Environmental Audit

Home Name:

Resident’s Name: Bedroom Number:

|  |  |  |  |
| --- | --- | --- | --- |
| Bedroom: | YES | NO | N/A |
| Are the call bells within easy reach of the resident? |  |  |  |
| Is the lighting level appropriate and easy for the resident to control |  |  |  |
| Is the flooring in good condition? |  |  |  |
| Are there any loose rugs? |  |  |  |
| Have any other trip hazards been identified? |  |  |  |
| Is the area free from clutter and obstructions? |  |  |  |
| Is there enough room for the resident to turn and safely walk within their bedroom using their walking aid? |  |  |  |
| Can furniture be re-arranged to provide more workable space? |  |  |  |
| Are the locks on casters of chairs and bed in good working order? |  |  |  |
| Is the bed at an appropriate height for the resident? |  |  |  |
| Is the mattress firm enough to provide support when moving in bed? |  |  |  |
| Does the resident require any aids to assist with getting in/out of bed independently? |  |  |  |
| Does the resident have a bedside table within safe and easy reach |  |  |  |
| Does the resident have easy access to a night light/movement sensor light? |  |  |  |
| Is the armchair at an appropriate height for the resident? |  |  |  |
| Can the resident reach their walking aid from the bed/chair? |  |  |  |
| Does the resident have easy access to toilet facilities? |  |  |  |
| Toilet/Bathroom | YES | NO | N/A |
| Is there enough space for the resident to walk and turn safely using their walking aid? |  |  |  |
| Is the area free from clutter and obstructions? |  |  |  |
| Is the call bell within easy reach? |  |  |  |
| Is the lighting level appropriate & easy for the resident to control? |  |  |  |
| Is the flooring level and in good condition? |  |  |  |
| Is the toilet an appropriate height for the resident? |  |  |  |
| Does the resident require a raised toilet seat? |  |  |  |
| Are grab rails required? |  |  |  |
| Corridors | YES | NO | N/A |
| Are corridors well lit? |  |  |  |
| Is the flooring appropriate and in good condition? |  |  |  |
| Have any trip hazards been identified? |  |  |  |
| Is there a handrail in place? |  |  |  |
| Are corridors free from clutter and obstructions? |  |  |  |
| Communal Areas | YES | NO | N/A |
| Is lighting level appropriate? |  |  |  |
| Are call bells available and within easy reach of resident? |  |  |  |
| Is there enough space for the resident to walk and turn using their walking aid? |  |  |  |
| Could the type of flooring contribute to residents falls? |  |  |  |
| Have any trip hazards been identified? |  |  |  |
| Are arm chairs at an appropriate height for the resident? |  |  |  |
| Can the resident get up out of the chair independently? |  |  |  |
| Is the area free from clutter and obstructions? |  |  |  |
| Mobility Aids | YES | NO | N/A |
| Are the brakes on walking aid in good working order? |  |  |  |
| Are the wheels in good working order? |  |  |  |
| Are all ferrules in good condition? |  |  |  |
| Is the height of walking aid appropriate for the resident? |  |  |  |
| Is the resident able to identify their own walking aid? |  |  |  |
| Is the walking aid kept within easy reach of the resident? |  |  |  |
| Is the resident able to use the walking aid safely? |  |  |  |
| Is the resident’s wheelchair in good condition? |  |  |  |
| Are wheelchairs regularly cleaned? |  |  |  |
| Are wheelchairs regularly maintained? |  |  |  |
| Are footplates available for the wheelchair? |  |  |  |

Completed by:

Job Title:

Date:

Review date:

|  |  |  |
| --- | --- | --- |
| Action to be taken | By Whom | Date completed |
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