

Person-Centred Care Plan Audit

Category: Care Quality

Ensures care plans are personalised, up-to-date, and compliant with CQC Regulation 9 (Person-centred care). Reviews assessment, consent, and review processes.

1. Personal Details & Consent

- ☐ Is the resident's preferred name and life history recorded?
- ☐ Is there evidence of consent to care and treatment (signed by resident or best interest decision)?
- ☐ Are Next of Kin / Power of Attorney details current?
- ☐ Is the DNACPR status clearly documented and valid?

2. Assessment of Needs

- ☐ Are baseline assessments completed (MUST, Waterlow, Falls Risk, Moving & Handling)?
- ☐ Are assessments reviewed monthly or when needs change?
- ☐ Do assessments clearly identify risks and control measures?

3. Care Planning

- ☐ Are care plans written in the first person ('I prefer...')?
- ☐ Do care plans address all identified needs (e.g., mobility, nutrition, communication)?
- ☐ Are goals specific, measurable, and realistic?
- ☐ Is there evidence of resident/family involvement in care planning?

4. Review & Evaluation

- ☐ Are monthly reviews completed and meaningful (not just 'no change')?
- ☐ Do daily notes reflect the care plan interventions?
- ☐ Has the care plan been updated following any incidents or hospital admissions?

Completed By: _____ Date: _____

Signature: _____