



Activity provision self-assessment: Planning



Date:

Completed by:

Yes	Sometimes	No	Yes: please provide evidence No or sometimes: what further action are you going to take?	Who is responsible?	Achieve by	Date completed	Evidence of actions taken	Link to KLOEs
Does meaningful activity take place at any time of day and night and is it flexible to the person's needs, wishes and personal routines?								C1.1 W1.6 C1.5 W4.1
Do people have opportunities for regular physical activity?								C1.5
Where appropriate, is it evident that people in the care setting and relatives are involved in planning?								C1.2 R1.3

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Do staff communicate effectively with people to ensure they are included in activity planning on a regular and ongoing basis and how is this recorded?								C1.2 C1.3 R1.1 R1.3 W1.6 W1.8
Is there an activities planner board showing daily activities, staff allocated and a visual reminder of who is doing what planned activity?								C2.3
Does inclusive activity provision enable all people to take part in activities of their choice with appropriate and sensitive consideration to culture, age, gender, health, sexual orientation, disabilities and abilities, and age-related needs?								C1.4 C1.5 R1.2 R1.3

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Do all individuals participate in meaningful activities of their choice, considering but not excluding them on the basis of their culture, age, gender, health, sexual orientation, disabilities and age-related needs?								C1.3 W1.8 W2.5

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