

**A: DETAILS OF SPOT AUDIT**

Organisation Name:			
Type of Organisation:			
Address:			
Company Name:			
Nurse / HCA 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	Staff arrives home / hospital on time			
3	Staff dressed professionally / Clean uniform			
4	Staff wearing a valid and current ID badge			
5	Staff practices safe hygiene (use of PPE clothing, etc)			
6	Nurse takes hand over / checks Care Plan upon arrival			
7	Equipment (hoists etc) used properly			
8	Records of medicines taken by the service user are up-to-date			
9	Staff practices proper Food Safety & Hygiene principles			
10	Staff is vigilant for hazards in the service user's home			
12	Nurse completes Daily Report forms satisfactorily			
13	Nurse completes all the assignments allocated			
14	Staff shows experience in care practice			
15	Staff adhere to the hospital code of practice			
16	Staff report any indication of any form of abuse			
17	Staff complete observations properly			
18	Staff follow local policies & procedures			
19	Any issue / concern			
20				

C: AUDITOR SIGN-OFF

Signature (Manager): _____ Date: _____

Worked in Luton Office

Signature (Staff / Client / Representative): _____ Date: _____