The Mock CQC Inspection Toolkit for Aesthetic Clinics

A half-day self-assessment built on the five key questions

Version 2.0 · September 2026 · Free, no registration required

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Before you start: why this matters now

Four facts about CQC-registered aesthetic clinics in England, taken from CQC's own public register.

320	aesthetic clinic locations on the register
133 (41.6%)	have since come off it
117 of 187	still-registered clinics have **no published inspection report at all** — 62.6%
4.5 years	median age of an existing rating. 94% are more than 3 years old; the oldest is 9.6 years

Deregistration happens for many reasons — a clinic closes, restructures, moves, or stops carrying out a regulated activity. It is not in itself a mark of failure. But the pattern is worth sitting with: most registered aesthetic clinics have never been inspected, and most of those that have carry a judgement made nearer 2022 than today.

In August 2026 CQC reported completing 9,646 assessments against a 9,000 target, and said it had "introduced new ways of prioritising our activity so that we can carry out more assessments and address some of the challenges associated with aged ratings and services that have not yet been assessed."

> **What that means for you.** If your clinic has never been assessed, or your rating is several years old, you have moved from the back of the queue toward the front.

How to use this

Block out half a day. Work through the five key questions in order. For each check, do not ask "do we have a policy on this?" Ask **"what would I put in front of an inspector in the next ten minutes, and would it stand up?"**

Mark each check one of three ways. There is deliberately no score.

Evidenced — a record exists, is current, and a member of staff could find it

Partly evidenced — it exists but is out of date, incomplete, or only you know where it is

Not evidenced — nothing you could show

CQC has confirmed it is removing scoring from its own assessment approach in favour of holistic professional judgement, so a percentage would tell you less than an honest three-way mark. Anything not fully evidenced goes on the action log at the back.

Each check cites the specific regulation it relates to, from the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

1. Safe

> Joint weakest area in our dataset: **9 of 153** rated clinics were Requires improvement or Inadequate on Safe — level with Well-led, and the highest of the five key questions.

MEDICINES AND EMERGENCY PROVISION

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
1	Emergency drugs are in date, and a dated check log shows who verified them and when. Reg 12	
2	Adrenaline is immediately available wherever toxin or filler is administered, with an in-date anaphylaxis protocol displayed, not filed. Reg 12	
3	Hyaluronidase is stocked and accessible for management of vascular occlusion, with a written pathway naming who does what. Reg 12	
4	Fridge temperature is logged every day the clinic operates, with a recorded action for any out-of-range reading. Reg 12	
5	Prescription-only medicines are traceable from receipt to administration on a named-patient basis. Reg 12	
6	Every prescription follows a face-to-face assessment by the prescriber, and the record shows it. Reg 12	

INFECTION PREVENTION AND ENVIRONMENT

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
7	Sharps are disposed of in compliant containers, signed and dated on assembly and on closure. Reg 12, 15	
8	A clinical waste consignment note trail exists for the last 12 months. Reg 15	
9	Cleaning schedules are signed off, not just printed. Reg 15	
10	Single-use items are genuinely single-use, and staff can say so unprompted. Reg 12	

EQUIPMENT

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
11	Electrical equipment holds in-date servicing or calibration certificates. Reg 15	
12	Any laser or IPL device has current servicing records and a named responsible person. Reg 15	

RISK AND INCIDENTS

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK

13	An incident log exists, and every entry has a documented outcome, not just a description. Reg 12, 17	
14	A risk register exists and has been reviewed within the last 12 months, with dated evidence of the review. Reg 17	
15	MHRA alerts are received, and you can show what you did locally about the last relevant one. Reg 12	
16	Safeguarding: staff know how to raise a concern and can name the local route. Reg 13	

2. Effective

> 4 of 153 rated clinics fell below Good here.

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
17	Consent is recorded for every procedure, with the specific risks discussed — not a generic signature. Reg 11	
18	There is a cooling-off period between consultation and treatment for elective procedures, and the record shows it. Reg 11	
19	Clinical records are contemporaneous, legible and attributable to a named clinician. Reg 17	
20	Photographs, where taken, are consented to separately and stored under your retention policy. Reg 11, 17	
21	Treatment follows a written protocol or PGD that matches what staff actually do. Reg 12	
22	Outcomes and complications are reviewed, with dated evidence of the last review. Reg 17	
23	An audit programme exists covering at least consent, records and infection control, with findings and actions. Reg 17	

3. Caring

> Only 1 of 153 rated clinics fell below Good here. This is the strongest area across the sector — verify it rather than rebuild it.

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
24	Patients receive written information before treatment, including risks and aftercare. Reg 9	
25	Chaperones are offered, and the offer is recorded. Reg 10	
26	Feedback is collected, and you can show at least one change made as a result. Reg 17	
27	Privacy and dignity arrangements work in the actual room layout, not on paper. Reg 10	

4. Responsive

> No rated clinic in our dataset fell below Good on Responsive. Confirm these and move on.

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
28	Complaints are logged, acknowledged and closed within your stated timescale. Reg 16	
29	Patients are told how to escalate beyond the clinic. Reg 16	
30	Accessibility and reasonable adjustments are addressed for real, with an example. Reg 9	
31	Aftercare contact is available out of hours, and patients know the route. Reg 9, 12	

5. Well-led

Joint weakest area: **9 of 153** rated clinics were Requires improvement or Inadequate. This is governance, and it is the half of the toolkit most clinics skip.

ACCOUNTABILITY

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
32	A registered manager is in post, and their registration matches what CQC holds. Reg 7	
33	The statement of purpose is current and reflects what you actually do today. Registration Regs 2009	
34	Staff files hold DBS checks, professional registration checks, indemnity and references. Reg 19	
35	Professional registrations are re-verified on a schedule, with the dates recorded. Reg 19	

GOVERNANCE

	CHECK — AND THE EVIDENCE AN INSPECTOR WOULD EXPECT	MARK
36	Governance or clinical meetings happen and are minuted, with actions carried forward and closed. Reg 17	
37	Policies carry a review date that has not passed. Reg 17	
38	Training and competency records are current for every clinical member of staff. Reg 18	
39	Duty of Candour: you can show the process, and evidence of it being applied if it has been. Reg 20	
40	CQC notifications: you know which events are notifiable, and can show any you have made. Registration Regs 2009	
41	Your rating, once you have one, is displayed as required. Reg 20A	
42	**Someone other than the owner could find all of the above without being told where it is.** Reg 17	

Check 42 is the one that most often separates Good from Requires improvement. Evidence that only the owner can locate is evidence that the service depends on one person.

What is changing, and when

Dated deliberately, because this is a moving picture. **Correct as at 21 September 2026.**

CQC is rebuilding how it assesses. On 19 March 2026 it published four draft sector-specific assessment frameworks for consultation, which closed on 12 June 2026. Three confirmed changes matter to you:

- **Quality statements are being replaced** by supporting key lines of enquiry — between three and seven under each key question.
- **Scoring is being removed.** Ratings will be reached "holistically using the professional judgement of our inspection teams".
- **Ratings will be awarded only at the level of the five key questions**, with no formal judgements below that. Which is why this toolkit is organised the way it is.

Two honest caveats. The drafts were still being piloted as of CQC's 27 August 2026 update, and no implementation date has been published. And CQC has said it is "actively exploring whether we should change the scope of the frameworks and how many we need" — so exactly which sector framework will cover independent healthcare clinics like yours is not yet settled. Nothing in this toolkit depends on that answer: the five key questions and the 2014 Regulations apply either way.

Action log

Transfer every **Partly evidenced** and **Not evidenced** item here. Give each one a named owner and a date. An action log with owners and dates is itself evidence of good governance under Regulation 17.

#	CHECK	MARK	OWNER	EVIDENCE NEEDED	DATE DUE	DONE

What this is. This toolkit supports inspection readiness and helps you evidence governance. It cannot guarantee a rating or a registration outcome, and no software or checklist can. It is general information for clinic owners and managers, not legal or regulatory advice, and it does not replace clinical judgement or CQC's own published guidance.

Sources. Figures are derived from CQC's public register and published ratings for aesthetic clinic locations in England, analysed by INTENTIQ in September 2026 (n=320 locations; n=153 with key-question ratings). Framework changes are quoted from CQC's consultation response and improvement updates at cqc.org.uk. Regulation references are to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Built by the team behind INTENTIQ — clinic governance software for UK aesthetic clinics. If working through this raised more gaps than you expected, that is the normal result, and it is the problem we built INTENTIQ to solve. intentiq.co.uk · 0333 043 2226