

Example

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Senior Care Staff: Older People Care Home

March 2025

| Tick any care qualifications you currently hold? (Click as many as apply) | | | |
|---|---|-------------|-----|
| Level 1 in Care | 0 | | 0% |
| Level 2 Diploma in Care or equivalent | 2 | <div></div> | 17% |
| Level 3 Diploma in Care or equivalent | 4 | <div></div> | 33% |
| Level 4 Diploma in Adult Care practice c | 0 | | 0% |
| Level 5 Diploma in Leadership and Man | 5 | <div></div> | 42% |
| None | 0 | | 0% |
| Other (please specify): | 1 | <div></div> | 8% |

| Have you been asked to complete a DBS check? | | | |
|--|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |

| Have you been asked if you have the right to work in the UK? | | | |
|--|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |

| Did you receive a full induction on joining the organisation? | | | |
|---|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |

| During your probation, were you regularly observed/shadowed to assess your skills? | | | |
|--|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |
| Not applicable | 0 | | 0% |

| Do you feel adequately trained and experienced to carry out your role? | | | |
|--|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |

| Have you had regular supervisions and an appraisal in the last 12 months? | | | |
|---|----|-------------|------|
| Yes | 11 | <div></div> | 100% |
| No | 0 | | 0% |

| Do you carry out observations on staff practice and provide feedback for improvements? | | | |
|--|---|--|----|
| Yes | 0 | | 0% |
| No | 0 | | 0% |

| What style of training do you currently receive from your organisation? | | | |
|---|----|-------------|-----|
| Face-to-face | 10 | <div></div> | 36% |
| e-learning | 10 | <div></div> | 36% |
| Blended (e-Learning and face-to-face) | 8 | <div></div> | 29% |
| Other (please specify): | 0 | | 0% |

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| Score your level of agreement with the statements below: (please note this starts with strongly disagree) | | | | | | | |
|---|-------------------|----------|---------|-------|----------------|----------------|---|
| Answer Choice | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Response Total | |
| I have a good understanding of my role as a senior care professional | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I have a Professional Development Plan, and follow this | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I am aware of, and are confident to promote the "Duty of Care" principles | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident promoting the principles of equality, diversity and inclusion | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident to promote person-centred care | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident to promote effective communication with people receiving care, families, and colleagues | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand the needs of the individuals within the service, including their conditions and how this effects their day-to-day life | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident promoting the importance of an individual's dignity and privacy | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident promoting the importance of handling confidential information in line with information governance laws | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident promoting the importance of maintaining quality care records | 2 | 0 | 0 | 0 | 9 | 11 | ■ |

| Score your level of agreement with the statements below: (please note this starts with strongly disagree) | | | | | | | |
|---|-------------------|----------|---------|-------|----------------|----------------|---|
| Answer Choice | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Response Total | |
| I understand and feel confident to promote the importance of safeguarding individuals from abuse and harm | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand and feel confident to promote the principles of mental capacity | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I have received training in First Aid and feel confident to use this in an emergency | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand the importance of advance care planning for residents and am aware of the different documentation such as RESPECT and DNACPR | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident in a residents nutritional needs for their age including MUST assessment and management | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident how to support residents to maintain good hydration and understand the impact dehydration can have on physical health | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I feel confident in identifying if an individual is deteriorating physically through visual observation and health observations and I understand where to escalate | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand how to use Positive Behaviour Support structure and tools to best support residents living with dementia using strategies to reduce distress or crisis | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand the importance of enabling residents to stay mobile and independence wherever possible throughout their care | 2 | 0 | 0 | 0 | 9 | 11 | ■ |
| I understand how to embed best practice within my service and empower staff to deliver this day to day | 2 | 0 | 0 | 0 | 9 | 11 | ■ |

| Score your level of agreement with the statements below: (please note this starts with strongly disagree) | | | | | | | |
|---|-------------------|----------|---------|-------|----------------|----------------|---|
| Answer Choice | Strongly disagree | Disagree | Neutral | Agree | Strongly agree | Response Total | |
| I feel safe at work | 0 | 0 | 0 | 0 | 11 | 11 | ■ |
| I feel supported at work | 0 | 0 | 0 | 0 | 11 | 11 | ■ |
| I feel enabled at work | 0 | 0 | 0 | 0 | 11 | 11 | ■ |
| I feel appreciated at work | 0 | 0 | 0 | 0 | 11 | 11 | ■ |
| I feel listened to at work | 0 | 0 | 0 | 0 | 11 | 11 | ■ |

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| Have you had any training in equality, diversity & inclusion within the last 3 years? | | | | | | |
|---|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not Applicable to my role | 0 | 0% | | | | |

| In regards to training in equality, diversity & inclusion | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 1 | 10 | 11 |

| Have you had any training in dignity & respect within the last 3 years? | | | | | | |
|---|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not Applicable to my role | 0 | 0% | | | | |

| In regards dignity & respect | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in your services medication policies and procedures within the last 12 months? | | | | | | |
|--|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |

| In regards to your services medication policies and procedures | | | | | | |
|--|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in Safeguarding & Capacity within the last 2 years? | | | | | | |
|---|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |

| In regards to Safeguarding & Capacity | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in nutrition and hydration for older adults within the last 3 years? | | | | | | |
|--|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not Applicable to my role | 0 | 0% | | | | |

| In regards to nutrition & hydration in older adults | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in Hertfordshire Connected Lives? | | | | | | |
|---|---|---------------------------|--|--|--|--|
| Yes | 4 | <div><div>36%</div></div> | | | | |
| No | 1 | <div><div>9%</div></div> | | | | |
| Not applicable to my role | 6 | <div><div>55%</div></div> | | | | |

| In regards to Hertfordshire Connected Lives | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 1 | 0 | 0 | 0 | 4 | 5 |
| How confident do you feel in this area? | 1 | 0 | 0 | 0 | 4 | 5 |
| How knowledgeable do you feel in this area? | 1 | 0 | 0 | 0 | 4 | 5 |

| Have you had any training in effective care planning and recording in the last 3 years? | | | | | | |
|---|----|----------------------------|--|--|--|--|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |

| In regards to effective care planning and recording | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

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| Have you had any training in positive behavioural support/ least-restrictive practice to support residents living with dementia in the last 12 | | | | | | |
|--|------------|----------------------------|---------|--------|------|----------------|
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not Applicable to my role | 0 | 0% | | | | |
| In regards to positive behavioural support/ least-restrictive practice | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| Have you had any training in end of life care and advance care planning in the last 12 months? | | | | | | |
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to end of life care | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| Have you had any training in infection prevention and control within the last 3 years? | | | | | | |
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to infection prevention and control | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| Have you had any training in enabling residents mobility and independence in the last 2 years? | | | | | | |
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to mobility and independence | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| Have you had any training in falls prevention and management including use of admission avoidance services in the last 12 months? | | | | | | |
| Yes | 10 | <div><div>91%</div></div> | | | | |
| No | 1 | 9% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to falls prevention and management | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| Have you had any training in depression & anxiety within the last 3 years? | | | | | | |
| Yes | 10 | <div><div>91%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 1 | 9% | | | | |
| In regards to depression & anxiety | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 10 | 10 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 10 | 10 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 10 | 10 |
| Have you had any training in identifying physical deterioration including visual observations and completing health observations in the last 3 | | | | | | |
| Yes | 11 | <div><div>100%</div></div> | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to deterioration | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

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| Have you had any training in frailty identification and management in the last 3 years? | | | | | | |
|---|------------|-----------------------------|---------|--------|------|----------------|
| Yes | 11 | <div><div></div></div> 100% | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to frailty | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in dementia communication and life stories in the last 3 years? | | | | | | |
|---|------------|----------|---------|--------|------|----------------|
| Yes | 11 | 100% | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to communication and life stories | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in wound management and preventing skin deterioration within the last 3 years? | | | | | | |
|--|------------|-----------------------------|---------|--------|------|----------------|
| Yes | 11 | <div><div></div></div> 100% | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 0 | 0% | | | | |
| In regards to wound management and prevention | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 11 | 11 |

| Have you had any training in supervising and mentoring staff within the last 3 years? | | | | | | |
|---|------------|----------------------------|---------|--------|------|----------------|
| Yes | 7 | <div><div></div></div> 64% | | | | |
| No | 0 | 0% | | | | |
| Not applicable to my role | 4 | <div><div></div></div> 36% | | | | |
| In regards to supervising and mentoring staff | | | | | | |
| Answer Choice | Not at all | Not very | Neutral | Fairly | Very | Response Total |
| How skilled do you feel in this area? | 0 | 0 | 0 | 0 | 7 | 7 |
| How confident do you feel in this area? | 0 | 0 | 0 | 0 | 7 | 7 |
| How knowledgeable do you feel in this area? | 0 | 0 | 0 | 0 | 7 | 7 |

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| Do you feel confident to follow your organisation's Whistle Blowing policy? | | |
|---|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Do you know how to use the digital care planning system in your service? | | |
|--|---|-----|
| Yes | 8 | 73% |
| No | 0 | 0% |
| Not Applicable | 3 | 27% |

| Do you feel there is enough staff cover to ensure all people receiving care are attended to at all times? | | |
|---|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Do you see your career in care as a long term career? | | |
|---|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Is there enough information displayed in the setting to support people to keep safe? | | |
|--|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Are all medicines (including any homely remedies and covert medication) administered and stored safely? | | |
|---|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Do you feel that the premises are maintained to a safe standard for yourself and others to be in? | | |
|---|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |

| Is the equipment provided by the organisation fit for purpose, regularly tested, and stored correctly? | | |
|--|----|------|
| Yes | 11 | 100% |
| No | 0 | 0% |