

CQC in 2026

What you need to
know in
Learning Disabilities
Services

Q Outline

1 What has changed and changing?

2 A different lens

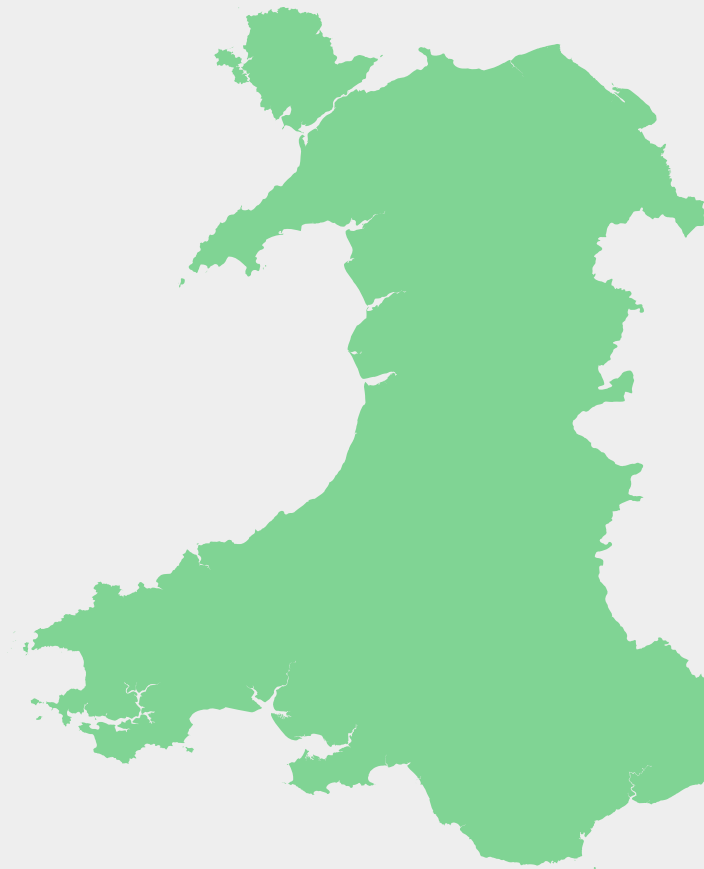
3 How to be not just 'compliant'

4 Deprivation of Liberty
Safeguards – A Whole New
World?

Hello!

Katherine Williams – Head of Regulation & Care Compliance – Fulcrum

- NI, RM
- Nurse
- CQC, CIW, HIW
- DHSC – Brexit
- Director in NHS & Social Care
- Expert witness
- CQC specialist advisor
- Lecturer
- CQC specialist advisor
- Crisis and disaster management and planning
- Regulatory matters
- Public speaking
- Education



Change is good?

- **CQC's internal issues**
- **Dash & Richards report**
- **Failed portal**
- **Massive kick back from sector**
- **Delays, delays, delays – 12 years**
- **PR management**
- **Mid life crisis**

Independent report

Review into the operational effectiveness of the Care Quality Commission: full report

Final findings and recommendations of the review into the operational effectiveness of the Care Quality Commission (CQC).



Change is good?

- **RIP single assessment framework, scores, quality statements**
- **No complicated scoring**
- **Sector specific – tailored – not LD**
- **Move back to KLOE's**
- **Professional judgement**
- **Ratings characteristics**
- **4 frameworks – 1. hospitals 2. ASC 3. mental health 4. primary care/community**



The latest

- Pilots will run between June and October 2026
- Alongside not instead of
- Optional
- 2 reports
- Testing whether providers can clearly understand how ratings and judgements have been reached



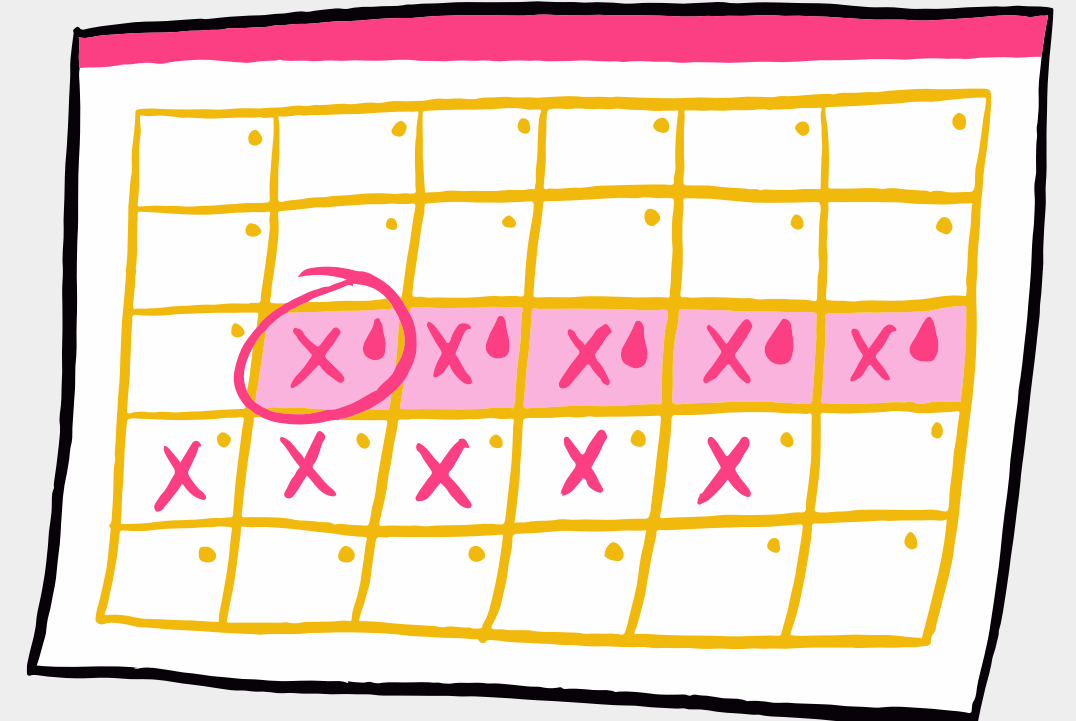
Word on the street..

- No major changes from extended consultation
- Not specific enough in acute care
- Learning disability focus
- Specialist advisors – each sector
- Outcomes – so what?
- Closely guarded
- Supported living – more scrutiny
- Home care – first inspections



Dates for your diary

- **June – September – increase in activity – see next**
- **June – pilot commences**
- **July – likely appointment of CEO and Chair**
- **September – target date – 9000 assessments**
- **October – pilot ends**
- **November – final evaluation**
- **December – likely roll out sector by sector**



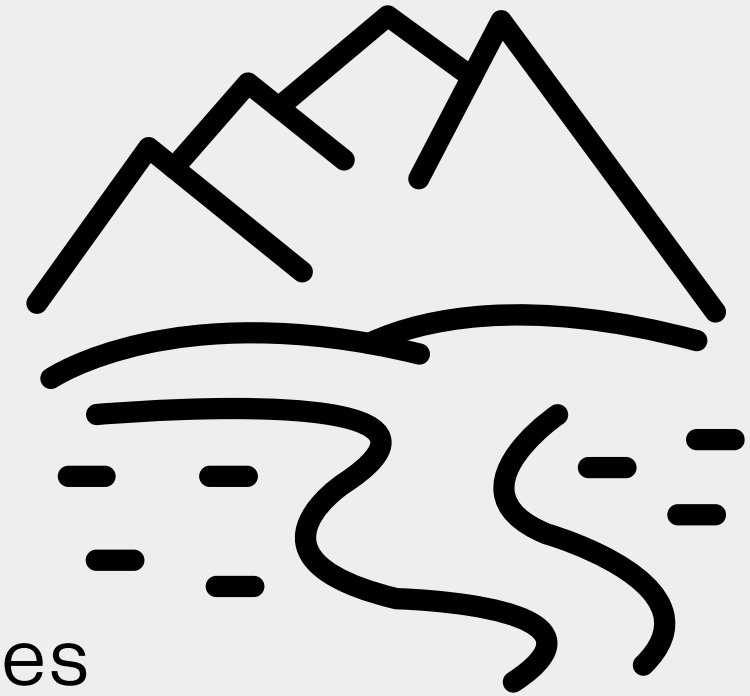
9000 Assessments

- Failure to meet not an option
- Publish not just undertake
- Urgent, emerging risks – safeguarding, whistleblowing, serious incidents
- No assessment since registration – very high risk – dom care
- Registered for 1 year and no assessment
- Rating over 6 years old.
- Caveat – could be anyone

DEADLINE



The Landscape



- 15–23% of learning disability services are likely to be rated either Requires Improvement or Inadequate
- Approximately 1 in 5 learning disability services are currently rated Requires Improvement or Inadequate
- CQC found that 10% of inpatient services were rated Inadequate, compared with only 1% the previous year, representing a ten-fold increase – 2025 state of care
- Following scandals such as the Winterbourne View hospital abuse, CQC has focused heavily on "closed cultures"
- "The biggest risk factor for an Inadequate rating in learning disability services is not paperwork—it is culture. CQC's most serious concerns have consistently centred on closed cultures, restrictive practices, poor leadership and lack of meaningful outcomes."

The Landscape

- **Initial Care Services South East Ltd**
- Registration cancelled
- 13 May 2026
- Closed culture, safeguarding, MCA/consent, poor governance, RSRCRC not embedded
- **Clubworthy House LD/autism care home**
- Registration cancelled
- 25 Mar 2026
- Safeguarding, staffing, person-centred care, governance, abuse concerns
- **Fen Homecare**
- Registration cancelled
- 13 Feb 2026 – Continued breach of Regulation 17 Good Governance
- **Plus Point Care Ltd – supported living – Urgent suspension**
- 6 Feb 2026 – Safe care and treatment, governance, poor understanding of RSRCRC

Key Documents

- **Right Support, Right Care, Right Culture (Updated 2026)**
- **Building the Right Support**
- **NICE NG93**
- **Oliver McGowan Mandatory Training Standards**
- **CQC State of Care**



Common themes

- Restrictive practices
- Poor governance
- Institutional cultures
- Limited community inclusion
- Weak person-centred outcomes
- Lack of evidence of impact
- Environment and safety – including supported living
- Records and poor language
- New game, new rules



Examples

Demonstrate impact –

Examples:

- **✗ "John attends college."**
- **✓ "John progressed from 1 hour weekly attendance to completing a Level 1 qualification and gaining voluntary employment."**
- **✗ "Staff support independence."**
- **✓ "14 people reduced paid support hours through increased independent living skills."**

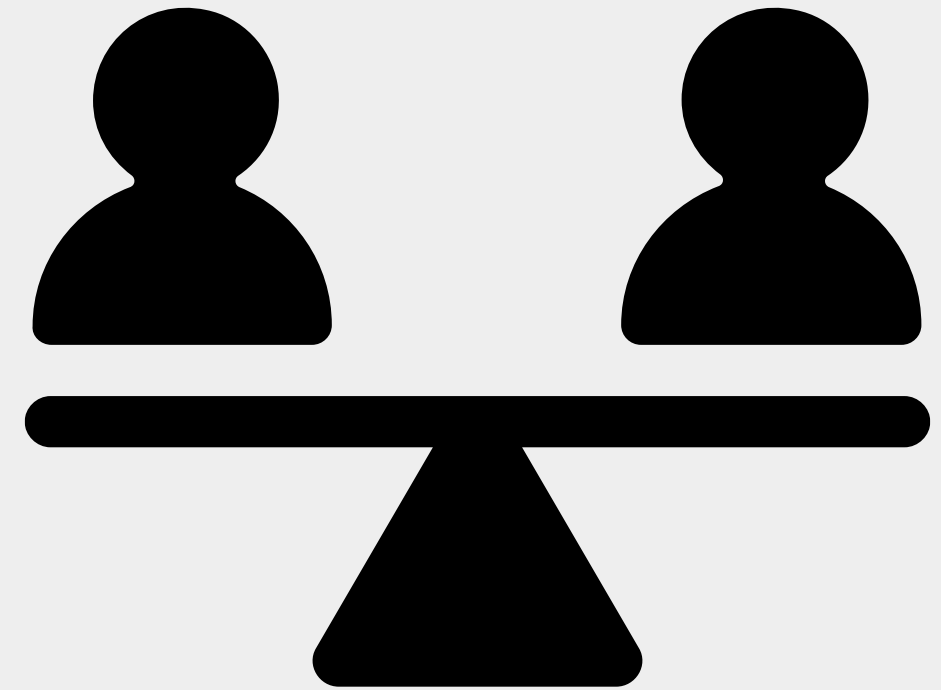
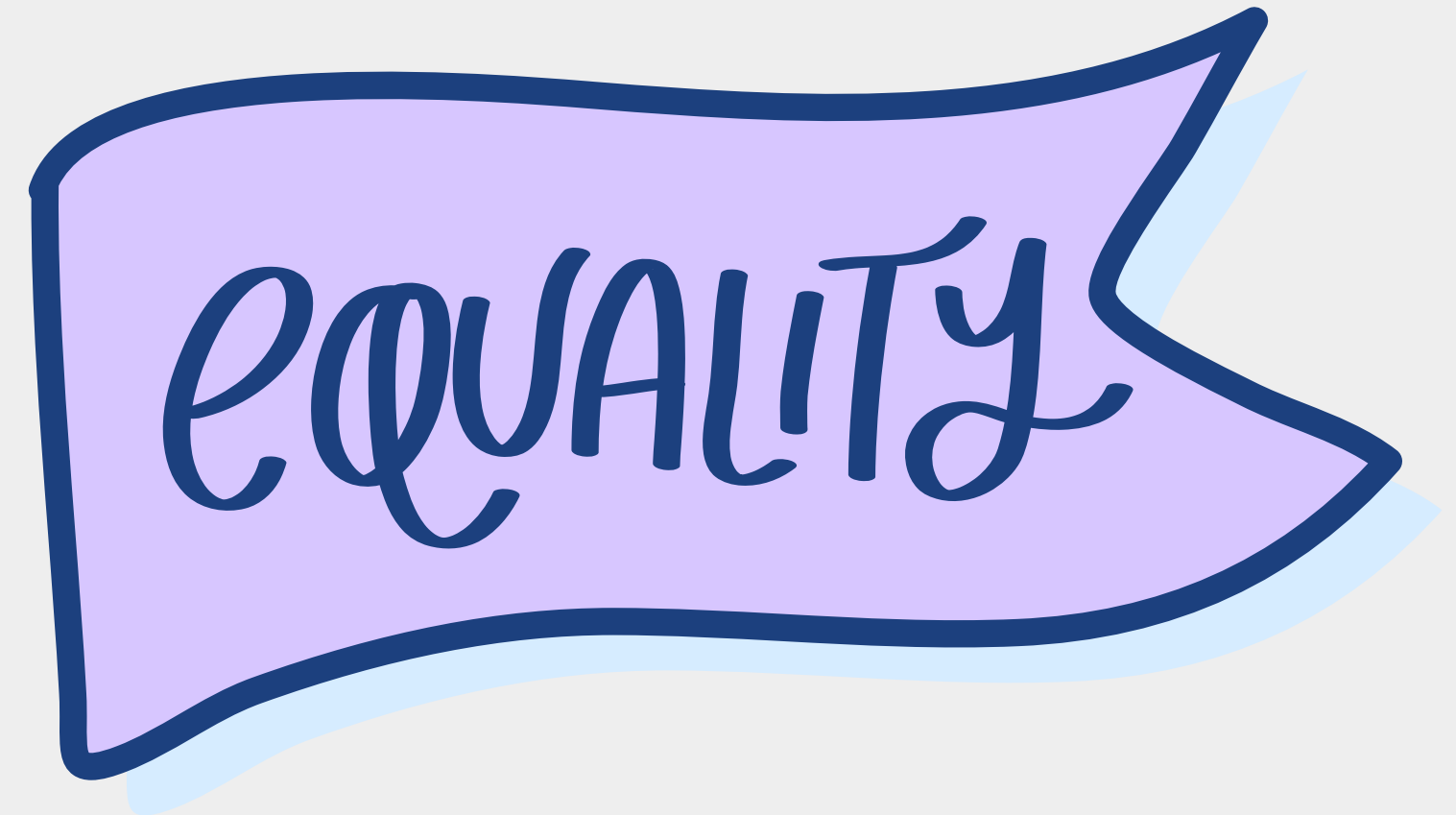
Tackling inequalities

To consider –

- Annual Health Checks
- Cancer screening uptake
- Healthy lifestyle support – smoking cessation, exercise
- Oral health programmes
- Mental health access
- Medication reviews

Evidence dashboard:

- Health Action Plans
- Screening rates
- Hospital passports
- Reasonable adjustments



The Evidence File

Prepare examples showing:

- ✓ Increased independence
- ✓ Reduced restrictions
- ✓ Improved health outcomes
- ✓ Employment success
- ✓ Educational achievements
- ✓ Improved communication
- ✓ Positive family feedback
- ✓ Staff innovation
- ✓ Co-production examples
- ✓ Human rights promotion

Always show:

"What changed because of what we did?"



The Evidence File

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DOLS - A Gilded Cage?

- This is one of the most significant developments in mental capacity law since the original Cheshire West judgment in 2014.
- On 2 June 2026, the UK Supreme Court decided A Reference by the Attorney General for Northern Ireland [2026] UKSC 16, effectively overturning key parts of the famous Cheshire West case.
- For the last 12 years, providers have worked on the basis of the Cheshire West "acid test":
 - A person was deprived of their liberty if they were:
 1. Under continuous supervision and control; and
 2. Not free to leave.
- It did not matter whether the person appeared happy, content, compliant or whether the restrictions were for their own safety.
- The Supreme Court has now said that approach was too simplistic and that a wider, more nuanced assessment is required.



The biggest change

Under Cheshire West:

- Lack of capacity = inability to validly consent.

Under the new ruling:

- A person may lack legal capacity under the Mental Capacity Act but may still be capable of expressing wishes and feelings that amount to valid consent to their living arrangements.

This means many people who previously required DoLS authorisation may no longer require one.



Supported Living

This is probably where the biggest impact will be seen.

Since Cheshire West, thousands of supported living packages have required:

- Court of Protection authorisation
- Community DoLS applications
- Section 16 welfare orders
- Annual reviews

Many supported living arrangements involve:

- 24-hour staff presence
- Staff accompanying people in the community
- Restrictions on access to money
- Positive behaviour support measures
- Medication supervision

Previously these almost automatically triggered deprivation of liberty concerns.



Supported Living

The Supreme Court has now indicated that providers must consider:

- What the person actually wants
- Whether they object
- Whether restrictions are imposed against their wishes
- The overall context of the arrangements

rather than simply applying the acid test.

Practical effect

Many supported living placements for people with:

- Learning disabilities
- Autism
- Acquired brain injury
- Mental illness

May no longer require Court of Protection authorisation where the person is content with the arrangements and there is no evidence of objection.

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What to do?

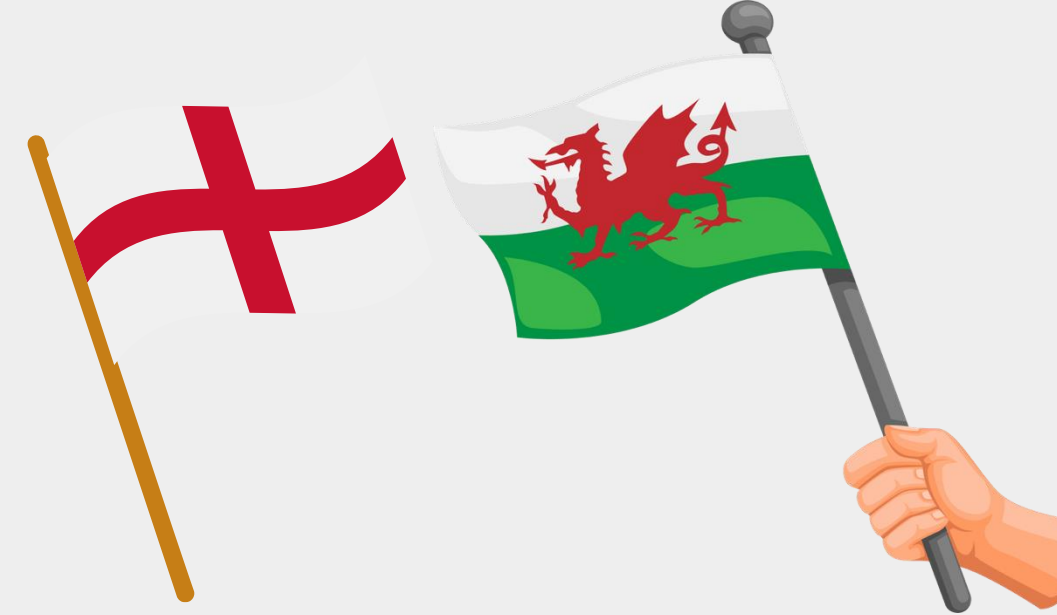
The Government guidance issued on 15 June 2026 specifically advises care providers to:

- Review policies
- Retrain staff
- Review DoLS procedures
- Update internal guidance
- Reconsider referral thresholds
- Continue to seek authorisation where there is doubt.

<https://www.gov.uk/government/publications/changes-to-the-definition-of-deprivation-of-liberty>



England Vs Wales



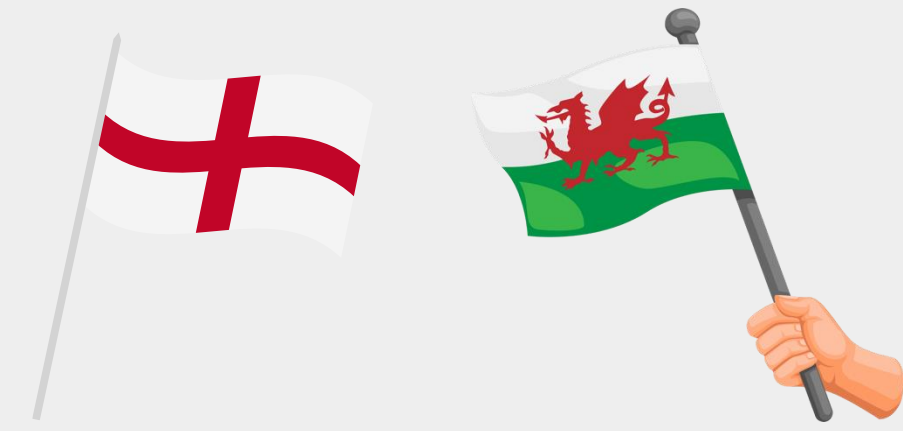
England – CQC –

“The judgment has immediate effect. This means that providers need to familiarise themselves with this legal development and adjust their practice accordingly. We recognise that this judgment may lead to questions about how the different factors should be interpreted and applied in practice. Where appropriate, providers may need to obtain legal advice to ensure that they are compliant with the law while they are waiting for any official guidance to be published. We will therefore adopt a proportionate approach in our assessments while we work with partners in the health and care system to determine the practical impact of this revised position.”



<https://www.cqc.org.uk/news/cqc-statement-supreme-courts-judgment-deprivation-liberty>

England Vs Wales



Wales – CIW –

“On 2 June 2026, the Supreme Court issued a judgment that changes how deprivation of liberty is assessed in law. Care Inspectorate Wales is working closely with Welsh Government and Healthcare Inspectorate Wales to understand the implications and develop a consistent, proportionate national approach.

The judgment takes effect immediately. We know this creates uncertainty, and we understand guidance from the UK Government is expected shortly.

In the meantime, responsible bodies and providers should review current arrangements. Where you think changes to practice may be needed, seek legal advice as necessary. CIW will take a proportionate approach to inspection during this period, recognising organisations are working to respond. However, legal duties under the [Mental Capacity Act 2005](#) remain in place. This includes assessing whether arrangements amount to a deprivation of liberty, ensuring care is person-centred, and safeguarding people’s rights.”

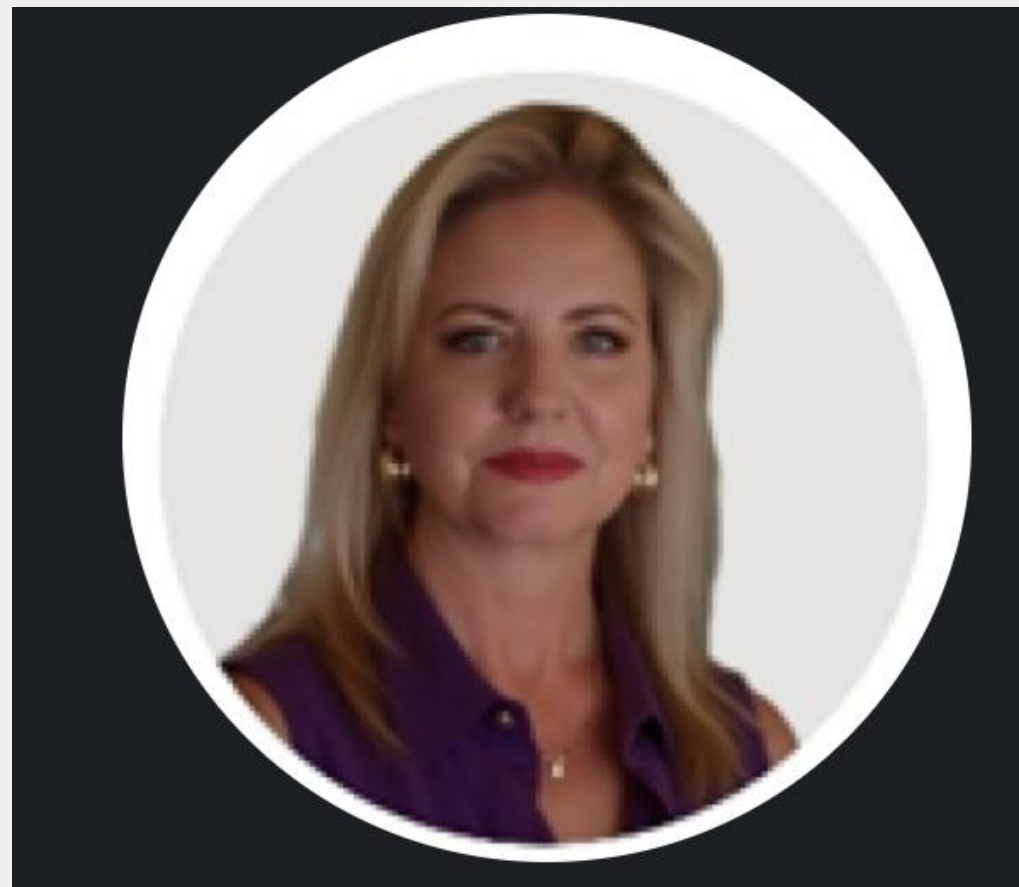
<https://www.careinspectorate.wales/supreme-court-judgment-deprivation-liberty>

Fulcrum LD support

Alexis Stannard – Head of Specialist Services, Learning Disability, Autism & Complex Care Specialist

Previous MD of outstanding LD services

Specialised and targeted



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Questions



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