

Monthly Inspection Checklist

Health Services

ACCIDENT/INCIDENT REPORTINGS

Are Waste Bin 'Foot / Knee' pedals in working condition?

Yes

No

NA

Are All Required PPE Items available for staff?

Yes

No

NA

Are 'Hand Gels / Sanitisers' available throughout the premises?

Yes

No

NA

Have all Accident Forms in the 'Accident File' been logged/recorded?

Yes

No

NA

How many of the following have been reported over the past 30 days (in total)?

Accidents to staff

Accidents to Service users

Incidents to staff

Incidents to Service users

Incidents to Others

Is a Hazard Data Sheet available for all substances used?

Yes

No

NA

AUDIT VERIFICATION

Audit Completed By:

SIGNATURE

Audit Reviewed By:

SIGNATURE

Review Date:

SIGNATURE

BATHROOM CHECKS

Is liquid soap/Paper towels/ Hands-free waste bins available in the restroom?

Yes

No

NA

Are bathmats seen and if yes, are they clean?

☐ Yes☐ No☐ NA

Are Emergency Call Points Operational?

☐ Yes☐ No☐ NA

Does bathroom have bad odour?

☐ Yes☐ No☐ NA

Is hot water warning sign properly displayed?

☐ Yes☐ No☐ NA

Is bathroom doorway clear of obstructions?

☐ Yes☐ No☐ NA

Are all Floor Coverings in the bathroom in Good Condition?

☐ Yes☐ No☐ NA

Are all items of Bathroom Furniture kept in Good condition?

☐ Yes☐ No☐ NA

Can bathroom doors be properly locked and opened?

☐ Yes☐ No☐ NA

Did you find any bulbs not in working condition (bathroom)?

☐ Yes☐ No☐ NA

BEDROOM CHECKS

Is bedroom area free of bad odour?

Yes

No

NA

Are Mattresses, Pillows and covers Clean and Stain Free?

Yes

No

NA

Are 'Hot Water' Warning Signs displayed properly?

Yes

No

NA

Are Emergency Call Points Operational?

Yes

No

NA

Are bedroom doorways obstruction free?

Yes

No

NA

Are all Floor Coverings in the Bedroom in Good Condition?

Yes

No

NA

Are all furniture items (bedroom) in good condition?

Yes

No

NA

Is there an easy movement in the room?

Yes

No

NA

Are heating/ventillation arrangements appropriate?

Yes

No

NA

Are all electrical cables stored properly (does not cause any hazard)?

Yes

No

NA

Are there any bulbs not in working condition?

Yes

No

NA

EQUIPMENT CONDITION

Which of the following are in good condition and without defects?

☐ Mop Heads ☐ Toilet Brushes ☐ Cleaning Equipment ☐ Hoists & Slings ☐ Turning aids

Which of the following are in good condition and without defects?

☐ Wheelchairs ☐ Frames ☐ Stability aids ☐ Handling belts ☐ Transfer boards

Is a 'Burns Kit' and fire blanket available in the Kitchen?

Yes

No

NA

EXTERNAL CHECKS

Are Doorways Clear of Obstacles (external doors)?

Yes

No

NA

Are external doors easy to open and close?

Yes

No

NA

Do all locks work properly (external doors)?

Yes

No

NA

Is the external doorway area well illuminated?

Yes

No

NA

Are any External Steps in Good Condition and obstruction free?

Yes

No

NA

Are External Mats in Good Condition and damage free?

Yes

No

NA

Are External Mats Slippery?

Yes

No

NA

Are Pathways in Good Condition and obstruction free?

Yes

No

NA

Are Garden Furniture items properly maintained?

Yes

No

NA

Are doors, windows in a good state?

Yes

No

NA

Are there any bulbs not in working condition?

Yes

No

NA

FIRE AND SAFETY

Is the fire alarm test record done correctly?

Yes

No

NA

Is the fire extinguisher test record done correctly?

Yes

No

NA

Is the emergency lighting test record done correctly?

Yes

No

NA

Please mention the date of fire alarm test record

DATE

2017-01-01

Please mention the date of fire extinguisher Test Record

DATE

2017-01-01

Please mention the date of Emergency Lighting Test record

DATE

2017-01-01

Is fire drill conducted within 6 months?

Yes

No

NA

Date of fire drill

DATE

2017-01-01

GENERAL DETAILS

Mention the Total Number of Available Beds

Mention the Total Number of Occupied Beds

Has the audit from the previous month been reviewed and signed off?

☐ Yes ☐ No ☐ NA

How many corrective actions were raised last month?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Have all corrective actions raised from last month been completed?

☐ Yes ☐ No ☐ NA

GENERAL DETAILS

Audit Date

DATE

2017-01-01

Ward details

Was the call bell responded by the nurses on time?

☐ Yes ☐ No ☐ NA

Was the medications received on time?

Yes

No

NA

Did you feel relief from the pain during the stay?

Yes

No

NA

Was the personal needs such as hygiene, toileting and grooming well taken care of?

Yes

No

NA

Was proper care and treatment given to me?

Yes

No

NA

Was there proper privacy maintained?

Yes

No

NA

Did you get proper sleep?

Yes

No

NA

Was ear plugs given?

Yes

No

NA

Was the room or bed space clean and hygienic?

Yes

No

NA

Were the nursing staff friendly and approachable?

Yes

No

NA

Did you find any staff exceptionally professional?

Mark the quality of the food on 1-10 scale

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Mark the overall level of communication on 1-10 scale

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Mark the quality of the food on 1-10 scale

☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

Did you feel secured at the time of admission?

☐ Yes ☐ No ☐ NA

Any suggestion/feedback which you feel that needs attention in patient safety.

Any conflicting situation you experienced during the stay. Elaborate

Any suggestion/feedback which you feel that needs attention in level of care.

Is the ward clutter free and clean?

Yes

No

NA

Attach ward images

UPLOAD

HALLWAYS/STAIRS

Are all Areas Free from bad smell?

Yes

No

NA

Are Doorways Clear of Obstacles?

Yes

No

NA

Are all Floor Coverings, stair carpets in Good Condition?

Yes

No

NA

Are Stairs Clear of Obstacles and Equipment?

Yes

No

NA

Are all fitting secured?

Yes

No

NA

Are any bulbs not in working condition (hallway/stairs/landing)?

Yes

No

NA

KITCHEN AREA

Does cleaning schedule have an evidence?

☐ Yes☐ No☐ NA

Are Doorways 'Clear of Obstacles' blocking passage?

☐ Yes☐ No☐ NA

Are Floor Coverings in Good Condition and obstruction free?

☐ Yes☐ No☐ NA

Is there any evidence of 'Spillage' today?

☐ Yes☐ No☐ NA

Are all Work-Surfaces Clean, clutter free and well-maintained?

☐ Yes☐ No☐ NA

Do all Windows openings have Fly Screens fixed?

☐ Yes☐ No☐ NA

Are 'Hot Water' Warning Signs displayed as where required?

☐ Yes☐ No☐ NA

Did you find any Bulbs Not in Working condition?

☐ Yes☐ No☐ NA

All the staff members who are involved with the preparation of food have appropriate training and certificates?

☐ Yes☐ No☐ NA

Are Colour Coded Chopping Boards available?

Yes

No

NA

Do staff Know the 'Colour Coding' and guide to Chopping Boards?

Yes

No

NA

Did you find any outdated food items?

Yes

No

NA

Are Meats Stored Separately (cooked/raw)?

Yes

No

NA

Is Raw Meat Stored on the Bottom Shelf?

Yes

No

NA

Is all food covered and stored in Plastic, Glass or EarthenWare containers but not in tins?

Yes

No

NA

Is all 'Opened' food labelled with the 'Opened & Use By' Date?

Yes

No

NA

If staff uses fridge for storing personal food items, are those items labelled?

Yes

No

NA

Are all Appliances, Kitchen Equipment and cabinets Clean?

Yes

No

NA

Are Appliances Tested?

Yes

No

NA

Is a Food Temperature Probe available?

Yes

No

NA

Are Food Temperature Checks Recorded?

Yes

No

NA

LIVING ROOM CHECKS

Is the living area free of bad odour?

Yes

No

NA

Are door ways obstruction free?

Yes

No

NA

Are all Floor Coverings in the living room in Good Condition?

Yes

No

NA

Are all furniture items (dining room) in good condition?

Yes

No

NA

Are any bulbs not in working condition (living area)?

Yes

No

NA

MEDICATION CHECKS

Is medication stock checked weekly?

Yes

No

NA

Are medicines out of stock properly documented and disposed?

Yes

No

NA

Are all Medications received into the Service properly Checked & Signed?

Yes

No

NA

Does the Fridge Used for medication storage have a lock (working condition)?

Yes

No

NA

Does the fridge used for storing medicines have max./min/ thermometer?

Yes

No

NA

Are maximum/minimum temperatures of fridge recorded daily?

Yes

No

NA

Are the contents of the Fridge Correct?

Yes

No

NA

Please specify the number of medication Errors reported this month

Do staff have access to appropriate, up to date information about Medications they administer?

Yes

No

NA

Are controlled drugs kept safely?

Yes

No

NA

Is the CD register/book updated?

Yes

No

NA

Are sample staff signatures updated regularly?

Yes

No

NA

Is the CD sheet signed by 2 staff members?

Yes

No

NA

Does ALL Manual Handling Activities have risk assessments?

Yes

No

NA

OVERALL COMMENTS AND ACTIONS

Overall comments

textarea

Are corrective actions raised and taken?

Yes

No

NA

PROTECTIVE GEAR AND HEALTH SAFETY

Is appropriate Clothing and PPE available for the use of the substances?

☐ Yes☐ No☐ NA

Are Medications Stored Safely and in order?

☐ Yes☐ No☐ NA

Are stock medication properly stored?

☐ Yes☐ No☐ NA

STAFF CHECKS

Are staff members suitably dressed?

☐ Yes☐ No☐ NA

Are staff members working in a safe and in an appropriate manner?

☐ Yes☐ No☐ NA

Is staff members showing respect to the service users?

☐ Yes☐ No☐ NA

Is the staff supervision up to date?

☐ Yes☐ No☐ NA