

**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. |  |  |  | 7.26.1c6.1d | 4.3 |
| Confirmed level of support. |  |  |  | 7.16.1b | 4.4 |
| Obtained verbal consent to administer medicines from the service user. |  |  |  | 7.26.1a | 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.
 |  |  |  | 7.17.3 | 4.24.4 |

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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 | 4.24.45.2 |
| 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
 |  |  |  | 7.38.18.2 | 4.24.45.15.2 |
| 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 |  5.45.5 |
| Used the Additional Information sheet to document administration. |  |  |  | 8.2 |  5.3 |
| Recorded non administration appropriately.(Oral questioning/may be appropriate) |  |  |  | 8.18.2 |  5.3 |
| Returned MAR chart, medicines and equipment safely for storage i.e. locked/lidded box, fridge or cool dark cupboard |  |  |  | 5.27.3 | 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  |  |  |  | 7.24.3 | 4.44.7 |
| 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) |  |  |  | 7.48.2 | 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) |  |  |  | 7.58.2 | 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 GammondTraining & Development DepartmentLlwycelyn Training CampusCockett RoadSwanseaSA2 0FJ**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** |