

CQC community care: practical checklist

Managers and teams delivering personal care in people's own homes.

A working checklist for reviewing the care people actually receive, the records that support it and the actions your team needs to take. Use it for a small sample of visits and care records, then follow up what you find.



Why this matters to me

Working in care has shaped my view that a tidy folder is only useful when it reflects a person's real experience. I want managers to be able to connect the plan, the visit and the follow-up without losing the person in the paperwork.

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. Start with the person and the service boundary

Choose a varied sample: a new person, someone with changing needs and a person who receives complex support. Check that each plan records what matters to them, communication preferences, agreed visit tasks and how consent is obtained. Ask whether the person recognises the plan as their own. Community services are not all regulated in the same way: identify the legal entity and activities actually delivered. Personal care in someone's home may require CQC registration; companionship alone is a different service model. Check the current scope guidance before changing your offer.

2. Test the visit, not just the rota

Compare agreed support with actual visit records. Look for late, missed or shortened visits, travel time, continuity and what happened when someone could not be reached. A rostered visit is not evidence that care happened safely. Select one exception and follow the escalation through to its outcome. Confirm staff can access current plans, contact an on-call lead and record concerns securely. Ask a staff member what they would do if a person did not answer the door; compare the answer with that person's agreed plan.

Learn and apply

3. Review everyday safety

Where relevant, sample medicines support records, risk assessments, moving and handling plans, infection prevention and nutrition or hydration concerns. Distinguish prompting, assisting and administering according to the agreed support and staff competence. Check that errors and near misses led to appropriate action and learning. People retain choices about their lives; risk assessment should support informed decisions rather than automatically restrict them. Escalate immediate safety or safeguarding concerns through the correct local process without waiting for an audit meeting.

4. Check competence and listening

Match training and observed competence to the tasks staff actually perform. Review recruitment checks, induction, supervision, lone-working support and contingency arrangements. Ask people and relatives, where appropriate and with consent, whether care feels respectful and reliable. Examine a complaint from acknowledgement to resolution, including what changed. Record differences between the provider's intended process and what people describe. Reviews should represent genuine feedback; never write testimonials on a person's behalf without their agreement.

Learn and apply

5. Close the improvement loop

For each finding, record the evidence, risk, action, owner, due date and how you will verify improvement. A training reminder alone may not solve a staffing or scheduling problem. Recheck a fresh sample after action, ask the person whether the change helped and record any remaining gap. Report themes to the accountable lead. This checklist supports reflective quality work; it is not a CQC assessment, endorsement or guarantee of a rating.

Check your understanding

A visit is recorded as completed but the person says a medicine task was missed. Is the completed visit record enough?

Suggested answer: No. Check the person's immediate needs, establish what happened, follow medicines and escalation procedures and correct the underlying process. Reconcile conflicting evidence rather than treating a tick as proof of safe care.

Practical review checklist

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

- ☐ Current consent, preferences and person-centred care plan match the visit.
- ☐ Missed or late visits are identified, escalated and followed up.
- ☐ Medicines support and competence match the agreed tasks.
- ☐ Safeguarding and emergency contacts are available to staff.
- ☐ Travel time, staffing and on-call arrangements are workable.
- ☐ Complaints, incidents and feedback show action and outcomes.
- ☐ Information is current, accessible to authorised staff and stored securely.
- ☐ An accountable person checks that improvements last.

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.

Person or anonymised sample reference

Evidence checked and date

What the person or staff member said

Gap and immediate action

Owner and due date

Recheck result and next review

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](#)

[Care Quality Commission \(2025\). Who has to register?](#)

Choose what helps you next

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