**Client File Audit**

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

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| 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       |

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| 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**

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