

# Health and Safety Audit

Birtley House Nursing Home Date: **4<sup>th</sup> March 2019**

Completed By: **TIM WHALLEY**

**THIS AUDIT SCORE: 226/258 (88%)**

Evidence required	Yes/No	Comment including evidence seen	Score (0 = non-compliant, 1 = partially compliant, 2 = fully compliant)
<b>Document Control</b>			
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. <i>Employee Handbook and IG Handbook now online. Safeguarding Handbook in progress.</i>	2
Health and safety law poster (2009 version with hologram) displayed with current information added?	YES	Health & Safety Notice Board. Highlighted at induction.	2
Current Employers liability certificate displayed?	YES	Main Entrance.	2
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. <i>2019 audit due to be booked for May.</i>	1
Are all necessary servicing/inspection certificates (e.g. fixed electrical check, LOLER, gas, fire alarms, legionella etc.) held together in one folder?	NO	<i>New Intranet site now holds links to these documents centrally. Site about 80% complete.</i>	1
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.	2
			<b>10 / 12</b>
<b>Training</b>			
Suitable core training plan for all staff is available, including induction, refreshers etc.?	YES		2

All employees are compliant with mandatory training and competencies available?	YES	All staff have now completed mandatory ELFY training.	2
Full training records retained in personnel files , can be seen?	YES	Full training records are kept on CoolBlue HR Management	2
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.	2
Where a member of staff does not have an appropriate level NVQ, QCF there is evidence that the Care Certificate is being completed.	YES		2
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.	0
			<b>10 / 12</b>
<b>Accident reporting</b>			
All staff are made aware of, and are familiar with the accident and untoward event reporting procedures	YES	This is itemised in induction.	2
Accident /incident records are maintained on paper-based record	YES		2
All staff know how to complete an accident / incident record	YES		2
All accidents/incidents that involve a resident are also documented in the daily notes and any risk assessments where relevant updated.	YES		2
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.	2

Serious untoward events, RIDDORS and near misses are investigated fully and reported correctly. Records retained.	YES		2
			<b>12 / 12</b>
<b>Audit and review</b>			
There is evidence that the full health and safety audits are carried out in line with the audits matrix or sooner if required.	YES		
<b>Work place risk assessment</b>			
Risk assessors are identified and are competent	YES		2
Service specific risk assessments carried out, risk management measures put in place for all work activities, documentary evidence is available	YES		2
Risk assessments reviewed at least annually and when circumstances significantly change.	YES		2
Assessments for pregnant employees carried out and reviewed as the pregnancy progresses	YES		2
There is suitable and sufficient risk assessment in place in relation to lone working.	NO	No Lone Working RA.	0
Risk assessment register completed and kept up to date	NO	Some missing RA as identified (above)	1
			<b>9 / 12</b>
<b>Fire safety</b>			

Professional fire risk assessment carried out, documented and accessible to all. Reviewed at least annually or when circumstances significantly change.	YES	Reviewed in 2018. <i>Due in early summer 2019.</i>	2
There is documentary evidence that issues identified in the fire assessment have been addressed or are in progress.	YES	Actions have been scheduled	2
The fire safety records are monitored.	YES	A Fire Safety folder is available	2
Fire alarm weekly test records are up to date. Servicing records are up to date.			2
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	2
Emergency lighting monthly checks occur, and records are maintained.	YES		2
Means of escape identified and 'running man' signs in place showing direction of escape route.	YES	All signage in place	2
There is a clear plan of the building with fire zones identified displayed by the fire panel.	YES		2
All fire doors are kept closed unless they are held open with a device activated by the fire alarm. No fire doors are wedged.	NO	Some doors that do not auto-close should be reviewed	1
Fire door checks undertaken.	NO	No formal checking schedule has been adopted.	0
Emergency procedure signs for the event of a fire alarm are up to date and clear.	YES		2
Fire safety training is undertaken every 12 months for all including new starters and agency, along with emergency evacuation training yearly.	YES	Day and Night Fire drills have been carried out recently	2
Every employee in the service (including night staff) participates in an unannounced fire drill at least once within a 6-month period.	YES	Recent drill completed in February, day and night.	2

The risk of arson has been assessed and control measures are in place e.g. skips placed away from the building.	YES		2
Combustible materials are not stored in stairwells.	YES		2
Adequate evacuation equipment appropriate to the needs of the residents is in place.	NO	Additional Evacuation sleds are due to be ordered.	1
Individual personal evacuation plans are completed for all individuals and reviewed monthly or sooner if a change occurs.	YES	PEEP records in place	2
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.	2
Emergency power cut out present and understood by kitchen and laundry staff.	NO	Unknown	0
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		2
			<b>32 / 38</b>
<b>Stairway and final fire exit safety</b>			
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?	YES	Stairways and final exits have been included in reviews by Fire Service and in risk assessments with no issues raised.	2

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		2
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.	1
Are all stairways /wells well-lit/ All bulbs working?	YES		2
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.	1
Is there a hand rail down at least one side of each stairway?	YES		2
			<b>10 / 12</b>
<b>Equipment safety</b>			
There is an up to date asset log of all work equipment e.g. lawnmowers, floor cleaners,	NO	Needs review. Last completed in 2016.	0
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.	0
All gas appliances tested annually, and records kept.	YES		2
Gas leakage procedure displayed where relevant in kitchen, laundry and boiler room.	NO	Procedure not displayed in Laundry or Main Plant Room.	0

Bed rail sets are visually checked whenever used, inspected and documented in health and safety record.	YES	Bed rails are audited monthly. A Senior Carer has been assigned the extra responsibility for checking.	2
Each individual that has bedrails in place Has a robust and up to date bedrails risk assessment, consent and mental capacity assessment if required.	YES		2
Any bed rails that are not required have the bedrails removed or locked down.	YES		2
Where bed rails are used they comply with the bed rails policy and do not pose a risk of fall or entrapment.	YES		2
Wheelchairs are labelled, used correctly (foot plates down) and are checked before use.	YES	Wheelchairs have up-to-date labelling/records	2
Wheelchairs have a documented inspection monthly	YES	Monthly checks now happening	2
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 at height and safe systems of work in place for same (access to loft space, decorating, changing a light bulb etc.)	NO	No monthly inspection.	0
			<b>14 / 22</b>
<b>Electrical safety</b>			
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.	1

Floor/carpet cleaning equipment visually checked, and records retained.	NO	Unknown. Housekeeping to query.	0
All portable appliances tested and labelled annually. Log kept should be kept.	YES	PAT testing completed annually. Feb 2019	2
All appliances are in a safe condition or clearly labelled and taken out of use.	YES		2
Power points do not appear overloaded.	YES		2
Extension cables used appropriately and not causing a trip hazard.	YES		2
Residual Current Device RCD available for equipment using water e.g. floor cleaner, power washer or if used outside the building.	YES		2
			<b>11 / 14</b>
<b>Workplace and welfare</b>			
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		2
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		2
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.	2



There are safe lighting levels in all areas including stairways and external areas	NO	No formal assessment has been undertaken	1
Cleaning arrangements are in place for extraction fans in bathrooms/toilets.	NO	No schedule in place.	0
Safe arrangements made for vehicle movements on site, including deliveries, parking, and the safe segregation of pedestrians.	YES		2
Safe glazing or safety film fitted where risk assessed as necessary	YES	Low level window in Room 10 for example.	2
All footpaths, garden areas checked regularly and are in good repair	YES		2
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.	2
If the premises were built prior to 2000 does the maintenance person have copies of HSE booklets Managing asbestos in premises?	YES		2
			<b>17 / 20</b>
<b>Hazardous Substances</b>			
Is there an inventory of all hazardous substances present including body fluids? Material safety data sheets available.	NO	Records did not include bodily fluids.	1
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.	1
Control measures identified and implemented e.g. personal, protective equipment	YES		2

All relevant staff are trained in the use of hazardous substances and records retained	YES	All relevant staff have completed COSHH training	2
Spillage procedures for hazardous substances are understood.	YES		2
Storage of hazardous substances is satisfactory e.g. in a locked cupboard and identified	YES		2
			<b>10 / 12</b>
<b>First aid</b>			
First aid needs assessment completed. First aid people available as determined by needs assessment (first aiders)	YES		2
Adequate first aid equipment available, including for minibuses etc.	YES		2
First aid signage adequate	YES		2
			<b>6 / 6</b>
<b>Manual Handling</b>			
Manual handling risk assessments carried out for all tasks that include manual effort to move a load	YES		2
Sufficient manual handling equipment provided where appropriate and required by risk assessment. Including sliding sheets, hoists, slings, trolleys etc.	YES		2
Any lifting equipment and slings are visually checked by user before each use; monthly hoist and sling checks are documented.	YES	Checks now in place. Relabelled hoists and sling register	2
Hoist and sling inventories are completed; servicing and LOLER examination carried out 6 monthly. Records retained.	YES		2

All individuals living in the service have a manual handling risk assessment recorded on CMS.	YES		2
All staff trained in manual handling by qualified trainer during the previous 12 months.	YES		2
Where applicable, procedures are in place for dealing with any individual needs e.g. bariatric hoists, specialist equipment	YES		2
Staff undergo training and supervision before they complete any manual handling task.	YES		2
			<b>16 / 16</b>
<b>Consultation with employees</b>			
Health and safety issues/requirements are discussed at staff meetings, heads of department meetings etc. Evidence is to be retained.	YES		2
Accident and untoward event trends are discussed within the agenda.	YES		2
			<b>4 / 4</b>
<b>Personal protective equipment (PPE)</b>			
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		2
			<b>2 / 2</b>
<b>Display screen equipment</b>			

Risk assessment for all regular users are carried out and any corrective action is taken. Evidence is retained.	YES	On ELFY as per August 2018 for all relevant staff	2
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'	YES	DSE training now provided and completed by all relevant staff	2
			<b>4 / 4</b>
<b>Maintenance</b>			
All maintenance record books (fire, health and safety, water records) are implemented and are used regularly.	YES		2
All hot water outlets accessible by vulnerable individuals are protected by a TMV. TMVS are tested every 6 months.	YES	TMVs tested monthly.	2
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.	1
Bathing temperatures are checked by carers/support workers every time an individual is supported to bath or shower.	YES		2
All hot water temperatures are tested monthly for scalding risk and recorded.	YES		2
All radiators are fitted with guards (if not specifically low surface temperature radiators)	YES		2
Any exposed hot pipework is either lagged or boxed in	YES		2
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		2

The maintenance person and manager have under gone site specific legionella training.	YES		2
Unused/ little used outlets are flushed twice weekly, (toilets, taps, showers) and shower heads descaled and disinfected 3 monthly. This is recorded.	YES	Housekeeping	2
			<b>19 / 20</b>
<b>Waste</b>			
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		2
Staff are aware of needle stick injury/exposure to blood and or bodily fluids process	YES		2
Where risk assessed as a hazard, staff are advised about hepatitis B immunization and any charges for the same are reimbursed by the organisation.	YES	Medication Policy (reviewed October 2018)	2
Standard precautions are taken with waste throughout the service	YES		2
Correct colour bags used for waste	YES		2
Domestic waste bins are not overfilled, there are no waste bags on the ground	YES		2
Clinical waste containers are secure (locked), collected weekly, records retained. The storage area is secure and tidy.	YES		2
			<b>14 / 14</b>
<b>Kitchen safety</b>			

Are machines properly guarded, serviced and maintained where appropriate. Records available?	YES		2
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.	2
Are floors clean, dry, and made of slip resistant material and in good condition?	YES		2
Is there room to move around safely?	YES		2
Are there fly screens in good condition on openable windows, is there a chain on open external doors?	YES		2
Is food stored correctly, at correct temperatures, and is there evidence of stock rotation?	YES		2
Is there evidence that the fridge, freezer and hot food temperatures are checked and recorded?	YES		2
Is there evidence that a cleaning schedule is in place and complied with?	YES		2
Waste cooking oil is stored correctly	YES		2
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		2
Are white coats or alternatives available to non-catering personnel entering the kitchen?	YES		2
			<b>22 / 22</b>
<b>Control of contractors</b>			
Is there documentary evidence that contractors sign in and out of the service?	YES		2
Contractors are made aware of fire, security and accident procedures when they arrive on site.	YES		2
			<b>4 / 4</b>

<b>Company vehicles</b>			
Where vehicles are fitted with tail lifts there is documentary evidence of 6 monthly LOLER inspection	N/A		0
			<b>0 / 0</b>

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

