FLEXY HEALTH CARE

Full Name:

Role Applied For: Healthcare Assistant (HCA)

Date of Completion:

Target Deployment:

Instructions: All temporary workers must hold valid and up-to-date CQC-aligned mandatory training before deployment to a Care Home. Please list the date of completion for each mandatory module and provide the original certificates to the Flexy Health Compliance Team.

2. CQC MANDATORY TRAINING CHECKLIST

Mandatory Training Module	Date Completed	Expiry Date	Cert Provided?
Safeguarding Vulnerable Adults (SOVA)			☐
Moving & Handling (Theory & Practical)			☐
Infection Prevention & Control (IPC)			☐
Basic Life Support / First Aid			☐
Health, Safety & Fire Safety			☐
Food Hygiene & Safety			☐
Dementia Care Awareness			☐
Information Governance & Confidentiality			☐
Oliver McGowan Training (Autism & LD)			☐
Pressure Area Care / Tissue Viability			☐
Safe Administration of Medication (if applicable)			☐
All in One Mandatory Trainning			☐

3. CLINICAL COMPETENCE SELF-DECLARATION

Please assess your current level of competence for the core duties required on a shift at Balmoral Care Home. Tick the column that best represents your capability.

Core Healthcare Assistant Duty	Fully Competent	Needs Refresher	No Experience
Assisting residents with personal hygiene, washing, and dressing	☐	☐	☐
Safe use of mobility aids (e.g., stand aids, slide sheets, hoists)	☐	☐	☐
Supporting nutrition and hydration, completing food/fluid charts	☐	☐	☐
Continence care and safe emptying of catheter bags	☐	☐	☐
Performing basic physiological observations (BP, Temp, Pulse)	☐	☐	☐
Providing dignified end-of-life / palliative care support	☐	☐	☐
Completing accurate daily care logs and handover documentation	☐	☐	☐
Identifying and escalating safeguarding or clinical concerns to the Nurse	☐	☐	☐

4. Staff Member Declaration

I declare that the information provided is a true and accurate reflection of my training and clinical competencies. I understand that I must not undertake tasks outside my level of competence during any assignment at Balmoral Care Home.

Staff Signature: _____ **Date:** _____

5. Office Use Only: Flexy Health Compliance Sign-Off

All original certificates verified against the matrix above. Staff member approved for HCA deployment.

Compliance Officer / Manager: _____ **Date Approved:** _____