

# Skills Assessment: Capillary Blood Sugar Monitoring for Registered Nurses not employed by TSDFT

---

**Summative Assessment Document: Author: Clinical Skills Facilitator**

The client, or client's representative, should consent to the assessed individual undertaking this intervention by signing below:

Signature \_\_\_\_\_ Date \_\_\_\_\_

N.B: The client or their representative can withdraw consent for any individual undertaking this procedure at any time.

2018

---

**Skill: Capillary Blood Sugar Monitoring for Registered Nurses  
not employed by TSDFT**

**SUMMATIVE ASSESSMENT BOOK**

**CANDIDATE:**

---

**PRACTICE AREA:**

---

**ASSESSOR:**

---

**DATE COMMENCED:**

**DATE COMPLETED:**

---

**This assessment has been adapted by: Clinical skills facilitator**

**CANDIDATE ADVICE:**

It is your responsibility to ensure you are assessed in this area of practice. This assessment book should be kept within your personal profile as evidence of training. If you or the assessor, feel you need further practice, to improve skills or gain confidence, please document this in the “needs practice” boxes. **You must attend a Trust recognised, and relevant study day prior to using this document.**

**This assessment document is for any staff new to the practice of Capillary Blood Sugar Monitoring**

### **ASSESSOR ADVICE:**

This assessment book is aimed to break down the skills, and identify any areas of practice which may need development or improvement. You should complete the assessment by ticking the competency and signing in the relevant assessor box i.e. 1<sup>st</sup> or 2nd

If you feel further practice is required, please identify the aspects of the skill which the candidate needs to focus on.

A minimum of 2 assessments in practice should be undertaken for all new skills.

This document has been compiled in line with:

- *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9<sup>th</sup> Ed. (2015)
- *Skills for Health* (2008)

**Competency sheet for: Capillary Blood Glucose Monitoring**

**CANDIDATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

<b>PROCEDURE</b>	<b>RATIONALE</b>	Date 1 <sup>st</sup> practice	1st Assessor Signature	Date 2 <sup>nd</sup> practice	2 <sup>nd</sup> Assessor Signature
Gather correct equipment, check CBS machine is working and test strips are in date	To ensure the accuracy of the result, and patient safety				
Check that CBS machine has been tested with control solution in the last week	To ensure the accuracy of the machine, and patient safety				
Demonstrates how to check machine using control solution. Records result in machines log book. Checks control solution is within 3 month expiry date.	To ensure the accuracy of the machine, and patient safety				

<b>PROCEDURE</b>	<b>RATIONALE</b>	Date 1 <sup>st</sup> practice	1st Assessor Signature	Date 2 <sup>nd</sup> practice	2 <sup>nd</sup> Assessor Signature
Explain procedure to patient	To seek informed consent				
Ask patient to sit or lie down	Safety if patient feels faint				
Wash and dry hands and wear gloves if direct contact with blood is anticipated	To ensure sample is not contaminated. Protection of health worker				
Wash and dry patient's hands. Use soap and water not alcohol wipes	No contaminants transferred to test strip.				
Insert test strip into machine check code matches strip. Wait for indication machine is ready for blood	Initiate machine and ensure calibration of machine				

<b>PROCEDURE</b>	<b>RATIONALE</b>	Date 1 <sup>st</sup> practice	1st Assessor Signature	Date 2 <sup>nd</sup> practice	2 <sup>nd</sup> Assessor Signature
Prick patients finger using unistik 3 pre-set comfort lancet. Use the side of finger not the pad	Safety of unistik non sharp. Side of fingers less painful than pad				
Dispose of unistik in sharp bin	Reduce risk of needle stick injury				
Put blood onto strip wait to read result	Indicate that the sample analysis is taking place				
Record results in patients nursing notes. Report any unexpected results to a Registered Community Nurse or Doctor	Ensure accuracy. Allowing other Nurses to review readings				

If the assessor, or yourself, consider you need more practice, this should be documented in the comments box below: Further sign off sheets are available on the Community Resource page on the HIVE if required

**PASS:**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEEDS PRACTICE:**    Comments:  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PASS:**  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NEEDS PRACTICE:**    Comments:  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reassessments**

<b>Date</b>	<b>Competency Achieved</b>	<b>Assessor Signature</b>



## 11. Document Control Information

This is a controlled document and should not be altered in any way without the express permission of the author or their representative.

Please note this document is only valid from the date approved below, and checks should be made that it is the most up to date version available.

If printed, this document is only valid for the day of printing.

<b>Ref No:</b>	2297		
<b>Document title:</b>	Capillary Blood Sugar Monitoring for Registered Nurses not employed by TSDFT		
<b>Purpose of document:</b>	Clinical Skills Assessment		
<b>Date of issue:</b>	20 April 2018	<b>Next review date:</b>	20 April 2021
<b>Version:</b>	1	<b>Last review date:</b>	
<b>Author:</b>	Clinical Skills Facilitator		
<b>Directorate:</b>	Organisation Wide		
<b>Equality Impact:</b>	The guidance contained in this document is intended to be inclusive for all patients within the clinical group specified, regardless of age, disability, gender, gender identity, sexual orientation, race and ethnicity & religion or belief		
<b>Committee(s) approving the document:</b>	Care and Clinical Policies Group Chief Nurse Medical Director		
<b>Date approved:</b>	16 April 2018		
<b>Links or overlaps with other policies:</b>	All TSDFT Trust Strategies, policies and procedure documents		

	<i>Please select</i>	
	Yes	No
<b>Have you considered using Equality Impact Assessment?</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have implications regarding the Care Act?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have training implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Does this document have financial implications?</b> <i>If yes please state:</i>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Is this document a direct replacement for another?</b> <i>If yes please state which documents are being replaced:</i>	<input type="checkbox"/>	<input type="checkbox"/>

### Document Amendment History

Date	Version no.	Amendment summary	Ratified by:
20 April 2018	1	New	Care and Clinical Policies Group Medical Director Chief Nurse

## The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

**“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)**

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

[http://icare/Operations/mental\\_capacity\\_act/Pages/default.aspx](http://icare/Operations/mental_capacity_act/Pages/default.aspx)

## Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

<b>Policy Title</b> (and number)		<b>Version and Date</b>	
<b>Policy Author</b>			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
<b>Who may be affected by this document?</b>			
Patients/ Service Users <input type="checkbox"/> Staff <input type="checkbox"/> Other, please state... <input type="checkbox"/>			
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sexual Orientation			Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion/Belief (non)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Marriage/ Civil Partnership			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>			
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language <sup>5</sup> used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
<b>EXTERNAL FACTORS</b>			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)			
<b>Who was consulted when drafting this policy?</b>			
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups)	<input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state...	<input type="checkbox"/>
<b>What were the recommendations/suggestions?</b>			
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts			
<b>Action</b>	<b>Person responsible</b>	<b>Completion date</b>	
<b>AUTHORISATION:</b>			
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them			
<b>Name of person completing the form</b>		<b>Signature</b>	
<b>Validated by (line manager)</b>		<b>Signature</b>	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email [marisa.cockfield@nhs.net](mailto:marisa.cockfield@nhs.net)

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email [pfd.sdht@nhs.net](mailto:pfd.sdht@nhs.net)

**This form should be published with the policy and a signed copy sent to your relevant organisation.**

- <sup>1</sup> Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
- <sup>2</sup> Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them
- <sup>3</sup> Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
- <sup>4</sup> Consider how someone will be aware of (or access) a service if socially or geographically isolated
- <sup>5</sup> Language must be relevant and appropriate, for example referring to partners, not husbands or wives
- <sup>6</sup> Consider both physical access to services and how information/ communication is available in an accessible format
- <sup>7</sup> Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

## Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on [dataprotection.tsdf@nhs.net](mailto:dataprotection.tsdf@nhs.net),
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.