

# Staff competency assessment for the management of medicines in domiciliary care.



## **Competency Assessment Tool**

It is essential that any member of staff administering medication is competent to do so. Medicines must only be administered by designated and appropriately trained staff who have had their competency assessed. The registered manager is responsible for arrangements for training staff and assessing competency.

A thorough assessment should be undertaken before staff begin administering medication unsupervised. The assessment should be repeated at intervals of not less than one year or sooner if circumstances indicate, for example, if there has been a medication error.

The assessments are an opportunity to identify with the member of staff any training needs and to ensure that the most recent good practice requirements are being followed.

The outcome of the assessment and any action points identified should be documented.

### **Using the tool**

The registered manager, or an appropriate person nominated by the registered manager, should accompany the member of staff and witness the actions the member of staff takes and record the information on the form. Although the member of staff should be allowed to administer the medication as if they were doing it alone the observer must be ready to intervene if it appears that unsafe practice is occurring, for example, a medication error is likely to be made.

Most questions have a "yes/no" response. Where a "no" response has been selected this must be resolved before the person can undertake medication administration unsupervised.

It may not be possible to observe all situations, for example, you may not visit a person who wants advice about non prescribed medication. In these situations an option for "none seen this time" can be selected. Similarly, it may not be possible to witness the administration of all the different forms of medication if no one that you visit has this type of medication.

In these cases it may be possible for the member of staff to describe what actions they would take and the assessment could be made from this. A decision could also be made that the member of staff could administer medication but with restrictions, for example, if no one was using transdermal patches at the time of the assessment a record could be made that the member of staff could administer all medication except transdermal patches as this had not been witnessed. The first opportunity to witness the member of staff undertaking the activity should be taken to complete the assessment and remove the restriction, if appropriate.

## Staff Competency Assessment for the Management of Medicines

<b>Name of staff member:</b>	<b>Date:</b>
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### Training and Policy

Has the member of staff completed training on the safe handling of medicines?	Yes/No
Has the member of staff read the medication policy and signed to indicate that they have done so?	Yes/No
Does the member of staff know how to access the medication policy if they wish to check any information?	Yes/No

### Administration of Medicines

#### Preparation and hygiene

Did the member of staff check the person's records to establish if support was to be given with medication for the person?	Yes/No
Did the member of staff check the documentation available to establish where the medication is kept for that person?	Yes/No
Did the member of staff make sure that everything was properly prepared before starting to administer the medication, e.g. prepare a drink for the person	Yes/No
Did the member of staff wash their hands before starting to administer any medication and follow appropriate hygiene measures whilst administering the medication? E.g. wear gloves when applying creams.	Yes/No

#### Consent

Before preparing or administering the medication did the member of staff obtain the person's consent?	Yes/No
If consent was not obtained was this part of a documented protocol for this person, such as covert administration, and is the member of staff satisfied that the correct procedures have been followed in the best interests of the person?	Yes/No/None seen this time

#### Selection and preparation of medication

Before selecting, preparing or administering any medication did the member of staff read the MAR chart accurately?	Yes/No
Did the member of staff check whether a dose had already been administered/taken by the person or if the medication had been cancelled?	Yes/No
If any directions are unclear or illegible on the MAR did the member of staff take appropriate steps to clarify the directions?	Yes/No/None seen this time
Was the medication selected checked against the correct MAR chart including checking the person's name on the label and MAR?	Yes/No
If the directions on the MAR chart differed from those on the label did the member of staff take the appropriate steps to satisfy themselves as to the correct dose to be given?	Yes/No/None seen this time
Was the correct medication and dose selected at the correct time? Was consideration given to timing in terms of food or other directions on the label?	Yes/No
Was the medication prepared according to the directions and information on the MAR chart or any accompanying protocol?	Yes/No
Did the member of staff use the appropriate measure for any doses of liquid medication? e.g. oral syringe, graduated measuring cup?	Yes/No

<b>Administration</b>					
Did the member of staff check the records to see how the individual prefers to take their medication or demonstrate that they knew this information and administer the medication accordingly?					Yes/No
Did the member of staff offer information, support and reassurance throughout to the person, in a manner which encourages their co-operation, promotes dignity and which is appropriate to their needs and concerns?					Yes/No
Was the medicine administered correctly and a glass of water offered where appropriate? <i>Please tick the items you have witnessed being administered.</i>					Yes/No
<b>Medicine form</b>	✓	<b>Medicine form</b>	✓	<b>Medicine form</b>	✓
Tablets/capsules		Liquids		Sachets and powders	
Inhaler devices		Eye Drops		Eye ointment	
Ear Drops		Nose Drops		Nasal sprays	
Creams and Ointments		Transdermal patches			
Did the member of staff visually witness the individual taking all their medication?					Yes/No
If medication was left for the person to take later was this done in accordance with a documented agreed plan and was this recorded on the MAR chart correctly?					Yes/No/None seen this time
If the medication was not taken was the appropriate advice sought and documented?					Yes/No/None seen this time
If the medication was not taken was it dealt with as given in the medication policy?					Yes/No/None seen this time

### **Record Keeping**

Did the member of staff sign the MAR chart immediately after the medication was administered?	Yes/No
If the medication was not given was an appropriate code entered on the MAR chart?	Yes/No
Were the MAR charts kept in the file or returned to the file after the administration was complete.	Yes/No

### **Stock Control**

Did the member of staff check that there was sufficient medication at the person's home for at least one week?	Yes/No/
If there are shortages in medication noted did the member of staff take appropriate action to ensure the stock was replaced? Eg alert the person/representative that more medication was required using the agreed process for that person or initiate the reordering process as appropriate for the individual	Yes/No/None seen this time
Was all medication returned to the agreed place once the process had been completed and placed tidily?	Yes/No
Did the member of staff check the storage requirements for medicines and alert the person to any special requirements, if necessary? Eg cold storage	Yes/No

### **Ordering, Receipt and Disposal of Medication**

Where staff are responsible, did the member of staff record any medication received into the home using the correct documentation?	Yes/No/None seen this time
Where appropriate, did staff put new supplies of medication in the agreed place in such a way that the older supplies would be used first?	Yes/No/None seen this time
Where staff are responsible, did the member of staff order medication in accordance with the agreement for that person after checking currently held stock?	Yes/No/None seen this time
Was any out of date medication or medication no longer required dealt with in accordance with the documented agreement with the person.	Yes/No/None seen this time.

## Non prescribed medication

Is the member of staff aware of what action to take if a person wants to take 'over the counter' medication?	Yes/No
Is the member of staff aware of what to do if a person has a minor ailment? Eg refers to pharmacist, GP as appropriate. Does not offer advice.	Yes/No
If staff are to administer a non prescribed medication did they check if this had been agreed with the pharmacist/GP and that this agreement was documented?	Yes/No/None seen this time
If a non prescribed medication was administered was this from the original container as purchased and was the dose the person wanted to take within the directions given on the packaging?	Yes/No/None seen this time
If a non prescribed medication was administered did the member of staff record this correctly on the MAR chart?	Yes/No/None seen this time

## Accessing advice and information

Does the member of staff know who to contact if they need advice on medication?	Yes/No
Did the member of staff refer the person to the patient information leaflet or to an appropriate health care professional if the individual wants advice on medication?	Yes/No/None seen this time

## Dealing with errors

Can the member of staff describe the correct process for what to do if they make an error?	Yes/No
Can the member of staff describe the correct process for what to do if they discover an error made by another member of staff?	Yes/No

## Any other information

*Please record any discussions held with the member of staff*

## Outcome of Assessment

Considering the information from the assessment the member of staff has been assessed as *(Please delete as appropriate)*

- Demonstrating competence at this assessment to administer medication unsupervised.
- Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified below
- Requiring further supervision or training in order to administer medication unsupervised at this time.

Actions/exceptions identified

Name of member of staff making the assessment \_\_\_\_\_

Signature of member of staff making the assessment \_\_\_\_\_

Job title \_\_\_\_\_

Signature of member of staff being assessed \_\_\_\_\_

Date of Assessment \_\_\_\_\_

***This assessment must be reviewed by \_\_\_\_\_ or sooner if circumstances change***