

**Staff Member's Name:**

**This spot check takes place weekly for new care staff until their probation period ends or their full DBS is returned (if longer).**

The completed spot check records will be given to the Registered Manager immediately and will be used at subsequent supervision sessions. Any serious issues or complaints will be dealt with immediately by the Registered Manager

**Please identify spot check type**

**Random**

**Pre-Arranged**

Observations of Staff/mentor	Yes/No + Comments
Punctuality	
Identity Badge	
Uniform/Tabard	
Gloves/Aprons/PPE are appropriate	
Care Plan Familiarity	
Communication skills	
Protects confidentiality as appropriate	
Professional, Friendly Approach	
Appropriate Recording as required.	
<b>Care tasks</b>	<b>Details and Comments</b>
Assisting with personal care – washing and bathing	
Assisting with personal care – dressing and undressing	
Promoting self care	
Assisting with eating and drinking	
Assisting in moving and handling	
Supporting people who are lacking in or partially lack capacity.	
<b>Observations from Service User (s)</b>	<b>Comments from Service Users</b>
Does the member of staff respect their privacy and dignity and support them to make choices and decisions?	
Do they follow the plan of care that the resident has given consent for?	
Are they flexible in meeting their needs?	
Any other comment from the resident.	

Any other observations?	
Any Training Needs Identified?	
Date:	
Signature of Observer/Mentor	
Service User Signature: (as appropriate)	
Registered Managers Signature:	
Date	