**Competency Assessment for Staff who administer Medication.**

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| **MEDICATION ADMINISTRATION ASSESSMENT** | | | | | | | | | |
| **Staff Name:** | |  | | **Date:** | | |  | | |
| **Training and Policy** | | | | | | | |  | |
| Has the member of staff completed training on the safe handling of medication? | | | | | | | | Yes / NO | |
| Has the member of staff read the medication policy and signed to indicate they have done so? | | | | | | | | Yes / NO | |
| Does the member of staff know how to access the medication policy if they wish to check the information? | | | | | | | | Yes / NO | |
| Is the member of staff able to demonstrate knowledge of the policy for homely remedies and covet administration of medication? | | | | | | | | Yes / NO | |
| Is there a BNF available for reference if needed? (book or online) | | | | | | | | Yes / NO | |
| **Administration of medication, preparation and hygiene standards** | | | | | | | |  | |
| Did the member of staff wash their hands before starting to administer any medication and follow appropriate hygiene measures throughout the medication round? E.G. Wear gloves when applying creams | | | | | | | | Yes / NO | |
| Did the member of staff make sure that everything was properly prepared before starting the medication round, e.g. was there enough medication pots, spoons, jug of water, beakers etc? | | | | | | | | Yes / NO | |
| **Consent** | | | | | | | |  | |
| Before preparing or administering the medication did the member of staff obtain the persons consent? | | | | | | | | Yes / NO | |
| If consent was not obtained was this part of a documented protocol for this person, example, covert administration had been agreed, and is the member of staff satisfied that the correct procedures have been followed in the best interest of the person? | | | | | | | | Yes / NO | |
| Is the staff member able to demonstrate that an MCA / BI has been completed, GP, pharmacy and family have agreed and where this evidence is to be found? | | | | | | | | Yes / NO | |
| **Selection and Preparation of Medication** | | | | | | | |  | |
| Was the MAR chart read accurately before selecting, preparing or administration of any medication? | | | | | | | | Yes / NO | |
| Did the member of staff check whether a dose had already been administered or if the medication dosage had been altered or discontinued? | | | | | | | | Yes / NO | |
| Is the member of staff able to evidence knowledge of what to do if any directions are unclear or illegible on the MAR? | | | | | | | | Yes / NO | |
| Was the medication selected and checked against the current MAR, (including checking the name of the person against the label, ID photograph and MAR)? | | | | | | | | Yes / NO | |
| If the directions on the MAR differed from those on the label did the member of staff take appropriate steps to satisfy themselves as to the correct dose to be given? | | | | | | | | Yes / NO | |
| Was the correct medication selected at the appropriate at the correct time and was consideration given to timing in terms of food or other directions on the label? | | | | | | | | Yes / NO | |
| Was the medication prepared according to the printed instructions on the MAR and medication container or any other accompanying protocols? | | | | | | | | Yes / NO | |
| Did the member of staff use the appropriate measure for any dose of liquid medication, e.g. oral syringe, measuring cup? | | | | | | | | Yes / NO | |
| **Administration** | | | | | | | |  | |
| Did the member of staff check the preference of how the individual likes to take their medication or demonstrate that they knew this information and administered the medication accordingly? | | | | | | | | Yes / NO | |
| Did the member of staff offer information, support and reassurance throughout to the person, encouraging as much independence as possible and promote dignity appropriate to their needs and concerns? | | | | | | | | Yes / NO | |
| Was the staff member able to answer any questions about the medication from the person? | | | | | | | | Yes / NO | |
| Was the medication administered correctly and a glass of water offered where appropriate?  Please tick the items you have witnessed being administered. | | | | | | | | Yes / NO | |
| Medicine Form | [This Photo](https://en.wikipedia.org/wiki/File:Check_mark_23x20_02.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | | Medicine form | | [This Photo](https://en.wikipedia.org/wiki/File:Check_mark_23x20_02.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) | Medicine form | | | [This Photo](https://en.wikipedia.org/wiki/File:Check_mark_23x20_02.svg) by Unknown Author is licensed under [CC BY-SA](https://creativecommons.org/licenses/by-sa/3.0/) |
| Tablets / capsules |  | | Liquids | |  | Sachets and powders | | |  |
| Inhaler devices |  | | Eye drops | |  | Eye ointment | | |  |
| Creams and ointments |  | | Nose drops | |  | Nasal sprays | | |  |
| Ear drops |  | | Transdermal patches | |  | Suppositories | | |  |
| Was the medication kept secure throughout the round? Medication not left out on the bedside table, communal area? Medication trolley locked when staff member not present? | | | | | | | | Yes / NO | |
| Did the member of staff visually witness the person taking the medication? | | | | | | | | Yes / NO | |
| If the medication was not taken was it disposed of as per medication policy? | | | | | | | | Yes / NO | |
| If the medication was refused did the staff member take appropriate action according to the medication policy? | | | | | | | | Yes / NO | |
| If the medication was a variable dose was this noted on the MAR chart? | | | | | | | | Yes / NO | |
| If the medication was PRC were protocols in place and was the time and date of administration recorded on the MAR? | | | | | | | | Yes / NO | |
| **Record Keeping** | | | | | | | | | |
| Was the MAR chart signed immediately after the medication was administered? | | | | | | | | Yes / NO | |
| If the medication was not given was the MAR chart noted with appropriate code? | | | | | | | | Yes / NO | |
| If administering a controlled medication did the member of staff, ask another staff member to witness the entire procedure and sign the CD register? | | | | | | | | Yes / NO | |
| Was the controlled drug register completed appropriately and in line with policy? | | | | | | | | Yes / NO | |
| Were the MAR charts checked to ensure all were completed appropriately? | | | | | | | | Yes / NO | |
| **Stock control** | | | | | | | | | |
| Did the member of staff check there was sufficient stock in place to complete future medication rounds? | | | | | | | | Yes / NO | |
| If a shortage of medication was noted did the staff member take appropriate action to ensure stock was replaced? | | | | | | | | Yes / NO | |
| Was all medication returned to a secure storage area once the medication round was completed and the area cleaned and prepared for the next round. Were all used medication pots and spoons washed and the water jug emptied and cleaned ready for the next round? | | | | | | | | Yes / NO | |
| **Ordering, receipt of medication and disposal of medication** | | | | | | | | | |
| Does the member of staff record any medication received into the home in the correct fashion and in a timely manner? | | | | | | | | Yes / NO | |
| Does the member of staff order medication in accordance with the homes procedures after checking the current stock in place? | | | | | | | | Yes / NO | |
| Is any out of date medication or medication no longer required recorded on the appropriate documentation and stored securely, is clearly separated from the “in use” medication until it can be safely disposed of following the homes procedures? | | | | | | | | Yes / NO | |
| Is any interim medication accessed in a timely manner and added to the MAR chart by hand with two signatures? | | | | | | | | Yes / NO | |
| **Storage Administration** | | | | | | | | | |
| Is the member of staff aware of the correct storage conditions for medicines and where to find this information? | | | | | | | | Yes / NO | |
| Is the member of staff aware of the correct temperature range for the Medication fridge and how to reset the thermometer? | | | | | | | | Yes / NO | |
| There are temperatures of the medication room and medication fridge recorded daily, and can staff member demonstrate knowledge of what to do if the recordings are not in line with legislation? | | | | | | | | Yes / NO | |
| When new medication is received is stock put away so that older supplies are used first? | | | | | | | | Yes / NO | |
| **Non-Prescribed Medication** | | | | | | | | | |
| Is the member of staff aware of what action to take if a person living in the home wishes to take “over the counter” medication? | | | | | | | | Yes / NO | |
| Is the member of staff aware of what to do if the person living at the home has a minor ailment? | | | | | | | | Yes / NO | |
| Even on prescribed medication was administered, was this from the original contain as purchased and was the dose of that within the directions given on the packaging? | | | | | | | | Yes / NO | |
| If a non-prescribed medication was administered did the member of staff recalled this correctly on the MAR chart? | | | | | | | | Yes / NO | |
| Is the member of staff aware of the homely remedy policy, and has this been agreed with GP? | | | | | | | | Yes / NO | |
| **Accessing Advice and information** | | | | | | | | | |
| Does the member of staff know who to contact if they need advice on medication? | | | | | | | | Yes / NO | |
| Is the staff member aware of the information sources held at the home particular the patient information leaflets which should be available for all prescribed medication? | | | | | | | | Yes / NO | |
| **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 staff member? | | | | | | | | Yes / NO | |
| Can the staff member describe what to do if the NAR chart already contains a signature at the prescribed time of medication? | | | | | | | | Yes / NO | |

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| **Any other information**  Please record any discussion held with the staff member and any further action required. |
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| Action plan if required: |

Name of staff member assessing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of assessing staff member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

signature of staff member being assessed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

This assessment is due to be reviewed by (DATE TO BE INSERTED) or sooner as needs dictate.