



**Medicines Management for Community Care Workers**

**Observational Competency Assessment: LEVEL B**

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

|  |  |
| --- | --- |
|  |  |
| Care Worker’s Name |  | DOB: |
| Company/Organisation name |  |
| Date  |  |
| Location (home-setting or simulated?) |  |
| Assessed by |  |
|  |
| **Has Care 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 |
| **Reminding:**Remind the individual to take their medications. |  |  |  |  |
|  **Assisting:**Taking instructions and in full view of the individual, give assistance as requested by them. |  |  |  |  |
| Ensure the individual actively participates and remains in control of their medication. |  |  |  |  |
| Washed and dried hands, put on gloves and any other appropriate personal protection. |  |  |  | 3.7c |
| Appropriate utensils / equipment/aids to support individual are used whilst assisting with medicines |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has Care Worker met the following standards?** | **Yes** | **No** | **Remarks** | **Practice Unit****350** |
| Offered the individual a fresh glass of water to take with their oral medicines. |  |  |  | 3.7b |
| Encouraged the individual to take their medicines. |  |  |  | 3.1 |
| Exact assistance given is documented in the Medication Record Book/Sheet |  |  |  |  |
| Safely disposed of any waste medication in an appropriate manner and completed the relevant paperwork*(Oral questioning may be appropriate here- can you talk me through………..)* |  |  |  | 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 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Has Care Worker met the following standards?** | **Yes** | **No** | **Remarks** | **Practice****Unit****350** |
|  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, care 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 |

|  |
| --- |
| **Medicines Management Competency Assessor Statement of Competency Assessment** |
| Print Name of Care Worker: |
| Initial Assessment\* Annual Assessment\* Other – please specify\* (*\*delete as appropriate)* |
| ***MMCA to ask care worker “How do you feel that went?”***  Please document feedback discussion with Care Worker. |
| If Care Worker has not met the required standards, what arrangements have been made to achieve competency? |
| Care Worker comments following feedback: |
| Name of Care Worker:Signature:Date: | **Return completed *initial assessments* to:****Neath Port Talbot Locality**Jayne KneathTraining & Development DepartmentNPTCBCThe Quays, Brunel WayBriton FerryNeath SA11 2GG***Annual Reassessments* to be retained by care provider in training file/record** |
| Name of MMCA:Signature:Date: |