|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ESTABLISHMENT:** | | | | **MANAGER NAME:** | | |
| **AUDITS**  **REGULATION 17 (18)** | | | **Comments** | | **Actions** | **Signature & Date** |
| Has an audit taken place within the last year? √ or X | | |  |
| **1** | Internal Audit  Cumbria Care |  |  | |  |  |
| **2** | Health and Safety DIAG |  |  | |  |  |
| **3** | Infection Prevention & Control |  |  | |  |  |
| **5** | Fire Risk |  |  | |  |  |
| **6** | Environmental Health |  |  | |  |  |

**Older Adults Residential Services – Staff Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Staff File** | | **ANNUAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Staff Initials | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Supervision/wellbeing  Supervision Agreement  Appraisal | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Risk Assessments  (If applicable)  PEEPS | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| Manual Handling | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |  |  |  |  |
| **Month** | **Staff files & training records comments/action** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Sign/Date** | | | | |
| **Comments** | | | | | | | | | | | | | | | | **Actions** | | | | | | | | | | | | | | | | | | | | |
| April |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| May |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| June |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| July |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| August |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| September |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| October |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| November |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| December |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| January |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| February |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |
| March |  | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | |

**Older Adults Residential Services – Service Users Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **ANNUAL** | | | | | | | | | | | | | | | | | | | | | |
| **Service User Initials** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **P14 EPCCP** | | | | | | | | | | | | | | | | | | | | | |
| C9 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **M10** MUST Tool  To be reviewed monthly |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mobility and dexterity |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| General Risk Assessments  PEEPS |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Falls Risk Assessments/falls log |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Body Maps |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Daily diary notes / Recording |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **S10 SU file** | | | | | | | | | | | | | | | | | | | | | |
| Contract  Terms of Residency |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Service User Guide -  Confirmation Form  Photograph and Consent Forms |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Personal Inventory (A10) |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Mental Capacity Assessment  Best Interest Evidence |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DNACPR  End of life details/wishes |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DOLs |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Misc.** | | | | | | | | | | | | | | | | | | | | | |
| Service user engagement / recruitment and selection |  | | | | | | | | | | | | | | | | | | | | |
| Financial checks/audits completed in the home |  | | | | | | | | | | | | | | | | | | | | |

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| **Month** | **Comments/Action from above** | | **Sign/Date** |
| **Comments** | | **Actions** | |
| April |  |  |  |
| May |  |  |  |
| June |  |  |  |
| July |  |  |  |
| August |  |  |  |
| September |  |  |  |
| October |  |  |  |
| November |  |  |  |
| December |  |  |  |
| January |  |  |  |
| February |  |  |  |
| March |  |  |  |

|  |  |  |
| --- | --- | --- |
| **TO BE COMPLETED RANDOMLY** | | |
|  | **Comments** | **Actions** |
| **MEDICATION AUDIT**  Complete a medication audit – which can include observation of meds round, stock sheets, MAR charts, medication files. |  |  |
| **OBSERVATION / DISCUSSIONS**  Talk to some service users. Do service users have their own choices? Are they happy with the service, do staff treat them with dignity and respect?  Talk to relatives / families / professionals etc to get a mix of feedback. |  |  |
| **CQC**  Are staff aware of who CQC are and what they do? |  |  |
| **Concerns**  Do staff know who to go to when raising a concern? |  |  |
| **Safeguarding**  Do staff know what safeguarding means? |  |  |
| Do staff know what The Health Protection / Public Health Department do? |  |  |
| **ACTIVITIES** | **TO BE COMPLETED RANDOMLY - comments / Actions** | |
| Meaningful activities taking place and are planned in according to service users’ needs and likes. |  | |
| **GENERAL** | **TO BE COMPLETED RANDOMLY - comments / Actions** | |
| What is the morale in the establishment like?  How is the venue looking / smelling?  What is the general feel of the place? |  | |
| **ENVIRONMENT** | **TO BE COMPLETED RANDOMLY - comments / Actions** | |
| Observation of the building and premises. Is the venue clean, have any maintenance issues been reported and action plan dealt with?  Are Fire checks and documentation in place?  Have fire drills been completed?  Are records complete? |  | |

Registered Manager Signature: Date:

Service Manager Signature

(Service Manager will only sample the audit): Date: