

PROCEDURE AND AUDIT CHECKLIST

Risk management and risk register procedure checklist

Source anchors

- [CQC Regulation 17, good governance](#)
- [CQC Regulation 12, safe care and treatment](#)
- [HSE managing risks and risk assessment at work](#)
- [HSE steps needed to manage risk](#)
- [HSE risk assessment template and examples](#)
- [CQC notifications](#)
- [Care Act 2014, section 42](#)

How to use this checklist

Use this checklist to audit whether the service can show a live risk register with clear risks, controls, owners, reviews, escalation decisions and closure evidence. It can be used monthly, before provider review, after a serious incident, or before an inspection-readiness review.

Risk management should be proportionate. The aim is not a long register. The aim is a register that shows the service knows its significant risks and is taking action that can be evidenced.

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

PROVIDER LEAD

PERIOD REVIEWED

NUMBER OF RISKS SAMPLED

1. Register structure and ownership

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Risk register exists and is current. Evidence: Risk register, last review date.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Each risk has a clear title and description. Evidence: Risk sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Each risk names affected people, area or service. Evidence: Risk sample, service map.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Each risk has an owner. Evidence: Risk register, role list.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Risk rating model is defined and understood. Evidence: Procedure, governance record, staff interview.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Register includes review dates and current status. Evidence: Risk register, review report.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

2. Identification and assessment

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Risks are identified from incidents, complaints, safeguarding, audits and staff feedback. Evidence: Cross-linked records, governance report.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Assessment records what could happen and who could be affected. Evidence: Risk sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Existing controls are recorded. Evidence: Risk sample, evidence of controls.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Likelihood and impact are recorded with rationale for high or extreme risks. Evidence: Risk rating sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Assessment considers rights, choices and dignity where relevant. Evidence: Person-centred risk sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
6 Risk is reviewed after material change or new information. Evidence: Review history, incident link, update note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

3. Controls and actions

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Controls are specific enough to be checked. Evidence: Risk sample, control description.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Actions have owner, due date and completion evidence requirement. Evidence: Action log, improvement record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Overdue actions are visible and escalated. Evidence: Action tracker, governance minutes.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Controls dependent on staff behaviour are checked in practice. Evidence: Observation, audit, supervision record.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 High or repeated risks lead to stronger controls or escalation. Evidence: Risk history, escalation note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Action completion changes the risk rating only when evidence supports it. Evidence: Risk update, completion evidence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

4. Review and escalation

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Review frequency is proportionate to rating. Evidence: Procedure, risk register.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 High and extreme risks are reviewed at governance. Evidence: Governance minutes, risk report.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Provider-level review is visible for persistent or resource-dependent risks. Evidence: Provider minutes, Nominated Individual note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Escalation decisions record route, reason and outcome. Evidence: Escalation note, external correspondence.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Immediate-risk situations are escalated without waiting for routine meetings. Evidence: Incident/risk timeline, call note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
6 Accepted risks have senior approval and review plan. Evidence: Accepted-risk record, approval note.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

5. Links with other governance records

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Serious or repeated incidents update the risk register. Evidence: Linked incident, risk update.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Complaint themes update the risk register where needed. Evidence: Complaint theme report, risk update.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Safeguarding concerns update the risk register where needed. Evidence: Safeguarding review, risk update.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Audit failures update the risk register where needed. Evidence: Audit report, risk update.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Business continuity, staffing and training risks are represented where relevant. Evidence: BCP record, rota review, training matrix.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
6 Person-level risks that show a wider service issue are escalated to service-level risk. Evidence: Care record theme, risk register.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

6. Closure quality

CHECK AND EVIDENCE	STATUS		OWNER	DUE
1 Closed risks have closure reason and evidence. Evidence: Closed risk sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
2 Closure is approved by the right person. Evidence: Closure approval, role list.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 Risk is not closed only because one action completed. Evidence: Closure rationale, residual risk review.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 Ongoing monitoring is recorded where risk remains accepted. Evidence: Review plan, governance minute.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 Reopened risks show why previous controls were not enough. Evidence: Reopened risk record, trend review.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

7. Summary judgement

What are the service's top three current risks? _____

Which high or extreme risk has the weakest control evidence? _____

Which risk has overdue action or overdue review? _____

Which repeated incident or complaint theme is missing from the risk register? _____

What would a CQC inspector see if they asked for the live risk register 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, health and safety advice, safeguarding advice, the service's own risk policy, legal advice or professional judgement.

Related reading

- Article: [CQC governance documents](#)
- Sample policy: [Risk management and risk register policy](#)
- Related procedure checklist: [Incident reporting and learning procedure checklist](#)

An example for guidance, not a ready-to-use checklist. Adapt it to your own service, procedures, roles and local arrangements. It is guidance, not legal advice, and you are responsible for checking that any document you use is current.