The role of the Care Quality Commission in clinical practice: Delivering safe, person-centred lower-limb care in acute and community settings

Bridging the gap between theory and practice, this article presents a collaborative reflection on contemporary care delivery across acute, community, and social care settings, with a particular focus on the evolving remit of the independent regulator of health and adult social care, the Care Quality Commission. It examines the recent consultation on the regulation of health and care services and considers how proposed changes may shape and inform service provision, enabling providers to maintain and improve the quality of care. Finally, it explores the role of regulatory frameworks in shaping frontline experiences and promoting safety, equity, and accountability within 21st-century healthcare.

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The Care Quality Commission (CQC) serves as the independent regulator of health and social care services in England, collaborating with care providers, service users and wider system partners to promote high-quality, safe and effective care (CQC, 2026). Its core functions include the registration of care providers, the monitoring, inspection and rating of services, and the implementation of regulatory actions to safeguard individuals who access these services. Furthermore, as an independent regulatory body, the CQC plays a pivotal role in articulating and influencing national discourse on the major challenges and priorities affecting health and social care, thereby supporting ongoing service development and improvement (CQC, 2025).

As clinicians, you will recognise that CQC inspections evaluate registered care providers against the fundamental standards of the Health and Social Care Act 2008 (Department of Health, 2022), which establish the minimum requirements that all health and social care registered services must comply to. Regulatory oversight is informed by inspection findings, public and stakeholder feedback, and wider system intelligence, facilitating the identification of exemplary practice, areas for development, and opportunities for implementing evidence-based improvements.

Through its assessment of five key domains — safe, effective, caring, responsive and well-led — the CQC promotes a culture of continuous quality improvement. This approach seeks to enhance outcomes and experiences for individuals receiving care while also supporting the wellbeing and professional development of the workforce.

Raising care standards through the CQC

In October 2025, CQC launched a consultation in response to independent reports with two areas of focus, the proposal on the changes on the development of the frameworks, and the proposed guidance methodology for inspection and, assessment of registered providers, this concluded in February 2026 (CQC, 2025). The feedback from the proposal is yet to be published,

Recent changes in CQCs have focused on making these commissions more inclusive and responsive to frontline challenges. This shift is essential because it empowers staff to voice concerns, suggest innovations and work together towards achievable goals. The consequence is a collaborative approach to providing an improved clinical environment where standards of care are actively monitored and enhanced through ongoing dialogue and teamwork.

This pathway based approach recognises the importance of teamwork, communication and innovation across healthcare settings. It also values the experiences of individuals requiring care and frontline staff, helping organisations build a culture where learning, improvement and compassionate care become part of everyday practice. For clinical teams, this represents an opportunity to

highlight not only the quality of care they provide, but also the positive difference they make to people's lives.

In recognition of the complexity of health and care services, the CQC has proposed assessment frameworks tailored to four sectors: adult social care, primary care, mental health care and hospitals. These frameworks are aligned with the CQC's five key domains and are intended to support assessment across integrated systems, extending beyond organisational boundaries to acknowledge the care pathways that shape patients' experiences across multiple providers (CQC 2025).

Changes introduced through the Health and Care Act in 2022 (Department of Health, 2022) gave the CQC responsibility for independently assessing how organisations work within defined integrated care systems (ICS) and evaluating the performance of these systems as a whole.

This approach recognises and promotes innovation, supports the shift of care from hospital settings to community-based services, and aligns with the three proposed strategic shifts outlined in the NHS 10-year plan for England (Department of Health and Social Care, 2025). These include the development of neighbourhood health services, a greater focus on population health and prevention, and a move towards addressing shared patient needs through integrated care rather than service delivery based solely on professional specialisms.

For wound care services, these changes are likely to promote greater collaboration, innovation and the adoption of strategic wound care pathways across providers and organisations; areas that have historically presented significant challenges. This shift is also expected to stimulate discussion at a strategic level within ICS regarding the funding, commissioning and provision of wound care services.

An integrated approach across care providers has the potential to reduce inequities in both access to care and patient outcomes, issues that unfortunately persist within wound care provision.

Furthermore, tissue viability services, as predominantly nurse-led services, are well positioned to embrace these policy and assessment developments by supporting and promoting the safe transfer of care and ensuring continuity of wound management across organisational boundaries. In doing so, they can help ensure that patients receive seamless, needs-based care that is not constrained by the limitations of individual services or organisational structures.

The Leg Club as an example of how CQC standards integrate with evidence-based, patient-centred lower limb care

Across the NHS, healthcare professionals continue to respond to increasing demand, workforce shortages, and the growing complexity of caring for an ageing population. Despite these challenges, there are many examples of innovation that show what can be achieved when clinical excellence is combined with compassion, collaboration and community engagement. The psychosocial Leg Club model is one such example.

For many people living with lower-limb conditions, a psychosocial Leg Club for lower limb care offers far more than wound care, it provides a welcoming environment where evidence-based clinical treatment is delivered alongside friendship, encouragement, and peer support. Members receive high-quality care while becoming part of a community that promotes confidence, independence and wellbeing.

Working within the standards set by the CQC, Leg Clubs illustrate how safe, effective and person-centred care can flourish outside traditional clinical environments. They prove that clinical governance and compassionate care are not mutually exclusive but are strongest when they work together.

Clinical governance and the role of the CQC

One of the unique strengths of the Leg Club model is its ability to deliver high-quality, evidence-based clinical care within a welcoming community environment while maintaining clear professional governance. It is important, however, to distinguish between the role of the Leg Club and that of the CQC.

Leg Clubs are not registered or regulated by the CQC, nor do the volunteers who support them fall within the CQC's regulatory framework. Volunteers play an invaluable role in welcoming members, offering refreshments, facilitating social interaction and helping to create the supportive atmosphere that is central to the Leg Club philosophy. They do not provide clinical care, undertake regulated activities, or hold responsibility for clinical decision-making.

Responsibility for clinical care remains entirely with the registered healthcare professionals employed by the NHS provider service, health board or other CQC-registered provider. It is these organisations and the regulated activities they deliver that are inspected by the CQC.

Therefore, clinical governance, infection prevention and control, safeguarding, medicines management, record keeping and

professional accountability remain under the oversight of the registered provider, regardless of whether care is delivered in a health centre, a patient's home or within a non-medical community-based Leg Club.

When CQC inspectors review services that include Leg Clubs, they assess how the registered provider delivers safe, effective, caring, responsive and well-led care across the patient pathway. The inspection may include observations of care delivered within a Leg Club because it forms part of the provider's clinical service, but the Leg Club itself and its volunteers are not subject to separate CQC registration or inspection.

This distinction is fundamental to the success of the Leg Club model, it allows healthcare professionals to deliver high standards of clinical care within a relaxed community setting, while volunteers enrich the member experience through companionship and social support. Together, these complementary roles create an environment where clinical excellence and community engagement work hand in hand, each contributing within clearly defined responsibilities to improve outcomes and enhance wellbeing.

The Leg Club model: where clinical excellence meets community

The Leg Club model has transformed the way lower-limb care is delivered, by combining expert clinical practice with a strong sense of community ownership. Held in welcoming local venues rather than traditional clinics, Leg Clubs provide assessment, treatment, compression therapy, health promotion and ongoing monitoring in a relaxed and supportive atmosphere.

Registered healthcare professionals deliver evidence-based person-centred care while volunteers help create an environment where members feel welcomed, valued and connected. This unique partnership allows clinical expertise to sit alongside social interaction, reducing isolation and encouraging individuals to take an active role in managing their own health.

For many members, attending a Leg Club becomes something they look forward to rather than something they fear, as friendships develop, confidence grows and people often become more engaged with their treatment. This positive atmosphere supports improved adherence to care, earlier intervention and, ultimately, better healing outcomes.

The model reflects many of the ambitions set out in the NHS Long-term Plan by delivering integrated, preventative care closer to home while making effective use of valuable clinical resources.

Strong governance supporting innovative care

Innovation is most successful when supported by robust clinical governance, and Leg Clubs demonstrate that community-based care can meet the highest professional standards.

Existing governance arrangements ensure that infection prevention, safeguarding, medicines management, documentation and professional accountability are maintained to the same high standards expected in any healthcare setting.

During inspections, the CQC considers how Leg Clubs contribute to the wider patient pathway, recognising not only clinical outcomes but also leadership, teamwork, responsiveness and the overall experience of members. This balanced approach highlights the importance of delivering care that is both clinically effective and genuinely person-centred.

Making a difference for patients and clinical teams

One of the greatest strengths of the Leg Club model is that everyone benefits. Members receive expert treatment within an environment that promotes dignity, confidence and social connection. Clinical teams have the opportunity to build meaningful relationships with the people they care for while working within a supportive multidisciplinary environment. Volunteers play an invaluable role in creating the welcoming atmosphere that makes every session unique.

At a time when NHS staff continue to face significant pressures, Leg Clubs also offer practical benefits. By encouraging prevention, self-management and regular monitoring, they help reduce avoidable complications and support more efficient use of clinical time. Just as importantly, they remind healthcare professionals why they chose caring careers in the first place making a lasting difference to people's lives.

Looking ahead

As healthcare continues to evolve, the Leg Club model offers an inspiring example of what can be achieved when evidence-based practice is combined with compassion, partnership and community involvement.

Supported by the CQC's commitment to continuous improvement, Leg Clubs demonstrate that excellent clinical care extends beyond treatment alone. They create places where people feel listened to, respected and empowered, while enabling healthcare

professionals to deliver care that is both safe and deeply rewarding.

The future of community healthcare lies not only in meeting clinical standards but also in creating positive experiences that improve health, strengthen communities and enhance the wellbeing of everyone involved. Leg Clubs continue to show that when clinical expertise, strong governance and genuine human connection come together, outstanding care naturally follows.

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