

PLAS CWMCYNFELIN CARE HOME

JOB DESCRIPTION:

NURSING CARE ASSISTANT

RESPONSIBLE TO:

Matron or Sister- in- charge

FUNCTION:

To work at all times under the direction of sister- in- charge and as a member of the nursing team maintaining a high standard of nursing care.
To assist the trained nursing staff in the smooth running of the Nursing home and the care of the patients, respecting the dignity of the individual and promoting independence.

PRINCIPAL RESPONSIBILITIES

- 1 To assist with the personal hygiene of the patients.
- 2 To assist with bed making and positioning of patients.
- 3 To assist patients with the commode and record or report anything unusual. To collect specimens as required. To measure urinary output when required.
- 4 To assist with distribution of meals ,beverages and drinks and record fluid intake when required.
- 5 To assist feeding of helpless patients.
- 6 To assist rehabilitation and mobilisation of patients.
- 7 To maintain a high standard of hygiene practice to prevent cross infection.
- 8 To observe confidentiality at all times.
- 9 To treat patients, relatives and colleagues with courtesy and tact.
- 10 To observe and report any change in the condition of the patients.
- 11 To undertake cleaning of bath, washbowls, sinks and commodes as and when required.
- 12 To collect clean linen and patients personal clothing and distribute to linen cupboard in patients rooms.
- 13 To keep the home neat and tidy in an orderly state.
- 14 To know the procedure to be followed in the event of a fire and to attend fire lectures and drills, as required.
- 15 To be aware of the Health & Safety policy.
- 16 To escort patients to and from hospital outpatients department as required.
- 17 To have knowledge of nursing equipment and note any defects and to report to sister.
- 18 To undertake in-service training as required.
- 19 To work at all times within the policy of Plas Cwmcynfelin.
- 20 To maintain a high standard of personal hygiene and to be neat and tidy in uniform and wear low heeled shoes.

To attend to the personal needs of a resident at a level determined by the resident's physical and mental abilities.

Personal needs include:

Toileting	Denture cleaning	Shaving
Bathing	Exercising	Attending to incontinence
Dressing	Walking	Hair washing
Washing	Feeding	Undertaking simple first aid dressings
Caring for sick residents	Helping a resident into and out of bed	
(Including preparation of bed trays)	Nail cutting (with appropriate residents and training)	

PLAS CWMCYNFELIN CARE HOME

Undertake additional tasks to complement a resident's well being

Sluicing soiled linen/clothing

Serving meals or drinks (including preparation of the latter when necessary).

Cleaning residents' handbags, shoes, and spectacles (where necessary).

Care of linen and clothing (including mending, labelling and buttoning when necessary).

Tidying drawers and wardrobes

Emptying and cleaning commodes

Wiping and laying tables after meals.

Answering call bells

Reporting defects and accidents

Participating in a resident's Review

Planning and participating in resident's social activities

Attending staff meetings

The job description reflects the major tasks to be carried out by the post holder and identifies a level of responsibility at which they will be required to work. In the interests of effective working, the major tasks may be reviewed from time to time to reflect changing departmental needs and circumstances. Such reviews, and any consequential changes, will be carried out in consultation with the post holder.

PERSON SPECIFICATION

The successful candidate will need to show the following:

The ability to work as part of a team and on own initiative;

The ability to relate to people of differing background and outlook and to engage with those they are caring for in a meaningful way;

Ability to communicate effectively.

Willing to undertake training to NOS.

Good interpersonal skills.

The ability to communicate in welsh would be an advantage.

Awareness of the care needs of the client group;

Flexibility – hours are worked on rota system.

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Name in Full (block letters):		
Application for employment as:		
Date of birth:	N.I number:	Passport :
Address:		
Telephone	e-mail	

Education and training (full details please)

Name and address of school/college attended after age 11	Details and results of any examinations taken.	Date from:	Date to:
<i>(Details of any other training/courses)</i> Name of training provider.	Details of any qualifications received	Date from:	Date to:

PLAS CWMCYNFELIN CARE HOMES

Employment history starting with present/most recent first. *(It is vital that you give as full an employment history as possible. We are obliged to examine any gaps in your history, and failure to provide such details may result in being forced to make decisions about employing you without all the necessary information required to make the decision fairly).*

Employer name and address	Job title (brief description of duties)	Employed From:	Employed To:	Reason for leaving

(Please continue on separate sheet if necessary).

PLAS CWMCYNFELIN CARE HOMES

Are you a member of any professional/registered body? (e.g. NMC).

Yes No

If yes, please give details (e.g. PIN number etc):

References

Please give the names and contact details of two people who may be contacted to give you a reference in support of your application. (One of these should be your present/last employer).

1. Name	Position in company
Email:	
Address in full	
How long have they known you?	
Is this a personal or employer reference?	

2. Name	Position in company
Email:	
Address in full	
How long have they known you?	
Is this a personal or employer reference?	

Declaration

I understand that, in the event of being short listed for interview, I will be required to complete a confidential declaration in respect of my state of health; I understand too that a Standard/Enhanced Disclosure will be sought in the event of a successful application.

Declaration of Criminal Record

Because of the sensitive nature of the duties the post holder will be expected to undertake, you are required to disclose details of any criminal record. Only relevant convictions and other information will be taken into account so disclosure need not necessarily be a bar to obtaining this position.

Have you ever been convicted by the courts or cautioned, reprimanded or given a final warning by the police? (Note that the post you have applied for is excepted from the *Rehabilitation of Offenders Act 1974*, which means that all convictions, cautions, reprimands and final warnings on your criminal record need to be disclosed).

Yes/No?
If yes, please give details of offences, penalties, and dates

Are you aware of any police enquiries undertaken following allegations made against you, which may have a bearing on your suitability for this post?

Yes/No?
If yes, please give details

I can confirm that to the best of my knowledge the above information is correct. I accept that providing deliberately false information could result in my dismissal. I consent to all relevant checks being carried out to assess my suitability, including the Criminal Records Bureau check and the acquisition of references.

Signature:

Date:

HEALTH CHECK FORM

Name: _____

Position to be filled: _____ Date: _____

Address: _____

Date of Birth: _____

Name and Address of your Doctor: _____

Please answer all the following questions giving details with positive answers.

l. Have you suffered any of the following:

a. Depression, anxiety state, nervous illness or breakdown _____

b. Epilepsy or disease of the nervous system _____

c. Ailment of lungs or chest _____

d. Spinal problems _____

e. Arthritis, Rheumatism or Gout etc. _____

f. Heart problems including circulation disorders _____

g. Illness of the digestive system _____

h. Illness of the kidneys, bladder, liver or glands _____

i. Diabetes _____

j. Major accident, operation or physical defect _____

k. Skin disorders _____

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2. Are you presently taking medication or undergoing treatment. If yes, please give details

4. Are you a registered disabled person _____

5. Details of any industrial disablement benefit if received _____

6. How many working days have you been absent from work during the last 12 months (holiday apart)

a. what were the reasons for these absences _____

7. Are you pregnant _____

8. Have you been immunised against T.B. _____

and Hepatitis B _____

This space is to provide any additional information _____

Please read carefully before signing

1. I declare that the answers given above are true and correct and give full and complete picture of my health in every respect.

2. I understand and accept that if any of the information given in this document is incorrect or untrue that the Company reserves the right to immediately terminate my employment with them.

Signed _____ Date _____

FOR OFFICE USE ONLY

CANDIDATE NAME:

Date of interview:

Rate offered:

Availability:

Mon

Tues

Wed

Thurs

Fri

Sat

Sun

Weekends: not available / some / alternate etc (specify)

What are arrangements? (eg. Phone in a week, write etc):

Are referee addresses sufficient?

CRB arrangements explained?

Probationary period explained?

Qualifications verified (e.g. certificates)?

Checked entitlement to work in UK?

References received?

ISA Adult received?

Date

CRB received?

Date

P45/P46

DBS Information Form

As a regulated service dealing with vulnerable adults, we have a statutory duty to ensure that all employees have an enhanced Disclosure and Barring Service check to ensure that they may legally work with such individuals.

Please complete this form in BLOCK CAPITALS

First Name(s)			
Surname			
Previous name(s)	1		
	2		
	3		
	4		
	5		
Current Address			
Previous Address 1 (if resident during last five years)		Term of residence	
		From (mm/yyyy)	To (mm/yyyy)
Previous Address 2 (if resident during last five years)			
Previous Address 3 (if resident during last five years)			
Previous Address 4 (if resident during last five years)			

Please supply TWO of the following as proof of identity:

Passport
Full or Provisional Driver's license
Birth Certificate

If your name has changed, please bring in supporting documentation (e.g. Marriage or Civil Partnership certificate, Deed Poll, etc.)

Please also bring ONE of the following as proof of address:

Utility bill
Bank statement

Please note: Under new regulations, the DBS check needs to be carried out annually. You will be responsible for covering the cost of this. This will cost you £54 per year. Alternatively, you can present your certificate to Sarah and be registered for the DBS Update Service. This will have the benefit of reducing the cost to £13 per year, and also it will make your certificate transferable to other employment if necessary without incurring further costs. You will, however, be responsible for the upkeep of your own registration and will be charged the full amount (£54) for further checks should you allow it to lapse.