

Appendix H: Staff Medication Administration Competency Assessment – Home Support

- *All staff who administer medication must be trained and competent to undertake this task. This document is intended to be used to guide and document the assessment of competency of individual staff after training has been undertaken.*
- *It is the responsibility of the Registered Manager to ensure that staff expected to administer medication have received appropriate training and have been assessed as competent. Staff should not be asked or allowed to administer medication unsupervised unless this has been completed.*
- *The person undertaking the assessment must themselves be trained and competent in the administration of medication and authorised to assess others by the Registered Manager or person in charge of the home.*
- *The assessment of competency should be done by direct observation. In some situations this may not be possible, for example, medication errors. Competency may be assessed by discussion – where this is done it should be clearly indicated as such. (See codes below)*
- *Staff should only administer medications they have been assessed as competent to administer. (A checklist is included at section 7)*
- *Staff new to medication administration should be assessed on more than one occasion in order for them to develop confidence and to demonstrate competence over time. Staff who are being supported following a medication incident should also be assessed on more than one occasion.*
- *Each assessment occasion should involve several clients so that competence is demonstrated in as many situations as possible.*
- *This assessment should be repeated at least annually. It should also be repeated in response to medication incidents.*
- *This assessment does not cover invasive or specialised techniques which should be assessed by a relevant healthcare professional.*

Codes to be used

✓ = criteria met X= criteria not met this time NS= not seen this time Q = assessed by questioning NA = not applicable to this person's job role.

If registered nurses are administering medication they must comply with the most recent guidance published by the Nursing and Midwifery Council (NMC)

Observation Assessment

Name of staff member				Name of service	
Designation of staff member				Date E Learning completed	
Name of staff assessing competence				Designation of staff assessing competence	
Date and time of assessments	1st Assessment			Reason for assessment	
	2 nd Assessment				

CRITERIA	2 ASSESSMENT OCCASIONS REQUIRED						FINAL SIGN OFF After 2 nd Assessment Date & Signature of assessor plus any comments
	Date / Observed By / Assessment Method (Direct Observation (D) or Questioning (Q))						
	1 st Assessment			2 nd Assessment			
	Date	By	Method	Date	By	Method	
1) Preparation prior to Administration							
Washes hands							
Checks person's records to see what support is required with medication (if any)							
Checks where person's medication is stored.							

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	1 st Assessment			2 nd Assessment			
	Date	By	Method	Date	By	Method	
Collects all equipment together including jugs of water							
Has correct records available							
Prepares a clean and tidy work area							
2) Consent and identification of person							
Checks person's identity appropriately							
Consent obtained as per care plan							
3) Medication administration record							
Checks it is for the correct person							
Checks all information is clear and legible							
Checks that previous doses have been signed or coded for.							
Resolves any identified issues appropriately							
4) Selection of medication							
Reads MAR chart carefully							
Uses the MAR chart to select the correct							

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	Date	By	Method	Date	By	Method	
medication for the time of day							
Checks medication has not already been given							
Checks timing in relation to food (if appropriate)							
Checks the name on the MAR and label match							
Checks name, strength and form of the medication with the MAR chart							
Checks directions on label with MAR chart							
Clarifies any differences appropriately							
Checks that the medication is within its useable shelf life							
5) Preparation of equipment							
Uses clean equipment							
Uses appropriate measure for liquid doses							
Pops tablets/capsules directly into an appropriate container.							
Avoids handling medication with bare hands							
Checks that they have prepared the correct dose of each medication							
Follows any special instructions or protocols for that person							

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	Date	By	Method	Date	By	Method	
6) Administering the medication							
Confirms identity of the person appropriately including that it is the same as the MAR chart and dispensing label.							
Offers the medication in accordance with care plan							
Provides explanation and support appropriate to the person							
Administers medication correctly							
Discretely confirms that medication has been taken							
Only offers as required medication in accordance with the information/protocol in the care plan for that person							

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	Date	By	Method	Date	By	Method	
Left for later medication handled in accordance with care plan							
7) Forms of medication correctly administered on this occasion Please tick the items you have witnessed being administered.	Medicine Form		✓	Medicine Form		✓	
	Tablet/capsules			Eye Drops			
	Inhaler devices			Nose Drops			
	Ear Drops			Sachet/Powder			
	Creams and Ointments			Transdermal Patches			
	Liquids			Eye ointment			
	Nasal Sprays			Other please specify			
8) Refusal of medication or regular medication not given							
Checks (or knows) any relevant care plan for the individual							
IF APPROPRIATE for refusal <ul style="list-style-type: none"> Reoffers medication after a short time Tries to establish the reason for refusal with the person 							
Respects the right of a person to make an informed choice to refuse medication.							
Seeks appropriate advice and shares information with the person							

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	Date	By	Method	Date	By	Method	
Reports needs for any ongoing monitoring for any potential ill effects resulting from the refusal or dose not given.							
Ensures correct documentation made including reason the dose was not taken.							
9) After administration to an individual							
Correctly signs for the medication on the MAR chart OR on supplementary record if appropriate							
Records the actual time the medication is given where appropriate e.g. minimum time between doses or as required medication							
If the dose is variable records the actual dose given							
Uses correct code for any regular medication not administered							
Separates used equipment correctly							
Ensures that any relevant information is correctly documented.							
10) General							
Completes the whole process for one person at a time including making appropriate records							
Treats the person with respect and dignity at all times							
Maintains hygiene standards e.g. regular washing of hands, use of clean gloves when							

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	Date	By	Method	Date	By	Method	
appropriate							
Ensures all equipment is left clean							
Single use equipment is disposed of							
Equipment which is for single person use is kept separately for each individual							
Medication is returned to the appropriate place and stored tidily							
Final check of MAR Charts done to ensure that they are all completed correctly and no medication has been omitted by mistake.							
Ensures all information is handed over appropriately							
Arranges for any outstanding issues to be followed up							
11) Medication supply							
Identifies if supplies are running low							
Takes appropriate actions to ensure supplies are replaced as per care plan.							
If necessary is aware of correct action to take if supplies are needed urgently							
Encourages person to store medication correctly including cold storage.							
Reports concerns with storage							

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If medication is in locked storage, ensures that security is maintained.							
12) Receipt of medication							
Medication received is recorded correctly.							
New supplies are stored correctly e.g. new supply behind older supplies.							
Checks the storage requirements of a medication before putting it away							
13) Disposal of medication							
Person alerted to medicines which are out of date or no longer required.							
If staff organising disposal, returns medication to pharmacy/dispensing GP							
Records are completed correctly including the person's consent to disposal.							
14) Non prescribed medication							
Aware of what to do if a person wants to take "over the counter" medication							
Can describe what to do if a person has a minor ailment (Does not offer advice from own knowledge)							
Seeks advice from a relevant healthcare professional or checks this has been received							

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	Date	By	Method	Date	By	Method		
before administering or purchasing a non-prescribed medication.								
Only administers from the original pack as purchased								
Does not administer a dose higher than stated on the packaging								
Records administration on the MAR chart								
Knows how to report concerns with non-prescribed medication								
15) Accessing advice and information								
Knows who to contact if needs advice								
Knows actions to take if person is unwell								
Directs client to patient information leaflet or health care professional if they want information or advice on medication.								
16) Dealing with errors								
Can describe correct process to follow if they make an error.								
Can describe correct process to follow if they discover an error.								

1 st ASSESSMENT	2 nd ASSESSMENT
<p>[insert name of staff member] has been assessed as <i>delete as appropriate</i></p> <ul style="list-style-type: none"> • Demonstrating competence at this assessment to administer medication unsupervised • Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified (See action plan) • Requiring further assessment/training/supervision at this stage to demonstrate competence to administer medication unsupervised. (See action plan) 	<p>[insert name of staff member] has been assessed as <i>delete as appropriate</i></p> <ul style="list-style-type: none"> • Demonstrating competence at this assessment to administer medication unsupervised • Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified (See action plan) • Requiring further assessment/training/supervision at this stage to demonstrate competence to administer medication unsupervised. (See action plan)
Signed Assessor:	Signed Assessor:
Full name / designation:	Full name / designation:
Date:	Date:
Signed Trainee:	Signed Trainee:
Full name / designation:	Full name / designation:
Date:	Date:

Action Plan

Please use the table below if any actions have risen from any of the assessments.

Action	Detail	Identified at assessment no.	To be completed by