



Observation

Carers Name.....**Date**.....

Task being observed

Carers Appearance:				Comments
Is the carers clothing suitable for work? Is it clean?	Yes	No	N/A	
Is the carer wearing suitable footwear?	Yes	No	N/A	
Is the carer wearing jewellery?	Yes	No	N/A	
Overall is the carer neat and tidy?	Yes	No	N/A	
Does the carer have their ID badge?	Yes	No	N/A	

Carers Attitude:				Comments
To the student?	Yes	No	N/A	
To work colleagues?	Yes	No	N/A	
Towards line manager?	Yes	No	N/A	
Did the carer offer choice?	Yes	No	N/A	
Did the carer talk over the service user?	Yes	No	N/A	
Were the carer's communication skills good?	Yes	No	N/A	

Moving and Handling:				Comments
Did the carer check all equipment before using?	Yes	No	N/A	
Did the carer use all equipment correctly?	Yes	No	N/A	
Did the carer decide who is going to take the lead?	Yes	No	N/A	
Did the carer explain to the student what they were going to do before they started?	Yes	No	N/A	
Did the carer encourage the student to assist them?	Yes	No	N/A	
Was enough time given for manoeuvre?	Yes	No	N/A	
Did carer complete all transfers correctly?	Yes	No	N/A	
When assisting with dressing the student did carer use appropriate techniques?	Yes	No	N/A	
Was all equipment put away after use?	Yes	No	N/A	

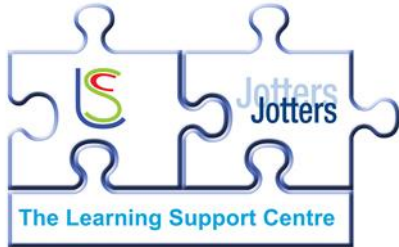
Personal Care:				Comments
Did the carer wash their hands?	Yes	No	N/A	
Did the carer wear gloves?	Yes	No	N/A	
Did the carer wear correct PPE	Yes	No	N/A	
Was the student's personal care dealt with appropriately?	Yes	No	N/A	
Did the carer give the student choice as to how they would like things done?	Yes	No	N/A	



Was the students dignity and privacy respected at all times?	Yes	No	N/A	
Did the carer promote the students independence?	Yes	No	N/A	
Did the carer change the water?	Yes	No	N/A	
Did the carer use different towels when drying?	Yes	No	N/A	
Was skin integrity observed?	Yes	No	N/A	
Did the carer assist the student with toileting?	Yes	No	N/A	
Personal Care				Comments
Did the carer prompt the student with hand washing after using the toilet?	Yes	No	N/A	
Did the carer change/empty catheter bag?	Yes	No	N/A	
Did the carer take care of the student's oral hygiene?	Yes	No	N/A	
Did the carer give the student a shave?	Yes	No	N/A	
Did the carer clean the student's glasses?	Yes	No	N/A	
Were incontinence/sanitary wear disposed of correctly?	Yes	No	N/A	
Did the carer take care of the students fingernails? (eg cleaning/filing)	Yes	No	N/A	
Did the carer wash/comb the student's hair?	Yes	No	N/A	
Was all equipment put away after use?	Yes	No	N/A	

Domestic Duties				Comments
Did the carer make/change the bed?	Yes	No	N/A	
Did the carer clean the bathroom after they had finished delivering student's personal care needs?	Yes	No	N/A	
Did the carer clean microwave/cooker after use?	Yes	No	N/A	
Did they wipe the work surfaces after they had finished?	Yes	No	N/A	
Were the bins emptied/rubbish taken out?	Yes	No	N/A	
Did the carer assist with any laundry duties?	Yes	No	N/A	

Meal Preparation				Comments
Did the carer wash their hands?	Yes	No	N/A	
Did the carer ask the student if they would like to wash their hands?	Yes	No	N/A	
Did the carer wear apron/gloves?	Yes	No	N/A	
Did the carer offer choice?	Yes	No	N/A	
Did the carer use a chopping board?	Yes	No	N/A	
Was the food cooked as per manufacturer's instructions?	Yes	No	N/A	
Was the area clean where the carer was serving the food?	Yes	No	N/A	
Did the carer date and cover any leftover food?	Yes	No	N/A	
Did the carer check the fridge for out of date food?	Yes	No	N/A	
Did the carer wash up?	Yes	No	N/A	
Did the carer leave everywhere clean and tidy?	Yes	No	N/A	



Carer				Comments
Was the carer on time?	Yes	No	N/A	
Did the carer stay for entire shift?	Yes	No	N/A	
Was the carer correct as scheduled?	Yes	No	N/A	
Did the carer read the evaluation sheets prior to completing any tasks?	Yes	No	N/A	
Were all the tasks on the care plan completed?	Yes	No	N/A	
Did the carer complete the medication/cream record sheet (if applicable)?	Yes	No	N/A	
Did the carer complete the care log?	Yes	No	N/A	
Are the records neat, tidy and accurate?	Yes	No	N/A	
Did the carer cross any boundaries?	Yes	No	N/A	

Has the carer any comments to make regarding issues raised concerning their performance?

Any actions to be taken.

Carers name.....Signature.....Date.....

Assessor name.....Signature.....Date.....