# (NAME OF AGENCY)

# **Staff Spot Check Form**

**DC-112** 

1.0	DETA	JLS	<b>OF</b>	<b>SPOT</b>	CHE	CK

Name of Service User:	
Address:	
Telephone No:	
Date of spot check:	Time of Visit:
Name of Staff:	
Spot Check carried out by:	
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#### 2.0 **OBSERVATIONS**

Task Undertaken	Yes	No	Observations
Care Worker arrives at the Service User's home on time	Yes	No	
Care Worker has keys for entry/ alerts the Service User upon arrival/key safe number	Yes	No	
Care Worker is dressed smartly in a clean, Company uniform	Yes	No	
Care Worker is wearing a valid and current ID badge	Yes	No	
Care Worker practices safe hygiene (use of PPE clothing, gloves/aprons etc)	Yes	No	
Care Worker checks Service User Care Plan upon arrival for tasks to be undertaken	Yes	No	
Equipment (hoists etc) used properly	Yes	No	

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Records of medicines taken by the Service User are up- to-date	Yes	No	
Care Worker practices proper Food Safety & Hygiene principles	Yes	No	
Care Worker is vigilant for Health and safety hazards in the Service User's home	Yes	No	
Care Worker communicates with the S/User re. tasks to be done maintaining confidentiality	Yes	No	
Care Worker asks Service User if he / she is satisfied with the service	Yes	No	
Care Worker completes Daily Report forms as required	Yes	No	
Snacks left for the Service User are covered and stored properly	Yes	No	
Care Worker leaves premises, locking doors behind him / her	Yes	No	
Does the Care Worker have a good working relationship with the Service User?	Yes	No	

Where care worker does not undertake a task on the list; record not applicable in observations box. There should be no blank observation boxes.

Name of staff carrying out spot check:	Signature and designation
Name of Care Worker subject to spot check:	Signature:
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#### 3.0 ACTIONS TO BE TAKEN FOLLOWING SPOT CHECK

Action Required	Staff responsible	Target Date	Date Completed

All Spot Check Forms are to be reviewed by the manager and retained on the Spot Check File and a copy placed on staff personal File when all outstanding issues are completed.

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