

**MOONSTONE CARE UK  
SERVICE PROVIDER  
REVIEW & QUALITY CHECK FORM**

**Date of Review:**

**Name of person completing this review:**

Service User Name:	
Date of Birth:	
Address:	
Telephone Number:	
Date of last review/Quality Check:	
1. Next of Kin/main carer Relationship to service user:	
Address & telephone no. of Next of Kin	
2. Other contacts	
: List of Key holders: Neighbours, Next of Kin,	
Name of current G.P.	
Phone no:	

**INFORMATION ABOUT SERVICE USER**

**PHYICAL HEALTH** (identify any aids used and any improvements/deterioration since previous review)

	No Problem	Problem	Comments
Breathlessness			
Hearing			
Sight			
Speech/communication			
Continenence Urine			
Continenence Urine			

**Significant Changes since start of package/ previous review:**

**DAILY LIVING NEEDS**

	Independent	With Assistance	With support/aids	Aids/Equipment Assisted by:
Getting in/out of bed				
Chair Transfers				

Standing/ Weight Bear				
Opening Door				
Use of stairs				
Walking				
Wash/dress				
Toileting				
Feeding/food				
Medication		<u>PROMPT</u>		
Assistance with financial transactions				
Shopping				

Laundry				
Housework				

**SOCIAL ACTIVITIES** (include clubs attended, visitors)

	Yes	No	Days
Visits to Registered Day Centre (Enter days)			
Visits to other Social setting			
Regular Visitors			

**CULTURAL/RELIGIOUS NEEDS**

Please list any specific needs and how these are being met:

**RISK ASSESSMENT/HEALTH & SAFETY CHECK**

Date of last Risk Assessment:

Date of last Health & safety check:

**QUALITY CHECK OF SERVICE DELIVERED**

<p>Was the Home Carer Present during the visit?</p> <p><b>Yes/No</b></p> <p>Name of carer? Carers present?</p>
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<b>Comments from Service User</b>	<b>Yes</b>	<b>No</b>
Does the Home Carer tell you what she/he is going to do?		
Does she encourage you to do things for yourself?		
Do you feel you are being rushed?		
Do you feel you are treated with kindness, dignity and respect?		
Are you satisfied with the way she/he does their job?		
Does the office keep you informed about changes?		
<b><u>Other comments by Service User</u></b>		

**Quality Check of Personal Care and Infection Control**  
 (based on observations of person completing form)

<b><u>General Standard of Personal Care</u></b>	<b>yes</b>	<b>No</b>
Is the appearance of skin satisfactory?		
Appearance of fingernails/toenails satisfactory?		
Appearance of hair satisfactory?		
Appearance of teeth/dentures satisfactory?		

Appearance of clothing satisfactory?		
Appropriateness of clothing (for time of day/time of year etc)		
Does the Home Carer wear gloves/protective clothing when dealing With body fluids?		
Does the Home Carer follow correct health and safety procedures When dealing with body fluids?		

**Quality Check of Domestic Support**

Does the Service User have an adequate supply of cleaning materials and equipment	<b>yes</b>	<b>No</b>
<b>Comments :</b>		

Is the Home Carer carrying out all domestic tasks to a satisfactory Standard?	<b>Yes</b>	<b>No</b>
<b>Comments:</b>		
Are food preparation, storage and hygiene satisfactory?	<b>Yes</b>	<b>No</b>
Is there an adequate/appropriate amount of food available?	<b>Yes</b>	<b>No</b>
<b>Comments:</b>		

**Quality Check of Shopping/Dealing with Finances**

<b>Service User Details</b>	<b>Yes</b>	<b>No</b>
Does the Home Carer buy the right things?		
Does the Home Carer fill in a receipt book and ask you to sign?		

Does the Home Carer give you a copy of the receipt?		

<b>Quality Check of Administrative Responsibilities</b>	<b>Yes</b>	<b>No</b>
Are Record of Care Cards completed properly		
Does the Home Carer stay the correct time?		
Does the Home Carer ask the Service User to sign?		
Is the comments box used appropriately?		
If there is a communication book, are the comments appropriate?		

<b>Quality Check of appearance and Attitude</b>	<b>Yes</b>	<b>No</b>
Does the Home Carer wear a uniform?		
Does the Home Carer wear/show her/his I/D card?		
Does the Home Carer wear appropriate footwear?		
Does the Home Carer have long nails that could scratch?		
Does the Home Carer dress appropriately for the job?		

<b>Communication</b>	<b>Yes</b>	<b>No</b>
Is the Home Carer's communication with Service Users Satisfactory?		
Does the Home Carer have a satisfactory working relationship with other Home Carers?		

Does the Home Carer have a satisfactory working relationship with other Professionals?		
Does the Home Carer have a satisfactory working relationship with office staff?		
<b>Comments</b>		

**Record any concerns identified during review or with the quality of service:**

**Service Users comments:**

**Would the service user like a reassessment by a Social worker?  
If so why**

**Further Action Required by a Senior Home Carer:**



**Further Action Required by Organiser/Manager:**

<b>Would the service user benefit from a Social work visit?</b>
<b>If so why?</b> (e.g. concerns about the service users' ability to manage their finances?)

**Does the service user want a copy of this review?**  
**No**

**Yes**

If yes, date given/sent:.....

**Service Users' signature:**  
.....

**Checked by Organiser, sign:**.....