





**Medicines Management for Community Support Workers**

**Observational Competency Assessment: LEVEL 2**

**Practice Unit 350: Supporting the use of medication in Social Care settings.**

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| Support Worker’s Name |  | DOB: |
| Company/Organisation name |  |
| Date  |  |
| Location (home-setting or simulated?) |  |
| Assessed by |  |
| **Has Support Worker met the following standards?** | **Yes** | **No** | **Remarks****(i.e. how this was achieved)** | **Practice****Unit****350** |
| Introduced/ greeted the individual/others and maintained an appropriate manner respecting dignity and confidentiality throughout the visit. |  |  |  | 3.7b |
| Confirmed level of support. |  |  |  | 3.23.4 |
| Obtained verbal consent to administer medicines from the individual and encourages the individual‘s active participation through the procedure |  |  |  | 3.53.7a |
| Cleared area to work, located equipment/ medicines/MAR chart, and reduced any distractions.  |  |  |  | 3.63.7c |
| Verified that all received medicines have been checked in, and able to correctly check in any new ones received. *(Oral questioning may be appropriate here - can you talk me through…..)* |  |  |  | 2.1 |
| Washed and dried hands, put on gloves and any other appropriate personal protection. |  |  |  | 3.7c |
| Referred to MAR chart to check:* it’s for the correct person
* it’s in date
* medication has NOT already been given for the time of the call
* Additional information sheet for any relevant updates.
 |  |  |  | 2.43.2 |

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| **Has Support Worker met the following standards?** | **Yes** | **No** | **Remarks** | **Practice Unit****350** |
| Starting at top of MAR chart, selected the correct medication for the call.Checked all instruction on MAR chart and labels match.Ensured old medication packets are used first. |  |  |  | 2.43.2 3.7c3.8 |
| Prepared each medicine correctly.Checking instructions and ensuring* 5 RIGHTS are observed:
	+ Right person
	+ Right dose
	+ Right time
	+ Right route
	+ Right medication
* Any special instructions are followed i.e. before/after food or specific time.
* Expiry date is checked.
* Name on foil strip matches the packet label.
* MAR is signed (or appropriate code entered) after preparing each medicine
* Appropriate utensils / equipment/aids to support are used whilst administering medicines
 |  |  |  | 2.43.23.63.81.51.3 |
| Offered the individual a fresh glass of water to take with their oral medicines. |  |  |  | 3.7b |
| Encouraged and observed that the individual has actually taken their medicines. |  |  |  | 3.1  |
| Used the Additional Information sheet to document administration. |  |  |  | 2.4 3.10 |
| Recorded non administration appropriately.*(Oral questioning may be appropriate here - can you talk me through…..)* |  |  |  | 2.4 3.10 |
| Returned MAR chart, medicines and equipment safely for storage i.e. locked/lidded box, fridge or cool dark cupboard |  |  |  | 2.42.2 |

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| **Has Support Worker met the following standards?** | **Yes** | **No** | **Remarks** | **Practice****Unit****350** |
| Safely disposed of any waste medication in an appropriate manner and completed the relevant paperwork.(Oral questioning may be appropriate here  |  |  |  | 2.32.43.3 |
| Used liquid medicines appropriately, including:• Shaking bottle before pouring• Measured correctly*(Oral questioning may be appropriate here - can you talk me through…..)* |  |  |  | 1.4 |
| Applied Transdermal Patch correctly:* Patch location and skin assessment
* Safe Disposal
* Careful handling

*(Oral questioning may be appropriate here - can you talk me through…)* |  |  |  | 1.4 |
| Applied creams correctly, including:• Used ‘fingertip’ measurement for creams labelled “Apply thinly/sparingly”• Not returned any cream/ointment to the tub*(Oral questioning may be appropriate here-can you talk me through………….)* |  |  |  | 1.4 |
| Used eye preparation correctly:* write or check date of opening on eye drop bottle or tube
* ensure hygiene is maintained i.e. when expired or if touched/dropped
* positioning /comfort of the individual

*(Oral questioning may be appropriate here- can you talk me through…………)* |  |  |  | 1.4 |
|  Dealt with practical problems in an appropriate, timely manner, and updated line manager where appropriate.*(Oral questioning may be appropriate here- can you talk me through…………)* |  |  |  | 3.9 |
| Observed and reported any relevant change to the individuals’ condition.*(Oral questioning may be appropriate here- can you talk me through…………)* |  |  |  | 3.81.71.6 |
| When needed, Support Worker seeks further information or support from an appropriate person such as * Community Pharmacy
* GP/Out of hours service
* District Nurse

*(Oral questioning may be appropriate here- can you talk me through…………)* |  |  |  | 3.9 |

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| **Medicines Management Competency Assessor Statement of Competency Assessment** |
| Print Name of Support Worker: |
| Initial Assessment\* Annual Assessment\* Other – please specify\* (*\*delete as appropriate)* |
| ***MMCA to ask Support Worker “How do you feel that went?”***  Please document feedback discussion with Support Worker. |
| If Support Worker has not met the required standards, what arrangements have been made to achieve competency? |
| Support Worker comments following feedback: |
| Name of Support Worker:Signature:Date: | Name of MMCA:Signature:Date: |
| **Initial observational assessment to be sent to relevant TrainingTeam/Medicines Management Team as below. Yearly observational assessments to be retained by care provider.** |
| Neath Port Talbot Locality:CFPD@npt.gov.uk | Swansea Locality:SBU.CRTMedsManagementTeam@wales.nhs.uk |