



Regulations, Risks and Opportunities – Digital Care Summit London

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Speakers



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Health and Social Care Act 2008

(Regulated Activities) Regulations 2014 (Part 3) (as amended)

- Regulation 4: Requirements where the service provider is an individual or partnership
- Regulation 5: Fit and proper persons: directors
- Regulation 6: Requirement where the service provider is a body other than a partnership
- Regulation 7: Requirements relating to registered managers
- Regulation 8: General
- Regulation 9: Person-centred care
- Regulation 9A: Visiting and accompanying in care homes, hospitals and hospices
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: Premises and equipment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour
- Regulation 20A: Requirement as to display of performance assessments

Please use the mentimeter to select the 5 Regulations CQC noted...

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) (as amended)

“...Most regulations that we enforce have a role in making sure that innovative technologies including AI improve the quality of care and the outcomes for people using services. For example:

Regulation 9: Person-centred care

Regulation 10: Dignity and respect

Regulation 11: Need for consent

Regulation 12: Safe care and treatment

Regulation 17: Good governance”

CQC – 21 May 2026

Regulation 11: Need for consent

Boardroom scenario exercise: A tech provider demonstrates a new digital record system which uses AI to develop care plans, identify safeguarding themes, gives early warning of infections / an increase in falls risk, and aims to reduce management time spent on audits.

The Board has voted to invest and rollout the system:

How will you evidence you comply with Regulation 11: Need for consent

- Identify 3 regulatory risks
- Identify 3 ways to mitigate these risks

[Please use the mentimeter to share your response...](#)



Key take-away

The regulatory risk may not be using AI itself; but the way it is used.

The provider cannot consent to AI on behalf of people using the service. The Board may approve the technology, but consent for care and treatment remains with the individual (or must be addressed through the Mental Capacity Act framework). A system that uses AI should be viewed as a tool; accountability for lawful consent remains with the registered provider, registered manager and care professionals.

Evidence

You have a CQC inspection and the inspector asks:

“What evidence do you have that AI has improved outcomes for people?”

There is an opportunity here - Identify how you will evidence improved outcomes.

Please use the mentimeter to add 3 ideas of how you will evidence improved outcomes.





Key take-away

The opportunity is not only to adopt AI.

It is to create an evidence trail that proves AI and/or your use of it has:

- improved outcomes
- reduced risk
- enhanced quality
- delivered measurable benefits for the people who use the service...



Outcomes

Now that you will be moving forward with an AI enabled system, what other actions will you take to demonstrate 'good governance'?

Please use the mentimeter to add your tables 3 ideas of what other actions you will take.



Key take-away

CQC has made clear that providers using AI will be expected to evidence governance, human oversight, safety, transparency and, improved and equitable outcomes for people using services.

A provider demonstrating good governance would be able to show CQC not only *what the AI does, but also how risks are managed, how outputs are checked, how outcomes are monitored, and who remains responsible when decisions are made.*

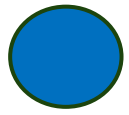
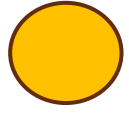
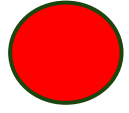
Innovation Can Be Shared. Accountability Cannot.

- You can delegate tasks to AI, but you cannot delegate accountability.
- AI can enhance care, but it does not transfer responsibility.
- Registered persons remain accountable for the safety, quality and outcomes of care, regardless of whether AI is used to support decision-making.
- Success depends on human oversight, robust governance, transparency, security and a relentless focus on outcomes for people using services.



Feedback and Rating

Please use the mentimeter to add some feedback and provide a rating for this workshop.

-  Outstanding
-  Good
-  Requires Improvement
-  Inadequate



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