**Nursing Homes Skills and Competency Checklist**

Name: Grade:

In order that we can assess your skills, identify and training needs and select appropriate placements for you, we would be grateful if you would complete the form below. Please tick the appropriate box and make any additional comments that you feel are necessary.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

# General Competencies – All Staff

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| NMC Code of Conduct |  |  |  |  |
| Adult CPR |  |  |  |  |
| H & S including: |  |  |  |  |
| * Moving & handling
 |  |  |  |  |
| * Principles of fire safety
 |  |  |  |  |
| * RIDDOR
 |  |  |  |  |
| * Risk Management
 |  |  |  |  |
| * Needlestick Injury Policy
 |  |  |  |  |
| * Incident Reporting
 |  |  |  |  |
| Care Pathways |  |  |  |  |
| CD Policies |  |  |  |  |
| Infection Control Principles |  |  |  |  |
| PPE |  |  |  |  |
| Medical Device Policies |  |  |  |  |
| Privacy & Dignity |  |  |  |  |
| Safeguarding |  |  |  |  |
| POVA |  |  |  |  |
| Role of MDT |  |  |  |  |
| Care of dying/LCP |  |  |  |  |
| Unexpected Death Protocol |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

**Home Environments**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Elderly Care |  |  |  |  |
| Dementia/Organic |  |  |  |  |
| Challenging Behaviour |  |  |  |  |
| Brain Injury |  |  |  |  |
| Stroke Management |  |  |  |  |
| Physical Disabilities |  |  |  |  |
| Rehabilitation |  |  |  |  |
| Intermediate Care |  |  |  |  |
| Respite |  |  |  |  |

**Documentation**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Nursing Evaluation/Summary |  |  |  |  |
| Formulation of Care Plans |  |  |  |  |
| MARS system |  |  |  |  |
| Observation Charts |  |  |  |  |
| Fluid Balance Charts |  |  |  |  |
| Stool Charts |  |  |  |  |
| Incontinence Charts |  |  |  |  |
| Critical Incident Reporting |  |  |  |  |
| Wound Care Recording |  |  |  |  |
| Waterlow Scoring |  |  |  |  |
| Behaviour Charts |  |  |  |  |
| Weight Management |  |  |  |  |
| MDT referral Documentation |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

**Patient Observations & Monitoring**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Pulse Oximeter |  |  |  |  |
| Blood Pressure |  |  |  |  |
| Respirations |  |  |  |  |
| Temperature |  |  |  |  |
| Neuro Observations |  |  |  |  |
| O2 Therapy |  |  |  |  |
| BM Monitoring |  |  |  |  |
| Equipment system checks |  |  |  |  |
| Care of the unconscious patient |  |  |  |  |
| Pain Management & Scoring |  |  |  |  |
| Syringe Drivers |  |  |  |  |
| Defibrillator checks |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

**Use of Equipment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Glucometer |  |  |  |  |
| Syringe Driver |  |  |  |  |
| Oxygen Cylinders |  |  |  |  |
| Nasal Cannula’s |  |  |  |  |
| Oxygen Masks |  |  |  |  |
| CPAP |  |  |  |  |
| Hoist – Manual |  |  |  |  |
| Hoist – Electric |  |  |  |  |
| Slings |  |  |  |  |
| Slide Sheets |  |  |  |  |
| Standing Hoist |  |  |  |  |
| Lifting Belt |  |  |  |  |
| Banana Board |  |  |  |  |
| Pressure Relieving Aids |  |  |  |  |
| Air flow Matress |  |  |  |  |
| Automatic Feed Pumps |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

**Skills**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tissue Viability |  |  |  |  |
| Wound Assessment & Mapping |  |  |  |  |
| Leg Ulcer Management |  |  |  |  |
| Compression Bandage |  |  |  |  |
| Bandaging Principles |  |  |  |  |
| TED Application |  |  |  |  |
| Asceptic Technique/ANTT |  |  |  |  |
| Tracheostomy Care |  |  |  |  |
| Tracheal Suctioning |  |  |  |  |
| Oral Suctioning |  |  |  |  |
| InsulinAdministration/Management |  |  |  |  |
| Seizure Management |  |  |  |  |
| Urinary Catheter Care |  |  |  |  |
| Supra Pubic Catheter Care |  |  |  |  |
| Male Conveen Application |  |  |  |  |
| Stoma Care |  |  |  |  |
| PEG site Management |  |  |  |  |
| Obtaining Urine/Faecal Samples |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Skill** | **DATE ASSESSED** | **Assessor** | **Competent** | **Notes** |

**Drug Administration & Procedures**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ordering Medication |  |  |  |  |
| Receiving Medication |  |  |  |  |
| Storage of Medicines |  |  |  |  |
| Pharmacy Protocols |  |  |  |  |
| CD Management |  |  |  |  |
| CD Administration |  |  |  |  |
| Covert Medication Procedure |  |  |  |  |
| Oral Administration |  |  |  |  |
| IM/SC Administration |  |  |  |  |
| IV Administration |  |  |  |  |
| PEG Administration |  |  |  |  |
| PR Administration |  |  |  |  |
| PV Administration |  |  |  |  |
| Bladder Washouts |  |  |  |  |
| Medicines Management |  |  |  |  |

**Additional Comments**

----------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------

----------------------------------------------------------------------------------------------------------------

**Name:** ----------------------------------------------------- **Date:** -----------------------

**Signature:** -----------------------------------------------

**Verified by:** ---------------------------------------------- **Date:** -----------------------