PROCEDURE AND AUDIT CHECKLIST

Record keeping and confidentiality procedure checklist

Source anchors

- CQC Regulation 17, good governance
- CQC Regulation 12, safe care and treatment
- UK GDPR
- Data Protection Act 2018
- ICO UK GDPR guidance and resources
- ICO data sharing guidance
- NHS Records Management Code of Practice
- GMC confidentiality guidance

How to use this checklist

Use this checklist to audit whether records explain what happened, who decided, why it was lawful and how confidential information was protected. It can be used monthly, after a records audit, after a confidentiality breach, after an incident linked to poor records, before governance review, or before an inspection-readiness review.

This checklist treats records as a safety and governance control. It checks whether the service can retrieve the right information, whether the record is good enough for continuity of care, and whether access and sharing are controlled.

For each row, record:

- **Met:** evidence is current and complete.
- **Part met:** evidence exists but has a gap or needs follow-up.
- **Not met:** evidence is absent or the control is not working.
- **Not applicable:** the service does not carry out this activity.

Every `Part met` or `Not met` item should create an action with an owner and due date.

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

Service details

SERVICE NAME	LOCATION

DATE COMPLETED	COMPLETED BY
REGISTERED MANAGER	INFORMATION GOVERNANCE LEAD
CLINICAL LEAD OR CARE LEAD	PERIOD REVIEWED

1. Record system and ownership

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Record systems and record locations are defined.** **Evidence:** System list, procedure, staff guidance.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Each record type has an owner and retention rule.** **Evidence:** Retention schedule, role list.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Staff know where each record should be made and stored.** **Evidence:** Staff interview, induction record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Electronic systems are backed up or covered by continuity arrangements.** **Evidence:** Backup evidence, business continuity plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Paper records are stored securely and tracked where moved.** **Evidence:** Storage check, movement log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Record audit cadence is defined and followed.** **Evidence:** Audit schedule, completed audit.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Record quality and contemporaneous entries

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Records are accurate, complete, factual and attributable.** **Evidence:** Record sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Records are made at the time or as soon as reasonably possible.** **Evidence:** Timestamp sample, late-entry log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Records show what happened, what was decided and why.** **Evidence:** Record sample, decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
4 **Corrections and amendments preserve the audit trail.** **Evidence:** Correction sample, system audit log.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Late entries are clearly labelled with the reason for delay.** **Evidence:** Late-entry sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 **Vague or judgmental wording is challenged and corrected through supervision or audit.** **Evidence:** Audit findings, supervision note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

3. Consent, risk, incidents and safeguarding records

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 **Consent and capacity decisions are recorded with reasoning.** **Evidence:** Consent or MCA sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 **Risk assessments and care plans are updated after change, incident or review.** **Evidence:** Risk assessment, care plan.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Incident, complaint and safeguarding records link to actions and learning.** **Evidence:** Incident or safeguarding sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **Information shared for safeguarding or serious risk is recorded with rationale.** **Evidence:** Disclosure note, safeguarding record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Duty-of-candour and notification evidence is linked where relevant.** **Evidence:** Candour record, CQC notification.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 **Record gaps are escalated where they affect safe care or governance.** **Evidence:** Escalation note, action log.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

4. Confidentiality, access and sharing

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 **Access permissions are role-based and approved.** **Evidence:** Access list, approval record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 **Access is removed promptly when staff leave or change role.** **Evidence:** Leaver checklist, access review.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
3 **Staff do not use shared logins unless formally approved with controls.** **Evidence:** System settings, exception record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Information sharing decisions are lawful, necessary and recorded.** **Evidence:** Data sharing sample, disclosure note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Staff check recipient details and minimum necessary content before sending information.** **Evidence:** Communication audit, staff interview.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Privacy information and confidentiality limits are explained to people using the service.** **Evidence:** Privacy notice, consent or communication record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Retention, disposal and continuity

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Retention schedule covers care, clinical, staff, governance and financial records.** **Evidence:** Retention schedule.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Archived records are retrievable by authorised people.** **Evidence:** Archive index, retrieval test.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Disposal is authorised, secure and evidenced.** **Evidence:** Disposal certificate, destruction log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Mobile, remote and portable records are controlled.** **Evidence:** Remote-working record, device policy.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **System downtime arrangements protect continuity of care.** **Evidence:** Downtime plan, test record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Supplier or processor arrangements cover confidentiality and data protection duties.** **Evidence:** Contract, data protection schedule.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Audit, breach and governance

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Record-keeping and access audits run at a stated cadence.** **Evidence:** Completed audit, access review.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Breaches and near misses are reported, contained and investigated.** **Evidence:** Breach log, incident record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
3 **ICO, CQC, commissioner or person-notification decisions are recorded where relevant.** **Evidence:** Breach decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Audit findings create actions with owners, due dates and completion evidence.** **Evidence:** Action log, improvement actions.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Repeated record or confidentiality gaps are reviewed as workforce or governance themes.** **Evidence:** Governance minutes, supervision themes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Learning links to training, supervision, risk management and business continuity.** **Evidence:** Training update, risk register, continuity action.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

7. Summary judgement

Which record type has the weakest evidence trail?

Which access, sharing or confidentiality control has the highest current risk?

Which late entry, correction or missing record needs review?

Which breach, near miss or audit action is overdue?

What would a CQC inspector see if they asked for records evidence today?

8. Action log

Action	Source check	Owner	Due date	Completion evidence

9. Completion

Sign-off	Name	Date
Completed by		
Reviewed by Registered Manager		

This checklist is a working tool. It does not replace live regulator guidance, legal advice, data protection advice, professional standards, safeguarding advice, clinical judgement or sector-specific record retention requirements.

Related reading

- Article: CQC governance documents
- Sample policy: Record keeping and documentation standards policy
- Sample policy: Confidentiality, information governance and data protection policy
- Related procedure checklist: Consent and mental capacity checklist
- Related procedure checklist: Incident reporting and learning checklist
- Related procedure checklist: Business continuity and emergency preparedness checklist