

Staff Member's Name:

This spot check takes place at the Service user's home, where they have an opportunity to comment on the service. Random Pre-Arranged

Please identify spot check type

Random

Pre-Arranged

Observations of Staff	Yes/No + Comments
Punctuality	
Identity Badge	
Uniform/Tabard	
Gloves/Aprons/PPE are appropriate	
Care Plan Familiarity	
Involves Service User in Tasks	
Communication Skills	
Professional, Friendly Approach	
Appropriate Recording of Attendance	
Medication Notes	Comments
MAR Chart Completed Correctly?	
Medication Tasks Understood?	
Error Reports?	
List of Medicines Up to Date?	
Homely Remedies Up to Date?	
Any Issues Identified? (please detail)	
Observations from Service User	Comments
Do Staff Deliver the Service Required?	
Do they follow the Care Plan?	
Are they Flexible in Meeting your Needs?	
Are you Happy with the Current Staff?	
Any Other Observations?	
Any competency needs or capability issues identified identified?	

Service User's Signature:

Address:

Completed by: