Provider Services

 R3

Support at Home Service Policy & Health Care Tasks Annual Competency Assessment

December 2022

Staff Name: Assessment Year:

# Introduction

NICE (National Institute for Health and Care Excellence) recommends an annual review of staff knowledge, skills and competency. The aim of an annual review is to determine future training requirements, and to identify support, learning and development needs from any medicines related safety incidents.

# Competency Assessment

The assessment must be completed annually, (April - March) and reviewed if the staff member has:

* a medication errors
* further identified training needs
* a service user with a new medicine prescribed which requires observation/sign off

An appropriately trained member of staff, nominated by the Teams Manager/ Deputy Teams Manager, can complete competency assessments.

The assessment will determine competency in all sections of the R3 Policy and Health Care Tasks, relevant to the role of the member of staff.

An observation of competency must be completed; however, a combination of theory and discussion can be used to determine competence where observation is not possible.

The reason an observation has not been possible must be documented on the relevant notes section of the assessment.

Staff must not administer medication or health care tasks without up-to-date assessments.

The assessor must stop the assessment if there are any concerns during the competency observations and discussions, that the member of staff is not confident or competent, reporting all concerns to the Teams Manager/Deputy Teams Manager and recording the detail on the relevant section of the assessment.

# Using the tool

R3 Policy and Health Care Task training dates must be recorded on the training and policy section.

Staff can only undertake specialist medication procedures following training and assessment of competency, by a health professional.

Following NICE guidance, the health care professional is responsible for the competency assessments of specialist medication administration tasks.

Specialist tasks, training dates and competency assessment dates, completed by the health professional, must be recorded on the training and policy section.

To use the tool the assessor and staff member will need a paper copy or online access to the R3 Medication Policy. Each section of the assessment has the option of a “Yes”, “N/A”, “Discussed” response, and relates to all sections of the R3 policy and procedures.

When assessing competency for health care tasks the applicable sections of the R3 policy must also be referred to.

The notes/areas of discussion sections will record any areas of discussion, concern or additional training/observations needs.

Each section must be signed/initialled by the assessor and staff member on completion.

# Outcome of assessment

This section is to record any training actions or areas for further observations identified during the assessment. On completion of the full assessment, the staff member and the assessor must sign the document.

If a review is required, the staff member and the assessor must sign and date the review section.

# Health Care Tasks Training Requirements

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| **Training** | **Who trains** | **Who attends** | **Competency** | **Refresher** |
| Specialist Medication i.e., Epilepsy, Buccal, Blood Monitoring etc. | Health Professional | SupervisorsSenior Support Workers Support Workers | As per Health professional guidance | As per Health professional guidance |
| R3 Medication Policy | Medication Trainers/ Supervisors | Team Managers Deputy Managers RRO’sSupervisorsSenior Support Worker Support Workers | Annually(via competency check). (All staff except Team Managers) | Annually for Managers, Supervisors and Competency Assessors.Where competency assessments have highlighted training needs |
| Train the Trainer –Health Care Tasks | External provider | Supervisors | Annually | **3 Yearly**  |
| Health Care TasksCreams Eyes/Ears/Inhalers StockingsPatch Medicines | eLearning or Medication Trainers/ Supervisors | SupervisorsSenior Support Workers Support Workers | Annually(via competency check).(All staff except Team Managers) | Annually for SupervisorsWhere competency assessments have highlighted training needs |

**Staff Competency Assessment for the Management of Medicines**

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| **Name of staff member:** |
| **Job Role:** |
| **Training and Policy** |
| 1 | Has the member of staff completed the R3 policy training? | Yes/No |
| Date: |
| 2 | Does the member of staff know how to access the Medication Policy and PatientInformation Leaflets if they wish to check any information? | Yes/No |
| 3 | Has the member of staff completed the Health Care Tasks Training? |
| Creams Y/N | Patches Y/N | Stockings Y/N | Eye/Ear/Nose/Inhaler Y/N |
| Date: | Date: | Date: | Date: |
| 4 | Has the member of staff completed the required observations? |
|  | Observation 1 | Observation 2 | Observation 3 |
| Category 1 | Date:Initials: | Date:Initials: | Date:Initials: |
| Category 2 | Date:Initials: | Date:Initials: | Date:Initials: |
| Creams | Date:Initials: | Date:Initials: | Date:Initials: |
| Patches | Date:Initials: | Date:Initials: | Date:Initials: |
| Stockings | Date:Initials: | Date:Initials: | Date:Initials: |
| Eye/Ear/Nose/Inhaler | Date:Initials: | Date:Initials: | Date:Initials: |
| 5 | If required, has the member of staff completed any specialist training?Record the details below including training dates and competency dates. |
| Details: |

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| **Health Care Tasks (Yes or Discussed in appropriate column, sign off as competent/completed)** |
| Has the member of staff demonstrated competency through observation and/or discussion? |
| **Health Care Task** | **Preparation and 6 Rs** Yes/Discussed | **Application/ Administration** Yes/Discussed | **Completion of any associated paperwork** Yes/Discussed | **Signed on completion** | **Date on completion** |
| Cream |  |  |  |  |  |
| Patch |  |  |  |  |  |
| Eye |  |  |  |  |  |
| Ear |  |  |  |  |  |
| Nasal |  |  |  |  |  |
| Inhaler |  |  |  |  |  |
| Stockings |  |  |  |  |  |
| Notes/record of discussion |

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| **Section 1 – Medication Policy** |
| Has the member of staff read and understood Section 1 of the policy? |
| **Policy Section** | **Discussed Date:** | **Initials:** |
| Support with Medication and Health Care Tasks |  |  |
| Health Care Tasks - Levels |  |  |
| Roles and Responsibilities |  |  |
| Training and Staff Competencies |  |  |
| Monitoring and Audit |  |  |
| Medication Incidents |  |  |
| Notes/record of discussions |

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| **Section 2 – Procedures** |
| Has the member of staff demonstrated competency through observation and /or discussion? |
| **Policy Section** | **Yes****Date/Initial** | **Not Applicable****Date/Initial** | **Discussed****Date/Initial** |
| Arranging Medication Support |  |  |  |
| Medicines Management Form (MM) |  |  |  |
| Medication Risk Assessment Form |  |  |  |
| Notes/record of discussions |

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| **Section 2 – Category 1** |
| Has the member of staff demonstrated competency through observation and /or discussion? |
| **Policy Section** | **Yes****Date/Initial** | **Not Applicable****Date/Initial** | **Discussed****Date/Initial** |
| Category 1 – General Support |  |  |  |
| Medication Support Record (MSR) |  |  |  |
| Notes/record of discussions |

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| **Section 2 – Category 2** |
| Has the member of staff demonstrated competency through observation and /or discussion? |
| **Policy Section** | **Yes****Date/Initial** | **Not Applicable****Date/Initial** | **Discussed****Date/Initial** |
| Category 2 – Medication Administration |  |  |  |
| Signature Record Sheet |  |  |  |
| Procedure for the Safe Administration |  |  |  |
| Controlled Drugs |  |  |  |
| Anticoagulant Medication |  |  |  |
| Administering PRN Medication |  |  |  |
| PRN Recording Form/PRN Protocol |  |  |  |
| Arranging a MAR chart |  |  |  |
| Changes to a Service User’s Medication |  |  |  |
| Safe Storage of Medication |  |  |  |
| What to do when a Service User refuses |  |  |  |
| Lack of Mental Capacity / refuses |  |  |  |
| Requesting Repeat Prescriptions & Log |  |  |  |
| Collecting and/or Dispensing |  |  |  |
| Disposing of Unwanted Medicines & Form |  |  |  |
| Over the Counter / Homely Remedies &Form |  |  |  |
| Friends and Family Administering |  |  |  |
| Notes/record of discussions |

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| **Section 2 – Category 3** |
| Has the member of staff read and understood the following sections of the policy? |
| **Policy Section** | **Discussed Date** | **Initials** |
| Category 3 – Specialised Techniques |  |  |
| Administering Specialised Techniques |  |  |
| Undertaking Health Care Tasks Procedures |  |  |
| Notes/record of discussions |

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| **Section 2 – Category 3** |
| Has the member of staff demonstrated competency through observation and/or discussion? |
| **Policy Section** | **Yes****Date/Initial** | **Discussed****Date/Initial** |
| Professional Sign Off form |  |  |
| Medication Incidents / Error Form |  |  |
| Notes/record of discussions |

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| **Section 3 – Good Practice Guidelines** |
| Has the member of staff read and understood this section of the policy? |
| **Policy Section** | **Discussed Date** | **Initials** |
| Guidelines for Safe Administration |  |  |
| Notes/record of discussions |

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| **Section 3 – Good Practice Guidelines** |
| Has the member of staff demonstrated competency through observation and/or discussion? |
| **Policy Section** | **Yes****Date/Initial** | **Not Applicable****Date/Initial** | **Discussed****Date/Initial** |
| Safe production of MAR charts(RRO/Senior/Supervisor only) |  |  |  |
| MAR chart |  |  |  |
| Recording Application of Topical products |  |  |  |
| Topical Medicines Application record |  |  |  |
| Notes/record of discussions |

# Outcome of Assessment

Considering the information from the assessment, the member of staff has been assessed as *(Please delete as appropriate)*

* Demonstrating competence to administer medication unsupervised.
* Demonstrating competence to undertake health care tasks unsupervised
* Demonstrating competence at this assessment to administer medication unsupervised with the exceptions identified below
* Requiring further supervision or training to administer medication unsupervised at this time.

**Identified actions/exceptions**

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| **ASSESSMENT AGREEMENT**Sign only on completion of the full assessment.Name of assessor |
| Signature of assessor |
| Job title |
| Name of staff member |
| Signature of staff member |
| Job title |
| Completion date of full assessment |

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| If a review is required following the competency check being completed, please complete the details below: |
| **Date of Review** | **Assessor Signature** | **Staff Signature** |
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