ADD LOGO HERE

**PROVIDER VISITS TO (ADD HOME NAME)**

**ADD DATE HERE**

# Monitoring visit to a (ADD HOME NAME) – Registered Provider.

|  |  |
| --- | --- |
| Name and address of the establishment: |  |
|  |
|  |
|  |
| Name of the registered provider/designated person completing this report: |   |
| Name of the registered manager: |  |
| Date of visit:Duration of visit: Confirm type of visit: |  |
| From: |  |  | To: |  |  |
|  |
| Unannounced |  | Announced |  |  |
|  |
| Name of person in charge of the home at the time of the visit: |  |
| Number of patients/residents in the home: |  |
| Number of residents in the home (for nursing homes with registered residential beds) |  |

1. **Review of all matters identified in action plan from previous monitoring visit and record of progress made:**
2. **Confirm number of patients/residents interviewed by unique identifier and summary of their views on the quality of care and services provided by the home:**

Number of residents:

Summary of patient/resident views by unique identifier:

# Confirm relatives/other visitors interviewed and summary of their views on the quality of the service provided in the home:

Number of relatives:

Summary of their views:

Number of visitors:

# Number and position of staff interviewed and summary of their comments on the standard of care and delivery of services provided in the home (all grades of staff):

1. **Staff on duty on day of monitoring visit:**

Comment on the adequacy of staff (staff rota) in terms of numbers, qualifications, stability of staff group and experience to meet the needs of the current resident group. Please also outline action required and/or taken to address vacancies in the staff team:

# Records

* 1. **\*Records Monitored:**

|  |  |  |
| --- | --- | --- |
| Records Monitored | Checked on this visit? | Compliant Y/NDate |
| Resident Records |  |  |
| Complaints/Compliments |  |  |
| Incident/Accident Records |  |  |
| Health & Safety (Risk Assessments) |  |  |
| Duty Rota |  |  |
| Fire Safety Records |  |  |
| Record of Staff Meetings/Staff supervision and appraisal |  |  |
| Record of Activities / Programme of Events |  |  |
| Staff Training Matrix |  |  |
| Staff recruitment records |  |  |
| Staff induction records |  |  |
|  |  |  |
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|  |  |  |

# Quality and Compliance of Records Monitored

Comment on the quality and compliance of records monitored and detail any action required in specific records for improvement and/or compliance:

**Notifiable accidents/incidents or other untoward events which occurred during the month:**

Number of notifiable events since the last monitoring visit :

Confirm if accident/incident audit(s) completed:

If yes, confirm date of last audit:

Provide detail on outcome of audit of accidents/incidents including identification of

any themes/patterns and follow up action taken/required:

# 8.

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

1. **Incidents**
	1. **Safeguarding incidents (SOVA): status i.e. referral to professional body/ CQC / ISA and relatives informed:**
	2. **Confirm if staff disciplinary procedures implemented and outcomes: i.e. Staff disciplined / suspended / referral to**
2. **Key findings from a review of the complaints records:**

Number of complaints received since the last monitoring visit on

List the source, issue and outcomes of complaints recorded:

***/ /***

Confirm if complaints audit completed: Yes

No

If yes, confirm date:

Provide detail on outcome of audit of complaints including identification of any themes/patterns and action taken/required:

|  |  |  |
| --- | --- | --- |
| **Source** *Service User Relative**Informal Advocate Formal Advocacy Service Other, please specify* | **Main Issue***Care Practice Environmental Issue Staff Attitude Service User finance Food and Nutrition**Other, please specify* | **Outcome** |
| Complainant Satisfied? | Complaint Substantiated? |
| Fully/Partly/Not | Fully/Partly/Not |
|  |  |  |  |
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1. **Compliments/Positive Feedback to home:**
2. **Quality Improvement Plan (QIP) – Progress Update**
	1. **External Audits received**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date of inspection: |  |  |  | Type |  |  |
| Outcome: *i.e. care/pharmacy/external audit* |

* 1. **Update of progress made against recommendations made by other regulators (i.e. fire, health and safety executive, public health agency) reviewed during this visit:**
1. **Condition and maintenance of the home’s environment and detail any action to be taken in identified areas including any health and safety issues:**
2. **Commentary on any other planned improvements for the home and timescales.**
3. **Concluding comments of the registered provider/delegated person regarding the overall quality of care and/or services provided in the home; and confirmation that the home is operating in line with its Statement of Purpose and categories of care, as indicated in the home’s registration certificate.**
4. **Action plan agreed with the registered/acting manager/person in charge of home as a result of this visit -**

|  |  |  |
| --- | --- | --- |
| **Action** | **By whom** | **Completion date** |
| (you can add you own action plan template here)  |  |  |

1. **Report Conclusion**

I confirm that this report is an accurate reflection of the unannounced monitoring visit of ***(insert the name of the residential home)*** on ***(insert date).*** Verbal feedback was provided to ….***insert name and status***… during and/or at the conclusion of the visit.

|  |
| --- |
| **Registered provider/designated person completing this report** |
| Signature: |  |
| Designation: |  |
| Date report completed: |  |
| Date report forwarded to the person below: |  |
| **Registered manager/acting manager/person in charge** |
| Signature: |  |
| Designation: |
| Date report received: |