

Spot Audit of Service Delivery

A: DETAILS OF SPOT AUDIT

Service User's Name:

Service User's Address:

Care Worker(s) attending:

Responsible to:

Date of Audit:

Times of Audit:

from: _____ to: _____

Audit carried out by:

B: AUDIT OBSERVATIONS

	Activity being audited	Response		Observations / Comments
		YES	NO	
1	Carer arrives at the service user's home on time			
2	Carer has keys for entry; alerts service user upon arrival			
3	Carer is dressed smartly in a clean uniform			
4	Carer is wearing a valid and current ID badge			
5	Carer practices safe hygiene (use of PP clothing, etc)			
6	Carer checks service user Care Plan upon arrival			
7	Equipment (hoists etc) used properly			
8	Records of medicines taken by service user up-to-date			
9	Carer practices proper Food Safety & Hygiene principles			
10	Carer is vigilant for hazards in the service user's home			
11	Carer communicates with service user re. tasks to be done			
12	Carer asks service user if they are satisfied with the service			
13	Carer completes Daily Report forms satisfactorily			
14	Snacks left for the service user are covered and stored properly			
15	Carer leaves premises, locking doors behind him / her			
16	Carer leaves keys in Key Safe - spins combination			
17	OPINION: Carer is suited to the service user?			

C: NOTES

Large empty rectangular area for notes.

D: SPOT AUDIT SIGN-OFF

Signature:
(Management Team)

Signature:
(Staff Member)

Date

Date