Staff supervision template:

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| **Supervision details** |
| **Title of supervision**  |  |
| **Date of supervision** |  |
| **Chair** |  |
| **Attendees**  |  |  |

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| **Supervision discussion** |
| **Discussion points** |  |
| **Additional comments**  |  |

Staff competency assessment:

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| **Title of competency** |  |
| **Staff member name** |  |
| **Date** |  |
| **Is the staff member up-to-date with training (within the last 3 years)?** | Yes | No |

If during the observation there are any immediate concerns that practice may cause potential harm, the observation must be halted. The observer will discuss why in private with the staff member, and then resume if appropriate or rearrange. A confidential record/report should be forwarded to the staff member’s Manager.

If the staff member isn’t up to date with their training, then training must be included as an action and arranged.

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| **#** | **Observations** | **√****×****N/A** | **Summary of observation** |
| **1** | Are the staff member’s arms bare below the elbow? |  |  |
| **2** | Are the staff member’s wrists and hands free of jewellery? (Wedding band allowed) |  |
| **3** | Does the staff member have short, clean fingernails without nail polish or false nails? |  |
| **4** | Are any cuts or grazes covered with a waterproof dressing? |  |
| **5** | Did the staff member use appropriate PPE? *E.g. gloves, apron, face mask, eye protection* |  |
| **6** | Did the staff member wear PPE items only once? |  |
| **7** | If gloves were needed, did the staff member put them on just before providing care and take them off straight afterwards? |  |
| **8** | Did the staff member change gloves between different care tasks for one person? *For example, personal care and care that involves non-intact skin.* |  |
| **9** | Did the staff member change PPE appropriately between care tasks for different people? |  |
| **10** | Did the staff member dispose of all used items correctly?*Put waste immediately into the right colour storage, bag or container.* |  |
| **11** | Did staff use correct coloured cleaning equipment? |  |
| **12** | Did the staff member demonstrate effective hand washing?*5 moments:****1****. Just before providing care****2****. As soon as providing care is finished****3****. Straight after exposure to bodily fluids****4****. Straight after touching a person’s surroundings (e.g. chair/door handle) if this may have contaminated hands****5.*** *As soon as protective gloves are taken off* |  |
| **13** | Did the staff member decontaminate their hands correctly? *Alcohol based hand rub or soap and water, except in the following situations when soap and running water should be used:** *hands are visibly dirty or may be contaminated with body fluids*
* *providing care to residents with vomiting or diarrhoea, even when gloves have been worn.*
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| **14** | Did the staff member touch their own face during the observation? |  |

**Staff member competent?** Yes ⬚ No ⬚

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| **Feedback from observer** |
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| **Any actions?** (this may include such things as additional shadowing, training and development opportunities, signposting to resources, supervision). | **By whom?** | **By when?** | **✔** |
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| Observer name: |  |
| Observer signature: |  |
| Employee name: |  |
| Employee signature: |  |

Completed form to be passed to manager to review and follow up on any identified actions.