

[• CARE & DOMICILIARY • GUIDE](#)

The skills matrix *for care teams*

In care, capability is a matter of safety and the law. Carers must be competent in the things that keep people safe, medication, moving and handling, safeguarding, and they must hold mandatory training that is current, not merely once attended. A skills matrix tracks both: the competencies each carer has, and exactly when every statutory refresher falls due, so nothing critical lapses unnoticed before a CQC inspection or, worse, an incident.



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Reading time 12 min • **Method** Upleashed 0 to 5 capability framework • **Updated** May 2026

THE SHORT ANSWER

A care skills matrix maps carers against the competencies they need, medication, moving and handling, safeguarding, infection control and more, scored on a clear scale, and tracks every statutory and mandatory training item by its renewal date. Read it for competence and, crucially, for currency: who is in date, who is due, and who has lapsed. In short: **it shows who is competent and currently trained, and exactly when each refresher falls due, so nothing statutory lapses before an inspection or an incident finds it.**

KEY TAKEAWAYS

- **Competence and currency both matter.** Carers need the skill and an in-date certificate; the matrix tracks both, mapped to the Care Certificate and CQC standards.
- **Refreshers fall due on cycles.** Safeguarding, medication, moving and handling and the rest renew on set intervals; a lapse is a real risk.
- **See the renewals coming.** The matrix shows what is due, and when, so refreshers are booked ahead, not discovered overdue.
- **Medication needs competency sign-off.** A certificate alone is not enough for CQC; competence must be assessed and recorded.
- **Audit-ready, or it is a finding.** Inspectors expect clear evidence that every carer is competent and current.

— START HERE

In care, capability is *safety and law*

A care skills matrix carries unusual weight, because in care a capability gap is not an inefficiency, it is a risk to a vulnerable person and a breach of regulation. Carers must be genuinely competent in the things that keep people safe, and they must hold the statutory training the law and the regulator require, kept current. The matrix is where both are tracked, side by side.

Competence in the things that keep people safe

The first half is **competence**: can this carer safely administer medication, move and handle a person, recognise and report safeguarding concerns, follow infection control? These are scored on a clear scale, because there is a real difference between someone learning a task under supervision and someone safe to do it alone in a person's home. For care, the line that matters is being competent to work unsupervised, which in domiciliary work is the norm rather than the exception.

Statutory and mandatory training, kept current

The second half is **training currency**. Care has an extensive set of statutory and mandatory training, safeguarding adults, moving and handling, medication, infection prevention and control, basic life support, mental capacity, fire, mapped to the Care Certificate and the CQC fundamental standards. Crucially these refresh on cycles, so the matrix does not just

record that training was done; it records **when each item is next due**, turning a pile of certificates into a live view of who is in date and who is not.

A certificate is not always competence

One care-specific subtlety the matrix must capture: for high-risk tasks like **medication**, a training certificate alone does not satisfy the regulator, competence must be separately assessed and signed off. So the matrix distinguishes "trained" from "assessed as competent", recording both the certificate and the competency sign-off. This reflects how care is actually regulated: it is not enough to have attended a course, you must be able to evidence that the carer can safely do the task.

— WHY IT MATTERS NOW

A lapsed refresher is a *real risk*

In care the consequences of an unseen gap are severe: harm to a vulnerable person, an enforcement action, a damaged CQC rating. Tracking competence and the timing of every refresher together is how a provider stays safe, compliant and ready to evidence it.

8%

GARTNER, 2024

of organisations have reliable workforce skills data, so many providers track training in scattered spreadsheets.

39%

WEF, 2025

of workers' core skills are expected to change by 2030, as care practice, guidance and regulation evolve.

85%

WEF, 2025

of employers plan to prioritise upskilling; in care, statutory refreshers and competency are central to it.

Care providers carry a duty that is unusually unforgiving of slippage. Under the Health and Social Care Act regulations, providers must ensure staff are competent, trained and supported, and missed refreshers in areas like safeguarding, medication or infection control can lead to harm and to enforcement. The hardest part is simply **keeping track** across a dispersed workforce with dozens of certificates renewing on different cycles. A skills matrix solves exactly that: it holds each carer's competencies and the renewal date of every statutory item, so the provider sees what is due before

it lapses, evidences compliance the moment CQC asks, and keeps the focus where it belongs, on safe care.

— WHAT IT PROTECTS

Four things a care matrix safeguards

In care, a skills matrix protects four things that carry the highest stakes, in safety, in regulation, and in the trust families place in a provider. Each is a direct return on keeping it current.

PROTECTS 01

Service-user safety

By ensuring carers are genuinely competent and currently trained in safe practice, the matrix protects the vulnerable people in their care, the first duty of all.

PROTECTS 02

Statutory compliance

It tracks every mandatory item by renewal date, so safeguarding, medication and the rest stay current, keeping the provider within the law and CQC standards.

PROTECTS 03

Inspection readiness

A current matrix is the audit-ready evidence CQC expects: clear proof that every carer is competent, assessed and in date across all required training.

PROTECTS 04

Safe rostering

It shows which carers are competent and current for which clients' needs, so visits are staffed by people genuinely able and qualified to deliver them.

The thread connecting all four is that in care, **competence and currency you cannot evidence are a risk you cannot manage**. A safeguarding refresher that lapsed unnoticed, a medication competency never signed off, are exactly the gaps that surface in an incident or an inspection, with serious consequences. The matrix is the single place where each carer's competencies and the renewal dates of every statutory item meet, turning scattered certificates and informal knowledge into one clear, current answer to whether the service is safe, compliant and ready.

— THE SCALE BEHIND THE SCORES

The 0 to 5 capability framework

The competence half of a care matrix needs a clear scale, while statutory training sits alongside as a current-or-due status. This framework, developed by Dr Alex J. Martin-Smith, provides the scale, and its Level 3, works safely unsupervised, is exactly the bar a lone domiciliary carer must meet.

0	Not required for the role EXCLUDED The competency is not part of this carer's role, for example a specialist clinical task they do not perform. Excluded from their score, not counted as a gap.
1	In training / New carer WEIGHTING 25% Learning the task, works only under supervision or alongside a colleague. Up to 75% trained. For higher-risk tasks, must not work unsupervised yet.
2	Developing WEIGHTING 50% More than 75% trained. Can perform routine tasks, but is not yet signed off as consistently safe alone, so complex situations still need support or oversight.
3	Capable WEIGHTING 75% · SAFE UNSUPERVISED Fully trained and assessed as competent; works safely unsupervised, the norm in a person's home. The level a lone domiciliary carer must reach for the task, and pair with a current certificate.
4	Senior / Trainer WEIGHTING 100% Prolonged expertise; handles complex cases, mentors and assesses others' competence. Your senior carers and assessors. Reconfirm if a skill goes unused for a period.
5	Strategic ownership / Lead WEIGHTING 100% Sets care standards and practice, leads on quality and compliance. The purple flag marks your registered managers and care leads.

Competence on the scale, currency alongside

Competence is scored 0 to 5, with Level 3, safe and unsupervised, the working bar for a lone carer. But a level is only half the picture: each statutory item also carries a **currency status**, in date, due soon, or expired, because a certificate either is valid today or it is not. For high-risk tasks like medication, Level 3 also requires a recorded competency sign-off, not just attendance. Read competence for who can safely do the task, and currency for whether they are lawfully able to right now.

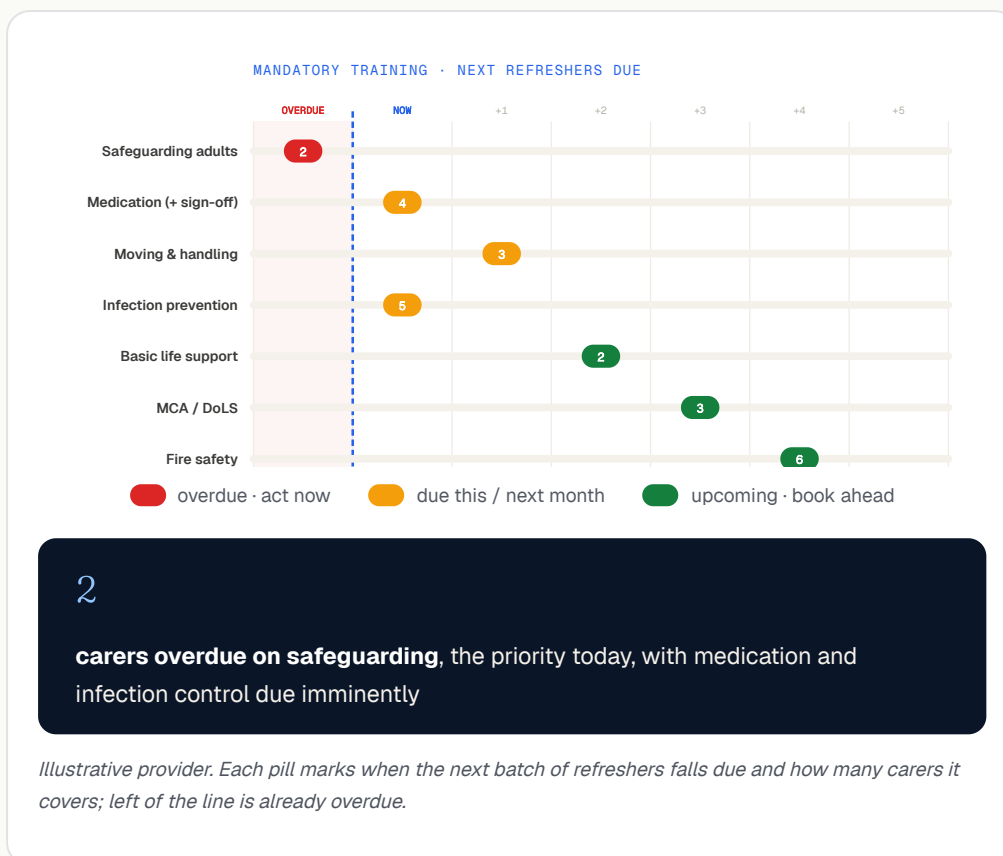
A worked example. Why both halves must line up:

```
Medication  carer assessed at Level 3 (competent, signed off)
→ can administer
but certificate → refresher overdue → not currently
compliant
competent but not current – book the refresher before the
next visit.
```

— [SEE THE RENEWALS](#)

Statutory refreshers, *on a horizon*

Here is the compliance half of a care matrix shown as a renewals timeline: for each mandatory training item, when the next refreshers fall due across the coming months, and how many carers are affected. Anything left of the line is already overdue and needs action today; the rest can be booked ahead, so nothing lapses unnoticed.



WHAT THE REGISTERED MANAGER READS HERE

- **Safeguarding is overdue.** Two carers sit left of the NOW line on the most critical statutory item. That is today's priority, until it is refreshed, those carers are working out of date on safeguarding.
- **Medication and infection control are imminent.** Both fall due this month and cover several carers each. Book these refreshers now, while there is still time, rather than letting them slip into overdue.
- **The rest can be planned.** Basic life support, MCA and fire are weeks away, so they can be scheduled calmly and batched efficiently rather than handled in a panic.
- **The horizon prevents surprises.** Seeing renewals coming, not discovering them overdue, is the whole point. A glance shows what to act on today, this month, and later.

— READY-TO-USE EXAMPLES

Example things to map for a care provider

A care matrix should capture both competence and statutory currency, mapped to the Care Certificate and CQC standards. Here are ready-to-adapt categories, a starting point to tailor to your service.

Category	Examples to map (the columns)	Watch out for
Core competencies (0–5)	Personal care, moving & handling, nutrition, communication, record-keeping	Recording "trained" without assessing competence to work alone
High-risk & sign-off	Medication administration, catheter or PEG care, complex needs	Treating a certificate as competence; these need a recorded sign-off
Statutory training (dates)	Safeguarding, infection control, basic life support, fire, MCA / DoLS	Tracking completion ever, not the renewal date and currency
Care Certificate	Progress against the standards for new and existing staff	Losing sight of who has, or has not, completed it
Specialist & client-specific	Dementia, end-of-life, learning disability, autism, condition-specific	Rostering a carer to a client whose needs they are not trained for

Map the competencies your carers need, scored so Level 3 means safe to work alone, and track every statutory item by renewal date so currency is never assumed. Record competency sign-offs for high-risk tasks like medication, since a certificate alone will not satisfy CQC. Keep specialist training tied to the clients who need it, so rostering matches carers to needs they are genuinely trained for. As always, map what matters most and keep the dates current, because in care a stale matrix can hide exactly the gap that puts someone at risk.

— AVOID THESE

Six mistakes on a care matrix

MISTAKE 01

Tracking completion, not currency

A safeguarding course done last year may have lapsed. Track renewal dates so you see who is in date today.

MISTAKE 02

Certificate as competence

For medication and high-risk tasks, CQC wants assessed competence. Record the sign-off, not just attendance.

MISTAKE 03

No renewal horizon

Discovering a refresher overdue is too late. See what is due across the coming months and book ahead.

MISTAKE 04

Rostering past competence

Sending a carer to needs they are not trained for is unsafe. Match visits to mapped, current competence.

MISTAKE 05

Ignoring specialist needs

Dementia and end-of-life care need specific training. Map specialist competencies, not just the core ones.

MISTAKE 06

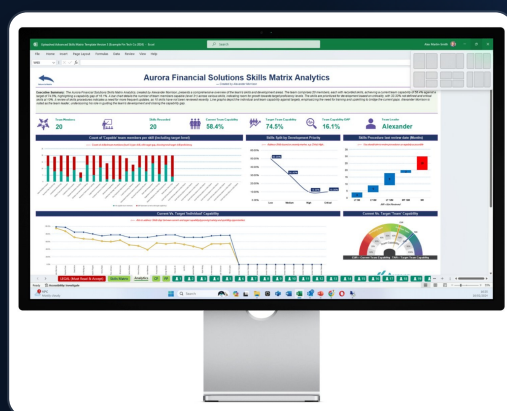
Letting it go stale

Staff change and certificates expire constantly. A matrix updated rarely cannot keep a service safe or audit-ready.

— FROM SCATTERED CERTIFICATES TO ONE CLEAR VIEW

The method is free. A ready-made matrix just makes competence and currency *impossible to miss*.

Everything here works in a blank spreadsheet, and that is a fine place to start. A purpose-built template just makes the care view effortless: score competence on the 0 to 5 scale and record each statutory item with its renewal date, and the overdue refreshers, the items due this month and the carers not yet signed off stand out, so compliance is a live, audit-ready picture rather than a scramble before an inspection.



The Advanced Excel Skills Matrix shows competence at a glance and tracks required levels and renewal dates, the basis for combining care competence with statutory currency, all on the same 0 to 5 framework used throughout this guide.

TRY IT FREE	MOST POPULAR	WHEN YOU ARE READY
£0 The online 5x5 builder maps a small team in your browser, with no sign-up. A fast way to map a care round.	£199 The full Excel template: heat map, required levels, renewal tracking and analytics, up to 30 people and 30 skills. One-off, yours forever.	£1 Upgrade to PulseAI in your first year for a living, web and mobile version with AI skill suggestions and reminders.

— COMMON QUESTIONS

Quick *answers*

Q What is a skills matrix for a care provider?

It is a grid mapping carers against the competencies they need, medication, moving and handling, safeguarding, infection control and more, scored on a clear scale, and tracking every statutory and mandatory training item by its renewal date. It shows both who is competent and who is currently in date, mapped to the Care Certificate and CQC standards.

Q Why track renewal dates, not just completion?

Because statutory training refreshes on cycles, so attending a course once does not mean a carer is compliant now. Items like safeguarding and infection control often renew annually, fire at least every three years. Tracking renewal dates shows who is in date, who is due and who has lapsed, turning a pile of certificates into a live compliance picture.

Q Does a training certificate prove competence for CQC?

Not on its own for high-risk tasks. For medication in particular, CQC expects competence to be separately assessed and signed off, not just a certificate of attendance. So the matrix should record both the training and the competency sign-off, reflecting how care is actually regulated: you must be able to evidence the carer can safely do the task.

Q What mandatory training should a care matrix include?

The statutory and mandatory items aligned to the Care Certificate and CQC standards: safeguarding adults, moving and handling, medication, infection prevention and control, basic life support, mental capacity and DoLS, fire safety and more, each tracked by renewal date, plus any specialist training your service users need.

Q How does it help with CQC inspections?

It gives you audit-ready evidence on demand. Inspectors expect to see that every carer is competent, assessed where required, and current on mandatory training. A matrix that tracks competence and renewal dates lets you demonstrate that clearly and quickly, rather than assembling scattered certificates under pressure during an inspection.

Q Do I need software for a care skills matrix?

No. A well-built spreadsheet that scores competence and tracks renewal dates works well for a service, and is where most should start. Software helps when you want automatic renewal reminders, instant audit-ready reports and a live view across a dispersed care workforce, with everything updating as carers train, are assessed and renew.

— ABOUT THE AUTHOR



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Alex is the creator of the Upleashed capability framework that powers Skills Matrix Template, the award-winning Excel skills matrix. A Chartered Manager with an MBA, an LLM and a doctorate in business administration, he has spent more than two decades helping operations, HR and quality teams turn capability from a gut feel into something they can measure, manage and prove.

Connect on LinkedIn: [linkedin.com/in/alexmartinsmith](https://www.linkedin.com/in/alexmartinsmith)

A stylized, handwritten signature in black ink that reads 'Alex J. Martin-Smith'. The signature is fluid and cursive, with the first letters of each word being capitalized and prominent.

Dr Alex J. Martin-Smith

SOURCES

Gartner. (2024). *Talent management research: Workforce skills data*. Gartner.

Martin-Smith, A. J. (n.d.). *The 0 to 5 capability framework*. Upleashed Limited.
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Safe, compliant, and *ready*.

You now have the care method. The quickest way to start is to list your statutory training items this week, record each carer's competence and the renewal date of every certificate, and look at the horizon. The overdue refreshers you find are exactly where to act today, before an inspection, or an incident, finds them first.

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