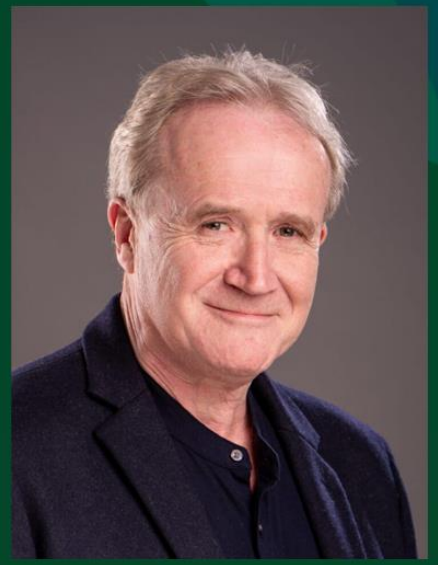
THE LEADERSHIP CHALLENGE

iCG CONFERENCE & Who Cares? Awards 2026

YORK RACECOURSE • 22 OCTOBER

Welcome

HEADLINE SPONSORS HEMPSONS Care Ideals



Mike Padgham

Honorary President
Independent Care Group

iCG CONFERENCE
& Who Cares? Awards 2026
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David Beattie

Care Ideals

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Care Ideals

What is the Actual Problem?

Building a stronger, more resilient care business.

ICG – Oct 2026

Care Ideals

Average Weekly Fee

- £585 → £1,077
- 84% Increase
- No Additional Beds.

Care Ideals

Annualised Income

- £2.87m → £6.17m
- 114% Increase
- No Additional Beds.

Care Ideals

Monthly Domiciliary Care Revenue

- £95k → £195k
- 105% Increase in 12 months.

Care Ideals

What Changed?

Care Ideals

What you think the problem is, often isn't the actual problem.

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“We can’t recruit.”

Care Ideals

Job post summary

Date posted: [redacted]

Pay: [redacted]

Job Description:

Overview

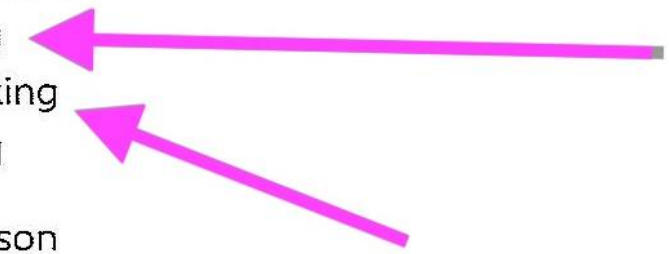
Join our compassionate team as a Care Assistant, providing vital support to residents in a vibrant care home environment. Whether you choose day or night shifts, your dedication will make a meaningful difference in the lives of those in your care. This role offers a rewarding opportunity to deliver personalised care, promote independence, and foster a warm, welcoming atmosphere for all residents. We are committed to paying all our team members fairly for their valuable work and ensuring a positive, supportive environment.

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Benefits:

- Company pension
- Free parking
- On-site parking
- Paid training

Work Location: In person



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A Couple of Things...

- Vanilla / generic advert.
- Parking listed twice.
- **Nothing in the advert about why someone would want to work there.**
- Before blaming the labour market, eliminate the things within your control.

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“But we’re advertising all the time.”



Advertising Constantly ≠
Recruiting Effectively.

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Staff turnover = 28%

Good or bad?

Do you know?

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Staff Turnover

- 28% because capable people are fleeing a poor manager = bad.
- 28% because weak performers are leaving as standards are raised = potentially positive.
- 5% because excellent staff stay = good.
- 5% because poor performers are tolerated indefinitely = bad.

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Staff Turnover - Strategy

- Who is leaving?
- Who are we retaining, and why?
- What is the effect on organisational performance?

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The Number tells you what happened.

It doesn't necessarily tell you what it means.

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The Number…

- Complaints rising –
- Incidents rising –
- Training compliance at 98% –
- Revenue rising –
- Occupancy at 95% –

- **Data tells you what happened.**
- **Interpretation helps you understand why.**
- **Judgement determines what you do about it.**

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“We need more residents / care hours.”

“We’re already marketing.”

Care Ideals

Marketing increases awareness.

It doesn't fix a weak business.

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“We’re doing lots.”

Did things improve?

Don’t confuse activity with effectiveness.

Care Ideals

Being busy is one thing.

Activity is evidence something was done. It doesn't evidence the right thing was done.

Care Ideals

Drift

- Occupancy or weekly hours drift.
- Culture drifts.
- Agency usage drifts.
- Margins drift.
- Reputation drifts.

- *Owners and Registered Managers say:*
  "It came out of nowhere."

- **Usually, it didn't.**

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Interconnection

- ✓ Management
- ✓ Marketing
- ✓ Culture
- ✓ Retention
- ✓ Governance
- ✓ Occupancy / hours
- ✓ Revenue and margins

- **They don’t operate in isolation.**

- **They aren’t separate problems.**

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3 Jobs of Management

- **Reality**
  - ✓ Know where you are.
- **Direction**
  - ✓ Know where you're trying to get to.
- **Execution**
  - ✓ Close the gap.

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Reality

- Misunderstanding the reality in which your care business operates.

- **Direction without an accurate understanding of current reality is wishful thinking and / or damaging.**

- Execution without both is activity.

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Your Attention

Running a Care Service

- Medication
- Safeguarding
- Care plans
- Complaints
- CQC

Running a Care Business

- Strategy
- Financial performance
- Workforce planning
- Effective risk management
- Investing in your business

If almost all management time is spent running today's service...
who's running tomorrow's business?

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Strategy

- 6 months
- 2 years
- Beyond

- **What are you building?**
- **What needs to be different to achieve that?**
- **What did you do this week that moved your company towards any of those?**

Care Ideals

Resilience

- Resilience isn’t about getting better at firefighting.

- **It’s about becoming less vulnerable to the fire taking place.**

Care Ideals

Profitability

- Profit isn't what happens after you've delivered good care.

- It is one of the things that allows you to continue delivering good care.

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Good Intentions...

don't keep organisations open.

- Strong management does.
- Strong businesses create strong services.
- Strong services create better care.
- Better care changes lives.
- **Run a Care BUSINESS...**
  ... not a care service.

Care Ideals

Final Thoughts

- Understand what is actually happening.
- Focus on what matters, and be proactive.
- Measure what changed.
- Repeat.
- **Don’t confuse activity with effectiveness.**

Care Ideals



Jolena Bullivant-Clark

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Supreme Court redefines deprivation of liberty: key updates for care providers

Jolena Bullivant-Clark
Associate Solicitor
ICG Annual Conference, 22 October 2026

"Definitely my go to law firm, would highly recommend."

Andrew Luckett, Managing Director
New Concept Care and Nursing

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Overview

1. What is the *AGNI* case?
2. What is the new legal test?
3. What should I do now?
    - How do I apply the test?
    - What else do I need to do?
4. What will CQC be looking for?
5. Questions

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A Reference by the Attorney General for Northern Ireland of a devolution issue under paragraph 34 of Schedule 10 to the Northern Ireland Act 1998 [2026] UKSC 16 –

("AGNI")

- The AG of Northern Ireland asked the court whether this revisions to their DoLS Code of Practice was lawful;
  - individuals aged 16+ with "*impaired decision-making*" may be able to *"consent"* to their confinement through expression of wishes and feelings.
- They wanted to say that a person who lacks capacity to consent to their care and treatment might still be able to give "valid consent" to that confinement through expression of their wishes and feelings.
- DHSC added to this by saying that Cheshire West (the old test for DoLS) was "wrongly decided"
- Charities and the Official Solicitor raised concerns about this position; if people lack capacity to consent to care and treatment, they can't consent to confinement. This new test removes vital safeguards.

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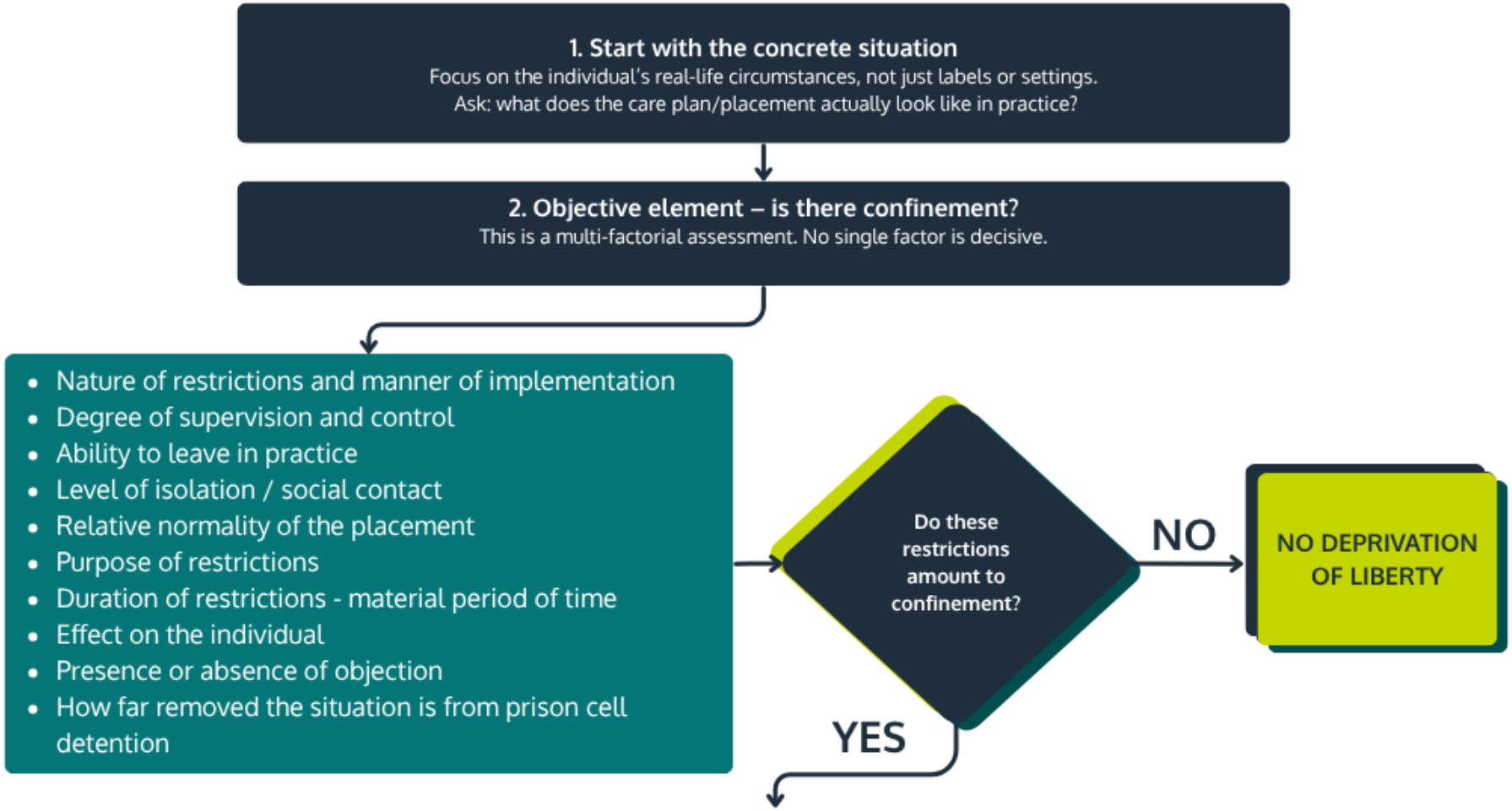
Supreme Court's decision



Cheshire West

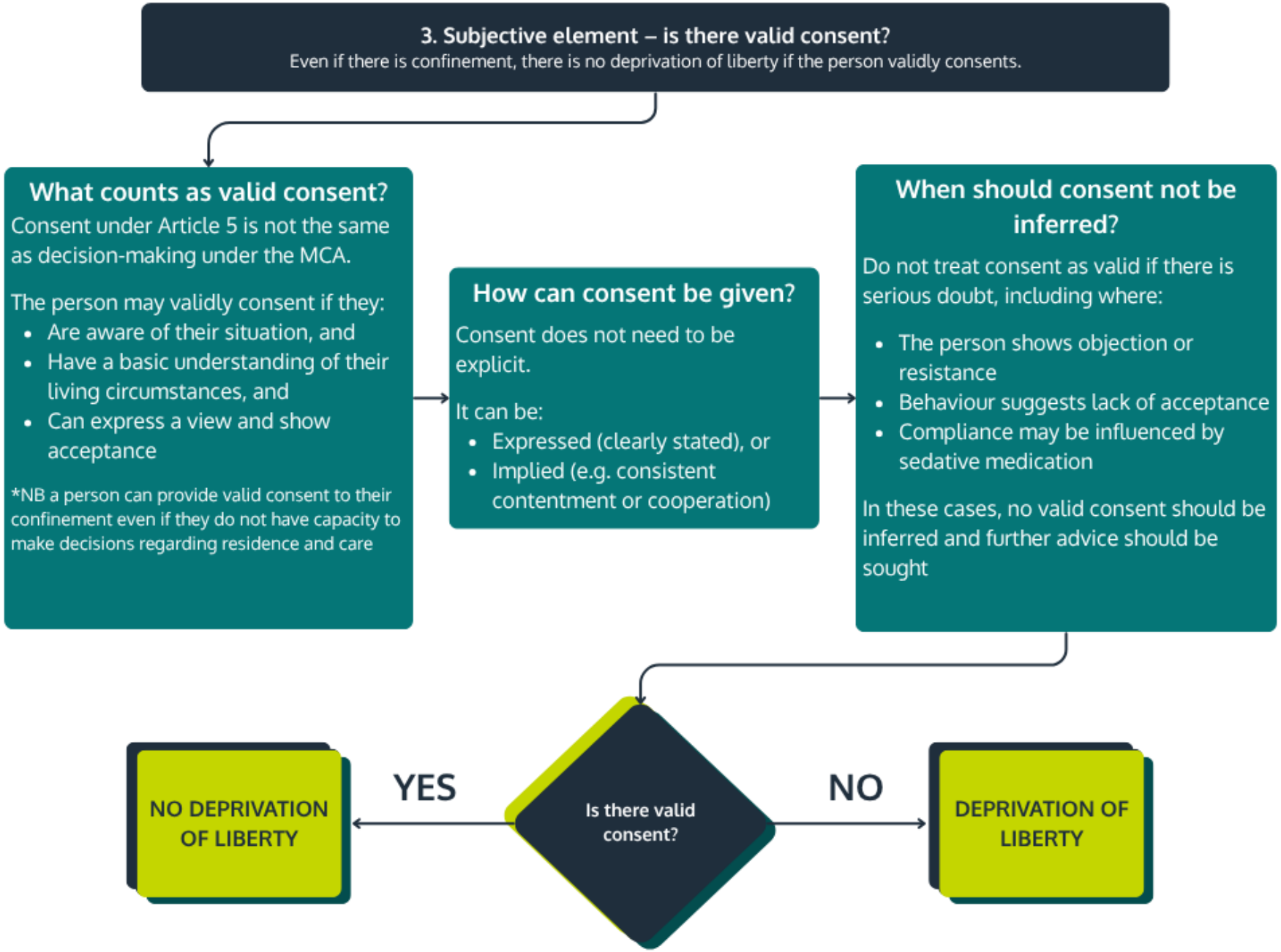
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What is the new legal test? (1)



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What is the new legal test? (2)



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Case Law

Is there a deprivation of liberty?

Case Name	Case Facts	Judge's comment on applicable factors
Re Mustafa (a child), [2026] EWHC 2159 (Fam) (12 August 2026)	• 15-year-old looked after child with Prader-Willi syndrome, developmental delay and additional learning needs • Living at a specialist residential school; all external doors locked to stop him absconding, kitchen doors locked at night • Kitchen and sharp tools kept out of reach, used only under supervision • 1:1 care support at all times within home and in the community (can be increased to 2:1 if needed) • all kitchen and sharp tools to be kept out of reach and to be used only under supervision; • staff administer all medications • full programme of educational recreational and community based activities • meaningful family contact and returns to placements after home visits without difficulty • some physical holds used because of aggression	• The school is able to restrain to keep him safe • But the school possesses independent legal powers to do that anyway where necessary • Whilst he lacks Gillick competence (or capacity) he has some understanding of his situation and the reason for his care arrangements • He has consistently expressed satisfaction with his placement, enjoyed living at the school and said he wants to stay there • He has never tried to leave
Derby City Council v SM [2026] EWCOP 46 (T2) (3 September 2026)	• 29-year-old woman with severe LD autism, catatonia and major depression • lives in a supported living bungalow with a substantial package of care (2:1) • support with all aspects of daily living • vulnerable to suggestions from others and her social media use has to be supervised • aggression, sexualised behaviour, property damage, calls to emergency services • wants to move elsewhere /views changeable on placement • Not using any restraint • Level of autonomy over choosing environment, activities, family contacts	• There is no evidence that she was validly consenting, and views changeable/ unclear **BUT** • The care package is in place for own safety and wellbeing • Her support ensures that she is fed, hygienic and safe and able to engage in her interests including visiting her mother, going shopping etc • If she lived elsewhere she would still have the same level of support • The doors are locked but they would be in any home- they are not keeping her in • She has never chosen to leave or refused to return when out. • She is able to do activities that she chooses, save for advice and prevention about unsafe relationships over media or elsewhere • Care is aimed at provision of support rather than containment • She has notable degree of autonomy

HEMPSONS

Case Law

Is there a deprivation of liberty?

Case Name	Case Facts	Judge's comment on applicable factors
AR (Whether restrictions amount to a deprivation of liberty) [2026] EWCOP 45 (T2) (04 September 2026)	• 25 year old man with LD and Autism • Lives in supported living with locked external doors and garden gates, window restrictors and CCTV • 1:1 supervision 24 hours • 2:1 staffing when accessing the community • Occasional physical redirection to maintain his safety • Daily activities and routines are closely managed/ predictable to reduce risky behaviours	• He requires a high level of lifelong supervision and support due to his underlying condition • A structured, predictable routine is essential to promote his wellbeing and stability • He will always require restrictions on his movement and is unlikely ever to be independently free to leave wherever he lives safely. • Management of his risks and behaviours requires close supervision and, when necessary, physical intervention. **BUT** • He is able to treat his placement as his home, personalise his environment, build friendships and participate in community activities. • The restrictions are implemented for his safety and wellbeing and to achieve the best possible outcomes for him. • His living arrangements are not comparable to detention or secure confinement. • The overall care arrangements are considered relatively normal for a person with his needs and level of disability. The relevant factors from the AGNI judgment are; • Non-secure environments matter. Living in a family home, foster placement, supported living or ordinary home is highly relevant and may point away from deprivation of liberty. • Purpose matters. Protective and therapeutic restrictions are relevant and distinguishable from punitive confinement. • Relative normality matters. The more the placement and care plan resembles ordinary life for a person in P's circumstances, the less likely it is to constitute a deprivation of liberty. • Protective motivation matters. Although not decisive, restrictions imposed for care and safety rather than punishment weigh against a finding of deprivation of liberty. • Objection and consent matter profoundly. A person may lack decision-specific MCA capacity yet still possess sufficient factual understanding to express valid consent for Article 5 purposes. Genuine contentment, acceptance or tacit consent may negate the subjective element of deprivation of liberty. Mere acquiescence, however, may not suffice.

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Case Law

Is there a deprivation of liberty?

Case Name	Case Facts	Judge's comment on applicable factors
Lancashire County Council v BM (Deprivation of Liberty) [2026] EWCOP 48 (T2) (2nd October 2026)	• 16 year old boy with Autism, severe LD, and possible Pathological Demand Avoidance • Lives in a solo residential care placement adapted to meet his needs • 3:1 staff 24 hours per day • Locked doors to safely store medication and other harmful products • Physical restraint as a last resort • Melatonin prescribed but not used as a sedative • Has strong relationships and good communication with staff • Regular access to the community and visits with parents • Not in education, no mobile phone	• Restrictions must be understood in the context of disabilities, the purpose they serve, the life they enable him to live, the relative normality of the arrangements for someone with his needs and importantly his own experience of them • The measures are similar as to what would have occurred in another environment eg the family home. They are not punitive and don't resemble detention • He doesn't experience them as oppressive; they are more accurately characterised as an intensive and highly individualised package of support than as a confinement

PK & MK (Article 8 Protections), Re [2026] EWCOP 52 (T2) (8th October 2026)	• Twin sisters aged 18
	• Both had ASD, global development delay, sensory processing disorder, seizures, motor disorders
	• Need support with personal care, continence, managing their living space, meeting their nutrition and hydration needs, accessing the community, sustaining relationships, sensory and environmental needs
	• non verbal and can communicate through behaviour, gesture, vocalisation, facial expression, and physical prompting
	• Some challenging behaviour requiring redirection/ some restraint
	• Lived in a placement – prior to that together in a children's home
	• 1:1 supervision in the placement, 2:1 in the community and during bathing
	• Movement sensors for seizure monitoring
	• Window restrictors and locks on external doors/storage areas
	• Child locks during transport
	• Cannot leave independently
	• Regular family contact including weekly sleepovers with Mum
	• exceptionally close and living together is a welfare benefit/ important aspect of their emotional and social lives
		• There is no doubt that the setting is far away from a place of detention
		• Both were as "at home as possible for people with their needs and disabilities"
		• Able to personalise the placement
		• Able to enjoy contact with family
		• The purpose of the restrictions is to enable them to receive care in a safe manner
		• "Relatively normal" for a person of their need
		• Appear not to object; there are some challenging behaviours at times "but there is no way those are or could be interpreted as objections to their concrete situation or the physical environment of the placement itself"
		• They have each other- they are each other's closest relative and enjoy living together
		
		• Because no longer a DOL, no longer have article 5 safeguards eg independent advocacy and scrutiny but- these are still available through requirements of the MCA and the Care Act which set;
		  • best interests requirements;
		  • participation in decision-making (and advocacy where they cant);
		  • regular care plan reviews;
		  • safeguarding duties/ local authority oversight

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Case Law

Is there a deprivation of liberty?

Case Name	Case Facts	Judge's comment on applicable factors
Oxfordshire County Council v P [2026] EWCOP 33 (T2) (24 July 2026)	• 24 year old lady with LD, limited verbal communication and past emotional trauma. • Lives in supported living with locked external doors • 35 hours of 1:1 support per week • Not free to leave independently; all outings, supported by 1:1 • Otherwise independent but is monitored • No overnight waking support • No physical or chemical restraint • regular access to community outings and local clubs • door sensors on front and bedroom doors and window restrictors are fitted	• P has a high level of supervision • She is objectively not free to leave • There is considerable doubt about her understanding of home • P says she wants to live with family or her advocate • There is doubt about whether she is providing valid consent

Essex County Council v MH and others [2026] EWHC 2328 (Fam) (10 September 2026)	• 15 year old girl who has previously lived at various placements and children's homes
	• 3:1 staff 24 hours per day
	• Physical restraint to keep her safe from herself/others
	• Doors and windows are locked to prevent ST from leaving the placement; she regularly absconds and says she doesn't need a DOLS
	• Transported in a locked vehicle
	• Access to sharp objects is prevented
		• We need to evaluate the overall nature and effect of the restrictions including ;
		  • The degree of control exercised over that person.
		  • The extent to which their movements are restricted.
		  • The opportunities available to maintain relationships.
		  • Participation in ordinary circumstances.
		  • The duration of the arrangements.
		  • The purpose and necessity of the arrangements and
		  • Whether less restrictive alternatives exist.
		• Heavy weight to be placed on the person's own experience of the arrangements, wishes and feelings/ level of contentment and any signs of objection
		• Here they are actively resisted, and she views them as oppressive

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What do these examples show us?

- The Court of Protection has looked at similar circumstances and got different results - why?
  - The way that practitioners and the Courts are applying this test is still developing, and each case is being decided on its own facts.
  - Continuous supervision and control, and not being free to leave, are still relevant considerations under the multi-factorial test but are not determinative.
  - To do the assessment properly, we need to look at individual service users and apply every factor to their particular circumstances.

- It is best practice to refer any cases that are borderline, or unclear to the LA/ICB.

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What should I do now?

DON'T PANIC!

- You are still caring for P in line with their care plan
- This judgment does not remove the authorisation itself; the LA or ICB will need to come and do a review
- You can do the following:
  1. Look at the care plans for your existing service users under DOLS
  2. Compare them against the multi-factorial test and consider whether or not they now meet the criteria
  3. Get the LA or ICB to complete a review if:
     - You think they no longer meet the criteria
     - You are not sure whether they meet the criteria
  4. Any new service users will also need to be assessed and then referred in the usual way

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Guidance since the decision

ADASS DoLS Priority Tool

- Revised priority for DoLS to assist Local Authorities with their assessments
- Published July 2026
- Analysis of risk still important taking into account backlogs and changes post AGNI

High	Lower
A situation which appears to meet the multifactorial test and requires safeguards.	A new application which does not appear to meet the multifactorial test, or may have previously but no longer meets the test.
• Active objections to care/ accommodation • Previously expressed or current wishes suggest they want to leave/ seem unhappy • Meaningful successive attempts to leave • Sedation/ medication (overt or covert) used to control behaviour • Regular physical restraint which the person finds distressing • Coercion/overruling the persons wishes • The person is able but would not be allowed to leave • Restrictions on family and friends visiting • Objections from family or friends • Anticipated or active Court of Protection proceedings	• Evidence that this is a settled living arrangement/no evidence of objection, from the person or their family but they may have previously met the acid test • Evidence they chose their home previously, with mental capacity, and is not distressed there now they have lost capacity. • Minimal negative impact on the person from the type, duration, effects and manner of implementation of any restrictions. • No evidence of specific restraint or restrictions being used • No sense of coercion/ overruling wishes • No restrictions on social contacts or visits • Any wishes to leave would be considered or facilitated • Placement accords with the current or past wishes of the person • The person's disability or impairment is such that they cannot exercise their liberty and there is no evidence of distress • The person is able but shows no signs of wanting to leave

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The LA did an assessment and said it is not a DOL - what do I do now?

Remember:

- The arrangements themselves don't change just because it is no longer a DoL
- The DoL ***authorised the arrangements which were already in place*** but the Court is now suggesting fewer care plans need authorisation
- The care plan stays the same, as long as all are agreed it in the person's best interests
- You can assure yourselves of this by:
  - Keeping care plans under review and updating them thoroughly if there are any changes
  - Conducting regular capacity assessments and best interests reviews for any restrictions
  - Documenting any objections by people and escalating these to the LA/ICB
  - Being aware of any disagreements or concerns by family as to best interests and escalating these to the LA/ICB
  - Asking the LA/ICB to maintain or fund independent advocacy arrangements - remember PK and MK, and s.67 of the Care Act

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What will CQC be looking for? (1)

CQC Guidance (June 2026) says:

- Providers must continue to demonstrate they:
  - Consider on a case-by-case basis whether a DOLS is required
  - Provide person-centred care (emphasising using these practices to gather people's views about their care)
  - Meet the requirements of the MCA and act in people's best interests
  - Comply with the HSCA regulations
    - There has been ***no change*** to the definition of consent to care
    - There has been ***no change*** to the MCA or Regulation 11 need for consent

- CQC will be checking compliance with Regulation 11
  - Care and treatment must only be provided with the consent of the service user
  - Where a service user is under 16 or lacks capacity, the provider must act in accordance with the MCA

- This ties in with Regulation 9 (Person Centered Care)

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What will CQC be looking for? (2)

CQC want to see...

- Evidence that staff understand the importance of consent, and are asking for it:
  - Observations of care
  - Care notes
  - Evidence of staff MCA and DOLs training

- Copies of up-to-date capacity and best interests decisions
  - Dated within the last 12 months
  - Detailed and person centred with clear consideration of the least restrictive option
  - decision specific; not covering whole aspects of care, but looking separately at individual restrictions (bed rails, sensor mats, tracking devices)
  - Cover all current restrictions, not ones that have been removed or added due to changes in care needs (they must match your current care plan!)

- Evidence that you have considered how the AGNI judgment affects your service users
  - Going back to the assessment we talked about earlier - document it and keep it! If CQC can't see it and read it, they won't believe you did it...
  - As well as documenting your assessment keep a log of:
    - Who you have asked the LA to review
    - Who you have asked the LA to assess
    - The date of your request
    - Any chasers sent

- Up to date policies and procedures
  - CQC will want to know that you know the law has changed; update anything referring to the old test

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Bespoke Deprivation of Liberty Training for your service

- **3 December 2026 2-3:30pm *(Domiciliary Care Services and Shared Lives)***
- **9 December 2026 2-3:30pm *(Older People's Care Homes and Hospices)***
- **16 December 2026 2-3:30pm *(Learning Disability and Supported Living Services)***

- Price: £69.99+VAT per person
- In 90 minutes you will get…
  - Everything we went through today but in more detail
  - Interactive discussion of real-life scenarios and how to apply the test to them
  - Discussion of any problems or concerns your service is currently facing – it's a safe space!
  - Exclusive Deprivation of Liberty Toolkit and Decision Guide and guided walk through of how to use it

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Questions?



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Seek advice

Hempsons free social care advice line: 01423 724028



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Contact

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Major General
A P Farquhar CBE DL

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BREAKOUT SESSIONS



David Beattie



Clare Tomlinson



Bobby Singh

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Victoria Marsden

CQC Deputy Director
Adult Social Care - North

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Care Quality Commission

What's Changing, What's Not, and What Matters Most

- Victoria Marsden
- Sophie Hargan

- 22 October 2026



Credit: Disabled and Here

Strengthening today, innovating for tomorrow

Returned to teams that specialise in adult social care	Strengthened oversight of information of concern	Building on the roll out of portfolio management across England	Developing dementia strategy guidance
Changed our approach to risk and prioritisation	Engaged, consultation on and started pilot our new assessment framework	Continuing to return to providers previously rated good	Revisiting LAs for next phase of assessments
Improved registration process for homecare providers of care	Published our LAA report and updated assessment approach	Evaluating ongoing pilots (eg using AI in reports)	Identifying and sharing innovation and good practice
Increased the number and frequency of inspections	Published learning from our IC(E)TRs report	Continuing to increase the number and frequency of inspections	Rolling out of new assessment framework and associated guidance

Registration



We heard your concerns about **registration**. We want providers to grow their services and support people locally.

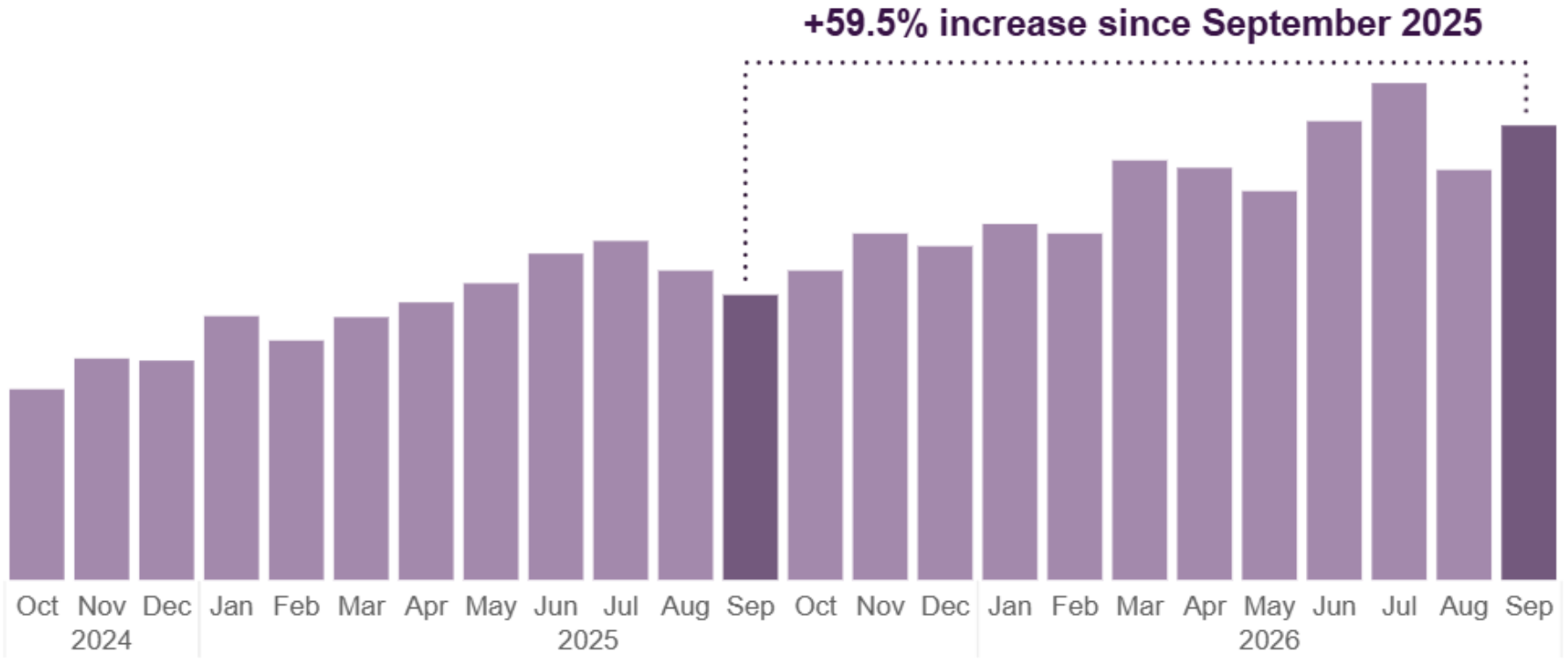
We have improved and streamlined our registration process.

We have successfully **cleared our registration application backlog**, ensuring providers get services up and running more quickly for the people who need them.

Inspections



- An 59.5% increase in inspection activity since Sept 2025
- We refreshed our approach to prioritisation enabling us to quickly prioritise adult social care settings
- 30% responsive inspections to address emerging risk
- 70% planned inspections to maintain oversight and support improvement



Named Inspector



You told us that having a **consistent point of contact** matters.

Someone you can speak to, build a relationship with, and who understands your service beyond a single inspection. That's why we introduced **portfolio management**.

Following its success in London, we're now rolling it out across England, giving providers a named inspector who can build a richer understanding of their service and support a more constructive, ongoing relationship.

What we've heard. What we're doing.

You've told us the frameworks;

- support clearer understanding of expectations and make more transparent judgements
- cover key aspects of care, but gaps remain (inequalities, nutrition and hydration)
- are clear, but still too long; piloting has demonstrated duplication
- have appropriate content relevant to the sector, but more needed to reflect what this means in practice

We are going to;

- make the frameworks shorter, addressing duplication and improve clarity
- give clarity on expectations across key areas, such as nutrition and hydration
- develop guidance to support the understanding of the framework in more detail
- improve links to the regulations
- make the distinction between Good and Outstanding clearer



Next steps

Join our **next engagement session on the 21 October**. Sign up by 9 October.

Return to Good

The Return to Good approach is helping us work more efficiently, so we can spend more time where it matters most.

Almost half the time required

Return to Good assessments used 47.7% fewer staff hours than standard assessments, saving an average of 36 hours per assessment.

Faster outcomes for providers

Return to Good assessments reached draft stage of the report 19 working days sooner and were published 23 working days sooner, giving providers greater certainty and quicker feedback.

Creating capacity for what matters most

Across 159 assessments, over 5,700 staff hours were released. This time can be reinvested in:

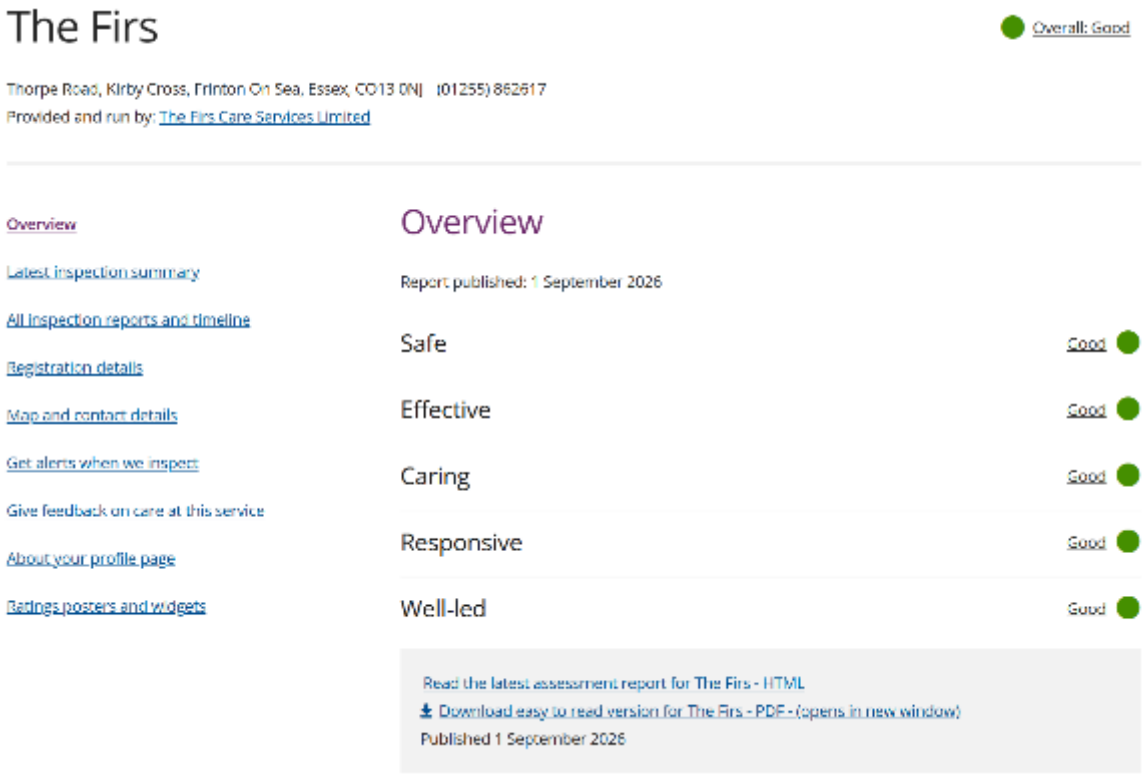
- More assessment activity across the sector.
- Stronger portfolio management and provider relationships.
- Earlier support and engagement where improvement is needed.
- Greater regulatory responsiveness.

What have we found?

Of the 159 Return to Good assessments completed

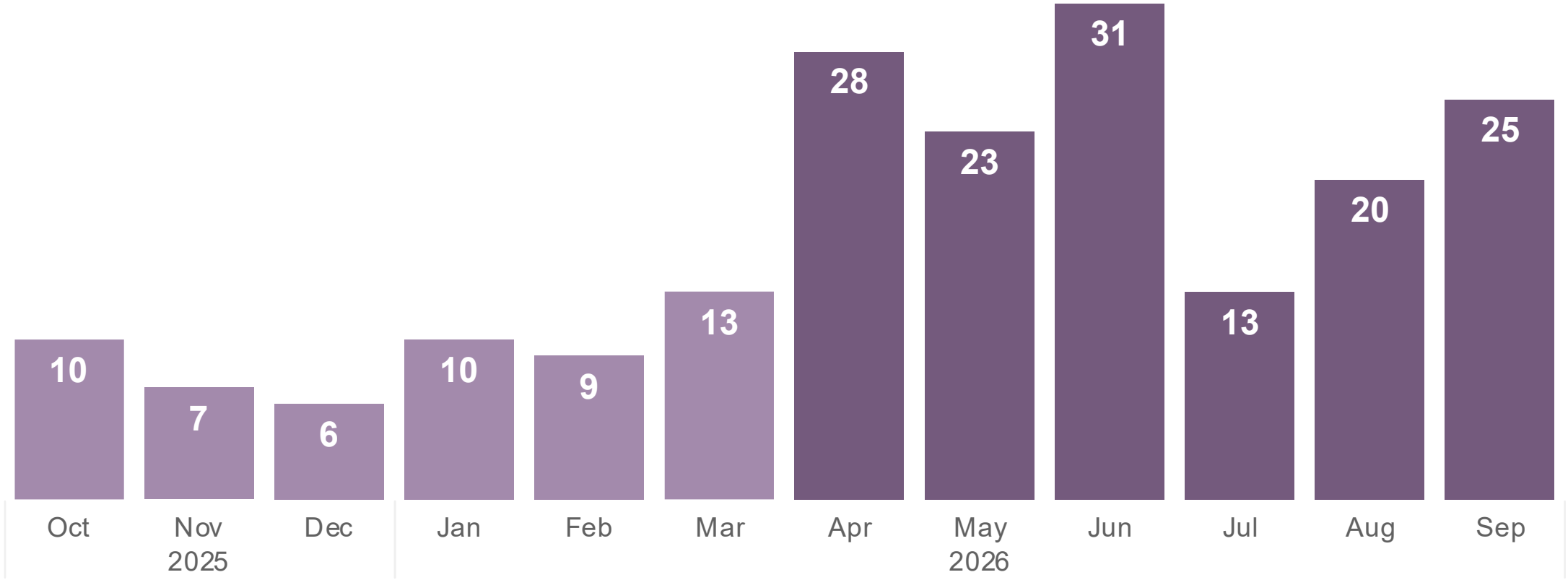
- 146 services remained Good
- 11 moved to Requires Improvement
- 2 improved to Outstanding

Over 93% of services either maintained Good or improved to Outstanding following their Return to Good assessment.



Remained Good!

Outstanding over the last 12 months

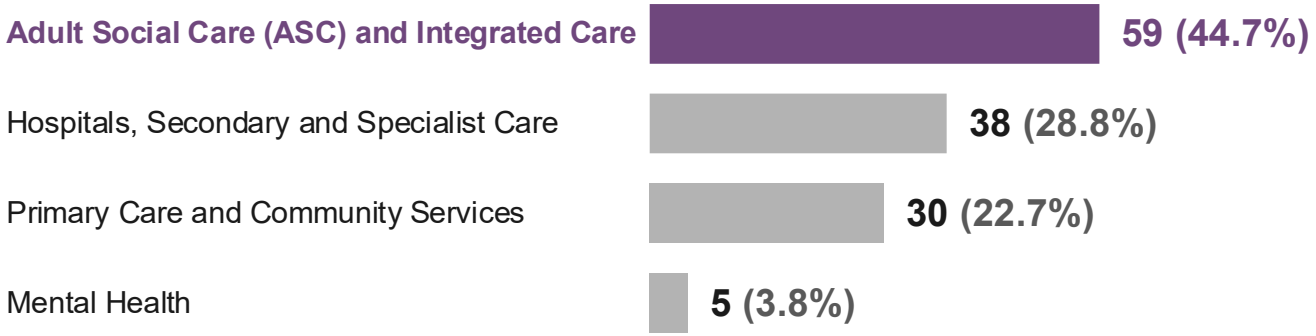


Key themes from Outstanding reports

- Services that are **caring and followed Well Led** key questions most likely to be Outstanding.
- **Clear impact on people's lives** - evidence of improved wellbeing, health, independence or quality of life.
- **Highly person-centred care** based on people's individual strengths, preferences and aspirations.
- **Meaningful choice and control** - enabling people to overcome barriers and achieve personal goals.
- **Compassionate, relational care** - supported by staff's deep knowledge of the people they support.
- **Strong and values-led leadership** that creates an inclusive, positive and empowering culture.
- **Creative and innovative approaches** - go beyond expected standards.
- **People's voices shape services** - feedback and involvement influencing decisions/improvements.
- **Equity and inclusion** - tailored action to remove barriers to services and opportunities.
- **Effective partnership working with communities**.
- **Continuous learning and improvement** - reflective practice leading to better outcomes.
- Specific, current and corroborated **examples clearly linking exceptional practice to measurable impact**.

Criminal investigation themes

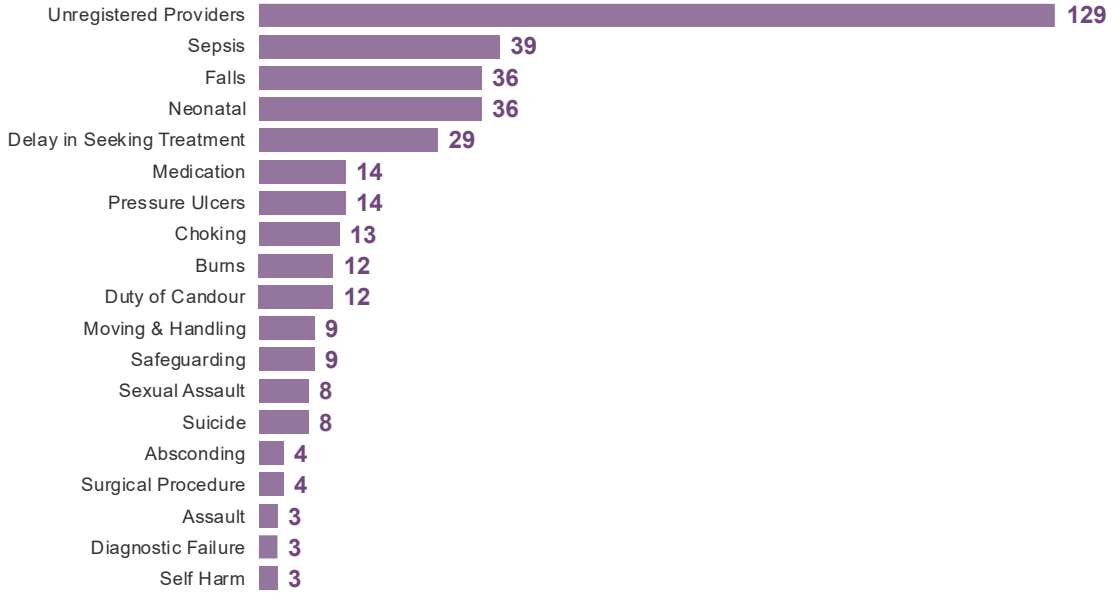
ASC remains the largest area of criminal enforcement activity by volume, with 59 of the 132 investigations (44.7%) relating to ASC



Of the 59 ASC investigations:

- 39 investigations (66%) relate to registered providers, predominantly concerning suspected breaches of Regulation 12 (Safe Care and Treatment).
  - Falls is the most common investigation theme accounting for 16 of the 39 registered provider investigations (41%).
- 20 investigations (34%) relate to unregistered providers and concerns regarding the provision of regulated activities without the required CQC registration.

Our criminal enforcement activity has seen a rise in unregistered provider investigations representing 30.4% of our overall investigations.



Source: CQC - NET criminal enforcement data – Jan 2024 – Sept 2026

Our independent voice report in Local Authorities

Commissioning



Safeguarding



The evolving social care landscape



addressing the sector's challenges and big changes on the horizon

Feedback on our provider bulletins

We use the bulletin to share important updates, guidance and insights with providers.

When we asked for feedback, respondents said:

- ✓ They found them **useful, informative** and an important way of keeping up to date.
- ✓ They valued **regulatory guidance updates, policy updates, sector-specific information and examples of good practice**.
- ✓ There was support for retaining the current **monthly** frequency.

However, respondents also told us:

- ➢ They want the bulletin to be **more practical**, more provider-focused and easier to use.
- ➢ They want **guidance, case studies, inspection insights, examples of good practice, and clearer explanations of what actions providers should take**.
- ➢ Bullet-point summaries, clearer signposting, stronger headlines and more visual content would also help.

Question – do you receive our bulletin?

- ***Coming soon:*** We're developing new website resources, including practical examples and shared learning informed by feedback and insight, to help support quality improvement.
- Watch this space…

Good dementia care

Developing guidance on what good dementia care looks like across health and social care services.

- Part of our wider Dementia Strategy.
- Aims to improve experiences and outcomes for people living with dementia, their families and carers.
- Share your views via our GoVocal platform. The survey takes just a few minutes and includes four questions.
- **Responses close at 5pm on 30 October.**

Any questions?



cqc.org.uk

linkedin.com/company/care-quality-commission

facebook.com/CareQualityCommission

https://medium.com/@CareQualityComm

cqc.govocal.com/en-GB/



Julie Short

Skills for Care

Head of Region - North

iCG CONFERENCE & Who Cares? Awards 2026
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skillsforcare

Skills for Care

- Supporting England's Adult Social Care Workforce

- Julie Short
- Deputy Head of Region – North

• Overview

- **Who are Skills for Care?**
- **What is our role in Adult Social Care?**

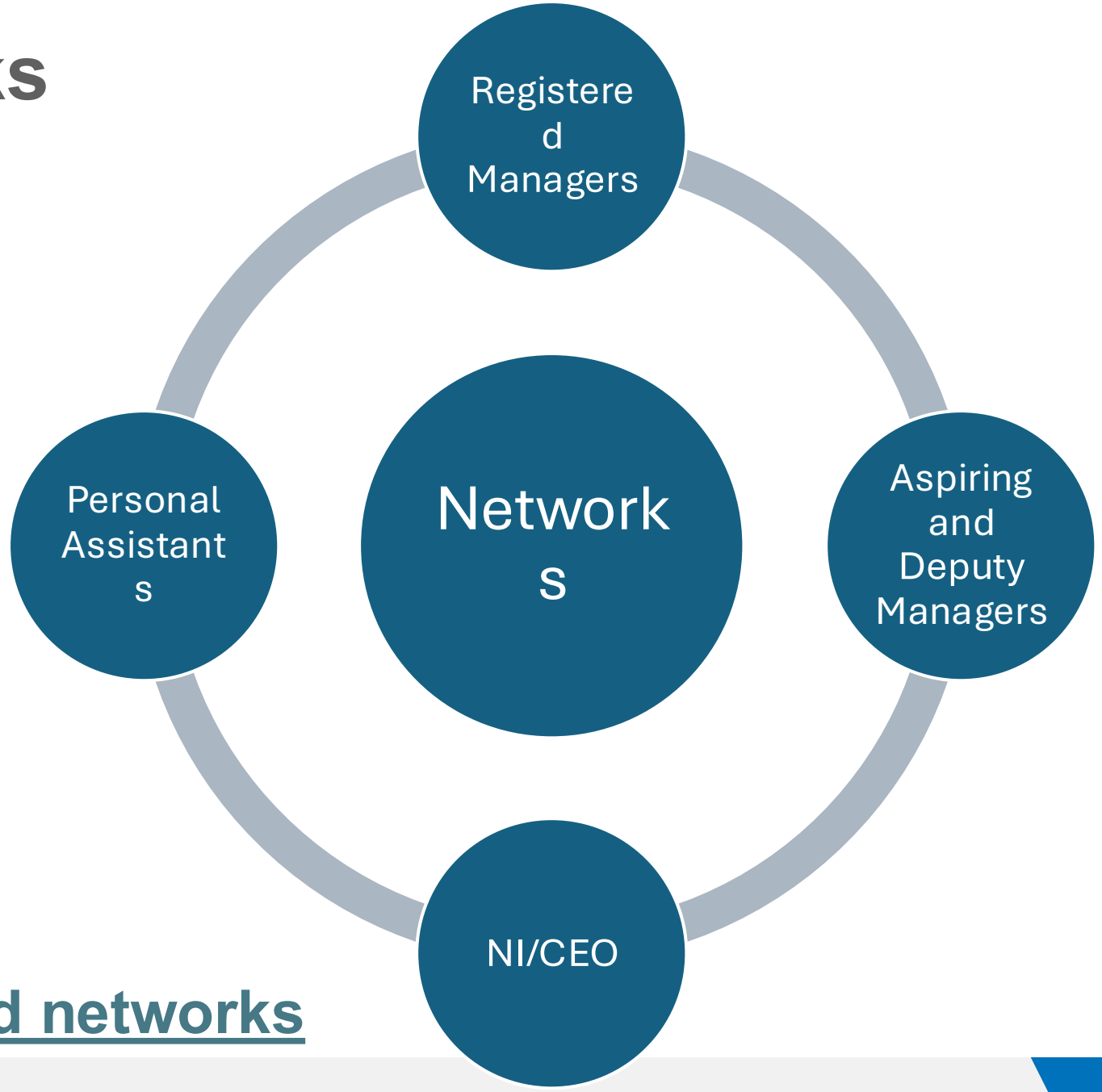
🏛️ **Established in 2001** as the workforce development body for adult social care in England.

🤝 **Works with employers, government and partners** to build a skilled, confident and sustainable workforce.

📋 **Commissioned by the Department of Health and Social Care (DHSC)** to deliver national workforce programmes.

🌱 **Supports recruitment, development, leadership and workforce planning** across the sector.

- **Networks**



- **Events and networks**

Registered Manager Membership

Skills for Care is the award-winning membership organisation for registered managers.

- **Membership benefits include:**
  - copy of our ‘Social care manager’s handbook’
  - monthly newsletter including practical information and guidance
  - access to Good and Outstanding care guide
  - exclusive annual resource when you renew your membership
  - the chance to train to become a mentor or receive mentoring.
  - access to special offers from learning providers on Quality Assured Care Learning Service - assured courses and qualifications

- Find out more about our award-winning registered manager membership



• ASC-WDS

• The Adult Social Care Workforce Data Set

- It is the leading source of intelligence for the adult social care workforce.
- It helps you to manage your team and provides crucial information to decision makers.

Benefits to providers

- Funding for training staff
- Safe and free storage of staff records
- Manage training records
- Benchmark your workplace
- Access the ASC-WDS Benefits Bundle
- Your data makes an impact and contributes to the voice of the sector
- Share your ASC-WDS with CQC or Local Authority

• Create an account today

• Care Workforce Pathway

• Overview

- Comprehensive framework clearly defining careers in adult social care, detailing the knowledge, skills, values, and behaviours essential for delivering high-quality, person-centred care and support.

- Empowers people to develop themselves and their careers
- Staff feel more valued and clearer about development
- Develop a more confident and competent workforce
- Improved recruitment and retention
- Strengthen workforce planning
- **CWP Support Programme**

- Understanding the Care Workforce Pathway: a guide for all
- Care Workforce Pathway - FAQs

• Care Workforce Pathway Structure

Direct Role categories	Supporting Role categories
New to care Care or support worker Activity co-ordinator Enhanced care worker Care technologist Personal assistant Supervisor or leader Practice leader Deputy manager Registered manager Nominated individual	Corporate management Learning and development practitioner Quality assurance lead Administration Catering Domestic Maintenance

Contents of each category	Supporting resources
Universal role values Behaviours Knowledge and skills Suggested learning and development Personas	How to guide Sample board report Role categories Role mapping in practice Stories from those using it Progression routes

- The Care Workforce Pathway

• Care Workforce Pathway support programme for care providers

- Complete the application at : Support programme for care providers
- Read through the commitment statement
- Wait to hear on next steps

- **When registration is confirmed, you will have access to:**
- Full resource library, including content ringfenced to the support programme
- Programme schedule
- Workshops, networks, and working groups

The Adult Social Care Learning and Development Programme

Learning and Development Support Scheme (LDSS)

- **Call to action:** With over 150 eligible training courses and qualifications available to claim LDSS funding for, which can support retention and succession planning, don't delay in submitting your claims.

- To claim funding, you need an up-to-date Adult Social Care Workforce Data Set (ASC-WDS) account.

- Training Courses

- Find out more: Adult Social Care Learning and Development Programme - GOV.UK

• Level 2 Adult Social Care Certificate (L2ASCC) qualification

An accredited qualification designed to:

- provide a baseline standard to care,
- reduce the need for repeat training and give recognition to our care workforce,
- Ofqual-regulated, requiring workplace assessment, completed in 6-8 months
- provide the key knowledge and skills required for the ‘New to Care’ role in the Care Workforce Pathway.

- L2ASCC is the only qualification at level 2 approved by Skills for Care

- **Call to action**: prioritise enrolling staff who don’t hold a relevant qualification on to the L2ASCC qualification, to enable them to gain recognised skills and support progression.

• Find out more about the L2ASCC qualification (including factsheets and FAQs).

• Quality Assured Care Learning Service (QACLS)

• Supporting you to select high-quality, trusted training

What this provides

- Reviews individual training providers and ASC courses and qualifications against national quality standards.
- Supports employers to identify high-quality, accessible learning that meets workforce and care needs.
- Quality assures eligible training courses and qualifications on the LDSS, and quality assures approved providers delivering Oliver McGowan Training.

What this means for registered managers

- Supports evidence of compliance with CQC expectations on staff training and competence.
- Improves workforce capability, consistency and outcomes for people who draw on care.

The Training Hub

- **Affordable, high-quality adult social care training that meets regulations, supports teams, builds skills, and strengthens service quality.**

- Developed by Skills for Care
- All courses aligned with current and emerging standards
- Prices from just £9

- **Bite-sized eLearning courses:**
- Statutory and mandatory
- Enhanced care: including dementia and end of life care
- Leadership and management

www.skillsforcare.org.uk/thetraininghub

the Training Hub by skillsforcare

• Leadership Qualities Framework

• Shows what great leadership looks like at every level

- Care worker
- First-time manager/new to commissioning
- Operational manager or leader/operational commissioning
- Strategic manager or lead/strategic commissioning



- www.skillsforcare.org.uk/lqf

• Practical Approach Toolkits for Leaders

• Support leaders and managers to tackle today's most pressing workforce challenges

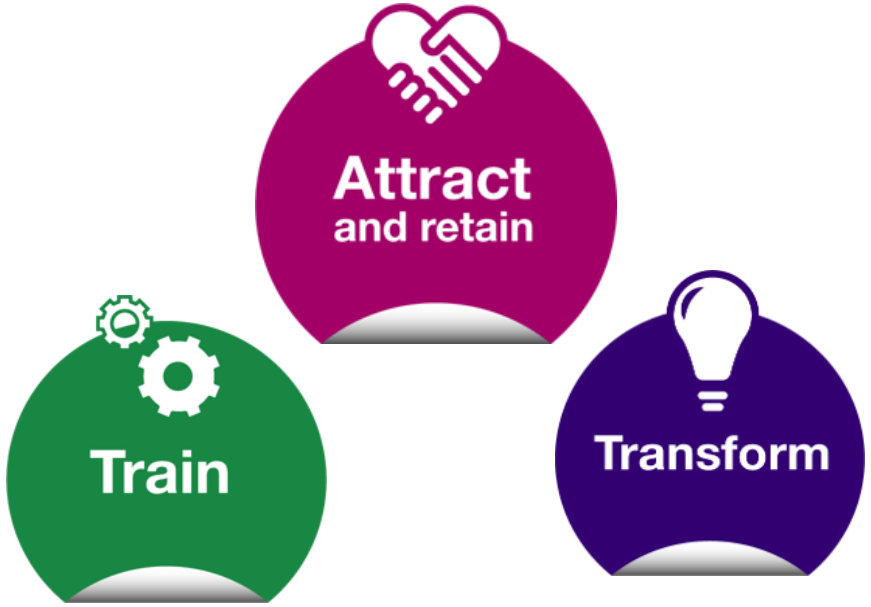
- **Each toolkit:**
  - shares real examples
  - practical steps and recommendations
  - helping you understand not just what works, but how to put it into practice

- **Topics include:**
  - recruitment and retention
  - workforce planning
  - skills development
  - integrated care and provider engagement

- Practical approach toolkits



The Adult Social Care Workforce Strategy





Do you host nursing placements?

Gain national recognition for your leadership in supporting nursing education

If you're providing student nurse placements that align with the **Strategy to enable social care placements for student nurses and nursing associates**, you could be eligible for the Skills for Care Gold Commendation.

Achieving Gold demonstrates your commitment to:

- Delivering outstanding learning experiences for student nurses.
- Meeting all the recommendations within the national placement strategy.
- Showcasing innovation and good practice in social care nursing education.
- Supporting the future nursing workforce through high-quality placements.

Find out more.

How to evidence safe and effective staffing for CQC compliance seminar

- **Wednesday 28 October | 10:00 – 13:00 | Online**

What you'll gain:

- Understand what the CQC really looks like for in safe and effective staffing
- Use the data you already have and identify what's missing
- Link staffing decisions to measurable outcomes
- Confidently present your workforce planning at assessment
- Cost £125 + VAT
- **10% discount for ASC-WDS account holders**

Book now

The state of the adult social care sector and workforce in England 2026: Regional launch event

- **Thursday 5 November 2026 I 10:00 – 12:00 I Online**

- Hear about the report at a national level, including looking at key themes and any significant changes from previous years' data
- Learn about what the data is telling us about the ASC workforce local to you
- Discover the benefits of data at a regional, system and local level
- Be shown how to access the national, regional and local data using our website and Tableau visualisations
- Join a regional breakout room for focus and discussion on what the data is telling us in your area, the challenges it represents and what actions you can take.

Event registration form

• Events I Webinars I Forums

• Online I Free

- Nursing Workforce Forum – 10 November
- Nursing Education Forum – 11 November
- National Quality Leads Network – 17 November
- Understanding the L2 ASC Care Certificate Qualification – 19 November
- Mentoring Workshop for Registered Manager Members – 19 November
- Hospital Discharge – 25 November
- Myth Busting for DHA – 26 November

Interest Sparked?

Action Inspired?

Turn that momentum into lasting impact for your workforce and the sector.

• Adult Social Care Workforce Survey 2026

• Tell it like it is.

- You're balancing quality, workforce pressures, compliance, recruitment, retention and much more.
- The Adult Social Care Workforce Survey is your opportunity to tell it like it is.

The survey covers the issues that affect working life in adult social care, including pay and financial security, wellbeing and workplace experiences, training and development, career opportunities and future plans.

Your experience matters.

Please allow time for, and encourage, your team to complete the survey to make sure their voices are heard too. Download our resource pack to help you.

Take the survey





Nikki Meadows

NMC Employer Link Service Advisor
North East, Yorkshire and the Humber

iCG CONFERENCE & Who Cares? Awards 2026
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nmc Nursing & Midwifery Council

Nursing & Midwifery Council

Introducing the NMC and the Employer Link Service



Nikki Meadows – Employer Link Service Adviser – North East, Yorkshire and the Humber



Who we are and what we do

Our purpose: Promote and uphold the highest professional standards in nursing and midwifery to protect the public and inspire confidence in the professions

Fulfilling our purpose helps us to realise our vision: "Safe, effective and kind nursing and midwifery, improving everyone's health and wellbeing"



Regulate:

Accurate & transparent register

Robust professional & education standards

Assuring education programmes

Responding fairly to FtP concerns

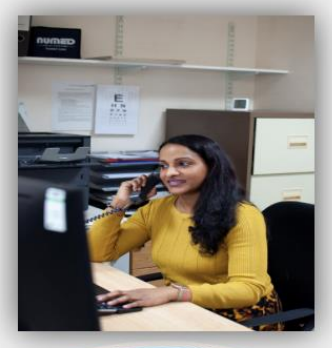


Support:

Promote understanding of our professions and role

Provide practical tools

Emotional/practical support



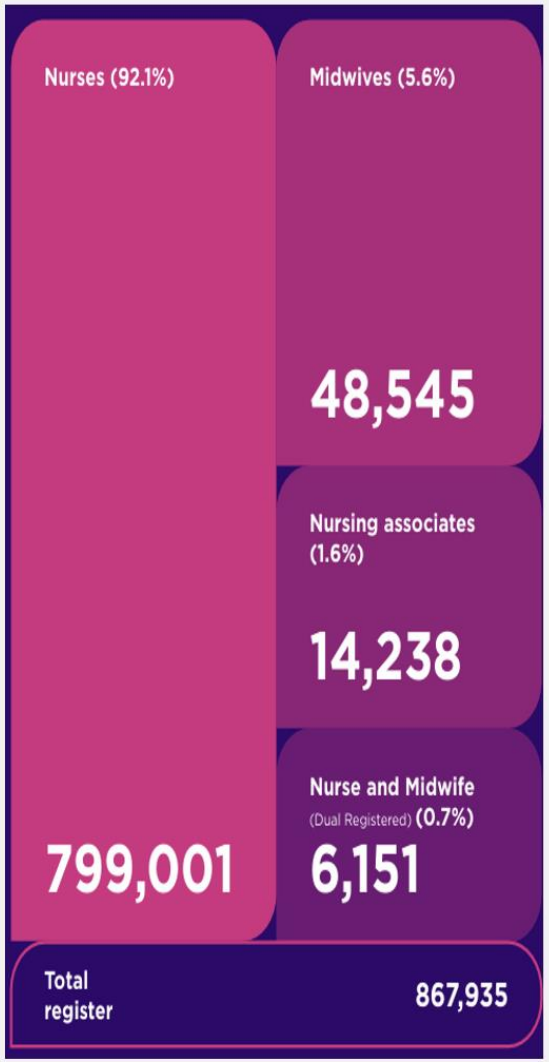
Influence:

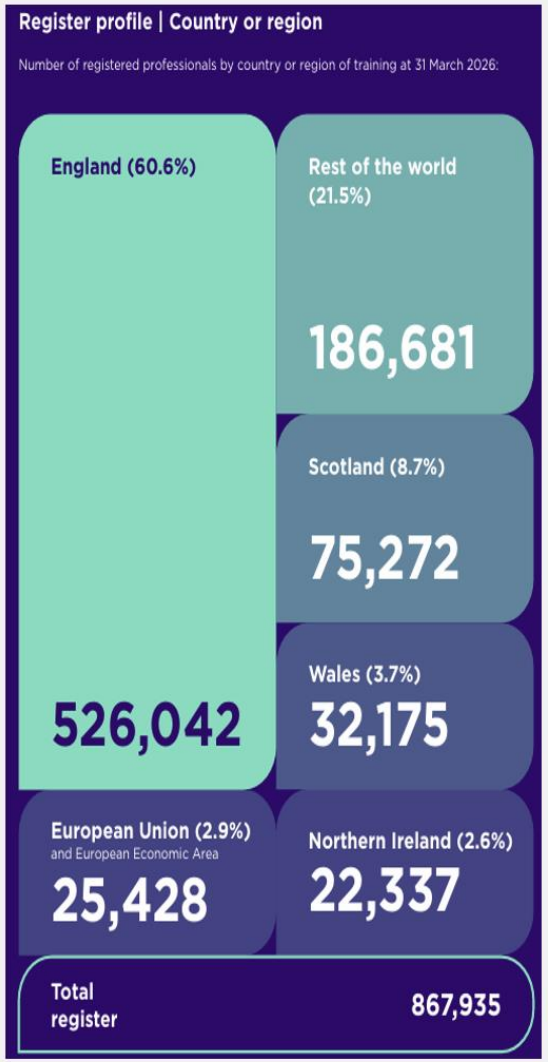
Promote positive and inclusive professional working environments

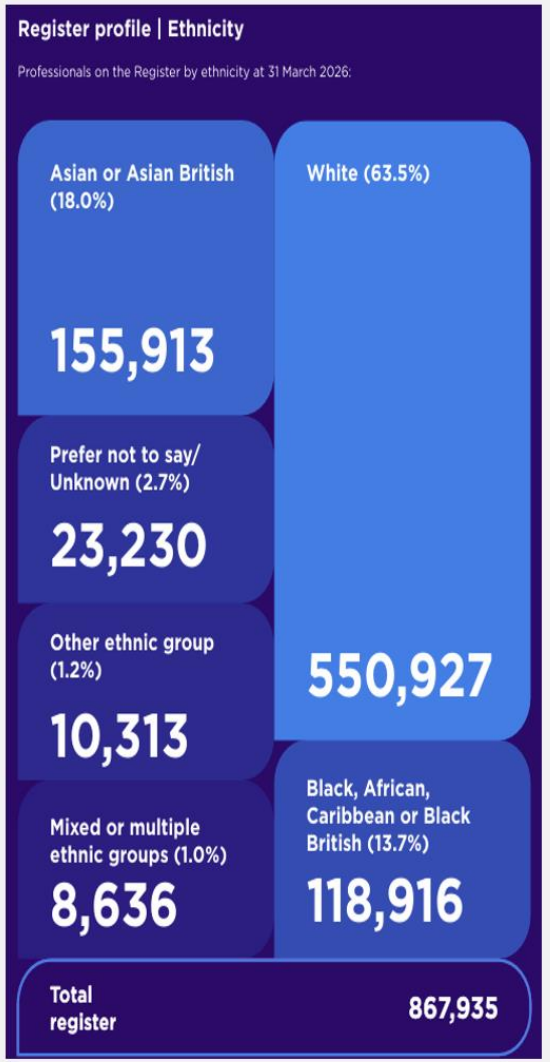
Share data and insight to identify risks of harm and address workforce challenges

Encourage regulatory innovation

Register Profile: 31 March 2026









Annual Report and Accounts 2025-6 and Business Plan 2026-27

NMC's core functions

prioritise people

practise effectively

preserve safety

promote professionalism and trust

Nursing & Midwifery Council

Registration

We maintain a register of all nurses and midwives who meet the requirements for registration in the UK

Fitness to Practise

When an individual is alleged to be unsafe or otherwise unsuitable for continued registration we take action, so that the public can have confidence in the quality and standards of care provided by nurses and midwives



Code and standards

We set the standards for education, training, conduct and performance so that nurses and midwives are able to deliver high quality healthcare consistently throughout their careers

Revalidation

Revalidation is the process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC

Education

We approve and assure programmes of nursing and midwifery education

5

What we don't do

- We're not a union and do not **represent** nurses, midwives or nursing associates
- We can't affect issues such as **salary or hours of work**
- We don't have a role in **funding of training or continuing professional development**
- We have no powers to regulate employers
- We don't **regulate health and care settings / services**, or **commission training places**

But we work with the organisations in all four UK countries that do this important work



























The Employer Link Service

Employer Link Service

North-West
Paula Palmer-Charlery *(RA)*
Sana Din *(ELS Adviser)*

Scotland
David Taylor*(RA)*



North-East, Yorkshire and Humber
Paula Palmer-Charlery *(RA)*
Nikki Meadows *(ELS Adviser)*

Northern Ireland
Pamela Craig *(RA)*
Gill Finlay (ELS Adviser)

East of England
Kate Lettin *(RA)*
Pauline Shaw *(ELS Adviser)*

Midlands
Tony Newman *(RA)*
Joyce Fletcher *(ELS Adviser)*

London
Kate Lettin *(RA)*
Tawanda Bvumburai *(ELS Adviser)*

Wales & Jersey/Guernsey
Sharon Clement-Thomas *(RA)*

South-East
Michele Harrison *(RA)*

South-West
Michele Harrison *(RA)*
Caroline Holt *(ELS Adviser)*

Nursing & Midwifery Council

Executive Director of Professional Practice – Chris Dzikiti

Assistant Director, National & Regional Outreach – Kellie Green

Head of Strategic Delivery – National & Regional Outreach - PJ Mansell

Principal Regulation Adviser - Mark Brooke & Linda Kenward

Regulation Adviser Independent Health & Social Care - Loucia Kyprianou & Nicola Moreton

Employer advice line: 0207 462 8850
employerlinkservice@nmc-uk.org

The Employer Link Service

Who we support:

- Employers of nursing and midwifery professionals across the UK
- Health and Social Care Stakeholders across the UK

How does the Employer Link Service Work?

- **Employer Advice Line** - Provide advice to employers when concerns arise in relation to someone's practice so that where necessary, we receive the right referrals at the right time

- **Local Management** - Encourage robust local investigation, performance management and clinical governance in line with best practice guidance: managing concerns resource for employers

- **Speaking up** - Promote the importance of professionals feeling confident about speaking up, knowing they'll be supported and treated fairly through local policies that promote a culture of openness and learning, not fear and blame

- **Insights** - Use insights to build greater understanding of the varied landscapes within which our professionals deliver care

- **Engagement** - Participate in local and national health and care sector forums, sharing information to improve safety, quality and address risks.

Role of ELS Advisers

- The support and resources available at the NMC may not be widely known amongst the independent health and social care sector. We are committed to raising awareness of:
  - the NMC'S core role and functions
  - our advice line and managing concerns resource
  - our range of tools and resources designed to support professionals and their employers
  - opportunities for the voice of health and social care to be heard in our core workstreams.
- Support the NMC's ambition to develop a deeper understanding of the variety of learning and care environments across the UK

Our support to employers and professionals includes:

Deliver key professional regulatory messages through a range of **FREE** learning sessions which can be tailored for individual organisations needs.

- An overview of the NMC and fitness to practise process
- Record keeping
- Accountability and delegation
- Introducing the NMC to nursing and midwifery students
- Preceptorship
- Welcome to UK Practice for Internationally Educated professionals

Learning sessions are relevant to nurses and nursing associates, people who work with nurses, managers of nurses whether they are registered or not and HR professionals

Sessions are designed to be interactive to keep people engaged as much as possible

More information

Independent Care Group* recently invited me to their podcast series to explain my role.

Please have a listen or a watch on the links below for further information.

iCG PODCAST - The Nursing & Midwifery Council - Video

The iCG Podcast - The Nursing & Midwifery Council (NMC) | Podcast Episode on RSS.com – Audio only

*Independent Care Group

iCG - Independent Care Group | Non-profit organisation supporting care providers

Contact - brianjohnson@independentcaregroup.co.uk

Advice telephone number

Nursing & Midwifery Council

Nursing & Midwifery Council

Employer advice line: 0207 462 8850
Email: employerlinkservice@nmc-uk.org

Monday – Friday
09:00 – 17:00

Stay in touch

If you think I may be able to support you in any way please get in touch.

Nikki.Meadows@nmc-uk.org

Have you signed up for one of our regular newsletters yet?

You can do it now: NMC Newsletters

Employer advice line: 0207 462 8850

employerlinkservice@nmc-uk.org

nmc Nursing & Midwifery Council

@nmcnews

facebook.com/nmcuk

@nmcnews

linkedin.com/company/the-nursing-and-midwifery-council



Steve Leach

Director at North East Cyber Resillience Centre

ICG CONFERENCE & Who Cares? Awards 2026
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THE CYBER RESILIENCE CENTRE
FOR THE NORTH EAST | YORKSHIRE | THE HUMBER



THE CYBER RESILIENCE CENTRE NETWORK

ICG Conference

Steve Leach
Detective Chief Inspector
Cyber Resilience Centre for the North East

NPCC National Police Chiefs' Council

CITY OF LONDON POLICE

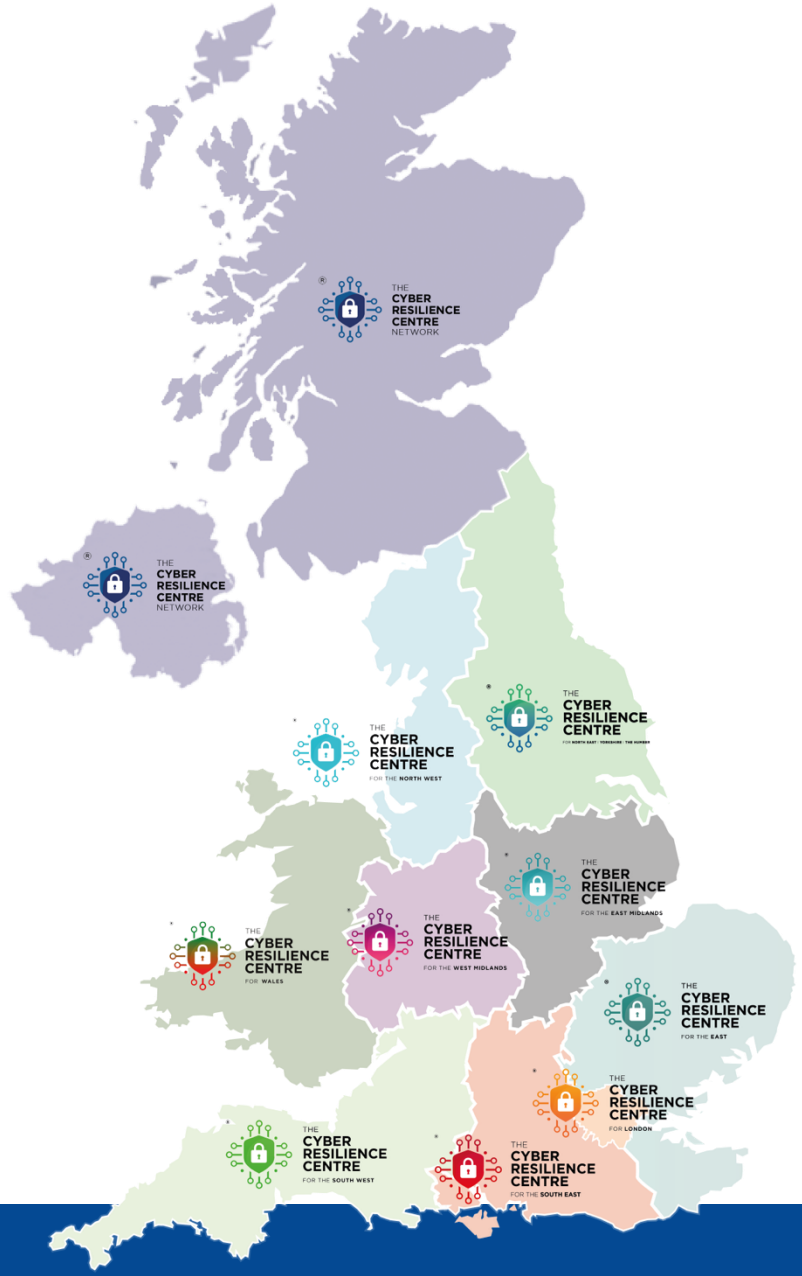
CRC Network

NATIONAL CYBER RESILIENCE CENTRE GROUP

THE CYBER RESILIENCE CENTRE NETWORK

CYBER PATH™ POLICE & ACADEMIA TALENT HORIZONS

- An organisation funded and supported by Home Office, policing and private sector partners
- Cyber support and guidance for small and medium sized businesses and third sector organisations
- A range of fully funded cyber services
- Real-life work experience for students



Why SMEs?

SMEs are
99.2%
of all UK businesses

They make up
60%
of all UK employment

50%
They contribute to half of the total UK turnover



An SME is any organisation that has fewer than 250 employees and a turnover of less than €50 million

SME Cyber Attacks





THE CYBER RESILIENCE CENTRE NETWORK

Case Study – Don't let this be you, your customers or clients

NPCC National Police Chiefs' Council

CITY OF LONDON POLICE

THE CYBER RESILIENCE CENTRE NETWORK

From Phish to Fraud

Police-led, **Business**-focused



WATCH THE VIDEO HERE: https://www.likeanegg.com/work/cyber-security-training/


THE
CYBER
RESILIENCE
CENTRE
NETWORK
Fully funded support available for your business
NPCC
National Police Chiefs' Council
CITY OF LONDON POLICE

What subscribers receive

Real people offering real support

The teams at each CRC not only offer an initial 30-minute Crime Prevention Meeting, but they are also available to support subscribers' events, such as webinars, networking events, and community engagement.



DCI Steve Leach
Director & Serving Police Officer



The Cyber Resilience Centre Network

NATIONAL CYBER RESILIENCE CENTRE GROUP

THE CYBER RESILIENCE CENTRE NETWORK

CYBER PATH™ POLICE & ACADEMIA TALENT HORIZONS

- Subscription is free and includes a Resources Update journey towards better cyber resilience
- Guiding them to trusted resources
- **Encouraging them to adopt Cyber Essentials as a minimum standard**
- **Helping them protect themselves and those in their supply chains**

National Cyber Security Centre
a part of GCHQ

CYBER ESSENTIALS

CYBER ESSENTIALS PLUS



CRC subscription includes:

Security Awareness Training
Ensure their team is cyber-aware, and doing the right things to protect themselves and the organisation

Crime Prevention Meeting
with a member of the CRC team to review their business's cyber resilience

Signposting to free, trusted guidance
We provide details about where to go for free and highly trusted support and guidance; much of which is sector and industry-specific.

Access to a range of fully funded Cyber PATH services
Cyber PATH provides services specifically designed for SMEs and third-sector organisations.

Regional threat updates and scam alerts

Invitations
News about webinars, roadshows and business networking events

Monthly Newsletter

Scan the QR Code to find your regional CRC



THE CYBER RESILIENCE CENTRE NETWORK

Thank you for listening

Any questions?

Scan the QR Code to find your regional CRC

NPCC National Police Chiefs' Council

CITY OF LONDON POLICE



Sara Story

Director Adult Social Services
City of York

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THE MIKE PADGHAM BURSARY AWARD

ICG CONFERENCE & Who Cares? Awards 2026
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Training delivered by Care Ideals

THE MIKE PADGHAM BURSARY

Accredited Management Development Programme

Tracey Coleman

Managing Director, Open Arms, Selby

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Care Ideals

THE MIKE PADGHAM BURSARY

Management Development Support training

Beatrice Kageye

Registered Manager
Verona Homecare
Rotherham

Cherie Allardice

Quality Manager
St Cecilia's Care Group

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Care Ideals

ICG 2026

Who Cares? AWARDS

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iCG Who Cares? AWARDS 2026

BEST HOUSEKEEPER

Sarah Earp

St Cecilia's Care Group

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iCG 2026 Who Cares? AWARDS

BEST CHEF

Laura Fielding

St Cecilia's Care Group

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iCG 2026 Who Cares? AWARDS

BEST EMPLOYER

Sarah Rowlands

Guardian Angels Carers, York

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BEST LEADER

Sue Walsh

New Concept Care Nursing

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EXEMPLARY CARE DELIVERY

Mary Riley

Meadow Lodge Care Home

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OUTSTANDING CONTRIBUTION

Nicki Dixon

Moorview Care

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Thank you


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