

Gloucestershire Community Equipment Service  
**Equipment Competencies Assessment**

<b>EQUIPMENT TYPE:</b>		
<b>SEATING</b>		
<b>Name</b>	<b>Date</b>	
<b>Select a single item or groups of similar equipment as appropriate to your job role.</b>		
Tumbleform		Helping Hand Cushion
SmirthwaiteJuni		R82 Stingray
Smirthwaite Zoomi		JCM Triton
Rifton Activity Chair		R82 X-Panda
Jenx Junior		Symmetrikit Tiltrite Chair
Smirthwaite Strato		Other

	YES	NO	Comments
<b>1. Core Competencies</b>			
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.			
<b>2. Considerations prior to use</b>			
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.			
	YES	NO	Comments
<b>3. When could this equipment be used</b>			
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.			

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<b>4. Contraindications for use</b>			
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 contraindications for provision of this equipment, and can recognise when the person is not able to use it safely or the environment is unsuitable.			
<b>5. Fitting</b>			
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.			
<b>6. Checks prior to use</b>			
I know what checks are required prior to use.			
<b>7. Recommendations/ instructions for use</b>			
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.			
<b>8. Maintenance</b>			
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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<b>Learning Needs</b>	
<b>Plan</b>	
<b>Review Date</b>	

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<b>EQUIPMENT TYPE: SLEEP SYSTEMS</b>		
<b>Name</b>	<b>Date</b>	
<b>Select a single item or groups of similar equipment as appropriate to your job role.</b>		
Symmetrisleep		Simple Stuff Works
Jenx Dreama		Symmslyde
T-rolls		Other

	YES	NO	Comments
<b>1. Core Competencies</b>			
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.			
<b>2. Considerations prior to use</b>			
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.			
	YES	NO	Comments
<b>3. When could this equipment be used</b>			
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.			
<b>4. Contraindications for use</b>			
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.			

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I am able to identify contraindications for provision of this equipment, and can recognise when the person is not able to use it safely or the environment is unsuitable.			
<b>5. Fitting</b>			
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.			
<b>6. Checks prior to use</b>			
I know what checks are required prior to use.			
<b>7. Recommendations/ instructions for use</b>			
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.			
<b>8. Maintenance</b>			
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	
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**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><b>Learning Needs</b></p>	
<p><b>Plan</b></p>	
<p><b>Review Date</b></p>	



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**Equipment Competencies Assessment**

<b>EQUIPMENT TYPE:</b>		
<b>Shower/Toilet Chairs with postural support</b>		
<b>Name</b>	<b>Date</b>	
<b>Select a single item or groups of similar equipment as appropriate to your job role.</b>		
Rifton Hygiene Toilet System		Aidserve/Osprey Shower chair
R82 Flamingo		Shower cradle
Freeway Shower/Toilet Chair with accessories		

	YES	NO	Comments
<b>1. Core Competencies</b>			
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.			
I have completed Postural Management training and will complete a postural management assessment prior to provision of equipment			
<b>2. Considerations prior to use</b>			
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.			
<b>3. When could this equipment be used</b>			
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.			

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	YES	NO	Comments
<b>4. Contraindications for use</b>			
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 contraindications for provision of this equipment, and can recognise when the person is not able to use it safely or the environment is unsuitable.			
<b>5. Fitting</b>			
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<b>6. Checks prior to use</b>			
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<b>7. Recommendations/ instructions for use</b>			
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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><b>Learning Needs</b></p>	
<p><b>Plan</b></p>	
<p><b>Review Date</b></p>	