**Supervision Extra Care Housing**

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| Staff Name:  Date:  Signature: | Line Manager:  Signature: | |
| **Welcome and Well-being discussion**: | | |
| **Potential Discussion Points:**   * Person Centred Care – consent, inclusion, * Infection Control – Handwashing, PPE * Medication – MAR * Training – is it up-to-date, potential courses * Safeguarding – concerns, reporting * Data protection – GDPR, confidentiality * Equality & Diversity – dignity and respect * Moving & Handling * Mental Capacity – Dementia * CQC – quality Standards * Health & Safety * Lessons Learnt – feedback from incidents | **Safeguarding**  Is the Safeguarding training up-to-date?  Has the Safeguarding Passport been completed?  **YES / NO**  **If no please complete during this supervision.** | **Do you have any suggestions for how we can improve the service we offer?** |
| **What has been happening since your last 1:1 meeting:**   * What is currently working well (what are you pleased/proud of) – * What is not working well (challenges, barriers) – | | |
| **Medication** – Review Medication Competency Passport | | |
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