



Form No: 11-2-05 **SPOT AUDIT OF SERVICE DELIVERY**

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A: DETAILS OF SPOT AUDIT

Service User's Name:			
Service User's Address:			
Nurse(s) attending:		Responsible to:	
Date of Audit:		Times of Audit:	from: _____ to: _____
Audit carried out by:			

A: AUDIT OBSERVATIONS

	Activity being audited	Response		Observations / Comments
		YES	NO	
1	Nurse arrives at the service user's home on time			
2	Nurse has keys for entry; alerts the service user upon arrival			
3	Nurse is dressed smartly in a clean uniform			
4	Nurse is wearing a valid and current ID badge			
5	Nurse practices safe hygiene (use of PP clothing, etc)			
6	Nurse checks service user's Care Plan upon arrival			
7	Equipment (hoists etc) used properly			
8	Records of medicines taken by the service user are up-to-date			
9	Nurse practices proper Food Safety & Hygiene principles			
10	Nurse is vigilant for hazards in the service user's home			
11	Nurse asks service user if he / she is satisfied with the service			
12	Nurse completes Daily Report forms satisfactorily			
13	Nurse leaves premises, locking doors behind him / her			
14	OPINION: Nurse is suited to the client?			

C: AUDITOR SIGN-OFF

Signature: _____ Date: _____
 (Agency Manager)