

Health and Safety Audit

Birtley House Nursing Home Date: **24th AUGUST 2018**

Completed By: **TIM WHALLEY**

Evidence required	Yes/No	Comment including evidence seen
Document Control		
Up to date health and safety policies are accessible to all employees? These should be in a central point within the service.	YES	Review of all policies currently happening. Plans to migrate policies into electronic form in the future.
Health and safety law poster (2009 version with hologram) displayed with current information added?	YES	Health & Safety Notice Board. Highlighted at induction.
Current Employers liability certificate displayed?	YES	Main Entrance.
Last Local Authority Health and Safety report available and evidence of actions taken or planned?	NO	No LA H&S visit on record. Independent third-party audits have taken place in 2018.
Are all necessary servicing/inspection certificates (e.g. fixed electrical check, LOLER, gas, fire alarms, legionella etc.) held together in one folder?	NO	The various records are located centrally but stored in different folders.
Are staff absence records monitored and levels reported?	YES	Absence is now being monitored in a more structured way using the Bradford Factor as necessary.
Training		
Suitable core training plan for all staff is available, including induction, refreshers etc.?	YES	With the adoption of E Learning For You LMS, this should be greatly improved.
All employees are compliant with mandatory training and competencies available?	NO	There is some catching up to do with mandatory training.
Full training records retained in personnel files , can be seen?	YES	Full training records are kept on CoolBlue HR Management
All new starters have received full induction or are currently undergoing induction process, evidence available.	YES	Signed induction sheets are completed for all new starters.
All relevant competencies available		
Where a member of staff does not have an appropriate level NVQ, QCF there is evidence that the Care Certificate is being completed.	YES	
Agency/temporary staff have a documented induction process on their first day e.g. fire safety; emergency	NO	This is done verbally and may not be rigorous.

Accident reporting		
All staff are made aware of, and are familiar with the accident and untoward event reporting procedures	YES	This is itemised in induction.
Accident /incident records are maintained on paper-based record	YES	
All staff know how to complete an accident / incident record	YES	
All accidents/incidents that involve a resident are also documented in the daily notes and any risk assessments where relevant updated.	YES	
Accident trends are analysed and monitored by the manager, and logs detailing the types and details of the accidents/incidents are completed frequently.	YES	Monthly audit.
Serious untoward events, RIDDORS and near misses are investigated fully and reported correctly. Records retained.	YES	
Audit and review		
There is evidence that the full health and safety audits are carried out in line with the audits matrix or sooner if required.	YES	
Work place risk assessment		
Risk assessors are identified and are competent	YES	
Service specific risk assessments carried out, risk management measures put in place for all work activities, documentary evidence is available	YES	
Risk assessments reviewed at least annually and when circumstances significantly change.	YES	
Assessments for pregnant employees carried out and reviewed as the pregnancy progresses	?	Unknown
There is suitable and sufficient risk assessment in place in relation to lone working.	NO	No Lone Working RA.
Risk assessment register completed and kept up to date	YES	

Fire safety		
Professional fire risk assessment carried out, documented and accessible to all. Reviewed at least annually or when circumstances significantly change.	YES	Reviewed in 2018
There is documentary evidence that issues identified in the fire assessment have been addressed or are in progress.	YES	Actions have been scheduled
The fire safety records are monitored.	YES	A Fire Safety folder is available
Fire alarm weekly test records are up to date. Servicing records are up to date.		
Fire extinguishers are checked as per the record book and servicing is undertaken. Explanatory signs are above the extinguishers.	YES	Annually and contracted to third-party
Emergency lighting monthly checks occur, and records are maintained.	NO	Emergency lighting checks have not been completed as per recommended schedule.
Means of escape identified and 'running man' signs in place showing direction of escape route.	NO	Some signage is missing.
There is a clear plan of the building with fire zones identified displayed by the fire panel.	YES	
All fire doors are kept closed unless they are held open with a device activated by the fire alarm. No fire doors are wedged.	YES	
Fire door checks undertaken.	NO	No formal checking schedule has been adopted.
Emergency procedure signs for the event of a fire alarm are up to date and clear.	YES	
Fire safety training is undertaken every 12 months for all including new starters and agency, along with emergency evacuation training yearly.	NO	Some Fire training has not been completed. Annual evacuation drills have not been completed. Drills for night staff have been scheduled.
Every employee in the service (including night staff) participates in an unannounced fire drill at least once within a 6-month period.	NO	This has not been completed.
The risk of arson has been assessed and control measures are in place e.g. skips placed away from the building.	YES	
Combustible materials are not stored in stairwells.	YES	
Adequate evacuation equipment appropriate to the needs of the residents is in place.	NO	Additional Evacuation sleds are due to be ordered.

Individual personal evacuation plans are completed for all individuals and reviewed monthly or sooner if a change occurs.	YES	PEEP records in place
An emergency grab bag is held in an appropriate area, it contains an up to date summary of PEEPS and other items relevant to service (see contents of grab bag guidance)	YES	At Main Front Entrance under fire panel.
Emergency power cut out present and understood by kitchen and laundry staff.	NO	Unknown
If the service is not a completely non-smoking area, there is a designated smoking area for staff and residents. If there is a shelter, this is substantially unenclosed. There are regular safety checks of this area and metal bins are provided for the disposal of smoking materials and are emptied regularly. Individuals do not smoke in their rooms.	YES	
If a designated internal smoking room is provided it has a working extractor fan that is vented to the exterior of the building. The internal door is fitted with a closure mechanism. There are regular safety checks of this area and metal bins are provided for the disposal of smoking materials and are emptied regularly.	N/A	
Stairway and final fire exit safety		
Is there an up to date, robust, and service specific risk assessment in place regarding stairways and final fire exits safety? Does this identify measures in place to protect stairways and final fire exits? Does this identify strategies to be employed when the fire alarm releases the doors?	NO	No specific assessment in place.
If there are individuals who might be at risk of falls if they were able to access stairways unsupervised; or who would be at risk if they were able to exit via final fire exits unsupervised- is access to stairways and final fire exits in service user accessible areas protected by a secure system that releases the doors in the event of the fire alarm sounding?	YES	
Do any secure doors to stairways have a retainer device which would mean that if the door was inadvertently left open it would provide access to vulnerable individuals?	YES	There are stair gates in place. Main staircase is accessible. A specific risk assessment is required.
Are all stairways /wells well-lit/ All bulbs working?	YES	

Is the surface of stairs in good condition with no signs of damage?	NO	Some wearing to carpets means that the surface condition has deteriorated.
Is there a hand rail down at least one side of each stairway?	YES	
Equipment safety		
There is an up to date asset log of all work equipment e.g. lawnmowers, floor cleaners,	NO	Needs review. Last completed in 2016.
There are files containing manufacturer's instructions held in relevant areas i.e. kitchen, laundry. There is a record of relevant staff having read them.	NO	No record of staff having read user manuals.
All gas appliances tested annually, and records kept.	YES	
Gas leakage procedure displayed where relevant in kitchen, laundry and boiler room.	NO	Procedure not displayed in Laundry or Main Plant Room.
Bed rail sets are visually checked whenever used, inspected and documented in health and safety record.	YES	Monthly bed checks is part of Monthly Residential Room Check.
Each individual that has bedrails in place Has a robust and up to date bedrails risk assessment, consent and mental capacity assessment if required.	NO	In action.
Any bed rails that are not required have the bedrails removed or locked down.	NO	Some rails in place but no required nor locked down.
Where bed rails are used they comply with the bed rails policy and do not pose a risk of fall or entrapment.	NO	Further checks required.
Wheelchairs are labelled, used correctly (foot plates down) and are checked before use.	NO	More formal schedule required. No asset list.
Wheel chairs have a documented inspection monthly	NO	This is not always completed.
Ladders and step ladders visually checked before use and have a documented inspection monthly. Instructions and HSE booklets provided for use of ladders are available. Risk assessment carried out for working	NO	No monthly inspection.

at height and safe systems of work in place for same (access to loft space, decorating, changing a light bulb etc.)		
Electrical safety		
5-year fixed wiring installation test carried out, certificate retained and documentary evidence of any corrective action taken is filed with the certificate.	NO	Some circuits overdue. These are scheduled for completion this year.
Floor/carpet cleaning equipment visually checked, and records retained.	NO	Unknown. Housekeeping to query.
All portable appliances tested and labelled annually. Log kept should be kept.	YES	PAT testing completed annually.
All appliances are in a safe condition or clearly labelled and taken out of use.	YES	
Power points do not appear overloaded.	YES	
Extension cables used appropriately and not causing a trip hazard.	YES	
Residual Current Device RCD available for equipment using water e.g. floor cleaner, power washer or if used outside the building.	YES	
Workplace and welfare		
Adequate clean changing and sanitary facilities are provided for staff. Lockers are available and used. There are facilities where staff can make drinks, eat and rest.	YES	
Procedures are in place for dealing with slips, trips and falls including risk assessment for all users, floors likely to become wet, ramps, external areas etc.	YES	
All first floor and above windows (and ground floor where there is a steep slope below) fitted with robust restrictors, visually monitored daily, maintained, and records of monthly checks completed are documented in the health and safety record book.	YES	Jacklocs or angled sash restraints.
There are safe lighting levels in all areas including stairways and external areas	YES	
Cleaning arrangements are in place for extraction fans in bathrooms/toilets.	NO	No schedule in place.
Safe arrangements made for vehicle movements on site, including deliveries, parking, and the safe segregation of pedestrians.	YES	

Safe glazing or safety film fitted where risk assessed as necessary	YES	Low level window in Room 10 for example.
All footpaths, garden areas checked regularly and are in good repair	YES	
If the premises were built prior to 2000 has an asbestos survey been completed? Is the report accessible? Has an asbestos local management plan been completed? Is the risk assessment in place?	YES	Risk Assessment and reviews in place.
If the premises were built prior to 2000 does the maintenance person have copies of HSE booklets Managing asbestos in premises?	YES	
Hazardous Substances		
Is there an inventory of all hazardous substances present including body fluids? Material safety data sheets available.	NO	Records did not include bodily fluids.
Easily understood COSHH risk assessments for all hazardous substances used are available in each relevant area including laundry, kitchen, housekeeping, maintenance.	NO	Records only held centrally.
Control measures identified and implemented e.g. personal, protective equipment	YES	
All relevant staff are trained in the use of hazardous substances and records retained	NO	COSHH training is out of date and incomplete.
Spillage procedures for hazardous substances are understood.	YES	
Storage of hazardous substances is satisfactory e.g. in a locked cupboard and identified	YES	
First aid		
First aid needs assessment completed. First aid people available as determined by needs assessment (first aiders)	YES	
Adequate first aid equipment available, including for minibuses etc.	YES	
First aid signage adequate	YES	
Manual Handling		
Manual handling risk assessments carried out for all tasks that include manual effort to move a load	YES	
Sufficient manual handling equipment provided where appropriate and required by risk assessment. Including sliding sheets, hoists, slings, trolleys etc.	YES	

Any lifting equipment and slings are visually checked by user before each use; monthly hoist and sling checks are documented.	NO	No monthly hoist/sling checks.
Hoist and sling inventories are completed; servicing and LOLER examination carried out 6 monthly. Records retained.	YES	
All individuals living in the service have a manual handling risk assessment recorded on CMS.	YES	
All staff trained in manual handling by qualified trainer during the previous 12 months.	YES	
Where applicable, procedures are in place for dealing with any individual needs e.g. bariatric hoists, specialist equipment	YES	
Staff undergo training and supervision before they complete any manual handling task.	YES	
Consultation with employees		
Health and safety issues/requirements are discussed at staff meetings, heads of department meetings etc. Evidence is to be retained.	YES	
Accident and untoward event trends are discussed within the agenda.	YES	
Personal protective equipment (PPE)		
Appropriate PPE is provided where identified by risk assessment Instruction and training on use of PPE provided on induction. It is stored and used appropriately. It is disposed of appropriately.	YES	
Display screen equipment		
Risk assessment for all regular users are carried out and any corrective action is taken. Evidence is retained.	NO	No DSE records in place.
Staff who use display screen equipment for a larger part of their working day are to have access the HSE booklet 'working with display screen equipment'	NO	No training provided.
Maintenance		
All maintenance record books (fire, health and safety, water records) are implemented and are used regularly.	YES	
All hot water outlets accessible by vulnerable individuals are protected by a TMV. TMVS are tested every 6 months.	YES	TMVs tested monthly.

Hot water outlets not protected by TMVS are in locked rooms and 'beware hot water sign 'is displayed.	NO	Sign displayed, but room not locked.
Bathing temperatures are checked by carers/support workers every time an individual is supported to bath or shower.	YES	
All hot water temperatures are tested monthly for scalding risk and recorded.	YES	
All radiators are fitted with guards (if not specifically low surface temperature radiators)	YES	
Any exposed hot pipework is either lagged or boxed in	YES	
A professional legionella risk survey and risk assessment is in place. Circulating water temperatures are checked and documented as directed by the legionella risk assessment.	YES	
The maintenance person and manager have under gone site specific legionella training.	YES	
Unused/ little used outlets are flushed twice weekly, (toilets, taps, showers) and shower heads descaled and disinfected 3 monthly. This is recorded.	YES	Housekeeping
Waste		
All staff use sharps correctly – take sharps bin to individual, bin is labelled correctly, stored safely and not overfilled, and lid is closed when not in use. Needles are not re-sheathed after use.	YES	
Staff are aware of needle stick injury/exposure to blood and or bodily fluids process	YES	
Where risk assessed as a hazard, staff are advised about hepatitis B immunization and any charges for the same are reimbursed by the organisation.	?	Unknown.
Standard precautions are taken with waste throughout the service	YES	
Correct colour bags used for waste	YES	
Domestic waste bins are not overfilled, there are no waste bags on the ground	YES	

Clinical waste containers are secure (locked), collected weekly, records retained. The storage area is secure and tidy.	YES	
Kitchen safety		
Are machines properly guarded, serviced and maintained where appropriate. Records available?	YES	
Kitchen ductwork has been professionally cleaned within the last year. There are arrangements in place for regular cleaning of the filters.	YES	Housekeeping do regular clean, contracted annual deep clean.
Are floors clean, dry, and made of slip resistant material and in good condition?	YES	
Is there room to move around safely?	YES	
Are there fly screens in good condition on openable windows, is there a chain on open external doors?	YES	
Is food stored correctly, at correct temperatures, and is there evidence of stock rotation?	YES	
Is there evidence that the fridge, freezer and hot food temperatures are checked and recorded?	YES	
Is there evidence that a cleaning schedule is in place and complied with?	YES	
Waste cooking oil is stored correctly	YES	
Are catering staff appropriately dressed – this includes footwear which should have a good grip, and are clean (open toed and or backed shoes and smooth soles are not safe in the kitchen)	YES	
Are white coats or alternatives available to non-catering personnel entering the kitchen?	YES	
Control of contractors		
Is there documentary evidence that contractors sign in and out of the service?	YES	
Contractors are made aware of fire, security and accident procedures when they arrive on site.	YES	
Company vehicles		
Where vehicles are fitted with tail lifts there is documentary evidence of 6 monthly LOLER inspection	N/A	

Audit reviewed by manager:

Date:_____ Signature:_____

Actions added to continuous improvement plan:

Date:_____ Signature:_____

Key to colours:

GREEN		ACTION SHOULD BE TAKEN
AMBER		REMEDIAL ACTION MUST BE SCHEDULED
RED		IMMEDIATE ACTION REQUIRED