

Competency Assessment for Medicines Management

Name	
Designation	
Assessor Name	
Assessor Designation	

Training and Policy	Yes	No	N/A
Has the member of staff completed training on the safe handling of medicines?			
Has the member of staff read the medicines policy and signed to indicate they have done so?			
Does the member of staff know how to access the medication policy if they wish to check any information?			
Is the staff member aware of what they can administer and are they aware of what medications can only be administered by nurses?			
Assessor Comments			
Assessor Signature		Date	

Medicines Administration	Yes	No	N/A
Is the staff member aware of all infection control procedures and did they wash their hands prior to starting the medication round?			
Did the staff member follow all recommended hygiene protocols (i.e. wear gloves to apply cream)?			
Did the staff member ensure everything was prepared before starting the medication round (e.g. water, cups medication spoons, medicine pots)?			
Did the staff member obtain consent from the resident/s before administering medication?			
If consent was not obtained, does this form part of the resident/s care plan and is the member of staff following a best interests assessment?			
Did the member of staff check the MAR chart before selecting, preparing and administering medication?			
Did the member of staff check that the medication hadn't already been administered?			
If any directions are unclear or illegible on the MAR chart, did the member of staff take appropriate steps to clarify the directions?			
Was the medication selected checked against the correct MAR chart including checking the residents' name?			
If the directions on the MAR chart differed from the label on medication, did the member of staff check to ensure the correct dose was administered?			
Were the 5 Rights of medication administration (Right Resident, Right Time, Right Dose, Right Medication & Right Route), followed for every medication administered?			

Were all additional instructions followed (i.e. with or after food, an hour before food)?			
Were all medication prepared according to the directions and information on the MAR chart or care plan (e.g. dissolve in water)?			
Did the member of staff use the appropriate measure for doses of liquid medicines?			
Did the member of staff check how the resident prefers to take their medication or demonstrate that they knew this information and administer accordingly?			
Did the member of staff check if the resident had swallowing difficulties or was under a covert plan?			
Did the member of staff ensure that the resident was in the correct position i.e. sitting upright, in order to administer the medication?			
Did the member of staff offer information, support and reassurance throughout the medication administration to the resident to encourage their co-operation, promote dignity and which is appropriate to their needs and concerns?			
Was all medication administered correctly?			
Was a glass of water offered to the resident/s?			
Did the member of staff witness the resident/s taking the medication?			
If the medication was not taken, was the appropriate advice sought and documented including checking information in the care plan?			
If the medication was not taken was the correct procedure followed as per the medication policy?			
Was the security of all medication maintained throughout the medication round, e.g. medication trolley kept locked when staff not present?			
Assessor Comments			
Assessor Signature		Date	

Medical Forms Witnessed and Staff Member Competent to Administer <i>(please tick)</i>					
Tablets / Capsules		Liquids		Sachets / Powders	
Inhalers		Eye Drops		Eye Ointment	
Ear Drops		Nose Drops		Nasal Sprays	
Creams / Ointments		Transdermal Patches		Dispersible Tablets	
Assessor Comments					
Assessor Signature		Date			

Record Keeping	Yes	No	N/A
Did the member of staff sign the MAR chart immediately after administration?			
If the medication was not administered, was the appropriate non-administration code entered on the MAR chart?			

If the medication is a controlled drug, did the member of staff ask a trained colleague to witness the entire process and co-sign the CD register?				
If the medication is a controlled drug was the controlled drug register completed as well as the MAR chart?				
Were the MAR charts returned to the correct place after the medication round?				
Assessor Comments				
Assessor Signature		Date		

Stock Control	Yes	No	N/A
Did the member of staff check that there was sufficient stock remaining to complete future medication rounds?			
If there as shortages in medication noted did the member of staff take appropriate action to ensure the stock was replaced?			
Was all medication returned to the secure storage area once the medication round was completed?			
Assessor Comments			
Assessor Signature		Date	

Ordering, Receipt & Disposal of Medication	Yes	No	N/A
Does the member of staff record any medication received into the home in a timely manner using the correct documentation?			
Does the member of staff order medication in accordance with the homes procedure after checking the current stock levels?			
Was appropriate action taken if medication was found to be overstocked?			
Does the staff member check expiry dates of all medication and ensure to remove out of date stock?			
Does the staff member know the correct procedure for the disposal of unwanted / expired medication?			
Assessor Comments			
Assessor Signature		Date	

Storage	Yes	No	N/A
Is the member of staff aware of the correct storage conditions of medicines and where to find this information?			
Is the staff member aware of the correct temperature range for the medication fridge and know how to use and reset the thermometer?			
Does the member of staff fill in the fridge temperature records correctly?			

When new medication is received is the stock put away to ensure the older supplies are used first?			
When new medication is received are the fridge and CD items put away immediately?			
Assessor Comments			
Assessor Signature		Date	

Non-Prescribed Medication	Yes	No	N/A
Is the member of staff aware of what action should be taken if a resident wants to take Over The Counter (OTC) medication?			
Is the member of staff aware of what do to if a resident has a minor ailment?			
If a non-prescribed medication is administered is it taken from the original pack as purchased and was the dose instructions on the package followed?			
If a non-prescribed medication was administered did the member of staff record this correctly on the MAR chart?			
Assessor Comments			
Assessor Signature		Date	

Advice, Information and Errors	Yes	No	N/A
Does the member of staff know who to contact if they need advice on medication?			
Is the staff member aware of the information sources held at the home particularly patient information leaflets which should be available for the person and staff?			
Can the member of staff describe the procedure to follow if they make an error?			
Can the member of staff describe the procedure to follow if they discover an error made by another member of staff?			
Assessor Comments			
Assessor Signature		Date	

Staff Signature	
Assessor Signature	
Date	
Next Assessment Date	