

## Staff Competency Assessment for medicines administration using the Atlas PCS device – May 2016

Name of staff member \_\_\_\_\_

Name of Assessor \_\_\_\_\_

Staff member designation \_\_\_\_\_

Designation of Assessor \_\_\_\_\_

Date and time of Assessment \_\_\_\_\_

Reason for Assessment \_\_\_\_\_

(Induction, Supervised placement, Supervision or competency review requirement, Re-training)

Competency assessment successful Yes / No

Date for re-assessment if required \_\_\_\_\_

Mandatory Training Courses – E-learning	Date last completed	Review date
Medicines handling and management – accredited training		
Getting started with PCS		

Competency	Practice & evidence of applying medication policy knowledge and using Atlas PCS	Pass (Yes/no)	Evidence/Observation/ Questions	Future Action Required
<p><b>General Knowledge of Medication Policy</b></p> <p>The Assessor should ensure that an up to date version of the Medication Policy is readily available for reference during the course of the competency assessment</p>	<ol style="list-style-type: none"> <li>1. Demonstrate understanding of the care home medication policy               <ol style="list-style-type: none"> <li>a. Where is it located?</li> <li>b. Has the content been read and understood?</li> <li>c. Select four random questions relating to medication policy</li> <li>d. Demonstrate understanding of own accountability in managing medicines</li> <li>e. Demonstrate understanding of resident confidentiality</li> </ol> </li> <li>2. Demonstrate understanding of medication errors / near misses and reporting process to be followed</li> <li>3. Provide examples of side effects of medication and procedures to be followed where side effects occur</li> <li>4. Preparation prior to commencing medication administration rounds</li> <li>5. Effective communication and empathy with residents during the medication round</li> <li>6. Understanding the different routes of administering medication</li> <li>7. Understanding of what to do if a resident refuses medication</li> <li>8. Process for assessing residents who wish to self-medicate</li> <li>9. Understanding of covert medication including recording and actions/approval prior to administration</li> <li>10. Clarity of disposal of unwanted medications including use of denature kits</li> <li>11. Understanding of importance of key control and security of medication at all times</li> </ol>			

**12. For controlled drugs:**

- a. Demonstrate understanding of reasons why the medication is counted and signed for including second signatures and reasons for second signature after administration
- b. Demonstrate understanding of safe and secure storage requirements and requirements for disposal of waste CDs
- c. Demonstrate correct CD recording requirements
- d. Understanding of reasons for regular stock checks and procedure to adopt where there are stock discrepancies
- e. Demonstrate understanding of correct key control procedures for the CD cupboard.

**13. For topical preparations:**

- a. Demonstrate understanding of resident's medical conditions in relation to their topical medication e.g. dry skin, irritation, allergy, eczema
- b. Demonstrate understanding of adverse effects of topical medications e.g. reddening of skin
- c. Display knowledge of when to discard open pots, tubes and awareness of expiry dates and disposal methods
- d. Demonstrate procedures for applying topical medications including washing of hands, wearing suitable gloves (PPE)
- e. Demonstrate method of recording application of topical medication using the PCS device or paper MAR chart

<p><b>Synchronising Atlas PCS</b> This is important for the communication of the Atlas PCS device with the Pharmacy via the internet.</p> <p>Synchronising should be carried out <b>BEFORE</b> each round so that the most up to date resident medicines information is held on the device; and <b>AFTER</b> each round so that all the information is securely backed up.</p>	<p>Ensure that the reason for synchronization is understood and an appreciation of the consequences for failed transmissions. Observe synchronization before and after each round.</p>			
<p><b>Understanding of the Main Screens on Atlas PCS</b> There are just a few screens that staff need to be familiar with. Knowing their way around these screens will give an indication of their competence.</p>	<p>Ask for staff member to take you to the following screens and ask when each ICON should be used:</p> <p>Ask the staff member to show you the following:</p> <ol style="list-style-type: none"> <li>1. List of service users</li> <li>2. A service user's drug list</li> <li>3. The details of a medicine belonging to a resident</li> <li>4. Items to be booked in</li> <li>5. Monthly and interim orders placed</li> </ol>			
<p><b>Ordering Monthly Supplies</b> It is important to only order medicines that are needed. It is</p>	<p>Ask staff to show you how the monthly order is placed. The process adopted may vary from home to home and questions should be related to the re-ordering process which has been agreed with your GP surgery and Pharmacy.</p>			

<p>important to place the monthly order on time. If your GP insists on the use of “repeat slips” it is important that the information on the Atlas PCS monthly order matches exactly the information on the repeat slips.</p>				
<p><b>Booking in Monthly and Interim Medicines including Controlled Drugs</b></p>	<p>Ask staff to show you how monthly stock is checked into the home.</p> <p>For controlled drugs staff must also book in to the CD register. Check understanding of how CD medicines are booked in and recorded according to legal and regulatory requirements</p> <p>Ask what happens if medicines are not supplied by the main Pharmacy and cannot be scanned in.</p>			
<p><b>Ordering Interim Supplies</b> Interim medicines must be ordered in plenty of time. In addition, the GP will want an explanation as to why the interim medication is being requested.</p>	<p>Ask to see how an order is generated and submitted. Observe staff ordering interim medicines. Ask to see what should be done to track interim order progress in order to avoid medicines running out.</p>			
<p><b>Returns and Waste collection</b> Atlas PCS keeps records for disposal</p>	<p>Ask to see how medicines are returned and how appropriate documentation should be completed prior to return to the pharmacy or via the registered waste carrier depending on care home registration definition.</p>			

<p>and manages your stock movements and ensures staff follow set procedures.</p>				
<p><b>Returning Controlled Drugs</b> Awareness of the need to make an entry in the controlled drugs register</p>	<p>As for above, except that CDs need to be denatured if in a nursing home and signed out in the register. Two people need to be involved in the returns process for both nursing and residential homes and appropriate both signatures evidenced. Residential homes can return items in their original containers to their providing pharmacy.</p> <p>If your pharmacy / organization stipulates a different returns procedure for CDs then this should be discussed and assessed with the member of staff</p>			
<p><b>Administration of medicines</b> Medicines must be administered safely, and every item must be accounted for. Particular attention needs to be given to the management of PRN medicines, creams, Warfarin, antibiotics and time critical medicines e.g. medicines for Parkinson's disease.</p>	<p>Observe drug round and procedure. Ensure every item supplied by the Pharmacy is selected via barcode validation; always ensure attention to security of meds.</p> <p>Ask the person why they think barcode scanning is important.</p> <p>Ask how the person ensures that all medicines have been given and that all medicines have been accounted for.</p> <p>Ask how the person knows which medicines have been potted.</p> <p>Ask how the person deals with potted medicine that has been refused.</p> <p>For PRN medicines, ask the person to show you how they would look to see if the resident has been receiving their PRN medicines. Ask to see the PRN assessment plan for the item or resident.</p> <p>Ask how PRN medicines are prompted to be given and how these prompts are turned off.</p> <p>Ask the person how they would find out details of administration over the last 7 and 30 days.</p>			

	<p>Ask the person how they would find out the details of stock movement of a medicine, over the last 7 and 30 days. Also ask how they would investigate who has booked in which medicines.</p> <p>Ask how drug information is accessed.</p> <p>Ask to see how clinical readings are recorded.</p> <p>For Warfarin ask how strengths that are not used are set so that they are not prompted to be given.</p> <p>Ask how creams are accounted for.</p>			
<p><b>Communication and Proactive Alerts</b></p> <p>Communication is the key to the safe management of medicines. There are alerts to provide warnings and prompts to ensure information is complete.</p>	<p>Observe the actions of the member of staff after each of the following Alerts:</p> <ul style="list-style-type: none"> <li>• Pulse Reading Alert</li> <li>• Previous Missing Entries Alert</li> <li>• Low Stock Alert</li> </ul>			
<p><b>Registering a new resident, Archiving service users, and hospital and day release</b></p>	<p>Ask how new admissions into the care home are dealt with regarding PCS.</p> <p>Ask how you can indicate that a resident has gone in to hospital</p>			
<p><b>Changes to drug therapy: New Drug is added; Dosage is changed; Drug is stopped</b></p>	<p>Ask how changes to resident's medication are dealt with.</p> <p>Ask how a treatment is ended and ask them to describe why this task/recording is so important.</p>			
<p><b>Self-medicating residents</b></p>	<p>Ask to see how staff members update the residents' medication record and how to ensure all current medicines are correct and in stock.</p>			

	Ask to see how member of staff orders these medicines			
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