IN THE UK COVID-19 PUBLIC INQUIRY

BEFORE BARONESS HEATHER HALLETT

In the matter of: The Public Inquiry to examine the Covid-19 Pandemic in the UK

Care Quality Commission (CQC)
Opening Submissions for Module 6

---

1. In this first opportunity to provide opening submissions, the Care Quality Commission (CQC) expresses at the outset its deepest sympathies to all those who lost relatives and friends during the pandemic and to those who continue to deal with its consequences. The disruption and effects of Covid-19 were felt profoundly across the UK and particularly in the health and social care systems.

2. CQC offers its deep gratitude to all those who operated to provide care and support across the health and social care sectors, and who did so selflessly in unprecedented circumstances.

3. CQC is committed to assisting the Inquiry in its investigations and is grateful for the opportunity to participate in Module 6. To date, in this module, CQC has supplied to the Inquiry a main witness statement dated 11 March 2025 from Mary Cridge, Director of Adult Social Care (INQ000584245) and a short supplementary statement from the same witness dated 11 June 2025 (INQ000587795). CQC has also supplied a short witness statement from Ian Trenholm, then Chief Executive, dated 26 July 2023 (INQ000226489) in Module 1 (resilience and preparedness); in Module 2 (core decision making) a witness statement from Mr Trenholm, dated 25 August 2023 (INQ000250230) and in Module 3 (impact on healthcare systems) a statement from the same witness dated 12 April 2024 (INQ000471158).

4. The purpose of this short opening statement is to make the following observations on CQC's behalf which may help frame the general understanding of CQC's function and therefore the role it was able to play during the pandemic.

5. CQC is the regulator of health and social care services in England. It is sponsored by the Department for Health and Social Care but is primarily funded by registration fees from service providers and is a non-departmental body so retains independence with accountability to Parliament as a whole. There are different regulators which operate in Scotland, Wales and Northern Ireland.

6. Provision of health and social care services requires registration with CQC; unregistered providers, save where exempted, of such services may be liable to criminal prosecution.

7. It is the function of Government to set the regulations and thus the standard that is required for the proper operation of health and social care services in England. It is then for the provider to decide how to conduct itself in a way that meets those regulations.

8. CQC's function, in relation to registered providers, is prescribed by statute under section 2 of the Health and Social Care Act 2008 ("the Act"), and is to 'review and investigate' the provision of health and social care services. CQC fulfils its regulatory functions by holding the registered providers of health and social care services to account according to those regulations.

9. Under section 23 of the Act CQC must issue guidance about compliance with the requirements of the regulations set by Government. It was not, therefore, a function of CQC before, during and since the pandemic, to specify to individual providers how they should meet those regulations or deliver their services.

10. The adult social care sector is a disparate and diverse sector. It comprises approximately 25,000 service providers the vast majority of which are funded and run within the private sector. Examples of the disparate nature of the providers are: (i) care at home providers (domiciliary care); (ii) a three bed care home for people living with learning disabilities operated by a small family provider; (iii) a 150+ bed care home operated by a large corporate organisation; and (iv) a set of care homes operated and funded by a local authority.

11. As a single regulator of so many different and diverse providers, it has never been CQC's role or method to dictate how each individual provider should deliver its service. Beyond the Government-defined regulations and CQC's section 23 guidance relating

to those regulations, there is no 'one size fits all' instruction, nor could there ever be, that would be able to account for all the different ways that providers across the health and adult social care sectors may seek to deliver their services.

12. It is submitted that during the pandemic, CQC's statutory role and function in relation to registered providers remained to 'review and investigate' however, like many others, CQC's ability to rely on usual methods to carry out this role was constrained by reason of the risk of infection spread, lack of PPE coupled with testing and the duty to protect its own staff. CQC did its best to adapt in the circumstances.

13. It is further submitted that CQC can provide knowledge of the sectors to help influence the terms of policy but it is the Government's role to make policy decisions. For example, where Government, not CQC, was privy to scientific advice and data with which to balance the competing needs of pressure on health care settings as against the need to protect the vulnerable in social care settings, it was for Government to set the policy and for CQC to provide input where it was sought.

14. It is with this context of the nature of the adult social care sector in mind, CQC's limited statutory functions and the constraints that applied across the country that the Inquiry is invited to view the evidence in Module 6 relating to regulation of the adult social care sector during the pandemic.

15. Attention is drawn to CQC's reflections and recommendations as set out in the supplementary statement of Mary Cridge dated 11 June 2025 together with her earlier statement which demonstrate the learning and review that CQC has undergone since the Covid-19 pandemic began. CQC remains keen to learn from any further lessons that may come through the process and reporting of this public inquiry.

Kate Wilkinson K.C.
On behalf of the Care Quality Commission

13th June 2025