

**Resident of the day Monthly Monitoring Form**

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| **Residents Name:** |  | | **ROOM NO:** | |  |
| **DATE:** |  | |
| **CARER** |  | | **SIGNATURE** |  | | |
| **SENIOR** |  | | **SIGNATURE** |  | | |
| **ACTIVITIES** |  | | **SIGNATURE** |  | | |
| **MAINTENANCE** |  | | **SIGNATURE** |  | | |
| **HOUSEKEEPING** |  | | **SIGNATURE** |  | | |
| **SECTION ONE: WHAT HAVE YOU DONE TODAY TO MAKE ME FEEL SPECIAL?**  **Carer to complete** | | | | | | | |
| **Communication:**  *Glasses/hearing aids all cleaned/checked.* | | **Yes/No** | | | | | |
| **Personal Care:**  *Nails/hair/teeth/dentures all cleaned/checked.* | | **Yes/No** | | | | | |
| **Bedroom:**  *Is bedroom clean and tidy, is Commode empty and clean (if applicable)* | | **Yes/No** | | | | | |
| **Toiletries/Brushes/Razors:**  *Are any needed? Are they clean/tidy?*  *Don’t forget about toothbrushes/denture cleaner.* | | **Yes/No** | | | | | |
| **Wardrobes & Drawers & Sink Unit:**  *Are they all tidy? Are clothes on hangers or folded?* | | **Yes/No** | | | | | |
| **Clothing:**  *Are new clothes or shoes/slippers required? Do all clothes fit? Are all clothes identifiable/Labelled?* | | **Yes/No** | | | | | |
| **SECTION TWO: HEALTH ETC.**  **Senior to complete** | | | | | | | |
| **Have Day/Night needs changed?**  *Have care plans/Risk assessments been updated?* | | **Yes/No** | | | | | |
| **Observations** | | **B/P mmHG\_\_\_\_\_\_\_\_\_\_**  **Pulse Bpm\_\_\_\_\_\_\_\_\_\_\_**  **Temp C\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Resp Rpm\_\_\_\_\_\_\_\_\_\_\_** | | | | | |
| **Are there any changes to mobility?**  **Is all mobility/pressure relieving equipment in good order?** | | **Stand Aid- Yes/No**  **Hoist- Yes/No**  **Sling Details L/M/S Serial number\_\_\_\_\_\_\_\_\_\_\_**  **Slide Sheet- Yes/No**  **Wheelchair- Yes/No**  **Walk Un-Aided- Yes/No** | | | | | |
| **Have any Antibiotics been prescribed this month?**  *If so what for?* | | **Yes/No** | | | | | |
| **Have there been any GP visits this month?**  *If so what for?* | | **Yes/No** | | | | | |
| **Have there been any DN visits this month?**  *If yes, why?* | | **Yes/No** | | | | | |
| **Is there a body map in place?**  *If so, is it all completed appropriately and images uploaded to CMS?* | | **Yes/No** | | | | | |
| **Waterlow score.** | |  | | | | | |
| **MUST score** | |  | | | | | |
| **Weight** | |  | | | | | |
| **Dependency level** | |  | | | | | |
| **Date of last Medication review** | |  | | | | | |
| **Have there been any visits from External professionals? CMHT, OT, Dietician etc (not GP or DN)**  *Has documentation been completed?* | | **Yes/No** | | | | | |
| **Any accidents or falls over the past month? If so, have all incident forms been completed and is a risk assessment in place?** | | **Number of Falls\_\_\_\_**  **Incident form completed Yes/No**  **Risk assessment in place Yes/NO** | | | | | |
| ***Is EOL/Respect form care plan in place?*** | | **Yes/No** | | | | | |
| **Section 3: Activity’s**  **Activity Co-Ordinator to complete** | | | | | | | |
| ***Does the resident participate/Enjoy/Does not participate in Any Activity’s?***  ***What do they enjoy?***  ***If doesn’t participate, what action has been completed to engage and is this documented?*** | |  | | | | | |
| **Section 4: Maintenance**  **Maintenance staff to complete** | | | | | | | |
| **Maintenance room check** | | **Any damage to Bed Yes/No**  **If NRS, Serial Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Are Electrical items Pat Tested? Yes/No**  **Décor, is it clean and in good condition Yes/No**  **If no, has the Maintenance Plan been updated with dates? Yes/No/Na** | | | | | |
| **Section 5: Housekeeping**  **Housekeeping staff to complete** | | | | | | | |
| **Has Deep Cleaning been completed?**  **Has Floor and chairs furniture been cleaned (All furniture pulled away from walls etc?**  **Have windows/Curtains been cleaned?**  **Has Mattress been cleaned**  **Has sling been laundered** | | **Yes/No**  **Yes/No**  **Yes/No**  **Yes/No**  **Yes/No/NA** | | | | | |
| **Managers Comments** | | | | | | | |
|  | | | | | | | |
| |  |  | | --- | --- | | **Signature/Date** |  | | | | | | | | |