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/1.2d15.1b5.6c/5.7a6.57.4a4.2b |

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

Date…13 Aug 15………………..

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

Date…13 Aug 15…………………