

Comprehensive Meaningful Activity Audit Tool

Date of Audit:

Name of Assessor:

This audit is split into X sections, each section is scored and tally on the table at the end of the document.

Points for:

Yes 2

Sometimes 1

No 0

If Yes, evidence of how this should area is met should be detailed.

If Sometimes, or No then how further improvements can be made need to be explored and detailed.

Add to Action Plan (AP) either Yes or N/A

Section A) Planning Activities					
Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Add to AP
1	Are activities planned in advanced and circulated around the home using tool such as an activity planner board, newsletter, magazine? Do they detail what activities are on, when and who is undertaking them?				
2	Are the activities programmes and planner in an accessible format that meet AIS standards i.e big text, pictures, in accessible places.				
3	Are people in the home actively involved in developing or creating the activities they participate in?				

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4	Are activities reviewed regularly and adjusted according to the needs and choices of those living at the service?				
5	Are people able to try out new hobbies or continue existing ones with the way the activities are planned?				
6.	Can everyone in the home access the outside spaces / gardens for any activities or for their own personal time?				
	Score				
	Total Possible Score Section A	12			

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Section B) Types of activities					
Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Is there an appropriate physical activity provided for the residents to promote mobility?				
2	Does the activities programme include clubs such as gardening club, knitting clubs, cooking clubs and other areas that people might enjoy together regularly?				
3	Are activities adapted to meet the needs of people's individual diverse needs?				
4	Are there both group activities and 1:1 activities?				
5	Where people are care for in ned of in their rooms, do they have access to individual activities to either do alone or have some 1:1 time to promote meaningful stimulation?				
6	If they so wish, do residents have the opportunity to take part in day to day tasks such as cleaning, cooking and meaningful occupation?				
7	Are activities planned taking into consideration people's gender, health, age, culture, sexual orientation and abilities?				
8	Is the need for "quiet time" equally respected?				
	Score				
	Total Possible Score Section B	16			

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Section C) Social and Community					
Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Are trips out planned for the residents and are these regular?				
2	Are people able to feel part of the community by attending local events such as book groups, fates, fund raising events and seasonal celebrations?				
3	Can people maintain links to the community that are important to them? Such as church or gardening clubs?				
4	Are relatives invited to join in with activities or attend special events?				
5	Do you support people to go out independently and those who cannot go out independently i.e to local shops?				
6	Are volunteers or people from the local community able to engage with the service i.e local choir or school?				
7	Is the service engaged with any charities or community clubs that may help support the activities in the service and vis vera?				
	Score				
	Total Possible Score Section C	14			

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Section D) Individual Needs

In this Section you will pick 3 residents and cross check records and activities to ensure needs are met for that individual.

You should try to pick different resident every time you undertake this audit.

Name of Resident ONE:

Room No:

Notes about resident including – background, culture and religion, previous occupation, hobbies, family and current interests. (This part will not be scored but will help score next set of questions)

Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Does the resident have a completed Life History, with consent, in the care plan?				
2	Do some activities available to this resident, reflect individual choice, culture, religion and social background?				

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3	Is there and up to date activity care plan that is regularly reviewed?				
4	Are daily notes included that also cover emotional wellbeing?				
5	Does this individual get to take part in an activity that is meaningful to them?				
6	Is there choice and consent in place for care plans regarding sharing information as appropriate?				
7	Is this person's bedroom personalised to them?				
8	Are staff aware of this individual's needs, likes and dislikes? Including life history and are able to converse with them in a meaningful way to the individual?				
9	Speaking with this resident, are they happy with the activities on offer?				
	Score				
	Total Score for this resident	18			

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Name of Resident TWO:

Room No:

Notes about resident including – background, culture and religion, previous occupation, hobbies, family and current interests. (This part will not be scored but will help score next set of questions)

Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Does the resident have a completed Life History, with consent, in the care plan?				
2	Do some activities available to this resident, reflect individual choice, culture, religion and social background?				

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3	Is there and up to date activity care plan that is regularly reviewed?				
4	Are daily notes included that also cover emotional wellbeing?				
5	Does this individual get to take part in an activity that is meaningful to them?				
6	Is there choice and consent in place for care plans regarding sharing information as appropriate?				
7	Is this person's bedroom personalised to them?				
8	Are staff aware of this individual's needs, likes and dislikes? Including life history and are able to converse with them in a meaningful way to the individual?				
9	Speaking with this resident, are they happy with the activities on offer?				
	Score				
	Total Score for this resident	18			

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Name of Resident THREE:

Room No:

Notes about resident including – background, culture and religion, previous occupation, hobbies, family and current interests. (This part will not be scored but will help score next set of questions)

Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Does the resident have a completed Life History, with consent, in the care plan?				
2	Do some activities available to this resident, reflect individual choice, culture, religion and social background?				

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3	Is there and up to date activity care plan that is regularly reviewed?				
4	Are daily notes included that also cover emotional wellbeing?				
5	Does this individual get to take part in an activity that is meaningful to them?				
6	Is there choice and consent in place for care plans regarding sharing information as appropriate?				
7	Is this person's bedroom personalised to them?				
8	Are staff aware of this individual's needs, likes and dislikes? Including life history and are able to converse with them in a meaningful way to the individual?				
9	Speaking with this resident, are they happy with the activities on offer?				
	Score				
	Total Score for this resident	18			
	Section D Total Score				
	Total Possible Score Section D	54			

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Section E) Activities Overview & Management					
Ref	Area for audit	Yes/ No / Sometimes	Comments on current practice	Evidence and / or Action to be Taken	Added to AP?
1	Are the relevant risk assessments in place for activities/ outdoor trips to ensure safety whilst promoting positive risk?				
2	Does the service, including all staff, understand the importance of activities and choices for the residents to promote wellbeing? Are activities included in the induction programme?				
3	Does the service achieve the activity provision as it is advertised on websites and other platforms? Is this constantly developed?				
4	Does the manager communicate important of meaningful activity to the staff and the residents and encourage others to do the same?				
5	Do the activities co-ordinators/ staff have access to qualifications or training to help them deliver effective activity programmes for the resident groups the service caters too?				
6	Is there an activity budget that is managed well by the team?				
7	Are individual activities reviewed following the activity, to ensure that				

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	residents understood them, interacted with the activity and found it enjoyable?				
	Score				
	Total Possible Score for Section B	14			

Section	Possible Score	Actual Score	%
Section A: Planning Activities	12		
Section B: Types of Activities	16		
Section C: Social and Community	14		
Section D: Individual Needs	54		
Section E: Activities Overview and Management	14		
Total	110		
General Overview Comments:			
<p>Completed by: Designation:</p> <p>Signature: Date:</p> <p><u>Discussed & Approved by Home Manager</u></p> <p>Signature: Date:</p>			

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