

CQC residential care: practical checklist

Residential care managers, deputies and quality leads in England.

A structured walk-through of everyday care, safety, dignity and governance. Use a varied sample of residents and shifts, and combine conversations with observation and records.



Why this matters to me

Care work has taught me to look beyond how a service appears on a planned visit. I want to know whether the same kindness, clear information and safe support are there on an ordinary busy day.

How to use this guide

Read the five short lessons, work through the checklist and use the record sheet to choose your next action. Allow around 25-35 minutes plus time for your own review. Keep personal records securely; use anonymised notes for team learning.

This is general educational information for England, checked against the sources listed at the end. It is not an accredited qualification, clinical assessment or individual legal advice.

Learn and apply

1. Listen before opening the audit folder

Ask residents what is going well, what feels difficult and what they would change. Offer communication support and an opportunity to speak privately. Include people whose views are less often heard. Compare their account with the care plan and staff understanding. Check privacy, dignity, cultural needs, relationships and meaningful activity. Confirm that visiting arrangements reflect current requirements and individual circumstances; restrictions should not become a convenient default.

2. Sample essential care

Review care plans alongside delivery records for hydration, nutrition, skin care, mobility, continence, pain and oral care where relevant. Check whether changes in need were noticed and escalated promptly. A completed chart does not necessarily show the person received the right support. Trace one concern through assessment, action and follow-up. Where a resident refuses support, check how staff explored the reason, respected decision-making rights and sought appropriate help.

Learn and apply

3. Check safety and staffing together

Review medicines systems, infection prevention, equipment checks, environmental risks and emergency arrangements with competent leads. Match staffing and skill mix to people's needs across day, night and weekends. Do not infer safe staffing from a headcount alone. Check induction, role-specific competence, agency orientation and escalation routes. Concerns requiring urgent action should be addressed immediately through the relevant safety process, not left until the checklist is complete.

4. Test governance with real examples

Follow one complaint, incident or safeguarding concern from first report to outcome. Check whether people received a clear response, whether candour duties were considered where applicable, and what was learned. Review how leaders see trends, act on feedback and check that actions work. Confirm that the provider's legal entity, registered activities and conditions reflect the service actually delivered. Residential accommodation supplied together with nursing or personal care is different from a tenancy with separately arranged support.

Learn and apply

5. Turn findings into a manageable plan

Choose priorities by impact on people and urgency. Assign a named owner and realistic deadline, then specify what successful improvement will look like. Involve residents and staff in deciding whether the result helped. Keep an evidence trail that another manager can follow without relying on memory. This is a practical quality tool, not an exhaustive regulatory audit or a promise of any CQC rating.

Check your understanding

Is a fully completed audit enough to demonstrate high-quality care?

Suggested answer: No. It is one source of evidence. Compare records with what people experience, observe practice and verify that concerns lead to effective action.

Practical review checklist

Mark each item: checked / action needed / not applicable. Note the evidence and reason, rather than treating a tick as proof.

- ☐ Residents can express preferences and raise concerns privately.
- ☐ Care plans and daily support reflect current needs.
- ☐ Nutrition, hydration, skin care and mobility risks are followed through.
- ☐ Medicines and infection prevention are checked by competent staff.
- ☐ Staffing and skill mix work across the full week.
- ☐ Equipment, premises and emergency arrangements are reviewed.
- ☐ Visiting, dignity and relationships receive individual consideration.
- ☐ Complaints and incidents lead to verified improvements.

My next three actions

1. Action: _____

Owner / help needed: _____ Review date: _____

2. Action: _____

Owner / help needed: _____ Review date: _____

3. Action: _____

Owner / help needed: _____ Review date: _____

Your working record

Use a copy for each review, support plan or referral. Keep identifying and sensitive information in your own secure system.

Resident or anonymised sample reference

Conversation, observation and records reviewed

Immediate safety action if required

Improvement priority and reason

Responsible lead and review date

Resident feedback after the change

Sources and next steps

Information checked on 18 September 2026. Guidance and local pathways can change; use these primary sources for current detail.

[Care Quality Commission \(2026\). The fundamental standards](#)

[Care Quality Commission \(2026\). Scope of registration, updated 26 August 2026](#)

[UK Parliament, Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014, Schedule 1, as amended](#)

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