MINDBRIDGE LIMITED

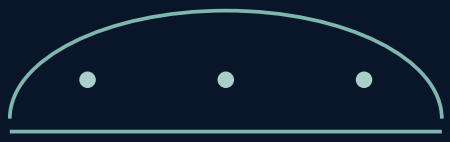
CQC Inspection Readiness Checklist

A practical, section-by-section internal review against the current provider assessment approach

CHECKLIST

July 2026 edition

Practical support, grounded in real operational experience.



How to use this checklist

Use this as an evidence-led internal review, not as a rehearsal for saying the right things. Bring together a registered manager, frontline staff member, quality lead and, where possible, a person who uses the service or representative. Mark each item Ready, Partial or Gap and record the evidence that supports the judgement.

Framework note: CQC was still using the single assessment framework for providers when this checklist was prepared, while developing four sector-specific frameworks. The five key questions remain central. Verify current CQC guidance before use.

Readiness scale

Rating	Meaning	Required response
Ready	Current practice is consistent and corroborated by more than one source.	Maintain and sample-test.
Partial	The process exists but is inconsistent, weakly evidenced or not yet embedded.	Assign an owner and near-term milestone.
Gap	A material requirement, control or outcome is absent or failing.	Escalate, protect people and act promptly.

Ten-minute readiness pulse

[ ] People's current experiences can be described with evidence, including less-heard voices.	[ ] Staff can explain how to raise a concern and give a recent example of learning.
[ ] Risks have named owners, deadlines and evidence of follow-through.	[ ] Care plans and risk assessments reflect what is happening today.
[ ] Staffing decisions are linked to assessed need, dependency and skill mix.	[ ] Medicines, safeguarding, incidents and complaints show closed learning loops.
[ ] Audits test practice and outcomes, not merely document completion.	[ ] Leaders can identify the service's three biggest current quality risks.
[ ] Performance information is accurate, analysed and discussed at the right level.	[ ] Improvement actions have measurable outcomes, not only completion dates.
[ ] Partners know how to escalate concerns and receive feedback where appropriate.	[ ] The environment and equipment are safe, maintained and personalised.

Safe: quality statement review

For every row, test the process, the lived experience and the resulting outcome. Record R / P / G in the status column.

Quality statement	What to test	Status	Evidence and next action
Safety learning culture	Staff report concerns; incidents and near misses trigger learning, feedback and verified change.	[ ] R [ ] P [ ] G	Evidence / action: _____
Safe systems, pathways and transitions	Handoffs, referrals, admissions, discharge and escalation are reliable and documented.	[ ] R [ ] P [ ] G	Evidence / action: _____
Safeguarding	People are protected; staff recognise, report and follow up concerns without delay.	[ ] R [ ] P [ ] G	Evidence / action: _____
Involving people to manage risks	Risk decisions balance safety, rights, choice and positive risk-taking with the person.	[ ] R [ ] P [ ] G	Evidence / action: _____
Safe environments	Premises and equipment are checked, maintained and suited to people's needs.	[ ] R [ ] P [ ] G	Evidence / action: _____
Safe and effective staffing	Staffing levels, deployment, skills and contingency plans match assessed need.	[ ] R [ ] P [ ] G	Evidence / action: _____
Infection prevention and control	Practice, audit and outbreak learning demonstrate effective infection control.	[ ] R [ ] P [ ] G	Evidence / action: _____
Medicines optimisation	Medicines are reconciled, administered, reviewed and learned from safely.	[ ] R [ ] P [ ] G	Evidence / action: _____

Challenge question: what would a person using the service, a frontline worker and an external partner each say about how safe the service is?

Effective: quality statement review

For every row, test the process, the lived experience and the resulting outcome. Record R / P / G in the status column.

Quality statement	What to test	Status	Evidence and next action
Assessing needs	Assessments are holistic, current, co-produced and translated into usable care plans.	[ ] R [ ] P [ ] G	Evidence / action: _____
Delivering evidence-based care and treatment	Practice reflects law, recognised guidance and individual clinical advice.	[ ] R [ ] P [ ] G	Evidence / action: _____
How staff, teams and services work together	Multidisciplinary coordination is timely, clear and focused on outcomes.	[ ] R [ ] P [ ] G	Evidence / action: _____
Supporting people to live healthier lives	People receive preventive support and timely access to health services.	[ ] R [ ] P [ ] G	Evidence / action: _____
Monitoring and improving outcomes	The service measures outcomes, variation and inequalities, then acts on findings.	[ ] R [ ] P [ ] G	Evidence / action: _____
Consent to care and treatment	Consent and capacity decisions are lawful, decision-specific and reviewed.	[ ] R [ ] P [ ] G	Evidence / action: _____

Challenge question: what would a person using the service, a frontline worker and an external partner each say about how effective the service is?

Caring: quality statement review

For every row, test the process, the lived experience and the resulting outcome. Record R / P / G in the status column.

Quality statement	What to test	Status	Evidence and next action
Kindness, compassion and dignity	Observation and feedback show respectful, compassionate support at all times.	[ ] R [ ] P [ ] G	Evidence / action: _____
Treating people as individuals	Care reflects identity, communication, preferences, culture and relationships.	[ ] R [ ] P [ ] G	Evidence / action: _____
Independence, choice and control	People make meaningful decisions and are enabled to retain skills and autonomy.	[ ] R [ ] P [ ] G	Evidence / action: _____
Responding to people's immediate needs	Staff notice and respond promptly to discomfort, distress and changing need.	[ ] R [ ] P [ ] G	Evidence / action: _____
Workforce wellbeing and enablement	Staff are supported, supervised, listened to and able to provide good care.	[ ] R [ ] P [ ] G	Evidence / action: _____

Challenge question: what would a person using the service, a frontline worker and an external partner each say about how caring the service is?

Responsive: quality statement review

For every row, test the process, the lived experience and the resulting outcome. Record R / P / G in the status column.

Quality statement	What to test	Status	Evidence and next action
Person-centred care	Delivery consistently follows the person's current plan, goals and preferred routines.	[ ] R [ ] P [ ] G	Evidence / action: _____
Care provision, integration and continuity	Support remains coordinated and reliable across staff, shifts and services.	[ ] R [ ] P [ ] G	Evidence / action: _____
Providing information	Information is timely, accessible and tailored to communication needs.	[ ] R [ ] P [ ] G	Evidence / action: _____
Listening to and involving people	Feedback, complaints and co-production visibly influence decisions and improvement.	[ ] R [ ] P [ ] G	Evidence / action: _____
Equity in access	Barriers to access are identified, monitored and addressed.	[ ] R [ ] P [ ] G	Evidence / action: _____
Equity in experiences and outcomes	Data and feedback are reviewed for unequal experiences and outcomes.	[ ] R [ ] P [ ] G	Evidence / action: _____
Planning for the future	People are supported to plan ahead, including transitions and end-of-life preferences where relevant.	[ ] R [ ] P [ ] G	Evidence / action: _____

Challenge question: what would a person using the service, a frontline worker and an external partner each say about how responsive the service is?

Well-led: quality statement review

For every row, test the process, the lived experience and the resulting outcome. Record R / P / G in the status column.

Quality statement	What to test	Status	Evidence and next action
Shared direction and culture	Leaders and staff can explain the purpose, priorities and expected behaviours.	[ ] R [ ] P [ ] G	Evidence / action: _____
Capable, compassionate and inclusive leaders	Leadership is visible, accountable, skilled and open to challenge.	[ ] R [ ] P [ ] G	Evidence / action: _____
Freedom to speak up	Staff know how to raise concerns and can evidence safe, fair follow-up.	[ ] R [ ] P [ ] G	Evidence / action: _____
Workforce equality, diversity and inclusion	Workforce data and lived experience drive fair action and inclusion.	[ ] R [ ] P [ ] G	Evidence / action: _____
Governance, management and sustainability	Controls identify risk early, allocate ownership and verify improvement.	[ ] R [ ] P [ ] G	Evidence / action: _____
Partnerships and communities	The service works productively with commissioners, professionals and communities.	[ ] R [ ] P [ ] G	Evidence / action: _____
Learning, improvement and innovation	Learning is systematic, shared and converted into sustainable practice.	[ ] R [ ] P [ ] G	Evidence / action: _____
Environmental sustainability	The service considers environmental impact while protecting quality and safety.	[ ] R [ ] P [ ] G	Evidence / action: _____

Challenge question: what would a person using the service, a frontline worker and an external partner each say about how well-led the service is?

Evidence triangulation

CQC groups evidence into six categories. Strong assurance does not rely on a single policy, audit or anecdote. Use this matrix to test whether different sources tell a consistent story.

Category	Examples	Test question
People's experience	Interviews, surveys, complaints, compliments, advocacy feedback	Whose voice is missing? What changed because of feedback?
Staff and leaders	Interviews, supervision, surveys, speaking-up themes, self-assessment	Do frontline accounts match leadership assurance?
Partners	Commissioners, GPs, community teams, safeguarding, other providers	Are concerns shared, resolved and fed back?
Observation	Care interactions, environment, routines, staff response	Does observed practice match policy and care plans?
Processes	Policies, audits, rotas, records, governance, training and checks	Is the process operated effectively, not merely present?
Outcomes	Health, wellbeing, safety, independence, equality and quality measures	Are outcomes improving and is variation understood?

Sample evidence map

Quality statement	Source 1	Source 2	Source 3	Contradiction / gap	Owner

Inspection and assessment readiness

Before contact or a site visit

- [ ] Confirm the named lead, deputy and communication route.
- [ ] Check registration details, regulated activities and required notifications.
- [ ] Prepare a concise service overview: people supported, model, risks and recent changes.
- [ ] Verify that requested evidence is current, legible, accessible and securely shared.
- [ ] Brief staff honestly: answer from practice, say when unsure, and show how to find evidence.
- [ ] Ensure people and representatives know participation is voluntary and supported.
- [ ] Walk the environment through the eyes of a person using the service.
- [ ] Review open incidents, safeguarding, complaints and improvement actions for overdue work.

During evidence gathering

- [ ] Keep a log of information requested, supplied and outstanding.
- [ ] Do not coach accounts; support people to communicate in their preferred way.
- [ ] Correct factual errors with clear evidence and without defensiveness.
- [ ] Escalate any immediate risk discovered during preparation or assessment.
- [ ] Capture learning points while fresh and allocate initial owners.
- [ ] Protect confidentiality and share only what is necessary and lawful.

Afterwards

- [ ] Debrief evidence and themes, separating facts from assumptions.
- [ ] Start improvement immediately where a gap is already clear.
- [ ] Check draft information carefully through the published factual accuracy route.
- [ ] Communicate outcomes and actions to people, staff and partners appropriately.
- [ ] Verify completed actions through re-audit, observation and outcome review.

Thirty-day readiness plan

Priority gap	Immediate protection	Action	Owner	Due	Success measure	Review evidence

Sources and currency

Prepared on 2 July 2026. Online guidance changes. Check the linked source before relying on this resource for a regulatory decision.

CQC assessment guidance for providers
https://www.cqc.org.uk/guidance-regulation/providers/assessment

CQC evidence categories
https://www.cqc.org.uk/guidance-regulation/providers/assessment/evidence-categories

CQC current and developing assessment frameworks
https://www.cqc.org.uk/about-us/transparency/external-reports-research/outstanding-care

CQC Regulation 17: Good governance
https://www.cqc.org.uk/guidance-providers/regulations/regulation-17-good-governance

This is an independent operational resource, not an official CQC publication or legal advice. Adapt it to your service type, regulated activities and local risks.