Name of RRO:

Name of supervisor:

Date of supervision meeting:

|  |  |  |
| --- | --- | --- |
| **Documents audited** | **Notes / Discussion** | **Any actions** |
|  | **Staff Wellbeing**  |  |
|  | **Cases visited** |  |
|  | **Comment**  |  |

|  |  |  |
| --- | --- | --- |
| **Documents audited** | **Competencies** | **Any actions** |
|  | **Infection Control / PPE** |  |
|  | **Medication:** **Errors:**  |  |
|  | **Safeguarding** |  |

|  |  |  |
| --- | --- | --- |
|  | **Manual Handling** |  |
|  | **Professional approach** |  |
|  | **Additional training identified** |   |
|  | **General** |  |

**Supervisor signature:**

**RRO signature:**

**Date of next meeting:**