PROCEDURE AND AUDIT CHECKLIST

Statutory notifications procedure checklist

Who this statutory notifications checklist is for

This checklist is for registered managers, nominated individuals, notification leads and governance reviewers in small CQC-regulated providers. It helps the service test whether deaths, serious injuries, safeguarding concerns, police involvement, service interruptions, registration changes and other possible CQC notification triggers leave a clear decision trail.

Use it when the operational question is not just "did we notify CQC?", but "can we show how we recognised the trigger, checked the current route, made the decision, submitted where required and kept evidence?" It is useful for monthly governance, incident review, safeguarding review, complaint review, mock inspection preparation and pre-inspection readiness checks.

This checklist should sit alongside the CQC statutory notifications policy, CQC statutory notifications lifecycle page, registered manager notifications guide, CQC notification forms article, incident reporting procedure, safeguarding adults procedure, duty of candour procedure and governance meeting records.

How to use this checklist

Use this checklist to audit whether the service recognises possible CQC statutory notification triggers, makes a recorded decision, submits through the current route and keeps evidence. It can be used monthly, after serious incidents, before governance review, or before an inspection-readiness review.

CQC notification timescales depend on the type of notification, so do not use one universal deadline. Check the current CQC page or form for each category. The service should record the event date, identification date, decision date and submission evidence.

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	NOTIFICATION LEAD

PERIOD REVIEWED	NUMBER OF NOTIFICATION DECISIONS SAMPLED

1. Local notification map

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Local notification map lists categories relevant to the regulated activities.** **Evidence:** Notification map, statement of purpose, registration details.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Each category names the current CQC route, form or portal route.** **Evidence:** Notification map, CQC source check.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Each category names required timing from current CQC guidance.** **Evidence:** Notification map, CQC guidance review date.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Owner and deputy are named for each category.** **Evidence:** Role list, procedure, rota.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Out-of-hours escalation route exists for serious events.** **Evidence:** On-call procedure, staff briefing.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Staff know not to rely on old saved CQC forms without checking current guidance.** **Evidence:** Staff interview, procedure.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

2. Trigger recognition

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Incidents are screened for notification triggers.** **Evidence:** Incident sample, notification decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Complaints are screened for notification triggers.** **Evidence:** Complaint sample, notification decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Safeguarding concerns are screened for notification triggers.** **Evidence:** Safeguarding sample, notification decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
4 **Deaths are considered against current CQC death-notification guidance.** **Evidence:** Death record, notification decision.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Serious injury, abuse, police involvement and service disruption are considered where relevant.** **Evidence:** Event sample, decision note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Provider, registered manager, nominated individual and statement-of-purpose changes are tracked.** **Evidence:** Registration change log, board or governance record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
7 **Deprivation of liberty, detained patient absence or other specialist categories are mapped where relevant.** **Evidence:** Service-specific map, legal or clinical advice.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

3. Decision records

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Every possible notification has a recorded decision.** **Evidence:** Notification register, source record sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Decision record shows event date, identification date and decision date.** **Evidence:** Decision record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Decision record names the category considered.** **Evidence:** Decision record, local map.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Not-applicable decisions explain why the threshold was not met.** **Evidence:** Not-applicable closure sample.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **Borderline decisions show Registered Manager or senior review.** **Evidence:** Review note, governance record.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Advice from CQC, safeguarding, commissioners or specialists is stored where obtained.** **Evidence:** Advice note, email, call log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

4. Submission evidence

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Submitted notifications show category, route, submitter and submission date.** **Evidence:** Notification record, confirmation.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS	OWNER	DUE
2 **Reference numbers, portal confirmations, PDFs or email receipts are saved.** **Evidence:** Evidence attachment, file store.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **Submitted wording matches the source record and is factual.** **Evidence:** Source record, submitted copy.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Personal information is limited to what the CQC route requires.** **Evidence:** Submitted copy, redaction note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **CQC follow-up requests have owners and due dates.** **Evidence:** Follow-up log, task list.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
6 **Updates or corrections preserve the original decision trail.** **Evidence:** Update record, correction note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

5. Missed or late notification handling

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Missed or late notifications are recorded as governance issues.** **Evidence:** Incident, governance minute, action log.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
2 **Root cause is reviewed rather than only submitting late.** **Evidence:** Review note, action plan.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
3 **CQC is updated where current guidance or advice requires it.** **Evidence:** Submission evidence, advice note.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
4 **Staff are briefed after missed or late notification learning.** **Evidence:** Briefing record, training update.	☐ Met ☐ Part met ☐ Not met ☐ N/A		
5 **The local notification map is updated after threshold or route learning.** **Evidence:** Map change log, review date.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

6. Governance review

CHECK AND EVIDENCE	STATUS	OWNER	DUE
1 **Notifications and not-applicable decisions are reviewed at governance.** **Evidence:** Governance report, minutes.	☐ Met ☐ Part met ☐ Not met ☐ N/A		

CHECK AND EVIDENCE	STATUS		OWNER	DUE
2 **Review compares source records with notification decisions.** **Evidence:** Audit sample, incident and complaint sample.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
3 **Themes are linked to incidents, complaints, safeguarding, risk and duty of candour.** **Evidence:** Cross-linked records, theme report.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
4 **Outstanding follow-up and overdue actions are visible to the Registered Manager.** **Evidence:** Dashboard, action log, governance pack.	☐ Met ☐ Not met	☐ Part met ☐ N/A		
5 **Role-appropriate notification training is current.** **Evidence:** Training matrix, induction records.	☐ Met ☐ Not met	☐ Part met ☐ N/A		

7. Summary judgement

Which notification categories apply most often to this service?

Which category is most likely to be missed?

Where are not-applicable decisions stored?

Who reviews borderline decisions?

What would a CQC inspector see if they asked for notification 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, CQC forms, the service's own notification procedure, safeguarding advice, legal advice or professional judgement.

Related reading

- Lifecycle page: CQC statutory notifications
- Registered manager guide: Registered manager notifications
- Regulation explainer: Regulation 18, statutory notifications
- Article: CQC notification forms
- Article: How long do you have to notify CQC
- Article: Common CQC notification mistakes
- Sample policy: CQC statutory notifications policy

Source anchors

- CQC notifications
- CQC notifications, guidance for providers
- CQC Registration Regulations 2009, Regulation 16, notification of death of a service user
- CQC Registration Regulations 2009, Regulation 17, notification of death or unauthorised absence of a detained service user
- CQC Registration Regulations 2009, Regulation 18, notification of other incidents
- CQC Registration Regulations 2009, Regulation 15, notice of changes
- Care Quality Commission (Registration) Regulations 2009