

**Medication Competency Assessment   
& Observation**

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| **Name of Staff Member:** |  | | | **Role:** | | |  | |
| **Name of Manager:** |  | | | **Date of Observation:** | | |  | |
| **Service:** |  | | | **Service User Initials:** | | |  | |
| **Date Medication Training Completed:** |  | | | **Training in Date:** | | | YES / NO | |
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| **REASON FOR THIS ASSESSMENT / OBSERVATION** (Please tick) | | | | | | | | |
| **1st Competency Assessment** | |  | **2nd Competency Assessment** | |  | **3rd Competency Assessment** | |  |
| **Additional Competency Assessment / Spot Check** | |  | **Annual Medication Assessment** | |  | **Practice Concern** | |  |
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| **ADDITIONAL INFORMATION** (e.g. Details of practice concern, areas covered in this observation & why) | | | | | | | | |
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| **GUIDANCE NOTES** | | | | | | | | |
| * This assessment is intended to test the knowledge and skills of staff in order to confirm they are able to safely manage and administer medication within services. * This assessment is for **all staff** involved in the management and/or administration of medication within any service type. * **Staff members must have three successful assessments before administering medication independently**. * For agency staff who have been trained in medication and where we have confirmation of this, a minimum of one observation must be carried out. * This assessment is to be used **after** a staff member has attended their medication training **but before** they are able to administer medication without supervision. For agency staff it should be used at a suitable time before they administer medication. * This assessment should be completed on an **annual basis** to ensure continuous best practice and refresh staff knowledge. * **Each observation should take place on a different day** and preferably with a different service user to ensure the retention of knowledge and information over time and to ensure staff can transfer knowledge across settings / situations. * This assessment can be completed by any staff member or manager providing they have received appropriate training in order to assess and sign-off staff as competent and have been signed-off as competent themselves. * Managers using this tool should ensure there is sufficient time before and after the observation for discussion and reflection. * Wherever possible as many areas of the competency should be demonstrated by the staff and observed by the manager. However, it is recognised that not all situations/scenarios will be possible during each observation. Where this is the case the manager should either simulate the task to be observed or have a detailed discussion to evidence the worker’s competency. * **Tasks that MUST be observed are detailed as such.** * **For 1st, 2nd and 3rd competency assessments, all areas must be completed for each observation.** * **Once the initial three competency assessments have been successfully carried out please complete the Medication Competency Declaration form to document this and retain this in their supervision file.** | | | | | | | | |

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| **Manager to initial to confirm service user consent was gained to observe their support:** |  |

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| ***INITIAL DISCUSSION***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Correctly identify the ***7 Rights of Medication***? (*Person, medication, dose, time, route, documentation, right to refuse* – 8th right is also *the right reason*) |  |  |
| Demonstrate satisfactory understanding of the corporate medication policy and its aims, as well as where to find this in the service? |  |  |
| Demonstrate satisfactory understanding of the local medication policy (If applicable), its aims, how it differs from the corporate policy as well as where to find this in the service? |  |  |
| Demonstrate an awareness and understanding of all key medication-related paperwork including:  Medication assessment and support plan, MAR sheets, PRN protocols, topical medicine body maps, signing in/out forms, stock counts. |  |  |
| Demonstrate a good understanding of the individual’s support needs, any associated risks and/or where to locate this information if it is required? (eg. Support plans/protocols etc. Medication needing to be locked away and why) |  |  |
| Have all necessary keys / codes / equipment needed in order to carry out the support? |  |  |
| ***OBSERVATION OF MEDICATION SUPPORT***  ***Did the staff member…*** | **Competency MUST be Demonstrated through**  **Observation for this area** | |
| **Observation** | |
| Greet the individual politely and explain why they were there. Where the staff member is not known, did they introduce themselves appropriately? |  | |
| Check on the welfare of the individual prior to beginning the administration process? |  | |
| Gain the individual’s consent to administer their medication at a time suited to them and in a place they are comfortable with? |  | |
| Where prompting support is required did the staff member do this correctly and appropriately? |  | |
| Attend to their hand hygiene prior to the task? |  | |
| Know where the individual’s medication is stored and how to access this, including medication that may be stored in the fridge? |  | |
| Know where the individual’s care notes and MAR sheets were and how to access them? |  | |
| Check the MAR sheet to identify the individual’s key information is correct: Name, Address, Date of Birth, GP Surgery, Pharmacy, Details of Allergies? |  | |
| Read the MAR sheet and correctly identify all medication due at the time of the observation?  Did they double check the file to ensure they have ALL available MAR sheets? |  | |
| Check if any PRN / as required medication is available and if so they checked this could be offered at this time ensuring sufficient time had passed since the last dose. They then offered it to the individual in a way that was appropriate? |  | |
| Correctly identify the medication due from the medication available and whether this is boxed, in a blister pack, bottle or inhaler etc? |  | |
| Correctly cross-reference the MAR sheet against the medication, checking the name, dose, amount to be given, time it is due etc? |  | |
| Check the MAR sheet and the medication to ensure there were no errors, missed doses or overdoses prior to carrying out this administration. If an error was identified did they take appropriate action? |  | |

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| ***OBSERVATION OF MEDICATION SUPPORT CONTINED***  ***Did the staff member…*** | **Competency MUST be Demonstrated through**  **Observation for this area** | |
| **Observation** | |
| Check the medication in its original packaging and cross reference this against count sheets to ensure there were no errors such as too much or too little medication? If an error was identified did they take appropriate action? |  | |
| Safely and appropriately dispense medication from its packaging into an appropriate container to be given to the individual?  (Staff should not make contact with any medication. Wherever possible medication should be pushed through the foil/packaging directly downwards into the container to ensure all tablets are dispensed and none are stuck. This also avoids any flipping of the Dossette/packaging which can result in dropped medication) |  | |
| Double check the medication once it is inside the pot to ensure it is correct before administering? |  | |
| Offer the individual a drink to take their medication with if appropriate and prepare this where necessary? |  | |
| Administer the medication via the correct route (eg. Oral, topical, via PEG, eye drops etc.)? |  | |
| Follow the support plan in terms of the safe administration of medication for the individual (eg. Give one tablet at a time, tip tablets into hand, place into mouth, hand the pot etc.)? |  | |
| Ensure the individual had taken the medication by asking them and by observing the swallowing mechanism. **Staff should not ask a service user to open/show the inside their mouth.** |  | |
| Immediately complete the MAR sheet for each medication that was administered using the correct signature or code? |  | |
| Complete the notes section of the MAR sheet appropriately if required? (Eg. Why medication was refused or declined, reason for giving or not giving PRN, action taken if error was found) |  | |
| Put all of the medication back in the correct place? Where medication needs to be securely stored/locked away the staff member ensured this was done, removing any keys or scrambling any codes etc? |  | |
| Complete the care notes/records to indicate that medication had been administered, including whether or not PRN medication was given and the reason for this if yes? |  | |
| Put the MAR sheets and care notes back in the correct place once the support was completed? |  | |
| ***ASSESSING COMPETECNCE IN OTHER AREAS OF MEDICATION SUPPORT***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate an understanding of the common side effects of medication and any contra-indications as well as where this information can be found and what action to take if concerns arise? |  |  |
| Demonstrate correct methods of applying topical medication and the appropriate PPE to be used when doing so (including changing gloves for each different topical medication)? |  |  |
| Demonstrate the correct methods of administering eye drops and ear drops? |  |  |
| Demonstrate the correct methods of administering inhalers? |  |  |
| Demonstrate the correct methods to administer/affix a transdermal patch? |  |  |
| Demonstrate the correct methods of administering medication via specialist technique if applicable? Eg. Via a PEG |  |  |
| Demonstrate a good understanding of how to manage the administration, signing for, monitoring the stock of and storing of controlled medication? |  |  |
| Demonstrate a good understanding of labelling medication once opened (eg. creams) and the shelf-life of medication once it is opened. |  |  |
| Demonstrate an understanding of the need to keep medication in its original packaging once opened? |  |  |
| ***ORDERING MEDICATION***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate a good understanding of how medication is ordered in the service and can do this when required, including where this may be different for different individuals we support? |  |  |
| Demonstrate that they know how to identify when medication needs to be ordered for an individual? (eg. Scheduled times during the medication cycle, having realised stock is low etc.) |  |  |
| Demonstrate that they know where to find the correct information and contact details to order medication, such as GP and pharmacy details? |  |  |
| ***TAKING RECEIPT OF MEDICATION***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate a good understanding of how medication is received into the service and whether this is collected or delivered as well as the level of involvement of the service users? |  |  |
| Demonstrate a good understanding of the signing in process including completing the appropriate records correctly and checking/counting medication correctly where required? |  |  |
| Demonstrate a good understanding of the appropriate storage of the medication once it has been received into the service and signed in? |  |  |
| ***MONITORING & CHECKING MEDICATION***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate a good understanding of how medication is monitored in the service and who completes which checks? |  |  |
| Demonstrate a good understanding of how medication stock counts are completed, what documentation is required and when stock checks take place in the service? |  |  |
| Demonstrate a good understanding of what action to take in the event of an error being identified during a medication stock check? |  |  |
| ***SIGNING OUT & RETURNING MEDICATION***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate a good understanding of when medication needs to be returned to the pharmacy and why? |  |  |
| Demonstrate a good understanding of the returns process in the service, the documentation used and how to complete this correctly? |  |  |
| Demonstrate how to package and label medication that is returned to the pharmacy? |  |  |
| Demonstrate how to sign medication out for social leave (such as when individuals visit family or go to day services)? |  |  |
| ***IDENTIFYING & RESPONDING TO MEDICATION ERRORS***  ***Did the staff member…*** | **Competency has been Demonstrated through**  *Tick relevant box(es)* | |
| **Observation** | **Discussion** |
| Demonstrate a good understanding of their responsibility to check for, identify, report and take action following medication errors when managing/administering medication? |  |  |
| Demonstrate a good understanding of local procedures for reporting and following-up medication errors, including missed signatures? |  |  |
| Demonstrate a good understanding of what actions to take if a service user has had an over dose? |  |  |
| Demonstrate a good understanding of what actions to take if a service user has had an under dose? |  |  |
| Demonstrate a good understanding of what actions to take if medication is dropped/spoiled? |  |  |
| Demonstrate a good understanding of what actions to take if medication is missing or there is not enough medication to administer (now or the next time it is due)? |  |  |
| **STAFF MEMBER’s FEEDBACK & COMMENTS FOLLOWING ASSESSMENT** | | | | |
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| **MANAGER’s FEEDBACK & COMMENTS FOLLOWING ASSESSMENT** | | | | |
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| **Competency Declaration** | | | |
| **Based on my observations and discussions and the feedback detailed above it is my determination that:** (Tick relevant box) | | | |
| This was a **SUCCESSFUL** assessment/observation and the staff member demonstrated competency in all areas. | | |  |
| This was an **UNSUCCESSFUL** assessment/observation and the staff member failed to demonstrate competency as required. | | |  |
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| **ACTION PLAN FOLLOWING ASSESSMENT** | | | |
| **Action** | **To Be Completed By Who:** | **To Be Completed By When:** | |
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| **Signed By Manager:** |  | **Date:** |  |