

# Staff training & competency assessment for the management of medicines in care homes

For local adaption to align with individual Care Home medicine policies

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## Training and Competency Guidance

Appropriate training, support and competency makes care safe, high quality and consistent<sup>i</sup>

### Who can give medicines to people?

Care workers may, with the consent of the person, administer prescribed medication, so long as this is in accordance with the prescriber's directions (The Medicines Act 1968).

Care home providers must ensure that designated staff administer medicines only when:

1. They have had the necessary training.
2. They have been assessed as competent to administer medicines.

This means that care home providers must not allow staff who do not have the skills (despite completing the required training) to administer medicines to residents.

Health professionals working in, or providing services to, care homes should work to standards set by their professional body and ensure that they have the appropriate skills, knowledge and expertise in the safe use of medicines for residents living in care homes<sup>ii</sup>. The Nursing and Midwifery Council (NMC) standards for medicines management were recently withdrawn<sup>iii</sup> and now refer to the following:

- [Professional guidance on the administration of medicines in healthcare settings](#) – January 2019, co-produced by the Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN).
- [Advisory guidance on administration of medicines by nursing associates](#) – Health Education England (HEE) guidance.
- [Professional guidance on the safe and secure handling of medicines](#) – December 2018, produced by the RPS.

Registered nurses, as part of their continuing professional development, should successfully complete any training needed to fulfil the learning and development requirements for their role.

## Training

### Level 1 Induction

The Care Quality Commission (CQC) expects all adult social care providers to induct staff in line with standards set out in the [care certificate](#)<sup>iv</sup>. Standard 13.5 Understand medication and healthcare tasks expects staff to:

13.5a Describe the agreed ways of working in relation to medication.

13.5c List the tasks relating to medication and health care procedures that they are not allowed to carry out until they are competent.

### Level 2 Administration

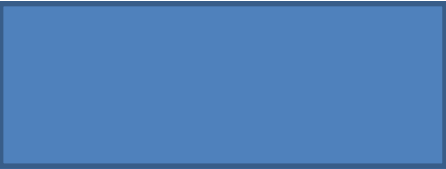
Following induction, staff responsible for the management and administration of medication will need to be suitably trained to ensure they are competent.

- Care home providers should set up an internal and/or external learning and development program which meets the requirements of the regulators, the residents and the training needs of care home staff.
- It is best practice to use an accredited learning provider so that care home staff who are responsible for managing and administering medicines can be assessed by an external assessor.
- The Skills for Care endorsement framework is a mark of quality. It is given to learning and development providers in adult social care. A Skills for Care learning provider can be found [here](#).
- All care home staff should have an annual review of their knowledge and skills.
- Skills for Care has an interactive [learning and development guide](#) which may help identify what is most beneficial to the provider and its workforce.

### Level 3 Administration by specialised techniques

Basic training does not extend to administration of medicines by specialised techniques, examples include:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
- Insulin by injection.

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- Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
  - Giving oxygen.

### Medicines management systems

Care home staff should also be trained to use medicines management systems that the pharmacy might provide. Examples include monitored dosage systems or electronic medicines administration systems. This training is usually provided by the pharmacy but it remains the responsibility of the care home to ensure that staff training needs are met.

## Competency Assessments

### Who can assess competency?

- An accredited learning provider will provide the care home with a competent assessor. Use of an accredited learning provider is considered best practice.
- If the care home uses a non-accredited learning provider then a competent assessor will need to be provided by the care home or alternative arrangements made to assess knowledge, understanding and competency.

It is the registered manager who is legally responsible for the quality of care and so they need to be confident that assessments are carried out by competent persons. Providers can appoint whoever they feel is best suited to the role of assessor. Although no formal qualifications may be required, an assessor is expected to be competent and knowledgeable in the particular areas that they are assessing and should regularly refresh their knowledge<sup>4</sup>.

### When should competency be assessed?

1. Care home providers should have a formal process to assess staff competence and must now allow staff to manage or administer medicines before that assessment.
2. Following initial competency NICE recommends an annual review of staff knowledge, skills and competency.
3. A review should also be carried out following any medicines related safety incident to identify any support, learning and development needs.

## Competency Assessment Tool

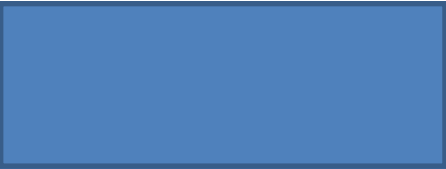
The competency assessments are an opportunity to identify with the member of staff any training needs and to ensure that the most recent good practice requirements are being followed.

### Observation Assessment

The assessor should accompany the member of staff whilst administering the medication witnessing the actions the member of staff takes and recording the information on the form. Although the member of staff should be allowed to administer the medication if they were doing it alone the assessor must be ready to intervene if it appears that unsafe practice is occurring, for example, a medication error is likely to be made.

- Staff will be observed on 3 occasions administering medication before being signed off as competent.
- This should involve a minimum of one resident for each of the three observations that covers all criteria.
- Most criteria have a “yes/no” response. Where a “no” response has been selected this must be resolved before the person can undertake medication administration unsupervised.

It may not be possible to observe all situations, for example, the home may not have any people living there who take controlled drugs. In these situations an option for “none seen this time” can be selected. Similarly, it may not be possible to witness the administration of all the different forms of medication if nobody living at the home has this type of medication.



In these cases it may be possible for the member of staff to describe what actions they would take and the assessment could be made from this. A decision could also be made that the member of staff could administer medication but with restrictions, for example, if no one was using transdermal patches at the time of the assessment a record could be made that the member of staff could administer all medication except transdermal patches as this had not been witnessed. The first opportunity to witness the member of staff undertaking the activity should be taken to complete the assessment and remove the restriction, if appropriate.

### **Knowledge Assessment**

This knowledge assessment should be used to assist in assessing the candidates underpinning knowledge of medicines management within the care home and allows for an informal discussion to surround the questions being asked and any further training needs to be identified. The knowledge assessment is usually completed via a one to one session with the assessor asking the questions and documenting the answers.

**The following tool is not designed to assess the competency of staff administering medication via invasive and specialized technique which must be done on an individual basis by the appropriate healthcare professional.**

## Staff Competency Assessment for the Management of Medicines

Name of staff member:	
Care Home:	
Date(s) of assessments and times of medication round(s):	

### Training and Policy

Has the member of staff completed training on the safe handling of medicines?	Yes / No Date:
Has the member of staff read the medication policy and signed to indicate that they have done so?	Yes / No Date:
Does the member of staff know how to access the medication policy if the wish to check any information?	Yes / No

### Administration of Medicines

Preparation and hygiene			
Did the member of staff wash their hand before starting to administer any medication and follow appropriate hygiene measures throughout the medication round? E.g. wear gloves when applying creams.	Yes / No		
Did the member of staff make sure that everything was properly prepared before starting the medication round? E.g. was there plenty of medication cups, jug of water, beakers etc.	Yes / No		
Consent			
Before preparing or administering the medication did the member of staff obtain the person's consent?	Yes / No	Yes / No	Yes / No
If consent was not obtained was the part of a documented protocol for this person, such as covert administration, and is this member of staff satisfied that the correct procedures have been followed in the best interests of the person?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time
Selection and preparation of medication			
Before selecting, preparing or administering the medication did the member of staff read the MAR accurately?	Yes / No	Yes / No	Yes / No
Did the member of staff check whether a dose had already been administered or if the medication had been cancelled?	Yes / No	Yes / No	Yes / No
If any directions are unclear or illegible on the MAR did the member of staff take appropriate steps to clarify the directions?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time
Was the medication selected checked against the checked against the correct MAR including checking the person's name on the label and MAR?	Yes / No	Yes / No	Yes / No
If the directions on the MAR differed from those on the label did the member of staff take the appropriate steps to satisfy themselves as to the correct dose to be given?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time
Was the correct medication and dose selected at the correct time? Was consideration given to timing in terms of food or other directions on the label?	Yes / No	Yes / No	Yes / No
Was the medication prepared according to the directions and information the MAR or any accompanying protocol?	Yes / No	Yes / No	Yes / No
Did the member of staff use the appropriate measure for any doses of liquid medication? E.g. oral syringe, graduated measuring cup?	Yes / No	Yes / No	Yes / No
Administration			
Did the member of staff check the records to see how the individual prefers	Yes / No	Yes / No	Yes / No

to take their medication or demonstrate that they knew this information and administer the medication accordingly?				
Did the member of staff offer information, support and reassurance throughout to the person, in a manner which encourages their co-operation, promotes dignity and which is appropriate to their needs and concerns?	Yes / No	Yes / No	Yes / No	
<b>Was the medicine administered correctly?</b>				
Tablets / capsules	Yes / No	Yes / No	Yes / No	
Liquids	Yes / No	Yes / No	Yes / No	
Sachets and powders	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Inhaler devices	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Eye drops	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Eye ointment	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Ear drops	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Nose drops	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Nasal sprays	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Creams and ointments	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Transdermal patches	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
Was the security of all medication maintained throughout? E.g. medication not left on the dining room table, medication trolley locked when staff not present.	Yes / No			
Did the member of staff visually witness the individual taking all of their medication?	Yes / No	Yes / No	Yes / No	
If the medication was not taken was the appropriate advice sought and documented including checking information in the care plan, if appropriate?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	
If the medication was not taken was it dealt with as given in the medication policy?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time	

### Record Keeping

Did the member of staff sign the MAR immediately after the medication was administered?	Yes / No	Yes / No	Yes / No
If the medication was not given was an appropriate code entered on the MAR?	Yes / No / none this	Yes / No / none this	Yes / No / none this

	time	time	time
If the medication is a controlled drug did the member of staff ask a trained colleague to witness the entire process and sign the CD register?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time
If the medication is a controlled drug was the controlled drug register completed as well as the MAR chart?	Yes / No / none this time	Yes / No / none this time	Yes / No / none this time
Were the MAR charts returned to the proper place after the medication round?	Yes / No		

### Stock Management

Did the member of staff check that there was sufficient stock in place to complete future medication rounds? If there were any shortages in medication was the appropriate action taken?	Yes / No / none this time		
If there were any shortages in medication was the appropriate action taken?	Yes / No / none this time		

### Knowledge assessment

Topic for discussion	Able to answer appropriately
Can the member of staff explain the processes around receiving medication into the home?	Yes / No
Can the member of staff explain the processes around ordering medication at the care home?	Yes / No
Is the member of staff aware of the correct storage conditions for medicines and where to find this information?	Yes / No
Is the member of staff aware of the correct temperature range for the medication fridge and how to use the thermometer?	Yes / No
Is the member of staff aware of what action to take if a person living at the home wants to take 'over the counter' medication?	Yes / No
Is the member of staff aware of what to do if a person living at the home has a minor ailment?	Yes / No
Does the member of staff know who to contact if they need advice on medication?	Yes / No
Is the staff member aware of the information sources which should be available for the person and staff?	Yes / No
Can the member of staff describe the correct process for what to do if they make an error?	Yes / No
Can the member of staff describe the correct process for what to do if they discover an error made by another member of staff?	Yes / No
Can the member of staff describe what is meant by the term 'covert administration'?	Yes / No
Does the member of staff know the process that should be followed before medication is administered covertly and who should be involved?	Yes / No
What actions would the member of staff take if they thought a person was having an adverse effect to a medication?	
Can the member of staff describe appropriate action to take if they were unsure of the dose they were about to administer?	Yes / No
Can the member of staff describe what information should be included in a PRN protocol?	Yes / No
Does the member of staff understand the importance of parkinsons medication timings?	Yes / No
Can the member of staff describe what action should be taken if a morning medication round ran unusually late?	Yes / No
A prescriber asks for a dose to be changed of a person's medication. What action would	Yes / No

the staff member take?	
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**Outcome of Assessment**

Considering the information from the assessment the member of staff has been assessed as (please delete as appropriate):

- Demonstrating competence at this assessment to administer medication unsupervised.
- Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified below.
- Requiring further supervision or training in order to administer medication unsupervised at this time.

<b>Summary of discussions / learning</b>
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<b>Actions/exceptions identified</b>
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Name of person making the assessment	
Employer & Job title	
Signature	
Signature of member of staff being assessed	
Date	

**This assessment must be reviewed every 12 months or sooner if circumstances change**

<sup>i</sup> <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-training-competency-adult-social-care-settings>  
<sup>ii</sup> [https://www.nice.org.uk/guidance/sc1/chapter/1-recommendations?utm\\_medium=\(other\)&utm\\_source=socialcare&utm\\_campaign=tpresource#training-and-skills-competency-of-care-home-staff](https://www.nice.org.uk/guidance/sc1/chapter/1-recommendations?utm_medium=(other)&utm_source=socialcare&utm_campaign=tpresource#training-and-skills-competency-of-care-home-staff)  
<sup>iii</sup> <https://www.nmc.org.uk/standards/standards-for-post-registration/standards-for-medicines-management/>  
<sup>iv</sup> <https://www.skillsforcare.org.uk/Learning-development/ongoing-learning-and-development/medication/Medication.aspx>  
<sup>v</sup> <https://www.skillsforcare.org.uk/Documents/Learning-and-development/Effective-workplace-assessment/Effective-workplace-assessment-in-adult-social-care.pdf>