

**Assurance of Quality of Clinical Practice  
for community nursing staff at ELFT**

**Framework of Practice Competencies**

**COMPETENCIES  
WORKBOOK FOR  
REGISTERED NURSING  
ASSOCIATES (RNAs)  
BAND 4**



**Assurance of Quality of Clinical Practice for  
Band 3 Healthcare Support workers**

**ELFT  
Framework of Practice Competencies**

**COMPETENCIES  
WORKBOOK FOR  
REGISTERED NURSING  
ASSOCIATES (RNAs)  
BAND 4**



*This competency booklet belongs to:*

**Name:** .....

**Date Started:** .....

**Date Completed:** .....

**Final Date Signed off by Supervisor:** .....

**Final Date signed off by Team Leader:** .....



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## Introduction to Competency Programme

This competency document is written for the use of staff working in Adult Community Nursing Services in East London NHS Foundation Trust covering Bedfordshire, Newham and Tower Hamlets areas of service provision.

The competency document is aimed at ensuring that staff at Band 4 including Registered Nursing Associates has the necessary skills and behaviours to support the client to achieve the best care outcome possible.

The programme has been put together to assist and guide all staff to work within their parameters, enable them to become competent and safe, and provide care of a high standard.

This workbook has been developed using the Nursing and Midwifery (NMC) standards for proficiency for Nursing Associates among other documents.

There are six platforms and two Annexes in the Standard, namely:

- Platform 1 - Being accountable professional
- Platform 2 - Promoting health and preventing ill health
- Platform 3 - Provide and monitor care
- Platform 4 - Working in teams
- Platform 5 - Improving safety and quality of care
- Platform 6 - Contributing to integrated care
- Annex A – Communication and relationship management skills
- Annex B – Procedures to be undertaken by the nursing associates

At the point of registration, the Nursing Associate is expected to safely demonstrate the skills listed in this book. Therefore the completion of this booklet is an assurance that this is the case.

This workbook is to be completed within 6 months of the start date or date of issue. If competencies are not met within the timeframe, you will be supported to complete these in your Annual Appraisals.

The programme contains numerous competencies against which performance will be measured.

## Our Values

The Trust's values are at the heart of our vision and underpin everything we do. Our three core values are:

### We care

Everyone is entitled to the highest quality care.

### We respect

Everyone should be treated with kindness and respect.

### We are inclusive

Everyone should have access to our services when they need them, and we actively seek suggestions from all on how we can improve.

### SIX Cs OF CARE:

Before commencing on the competency programme please read the following paragraphs on 6Cs of Care, Accountability, Responsibility and Delegation.

Caring is all about the 6Cs and principles of good nursing practice.

### Care

Is our core business and that of our Trust. The care we deliver helps the individual person and improves the health of the whole community. Caring defines us and our work. People receiving care expect it to be right for them consistently throughout every stage of their lives.

### Compassion

Is how the care is given, through relationships based on empathy, respect and dignity. It can also be described as intelligent kindness and is central to how people perceive their care.

### Competence

Means all those in caring roles must have the ability to understand an individual's health and social needs and the expertise, clinical and technical knowledge to deliver effective care based on research and evidence.

**Communication** is central to successful caring relationships and to effective team working. Listening is as important as what we say and do, and essential for 'no decision about me without me'. Communication is the key to a good workplace, with benefits for staff and patients alike.

### Courage

Enables us to do the right thing for the people we care for, to speak up when we have the concerns and to have the personal strength and vision to innovate and to embrace new ways of working.

### Commitment

To our patients is a corner stone of what we do. We need to build on our commitment to improve the care and experience of our patients, to take action to make this vision and strategy a reality for all and meet the health and social care challenges ahead.

## THE SIX CORE DIMENSIONS OF THE KNOWLEDGE SKILLS FRAMEWORK (KSF)

The KSF now makes it easier for staff to identify the core skills that they need to do their job and identify their development needs. The key features focuses on six core dimensions covering the key areas that apply to every job. These have been re-written so they are shorter, simpler and easier to understand. The six dimensions are:

1. Communication
2. Personal and people development
3. Health, safety and security
4. Service improvement
5. Quality
6. Equality and diversity

### Accountability

Accountability is described as a state of being answerable for your actions, inactions and or omissions.

All staff of East London NHS Foundation Trust are accountable for their actions therefore health care professionals at Band 4 are:

- Directly accountable for their actions and omissions to a registered health care professional who may be their line manager
- Accountable to their employer through employment law
- Accountable to the client for any errors they may make under Civil Law.

### Responsibility:

All staff at Band 4 are responsible for working within the guidelines and protocols agreed and the authority delegated by the Registered Nurse.

All health care professionals **must:**

- Be aware of their own limitations and work within their scope of practice.
- Decline any duty they are yet to be trained to do and or not signed off as being competent
- Where appropriate, not enter into consultations on care delivery with clients without the appropriate supervision
- Ensure competencies are maintained and updated. This will be discussed in your monthly supervision and supported by your supervisor.

## Delegation:

All tasks undertaken by an unregistered health care professional and Registered Nursing Associate are delegated to them by a Registered Nurse who must delegate with care and compassion.

Successful delegation is safe, beneficial and rewarding for all parties.

As East London NHS Foundation Trust staff, we advocate that if someone is delegating aspects of treatment and care to you, it is your responsibility to ensure that:

- you understand the task and can perform it safely
- it is within the limits of your competence
- you understand your role in making decisions about the care or treatment in question
- you are clear about the expectations of the colleague who has delegated treatment or care to you and the circumstances in which you should provide updates and/or escalate to them (RCN 2019).

## Competency Marking Reference:

In order to mark the competency document appropriately, the assessor should write in the column if the competency is **Met or Not Met** by the staff member, then initial and date the appropriate column either columns 1 or 2.

The Assessor should also sign and date the “statement of competency” paragraph whether the competency has been achieved or not.

## Signing off the Competencies:

To be signed off as Met:

1. The Registered Nursing Associate will be able to fully demonstrate the clinical skill/ task and verbally explain its rationale.
2. The staff member is able to explain and demonstrate that they can competently use the skill or knowledge in the course of their work.

**If the staff member has been signed as “not met” on two occasions, then the supervisor and the staff member should complete the “require further training or supervision” section and the action plan grid thereafter also completed.**

**The staff member should be supported to achieve the procedure through one to one sessions and other mechanisms.**

## THE THIRD COMPETENCY COLUMN (3<sup>RD</sup> COLUMN)

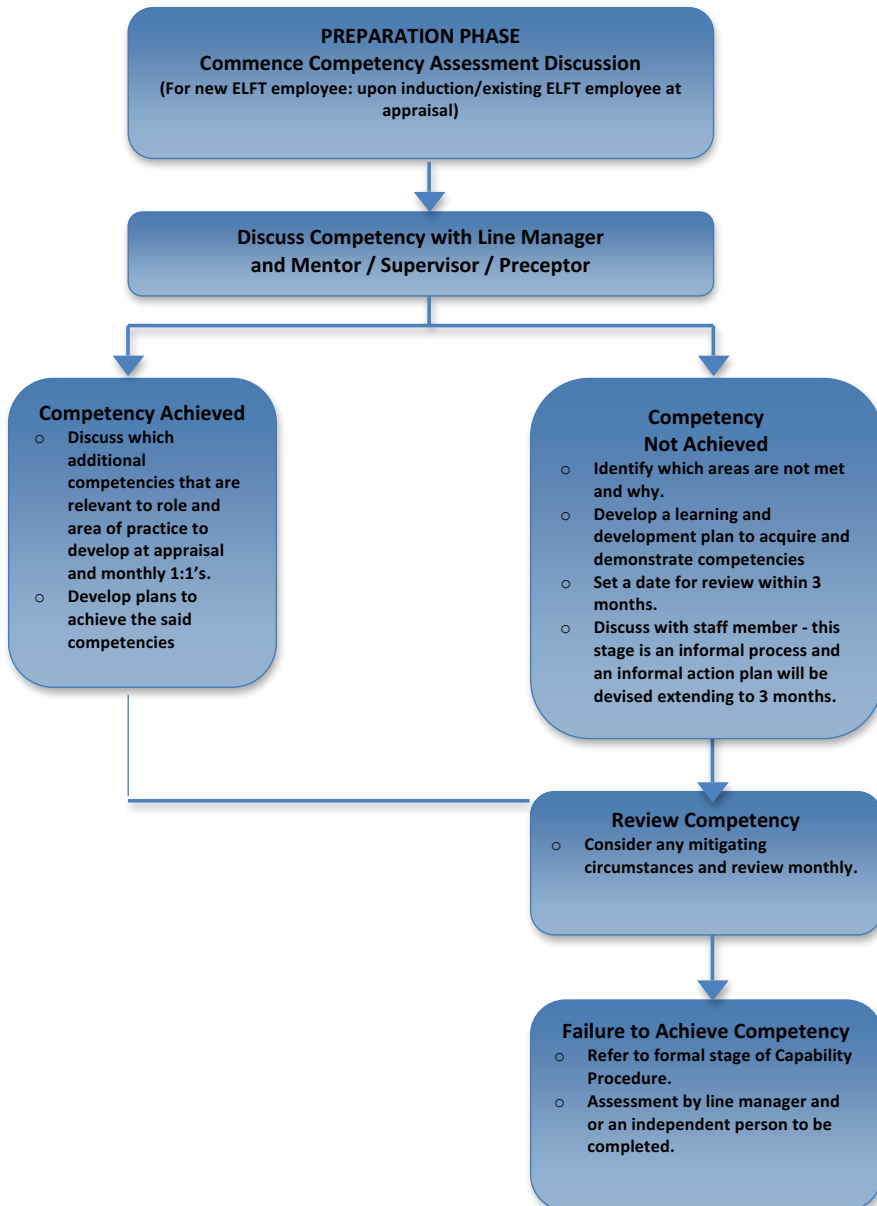
**The third column should only be signed in situations where action plan has been completed and the staff is revisiting the skill / task for the third and final time.**

## **Additional Notes**

The additional notes paragraph at the end of each competency is not mandatory but may be used as a tool to document:

- Areas of excellence.
- Where further actions are required
- To log useful information for reflective purposes

### Process for Achieving Competencies



## Procedures to enable effective monitoring of a person's condition

**Demonstrate effective approaches to monitoring signs and symptoms of physical, mental, cognitive, behavioural and emotional distress, deterioration and improvement**

Name: .....

Assessor: ..... Title..... Band.....

	<b>Competency criteria</b>	<b>Evidence of Competency</b>	<b>Competency 1<sup>st</sup> Assess Met / Not Met</b>	<b>Competency 2nd Assess Met / Not Met</b>	<b>Competency 3<sup>RD</sup> Assess Met / Not Met (TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate an understanding of how and where to take pulse.				
2	Demonstrate ability to consistently and accurately take pulse from a client.				
3	Demonstrate knowledge and meaning of the regularity and volume of normal pulse. Articulate the action to be taken in the event of an irregular, bounding or weak pulse.				

4	Demonstrate knowledge of what blood pressure is.				
5	Demonstrate how to take blood pressure and what normal reading is.				
6	Demonstrate ability to consistently and accurately take blood pressure reading from patients.				
7	Demonstrate knowledge of what causes hypertension and hypotension.				
8	Demonstrate knowledge of what to do in the event of abnormal blood pressure reading.				
9	Demonstrate knowledge of what normal temperature reading is.				
10	Demonstrate how to take temperature.				
11	Demonstrate knowledge of what causes high and low temperature and the action that should be taken.				



12	Demonstrate how to document, and an understanding of the importance of documentation and reporting of observations.				
13	Demonstrate an understanding of when and how to report abnormal findings.				
14	Demonstrate an understanding of diabetes, normal blood glucose reading and be able to undertake and record in patient record.				
15	Demonstrates ability to manage <b>stable</b> diabetic patients, including insulin administration.				
16	Demonstrates an understanding of hypoglycaemia and hyperglycaemia and what to do in these cases.				
17	Demonstrates ability to undertake PEG feeding regime and flushing of line.				

18	Demonstrates ability to undertake wound care management for pressure ulcers, leg ulcers and packing of wounds as directed by care plan.				
19	Demonstrates ability to successfully undertake venepuncture and ensure safe transportation of samples.				
20	Demonstrates ability to successfully undertake ECGs, and report findings to the appropriate healthcare professional.				
21	Demonstrates ability to <b>*assist</b> with and or <b>*carry*</b> out Doppler readings and explain next steps on findings.  <b>(* = delete as appropriate to your area)</b>				

22	Accurately measure weight and height, calculate body mass index and recognise healthy ranges and clinically significant low/high readings				
23	Recognise signs of mental and emotional distress including agitation, or vulnerability				
24	Administer basic Mental Health first aid and understand how to escalate problems				
25	Recognise emergency situations and administer basic physical first aid, including basic life support.				
26	Recognise signs of poor mental capacity and liaising with registered nurses to carry out an assessment				

**Statement of Competency: *Assessment and Care plans***

I certify that I am aware of my professional responsibility for continuing professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

Signature:

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
My team leader / manager is aware of my competency and evidence of my competency is included within my CPD portfolio and Annual Appraisal.

Team Leader / Manager / Assessor

Signature:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**I require further training or supervision:**

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

**Agreed Actions required to achieve competency *(if necessary)*:**

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	Areas of improvement	Actions required
1.		Target date:

2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

Signed Staff Member.....

Signed Team Leader /Assessor.....

The competency framework for assessing care needs will be the method used to direct and record that training and competency sign off has taken place.

Signature:

Name:

Date:

**Team Leader / Manager / Assessor**

Signature:

Name:

Date:

Review Date (if necessary):

**Additional Notes:**

**Provision of person centred nursing care**

**Provide support in meeting the needs of people in relation to rest, sleep, comfort and the maintenance of dignity**

**Name:** .....

**Assessor:**.....**Title**.....**Band**.....

	<b>Competency criteria</b>	<b>Evidence of Competency</b>	<b>Competency 1<sup>st</sup> Assess Met / Not Met</b>	<b>Competency 2nd Assess Met / Not Met</b>	<b>Competency 3<sup>RD</sup> Assess Met / Not Met (TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Observe and monitor comfort and pain levels, rest and sleep patterns				
2	use appropriate bed-making techniques, including those required for people who are unconscious or who have limited mobility				
3	use appropriate positioning and pressure relieving techniques				

4	take appropriate action to ensure privacy and dignity at all times				
5	appropriate action to reduce or minimise pain or discomfort				
6	support patients to reduce fatigue, minimise insomnia and take appropriate rest				

## Provide care and support with hygiene and the maintenance of skin integrity:

Name: .....

Assessor: ..... Title ..... Band .....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2nd Assess  Met / Not Met	Competency 3 <sup>RD</sup> Assess  Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Observe and reassess skin and hygiene status of patients using contemporary approaches to determine the need for support and ongoing intervention.				
2	Identify the need for and provide appropriate assistance with washing, bathing, shaving and dressing				
3	Identify the need for and provide appropriate oral, dental, eye and nail care and suggest to registered nurses when an onward referral is needed				



4	Prevent and manage skin breakdown through appropriate use of products				
5	Identify and manage skin irritations and rashes				
6	Monitor wounds and undertake wound care using appropriate evidence-based techniques.				

## Provide support with nutrition and hydration

Name: .....

Assessor: ..... Title ..... Band .....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2 <sup>nd</sup> Assess  Met / Not Met	Competency 3 <sup>rd</sup> Assess  Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Ability to use contemporary nutritional assessment tools such as the MUST tool				
2	Ability to assist with feeding and drinking and use appropriate feeding and drinking aids				
3	Ability to record fluid intake and output to identify signs of dehydration or fluid retention and escalate as necessary				
4	Ability to support the delivery of artificial nutrition and hydration using oral and enteral routes e.g. PEG Feeding				

## CONTINENCE

### Provide support with maintaining bladder and bowel health

Name: .....

Assessor:.....Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>rd</sup> Assess Met/Not Met <span style="color: red;">(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</span>
1	To demonstrate an understanding of how the normal bladder and bowel works, and problems that may occur.				
2	To demonstrate an understanding of how continence can be influenced by interactions such as effect of medication.				
3	To demonstrate an understanding of how to support the person with a bladder and/ or bowel that is not functioning adequately.				
4	To demonstrate the understanding of a healthy bladder and bowel in order to give a person advice regarding diet and fluid intake.				

5	To demonstrate the ability to recognise when to seek the help and advice from others.				
6	To demonstrate the fitting of pads to clients and carers as required, and have an understanding of the absorbency of variety of pads				
7	To demonstrate an understanding of the fitting of sheaths on clients and carers as required				
8	To have an understanding and demonstrate the ability to undertake basic catheter care.				
9	Demonstrates an understanding and ability to complete urinalysis and report back as appropriate				
10	Demonstrates the ability to undertake bowel care management, including enemas and bowel evacuation methods with greater understanding of when not to carry out the procedure and its implication.				

11	To demonstrate knowledge and ability to support patients with stomas				
12	Demonstrates the ability to undertake catheter flush and an understanding for change of continence product (reassessments).				
13	Assist with toileting, maintaining dignity and privacy and use appropriate continence products following a reassessment				
14	Provide assistance for registered nurses in trials without catheter and show an understanding of the indication for Trial without catheter (TWOC), monitoring urinary output and carrying our residual checks				
15	Understand and monitor the level of urinary incontinence to determine the need for ongoing support and intervention and the level of independence and self-management of care that an individual can manage				

16	Understand and monitor the level of bowel incontinence to determine the need for ongoing support and intervention and the level of independence and self-management of care that an individual can manage.				
17	Understand and monitor the level of urinary and bowel incontinence to determine ongoing support and intervention				
18	Observe and monitor the level of independence and self-management of care that an individual can manage				
19	Assist patients with toileting maintaining privacy and dignity				
20	Understand the need to educate patients in managing their catheter and offer health promotion and leaflets in the use of appropriate continence products in all patients				

21	Ability to demonstrate an understanding of the need to care for catheters for all genders e.g. emptying the bag, repositioning the catheter etc.				
22	Recognise bladder and bowel patterns to identify and respond to incontinence, constipation, diarrhoea and urinary and faecal retention				
23	Demonstrates the knowledge and ability to * recatheterise female patients i.e. undertake female catheter changes. *to be reassessed every 6 months* after this and documented in staff's one to one supervision notes.				

## Promoting Health and Preventing ill health

Name: .....

Assessor:.....Title.....Band.....

Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2 <sup>nd</sup> Assess Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <small>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</small>
1 Demonstrate the ability to appropriately triage new referrals and prioritise in order of person's needs.				
2 Demonstrate ability to respond and assign EMIS / SYSTMONE/ EMIS/CERNER MILLENIUM tasks appropriately.				
3 Demonstrate an understanding of the assessment process and relevant templates that require completion on SYSTMONE/ EMIS/CERNER MILLENIUM				



4	Demonstrate awareness of your roles and responsibilities and an understanding of when to escalate to a senior member of staff when it is outside of your scope of practice.				
5	Demonstrate reasoning behind assessment tools completed and justification for when it is not appropriate to complete.				
6	Demonstrate ability to carry out and implement care plans devised by Registered nurses				
7	Demonstrate ability to interpret standardised care plans as appropriate to person's needs.				

8	Participates in the assessment, planning, implementation and individualised therapeutic interventions under the guidance of the multidisciplinary team.				
9	Ensures person's conditions are in line with the care plan and escalates all deviations from care plan. to qualified nursing staff				
10	Demonstrates involvement of person and carer in the planning of care/ rehabilitation programme and encourages self-management via coaching model approach.				
11	Demonstrates the ability to support the management of an appointed caseload of patients.				

## Meeting needs for care and support at the end of life

Name: .....

Assessor: ..... Title..... Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met <span style="color: red; font-size: small;">(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</span>
1	Recognise and take immediate steps to respond appropriately to uncontrolled symptoms and signs of distress including pain, nausea, thirst, constipation, restlessness, agitation, anxiety and depression				
2	Review preferences and care priorities of the dying person and their family and carers, and ensure changes are communicated as appropriate				
3	Provide care for the deceased person and the bereaved respecting cultural requirements and protocols				

4	Ability to provide general support visit to the family of the patient				
5	Liaise with the nurse in charge of the caseload to provide bereavement support, referral and visits to the family.				
6	Coordinate the return of all equipment e.g. syringe pump back to the office after the death of the patient				

**Statement of Competency: *Assessment and Care plans***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

Signature:

Name:

Date:

My team leader / manager is aware of my competency and evidence of my competency is included within my CPD portfolio and Annual Appraisal.

Team Leader / Manager / Assessor

Signature:

Name:

Date:

I require further training or supervision

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

Agreed Actions required to achieve competency (if necessary):

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

Action Plan

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader /Assessor**.....

## Early Detection of a Deteriorating Client

Name: .....

Assessor: ..... Title: ..... Band: .....

Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2nd Assess  Met / Not Met	Competency 3 <sup>RD</sup> Assess  Met / Not Met <span style="color: red; font-size: small;">(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</span>
1 Understand the warning signs of a deteriorating client.				
2 Demonstrate knowledge and understanding of different illnesses that can be exacerbated.				
3 Demonstrate knowledge of detecting an acute illness/ emergency and who to report to.				
4 Demonstrate the ability to know the normal limits when undertaking observations.				
5 Identify the correct procedure when a deteriorating client has been identified.				

6	Demonstrate knowledge of holistic assessment which includes FRAT, MUST, GULP, Waterlow assessment tool and care plans.				
7	Demonstrates completion of NEWS score and escalates appropriately.				

**Statement of Competency: *Early Detection of a Deteriorating Client***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

Signature:

Name:

Date:

My team leader / manager is aware of my competency and evidence of my competency is included with my CPD portfolio and annual appraisal.

Team Leader / Manager / Assessor

Signature:

Name:

Date:

**I require further training or supervision:**

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

**Agreed Actions required to achieve competency (if necessary):**

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader / Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Team Leader / Manager / Assessor

Signature:

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Review Date (if necessary):

**Additional Notes:**



## Safe Provision of Equipment

Name: .....

Assessor: ..... Title ..... Band .....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met <small>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</small>
1	<p><b>Walking frame (with or without wheels):</b></p> <p>Demonstrate how to measure and adjust a walking frame to the correct height for the patient and how to safely transfer from seating to standing and vice versa</p> <p>Describe how to demonstrate safe transfers from seated to standing and standing to seated with the frame</p> <p>Identify any potential hazards within the home environment that may need to be discussed with the patient prior to issuing frame.</p>				

2	<p><b>Bed stick/ Loop:</b></p> <p>Identify reasons for issuing a bed stick/ loop (transfer aid not to prevent falling out of bed)</p> <p>Explain how to fit a bed stick/ loop including correct positioning on the mattress.</p>				
3	<p><b>Commode (static or glide-about):</b></p> <p>Explain how to measure and adjust height to correct level for patient</p> <p>Discuss environmental issues to take into account (e.g. distance for glide-about, space).</p>				

<p>4</p>	<p><b>Toileting equipment (free standing toilet frame, combination frame, raised seat):</b></p> <p>Discuss clinical reasoning for issuing a specific piece of equipment demonstrating consideration of alternative equipment</p> <p>Demonstrate how to measure and adjust any equipment to the correct height for the patient</p> <p>Explain environmental considerations when issuing toileting equipment (others using toilet, pipes, space).</p>				
<p>5</p>	<p><b>Handling belt:</b></p> <p>Demonstrate clinical reasoning why issuing a handling belt</p> <p>Demonstrate safety awareness when using a handling belt (not using as a lifting aid, not using to prevent a fall etc)</p> <p>Explain how to demonstrate correct usage of the belt to a family member.</p>				

6	<p><b>Slide sheets:</b></p> <p>Explain how to safely insert the sheet to aid repositioning of a patient</p> <p>Demonstrate awareness of safety issues when issuing sliding sheet (heels dragging if short sheet).</p>				
7	<p><b>Pressure Relieving Equipment:</b></p> <p>Explain how to identify if a pressure cushion is the correct size for the chair.</p> <p>Able to identify if pressure relieving equipment is required.</p> <p>Demonstrate what to do should you have concerns a patient requires a pressure cushion or mattress.</p>				

8	<p><b>Chair/ Bed Raisers:</b></p> <p>Explain what to observe when identifying if a patient requires their chair or bed raised.</p> <p>Demonstrate awareness of how to identify if a bed or chair is to low or high.</p> <p>Demonstrate how to fit and adjust appropriate raisers to the correct height for the patient</p>				
9	<p><b>Hospital Beds:</b></p> <p>Demonstrate an awareness of how to use the controls on a hospital bed.</p> <p>Demonstrate how to release the cot sides.</p> <p>Demonstrate how to release the wheel breaks and importance of always applying at least 3 brakes</p>				
10	<p><b>Bath Boards:</b></p> <p>Demonstrate how to observe a safe transfer onto a bath board.</p> <p>Demonstrate how to measure for the appropriate size and fit safely.</p>				

11	Ability to keep and maintain a tracker/ log of all equipment allocated to your locality / team				
12	Coordinate the calibration of all equipment and ensure that equipment are returned to appropriate safe place after use e.g. syringe pump, suctioning machine etc.				

**Statement of Competency: *Safe Provision of Equipment***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

Signature:

Name:

Date:

My team leader / manager is aware of my competency and evidence of my competency is included with my CPD portfolio and annual appraisal.

Team Leader / Manager / Assessor

Signature:

Name:

Date:

**I require further training or supervision**

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

**Agreed Actions required to achieve competency (if necessary):**

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader /Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**



## Equipment Ordering

Name: .....

Assessor:.....Title.....Band.....

Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2 <sup>nd</sup> Assess  Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate an understanding of prescribing criteria and matrix			
2	To be compliant with attending local equipment ordering training e.g. 2 yearly Millbrook / Medequip refresher training sessions.			
3	Complete local equipment assessors training as appropriate e.g. Millbrook's / Medequip Trusted Assessor Training			
4	Identify when to utilise Trusted Assessor in order to support caseload effectively.			

6	Demonstrate knowledge of appropriate equipment delivery timescales with appropriate clinical reasoning in line with the Millbrook / Medequip guidelines				
7	Demonstrate understanding of authorisation process and timescale				

**Statement of Competency: Equipment Ordering**

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training

Signature:

Name:

Date:

My team leader / manager is aware of my competency and evidence of my competency is included with my CPD portfolio and annual appraisal.

Team Leader / Manager / Assessor

Signature:

Name:

Date:

I require further training or supervision

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

Agreed Actions required to achieve competency (if necessary):

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader /Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (if necessary):

Additional Notes:

## Falls

### Provide support with mobility and safety / fall prevention

Name: .....

Assessor:.....Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2 <sup>nd</sup> Assess  Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <small>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</small>
1	Demonstrates an understanding of the possible health and social implications of a fall.				
2	Able to list some of the intrinsic factors that contribute to a fall.				
3	Able to list some of the extrinsic factors that contribute to a fall.				
4	Ability to identify some environmental risk factors and suggest ways of reducing them.				

5	Demonstrate the ability to identify some personal risk factors and suggest ways of reducing them.				
6	Use appropriate risk assessment tools to determine the ongoing need for support and intervention including the level of independence and self-care that an individual can manage				
7	Use appropriate assessment tools to determine, manage and escalate the ongoing risk of falls				
8	Ability to use a range of contemporary moving and handling techniques and mobility aids				
9	Ability to identify an individual with balance difficulties using the balance indicators.				
10	Able to demonstrate how to get up from the floor after a fall.				

11	Use appropriate moving and handling equipment to support people with impaired mobility.				
12	Understanding the use of the Bedfordshire Falls Risk Assessment Tool (FRAT) or any local falls risk assessment tool and actions required on completion of form on SYSTMONE/ EMIS/CERNER MILLENIUM. This may include provision of equipment or onward referral if required.				

**Statement of Competency: Falls**

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

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Team Leader / Manager / Assessor

Signature:

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Date:

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**Action Plan**

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1.		Target date:
2.		Target date:
3.		Target date:

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**Signed Team Leader / Assessor**.....

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Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (if necessary):

**Additional Notes:**



## Home Visiting and Communication

Name: .....

Assessor:.....Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met /Not Met	Competency 2nd Assess  Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met  <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate a knowledge of how to maintain the security of clients prior, during and after visit: <ul style="list-style-type: none"> <li>· How to enter house appropriate for individual client needs (e.g. knocking, ringing, using keysafe)</li> <li>· Showing/ displaying I.D badge</li> <li>· Keeping outside doors locked</li> <li>· Replacing keys to agreed secure place.</li> </ul>				

2	<p>Demonstrate the ability to build a working relationship with the client and colleagues to make the client feel at ease and in control</p> <ul style="list-style-type: none"> <li>· Introductions</li> <li>· Interaction at start of visit</li> <li>· Interaction during visit.</li> </ul>				
3	<p>Demonstrate the ability to clearly explain the reason for the visit to clients/ carers.</p>				
4	<p>Demonstrate the ability to constantly assess the home environment to detect any hazards to prevent harm to self, client and others e.g. pets, fire guards, electric cords, biohazards etc.</p>				
5	<p>Infection Control</p> <ul style="list-style-type: none"> <li>· Following Hand hygiene procedures</li> <li>· Knowing when to use gloves and aprons and other PPEs.</li> <li>· Aware of safe disposal of sharps. Aware of procedure for needle stick injury.</li> </ul>				

6	Demonstrate the ability to read, understand and follow the care plan.				
7	Demonstrate an understanding of when treatment is not appropriate.				
8	Encouraging person to rehabilitate and promote self-care: <ul style="list-style-type: none"> <li>· Encouraging client to prepare meal and drink</li> <li>· Encouraging client to undertake own personal care</li> <li>· Encouraging client to mobilise.</li> </ul>				
9	Demonstrate effective working in partnership with clients and colleagues and wider services (Social Services, ELFT)				
10	Know who to contact and how if not happy to carry out the following: <ul style="list-style-type: none"> <li>· Staff member does not feel competent/confident</li> <li>· Client declines care</li> <li>· If safety is compromised in any area for staff member or client</li> </ul>				

11	Ability to recognise normal and abnormal client behaviour/ physiology and report changes to the appropriate person in a timely fashion.				
12	Know when to call 999 / 111				
13	Demonstrate the ability to leave the client safe, comfortable and as pain free as possible following each visit.				
14	Understand and demonstrates full understanding of the Community Health Services Failed access policy				
14	Demonstrate SYSTMONE/EMIS/ CENTREMILLENIUM data entry: <ul style="list-style-type: none"> <li>· Is entered at / or following visit</li> <li>· In date and time order</li> <li>· Data is professional and clear as to what was undertaken</li> <li>· Phone calls during visit with MDT are recorded.</li> </ul>				

**Statement of Competency: Home Visiting and Communication**

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

Signature:

Name:

Date:

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Team Leader / Manager / Assessor

Signature:

Name:

Date:

**I require further training or supervision**

My team leader / manager is aware of my competency deficits and my annual appraisal identifies learning needs to be addressed within the next \_\_\_\_ months through training and clinical supervision opportunities within my team.

**Agreed Actions required to achieve competency (if necessary):**

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	<b>Areas of improvement</b>	<b>Actions required</b>
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader / Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

## Medicines Management

Name: .....

Assessor:.....Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2 <sup>nd</sup> Assess  Met / Not Met	Competency 3 <sup>RD</sup> Assess  Met / Not Met <small>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</small>
1	Demonstrate an understanding of responsibilities in relation to medication.				
2	Demonstrate knowledge of what the next steps would be if there were concerns regarding medication.				
3	Completed separate medication management competencies as required by local or Trust guidelines.				
4	Completed separate insulin management competencies as required and as part of insulin administration training.				

5	Continually assess people receiving care and their ongoing ability to self-administer their own medications.				
6	Undertake accurate drug calculations for a range of medications				
7	Exercise professional accountability in ensuring the safe administration of medicines to those receiving care				
8	Administer injections using intramuscular routes				
9	Administer injections using subcutaneous routes				
10	Manage injection equipment including dispose off sharps appropriately.				
11	Administer and monitor medications using enteral route,				
12	Demonstrate ability to care for the PEG equipment, and PEG site.				



13	Administer suppositories				
14	Administer enemas				
15	Manage, monitor and record the effectiveness of symptom relief medication				
16	Recognise and respond to adverse or abnormal reactions to medications, and when and how to escalate any concerns				
17	Undertake safe storage, transportation and disposal of medicinal products				
18	Understands the rationale for stock balance in Palliative / End of life care medications.				
19	In the absence of registered nurse, plays the role of a 2 <sup>nd</sup> checker in controlled drugs administration.				

**Statement of Competency: Medicines Management**

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

I am competent in the statements identified for my role in assessing care needs without further training.

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Date:

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Team Leader / Manager / Assessor

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Date:

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**Action Plan**

	<b>Areas of improvement</b>	<b>Actions required</b>
1.		Target date:
2.		Target date:
3.		Target date:

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**Signed Staff Member.....**

**Signed Team Leader / Assessor.....**

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

# Pain

Name: .....

Assessor: ..... Title: ..... Band: .....

	Competency Criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2 <sup>nd</sup> Assess  Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	To demonstrate knowledge of how pain is produced in the body, and the different types of pain.				
2	To demonstrate an understanding of the impact of pain on activities of daily living and on emotional well-being.				
3	To demonstrate the ability to assess clients' perception of pain, its presentation, site and severity.				
4	To demonstrate an awareness of the treatments available for pain, including medical, therapeutic and "alternative" means.				

5	To demonstrate knowledge of when and how to report, refer and record your observations and actions.				
6	Demonstrates completion of relevant pain score.				
7	Observe and monitor comfort and pain levels and rest and sleep patterns				
8	use appropriate bed-making techniques, including those required for people who are unconscious or who have limited mobility				
9	use appropriate positioning and pressure relieving techniques				
10	take appropriate action to ensure privacy and dignity at all times				
11	support people to reduce fatigue, minimise insomnia and take appropriate rest.				
12	appropriate action to reduce or minimise pain or discomfort				

**Statement of Competency: Pain**

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions.

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Date:

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Team Leader / Manager / Assessor

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**Action Plan**

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader/Assessor**.....

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Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

## Raising a Concern

Name: .....

Assessor: ..... Title: ..... Band: .....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess  Met / Not Met	Competency 2nd Assess  Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met  <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate an ability to identify a Cause for Concern.				
2	Demonstrate that you verbally report the concern to the case holder or team leader.				
3	In the absence of the case holder, demonstrate an understanding of who else to talk to.				
4	In the absence of the team lead, demonstrate who you would report to.				
5	In the absence of a senior, demonstrate how to contact On-Call Management.				
6	Demonstrate how to contact The Freedom to Speak Up Guardian				



6	Demonstrates the ability to complete Datix online				
7	Understands Duty of Candour and how to apply in practice				
8	Demonstrate great understanding of when to discuss a safeguarding issue with senior staff and how to escalate in their absence.				
9	Recognising and feeling confident to contact ELFT Safeguarding team (in hours) and Social Service Duty Team (out of hours) to discuss concerns and ascertain advice.				
10	Recognise when a patient lacks mental capacity and understand how to liaise with registered nurses on dealing with this				

**Statement of Competency: *Raising a Concern***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

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Date:

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Team Leader / Manager / Assessor

Signature:

Name:

Date:

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***Agreed Actions required to achieve competency (if necessary):***

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	<b>Areas of improvement</b>	<b>Actions required</b>
1.		Target date:
2.		Target date:

3.		Target date:
----	--	--------------

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader / Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

## Respiratory System

Name: .....

Assessor:.....Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met  (TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)
1	Demonstrate a basic anatomical understanding of the upper and lower respiratory tracts.				
2	Demonstrate a basic understanding of the process of respiration.				
3	Demonstrate an understanding of the impact of a client's respiratory history on rehabilitation.				
4	Be able to list signs and symptoms of respiratory infection.				

5	Demonstrate an understanding of chronic lung disease.				
6	Be able to assist the client with relaxation techniques.				
7	Be able to assist the client with positions of ease for breathlessness.				
8	Demonstrate an understanding of the importance of basic advice for shortness of breath that can be given verbally.				
9	Be aware of when a breathless situation has become an emergency situation.				
10	Be able to undertake record oxygen saturation using the appropriate equipment and report back to relevant clinician.				

11	Able to demonstrate basic pulmonary rehab exercises as prescribed by respiratory team or matron.				
12	Able to demonstrate nebulizer, CPAP and tracheostomy care.				
13	Demonstrates ability to manage the administration of Oxygen using a range of routes and approaches				
14	Ability to take and be able to identify normal peak flow and oximetry measurements				
15	Ability to use appropriate nasal and oral suctioning techniques				
16	Ability to manage inhalation, humidifier and nebulizer devices				

**Statement of Competency: Respiratory System**

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Team Leader / Manager / Assessor

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**Action Plan**

	Areas of improvement	Actions required
1.		Target date:
2.		Target date:

3.		Target date:
----	--	--------------

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**Signed Staff Member**.....

**Signed Team Leader / Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date *(if necessary)*:

**Additional Notes:**



## Preventing and Managing infection

Name: .....

Assessor:.....Title..... Band.....

Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2 <sup>nd</sup> Assess Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <span style="color: red;">(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</span>
1	Demonstrate the ability to observe and respond rapidly to potential infection risks using best practice guidelines.			
2	Ability to use standard precautions protocols and use aseptic and non-touch technique			
3	Demonstrates ability to use appropriate personal protection equipment and implement isolation procedures			
4	Demonstrates and use good hand hygiene techniques			
5	Safely decontaminate equipment and environment and safely handle waste, laundry			
6	Demonstrates appropriate use and disposal of sharps			

## Skin and Pressure Care

Name: .....

Assessor: ..... Title ..... Band .....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate a basic knowledge of the anatomy and functions of the skin.				
2	Demonstrate an understanding of the different types of skin.				
3	Demonstrate an ability of how to carry out skin checks and identifying vulnerable areas				
5	Identify and manage skin irritations and rashes				
5	Demonstrate an understanding of how to safely and effectively cleanse and dry the skin.				

6	identify the need for and provide appropriate assistance with washing, bathing, shaving and dressing				
7	Demonstrate the knowledge of how and when to apply prescribed skin creams, to which areas and why.				
8	To be able to identify those most at risk of developing a pressure ulcer.				
9	Demonstrate competence in completing the Waterlow Assessment Tool				
10	Understand the impact of pressure ulcers on individuals in their ability to carry out activities of daily living.				
11	Identify the need for and provide appropriate oral, dental, eye and nail care and suggest to the registered nurse when an onward referral is needed				

12	Demonstrate advice given on regular mobilisation and pressure relieving activities.				
13	Identify appropriate pressure relieving equipment for those identified at high risk with reference to the Pressure Ulcer Prevention Equipment Ordering Tool on Millbrook's / Medequip online.				
14	Demonstrate ability to educate carers (informal/formal) on pressure prevention.				
15	Demonstrate ongoing understanding of categories of pressure ulcer				
16	Demonstrate the ability to refer the client to the appropriate person.				
17	Monitor wounds and undertake wound care using appropriate evidence-based techniques.				

18	Liaise with all concerned with patients' care on prevention and management of pressure ulcer as appropriate				
----	-------------------------------------------------------------------------------------------------------------	--	--	--	--

**Statement of Competency: *Skin and Pressure Care***

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Team Leader / Manager / Assessor

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Name:

Date:

**I require further training or supervision**

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Agreed Actions required to achieve competency (if necessary):

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	<b>Areas of improvement</b>	<b>Actions required</b>
1.		Target date:
2.		Target date:
3.		Target date:

I can confirm that the comments in the feedback have been shared with me.

Signed Staff Member.....

Signed Team Leader / Assessor.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (if necessary):

**Additional Notes:**

## Management of Wellbeing

Name: .....

Assessor: ..... Title ..... Band .....

Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>rd</sup> Assess Met / Not Met <b>(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</b>
1	Demonstrate an understanding of the major symptoms of stress and how to recognise them.			
2	Demonstrate ability to describe the “fight or flight” stress response.			
3	Be able to describe the major steps to become stress resistant people.			
4	Explain the role of muscle tension/ tone in the management of stress.			
5	Demonstrate the benefits massage can have in reducing stress.			

6	Demonstrate an understanding of relaxation in managing stress.				
7	Demonstrate knowledge of staff wellbeing service and how to contact them.				

**Statement of Competency: *Management of Wellbeing***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

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Signature:

Name:

Date:

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Team Leader / Manager / Assessor

Signature:

Name:

Date:

**I require further training or supervision**

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***Agreed Actions required to achieve competency (if necessary):***

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:



**Action Plan**

	<b>Areas of improvement</b>	<b>Actions required</b>
1.		Target date:
2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader /Assessor**.....

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Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

## Emergency Early Intervention Vehicle

Name: .....

Assessor:..... Title.....Band.....

	Competency criteria	Evidence of Competency	Competency 1 <sup>st</sup> Assess Met / Not Met	Competency 2nd Assess Met / Not Met	Competency 3 <sup>RD</sup> Assess Met / Not Met <span style="color: red; font-weight: bold;">(TO BE COMPLETED ONLY IF ACTION PLAN IS IMPLEMENTED)</span>
1	Demonstrate understanding of Band 4 remit within Early Intervention Vehicle (EIV)				
2	Demonstrate ability to support the paramedic on patient visit.				
3	Assesses home environment for relevant aids and adaptations to support patient to stay safely at home.				
4	Demonstrates knowledge of services available to support person to stay at home and makes relevant referrals.				

5	Demonstrates knowledge of relevant documentation in use.				
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**Statement of Competency: *Emergency Early Intervention Vehicle***

I certify that I am aware of my professional responsibility for continuous professional development and that I am accountable for my actions. With this in mind I make the following statement:

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Team Leader / Manager / Assessor

Signature:

Name:

Date:

**I require further training or supervision**

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***Agreed Actions required to achieve competency (if necessary):***

We carried out joint visits today. Based on the outcome of the joint visits, I observed that the following areas of your practice need improvement:

**Action Plan**

	Areas of improvement	Actions required
1.		Target date:

2.		Target date:
3.		Target date:

**I can confirm that the comments in the feedback have been shared with me.**

**Signed Staff Member**.....

**Signed Team Leader / Assessor**.....

The competency framework for assessing care needs will be the method used to direct and record that training and supervision has taken place.

Signature:

Name:

Date:

Team Leader / Manager / Assessor

Signature:

Name:

Date:

Review Date (*if necessary*):

**Additional Notes:**

This document was designed for nursing development and competency assurance across East London NHS Foundation community services, for the use of community staff within the services in Newham, Tower Hamlets and Bedfordshire.

The document will be reviewed every three years or earlier depending on change in clinical research or clinical policies to ensure that the document continue to be fit for purpose.

Ruth Bradley

Director of Nursing for Integrated Care

&

Caroline Ogunsola

Professional Development Nurse for community services





