Mock CQC inspection template: home care

Use this to run your own mock inspection, one key question at a time. Test records against practice, talk to staff, people and families, and use someone with fresh eyes. Then rank what you find by risk and fix the most serious things first.

Service	
Date of review	
Reviewed by	
Sample	Sample three to five people across different rounds, the same number of staff files, and a month of visit records and medicines records.

Safe

What to check	Met / partly / not met	Evidence seen	Action, owner and date
Risk assessments are current, specific to the person and reviewed after any change or incident.			
Medicines records are complete, with no unexplained gaps, and errors are reported and learned from.			
Staff can explain how they would recognise and report abuse, and who they would tell.			
Incidents are recorded, reviewed and closed, with actions you can trace.			
Recruitment files show the Schedule 3 checks, including an enhanced DBS check, references and a full employment history with gaps explained.			
There are enough trained staff to cover every visit or shift, and a plan for when you are short.			
Planned visit times match what the call monitoring or visit logs show; late and missed visits are recorded, reviewed and explained.			
Lone working, out of hours and key safe arrangements are clear, and staff follow them.			

Effective

What to check	Met / partly / not met	Evidence seen	Action, owner and date
Every person has an assessment of their needs before care starts.			
Consent is recorded, and mental capacity assessments are decision specific where there is doubt.			
Training records match what staff actually do, including delegated clinical tasks, with competency signed off by someone qualified to assess it.			
Staff have regular supervision, and you can show it happened.			
You can show outcomes: what has improved for people since care began.			
The level of medicines support for each person is assessed and recorded, and staff act within it.			

Caring

What to check	Met / partly /	Evidence seen	Action, owner and

	not met		date
People and families describe staff as kind, respectful and unhurried.			
Care plans are written about the person, in their words where possible, not just about tasks.			
Privacy and dignity are protected in practice, not just in policy.			
People are involved in decisions about their own care, and you can show how.			

Responsive

What to check	Met / partly / not met	Evidence seen	Action, owner and date
Care plans reflect people's preferences, routines and what matters to them.			
Complaints are logged, answered in line with your policy, and lead to change where needed.			
Information is given in a way each person can understand.			
Where relevant, end of life wishes are recorded and acted on.			
Visit times and durations reflect what each person needs, not just what fits the rota.			

Well-led

What to check	Met / partly / not met	Evidence seen	Action, owner and date
The registered manager knows the service in detail and can explain its risks.			
Audits happen on schedule, find real issues, and lead to actions that are completed.			
Notifications to CQC are made when required and on time.			
The duty of candour is followed when a notifiable safety incident happens.			
Staff feel able to raise concerns, and leaders act on them.			
Your statement of purpose still matches the service you actually run.			

Turning findings into an action plan

- Rank each finding by risk. Anything that could harm someone now goes first.
- Give every action an owner and a date. An action with no owner rarely gets done.
- Fix the cause, not just the record. If a medicines chart has gaps, find out why before you retrain anyone.
- Check again. Re-audit the same sample a month later to show the change has stuck.

Want an outside view? Assure Advisory carries out mock CQC inspections with a written report ranked by risk within 10 working days: eviqa.health/advisory/mock-cqc-inspection