risks — including the uncomfortable ones?
- Does the evidence come from more than one source?
- Have actions changed practice, not only documents?
- Can the provider demonstrate sustained improvement over time?
- Would staff, people, families, records and observations tell the same story?
- Is the improvement strong enough to support the provider's 2027 strategy?

THE PGQ TEST

Will this improve the lives of people receiving care? If the answer is uncertain, gather better evidence and challenge the action before treating it as assurance.

How PGQ Solutions can support

Independent Inspection Readiness Review	Objective, evidence-led view of current regulatory exposure and improvement priorities.
Regulation 17 / Provider Assurance	Independent provider-level challenge, risk verification and governance reporting.
Retained Governance & Regulatory Assurance	Ongoing director-led oversight, SIP/risk review and provider or board assurance.
Turnaround & Enforcement Support	Structured recovery where services face RI/Inadequate findings, Warning Notices or heightened scrutiny.
Leadership Support	Registered Manager, Nominated Individual and provider coaching focused on governance and evidence.
PGQ Care Compass	Digital auditing and governance platform supporting visibility of audits, actions, risk, trends and assurance within the provider's wider governance system.
Acquisition & Lender Assurance	Pre-acquisition, lender risk and post-completion assurance where regulatory position affects a transaction.

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PGQ SOLUTIONS

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