

Introduction

Enforcement is one of the core components of the operating model that the Care Quality Commission (CQC) uses to achieve its purpose and perform its role.

This policy sets out the principles and approach we will follow when using our enforcement powers under the Health and Social Care Act 2008, as amended by the Care Act 2014, to improve health and adult social care services and protect the health, safety and welfare of people who use them.

This policy takes effect from 23 December 2024 and replaces the previous enforcement policy first published in 2015. It particularly concerns enforcement of:

- [The Health and Social Care Act 2008](#)
- [The Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) (as amended by:
 - Health and Social Care Act 2008 (Registration and Regulated Activities (Amendment) Regulations 2015
 - The Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012)

- [The Care Quality Commission \(Registration\) Regulations 2009](#) (as amended by:
 - The Care Quality Commission (Registration) and (Additional Functions) and Health and Social Care Act 2008 (Regulated Activities) (Amendment) Regulations 2012
 - The Care Quality Commission (Registration and Membership) (Amendment) Regulations 2012.)

In this policy, we refer to these sets of regulations as ‘the regulations’.

Note: there will be occasions when, depending on the facts of an individual case, it will not be appropriate to follow the precise steps described in this policy. Therefore, it should be used as a general guide to good practice when carrying out or considering carrying out enforcement action. It cannot substitute for judgement in individual cases.

There are many places in this policy where we describe the steps we will take if **it appears to CQC that** there has been:

- a breach of the statutory duties of the registrant
- a breach of the regulations
- risks to people using services.

Decisions about these matters, and whether to proceed to the next state of enforcement action, should be based on the information available to CQC at that time.

We accept that there will be occasions when more facts emerge later in the process, or disputes of fact are resolved, and therefore enforcement action is no longer required. If we believe such a stage has been reached, we will cease enforcement.

When we refer in this policy to ‘failures’ by registered providers or others, this means we are referring to a breach of the statutory duties, a breach of the regulations or where the actions or omissions of the provider or others have led to unacceptable risks to people using services.

Related guidance documents and legislation

Ensure you read our other key guidance documents with this policy:

- [Enforcement decision tree guidance](#) for selecting appropriate enforcement powers.
- [Guidance for providers on meeting the regulations](#)

This policy does not cover:

- the [Ionising Radiation \(Medical Exposure\) Regulations 2017](#) these are covered under separate primary legislation and we publish [guidance for complying with these regulations](#)
- use of section 48 of the Health and Social Care Act 2008 to carry out investigations.

CQC has powers under the [Regulation of Investigatory Powers Act 2000](#) to use directed surveillance and covert human intelligence sources and we will use them when we assess it is appropriate to do so. These powers are governed by separate legislation, policy and processes.

Key points

- We are the primary enforcement body at a national level in England for ensuring that people using health and adult social care services receive safe services of the right quality.
- We have a wide range of enforcement powers, and this policy sets out our approach to using them.

- We will use a structured decision process to help us decide:
 - which cases should result in enforcement action
 - which enforcement powers we should use
 - which approach we should take when using our powers.

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