Living well in care homes Enabling Everyday Activity Audit

Audit summary

| Enabling Everyday Activity Audit | | | Partial | No | |
|-------------------------------------|---------------------------------|--------|-----------------------|---------|--|
| 1 | Process SUBTOTAL | | | | |
| 2 | Staff responsibilities SUBTOTAL | | | | |
| 3 | Embedding activity SUBTOTAL | | | | |
| | AUDIT TOTAL | | | | |
| Summary | | | | | |
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| | | | | | |
| Name of auditor(s) and designation: | | Date o | Date of audit: | | |
| | | | | | |
| Signature(s): | | | | | |
| Action Plan discussed and agreed: | | | Review/re-audit date: | | |
| Action Figure discussed and agreed. | | ICTION | i C-audi | t date. | |
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