# RA01 Room audit

This audit was completed due to:

|  |  |  |
| --- | --- | --- |
| Opportunity for improvement (Oi) raise | Management | Scheduled |

Audit completed by: Auditors name Role of auditor: Enter role

Location: Enter Location Date of audit: Enter a date.

Use a **Yes** or **No** or **N/A** as appropriate in relation to the question – where a response indicates a possible missed opportunity for improvement (either a Yes or No), you can, own it and fix it or raise an Oi and report back to your supervisor.

## Rooms

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Questions** | **Yes** | **No** | **N/A** | **Oi Number** |
| The service user’s room is tidy |  |  |  |  |
| The service user’s bathroom is tidy. A clean towel and face washer is available. |  |  |  |  |
| Is the bedroom free from unpleasant odours? |  |  |  |  |
| The over bed table is clean – including legs & the underside |  |  |  |  |
| The service user’s wheel chair / armchair and frame is clean & free from debris |  |  |  |  |
| The phone, call bell and TV remote is in easy reach of the resident |  |  |  |  |
| There is fresh water and a glass within easy reach of the resident |  |  |  |  |
| There is evidence that continence aids are being disposed of in the correct manner |  |  |  |  |
| Is there evidence that maintenance issues have been reported? |  |  |  |  |
| Are the walls, floors and skirting free of any marks or damage? |  |  |  |  |
| Have you reported marks and damage in the Maintenance Book? |  |  |  |  |
| Are all the electrical items tested and tagged? |  |  |  |  |
| Other significant observations [specify] |  |  |  |  |
| Have you reported any (No) issues/findings to the Nurse and/or your supervisor as part of a debriefing about this audit? |  |  |  |  |

Reported to: Name of Person Date: Enter a date.

Comments:  
Additional Comments