

CQC and Care Inspectorate Scotland: Expectations Around Registration

What has changed, what does it mean, and what does it take to get registered?

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Introduction

Registering a care service is the first and most consequential regulatory act a provider will undertake. It is not a formality. It is the point at which the regulator decides whether you are fit to provide care — and it sets the terms under which you will be held accountable for the rest of your service's life.

In both Scotland and England, the registration landscape has changed fundamentally over the past two decades. What was once a relatively straightforward administrative process has become a rigorous, evidence-based assessment of governance, leadership, financial viability, workforce readiness, and operational preparedness. The bar has risen — and it is still rising.

This paper provides a factual, comparative analysis of registration requirements under the Care Inspectorate in Scotland and the Care Quality Commission (CQC) in England. It examines how the process has evolved, what each regulator now expects, what applicants need to prepare, and the commitment required to achieve and sustain registration.

1. How Registration Has Changed

The Early Years: 2002–2010

When the National Care Standards were introduced in Scotland in 2002 under the Regulation of Care (Scotland) Act 2001, registration was primarily a gatekeeping exercise. The Scottish Commission for the Regulation of Care (the Care Commission) assessed whether premises were suitable, whether the applicant was a fit person, and whether basic policies were in place. The process was thorough but largely paper-based, and the emphasis was on structural compliance — the building, the staffing ratios, the policies on file.

In England, the position was similar. The Commission for Social Care Inspection (CSCI), and later the Care Quality Commission from 2009, operated a registration model under the Health and Social Care Act 2008 that focused on regulated activities, fit persons, and location-based registration. The

Key Lines of Enquiry (KLOEs) provided the assessment framework, and registration was the entry point into that system.

The Middle Period: 2011–2020

In Scotland, the Care Inspectorate was established in April 2011 under the Public Services Reform (Scotland) Act 2010, replacing the Care Commission. Registration requirements became more detailed: applicants were expected to demonstrate not just fitness and premises suitability, but the quality of proposed care systems, the qualifications of the manager, and alignment with the National Care Standards (later replaced by the Health and Social Care Standards in 2017).

In England, CQC underwent significant expansion, absorbing responsibility for health and social care regulation. The introduction of the Fundamental Standards in 2014 (under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014) raised the threshold for registration, requiring providers to demonstrate compliance with 13 fundamental standards covering everything from person-centred care to good governance, staffing, and duty of candour.

2020 to Present: The Current Landscape

Both regulators have significantly tightened their processes in response to high-profile failures, sector growth, and the lessons of the COVID-19 pandemic.

In Scotland, the Care Inspectorate now assesses financial viability, conducts online searches of publicly available information about applicants, requires PVG (Protecting Vulnerable Groups) checks countersigned by the Care Inspectorate itself, and expects applicants to demonstrate alignment with the Health and Social Care Standards 2017 from the point of application. The registered manager must hold a minimum SCQF Level 7 qualification (Care Inspectorate, 2025).

In England, the transformation has been even more dramatic. From 9 February 2026, CQC will no longer chase incomplete applications — they will be returned or rejected outright (CQC, 2026). The move from KLOEs to the Single Assessment Framework has fundamentally changed how applications are assessed. Applications must be complete, accurate, and inspection-ready from the moment they are submitted (Cura Compliance, 2026).

2. What Each Regulator Now Expects at Registration

Care Inspectorate — Scotland

Governing legislation: Public Services Reform (Scotland) Act 2010; The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

Application process: Online via the Care Inspectorate's secure portal. The application is tailored to the service type and applicant type (individual or organisation). A non-returnable application fee is payable on submission (Care Inspectorate, 2025).

The Care Inspectorate assesses the following areas:

Fitness of the applicant: References, PVG scheme checks (countersigned by the Care Inspectorate), health declarations, and online searches of publicly available information. Where concerns arise, the Care Inspectorate may contact Police Scotland (Care Inspectorate, 2021).

Registered manager: Must hold a minimum SCQF Level 7 practitioner qualification (e.g., SVQ Social Services and Healthcare SCQF Level 7). This replaced the earlier requirement for a Level 9 manager qualification following feedback from services (Care Inspectorate, 2025). The manager must also be registered with the SSSC.

Aims and objectives: A detailed statement setting out the type of service, the people it will support, and how care will be delivered. This is the Scottish equivalent of the Statement of Purpose and is critical to the assessment (Care Inspectorate, 2019).

Premises: A site visit will be conducted for any service that includes premises. For care homes, the premises must comply with the Care Inspectorate's Design Guide (updated 2026), which now mandates full wetroom provision in all new builds.

Care systems and quality assurance: The inspector will review proposed policies, procedures, care planning systems, and quality monitoring arrangements. Alignment with the Health and Social Care Standards 2017 is expected from day one.

Financial viability: The Care Inspectorate may assess the financial viability of the service (Care Inspectorate, 2021).

Timeline: The Care Inspectorate aims to process applications within six months (three months for childminding). This assumes a complete and competent application; delays are common where information is missing or inadequate (Care Inspectorate, 2025).

CQC – England

Governing legislation: Health and Social Care Act 2008; Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Care Quality Commission (Registration) Regulations 2009.

Application process: Historically via an online portal, but significant disruption in 2024–25 has meant many applications are now submitted using Word document templates emailed to a dedicated CQC inbox (DKJ Support Services, 2026). From February 2026, all applications follow a standardised, no-second-chances process.

CQC assesses the following:

Fit and Proper Person: Enhanced DBS checks for the Nominated Individual and Registered Manager, countersigned by CQC. This can take 4–8 weeks and is frequently the biggest cause of delay (DKJ Support Services, 2026).

Statement of Purpose: The single most important document in the application. It must detail the service type, regulated activities, client group, staffing structure, and service philosophy. Data from 2025 indicates that 22% of applications are rejected or delayed because the Statement of Purpose is too vague or does not match the regulated activities selected (MyProjectz, 2026).

Policies and procedures: Five core policies must be uploaded: Governance, Quality Assurance, Safeguarding, Medication Management, and Infection Control. These must be service-specific, legally compliant, and operational – not generic templates (CQC, 2025).

Business plan and financial viability: Care home applicants must now submit a detailed business plan demonstrating financial viability and operational readiness (Cura Compliance, 2026).

Premises: For care homes, evidence of suitable premises including a building control completion certificate. For domiciliary care, evidence that the office base is suitable for managing the service (CQC, 2025).

Workforce: A recruitment plan and training schedule covering mandatory and role-specific training. For services supporting autistic people or people with a learning disability, Oliver McGowan Mandatory Training must be evidenced (Croner, 2026).

Section 7 – Meeting the Regulations: Applicants must demonstrate how they will meet the regulations across the five key questions: safe, effective, caring, responsive, and well-led. Under the Single Assessment Framework, this is assessed through quality statements rather than the former KLOEs (ShiftCare, 2026).

Fees: Registration fees vary by service type. Annual continuation fees apply thereafter (CQC, 2025).

Timeline: Once validated, processing takes 10–12 weeks. DBS checks add 4–8 weeks. Total timeline from submission to registration is typically 4–6 months (DKJ Support Services, 2026).

3. Side-by-Side Comparison

	Care Inspectorate (Scotland)	CQC (England)
Legislation	Public Services Reform (Scotland) Act 2010; SSI 2011/210	Health and Social Care Act 2008; Regulated Activities Regulations 2014
Application	Online portal, tailored to service type	Word templates emailed to CQC; from Feb 2026 standardised no-second-chances process
Fit Person	PVG checks countersigned by CI; references; health declarations; online searches	Enhanced DBS countersigned by CQC; fit and proper person test for directors
Manager	SCQF Level 7 minimum; SSSC registration required	Registered Manager required; competence assessed at interview; no minimum qualification in legislation
Key Document	Aims and Objectives statement	Statement of Purpose (22% rejection rate when inadequate)
Policies	Expected; must align with HSCS 2017; number not prescribed	Five mandatory: Governance, QA, Safeguarding, Medication, IPC
Financial	May be assessed	Business plan mandatory for care homes from Feb 2026

Premises	Site visit; Design Guide 2026 for care homes (wetrooms mandatory)	Building control certificate for care homes; office suitability for domiciliary care
Standards	Health and Social Care Standards 2017	Fundamental Standards 2014; Single Assessment Framework from 2026
Timeline	Up to 6 months	4–6 months (including DBS)
Fees	Set by Scottish Ministers; varies by service size	At time of writing £1,867 approx. + annual continuation
Incomplete apps	May be closed or rejected	Returned or rejected outright from Feb 2026

4. What You Need to Get Registered

Regardless of jurisdiction, the registration process demands a level of preparation that many applicants underestimate. The following is a practical summary of what must be in place before an application is submitted.

Governance and Legal Structure

Your legal entity must be established (company, partnership, or individual). In Scotland, organisational applicants must provide their constitution, articles of association, or partnership agreement. In England, 84% of new providers register as an organisation (MyProjectz, 2026). Directors must meet the fit and proper person requirements in both jurisdictions.

Registered Manager

In Scotland, the manager must hold SCQF Level 7 and be registered (or registering) with the SSSC. In England, there is no prescribed minimum qualification, but the manager must demonstrate competence and will be interviewed by CQC. In both jurisdictions, the registered manager carries personal legal accountability for the quality and safety of the service.

Premises

For care homes in Scotland, premises must comply with the Care Inspectorate’s Design Guide 2026, including full wetroom provision for all new builds. In England, a building control completion certificate is required. For care at home and domiciliary care services, an office base must be demonstrated as suitable for managing the service.

Policies, Procedures, and Care Systems

This is where most applications succeed or fail. Both regulators expect comprehensive, service-specific policies that are legally compliant, evidence-based, and operational. Generic templates will not pass scrutiny. In England, five specific policies must be uploaded. In Scotland, the expectation is broader — the inspector will review all proposed care systems and quality assurance arrangements.

Workforce Plan

Both regulators expect evidence that you have a credible plan for recruiting, training, supervising, and retaining staff. This includes mandatory training schedules, induction programmes, supervision frameworks, and (in England) specific training for services supporting autistic people or people with a learning disability.

Financial Viability

In England, a business plan demonstrating financial viability is now mandatory for care home applications. In Scotland, the Care Inspectorate may assess financial viability. In both jurisdictions, the message is clear: you must demonstrate that your service is financially sustainable before you are permitted to care for vulnerable people.

Disclosure and Vetting

In Scotland: PVG scheme membership, with applications countersigned by the Care Inspectorate. In England: enhanced DBS checks countersigned by CQC. Both processes take several weeks and should be initiated as early as possible.

5. The Commitment Required

Registration is not the end of the process — it is the beginning. Both regulators impose ongoing obligations that providers must fulfil for as long as they are registered:

Inspection: Both regulators inspect on a risk-assessed basis. In Scotland, the Care Inspectorate uses quality frameworks with key questions tailored to each service type. In England, CQC is targeting 9,000 assessments by September 2026 under the Single Assessment Framework (CQC, 2026).

Notifications: Providers must notify the regulator of specified events: deaths, serious injuries, safeguarding incidents, and significant changes in service operation. Failure to notify is a regulatory breach.

Annual fees: Both regulators charge annual continuation fees. Non-payment can result in enforcement action.

Self-evaluation: In Scotland, providers are expected to submit annual self-evaluations against the quality framework. In England, CQC expects ongoing quality monitoring and evidence of continuous improvement.

Record keeping: Both regulators specify the records that must be maintained. In Scotland, the Care Inspectorate publishes detailed guidance on records all registered services must keep.

Conditions of registration: Both regulators can impose conditions — limiting service users, restricting care types, or requiring improvements. Breach of conditions is a serious regulatory matter.

Registration is not a licence to operate and forget. It is a continuing obligation to maintain the standards on which registration was granted — and to improve on them.

6. What Happens If You Get It Wrong

Operating a care service without registration is a criminal offence in both Scotland (Public Services Reform (Scotland) Act 2010) and England (Health and Social Care Act 2008). Both carry the potential for prosecution and unlimited fines.

Beyond the legal consequences, a rejected or poorly prepared application wastes time, money, and momentum. Fees are non-refundable in both jurisdictions. Premises costs, staff recruitment, and business planning expenditure incurred before registration is granted are all at risk if the application fails.

In England, from February 2026, a rejected application means starting again from scratch — there is no partial acceptance and no informal correction process (Cura Compliance, 2026). In Scotland, while the Care Inspectorate may request additional information during the assessment, an inadequate application risks closure or refusal (Care Inspectorate, 2021).

How Mac Research and Consultancy Can Help

Mac Research and Consultancy Limited supports providers through the full registration journey in both Scotland and England — from pre-application planning through to successful registration and first inspection readiness.

Pre-Application Advisory: We help you determine the right service type, legal structure, and regulatory pathway before you commit time and capital. We advise on premises requirements, staffing models, and the regulatory expectations specific to your service type and jurisdiction.

Application Preparation: We prepare or review all application documentation to the standard the regulator expects, including the Statement of Purpose (England) or Aims and Objectives (Scotland), governance policies, care system documentation, workforce plans, and financial viability statements. Our documents are bespoke, service-specific, and legislation-referenced — not generic templates.

Policy Suite Development: We build comprehensive policy suites tailored to the specific legislative and regulatory framework of each jurisdiction and service type. For providers operating across Scotland and England, we deliver dual-framework policy suites that meet the requirements of both the Care Inspectorate and CQC.

Registered Manager Support: We support registered managers through the application process, interview preparation, and the transition from registration to operational delivery. We understand the personal accountability that comes with having your name on the registration.

Mock Inspection and Readiness Assessment: Once registered, we conduct inspection readiness assessments against the Care Inspectorate's quality framework or CQC's Single Assessment Framework, identifying gaps and building the evidence base before the regulator arrives.

Digital Care Solutions: Through our partnership with Konpanion, we support providers to adopt digital care planning, AI-assisted documentation, and technology-enabled care solutions that meet regulatory expectations for record keeping and quality assurance.

Dual Regulatory Fluency: Mac Research operates across both Scotland and England with full fluency in both regulatory frameworks. For providers expanding across the border, or for investors entering the UK market, this dual expertise eliminates the risk of regulatory misalignment.

Our work is grounded in three values: **Expertise, Integrity, and Impact.** We do not offer generic compliance packages. Every engagement is built around the specific service, the specific regulator, and the specific outcomes the provider is trying to achieve.

To discuss your registration needs, contact us at: www.macresearchandconsultancy.co.uk

References

- Care Inspectorate (2019) Guidance for Providers and Applicants on Aims and Objectives. Dundee: Care Inspectorate.
- Care Inspectorate (2021) Guidance for Applicants on Applying to Register a Care Service. Dundee: Care Inspectorate. Available at: https://www.careinspectorate.com/images/documents/6197/Applying_registration_applicantguidance_july21-web.pdf (Accessed: 15 April 2026).
- Care Inspectorate (2025) Register a Care Service. Available at: <https://www.careinspectorate.com/index.php/register-a-care-service> (Accessed: 15 April 2026).
- Christie & Co (2026) Scottish Healthcare Market Review 2026. London: Christie & Co. Available at: <https://www.christie.com/sectors/care/scottish-healthcare-market-review-2026/> (Accessed: 15 April 2026).
- CQC (2025) Register as a Provider. Newcastle upon Tyne: Care Quality Commission. Available at: <https://www.cqc.org.uk/guidance-regulation/providers/registration/register-provider> (Accessed: 15 April 2026).
- CQC (2026) Our Improvement Plans for 2026. Newcastle upon Tyne: Care Quality Commission. Available at: <https://www.cqc.org.uk/about-us/improving-how-we-work/1125-update> (Accessed: 15 April 2026).
- Croner (2026) 'Registering a New Care Service with the CQC: In-depth', Croner-i, 9 February. Available at: <https://app.croneri.co.uk/topics/registering-new-care-service-cqc/indepth> (Accessed: 15 April 2026).
- Cura Compliance (2026) 'CQC Registration Changes: All You Need to Know from 9 February 2026'. Available at: <https://curacompliance.co.uk/cqc-registration-changes/> (Accessed: 15 April 2026).
- DKJ Support Services (2026) 'CQC New Registration: The Roadmap to Registration'. Available at: <https://dkjsupportservices.co.uk/cqc-new-registrations-the-roadmap-to-registration/> (Accessed: 15 April 2026).
- Health and Social Care Act 2008 (c.14). London: HMSO.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (SI 2014/2936). London: HMSO.
- MyProjectz (2026) 'CQC Registration: The Definitive Guide for Care Providers in 2026'. Available at: <https://www.myprojectz.co.uk/cqc-registration-the-definitive-guide-for-care-providers-in-2026/> (Accessed: 15 April 2026).
- Public Services Reform (Scotland) Act 2010 (asp 8). Edinburgh: HMSO.
- ShiftCare (2026) 'CQC Registration Requirements 2026 for UK Care Providers'. Available at: <https://shiftcare.com/uk/blog/cqc-registration-2026-whats-changed-how-submit-a-compliant-application> (Accessed: 15 April 2026).
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210). Edinburgh: HMSO.

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May 2026