This audit tool is designed to help you to look at your own personal practice and encourage you to develop your skills and expertise.

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| Full Name |  | Job Title |  | | NAPA Membership Number |  |
| Address of Care Setting |  | Number of paid working hours per week | |  | Participation in induction training for others | **Yes / No** |
| Training completed |  | | Training in progress | |  | |

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|  | **Average Percentage of time spent each working week** | **Actions** | **By when** |
| **1.How much time do you spend on these activities each working week? It might help to think about an average day first.** | | | |
| Large Group activities |  |  |  |
| Small group activities |  |  |  |
| One to One sessions |  |  |  |
| Establishing activities of daily living |  |  |  |
|  | **Average Percentage of time spent each working week** | **Actions** | **By when** |
| Supporting Self-engagement for residents |  |  |  |
| Record keeping |  |  |  |
| Connecting with the community |  |  |  |
| Supporting the carers’ role (meeting personal care needs, moving residents around the building, helping at mealtimes but not activity related) |  |  |  |
| **Total (should add up to 100%)** |  |  |  |
| *Reviewing how you spend your time is a good way of checking that you are meeting all the needs of all the residents every week* | | | |

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| **2.Thinking about how you decide what resources you have and what resources are needed. Do you:** | **Yes** | **No** | **Actions** | **By when** |
| Carry out an annual inventory of what you have? |  |  |  |  |
| Accumulate items that might be useful |  |  |  |  |
| Browse websites to spot things that might be useful |  |  |  |  |
| Browse supplier catalogues to spot things that might be useful |  |  |  |  |
| Look for specific items to meet particular needs |  |  |  |  |
| **3.In relation to your Budget do you** | **Yes** | **No** | **Actions** | **By when** |
| Lay out an annual plan and set aside sums to cater for that plan |  |  |  |  |
|  | **Yes** | **No** | **Actions** | **By when** |
| Seek to spend the monthly allocation each month |  |  |  |  |
| Ask for funds as when they are needed |  |  |  |  |
| Need to raise funds to support activity provision |  |  |  |  |

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| **4.How would you rate your communication at the moment with the following** | **Can do but could improve** | **Can do but need help** | **Competent without help** | **Competent and able to help others** | **Actions** | **By when** |
| Residents |  |  |  |  |  |  |
| Family and friends |  |  |  |  |  |  |
| Heads of department |  |  |  |  |  |  |
| Manager |  |  |  |  |  |  |

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|  | **Can do but could improve** | **Can do but need help** | **Competent without help** | **Competent and able to help others** | **Actions** | **By when** |
| Care team |  |  |  |  |  |  |
| Ancillary staff |  |  |  |  |  |  |
| Community |  |  |  |  |  |  |
| **5.How capable are you when:** | **Can do but could improve** | **Can do but need help** | **Competent without help** | **Competent and able to help others** | **Actions** | **By when** |
| Planning and delivering trips and outings |  |  |  |  |  |  |
| Completing risk assessments |  |  |  |  |  |  |
| Connecting with the local community |  |  |  |  |  |  |
| Implementing individual activity plans |  |  |  |  |  |  |
| Using life story to inform your plans |  |  |  |  |  |  |

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|  | **Can do but could improve** | **Can do but need help** | **Competent without help** | **Competent and able to help others** | **Actions** | **By when** |
| Contributing to care plans |  |  |  |  |  |  |
| Goal setting for individual residents |  |  |  |  |  |  |
| Evaluating the outcome of activities |  |  |  |  |  |  |
| **6.How would you rate your key skills in the following areas:** | **Can do but could improve** | **Can do but need help** | **Competent without help** | **Competent and able to help others** | **Actions** | **By when** |
| Verbal literacy |  |  |  |  |  |  |
| Written literacy |  |  |  |  |  |  |
| IT literacy |  |  |  |  |  |  |
| Presentation/public speaking |  |  |  |  |  |  |
| Research |  |  |  |  |  |  |
| Delegation |  |  |  |  |  |  |

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| **7.Consider your strengths and weaknesses in the following areas:** | **Give yourself a score with one as low and five as high** | **Actions** | **By when** |
| Problem solving |  |  |  |
| Self-motivated |  |  |  |
| Reflective |  |  |  |
| Efficient planner |  |  |  |
| Good time manager |  |  |  |
| Effective communicator |  |  |  |
| Flexible in your approach |  |  |  |
| Team player |  |  |  |
| Lead others |  |  |  |
| Keen to learn |  |  |  |
| Budget manager |  |  |  |
| Conflict resolution |  |  |  |
| **8.Thinking about volunteers. How good are you at:** | **Give yourself a score with one as low and five as high** | **Actions** | **By when** |
| Identifying what volunteer skills your residents need |  |  |  |
| Seeking out volunteers |  |  |  |
| Processing the required paperwork for volunteers |  |  |  |
| Induction for volunteers |  |  |  |
| Ongoing support and supervision for volunteers |  |  |  |

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| **9.Do you have established relationships with:** | **Yes** | **No** | **Actions** | **By when** |
| Universities |  |  |  |  |
| Colleges |  |  |  |  |
| Secondary schools |  |  |  |  |
|  | **Yes** | **No** | **Actions** | **By when** |
| Primary schools |  |  |  |  |
| Nurseries |  |  |  |  |
| Youth Groups |  |  |  |  |

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| **10.Looking forward What are your personal aims for the next 12 months** | **Personal Aims** | **Actions** | **By when** |
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| Use this space for additional notes |
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