**MANAGER’S MONTHLY CHECKLIST**

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| **Documentation about Service Users** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Care Plans**  Check that a care plan is in place for each resident?  Audit 10% of care plans for accuracy and sufficiency of detail using a **Care Plan audit tool** (ensure all care plans are audited in rotation)  To check all service users had a comprehensive assessment prior to admission |  |  |  |  |
| **Falls** – review falls records to establish any trends / risks identified / actions needed |  |  |  |  |
| **How Care and Support is Provided** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Staff Ratio** – check that the numbers of staff on duty on each shift are sufficient to meet the current assessed needs of residents  Check staff rosters are up to date and meet the needs of the Home |  |  |  |  |
| **General Care**  Check residents’ appearance – clothing, hair, teeth, glasses / hearing aids. |  |  |  |  |
| **Activity**  Check communal areas at various times of day. Are activities taking place (organised / spontaneous)?  Check residents in own bedrooms. Are they occupied meaningfully, bored, asleep, isolated? |  |  |  |  |
| **Call Bell Response** – check print-out to analyse response times – are these within acceptable limits? |  |  |  |  |
| **Mealtimes** – observe meals at different times of day. Are mealtimes relaxed and unhurried, meals well presented and appetising in appearance, sufficient staff to assist residents, special diets adhered to, healthcare professionals advice followed, support for residents in rooms? |  |  |  |  |
| **Nutritional Supplements** – check sample of daily records to ensure that nutritional supplements are given as prescribed and fortified food given as required |  |  |  |  |
| **Food & Fluid Charts** – check sample of food and fluid intake charts to ensure completed fully and correctly |  |  |  |  |
| **Weight** – check sample of weight records against MUST assessments and any follow-up action taken |  |  |  |  |
| **Bed Rails** – check sample to ensure risk assessment is in place and mental capacity considered where relevant |  |  |  |  |
| **Medication Management and Administration** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Medication Audit** – use audit tool to check sample of residents’ medications and general medication management / administration |  |  |  |  |
| **General Management of the Service** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **CQC Rating Certificate** – ensure the home’s CQC rating certificate is on display and clearly visible. – check link on website |  |  |  |  |
| **Food Hygiene Certificate** – ensure the Food Hygiene Certificate is on display and clearly visible. |  |  |  |  |

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| **Handover** – observe quality of staff handover (information transferred, appointments etc) – person-centred, supportive, sufficient detail? |  |  |  |  |
| **Improvement Plan** – is the home’s Improvement Action Plan up to date and progress recorded against action points?  Have all issues identified through Inspections (CQC, EHO, etc) or audits been included in the Improvement Action plan? |  |  |  |  |
| **Accidents / Incidents** – review accident and incident reports to identify any trends and required actions |  |  |  |  |
| **Safeguarding** – random sample of staff – do they know what to do if concerned about possible abuse?  Is information for residents / staff / visitors clearly visible around the home? |  |  |  |  |
| **DoLS Applications** – check DoLS applications have been submitted where necessary? |  |  |  |  |
| **Complements and Complaints** – have any compliments and complaints been logged with a record of actions taken?  Check that information about how to make a complement or complaint is clearly visible around the home. |  |  |  |  |
| **Occupancy** – is the home’s occupancy level within an acceptable parameter? If vacancy level is higher than acceptable is remedial action necessary (advertising / inform local authority brokerage etc)? |  |  |  |  |
| **Premises and Equipment** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Maintenance Checks** – check that the handyperson’s records evidence that the following have been tested at required intervals:   * Fire alarms (call points / bells) * Fire doors * Fire extinguishers / blankets * Emergency lighting * Window restrictors * Bed rails and bumpers * Wheelchairs / mobility aids * Pressure mattresses / cushions |  |  |  |  |
| **Building** – check internal and external décor, building integrity and environmental safety and any defects incorporate into an environmental plan |  |  |  |  |
| **Legionella** – check that the handyperson’s / contractors records evidence that all required checks have been completed and necessary actions taken. |  |  |  |  |

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| **Hot Water** – check that the handyperson’s records evidence that water from all hot taps / showers accessible to residents has been temperature-checked to avoid risk of scalding |  |  |  |  |
| **Safe Working Practices** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Infection Control** – check that hygiene and infection control are being maintained to an acceptable standard, using an **Infection Control audit tool (complete quarterly)** |  |  |  |  |
| **COSHH** – check storage of COSHH substances and that data sheets are in place. |  |  |  |  |
| **First Aid** – check records of contents of first aid boxes |  |  |  |  |
| **Catering** – check catering records (e.g. Safer Food Better Business) to ensure completed correctly |  |  |  |  |

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| **Staffing** | | | | |
| **Item** | **Date Checked** | **Checked By** | **Findings / Actions Required** | **Date Actions Completed** |
| **Recruitment** – For any staff recruited since the last monthly review check that the following have been obtained:   * 2 references * DBS * Eligibility to work in UK * Qualification Certificates * Registration with professional body (e.g. NMC) |  |  |  |  |
| **Induction** – check progress with induction for any staff within their induction period |  |  |  |  |
| **Supervisions** – check sample of records – have staff received individual supervision as per the home’s policy? |  |  |  |  |
| **Training** – check sample of records – is each staff member “in date” with all required training? |  |  |  |  |
| **Practice Observation** – check sample of records – has each staff member’s practice been observed and any necessary advice / support / training given? |  |  |  |  |
| **Management of Absence** – review timescales for any staff on long-term absence through sickness |  |  |  |  |
| **Agency Staff** – is use of agency staff at acceptable level? What is the trend over the last three months? |  |  |  |  |