Name of person to be assessed ……Sasha Munroe…………………………………

Care Certificate assessor …………Brenda Fitzgerald……………………………

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| What is being assessed? Please outline the activity.  Sasha will assist Mrs X with her meal, completion of the workbook, and some questioning during feedback. | | |
| Date | Description: please detail the performance of the worker | Standards met |
| 13 Aug 15 | Sasha confirmed with Mrs X that she was happy for the assessment to take place.  Sasha checked the care plan to ensure she understood Mrs X’s dietary requirements and agreed ways of working.  Sasha escorted Mrs X to the dining area, using the wheelchair safely and checking where Mrs X wanted to sit. She asked Mrs X what she would like for lunch. Before handling food Sasha tied her hair back and washed her hands. She gave choices over drinks, ensuring they were accessible, helping Mrs X at a pace Mrs X was happy with. Sasha was mindful of Mrs X sometimes requiring prompts with swallowing and staying focussed. Sasha helped Mrs X remain clean and her communication was appropriate and respectful of Mrs X’s needs and wishes. | 1.1c/1.2d  15.1b  5.6c/5.7a  6.5  7.4a  4.2b |

Worker under assessment signature ……… Sasha Munroe…………………………

Date…13 Aug 15………………..

Care Certificate assessor signature …… B Fitzgerald ……………….

Date…13 Aug 15…………………