

# M7 Managers Monthly Safety Checks

## Policy

To ensure the health and safety of all customers.

## Procedure

The Managers monthly safety checklist (appendix 1) must be completed monthly by the manager or a delegated person at the managers request. One checklist form is to be completed each moth through a visual observation or physical check as appropriate.

Hazards and or defects must be actioned without delay.

Hazards and or defects must be reported to the manager/supervisor who must ensure any repairs or replacements are completed in line with the M12 maintenance and repairs of buildings and equipment procedure.

The monthly checklist for wheelchairs, bedrails, frames, and sticks (appendix 2) must be held for each individual service users and completed monthly. The delegated person will sample 10% of service user occupancy. When a service user has no equipment, this must be recorded in care/support plan. If a current service user needs change and they receive equipment, then appendix 2 must be completed as above.

For services using Electronic Care Planning, the heading “equipment” is recorded in the service users daily notes each AM and PM shifts.

Appendix 1 and 2 must be archived in accordance with the archiving procedure.

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Extra Care Housing Service	Support at Home Service	OA Day Services	Residential Services	DMH Day Services	DMH Supported Living Services	Community Equipment Services	Shared Lives Service
x	x	✓	✓	✓	x	x	x