SAFI CARE SOLUTIONS

ILLUSTRATIVE INDEPENDENT REVIEW

Sample domiciliary care compliance audit report

A transparent example showing how sampled evidence can be turned into clear strengths, risk priorities and practical actions.

FICTIONAL PROVIDER	Evergreen Home Support
SERVICE	Domiciliary care
REPORT DATE	03 September 2026

SAMPLE ONLY Every organisation, person and finding in this document is fictional. It contains no client data, is not an official CQC judgement and does not promise any inspection outcome or rating.

01

SCOPE AND METHOD

What this fictional review examined

A useful report starts by stating the boundaries of the work, the evidence available and the limits of any conclusions.

ILLUSTRATIVE SCOPE

A limited remote sample covering governance oversight, seven care records, seven MAR charts, six staff files, three months of incidents and complaints, and evidence from management audits.

Evidence sample

Review area	Illustrative evidence sampled	Sample volume
Care delivery	Care plans, risk assessments, reviews and daily notes	7 records
Medicines	MAR charts, PRN information and related follow-up	7 charts
Workforce	Recruitment, training, competency and supervision evidence	6 files
Governance	Audits, incidents, complaints and meeting minutes	3 months

IMPORTANT LIMITATION

Findings apply to the sample supplied for review. They should not be interpreted as a regulator's judgement of the whole service.

02

EXECUTIVE DASHBOARD

A concise management view

This page demonstrates visual prioritisation. The figures are fictional and the assurance score is not a CQC rating or an industry-standard measure.

ILLUSTRATIVE ASSURANCE

68

OUT OF 100

Used only to demonstrate how an agreed internal scoring method could be presented.

REVIEW AREA	ILLUSTRATIVE VIEW	PRIORITY SIGNAL
Safe	58 / 100	**Immediate action identified**
Effective	76 / 100	**Monitor**
Caring	86 / 100	**Positive practice**
Responsive	72 / 100	**Improvement opportunity**
Well-led	49 / 100	**High-priority gaps**

1	**Immediate**	Potential harm or serious control failure requiring prompt management attention.
2	**High**	Material weakness that should be addressed within an agreed short timeframe.
3	**Medium**	Improvement needed to strengthen consistency, assurance or evidence.
4	**Positive**	Practice supported by the evidence and worth protecting or extending.

03

POSITIVE PRACTICE

What the sample suggests is working

A balanced review records evidence worth protecting as well as gaps requiring attention.

POSITIVE PRACTICE

People's preferences are visible in daily care records

Six of seven sampled records included current preferences and examples of staff responding to them in daily notes.

Potential impact: Good practice can be identified, shared and repeated.

POSITIVE PRACTICE

Complaint learning reaches the management meeting

The sampled complaint was investigated, responded to and discussed at the following governance meeting.

Potential impact: Learning is more likely to influence service oversight.

WHY INCLUDE STRENGTHS?

Recognising supported positive practice gives leaders a clearer baseline and helps prevent effective controls from being lost during improvement work.

04

PRIORITY FINDINGS

Evidence, risk and implication

Each finding below is fictional. It demonstrates how the report can connect an observation to the evidence reviewed and explain why action matters.

IMMEDIATE

Medication omissions are not consistently escalated

Three unexplained gaps appeared across two sampled MAR charts. The records supplied did not show investigation, escalation or a recorded outcome.

Potential impact: People may not receive medicines as intended.

HIGH

Care-plan reviews are overdue where needs have changed

Two sampled records described changes in mobility, but the related plan and risk assessment had not been updated in the evidence supplied.

Potential impact: Staff may rely on outdated instructions.

HIGH

Governance audits do not show closure evidence

Recurring issues were listed in two monthly audits, but owners, target dates and evidence of completed action were not consistently recorded.

Potential impact: Known risks may remain open.

MEDIUM

Supervision records vary in depth and frequency

Two of six sampled staff files did not demonstrate supervision at the frequency described by the provider's procedure.

Potential impact: Support and accountability may be inconsistent.

05

PRIORITISED ACTION PLAN

From finding to evidenced closure

The plan makes ownership, timing and expected closure evidence visible. Exact actions would be agreed in the context of the provider's systems and responsibilities.

Priority	Suggested action	Owner	Target	Closure evidence
Immediate	Investigate the three MAR omissions, assess any impact and follow the provider's escalation procedure.	Registered Manager	48 hours	Investigation record, outcome and management sign-off
High	Review changed mobility needs and update the related care plans and risk assessments.	Care Coordinator	7 days	Updated documents and communication record
High	Add named owners, deadlines and closure evidence to the governance action tracker.	Quality Lead	14 days	Completed tracker reviewed at governance meeting
Medium	Reconcile the supervision schedule and complete or reschedule missing sessions.	Team Manager	30 days	Updated schedule and signed supervision records

MANAGEMENT DISCUSSION

A closing conversation would clarify the findings, test whether any relevant evidence was unavailable and confirm how the action plan will be owned.

06

BOUNDARIES AND NEXT STEP

Clear limits support honest assurance

Independent audit support should help leaders improve without creating a false guarantee about regulatory outcomes.

A commissioned review would be tailored to the agreed scope, the provider's service model and the evidence available. GR Safi Care Solutions would record what was and was not tested, distinguish observed evidence from professional interpretation, and explain any important limitations.

The provider remains responsible for operational decisions, legal duties and completing improvement actions. The Care Quality Commission alone determines its inspection findings and ratings.

INDEPENDENT BY DESIGN	GR Safi Care Solutions is not affiliated with, commissioned by or endorsed by the Care Quality Commission. No inspection outcome or rating can be guaranteed.

Would this level of clarity help your service?

Start with a confidential, no-obligation discussion about the concern, timescale and most useful review scope.

info@grsafi.com | grsafi.com