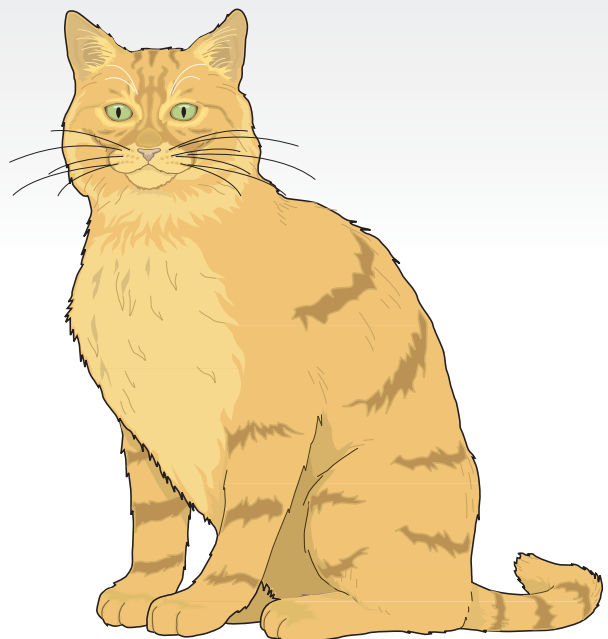


# *Home*



# ***Nurse-in-Charge Handover Report***

<i>Room No</i>	<i>Greenway House Resident's Name</i>	<i>Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day</i>	<i>In Out Leave</i>
1			
2			
3			
4			
5			
6			
6			
7			
8			
9			
10			
11			
12			
12			
13			
13			
14			
15			
16			
17			
18			
18			
19			
20			

<i>Room No</i>	<i>Stanway House Resident's Name</i>	<i>Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day</i>	<i>In Out Leave</i>
1			
2			
3			
3			
4			
5			
6			
7			
8			
9			

Room No	27 Spencer Avenue Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			
3			

Room No	90 Kingston Road Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			
3			

Room No	201 Greenway Road Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			
3			
4			

Room No	143 Greenway Road Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			
3			
4			

Room No	90a Kingston Road Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			

Room No	90b Kingston Road Resident's Name	Comments and / or Remarks If Nil report state Quiet Night / Peaceful Day	In Out Leave
1			
2			

Nurse Call Alarm System at CORNERWOOD *Please Note:* Greenway House ..... Numbers 1 to 20 refer to bedrooms  
 26 Lounge 1 ..... 27 Lounge 2 ..... 28 Lounge 3 ..... 29 Lounge 4 ..... 30 Dining Room ..... 31 Stanway House Alarm  
 Additional Notes .....  
 Today's Appointments .....  
 .....  
 .....  
 Food Prepared .....  
 Stanway House was checked at ..... am / pm ..... am / pm ..... am / pm ..... am / pm  
 Has the oncoming shift been advised of all appointments during their duty period ..... [ Y ] [ N ]  
 This report was handed to ..... at 8.00am / pm 1.30pm  
 Nurse in Charge Signature ..... Dated ..... / ..... / .....

# Daily Calendar for   /  /

8 am

Please initial to confirm that you have been in the Home each hour

Initial [    ]

9 am

Initial [    ]

10 am

Initial [    ]

11 am

Initial [    ]

12 noon

Initial [    ]

1 pm

Initial [    ]

2 pm

Initial [    ]

3 pm

Initial [    ]

4 pm

Initial [    ]

5 pm

Initial [    ]

6 pm

Initial [    ]

7 pm

Initial [    ]

8 pm

Initial [    ]

9 pm

Initial [    ]

10 pm

Initial [    ]

Please list whereabouts of residents each hour, be knowledgeable and report where they are if they are out.

Report medicines not given and reason

Signed \_\_\_\_\_ Time Worked \_\_\_\_\_ to \_\_\_\_\_

Signed \_\_\_\_\_ Time Worked \_\_\_\_\_ to \_\_\_\_\_

**SATELLITE HOMES**

Addresses: ..... [ ] ..... [ ] ..... [ ]  
 ..... [ ] ..... [ ] **TICK WHICH HOME**

Community Nurse signature on visit \_\_\_\_\_ Time \_\_\_\_\_ am/pm

Community Nurse signature on visit \_\_\_\_\_ Time \_\_\_\_\_ am/pm

# Accident Report

Accident Book

Item No ..... / .....

## Confidential - Resident / Employee / Visitor

Report of Accident to a Resident, Employee or Other Person on the premises

Name in full: .....  
(surname first)

Home Address: .....  
.....

Nature and extent of injury: .....  
.....

How caused: .....  
.....

Where occurrence took place: .....  
..... Time: ..... Date: .....

### If an Employee:

1. Nature of employment .....

2. Was he / she doing authorised work? [ YES ] [ NO ]

3. Was he / she on or off duty at the time? [ ON ] [ OFF ]

4. Normal Duty: .....

5. If on duty did he / she continue to work after the occurrence? [ YES ] [ NO ]

6. If he / she went off duty, time ..... am / pm

Name and address of witnesses .....

(witness statement should be attached)

Description of apparatus or equipment involved .....

Has it been retained for inspection? [ YES ] [ NO ] If YES give location



# Complaints Form

Complaints Book

Item No ..... / .....

Place of incident where Complaint originated (*full address*): .....

.....  
.....

Time of Complaint: ..... am / pm Date of Complaint: .....

***The member of staff who was present at the time of the complaint should report to his / her Superior immediately.***

Complainants name: *Mr / Mrs / Miss / Ms* .....

Address: .....

..... Telephone: .....

Description of complaint: .....

.....  
.....  
.....

Situation prior to the complaint being made: .....

.....  
.....

Any precipitating factor/s: .....

.....  
.....

Describe action taken at time of complaint: .....

.....  
.....  
.....

Name of staff or other person who became involved: .....

.....  
.....

# Complaints Form contd.

Complaints Book

Item No ..... / .....

Describe actions taken by staff, residents or other persons to resolve situation:

.....  
.....  
.....  
.....  
.....

Describe actions that are recommended to prevent the situation reoccurring:

.....  
.....  
.....  
.....  
.....  
.....

*I am happy that the problem has been adequately handled and resolved.*

Signed: ..... Date: .....

*I am not satisfied that the problem has been adequately handled and resolved. I wish for the matter to be taken further and involve others mentioned below.*

Signature of Staff in Attendance: ..... Date: .....

Signature of Person-in-Charge ..... Date: .....

*If necessary or requested the Complaint should be reported to one or more of the agencies below.*

Head of Home: ..... Time: ..... Date: .....

G.P. informed: ..... Time: ..... Date: .....

Social Worker informed: ..... Time: ..... Date: .....

C.P.N. informed: ..... Time: ..... Date: .....

Reg. Officer informed: ..... Time: ..... Date: .....

Police informed: ..... Time: ..... Date: .....

Family informed: ..... Time: ..... Date: .....



# Untoward / Violent Incident Form

Violent / Untoward Incident Book

Item No ..... / .....

Place of Incident (full address): .....

Time of Incident: ..... am / pm Date of Incident: .....

**The member of staff who was present at the time of the incident should report to his / her Superior immediately.**

Resident's Name: Mr / Mrs / Miss / Ms .....

Home: ..... Date of Birth: .....

General Practitioner: .....

Description of incident: .....

Residents behaviour prior to incident: .....

Any precipitating factor: .....

Describe action taken at time of incident: .....

Name of staff or other person who gave assistance: .....

# Untoward / Violent Incident Form contd.

Violent / Untoward  
Incident Book

Item No ..... / .....

Describe injuries to resident, self, other residents or any other persons (*complete Accident Form as necessary*): ...

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Describe damages to property - (personal, the Homes, other):

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Signature of Staff in Attendance: ..... Date: .....

Signature of Person-in-Charge: ..... Date: .....

*If necessary the incident should be reported to one or more of the services below.*

Head of Home: ..... Time: ..... Date: .....

G.P. informed: ..... Time: ..... Date: .....

Social Worker informed: ..... Time: ..... Date: .....

C.P.N. informed: ..... Time: ..... Date: .....

Reg. Officer informed: ..... Time: ..... Date: .....

Police informed: ..... Time: ..... Date: .....

Family informed: ..... Time: ..... Date: .....

# Home Maintenance Form

*Priority*



**High**

To be dealt with immediately



**Medium**

To be dealt with as soon as possible



**Low**

Can be dealt with when time available

*Please tick box as applicable*

Home: ..... Room No: .....

Report: .....

.....

.....

.....

.....

Name: .....

Time of incident: ..... am / pm Date: .....

***Please help us to maintain our accommodation in the best possible condition.***

***Thank you***

Date received by Maintenance Dept: .....

Name of person responsible to action: .....

Date work commenced: ..... Date completed: .....

Details of work including cost of materials, etc.: .....

.....

.....

.....

.....

.....

Signature: ..... Date: ..... / ..... / .....

Designation: .....

# *Residents Recreational Programme*

W/C: .....

<b>MONDAY</b>		<b>ACTIVITY</b>	<b>2.00pm - 4.00pm</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	

<b>TUESDAY</b>		<b>ACTIVITY</b>	<b>2.00pm - 4.00pm</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	

<b>WEDNESDAY</b>		<b>ACTIVITY</b>	<b>1.30pm - 4.00pm</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	

<b>THURSDAY</b>		<b>ACTIVITY</b>	<b>1.30pm - 4.00pm</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	
* * * * *			
1	5	9	
2	6	10	
3	7		
4	8		

<b>FRIDAY</b>		<b>ACTIVITY</b>	<b>1.30pm - 4.00pm</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	

<b>SATURDAY</b>		<b>ACTIVITY</b>	<b>10.00am - 11.00am</b>
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	

<b>SUNDAY</b>		<b>ACTIVITY</b>	
1	5	9	
2	6	10	
3	7	C/A	
4	8	DRIVER	



# Supplier Quality Questionnaire

*In order to be placed on ..... approved list of suppliers,  
it would be appreciated if you would complete and return  
this Quality questionnaire.*

Company Name: .....

Address: .....

.....

.....

Telephone: ..... Facsimile: .....

1. Person responsible for Quality Assurance .....

2. Job Title .....

3. Type of Product / Service supplied .....

4. Are you BS/EN/ISO 9002 registered? [ YES ] [ NO ]

5. Are you approved by any other organisation? [ YES ] [ NO ]

Details .....

6. Is a Quality System operated by your company? [ YES ] [ NO ]

7. Is the system documented? [ YES ] [ NO ]

8. Is a Quality Manual available for inspection? [ YES ] [ NO ]

9. Do you sub-contract any work? [ YES ] [ NO ]

10. Are your subcontractors assessed? [ YES ] [ NO ]

11. Do you have your own supplier assessment system? [ YES ] [ NO ]

12. Will you supply certificates of conformity on request? [ YES ] [ NO ]

13. Any other relevant information: .....

.....

Signature: ..... Date: .....

Print: .....

*Thank you for your cooperation. A prepaid envelope is enclosed for your reply.*

# Document Change Note

*Any employee of ..... wishing to change documents or data will submit their request, in writing to the Nurse Administrator, using this form.*

Document Name: ..... Change No: .....

Document No: ..... Change Originator: .....

Issue No: .....

Issue Date: ..... Date: .....

Details of Change: .....

.....

.....

.....

.....

.....

.....

.....

Reason: .....

.....

.....

.....

.....

.....

.....

.....

Change Authorised: ..... Date: .....

Action Taken: .....

.....

.....

.....

.....

.....







# *Preventive Corrective Action Report*

Name: .....

Reference: .....

Date: .....

Non-Conformancy: .....

.....  
.....  
.....  
.....  
.....

Signature: .....

Agreed Corrective Action: .....

.....  
.....  
.....  
.....  
.....

Corrective Actions By: .....

Signature: .....

Corrective Action Review: .....

.....  
.....  
.....  
.....  
.....

Date: .....

Corrected / Not Corrected / Closed

Signature: .....

Reviewed By: .....

Date: .....

Comments: .....



# Summary of Audit Non-Conformances

Client: .....

Criteria: BS EN ISO 9002 : 1994

Location / Date: .....

Section	Element	Non-Conformance Level		
		1	2	Observations Comments
4.1	Management Responsibility			
4.1	Management Review			
4.2	Quality System			
4.3	Contract Review			
4.4	Design Control			
4.5	Document and Data Control			
4.6/4.7	Purchasing / Control of Customer Supplied Product			
4.8	Product Identification and Traceability			
4.9	Process Control			
4.10	Inspection and Testing			
4.11	Control of Inspection, Measure and Test Equipment			
4.12	Inspection and Test Status			
4.13	Control of Non-Conforming Product			
4.14	Corrective Preventive Action			
4.15	Handling, Storage, Packaging, Preservation and Delivery			
4.16	Control of Quality Records			
4.17	Internal Quality Audits			
4.18	Staff Selection and Recruitment			
4.18	Training			
4.20	Statistical Techniques			

## NON-CONFORMANCES - DEFINITIONS





**LEVEL 1** — Total absence of documented address of an element of the standard, or TOTAL absence of application or procedure, or an accumulation of LEVEL 2 non-conformances throughout the organisation against a particular element, eg: Documentation.

**LEVEL 2** A single lapse against an element or procedure application.

**OBS / COMMENTS** An ongoing situation which requires review / clarification.

# Audit Schedule

Location: ..... Year: .....

LEGEND	
1. Audit Due	
2. Audit completed No Non-Conformances	
3. Audit Completed Non-Conformances raised	
4. Audit Non-Conformances raised and closed	

SYSTEM AUDITORS	
1.	
2.	
3.	
4.	
5.	
6.	

MANUAL PROCEDURAL REQUIREMENT	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Quality Manual												
Management Review												
Management Responsibilities												
Contract Review												
Design Control (Part 1 only)												
Document and Data Control												
Purchasing and Evaluation of Sub Contractors												
Customer Supplied Product												
Product Identification and Traceability												
Process Control												
Inspection and Testing												
Control of Measuring, Inspection and Test Equipment												
Inspection and Test Status												
Control of Non-Conforming Product												
Corrective and Preventive Action												
Handling, Storage, Packaging, Preservation and Delivery												
Control of Quality Records												
Internal Quality Audits												
Training												
Servicing												
Statistical Techniques												



