


Gloucestershire Community Equipment Service
Equipment Competencies Assessment

EQUIPMENT TYPE: BEDS AND ACCESSORIES			
Name	Date		
Select a single item or groups of similar equipment as appropriate to your job role.			
'Bed Stick' for divan bed		Profiling Bed: Standard	
'Easy leaver' for divan bed		Profiling Bed: Extra Low	
'Easy rail' for domestic beds with wooden slatted base		Profiling Bed: Bariatric	
'Parnell' rail for divan profiling bed		Bed side rails ('cot-sides') for profiling beds	
Grab handles for profiling beds		Bumpers	
Static Backrest for divan bed		Crash mats	
Pillow Lift for divan bed		Lifting pole for profiling bed	
Mattress Elevator for divan bed		Bed Rope Ladder	
Bed Board for divan bed		Other: Give details	
Bed Cradles for divan and profiling beds			

	YES	NO	Comments
1. Core Competencies			
I have completed the 'Core Skills' competencies assessment and confirm that I have the underpinning knowledge required to safely and appropriately use the Community Equipment Service.			
2. Considerations prior to use			
I am aware of the specification for this equipment including safe working load, size, shape and relevant environmental issues. I am able to use this information to ensure that the selected equipment will safely fit the person and the environment.			
I am aware of the abilities required to use this equipment safely.			
I understand the need to consider associated items that may be required with this equipment such as grab rails.			
I possess the knowledge to select compatible equipment suitable for use with this equipment.			

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3. When could this equipment be used			
I can summarise the key reasons why a service user's assessed needs may be met by this equipment.			
I am able to take into account the person's, carer's and family needs when considering whether this equipment will meet assessed needs.			
4. Contraindications for use			
I have sufficient knowledge to discuss the risks and benefits of this equipment with the service user/carer and ensure that they are happy for it to be provided and fitted.			
I am able to identify contra-indications for provision of this equipment, and can recognise when the person is not able to use it safely or the environment is unsuitable.			
5. Fitting			
I know what information is required to arrange for this equipment to be safely fitted. AND/ OR (depending on role and equipment type) I am able to safely fit this equipment.			
6. Checks prior to use			
I know what checks are required prior to use.			
7. Recommendations/ instructions for use			
I have the knowledge and ability to show the user/ carers how to use this equipment safely.			
I have the knowledge and ability to establish whether user/ carers are able to understand and operate this equipment safely and appropriately.			
8. Maintenance			
I am able to give information to user/ carers about regular safety checks and routine maintenance.			
I am able to identify when routine maintenance may be difficult for the user/ carers and to discuss options for dealing with this.			
I am aware of my responsibility to ensure that user/ carers are aware of who to call if there is a fault with this equipment.			

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SELECT THE RELEVANT STATEMENT BELOW:

BASIC AWARENESS:

This type of equipment is new to me. I have identified my learning needs on the next page.

or

My job role does not require me to select and provide this type of equipment.

I confirm that I have a basic awareness of this equipment. I can support safe working practice when working with other staff; and when visiting people who already have this equipment.

Signature

Date

SUPERVISED COMPETENCY:

Assessment Method

Comments

Reflection

Observation

Written evidence

Questioning

Demonstration

Other

I confirm that _____ has demonstrated competence to select and provide this equipment.

Supervisor Name

Signature

Supervisor Job title

Date

Supervisee Signature

Date

SELF-ASSESSED COMPETENCY:

I confirm that I am competent to select and provide this equipment.

I acknowledge that it is my responsibility to maintain and update my knowledge and skills relating to this competency.

I am aware of my professional responsibility for continuing professional development and realise I am accountable for my actions.

Assessor Signature

Date

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<p>Learning Needs</p>	
<p>Plan</p>	
<p>Review Date</p>	

Further guidance when ordering Profiling Beds:

- Please be advised that when assessing a room for a Profiling Bed, that the measurements are 7ft x 3.4ft and not 6ft.
- Assessors should not inform the SU that the equipment will be delivered on a specific date or time, and that dirty equipment will be not collected at time of delivery.
- Please also note that WECR and GIS Healthcare do not move SU property within their homes and if this is requested, they will need to contact the Adult Help Desk.

