

# Competency Assessment for medicines administration using the PCS device

## For Care Workers only

(Excludes PRN Medications & Schedule 1 & 2 CD's)

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 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> <li>f. Importance of Hand washing</li> <li>g. Use of non-touch technique including wearing gloves.</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 when administering medication.</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. Understanding of covert medication including recording and actions/approval prior to administration</li> <li>9. Clarity of disposal of unwanted medications including use of denature kits</li> <li>10. Understanding of importance of key control and security of medication at all times</li> <li><b>11. For controlled drugs (excluding Schedule 1 &amp; 2 CD's):</b> <ol style="list-style-type: none"> <li>a. Demonstrate understanding of reasons why the medication is counted and signed for including second signatures and reasons for second signature after administration</li> <li>b. Demonstrate understanding of safe and secure storage requirements and requirements for disposal of waste CDs</li> <li>c. Demonstrate correct CD recording requirements</li> <li>d. Understanding of reasons for regular stock checks and procedure to adopt where there are stock discrepancies</li> <li>e. Demonstrate understanding of correct key control</li> </ol> </li> </ol>		

Competency	Practice & evidence of applying medication policy knowledge and using PCS	Pass (Yes/No)	Evidence/Observation/ Questions/ Future Action Required
	<p>procedures for the CD cupboard.</p> <p><b>12. For topical preparations:</b></p> <ol style="list-style-type: none"> <li>a. Demonstrate understanding of resident's medical conditions in relation to their topical medication e.g. dry skin, irritation, allergy, eczema</li> <li>b. Demonstrate understanding of adverse effects of topical medications e.g. reddening of skin</li> <li>c. Display knowledge of when to discard open pots, tubes and awareness of expiry dates and disposal methods</li> <li>d. Demonstrate procedures for applying topical medications including washing of hands, wearing suitable gloves (PPE)</li> <li>e. Demonstrate method of recording application of topical medication using the PCS device or paper MAR chart</li> </ol>		
<p><b>Synchronising PCS</b>  This is important for the communication of the PCS device with the Pharmacy via the internet.  Synchronising should be carried out <b>BEFORE</b> each resident administration so that the most up to date resident medicines information is held on the device; and <b>AFTER</b> each resident so that all the information is securely backed up and avoids duplicate administrations.</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 resident administration.</p>		

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<p><b>Understanding of the Main Screens on 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: 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> </ol>		
<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 administration practice. Ensure every item supplied by the Pharmacy is selected via barcode validation; always ensure attention to security of meds:</p> <ol style="list-style-type: none"> <li>1. Ask the person why they think barcode scanning is important.</li> <li>2. Ask how the person ensures that all medicines have been given and that all medicines have been accounted for.</li> <li>3. Ask how the person knows which medicines have been potted.</li> <li>4. Ask how the person deals with potted medicine that has been refused.</li> <li>5. Ask the person to explain how the Duty Managers make the decision on what PRNs to give and when.</li> <li>6. Ask the person how they would find out details of administration over the last 7 and 30 days.</li> <li>7. Ask how drug information is accessed.</li> <li>8. Ask to see how clinical readings are recorded.</li> <li>9. Ask how creams are accounted for and how to inform the Duty Manager to request creams in the next cycle. (If an order is necessary, how to add a note to the system).</li> </ol>		
<p><b>Communication and Proactive Alerts</b> 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>		