



Are you prepared?

What the care reform agenda could mean for you

A Veritrend perspective for domiciliary care providers on the Casey Commission, the changing CQC framework, and the shift to prevention, outcomes and evidence.

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THE REFORM MOMENT

Why this matters now

Adult social care in England is entering its most significant period of reform in a generation. The Casey Commission is designing the path to a National Care Service. The CQC is preparing to replace the Single Assessment Framework with an approach built around outcomes rather than paperwork. Commissioners are moving to outcomes-based contracts. Data standards are becoming mandatory infrastructure. Each of these changes lands on providers as a question: are you prepared, and what could the changes mean for you?

Our starting point is a simple reading of what the reform is for:

The reform programme exists because adult social care in England has been failing on every front — long waits for assessments, a workforce crisis, councils paying below the cost of care, and a system so fragmented that Baroness Casey described it as “a patchwork held together with sticking plasters and glue.” Its purpose is to rebuild care around prevention rather than crisis: noticing change early, keeping people well at home, and easing the pressure on hospitals from avoidable admissions and delayed discharges.

For the people who draw on care, the intended benefits are a fairer, more consistent National Care Service with more say over their own support, care records that follow them between services, and family carers who are recognised rather than exhausted. For the industry, it promises a professionalised workforce with fair pay and career structure, a clearer and less bureaucratic inspection regime focused on real outcomes rather than paperwork, and commissioning that finally rewards quality and results — so providers who can genuinely evidence the difference they make are the ones who thrive.

The rest of this paper takes that paragraph apart, theme by theme: what each ambition really asks of providers, why it is hard to deliver with today's tools, and how AI-supported record-keeping and cross-visit trend analysis — the approach we are building at Veritrend — can help close the gap. Nothing here requires waiting for the Commission to report. Every theme is already visible in draft CQC frameworks, live tenders and commissioning practice.

On regulation. This paper is about the reform agenda, not the rules governing ambient recording itself. Those changed materially on 29 July 2026, when the MHRA published its first guidance on ambient voice technology and NHS

England updated its own. Our reading of what that means for a domiciliary provider — including where the guidance does not reach social care at all — is a separate paper at veritrend.ai/insights.

THEME ONE

Prevention rather than crisis — noticing change early

The challenge

Domiciliary care is uniquely placed to notice change early: no other part of the system sees a person as often, in their own home, over months and years. Yet the way visits are recorded works against it. Each visit is documented in isolation, often in a few hurried minutes, by whichever carer attended. A client may be seen by many different carers in a fortnight, each writing brief notes against their own baseline of what “normal” looks like. The result is that every individual visit can look fine while a slow change builds across the whole — eating a little less, drinking a little less, moving a little more stiffly. By the time the pattern is unmistakable, it is often a crisis: a fall, an infection, an emergency admission. The information needed to act earlier was captured; it was just scattered across dozens of notes that no one had time to read side by side.

How technology like Veritrend helps

This is precisely the problem cross-visit trend analysis exists to solve. Veritrend structures every visit record consistently and then looks along the timeline, not just at the snapshot — surfacing patterns across signals such as nutrition, hydration, pain, mobility, skin integrity, mood and continence, across every carer and every visit. When the aggregate begins to drift, the pattern is made visible to the care team for review, so an experienced human can decide what it means and what to do: a call to the GP, a review of the care plan, a conversation with the family. The judgement stays with your team; the technology makes sure the team can see what any single visit cannot show. That is what outcomes-based commissioning is reaching for when it asks providers to show they noticed change early. It can also mean a lighter technological footprint in the home: when patterns are surfaced from the care already being delivered, there is less need for standalone sensors and alarms watching how often a fridge door opens — reassurance without intrusion.

THEME TWO

A consistent, continuous service — whoever attends

The challenge

Continuity is the word the sector uses — how many different carers a person sees — and it is one of the hardest promises in domiciliary care. Rosters change, carers cover for one another, and experience levels vary; a client may see many different faces in a fortnight. Consistency is its quieter twin: whoever attends, the person should feel the same standard of attention, informed by the same understanding of who they are. Today both depend heavily on free-text notes of very uneven depth and quality. One carer writes three thoughtful paragraphs; the next writes “all fine.” Handovers lose nuance, new carers walk in without the full picture, and managers can only sample records rather than genuinely oversee them. A National Care Service built on fairness will only sharpen the expectation that neither continuity nor consistency should depend on which carer happened to attend.

How trend analysis and consistent records help

When visit conversations are transcribed and structured automatically, every record reaches the same standard of completeness — regardless of who attended, how busy the round was, or how confident the carer is in written English. Structure does not mean losing the person in the process: the record still captures what makes each client unique, and anchoring notes to each person's own goals — the outcomes that matter to them — keeps care genuinely person-centred while giving trend analysis the standardisation it needs. You cannot compare visits over time if every one is written differently. The combination gives a genuinely shared picture of each client — every carer walks in informed, every handover carries the detail, and managers can see continuity and consistency of practice across the whole branch rather than a sampled fraction of it. Consistent records are not an administrative nicety; they are the foundation on which a continuous, person-centred service is built.

THEME THREE

Time back for the people who care

The challenge

The social care reform agenda rightly promises that carers — both the professional workforce and the family carers around them — should be recognised rather than exhausted. The daily reality pulls the other way. With care commissioned by the visit, sometimes by the minute, every moment with a client is a valuable one — yet professional carers spend a slice of each visit filling in cumbersome notes on a mobile phone, always at the expense of the person who matters most at that moment, and frequently finish documentation in their own time between calls. With the complexity of care increasing, health tasks being delegated, and loneliness and isolation a known enemy, technology should be increasing human interaction — not putting more eyes down on screens. There is a quieter barrier too: many experienced carers did not grow

up with this technology, and providers have lost good staff to the discomfort of digital systems alone. Admin pressure is consistently cited in carer burnout and turnover — and with recruitment already strained by the closure of the overseas care-worker route, retaining experienced staff has never mattered more. Meanwhile, families are often the last to know how a visit went, relying on a paper folder in the hallway or a phone call when something has already gone wrong.

How transcription and automated notes give time back

Hands-free capture changes the shape of the visit. With a wearable device and consented recording, the carer's attention stays on the person, not the phone; the conversation itself becomes the record, transcribed and structured into a care note automatically for the carer to confirm. And because it is listening from the moment the carer steps through the door, the passing details that would ordinarily be missed — a doctor's appointment mentioned over a cup of tea, a family visit, a poor night's sleep — are captured as they are said, not remembered later. The minutes saved on typing are returned to care — the cup of tea and the chat that too often get squeezed out — or simply returned to the carer. The notes produced this way are richer than what tired or rushed thumbs produce at the end of a long call, which feeds directly back into the continuity and prevention themes above. For staff who have never felt comfortable typing on a phone, speaking naturally removes the barrier altogether — a genuine retention tool for an experienced workforce. And because visit summaries are structured, sharing an appropriate, consented summary with family members becomes straightforward — letting families catch up rather than check up: partners in care, not anxious observers. Happier carers, better records, reassured families: the same capability serves all three.

THEME FOUR

A professionalised workforce and an inspection regime focused on outcomes

The challenge

Providers do not need persuading to deliver high-quality, outcomes-focused care — most are trying to demonstrate exactly that today. What holds them back is the machinery. Under the Single Assessment Framework, which remains the live framework as this edition goes out, evidencing quality means mapping practice against 34 quality statements, assembling documents, demonstrating compliance. The draft adult social care framework published in March 2026 replaces those quality statements with a smaller set of key lines of enquiry, removes numerical scoring and reintroduces rating characteristics, with greater reliance on professional judgement and a stronger focus on people's

experiences and outcomes. It is a welcome simplification. But it also changes what inspectors will look for: evidence of how care has improved people's lives over time, supported by documentation rather than defined by it. Most providers' systems were never designed to capture and present that story. Meanwhile a professionalising workforce — fair pay, career pathways, new roles such as care technologists — needs development conversations grounded in real practice, not anecdote. Managers can rarely observe enough visits to know where coaching is genuinely needed.

A note on timing. CQC has not published an implementation date for the new framework. Pilots ran from June 2026 with evaluation due in November. Any date you have been given for the switch is an inference, not a commitment — and a technology decision should not be built on one. Nor should it be built on the 34 quality statements or on numerical scoring, both of which are on their way out.

How solutions like Veritrend enable the transformation

When every visit generates structured evidence as a by-product of the care itself, the burden of inspection preparation falls away: the evidence base builds continuously, mapped to the regulatory framework as it stands — and because Veritrend holds the CQC framework as versioned reference data rather than hard-coding it, the transition from quality statements to key lines of enquiry is a data update, not a system change. Providers keep their evidence; the mapping moves with the regulator. The same structured record supports the workforce side: managers gain a fair, practice-based view of how care is actually being delivered across the team — used with clear guardrails, as a development tool rather than a surveillance one — so supervision, training and career progression can be grounded in what really happens on visits. Less bureaucracy, better development, and inspection-readiness as a continuous state rather than a quarterly scramble.

THEME FIVE

Genuinely evidencing the difference you make

The challenge

Everything above converges here. The reformed system — the new CQC framework, outcomes-based commissioning, and in time the National Care Service — will reward providers who can demonstrate the difference they make, not merely assert it. That demands a coherent, joined-up view of care: records that connect across visits, carers and time; governance that sees the whole service, not samples of it; and evidence that stands up to an inspector, a commissioner or a family member asking “how do you know?” True

transformation is hard precisely because today's records were built for accountability of the individual visit, not for telling the story of the person. Providers adjusting their governance and processes for the new standards keep hitting the same wall: the underlying data is fragmented, inconsistent and trapped in free-text notes.

How AI and transcription provide the missing layer

This is the gap Veritrend is built to close: an intelligence layer that sits alongside your existing care management system and turns everyday visits into a coherent evidence base. Consented conversations become structured records; structured records become visible trends; trends become evidence — the story of a person's care told over time: change noticed early and acted on, continuity held across the team, outcomes improving — mapped continuously to the regulatory framework and ready for inspection, tender or board. The people who benefit are the ones the reform is for: clients whose changes are seen sooner, carers freed from paperwork to do the work they chose, managers who can govern with a full picture, and providers who can walk into the new era able to show, with confidence, the difference they make.

The Commission's final recommendations will shape the detail, and we will publish our reading of the Phase 1 report when it lands. But the direction is already set — prevention, consistency, workforce, outcomes, evidence — and none of it rewards waiting. The providers who prepare now will be the ones the new system is designed to reward.



ABOUT VERITREND

Veritrend is a care-intelligence platform for UK domiciliary care providers. Using consented, hands-free capture during visits, it structures care notes automatically and surfaces cross-visit trends for team review — alongside, not replacing, your existing care management system. Veritrend surfaces patterns for your team to review; it does not predict, diagnose or score clinical risk.

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