



**Medicines Management for Community Care Workers**

**Observational Competency Assessment: LEVEL B**

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

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| 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. | |  |  |  | | 3.2  3.4 |
| **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 | |  |  |  | |  |

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| **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………..)* |  |  |  | 2.3  2.4  3.3 |
| 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 |

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| **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……….)* |  |  |  | 3.8  1.7  1.6 |
| 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 |

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| **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 Kneath  Training & Development Department  NPTCBC  The Quays, Brunel Way  Briton Ferry  Neath SA11 2GG  ***Annual Reassessments* to be retained by care provider in training file/record** |
| Name of MMCA:  Signature:  Date: |