

# Quality Assurance, Home Visit



Client: Old Man OfTheSea

DOB: 27/11/2020

C.Mgr: Test

Sign: \_\_\_\_\_

Client ID: 101

Sign: \_\_\_\_\_

Survey ID: AA

Type: Private

Condition: Physical

## Performance & Quality Confirmation

CAREGiver	Kind / Caring Score	Competent Score	Reliable Score	Carer Average
Jim O'Shaughnessy	8	5	8	8
<b>Combined Ave.</b>	7			

## CAREManager

## Back Office

<b>Helpful Score</b>	9	<b>Helpful Score</b>	9
<b>Identify Needs Score</b>	8	<b>Promptness Score</b>	9
<b>High Standards Score</b>	8	<b>Competent Score</b>	9
<b>Average</b>	8.33	<b>Average</b>	9.00
Comments:Test Comment		Comments:Test Comment	
<b>Overall Combined &amp; Weighted CSAT Score:</b>		<b>78</b>	

## Service Advocacy

Who	Sponsor	Expectation	Not meeting Expectations
<b>Overall Value of Service:</b>		Test	
<b>How likely are you to recommend HISC to a friend on a scale 0 to 10?</b>			<b>8</b>
<b>NPS Comments</b>		Test	

Client Profile			
Quality of Life	Same	Client Name	Old Man OfTheSea
Details of Client Profile Changes:	Test		

Solving a 'Need'/ Any Additional Hours or Services?	
Are there any 'unmet needs' ? Expand	Test
Review Care Plan. Actions?	Test
Other Services Required?	Physiotherapy
Capture Next Steps	Test

Service Review			
Deal with Meds?	No	Other Services	
Have Home Keys?	No	Key Form Signed?	No
Client Key Safe?	No	Safe Info Provided?	No
Equipment	Service Date	Equipment	Service Date
Bath Hoist? - Yes	19-May-21	Stairlift? - Yes	19-May-21
Hoist ? - Yes	21-May-21	Profile Bed - Yes	22-May-21
E wheelchair - Yes	23-May-2021		
Actions?	Test		

Client Journal & House Inspection			
Client Journal accessible	Yes	Preference Sheets done	Yes
Logs / binder refill	Yes	Journal Med. Guidelines	Yes
Content Log OK	Yes	Home Safe & Hygienic	Yes
Times Recorded OK	Yes		
Comments / Reasons / Actions : Test			

For Office Use			
Compatible with Client?	Yes	Compatible comment	
Reliable and dependable	Yes	Reliable comment	
Capable of providing reqd care	Yes	Capable comment	

<b>Recommendable for more hrs comment</b>	<b>Test</b>
<b>Training Needs</b>	
<b>Dementia</b>	
<b>PM &amp; H</b>	
<b>CATHETER CARE</b>	
<b>Personal Care</b>	
<b>MEAL PREPARATIONS</b>	
<b>Stoma Care</b>	
Notes: Test	