

Staff Member:

Supervisor:

Reason for supervision, please tick:

☐

Medication Error

☐

MPR

☐

Annual Update

Date of supervision	
If medication error has occurred please give brief outline of incident	
Has an Incident report been completed- please give date	

Subject/ Area for discussion	Further training or actions needed
<p>Policy (Please discuss corporate and local policy, has the staff member read and understood this/ Any areas further discussed in supervision)</p>	

Subject/ Area for discussion	Further training or actions needed
<p>Practice</p>	
<p><i>Describe how to appropriately administer medication for one of the tenants at the service.</i></p>	
<p><i>You go to administer lunch time medication and notice that the dose is missing from the dossette, the service user has the same medication again at tea time, what would you do?</i></p>	
<p><i>What would you do if there was a medication error when you were on shift?</i></p>	

<p><i>The pharmacist arrives to deliver medication for the service, you are the only person on shift, what would you do?</i></p>	
Subject/ Area for discussion	Further training or actions needed
<p>Knowledge</p>	
<p><i>What information should be on a MAR sheet?</i></p>	
<p><i>Why is it important to always complete a MAR sheet?</i></p>	
<p><i>What are the 7 rights?</i> 1) 2) 3) 4) 5) 6) 7)</p>	
<p><i>What is a PRN protocol?</i></p>	

<p><i>What are the side effects of some of the medications that individuals take? What would you do if you noticed these?</i></p>	
<p><i>What is a contraindication and why is it important to know what these are?</i></p>	

Subject/ Area for discussion	Further training or actions needed
<p>Procedures <i>(Please ask staff to explain the following procedures)</i></p> <p><i>Ordering medication</i></p>	
<p><i>Receiving medication (including controlled drugs)</i></p>	

<i>Receiving medication (including controlled drugs)</i>	
<i>Storage of medication (including controlled drugs)</i>	
<i>Disposing of medication/ medication returns</i>	
<i>Procedure following a medication incident or error. (To include reporting internally and externally- safeguarding/ CQC/ local Authority)</i>	

Subject/ Area for discussion	Further training or actions needed
<p>Training</p> <p>Date of last medication training:.....</p> <p>Type of training completed <input type="checkbox"/> e-learning <input type="checkbox"/> classroom</p> <p>Date of last ESSA training:.....</p> <p>Date refresher training due:.....</p>	

Issues for Discussion:

Please note any further discussion about medication at the service, including any worries or concerns of the staff members. Where a medication error has occurred this should be explored in more detail in this section.

Agreed Actions from the supervision		
Action Required (By whom)	Training/Support Needs	To be completed by (date)

Staff Member Signature:

Supervisor Signature:

Date:

Next Supervision Date: