

Company Name:

<b>DOMICILIARY CARE SERVICE PROVIDERS</b>	<b>Version 8.0K</b>
<b>CONTENTS (LIST OF ALL RECORD FORMS &amp; WORKSHEETS)</b>	

## 1. BUSINESS MANAGEMENT

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- 03-1-001 Disability Needs Assessment - *Inclusion Checklist*
- 03-1-002 Equality Impact Assessment - *Policy Screening Form*

Forms 1-100 to 1-199: GENERAL ADMINISTRATION:

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- 03-1-102 Risk Assessment - *Electronic Communications*
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- 03-1-219 Declaration of Health & Medical Fitness
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- 03-1-404 Appraisal of External Training Course
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- 03-1-409 Staff Training Matrix - *Summary of Training Modules Achieved*
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(Quality Auditing - *Under development*)

Forms 2-100 to 2-199: MANAGING FEEDBACK ON SERVICE QUALITY:

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- 03-2-103 Staff Questionnaire
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- 03-2-105 Complaints Record Log
- 03-2-106 Staff / Management Review Meetings (*Minutes & Action Plan structure*)
- 03-2-107 Incident & Action Log
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## 3. LOOKING AFTER THE SERVICE USER

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- 03-3-001 Service User Personal & Social Profile
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- 03-3-003 Summary of Service Users' Religious & Cultural Requirements
- 03-3-004 Risk Assessment - *Service User* - Falls & Mobility
- 03-3-005 Service User Mental Health - *Vulnerability Risk Assessment*
- 03-3-006 Risk Assessment - *Workplace Environment (Service User's Property)*
- 03-3-007 Risk Assessment - *Service User* - Bathing & Showering
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- 03-3-100 Service User Dignity - *Audit of Best Practice Indicators*

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- 03-3-300 Risk Assessment of Service User - *Self-Medication*
- 03-3-301 Management of Service User Medication
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- 03-3-314 MDS Compliance Aids / Dosette Boxes - *MAR Chart*
- 03-3-315 Transdermal Patches - *Risk Assessment*
- 03-3-316 Application of Topical Medicines Record - *Service User*
- 03-3-317 Homely / Household Remedies - *Risk Assessment*
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- 03-3-319 Authorisation to Handle Medicines - *Care Staff*
- 03-3-320 Medicine Accountability Audit - *Tablet or Capsule Reconciliation*

**Forms 3-400 to 3-499: NUTRITIONAL CARE & FOOD HYGIENE:**

- 03-3-400 Nutrition Risk Assessment
- 03-3-401 (-----obeselet-----)
- 03-3-402 Risk Assessment - *Service User* - Hydration
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- 03-3-410 P.E.G. Tube Feeding Record
- 03-3-411 Fluid Balance Chart
- 03-3-412 Risk Assessment - *Service User with Dysphagia*
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- 03-3-417 Food Dishes - *Allergen Content*
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- 03-3-419 Daily Calorie Intake - *Service User Nutrition*
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03-3-716 Assessment of Service User's Mental Health - *Depression*  
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03-3-720 Notification of Safeguarding Incident - *Service User*  
03-3-721 Carbon Monoxide Poisoning - *Environmental Risk Assessment*  
03-3-722 Deprivation of Liberty Safeguards - *Care Plan Guidance Checklist*  
03-3-723 Falls History Record - *Service User Audit*  
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03-3-725 Late Visit of Care Staff to the Service User's Home

*Forms 3-800 to 3-899: END-OF-LIFE CARE:*

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03-3-801 End-of-Life Care Strategy - *Maintenance of Service User Health & Assessment of Needs*  
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- 03-3-903 Medicine Administration Record - *Child*
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## **4. HEALTH & SAFETY MANAGEMENT**

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- 03-4-003 Risk Assessment - *Pregnant Staff Member*
- 03-4-004 Risk Assessment - *Hoists*
- 03-4-005 Risk Assessment - *Wheelchairs*
- 03-4-006 Risk Assessment - *VDU Workstations*
- 03-4-007 Record of Fire Equipment Testing
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- 03-4-009 Fire Risk Assessment - *Office Facilities - Record of Findings & Action Plan*
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- 03-4-102 Risk Assessment - *Staff Working Late or Alone*
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- 03-4-202 Risk Assessment - *M.R.S.A. Infections* - Service User
- 03-4-203 Infection Control Checklist - *Sharps Disposal*
- 03-4-204 Risk Assessment - *Therapy Dogs*
- 03-4-205 Hepatitis B Viral Infections - *Pre-Vaccination Health Questionnaire & Consent Form*
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*Forms 4-300 to 4-399:* DISRUPTIONS TO THE SERVICE:

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