

**Medicines Management for Community Care Assistants**

**Observational Competency Assessment**

**QCF Units: Supporting use of medication in social care settings/Administer medication to individuals and monitor the effects**

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| Care Workers 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)** | | **HSC**  **3047**  **CCY**  **276** | **ASM 34** |
| Introduced/ greeted the service user and maintained an appropriate manner and confidentiality throughout the visit. | |  |  |  | | 7.2  6.1c  6.1d | 4.3 |
| Confirmed level of support. | |  |  |  | | 7.1  6.1b | 4.4 |
| Obtained verbal consent to administer medicines from the service user. | |  |  |  | | 7.2  6.1a | 4.3 |
| Cleared area to work, located equipment/ medicines/MAR chart, and reduced any distractions. | |  |  |  | | 7.3 | 5.2 |
| Washed and dried hands, put on gloves and any other appropriate personal protection. | |  |  |  | | 7.2 | 4.1 |
| 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. | |  |  |  | | 7.1  7.3 | 4.2  4.4 |

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| **Has Care Worker met the following standards?** | **Yes** | **No** | **Remarks** | **HSC**  **3047** | **ASM 616** |
| 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. |  |  |  | 7.3 | 4.2  4.4  5.2 |
| 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 * Used appropriate utensils / equipment whilst administering medicines |  |  |  | 7.3  8.1  8.2 | 4.2  4.4  5.1  5.2 |
| Offered the service user a fresh glass of water to take with their oral medicines. |  |  |  | 7.2 | 3.1 |
| Encouraged and observed that the service user has actually taken their medicines. |  |  |  | 7.3 | 5.4  5.5 |
| Used the Additional Information sheet to document administration. |  |  |  | 8.2 | 5.3 |
| Recorded non administration appropriately.  (Oral questioning/may be appropriate) |  |  |  | 8.1  8.2 | 5.3 |
| Returned MAR chart, medicines and equipment safely for storage i.e. locked/lidded box, fridge or cool dark cupboard |  |  |  | 5.2  7.3 | 5.6 |

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| **Has Care Worker met the following standards?** | **Yes** | **No** | **Remarks** | **HSC**  **3047** | **ASM 616** |
| Safely disposed of any waste medication in an appropriate manner and completed the relevant paperwork.  (Oral questioning may be appropriate here |  |  |  | 7.2  4.3 | 4.4  4.7 |
| Used liquid medicines appropriately, including:  • Shaking bottle before pouring  • Measured correctly  (Oral questioning is appropriate here) |  |  |  | 7.3 | 4.4 |
| Applied Transdermal Patch correctly:   * Patch location and skin assessment * Safe Disposal * Careful handling   (Oral questioning is appropriate here) |  |  |  | 7.3 | 4.4 |
| Applied creams correctly, including:  • Used ‘fingertip’ measurement for creams labeled “Apply thinly/sparingly”  • Not returned any cream/ointment to the tub  (Oral questioning is appropriate here) |  |  |  | 7.3 | 4.4 |
| 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 service user   (Oral questioning is appropriate here) |  |  |  | 7.3 | 4.4 |
| Dealt with practical problems in an appropriate, timely manner, and updated line manager where appropriate.  (Oral questioning is appropriate here) |  |  |  | 7.4  8.2 | 5.3 |
| Observed and reported any relevant change to the service user’s condition.  (Oral questioning may be appropriate here) |  |  |  | 8.2 | 5.7 |
| When needed, care worker seeks further information or support from an appropriate person such as   * Community Pharmacy * GP/Out of Ours service * District Nurse   (Oral questioning is appropriate here) |  |  |  | 7.5  8.2 | 4.3 |

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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)* |
| Please document feedback given to Care Worker following assessment: |
| If Care Worker has achieved competency please state how this was accomplished? |
| If Care Worker needs further assessment, identify and clearly explain the gaps in evidence:  What arrangements have been made with the Care Worker to achieve competency? |
| Signature of Care Worker:  Date: |
| Name and Signature of MMCA:  Date: |
| **Return completed *initial assessments* to:**  **SWANSEA Locality**  Vickie Lawday/Helena Gammond  Training & Development Department  Llwycelyn Training Campus  Cockett Road  Swansea  SA2 0FJ  **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** |