

Handover and Shift Evaluation

Section 1

(Section to be completed by staff coming off duty)

Day	Wednesday	Date	12.12.2022
	Staff coming off duty		Staff coming on duty
Overnight Staff	Full Name		Full Name
Overnight Staff	Full Name		Full Name
Additional Staff (day shift/live night)			
On Call name and number	AMK 0123456789		

Summary of shift's events

Name/Initial of Service User	BD			
Night Log Completed	no	no	no	no
Education/work	no	no	no	no
Significant events	no	no	no	no
New Risk assessment	no	no	no	no
Proactive/Reactive Strategies and Risk Management	no	no	no	no
Positive Behaviour Support Updates	no	no	no	no
Medication	no	no	no	no
CPWRF	no	no	no	no
Individual work	no	no	no	no
Complaint	no	no	no	no

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Informal Complaint	no	no	no	no
Contact	no	no	no	no
Missing from Care	no	no	no	no
Restrictive Practice	no	no	no	no
Has all relevant information and documentation been completed and handed over to staff coming on duty?		Yes		
If no, please give reason		N/A		

Petty cash

Amount in petty cash box	3.58	Amount entered in petty cash book	3.58
Petty cash balanced	Yes	Details	Balanced by MC
Total Outreach Petty Cash			

Medication

Checks Required	BD	SU 2	SU 3	SU 4
MARS completed, checked and signed	yes	no	no	no

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Controlled Medication count completed, and signed	yes	no	no	no
Medication stock checked and signed	All balanced and signed	no	no	no

Sharps Check

Sharps accounted for including x2 ligature knives		Details	Yes in locked press.
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Risk Assessments

New Risk Assessments in place	Yes
Details	Continued RA for car journeys.

Housekeeping to be completed

Maintenance	Yes	Details	Will come with new oven this week/ early next week. See health and safety folder.
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Shopping	Yes	Details	List to be completed for Thursday shop.
Transport	Yes	Details	All fuel receipts are to be posted to finance department weekly. Fuel to be filled
Household duties - cleaning, bins, laundry	Yes	Details	Daily FC. Daily cleaning. Cleaning sheet. Put out bins for collection Clean fridge in prep for shopping
Filing	Yes	Details	Some signatures required.
Daily/Weekly Car Checks	Yes	Details	Daily completed. Weekly TBC
Fire Register	Yes	Details	Daily check completed Weekly TBC
Was the meat taken out for dinner?	Pizza base left out of freezer.	Menu Planned	yes

Appointments for today

Name	Details of appointments
SU 1	School 09.00-13.30
SU 2	
SU 3	

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SU 4	
Staff member	School Pick up 13.30
Staff member	
Staff member	

Tasks for today

(additional tasks to be completed including household tasks)

Task	Details
Household	Covid 19 cleaning sheet Put bins out for collection Clean fridge Complete shopping list
Cars	Car to be dropped to garage for service.
Phone Calls	Phone chemist to ensure prescription BD ready for collection.

Section 2

(Section to be completed by staff coming on duty)

Have staff members coming on shift received all relevant information and documentation?	yes
If no, please give reason	N/A

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Number of sets keys handed over	2	Details of to whom keys are assigned	NC BH
Number of phones handed over	2	Details of to whom phones are assigned	NC BH
Cars Assigned	1	Car Keys Assigned	1
All additional Keys accounted for	yes	Details	yes stored in locked box in office
All files not in use locked away	yes	Details	yes stored in filing cabinet in office

Shift Plan

Staff Name	Tasks Assigned	Completed by
MC	Daily FC. Car checks Assist with room clean Family access	Yes Yes
BN	Covid cleaning sheet Phone chemist CAMHS appt	Yes Yes Yes
SP	Put bins out for collection Doctors' appointment	Yes Yes
MC	Daily FC. Car checks Assist with room clean Family access	Yes Yes

Daily Breaks (30 mins per 6 hours)

Staff Name	AM	Afternoon	PM	Rationale if unable to take break
MC	13.30	N/A	19.00	N/A

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BN	13.00	N/A	19.30	N/A
SP	14.00	N/A	20.00	N/A

Centre Management Team Observations

	Comments
Clear Communications and handing over of information	yes
Clean Desk Approach	yes
Files securely locked away	yes

Shift Evaluation Form

How did handover go?

Handover went well, tasks and y/p appointments clearly communicated.

Was the shift planned at handover?

Yes, shift plan discussed and implemented and reviewed on start of day shift

Did everyone do their fair share of the plan?

Yes staff worked well together

How does each staff member feel after the shift?

Tired, in good form, great shift busy day with really good outcomes

Interactions of service users in general?

All positive routines adhered to. BD was very quiet and withdrawn this could be due to access. Time and space offered and accepted. Sensory integration and low arousal techniques used.

Any incidents?



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N/A

What worked well on shift?

Shift plan was very clear and concise, Flexibility in the plan, Staff helping each other with tasks, getting centre tasks completed easily in shift plan.

What didn't work well on shift? How could we improve?

N/A

Observations on shift?

Positive day overall. Staff observed BD in low mood and supported the SU appropriately through sensory integration and low arousal techniques. Staff observed BD's moods improve following sensory activities.

How were interactions/support between staff on shift?

Good support and interaction between both staff

Further discussion/debriefing required?

N/A

Shift Evaluation Signed by			
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Centre Management Signature	Centre Management Comments