

Band 3 Senior Care Support Worker Competency Framework

Name:	
Clinical area / Department:	
Line Manager:	
Date of commencement of competencies:	
Date of completion of competencies:	



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Introduction

This document identifies generic skills and competencies expected of all Senior Care Support Workers (SCSW) working within Walsall Care NHS Trust & The Royal Wolverhampton NHS Trust at Band 3.

These competencies are designed to encompass the trusts' values which must be embedded throughout all sections of this document.

On completion of this document a copy must be kept by the Senior Care Support Worker for their personal portfolio; a copy of the document submitted to the line manager and retained in their personal file.

Please note if the SCSW is yet to complete their Care Certificate then they will be required to complete the Care Certificate competencies whilst also completing this document.

Code of Conduct for Care support workers

The Trust expects all Care Support Workers to adhere to the Skills for Health/Skills for Care Code of Conduct for Care support workers and Adult Social Care workers in England.

Skills for Care/Skills for Health (2013) Code of Conduct for Care Support Workers and Adult Social Care Workers in England www.skillsforcare.org.

Guidance Notes

All the skills identified within this document must be carried out in line with:

- Current Trust policies, procedures, and protocols
- Current legislation

The SCSW undertaking these competencies must also ensure that they:

- Maintain the health and safety of the patient, their colleagues and themselves.
- Use all equipment appropriately and safely.
- Provide the patient with emotional and physical support throughout
- Seek appropriate advice and support if unsure of the action to take.
- Participate in the delivery evidence-based quality care.

Assessment

Staff undertaking competency assessments must be competent in the skills being assessed. The assessor must be a Registered Nurse, Nursing Associate or AHP who has been deemed competent by the Department Manager.

Whilst completing the competencies within this document the assessors must be aware that they will remain accountable for the delegation of any task and the supervision of the individual.

A SCSW is expected to demonstrate a minimum of Level 4 of Steinaker and Bell's taxonomy as identified below (Page 5) in all competencies. The assessor must ensure that each outcome is reviewed, signed, and dated indicating assessment or non-assessment in line with the outlined standards.

Competencies MUST be achieved within 6 months of commencing in post however this can be increased to 12 months in the exceptional circumstances and will be reviewed on an individual basis. Staff assimilated into the Band 3 role must complete the competencies within 12 months of assimilation.

The manager or person with delegated responsibility will:

- Meet the SCSW fortnightly, review competencies and set realistic timescales for assessment.
- Competencies should be reviewed at the annual appraisal.

Senior Sister / Charge Nurse / Practice Education Facilitator

- Accurately and honestly assess the SCSW against the competence criteria, identify any competencies not being met and provide constructive feedback and guidance
 to support and enable the SCSW to become competent.
- Review progress midway through the programme and escalate to the Area Manager if timescales are not being achieved or other concerns are identified.

Where competence cannot be demonstrated because that element of care is not delivered in a particular clinical setting this must be documented in this booklet by the manager of that clinical area. The SCSW is expected to ensure any competencies omitted because opportunities are not available, are achieved within 6 months of commencement should they move to a clinical area where that skill is required.

Failure to progress

Where areas of concern are identified or the SCSW fails to achieve competence in a timely manner this should be escalated to the Area Manager at the earliest opportunity. The SCSW, Manager and Practice Education Facilitator must agree clear action plans to facilitate assessment within a defined timescale. These plans must be documented in the individual's personal file and progress regularly reviewed. Further failure to progress should then be managed under the Trust's Capability or Conduct Procedures.

Relevant Contact Details

The education team may be able to offer support or identify appropriate training opportunities to support the SCSWs who are failing to demonstrate competence.

Disclaimer / Sign Off

I confirm that I have checked the below competencies and confirm that all sections are completed accurately:

Print Name:	Signature / Stamp:	Date:
Member of Staff		

Print Name: Date: Date:

Assessment Taxonomy

The following taxonomy developed by Steinaker and Bell (1979) describes the sequence of levels of skill acquisition which individuals progress through as they learn and develop competence in a skill.

All SCSW's are expected to demonstrate skills at a minimum of Level 4 of the taxonomy to be deemed competent.

Taxonomy level	Learners performance	Criteria for accepted performance	Implications for mentors / assessors
Level 1 (L1)	Exposure	Gain understanding through exposure of the knowledge, skills and attitudes needed for professional competence.	Selects and presents information. Demonstrates appropriate task. Acts as a motivator to reduce anxiety and maintain confidence. Observes trainees willingness to learn.
Level 2 (L2)	Participation	Completes competence only with substantial supervision and support. Student is unable to relate theory to practice	Offers guidance and supportive feedback. Questions the trainees understanding. Promote further thought and learning from situation. Observes level of learner participation.
Level 3 (L3)	Identification	Perform competency safely with minimal supervision / support, is able to relate theory to practice.	Less supervision and intervention. Provides advice and feedback. Reinforces good practice. Asks questions of the trainee, relating theory to practice.
Level 4 (L4)	Internalisation	Able to explain the rationale for nursing action, is able to transfer knowledge to new situations. Seeks and applies new knowledge and research findings.	Requires less supervision whilst caring for a group of patients/ clients, demonstrates ability to use problem solving skills, critical analysis, and evaluation.
Level 5 (L5)	Dissemination	Capable of independent nursing practice. Advises others, teaches junior colleagues, and demonstrates ability to manage care delivery by junior staff.	Requires minimal supervision to plan, implement and evaluate care for a group of patients. Demonstrates critical analysis, evaluation, and decision-making skills

Steinaker, N. and Bell, M (1979), The Experiential Taxonomy: A New Approach to teaching and learning.

Assessor Signature and Stamps

For validation purposes, all Assessors involved in the assessment of the SCSW undertaking these competencies are required to provide a signature and the relevant details below.

While the use of personal stamps is encouraged, this should be in addition to, rather than a replacement for, the Assessor's signature and date.

All Assessors are personally and professionally accountable for ensuring that they are competent to assess a SCSW undertaking these competencies.

Full Name	Position	Clinical Area	Signature	Initials

Clinical Competencies

1.0 Commitment to Trust Values and the Delivery of Quality Care

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
1.1 Demonstrate adherence to Trust policies and practices, relevant to your role to include:			
Trust values			
Infection Prevention			
Human Resources			
Clinical Procedures			
Freedom to speak up			
Attendance at work			
1.2 Discuss the boundaries of your role and responsibilities.			
1.3 Discuss your understanding of what constitutes compassionate care.			
1.4 Explain how you would seek supervision when situations are beyond your level of competence.			
1.5 Identify ways in which you can promote and uphold the delivery of person-centred care.			

1.6 Discuss how you will maintain competence within your role.		
1.7 Demonstrate presentation of self in a manner which promotes a positive image of health care workers.		
1.8 Demonstrate adherence to the Trust dress code policy at all times.		
1.9 Demonstrate consistent reliability and punctuality.		
1.10 Discuss the Trust patient safety culture and identify some of the initiatives that the Trust implements.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

2.0 Confidentiality

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
2.1 Explain the principles of confidentiality.			
2.2 Discuss why it is important to clarify the identity of the enquirer prior to providing any information.			
2.3 Explain how you maintain the confidentiality of the individual's information within the working environment.			
2.4 Explain why it is important to gain patient permission to disclose information.			
2.5 Discuss when disclosure of information is justified.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

3.0 Communication

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
3.1 Discuss the importance of responding and addressing patients in a timely manner e.g. toileting, answering the call bell.			
3.2 Explain the importance of confirming patient identity and obtaining valid consent before delivering an intervention.			
3.3 Discuss the appropriate action to take where actions/ behaviours of others give you cause for concern.			
3.4 Demonstrate development and maintenance of professional relationships with patients, carers, and colleagues.			
3.5 Demonstrate use of telephones i.e. transferring call, using the mute facility appropriately and placing a call back.			

3.6 Demonstrates the correct handling of telephone enquiries including:		
Demonstrates a professional manner.		
Answers the telephone promptly.		
Greets callers; identifies self and department.		
Establishes who is calling.		
Take relevant details from the caller including who they wish to speak to.		
• Identifies the appropriate person to deal with the call.		
Ensure messages are communicated in an accurate and timely fashion.		
3.7 Demonstrate communication with patients, carers or relatives at a pace, in a manner and at a level appropriate to individuals' understanding and preferences.		
3.8 Discuss actions that you may take to ensure patients, carers or relatives have the support they need to communicate their views, wishes and preferences.		
3.9 Explain how you would seek information and advice about patients, carers or relatives specific communication, language needs and preferences.		
3.10 Demonstrate appropriate body language, eye contact, and tone of voice and methods of listening that actively encourage individuals and to communicate.		

3.11 Discuss the importance of concentrating, listening, and responding appropriately when you are communicating with patients, carers or relatives.		
3.12 Discuss the action you would take if you identified a matter of concern/ potential safeguarding issue.		
3.13 Explain the importance of seeking additional advice regarding questions and concerns that are beyond your limitations.		
3.14 Discuss the appropriate action to address any misunderstandings.		
3.15 Demonstrate access and accurate completion of patient's bedside records.		
3.16 Discuss how to deal with a complaint.		
3.17 Discuss the PALS service and their role.		
	1	

3.18 Explain how you may deal with an agitated or aggressive patient.		
SCSW PRINT and sign:	Date:	
rtini and sign.		
Assessor	Date:	
PRINT and sign:		

4.0 Team Working

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
4.1 Demonstrate collaborative working with colleagues from own/other professions.			
4.2 Work with others within the team to identify, agree and clarify:			
Your role and responsibilities.			
The roles and responsibilities of others.			
 How your role and responsibilities contribute to the overall objectives and purpose of the team. 			
 How you can and should contribute to team activities, objectives, and purposes. 			
4.3 Agree, seek, support, and take responsibility for any development and learning that will enable you to carry out your role and responsibilities within the team more effectively.			
4.4 Ensure your behaviour to others in the team supports the effective functioning of the team.			
4.5 Offer supportive and constructive assistance to team members.			
4.6 Complete commitments to other team members effectively and according to overall work priorities.			

4.7 Discuss what action you would take if you experienced problems in working effectively with other team members.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

5.0 Privacy and Dignity

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
5.1 Discuss how patient privacy and dignity is upheld.			
 5.2 Act in a manner that always maintains patients' dignity and adhering to Eat Drink Dress Move Improve by: Ensuring appropriate clothing is always available. Provide care in a private environment, ensuring all curtains/doors are closed during any activity involving personal care. Obtain consent, by knocking or verbal request, prior to entering this environment. Understand the need for and provides/acts as a chaperone if requested or deemed appropriate. Encourage/promote independence, working closely with patients, family, and carers to enable patients 			
to self-care wherever possible. SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

6.0 Equality and Diversity

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
6.1 Treat and value people as individuals.			
6.2 Respect the individual's diversity, cultures, values, and beliefs.			
6.3 Assist and give appropriate support to enable individuals to make their own decisions.			
6.4 Promote the independence of individuals.			
6.5 Discuss how you would support individuals to make compliments and complaints.			
6.6 Explain how you put the individual's preferences at the centre of everything you and others do.			

6.7 Challenge behaviours and practice that discriminate against individuals.		
6.8 Discuss how you would seek advice when you are having difficulty promoting equality and diversity.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

7.0 Infection Prevention

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
7.1 Demonstrate correct hand washing technique to prevent the spread of infection.			
7.2 Discuss the five moments of hand hygiene and wearing of suitable personal protective equipment inline with trust policy.			
7.3 Demonstrate safe handling of body fluids in accordance with Infection Prevention policies.			
7.4 Discuss how infection prevention standards are always upheld.			
7.5 Discuss the importance of keeping your fingernails short and clean, and do not use nail polish or artificial fingernails.			
7.6 Discuss the importance of reporting any skin problems to your line manager, Occupational Health, or your GP so that appropriate treatment can be undertaken.			

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7.7 Demonstrate appropriate preparation of a bed area for a new patient and following discharge.		
7.8 Demonstrates effective decontamination of commodes.		
7.9 Discuss the importance of cleanliness of equipment.		
 7.10 Explain the principles of isolation including the PPE required for isolation precautions to include Enteric Droplet Reverse. 		
7.11 Demonstrate high standards of hygiene when handling food.		
 7.12 Demonstrate how to dispose of all waste. Sharps. Soiled linen. Infected linen. Clinical waste. Domestic waste. Glass bottles. Blood and blood products. 		

7.13 Demonstrate how to undertake MRSA screening swabs as per Trust policy.		
7.14 Discuss the action to take following a needlestick injury.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

8.0 Manual Handling

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
8.1 Identify where you would locate information regarding patient's manual handling needs.			
8.2 Locate and discuss the use and storage of available equipment.			
 8.3 Demonstrate safe manual handling practice following correct techniques and using appropriate equipment to include: Slide sheets 			
 Hoist Assisting patient with an aid			
Chair transferBed transferStanding frame.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

9.0 Core Skills

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
9.1 Demonstrate correct methods of assisting patients to maintain their personal hygiene needs.			
9.2 Demonstrate the correct technique when making a bed both unoccupied and occupied.			
 9.3 Demonstrate and discuss different methods of providing oral care including: Brushing teeth. 			
Dentures.Mouth.			
9.4 Discuss your limitations as a SCSW with regards to escorting a patient to another ward/department.			
9.5 Identify the implications of escorting a patient to another ward/department.			
9.6 Demonstrate safe escort of a patient to another ward/department.			

9.7 Discuss the need for and importance of undertaking regular patient checks for comfort and positioning.		
9.8 Demonstrate accurate completion of the patient documentation with regards to the repositioning and comfort check.		
9.9 Demonstrate safe removal of an intravenous cannula.		
 9.10 Demonstrate assessment of the intravenous cannula site using the VIP scoring tool to include Correct scoring Documentation as per Trust policy Awareness of the escalation process if the score is 		
9.11 Demonstrate correct set up of an oxygen administration circuit including: Non-rebreathe bag. Venturi mask.		
Nasal cannulae. 9.12 Discuss the rationale for measuring and monitoring patient weight.		

9.13 Identify types of scales available to measure patient weight.		
9.14 Demonstrate accurate documentation of patient weight.		
9.15 Discuss the rationale for measuring and monitoring patient weight.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

10.0 Falls Prevention

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
10.1 Discuss the key factors that contribute to the risk of patients falling.			
10.2 Identify potential environmental hazards and the action required to eliminate them.			
10.3 Demonstrates awareness of the Falls Prevention Policy and interventions required.			
10.4 Demonstrate accurate completion of the patient documentation with regards to falls prevention.			
10.5 Discuss the action to take following a patient falling.			
SCSW PRINT and sign:		Date:	
A		Deter	
Assessor PRINT and sign:		Date:	

11.0 Nutrition and Hydration

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
11.1 Discuss procedure of ordering meals for patients both within normal working hours and out of hours.			
11.2 Discuss the importance of providing meals to meet patient's religious/cultural beliefs.			
11.3 Demonstrate accurate recording of nutritional and fluid intake on the fluid balance chart.			
11.4 Discuss the importance of assisting patients to make healthy meal choices.			
11.5 Demonstrate safe and correct skills for feeding patients using appropriate feeding aids to meet patient's needs.			
11.6 Discuss how nutrition and hydration can be provided for patients with swallowing difficulties.			

11.7 Explain the role of others i.e. Dietician, Speech, and Language Therapist.		
11.8 Discuss the importance of good oral care in relation to nutrition and hydration.		
11.9 Discuss why protected mealtimes are important.		
11.10 Explain the role of the SCSW in preparation of the environment at mealtimes.		
11.11 Demonstrate the preparation of patients for mealtimes e.g. comfort check, dentures, washing hands, positioning, environment.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

12.0 Tissue Viability

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
12.1 Discuss factors that may cause deterioration of skin.			
12.2 Demonstrate accurate completion of the pressure injury risk assessment to identify patients at risk of pressure injury.			
12.3 Demonstrate ability to measure deterioration of the skin e.g. pressure ulcer grade.			
12.4 Demonstrate ability to recognise pressure damage.			
12.5 Discuss the action to take if a skins changes are detected.			
12.6 Identify areas of the body prone to pressure ulcer development.			

12.7 Demonstrate correct positioning of patients in bed/chair to maintain comfort and reduce risks of skin deterioration.		
12.8 Explain how to obtain pressure relieving equipment.		
12.9 Identify and discuss different pressure relieving equipment including its function and how it is used		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

13.0 Emergencies

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
13.1 Discusses and demonstrates the ability to recognise patient deterioration to include an A- E assessment and escalation to registered practitioner.			
13.2 Identify and discuss the emergency telephone number.			
13.3 Demonstrate correct use of the call bell system and emergency telephone number including information to be given.			
13.4 Discuss how you would ascertain that the individual's circulation and breathing has stopped and establish the need for basic life support (DR ABC).			
13.5 Demonstrate an awareness of the RESPECT policy.			
13.6 Demonstrate the ability to check that all the appropriate equipment is in good working order.			

13.7 Discuss the immediate action to deal with health and environmental emergencies, including: • Fire • Security		
Serious and minor accidents Cardia (Pagainston) Arrest		
Cardiac/Respiratory Arrest 13.8 Discuss the appropriate action to take on hearing a fire alarm/discovering of a fire.		
13.9 Discuss the evacuation procedure, fire escape and assembly point.		
13.10 Locate the fire equipment.		
13.11 Discuss items which pose significant risk of fire.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

14.0 Urine Output

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
14.1 Describe what 'normal' urine output is.			
14.2 Demonstrate accurate assessment of patients' urine output using catheters, urinal bottles or collection devices.			
14.3 Discuss the importance of urine output in recognition of patient deterioration.			
14.4 Demonstrate accurate documentation of urine output on the fluid balance chart.			
14.5 Discuss when to escalate a change in urine output to a registered practitioner.			
14.6 Complete local trust urinalysis training.			

14.7 Complete local trust urinalysis competencies post completion of training.		
14.8 Demonstrate the accurate collection of a Mid-Stream Specimen of Urine to include:		
Identification of when a specimen is required		
Correct equipment		
Personal Protective Equipment		
Correct sample pot		
Patient communication and explanation of procedure		
Accurate completion of details on specimen pot		
Hand decontamination		
Escalation of concerns		
14.9 Demonstrate the accurate collection of a Central Stream Specimen of Urine from a urinary catheter:		
Identification of when a specimen is required		
Correct equipment		
Maintain aseptic non-touch technique		
Personal Protective Equipment		
Correct sample pot		
Patient communication and explanation of procedure		
Accurate completion of details on specimen pot		
Hand decontamination		
Escalation of concerns		
14.10 Completes Trust bladder scan training and completes associated competency		

14.11 Demonstrates the accurate completion of a bladder scan to include:		
Accurate measurement		
Patient privacy and dignity		
Accurate recording		
Escalation of results		
SCSW	Date:	
PRINT and sign:		
Assessor	Date:	
PRINT and sign:		

15.0 Collection, Storage and Transport of Specimens

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
15.1 Work within your level of competence, responsibility, and accountability for obtaining and testing specimens.			
15.2 Discuss the rationale for urine analysis and stool sampling.			
15.3Demonstrate the correct procedure for collecting the following specimens:Urine			
FaecesSputum			
15.4 Demonstrate accurate labelling of specimens collected.			
15.5 Explain the importance of accurate labelling of specimens.			
15.6 Demonstrate accurate completion of appropriate documentation.			

15.7 Discuss the appropriate action to take if abnormal results are detected.		
15.8 Demonstrate the correct procedure for the transportation of specimens to the relevant area		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

16.0 Stock Ordering/Re-stocking

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
16.1 Discuss where stores/linen supplies are kept and where to locate key equipment.			
16.2 Discuss how ward stocks are ordered.			
16.3 Explain the importance of maintaining stock levels and stock room tidiness.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

17.0 Care after Death

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
17.1 Discuss importance of delivering Care after Death to include identification and adherence to cultural, spiritual and family beliefs.			
17.2 Discuss communication strategies and support techniques for significant others/bereaved individuals including team members			
17.3 Discuss how to support family who want to participate in Care after Death to include:			
• Communication			
 Recognition of emotions Identify the level of participant that the family members wants to take 			
 Confirm with family if hand prints, locks of hair or hand photographs are required and facilitates if requested 			

Date:	
Date:	

Physiological Observations

18.0 Recording Blood Pressure

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
18.1 Discuss what blood pressure is.			
18.2 Identify the usual site for taking a blood pressure with rationale for using this site.			
18.3 Identify activities that change the blood pressure (raise or lower it).			
18.4 Identify the normal range for blood pressure including diastolic and systolic pressure.			
18.5 Discuss the appropriate action to take if a patient's blood pressure reading is outside the normal range.			

18.6 Demonstrate the correct technique to accurately record the patients' lying blood pressure using a manual device to include:		
 Patient preparation including patient resting 3 minutes before recording (unless emergency or deterioration) and consent. 		
Adherence to Infection Prevention policies		
Cuff sizing and positioning		
Machine operation		
Accurately obtain and document results		
Interpretation and escalation of results		
18.7		
Demonstrate the correct technique to accurately record the patients' standing blood pressure using an automated device to include:		
 Patient preparation including patient resting 3 minutes prior to recording (unless emergency or deterioration) and consent 		
Adherence to Infection Prevention policies		
Cuff sizing and positioning		
Machine operation		
Accurately obtain results		
Compare to patients previous readings and trends		
18.8 Demonstrate accurate completion and recording of results.		
18.9 Identify and discuss the action to take if any abnormality is detected including reporting of the results.		

18.10 Demonstrates the correct decontamination of equipment and replaces as appropriate.		
SCSW	Date:	
PRINT and sign:		
Assessor	Date:	
PRINT and sign:		

19.0 Recording Pulse Rate

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
19.1 Discuss what pulse rate is.			
19.2 Identify different pulse sites.			
19.3 Discuss the difference between regular and irregular rhythm.			
19.4 Discuss the importance of ensuring pulse rate is taken for 1 minute.			
 19.5 Demonstrates the correct technique to accurately record the person's pulse rate manually, to include: Location of pulse point Correct finger positioning Assess rate, rhythm, and amplitude. Assess for 1 full minute Accurately obtain results Explain results to patient Compare to patients previous readings and trends. 			

19.6 Demonstrate accurate completion and recording of results.		
19.7 Identify and discuss the action to take if any abnormality is detected including reporting of the results.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

20.0 Recording Respiratory Rate

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
20.1 Discuss the normal range for respiratory rate.			
20.2 Discuss the importance of monitoring respiratory rate.			
 20.3 Demonstrate the correct technique to accurately record respiratory rate including the following: Preparation of the patient Assessing rate, depth, sounds, cough, pattern, accessory muscle use, patients colour for 1 full minute. Patient position. Ability to speak in sentences. Accurately obtain results Explain results to patient Compare to patients previous readings and trends 			
20.4 Demonstrate accurate completion and recording of results.			

20.5 Discuss the action to take if any abnormality is detected including reporting of the results.		
SCSW	Date:	
PRINT and sign:		
Assessor	Date:	
PRINT and sign:		

21.0 Recording Body Temperature

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
21.1 Identify the normal range for body temperature.			
21.2 Discuss the terms pyrexia and hypothermia.			
21.3 Identify the different sites for taking a patients temperature, the rationale for using each site and the steps to prepare a person for taking their temperature from each site.			
21.4 Demonstrate the correct technique to accurately record the patient's body temperature to include:			
Patient preparation			
Selection of correct device and probe			
• Identification of factors that may affect readings e.g. fans, hearing aids			
Checking of skin temperature and colour			
Accurately obtain results			
Explain results to patient			
Compare to patients previous readings and trends			
21.5 Demonstrate accurate completion and recording of results.			

21.6 Identify and discuss the action to take if any abnormality is detected including reporting of the results.		
SCSW	Date:	
PRINT and sign:		
Assessor	Date:	
PRINT and sign:		

22.0 Performing Pulse Oximetry (Oxygen Saturations)

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
22.1 Discuss the rationale for pulse oximetry.			
22.2 Identify the normal range for oxygen saturation (SpO2) levels as a percentage.			
 22.3 Discuss the limitations of oxygen saturation recording including: common causes for inaccurate readings inability to obtain a reading due to disease processes, patient condition, and equipment limitations/failures. 			
22.4 Discuss the terms cyanosis and hypoxia.			
22.5 Identify the different sites for performing pulse oximetry, the rationale for using each site and the importance of using the correct saturation probe.			

22.6 Demonstrate the correct technique to accurately record the patient's oxygen saturations to include:		
Checking capillary refill		
Site clean, no skin damage and nail polish free		
 Ensure probe is not on the side where the blood pressure cuff is situated. 		
 Ensure signal has stabilised prior to obtaining reading 		
Accurately obtain results		
Explain results to patient		
Compare to patients previous readings and trends		
22.7 Demonstrate accurate completion and recording of results.		
22.8 Identify and discuss the action to take if any abnormality is detected including reporting of the results.		
22.9 Demonstrates decontamination of equipment and replaces equipment as appropriate.		

22.10 Identifies the implications of COPD/CO2 retaining patients.		
SCSW	Date:	
PRINT and sign:		
Assessor	Date:	
PRINT and sign:		

23.0 Pain Assessment

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
23.1			
Discuss the patients' perception of pain.			
23.2			
Discuss how to recognise that a patient is in pain to include:			
Non-verbal cues			
Verbal cues			
23.3 Demonstrate accurate assessment of patients' pain using the Trust agreed pain assessment tool to include:			
• Site			
Onset			
Character			
Radiates			
Associated Symptoms			
Time			
Exacerbating			
Severity			
Pain score			
What interventions already implemented and what works			
23.4 Identify non-pharmacological interventions to manage pain e.g. positioning			

23.5 Demonstrate accurate documentation of pain assessment findings.		
23.6 Discuss the importance of reassessing pain following an intervention.		
23.7 Discuss when to escalate pain to the registered practitioner.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

24.0 Blood Glucose Testing

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
24.1 Attend local trust blood glucose & Blood ketones monitoring training.			
24.2 Complete local Trust competencies following training.			
24.3 Discusses the action to be taken in the event of Hypo or Hyperglycaemia and the presence of ketones as per trust guidelines			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

25.0 ECG recording

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
25.1 Attend local trust ECG training.			
25.2 Complete local Trust competencies following training.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

26.0 Phlebotomy

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
26.1 Attend local trust Phlebotomy training.			
26.2 Complete local Trust competencies following training.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	

27.0 Aseptic Technique and Simple Dressing

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
27.1 Discuss what the aseptic technique is.			
27.2 Demonstrate the undertaking of a simple dressing change following aseptic non-touch technique as per local trust policy to include:			
Equipment selection and preparation			
Adherence to Infection Prevention policies			
Selecting correct dressing as per care plan			
Pain assessment			
Patient preparation and consent			
Maintenance of privacy and dignity			
Correct glove selection			
Maintains clean hand and dirty hand throughout procedure to prevent contamination			
Observe for signs of patient discomfort during the procedure			
Wound assessment – tissue, inflammation, moisture and exudate			
Provide patient with update post procedure			
Disposal of waste as per local trust policy			
27.3 Demonstrate accurate documentation of wound assessment and dressing change to include countersignature from a registered practitioner.			

27.4 Discuss the importance of reassessing pain following dressing change.		
SCSW PRINT and sign:	Date:	
Assessor PRINT and sign:	Date:	

28.0 Supporting Others

Performance Criteria	Evidence of assessment at Level 4 (To be completed by the SCSW)	Assessor Signature and Stamp	Date
28.1 Completion of local trust peer assessor training			
28.2 Demonstrate the supporting of new staff within the clinical area to aid transition and support induction, to include: New Band 3 SCSW			
New Band 2 CSWT-Level StudentsStudent nurses			
28.3 Demonstrate the accurate assessment of a colleague undertaking their Care Certificate.			
28.4 Discuss the action you would take if you had concerns regarding a colleague or issues with an assessment.			
SCSW PRINT and sign:		Date:	
Assessor PRINT and sign:		Date:	