

Verivius compared

Honest answers to "is this the right tool for us?" Compared against the four options most prospects evaluate alongside Verivius: spreadsheets, consultancy retainers, mid-enterprise SaaS (Radar Healthcare, Care Vision), and bespoke development.

Written by Klaudiusz Zembrzuski, an ex-CQC inspector with thirteen years inside the regulator. If you read this and the answer is not Verivius, that is the right answer.

At a glance

	Verivius	Spreadsheets	Consultancy retainer	Mid-enterprise SaaS	Bespoke build
Daily-use software for governance	Yes	Yes, until it isn't	No (delivered as paperwork)	Yes	Eventually
Continuous evidence trail by default	Yes	Manual	Manual	Yes	If built
Built specifically for small UK providers	Yes	n/a	Sometimes	No (mid-enterprise)	Depends
Audit log on every write	Yes	No	n/a	Usually	If built
Pre-loaded sector pack	Yes (7 sectors in v1)	No	Depends on consultant	Often configurable	Built from scratch
Setup time	Same day	Same day	Weeks	Months (sales-led)	Months to years
Transparent pricing	Yes (£149-£299/loc/mo)	Free	Variable, often opaque	Sales-led, opaque	£30k-£250k+

	Verivius	Spreadsheets	Consultancy retainer	Mid-enterprise SaaS	Bespoke build
Founder-accessible during build	Yes (ex-CQC inspector)	n/a	Varies	No	Depends
Cancel anytime	Yes (from settings)	n/a	Notice period	Annual contracts	n/a

When spreadsheets are the right answer

A spreadsheet is honestly the right answer when **all four** of the following hold:

- Single location.
- The registered manager built the spreadsheet themselves and is still using it.
- Low incident volume — under ten open records at any time.
- Stable team for years; nobody about to leave who built the structure.

The cases where spreadsheets stop working are when any of those conditions break: someone leaves and the spreadsheet leaves with them; you open a second location and consolidation becomes ad-hoc; volume crosses thirty open records and pattern detection becomes impossible; the audit trail an inspector samples cannot reconstruct who did what when. Until those conditions break, the spreadsheet is fine. Use it.

When a consultancy retainer is the right answer

A consultancy retainer is the right answer when:

- You need clinical opinion alongside governance evidence.
- The relationship matters more than the platform (a specific consultant you trust).
- You are about to face a complex regulatory situation (open inquiry, change of registered manager, condition on registration) and want a human in the loop.

The model breaks down for unannounced inspections, which are most CQC visits to small providers now. A consultant six weeks before a known visit is operationally useful; a consultant six weeks before nothing is expensive insurance.

Many providers run **both** Verivius and an occasional consultant engagement — Verivius for the daily evidence layer, the consultant for the strategic readiness check (which is exactly what Mock Inspection is, only delivered by the same provider).

When mid-enterprise SaaS is the right answer

Tools like Radar Healthcare, Care Vision, and similar are built for mid-enterprise providers: hundreds of staff, multiple regions, sales-led procurement, six-figure annual budget, dedicated compliance team to operate them. They are good products for that market.

The mismatch shows in three places:

- **Pricing.** Mid-enterprise tools are sales-led with opaque pricing. Often £20k-£100k+ annually with implementation services on top. A solo or mid-size operator should not pay this.
- **Feature surface.** Built for compliance managers running compliance as a full-time job. A registered manager who is also clinical does not need that depth and will not use most of it.
- **Implementation cycle.** Months to deploy, including configuration consulting. A small provider needs same-day setup.

If your service has hundreds of staff or multiple regions, Verivius is not for you. Look at the mid-enterprise category. We do not compete there.

When bespoke development is the right answer

Bespoke development is the right answer when:

- You have specific clinical workflows the standard CQC governance shape does not capture.
- You have a budget of £30k+ and a tolerance for a multi-month build cycle.
- You have a developer or agency you trust.

The risk: bespoke builds in the small-provider segment often stall. The first version ships under-specified; the maintenance cost is permanent; the developer churns. If the question is "should we build our own or buy Verivius", buy Verivius — bespoke pays off at five times the scale we serve.

When Verivius is the right answer

You sit in this column if:

- You are a CQC-regulated independent healthcare provider in one of our seven v1 sectors.
- You are between 1 and 25 staff per location, with 1 to 5 locations.
- You want transparent pricing and same-day setup.
- You want the evidence trail to be a side effect of doing the work, not an end-of-quarter scramble.
- You are willing to spend ~30 minutes evaluating before signing up; £149-£299/loc/mo before deciding.

The five trust commitments hold across every interaction: no rating guarantees, no paraphrased regulation, no inspector-confusion, no clinical-judgment replacement, no selling where we cannot serve.

How to decide

Try the platform. The 14-day trial is built into signup; cancel from settings if it is not for you. Or book a 30-minute call at verivius.co.uk/request-a-call. No pitch deck. We log into the demo workspace, walk through it, answer what you actually want answered.

If the answer is "Verivius is not for us yet", we will say so and tell you what is. That is the honest-fit value at work.

Contact

Klaudiusz Zembruski · Founder, Verivius · hello@verivius.co.uk · verivius.co.uk

Verivius Ltd · Companies House 17211492 · Registered in England and Wales · ICO registered data controller.

Verivius Ltd · Companies House 17211492 · Registered in England and Wales · ICO registered data controller.
verivius.co.uk