|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **BASELINE AUDIT - ACTIVITIES** | | | | | |
| **Home:** |  | **Unit:** |  | **Date:** |  |

**Aims and Objectives:**

* To achieve consistency in the quality of Activities within (INSERT SERVICE NAME);
* To ensure compliance to (INSERT SERVICE NAME) policies and procedures.
* To meet the Standards of the appropriate Regulatory Body/Bodies;
* To meet the audit requirements of the appropriate Regulatory Body/Bodies;

**Administration of Audit**

* This audit to be completed as per the home’s schedule.
* All Registered Nurses or Team Leaders for Residential settings should have the opportunity to complete this audit.
* The home manager is responsible for the collation of audits and scores from their respective units.
* Audit Scores should be entered on to the Manager’s Monthly Report on the month of completion.

**Process**

* The sample is a minimum of 3 residents or 10% of the total number of residents whichever is greater.
* This audit across the home should be completed over the month and not necessarily in one day.

**Scoring:**

* One point is awarded for each positive answer.
* Where a question is not applicable, one point should be deducted from the overall possible score. Greyed areas cannot be marked as N/A
* Each section can be scored individually on the score sheet and collectively to achieve an overall percentage score.
* The percentage can be calculated by dividing the actual score by the possible score and multiplying by 100.

**HOME: SUITE: DATE:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Criteria: Life Stories | Yes | No | N/A | Evidence source | | Comments: | |
| **1** | All residents who wish to share information have an up to date Life Story  Where a resident does not wish to complete a Life Story this is recorded in their care plan |  |  |  | Check records | |  | |
| **2** | Life Stories include written entries as well as photographs, pictures etc to reflect the individual’s story |  |  |  | Check records | |  | |
| **3** | Life Stories are kept with the individual in their bedroom or taken with them to other areas of the home if so wished |  |  |  | Check rooms | |  | |
| **4** | There is evidence that family and friends have contributed to the Life Story where desired. Where people have chosen not to participate or is no significant other person to contribute this is noted in the Care Plan. |  |  |  | Check records | |  | |
| **5** | The Life Story continues when they enter their Care Home, noting any significant events, e.g. birthday celebrations, participation in an enjoyed activity. |  |  |  | Check records | |  | |
| **6** | Life story information is included in Care Plans and used by colleagues to provide individualised care. |  |  |  | Check records | |  | |
| **7** | Life Stories are seen to be utilised in conversation with the residents to promote a sense of well-being |  |  |  | Observe | |  | |
| **8** | Life stories are included in care reviews and Resident of the Day |  |  |  | Check records | |  | |
| **9** | Are colleagues able to discuss the importance of life histories / stories |  |  |  | Ask 3 colleagues | |  | |
|  | Criteria: Activity Care Plans and Programmes | Yes | No | N/A | Evidence source | | Comments: | |
| **10** | Activities provided in the Home are informed and planned by residents’ Life Stories and this is evidenced in the activity programme |  |  |  | Check records. | |  | |
| **11** | People living in the care homes are actively involved in developing or creating the hobbies, interests or activities they participate within? |  |  |  | Check records | |  | |
| **12** | Is there a dedicated Activities team? |  |  |  |  | |  | |
| **13** | Does the activity team hold any qualifications that support the delivery of an effective activity programme? |  |  |  | Check records | |  | |
| **14** | Is the activity team aware of the activity budget for the home and is this managed well by the team? |  |  |  | Review of budget spend | |  | |
| **15** | Are the activity programmes in a format that is accessible to all people in the home |  |  |  | Check records | |  | |
| **16** | Is there a current activity programme displayed in communal areas in the home? |  |  |  | Observe | |  | |
| **17** | Does the activity programme include activities in the home / day club, the gardens & local communities. |  |  |  | Check records | |  | |
| **18** | Can everyone living in the home access the outside spaces / gardens |  |  |  | Check records | |  | |
| **19** | Are colleagues who are not activities coordinators aware of what their role is in Activity Based Care (ABC). |  |  |  | Ask 3 colleagues | |  | |
| **20** | Do all colleagues have access up to date care plans, risk assessments, policies and legislation? |  |  |  | Ask 3 colleagues | |  | |
| **21** | Are the activities adapted to meet people’s individual diverse needs? |  |  |  | Check records | |  | |
| **22** | Are there both group and 1:1 activities planned and available? |  |  |  | Check records | |  | |
|  | Criteria | Yes | No | N/A | Evidence | | Comment | |
| **23** | Are activity and ABC items readily available for people to interact with and use? |  |  |  | Observe environment | |  | |
| **24** | Are the activities regularly reviewed with the people living in the care home or attending the day clubs and adjusted accordingly? |  |  |  | Check records | |  | |
| **25** | Are there meaningful, interesting points of engagement that are easily accessible for people? (e.g. rummage items, activity points, tactile pictures) |  |  |  | Observe environment | |  | |
| **26** | Have the activities team completed relevant training? |  |  |  | Observation/activity planner | |  | |
| **27** | Does the communal environment positively promote activity based care? |  |  |  | Observe environment | |  | |
| **28** | Where people are cared for in bed or spend a lot of time in their rooms, do individual environments provide opportunities for meaningful engagement and stimulation? |  |  |  | Observe environment | |  | |
| **29** | Can residents participate in day to day household tasks such as cooking, cleaning, meaningful occupation etc? |  |  |  | Observe | |  | |
| **30** | Do colleagues feel comfortable and confident to lead on activities based care with people in communal spaces and in private spaces such as bedrooms? |  |  |  | Observe | |  | |
| **31** | Do people have the opportunity to try out new hobbies and activities, as well as continue with existing ones? |  |  |  | | Ask 3 residents |  |
| **32** | Do relatives become actively involved or lead activities within the home or day club? |  |  |  | | Observe |  |
| **33** | Are volunteers or people from the local community available to engage with or to assist with activities within the Home. |  |  |  | | Observe |  |
| **34** | Is the home able to provide a current up to date contact list of external organisations, both charity and community etc that may support in the activity programme. |  |  |  | | Check records |  |

**Score Sheet**

**HOME: SUITE: DATE:**

|  |  |  |  |
| --- | --- | --- | --- |
| Section | **Possible Score** | **Actual Score** | **%** |
| Section 1: Life Stories | **9** |  |  |
| **Section 2: Activity Care Plans & Programmes** | **34** |  |  |
| **Total Score:** | | | |
| **Completed by: Designation:**  **Signature: Date:**  **Discussed & Approved by Home Manager**  **Signature: Date:** | | | |

Action Plan

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION** | **PROBLEM IDENTIFIED** | **ACTION TO BE TAKEN** | **PERSON RESPONSIBLE** | **DATE TO BE ACHIVED** | **REVIEWED BY:** |
|  |  |  |  |  |  |

**Completed by Designation: .……………………………………..**

**Signature: Date: ……………………………………………….**

**Discussed & Approved by Home Manager:**

**Signature: Date: ……………………………………………….**