SAMPLE CHECKLIST

CQC inspection readiness checklist

How to use this checklist

Use this checklist as an evidence review before a governance meeting, a readiness review, or at any time, because most CQC inspections of small services are unannounced. It follows CQC's five key questions and asks, under each area, a practical question: can you show the evidence today?

The PDF is designed for printing, or for completing on screen with a PDF viewer's Fill and Sign, Markup or comment tools. Use those tools to tick boxes and add notes.

This checklist is a starting point and a guide to what CQC inspectors look for. It is not a complete or deployable procedure, and it is not legal advice. Working through it does not guarantee a rating or compliance. Check all regulatory references and timescales against current primary sources and adapt it to your own service. Last reviewed: 28 June 2026.

Service details

SERVICE NAME	LOCATION
DATE COMPLETED	COMPLETED BY
REGISTERED MANAGER	NOMINATED INDIVIDUAL OR PROVIDER LEAD
PERIOD REVIEWED	

Safe

Risk and incidents

- [ ] **A live risk register exists, is current, and shows review decisions and dates, not just a static list.**
- [ ] **Incidents and near misses are recorded, reviewed, themed, and linked to actions or learning.**
- [ ] **Where a notifiable safety incident caused harm, the duty of candour steps are recorded (apology, explanation, what happens next).**
- [ ] **Staff know how to escalate immediate risks, including clinical risk, safeguarding and business-continuity concerns.**

Safeguarding

- [ ] **Staff can recognise safeguarding concerns and know the local referral route and thresholds.**

- [ ] Safeguarding records show the concern, the decision, who was informed (including the local authority and CQC where required), and what happened next.
- [ ] Safeguarding training is current for the roles that need it, at the right level.

Medicines (where the service handles them)

- [ ] Medicines are stored securely and at the right temperature, with records that show it.
- [ ] Administration is recorded (MAR or equivalent), gaps are followed up, and errors are reported and learned from.
- [ ] Controlled drugs, where held, are stored, recorded and reconciled to the standard that applies.

Infection prevention and control

- [ ] IPC audits are completed on a cycle and issues are followed through to action.
- [ ] Hand hygiene, PPE, cleaning and, where relevant, decontamination or single-use practice can be evidenced.

Staffing for safety

- [ ] Staffing levels and skill mix match the service's needs, with rotas that show it.
- [ ] Agency, bank and new staff receive induction and are not deployed beyond their competence.

Emergencies and equipment

- [ ] Emergency equipment, emergency medicines and emergency procedures are current and checked where applicable.
- [ ] Equipment servicing, calibration and unsafe-equipment removal can be evidenced.

Effective

Evidence-based care

- [ ] Care, treatment or support follows current guidance, and the service can point to the source it relies on.
- [ ] Assessments, decisions, rationale and what the person was told are recorded, not just outcomes.
- [ ] Audits and outcome reviews are proportionate and lead to action where they find a gap.

Consent and mental capacity

- [ ] Consent is recorded as a discussion, not just a signed form.

- [ ] Where capacity is in doubt, an assessment and a best-interests decision are recorded under the Mental Capacity Act.
- [ ] Deprivation of Liberty Safeguards or Court of Protection involvement is tracked where it applies.

Training, supervision and competence

- [ ] The training matrix shows mandatory training current per role, with renewals tracked before they expire.
- [ ] Supervision and appraisal happen on a cycle and are recorded.
- [ ] Staff work within scope and competence, with evidence of registration, checks and competency sign-off.

Caring

Dignity and respect

- [ ] Privacy is protected at the points in a person's journey where it could be compromised.
- [ ] Records avoid language that is blaming, disrespectful or unclear.
- [ ] Reasonable adjustments are made, recorded and reviewed where people need them.

Involvement and feedback

- [ ] People are involved in decisions about their care, treatment or support, and staff can explain how.
- [ ] Feedback, complaints and compliments are reviewed for themes about dignity, respect and involvement.

Responsive

Care planning

- [ ] Care plans are person-centred, current, and reviewed when needs change.
- [ ] Accessible information and communication support are recorded where people need them.
- [ ] Waiting, access, cancellations, missed visits or delays are monitored where they apply.

Complaints as learning

- [ ] Complaints are easy to make, acknowledged, investigated and answered through the route and timescale that applies to the service.
- [ ] People are kept informed if a complaint response will take longer than expected.
- [ ] The service can show changes it made because of complaints, feedback or outcomes.

Well-led

Governance and oversight

- [ ] **A regular governance review looks across incidents, complaints, risks, audits, staffing, training and user feedback.**
- [ ] **Board, owner or senior-lead oversight can see repeated themes and unresolved risks.**
- [ ] **Statutory notification decisions are recorded, including decisions that no notification was required.**

The audit cycle

- [ ] **Audits are scheduled, completed, and their findings turned into actions, not just filed.**
- [ ] **A live action tracker shows owner, due date, progress and closure evidence.**
- [ ] **Closed actions are closed with evidence, not just marked complete.**

Registered-manager grip

- [ ] **Registered manager, nominated individual or provider oversight is visible and current.**
- [ ] **Policies have a review cycle and the service can show staff know the current version.**
- [ ] **The registered manager can describe the service's main risks and what is being done about them.**

Being ready for an unannounced visit

Most CQC inspections of small services are unannounced, so readiness is something you hold every day, not something you build in the week before. The only real test is whether the evidence is already current.

- [ ] **Can you produce the evidence trail today, without rebuilding it from inboxes, folders and people's heads?**
- [ ] **Are the most recent incidents, complaints, audits and risks reviewed and linked to action right now?**
- [ ] **Are overdue actions visible, owned and explained?**
- [ ] **Is registered manager and provider oversight current this week, not last quarter?**
- [ ] **Can the staff on shift today explain the service's main risks and what is being done about them?**
- [ ] **Are the documents an inspector asks for first (statement of purpose, registration, key policies, training matrix, latest audits) findable in minutes?**

Summary questions

What are the three strongest pieces of evidence you can show today?

What is the biggest evidence gap?

Which action needs owner attention this week?

Which repeated theme needs governance review?

Action log

Action	Owner	Due date	Evidence needed

Verivius note

The gap in many good services is not that the work is missing. It is that the work sits scattered across inboxes, folders, paper notes and people's heads, so it cannot be shown quickly when an inspector arrives without notice. Verivius is built to keep this evidence current and connected as the service works.

Source anchors

- CQC assessment framework
- CQC, the 5 key questions we ask
- CQC Regulation 12, safe care and treatment
- CQC Regulation 16, receiving and acting on complaints
- CQC Regulation 17, good governance
- CQC Regulation 18, staffing
- CQC notifications