

# CARE ACT 2014

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## EXPLANATORY NOTES

### OVERVIEW OF THE STRUCTURE

#### Part 2 – Care Standards

17. [Part 2](#) of the Act deals with a number of the aspects of the Government’s response to the findings of the Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, led by Robert Francis QC.
18. [Section 81](#) provides that regulations must include a duty of candour on providers of health care and adult social care services registered with the CQC.
19. [Sections 82 to 85](#) provide for an extended failure regime for NHS (National Health Service) healthcare providers which encompasses quality as well as finance by: enabling the CQC to issue warning notices to NHS trusts and NHS foundation trusts where the services provided by them require significant improvement; extending Monitor’s powers to be able to impose additional licence conditions on foundation trusts; and enabling Monitor to make an order authorising the appointment of a trust special administrator for foundation trusts on quality grounds. The sections also ensure that these requirements and powers apply correctly once all NHS trusts have been abolished.
20. [Section 86](#) prevents registered providers from applying for a change to their conditions of registration where the CQC has commenced proceedings to make the same change and [section 87](#) creates a right of appeal for individuals against whom the CQC requires action to be taken.
21. [Section 88](#) amends provisions relating to the membership of the CQC.
22. [Section 89](#) places a duty on the non-executive members of CQC to appoint three Chief Inspectors as executive members of the CQC Board and makes provision for the CQC to determine the functions each Chief Inspector will exercise on its behalf. In performing CQC’s functions, the Chief Inspectors must safeguard and promote CQC’s independence from the Secretary of State.
23. [Section 90](#) repeals or amends several of the Secretary of State’s powers in the Health and Social Care Act 2008 (the 2008 Act) that could constrain CQC’s operational autonomy.
24. [Section 91](#) requires the CQC to conduct periodic reviews, assess performance and publish assessment reports in respect of regulated activities and registered service providers. This is to allow for meaningful comparison of services.
25. [Sections 92 to 94](#) provide for a new offence for care providers who supply, publish or otherwise make available information that is false or misleading, with associated criminal sanctions. The offence will also apply to directors, managers, secretaries or similar officers of care providers in certain circumstances.
26. Finally, [section 95](#) will allow the Government, through regulations, to specify the people or organisations that can set training standards for specific groups of workers,

*These notes refer to the Care Act 2014 (c.23) which received Royal Assent on 14 May 2014*

such as healthcare assistants and social care support workers, engaged in an activity regulated by the Care Quality Commission.