**Paper medicines competency assessment record**

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| **This record belongs to:** |  |

**This document is intended to be used to document the assessment of competency of the staff member named above after they have completed appropriate training.**

**This document should be used alongside the ‘Medicines competency assessment guide for adult social care settings’ to ensure a consistent approach to assessments.**

**Staff member:** Please complete this pre-assessment checklist:

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| **Statement:** | Please circle your answer: |
| I have read and understood the care providers medicines management policy and related procedures.  | Yes No Unsure |
| I have undertaken medicines management training which is relevant to the type of care setting that I work in and the tasks to be undertaken.  | Yes No Unsure |
| I understand that I need to have an annual review of my knowledge, skills and competencies relating to managing and administering medicines.  | Yes No Unsure |
| I have read and understood any other policies/mandatory training specific to medicines management   | Yes No Unsure Not required |

**If you answered ‘no’ or ‘unsure’ to any of the statements above, please speak to you manager or nominated senior for additional support.**

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| **Staff member signature:**  |  |
| **Date signed:**  |  |

**Assessor(s):**

* Check the staff members answers to the statements above.
* If the staff member answered ‘no’ or ‘unsure’, they will need to be supported to ensure they have received the necessary information before proceeding with competency assessments.
* To ensure a consistent approach to assessments refer to the ‘Medicines competency assessment guide for adult social care settings’ document.

**Medicines management duties**

* Recommended minimum standard for medicines management duties = assessment using professional discussions
* Additional good practice points = assessment using professional discussions followed with direct observations

Key for assessment methods: *D = Direct observation, P = Professional discussion, C = Case study, S = Simulation, O = Other (please describe)*

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| **Medicines management**  | **Relevant to role?**(Yes or No\*) | **1st assessment** | **2nd assessment** | **FINAL SIGN OFF****After assessment(s)****date and name of person signing off** |
| Date of assessment | Method | Assessment by: | Date of assessment | Method | Assessment by: |
| Ordering medicines |  |  |   |  |  |   |  |  |
| Receiving medicines |  |  |   |  |  |   |  |  |
| Storing medicines |  |  |   |  |  |   |  |  |
| Disposal of medicines  |  |  |   |  |  |   |  |  |
| MARs prepared by and/or checked by care staff |  |  |   |  |  |   |  |  |
| Being a witness, completing a second check |  |  |   |  |  |   |  |  |
| Supporting self-administration  |  |  |   |  |  |   |  |  |
| Homely remedies (in care homes) |  |  |  |  |  |  |  |  |
| Supporting self-Care |  |  |   |  |  |   |  |  |
| Medicines when away from usual care setting |  |  |   |  |  |   |  |  |
| PRN and variable dose |  |  |   |  |  |   |  |  |
| Medicines requiring special care |  |  |   |  |  |   |  |  |
| Managing oxygen  |  |  |   |  |  |   |  |  |
| Reporting medicines incidents |  |  |   |  |  |   |  |  |

*\*If you answer ‘No’, this duty does not need to be assessed at this time as it is not relevant to the staff members role.*

**Medicines administration duties**

* Recommended minimum standard for medicines administration duties = assessment using one direct observation
* Additional good practice points = assessment using three direct observations

Key for assessment methods: *D = Direct observation, P = Professional Discussion, C = Case Study, S = Simulation, O = Other (please describe)*

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| **Medicines administration** | **Relevant to role?**(Yes or No\*) | **1st Assessment** | **2nd Assessment** | **3rd Assessment** | **FINAL SIGN OFF****After assessment(s)****date and name of person signing off**  |
| **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** |
| Preparation (all forms) |  |  |  |  |  |   |  |  |  |  |  |
| Solid oral |  |  |   |  |  |   |  |  |  |  |  |
| Oral liquid |  |  |   |  |  |   |  |  |  |  |  |
| Inhalers |  |  |   |  |  |   |  |  |  |  |  |
| Eye drops/ointment |  |  |   |  |  |   |  |  |  |  |  |
| Nasal drops/spray |  |  |   |  |  |   |  |  |  |  |  |
| Ear drops/ointment |  |  |   |  |  |   |  |  |  |  |  |
| Transdermal patches |  |  |   |  |  |   |  |  |  |  |  |
| Topical preparations |  |  |   |  |  |   |  |  |  |  |  |
| Thickening products |  |  |   |  |  |   |  |  |  |  |  |
| Records |  |  |   |  |  |   |  |  |  |  |  |
| Housekeeping  |  |  |   |  |  |   |  |  |  |  |  |

*\*If you answer ‘No’, this duty does not need to be assessed at this time as it is not relevant to the staff members role.*

**Additional assessments**

If the staff member did not demonstrate competency after three attempts, you can record the outcome of additional assessments below.

Key for assessment methods: *D = Direct observation, P = Professional discussion, C = Case study, S = Simulation, O = Other (please describe)*

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| **Medicines administration** | **4th Assessment** | **5th Assessment** | **6th Assessment** | **FINAL SIGN OFF****After Assessment(s)****Date & Name of person signing off**  |
| **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** | **Date of assessment** | **Method** | **Assessment by** |
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**Advanced medicines management duties**

* Recommended minimum standard for Advanced Medicines Management duties = Assessment using Professional discussions
* Additional good practice points = Assessment using Professional discussions followed with Direct observations

Key for assessment methods: *D = Direct observation, P = Professional discussion, C = Case study, S = Simulation, O = Other (please describe)*

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| **Advanced medicines management** | **Relevant to role?**(Yes or No\*) | **1st assessment** | **2nd assessment** | **FINAL SIGN OFF****After assessment(s)****date and name of person signing off** |
| Date of assessment | Method  | Assessment by: | Date of assessment | Method | Assessment by: |
| Medicines reconciliation |  |  |   |  |  |   |  |  |
| Management of controlled drugs (in care homes ONLY) |  |  |  |  |  |  |  |  |
| Covert administration |  |  |   |  |  |   |  |  |

*\*If you answer ‘No’, this duty does not need to be assessed at this time as it is not relevant to the staff members role.*

Space to document additional support/learning requirements and record support that has been provided (optional):

Space for assessor(s) comments (optional):

Space for staff member comments (optional):