**Client File Audit**

|  |  |
| --- | --- |
| Name: | |
| Audited by: | Date: Click here to enter a date. |

|  |  |
| --- | --- |
| Were documents completed and put in place in time? | Yes  No (note action) |
| All vital contact information / GP etc present? | Yes  No (note action) |
| Access information / keysafe consent | Yes  No (note action) |
| Mental capacity / Power of Attorney / Consents | Yes  No (note action) |
| End of Life | Yes  No (note action) |
| Medical information | Yes  No (note action) |
| Moving and handling | Yes  No (note action) |
| Pressure areas / skin integrity | Yes  No (note action) |
| Equipment information | Yes  No (note action) |
| Nutrition and hydration | Yes  No (note action) |
| Environmental and exterior risk assessment | Yes  No (note action) |
| Medicines | Yes  No (note action) |
| Important safety concerns, e.g. flammable creams, thickener, oxygen use | Yes  No (note action) |
| Equality and diversity / accessibility of documents to the person | Yes  No (note action) |
| Communication needs | Yes  No (note action) |
| “New Carer Test” | Yes  No (note action) |
| Reviews and updates | Yes  No (note action) |
| Any other queries or concerns | Yes (note action)  No |

|  |  |
| --- | --- |
| Rota / ECM | No concerns  Concerns (note action) |
| Complaints / concerns | None  Present (note action) |
| Has a care records audit also been completed? | Yes (paste link or attach)  No (note action) |

**To be signed when complete and action taken**

|  |  |
| --- | --- |
| Signature of final auditor | |
| Name / Position | Date |