

# Bluefield Care Services Ltd

## Personnel: Spot Check

**Staff Member's Name:**

This spot check takes place at the Service user's home, where they have an opportunity to comment on the service.

**Please identify spot check type**

**Random**

**Pre-Arranged**

<b>Observations of Staff</b>	<b>Yes/No + Comments</b>
Punctuality	
Identity Badge	
Uniform/Tabard	
Gloves/Aprons/PPE are appropriate	
Care Plan Familiarity	
Involves Service User in Tasks	
Communication Skills	
Professional, Friendly Approach	
Appropriate Recording of Attendance	
<b>Medication Notes</b>	<b>Comments</b>
MAR Chart Completed Correctly?	
Medication Tasks Understood?	
Error Reports?	
List of Medicines Up to Date?	
Homely Remedies Up to Date?	
Any Issues Identified? (please detail)	
<b>Observations from Service User</b>	<b>Comments</b>
Do Staff Deliver the Service Required?	
Do they follow the Care Plan?	
Are they Flexible in Meeting your Needs?	
Are you Happy with the Current Staff?	
Any Other Observations?	
<b>Any competency needs or capability issues identified identified?</b>	

**Service User's Signature:**

**Address:**

**Completed by:**