



**GIG**  
CYMRU  
**NHS**  
WALES

Addysg a Gwella Iechyd  
Cymru (AaGIC)  
Health Education and  
Improvement Wales (HEIW)



**Gofal Cymdeithasol Cymru**  
Social Care **Wales**

# All Wales Medicines Management Support Training Framework



## Contents

Introduction .....	3
What is the All Wales Medicines Management Support Training Framework? .....	3
Legal Background .....	4
Development of resources to support the framework.....	5
Training levels used in the framework.....	6
The requirements of Medicines Management Competency Assessors (MMCA) ....	8
Worker's* medicines management support training and competency assessment pathway ( <b>Level 2 -Administering medicines</b> ) .....	12
Medicines Management Competency Assessors (MMCA) Pathway .....	13
Medicines Management Support Training Standards .....	14
Monitoring of framework.....	16
The responsibilities of key people.....	17
Glossary .....	20
APPENDIX 1 -Observational Competency Assessment: <b>General support or Assistance</b>	<b>LEVEL 1/B -</b> 21
APPENDIX 2 - Observational Competency Assessment: <b>Administering medicine</b>	<b>LEVEL 2/C -</b> 24
APPENDIX 3 .....	31
Medicine Management Competency Assessor (MMCA) Quality Assurance Report .....	31
APPENDIX 4 .....	33
Medicines Shadowing Record.....	33
APPENDIX 5 -Written Evidence Part 1: .....	38
APPENDIX 6 - Written Evidence Part 2: .....	45

# All Wales Medicines Management Support Training Framework

## Introduction

The delivery of health and social care to the population of Wales is completely dependent on the workforce delivering that service. Without the optimum number of appropriately skilled workers, high quality health, care and support services cannot be provided. An effective workforce where skills and knowledge are aligned can improve quality, financial efficiency and the long-term wellbeing of communities.

For some time now, an increasing number of workers\* in social care are providing medicine support as part of their job role, which is vital in supporting people to retain independence and to live well. This trend is likely to continue as we aim to achieve the vision of an integrated whole system approach to health and social care. (\*this encompasses social care workers, adult placement / shared lives carers, foster carers and personal assistants)

The National Institute for Health and Care Excellence (NICE) define "medicines support" as "Any support that enables a person to manage their medicines."<sup>1</sup> This includes general support (assisting) and the administration of medicines.

Medicines management support may be provided by a number of different people, including family and health and social care staff. It is important that the health and social care workforce feel confident and competent to manage medicines safely and that people receiving services are supported to make shared decisions about their health and medicines.

## What is the All Wales Medicines Management Support Training Framework?

The All Wales Medicines Management Support Training Framework (the framework) sets out the standards which should be used to inform practice within the social care sector. The standards in the framework can be used by organisations, employers and training providers to:

- safeguard individuals who provide medicines management support
- safeguard individuals who receive medicines management support

---

<sup>1</sup> NICE, [Managing medicines for adults receiving social care in the community \(NG67\)](#), 2017

- map their current medicines training, learning and development to ensure it meets the requirements of the Framework
- commission or develop training programmes
- assess the competence of the workforce
- develop the competence of the workforce
- review and/or develop policies and procedures

There are several ways in which workers may be involved in medicines management support depending on the care setting, their job role and level of responsibility. The framework specifies the training required to ensure that workers have the knowledge, skills and competence to safely manage and administer medicines in a variety of care settings according to their job role.

The framework should be used by all organisations providing training to the social care workforce, including:

- commercial training providers who deliver training to a range of organisations
- in-service training providers who develop their own training and only deliver within their organisation
- workforce development services who offer training to all social care providers within a geographical area

#### Medicine policies

- ✓ Training commissioners must share the organisation's medicines policy with the trainer.
- ✓ Trainers must train to this policy to ensure training is in line with the organisation's work practices - Trainers should only accept work where this has happened.
- ✓ Mixed staff groups should not be trained together, unless they are working to a shared policy.

## Legal Background

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017<sup>2</sup>, requires service providers to ensure that workers receive appropriate support, training, professional development, supervision and appraisal to enable them to carry out their duties. Workers must receive training and be competent before managing, administering or supporting individuals to manage their medicines. This is the responsibility of the manager as specified by statute law.

Service providers must only allow workers who have undertaken the required training and competency assessment to support individuals with

---

<sup>2</sup> Welsh Government, [The Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations](#), 2017

their medicines. Regulations also states that the service provider must have a policy and procedures in place in relation to the safe storage and administration of medicines and must ensure that the service is provided in accordance with this policy and accompanying procedures. This medicines' policy must include training needs, to ensure workers receive adequate training and are competent before managing, administering or supporting individuals with their medicines.

Under the Health and Safety at Work etc Act 1974, it is an employer's statutory responsibility to provide:

- information (i.e. any formal guidance or policy)
- instruction (internal leadership led shadowing arrangements and competence sign off to ensure practical skills are assessed in the workplace)
- training (knowledge-based information)
- supervision (at both a practical and written level)

Medicines-related training and assessment of competence is the legal responsibility of the service provider. However, the delivery and funding of training and implementation of this framework is likely to need a collaborative approach across health and social care.

## Development of resources to support the framework

The Health and Social Care Core and Practice qualifications, together with the All Wales Induction Framework have been used to develop a set of training, learning and development resources that can be used across Wales to enable safe and effective medicines management support.

These are included in the appendices and have been developed by the Neath Port Talbot Council Learning, Training & Development team and Neath Port Talbot Community Medicines Management Team.

Please note, the content and details of the training, learning and development is dependent on roles and responsibilities of workers. It is anticipated that any training, learning and development will be delivered within the context of current national regulations and national and local policy and guidance.

This is a live document and the standards set out in the framework may be updated as resources are developed. Any new versions will be numbered and dated.

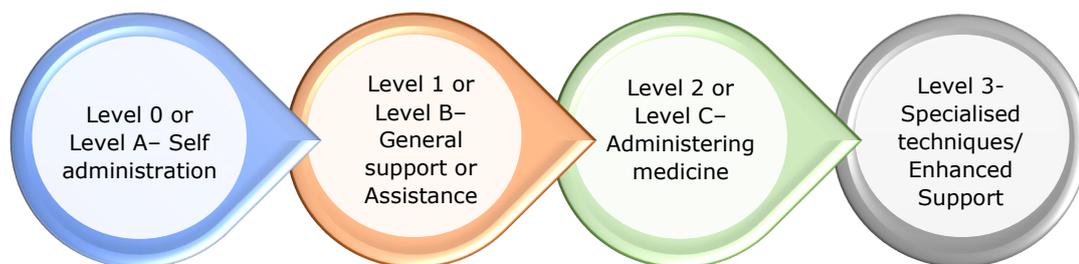
## Training levels used in the framework

The framework includes three training levels ranging from introductory awareness (level 1) to specialist knowledge, understanding and application (level 3).

Training Level	Requirements
1	<ul style="list-style-type: none"> <li>• Knowledge and understanding training</li> <li>• No competency assessment is required</li> </ul>
2	<ul style="list-style-type: none"> <li>• Knowledge and understanding training</li> <li>• A competency assessment is required</li> </ul>
3	<ul style="list-style-type: none"> <li>• Specialist knowledge and understanding training to give medicines invasively (for example suppositories, enemas, injections, medicines given via percutaneous endoscopic gastrostomy [PEG] tube or medical gases).</li> <li>• A competency assessment is required</li> </ul>

The training levels are aligned to the levels of support as defined by the National Guiding Principles for Medicines Support in the Domiciliary Care Sector<sup>3</sup> and All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers.<sup>4</sup>

### Levels of Medicines Support for an individual



The learning and development requirements will be dependent on the role of the workers and medicines management support delivered by the service. The training levels build on each other, each incorporating the skills assessed at the preceding levels.

<sup>3</sup> ADSS Cymru, [National Guiding Principles for Medicines Support in the Domiciliary Care Sector](#), 2019

<sup>4</sup> AWMSG, [All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers](#), 2020

Medicines Support Level provided to an individual	Training level required by worker	Description
<p><b>Level 0 or Level A– Self administration</b></p>	<p><b>Level 1 Knowledge and understanding</b></p>	<p>The training provided for this level will include the standards of <i>Health and Social Care unit 350: Supporting the use of medicine in social care settings</i>. This unit includes the following learning outcomes:</p> <ul style="list-style-type: none"> <li>• Common types of medicine and their use</li> <li>• Receive, store and dispose of medicine supplies safely</li> <li>• Support the use of medicine</li> </ul> <p>Workers will complete a written assessment paper (See Appendix 5 and 6) to check their understanding of the knowledge elements of these learning outcomes. Alternative assessment methods may be offered as an option if needed depending on the learning needs of the individual i.e. professional discussion or verbal testing.</p>
<p><b>Level 1 or Level B– General support or Assistance</b></p>	<p><b>Level 2 Knowledge and understanding Competency assessment</b></p>	<p>On completion of Level 1 training, workers are provided with additional support to develop the practical skills to administer medicine safely following medicine administration record chart (MAR).</p>
<p><b>Level 2 or Level C– Administering medicine</b></p>		<p>Workers will be competency assessed against the standards by an approved quality assured worker – a Medicines Management Competency Assessor (MMCA).</p>
<p><b>Level 3- Specialised techniques/ Enhanced Support</b></p>	<p><b>Level 3: Specialist knowledge, understanding and application</b></p>	<p>Specialised administration should be determined by the service provider’s policy or commissioner’s guidance.</p> <p>This framework <b>does not</b> provide detail on the additional training workers will require to administer medicines using specialist techniques.</p>

		<p>These include internal medicines (suppositories and pessaries), injections of any type, medicines delivered down tubes or via alternate methods (e.g. crushing tablets, opening capsules), or any medicines form not included above.</p> <p>Such specialised techniques / enhanced support can be provided where a jointly agreed risk assessment between the health board and care provider, appropriate training and provider's care and support plan are in place. This is to ensure that where care workers are undertaking administration of medicines via an authorised specialised technique (a delegated task) that this is done in a safe and appropriate way that protects both the individual and worker.</p> <p>In many cases health professionals (for example registered nurses) are already required to provide education, training, support and assessment of competence of the individuals to whom they are delegating the task of giving the medicine, by their professional regulators.</p>
--	--	---

## The requirements of Medicines Management Competency Assessors (MMCA)

The completion of knowledge and understanding training does not necessarily mean that the worker is competent to undertake Medicines Management Support. Care inspectorate Wales requires service providers to have a formal system to assess workers' competence to provide the medicines management support being asked of them.

### The Health and Safety at Work etc Act (HSWA) 1974

- The HSWA states that a worker is only 'competent' when someone on the inside of the organisation has signed off their work as meeting a certain standard after a period of shadowing. This has to be someone in the organisation's chain of command who has been tasked with supervising that member of staff.

- A manager has to conduct audits to ensure everyday practice is in keeping with any skills learned on training days hosted by external colleagues. Competence and fitness to practice is something that needs to be picked up on a day- to-day basis by the people working and supervising the service.

The service provider must identify the most suitable individual(s) to assess knowledge, understanding and competency of workers in providing medicines management support. Those with responsibility for assessing competency of workers are defined within the framework as Medicines Management Competency Assessors (MMCA). MMCAs would be expected to supervise, guide and support workers in relation to the safe use of medicines. They would be responsible for reviewing and evaluating the effectiveness of practice, and taking action to improve performance.

MMCAs must have:

- completed both knowledge and understanding training (levels 1 and 2 above) and have had their own competency successfully assessed.
- attended relevant MMCA training to ensure they have the required skills to undertake competency assessments on their workers. This training should be determined locally.
- Annual quality assurance reassessment.

Service providers can appoint whoever they feel is best suited to the role of the MMCA. This needs to be linked to the knowledge and competence of that individual. There should be an adequate number of MMCA's per organisation to ensure a sustainable/resilient model.

### Medicines Management Quality Assurers (MMQA)

Once the appointed MMCA has completed the relevant MMCA training, they will need to be observed carrying out an assessment on a worker – i.e. the MMCA will need a quality assurance assessment. Those with responsibility for assessing competency of MMCAs are defined within the framework as Medicines Management Quality Assurers (MMQA). MMQAs will be 'assessing' the MMCA's practice, in that they are making sound judgements and ensuring the worker has access to a valid, reliable and fair assessment. MMCAs will require an annual quality assurance assessment. See Appendix 3.

MMQAs must have up to date evidence on their knowledge and practice on policies and procedures outlined within this Framework.

If workers are using this framework for a Health and Social Care qualification, it will be the responsibility of qualified assessor ( within the Health and Social Care qualification training programme) to countersign the relevant medicines unit in the awards, therefore, making the final judgement on all the medicine evidence presented.

Service providers can appoint whoever they feel is best suited to the role of the MMQA. This needs to be linked to the knowledge and competence of that individual. Examples of a suitable MMQA could be someone from a further education provider, training provider or someone from a local or regional medicine management team. A service provider may also appoint an established MMCA to the role of the MMQA. Alternatively, a peer review process could be developed where MMCAs work together to peer review each other, thereby promoting standardisation.

### **Assessment of workers' practice**

MMCAs must complete competency assessments on workers against the set criteria within the framework. MMCAs will assess a worker's performance, knowledge and understanding to deem them competent to support with medicine. As part of the assessment process the MMCA will identify areas for development

**All** employers should hold a medicine competency database which informs MMCAs when care workers are due for their annual competency assessment. All care workers supporting individuals in administering medicine will undertake an annual assessment.

MMCA will ensure care workers complete the following:

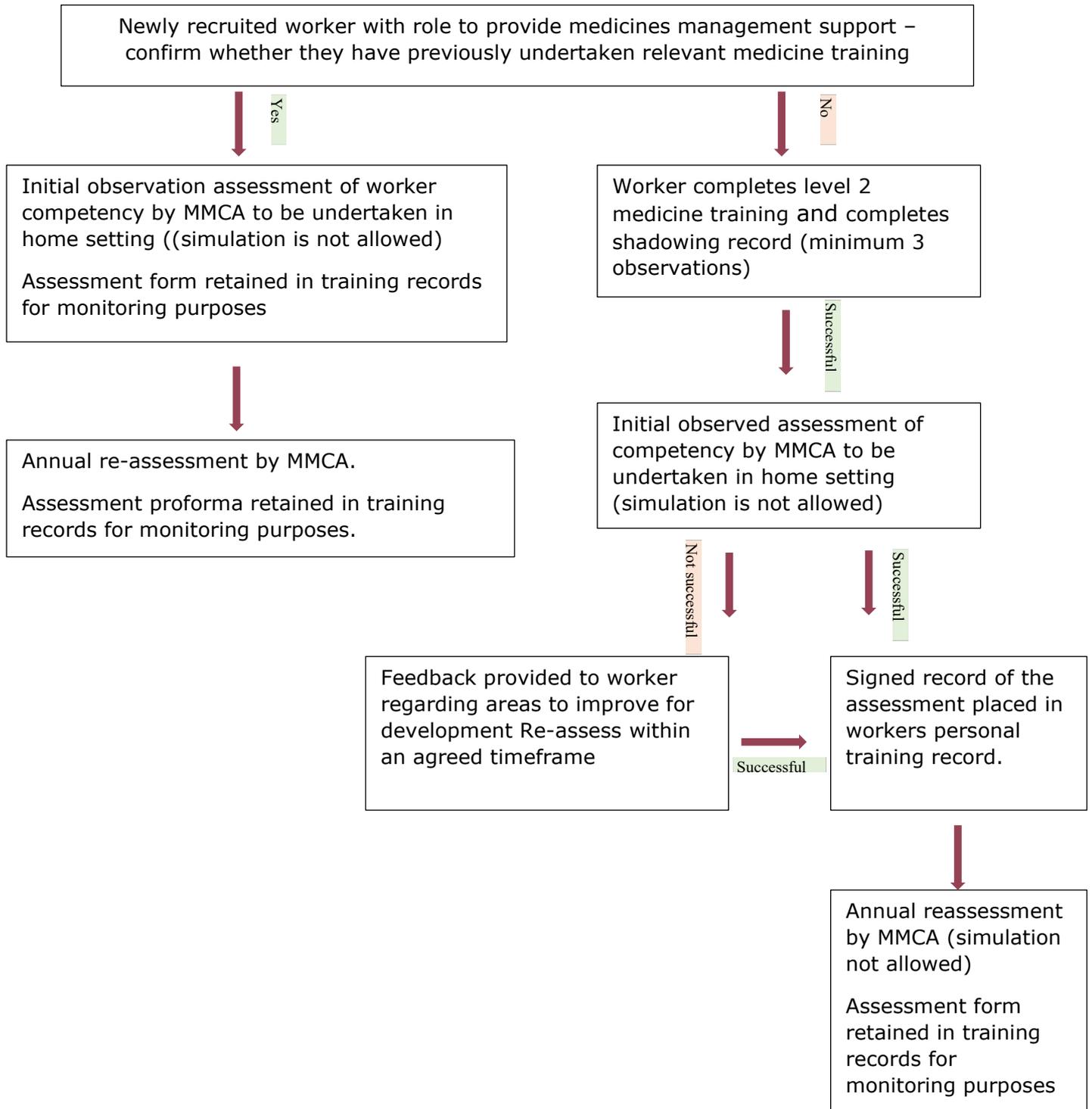
- Shadowing Record (minimum 3 observations recorded and signed by a supervisor experienced in medicines management support) (*See Appendix 4*)
- Medicine Competency Assessment against a Level 2/C MAR CHART (*See Appendix 2*)
- Medicine Competency Assessment against a Level 1/B Medicines Record Book/Sheet (*See Appendix 1*)
- An additional Competency Assessment against a Level 2/C MAR CHART completed by an approved MMCA or an appointed assessor for the accredited qualification.

All of the above activities will support those undertaking the Health and Social Care Practice qualification.

When workers are having their annual competency assessment, the MMCA will ensure workers complete the following:

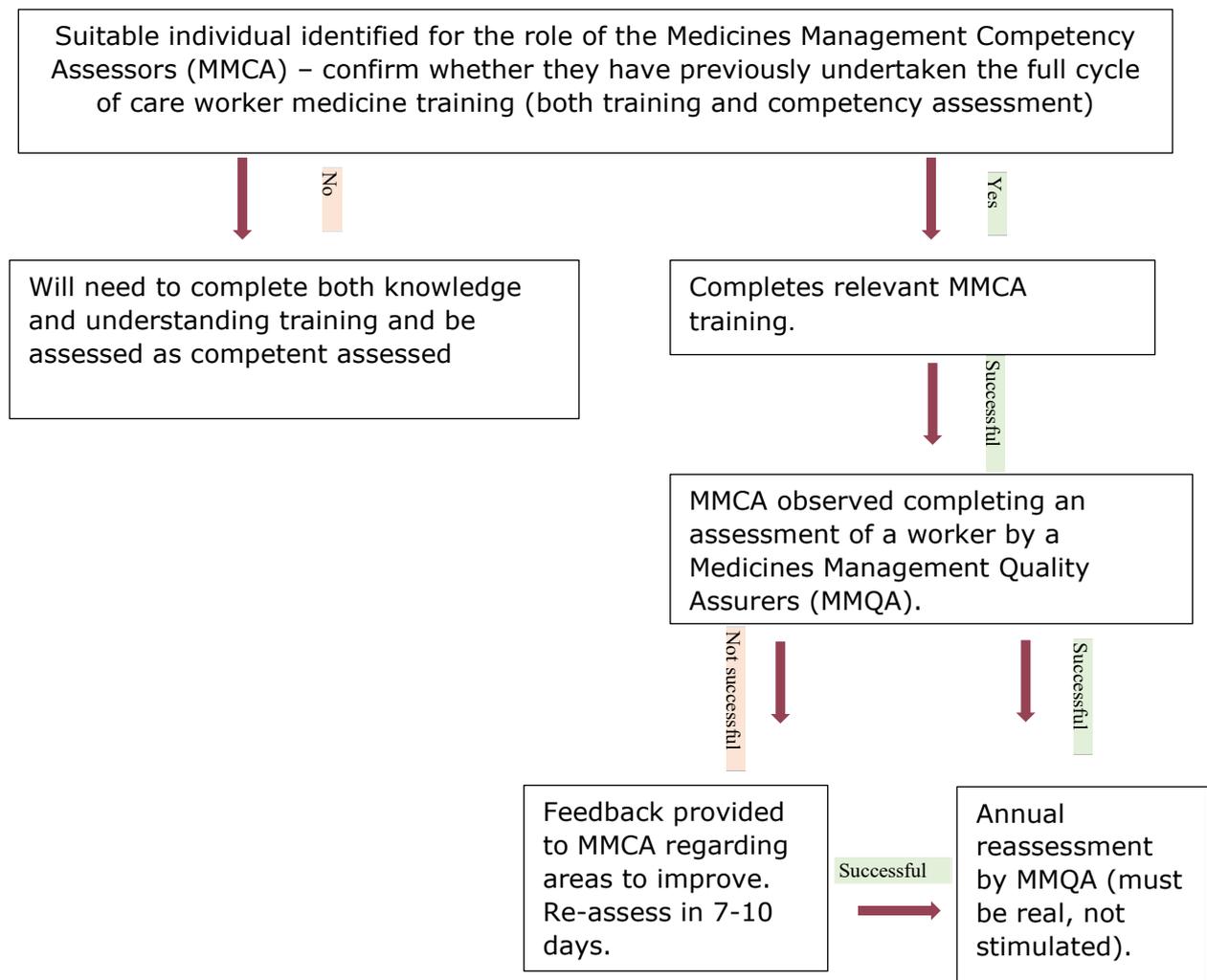
- Medicine Competency Assessment against a Level 2/C MAR CHART
- Medicine Competency Assessment against a Level 1/B Medicines Record Book/Sheet

## Worker's\* medicines management support training and competency assessment pathway (Level 2 - Administering medicines)



\*this encompasses social care workers, adult placement / shared lives carers, foster carers and personal assistants

# Medicines Management Competency Assessors (MMCA) Pathway



## Medicines Management Support Training Standards

City & Guilds/WJEC are the sole providers for a suite of health, social care and childcare qualifications in Wales. This framework provides the minimum standards to meet knowledge and practice standards for the City & Guilds *Health and Social Care unit 350: Supporting the use of medicine in social care settings*. Unit 350 is specifically aimed at those in a social care role where individuals are supported in a range of ways (including administration) with their oral, inhaled and topical medicine, in accordance with their care and support plan and in line with national guidance. This unit is only available to those working within a social care role and is not appropriate for those working specifically in health settings.

In the context of this unit 'individuals' refers to both adult and young people.

Other awarding bodies, e.g. Agored Cymru, also have medicine standards which could also be utilised.

Learning Outcome	Assessment Criteria
<b>1. Common types of medicine and their use</b>	<b>You know:</b>
	1.1 Common types of medicine and their general uses
	1.2 Legal classification of different types of medicine and implications for their use in social care settings
	1.3 Different preparations of medicine
	1.4 <b>Different routes</b> used for medicine oral, enteral (via percutaneous endoscopic gastrostomy - PEG) sublingual, transdermal, parenteral, topical, inhaled, nasal, rectal and vaginal
	1.5 Materials, equipment and aids that are used to support individuals with their medicine
	1.6 Changes in the individual that may indicate an adverse reaction to their medicine
1.7 Actions that should be taken where there are signs or indicators of an adverse reaction to medicine	

<b>2. Receive, store and dispose of medicine supplies safely</b>	<b>You know:</b>
	2.1 Actions to take when receiving medicine
	2.2 How to safely store medicine
	2.3 How to safely dispose of unused or spoilt medicine
	<b>You are able to work in ways that:</b>
	2.4 Follow organisational policies and procedures to receive, store and dispose of medicine
<b>3. Support the use of medicine</b>	<b>You understand:</b>
	3.1 The importance of supporting the active participation of individuals when assisting use of medicine
	3.2 The importance of checking information for the <b>correct use of medicine</b>  (following information in personal plan, level of support needed, checking label to ensure that medicine is in date, correct medicine for the individual, the correct dose, the correct route, the correct time to take, checking records for last dose taken)
	3.3 Actions to be taken if there are any:
	a) discrepancies
	b) conflicting instructions
	c) missing or spoilt medicines
	d) issues with the individual refusing to take prescribed medicine
3.4 Check information to support the individual with correct use of medicine	
	<b>You are able to work in ways that:</b>
	3.5 Confirm with the individual the level and type of support they need when using medicine

	3.6 Prepare equipment and the environment for use of medicine
	3.7 Support the individual with correct use of medicine ensuring: a) the promotion of active participation
	b) dignity and respect
	c) infection prevention and control measures are followed
	3.8 Observe the use of medicine to identify any practical difficulties that may occur
	3.9 Take actions to address any practical difficulties
	3.10 Record use of medicine according to own role and responsibilities

### Monitoring of framework

- Clear monitoring and quality assurance arrangements should be made locally to support delivery of the framework
- The implementation, embedding and maintenance of the framework should be supported by quality assurance checks (e.g., by training departments, medicines management teams, contract monitoring teams, regulators and inspectors) to monitor continued compliance to training standards and continuous improvement.
- There should be robust processes for identifying, reporting, reviewing and learning from medicines-related problems. These processes should support a person centred, 'fair blame' culture that actively encourages reporting of concerns.

## The responsibilities of key people

### 1. Service provider

- a. Must demonstrate clear organisational intent to achieve safe systems for medicines management in line with Statutory guidance of The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 - Regulation 58 and Code of Practice for Social Care Employers
- b. Develop a medicines policy for every aspect of handling medicine. This should specify the circumstances in which workers may administer or assist in the administration of medicines. It should include procedures for the safe administration, recording, handling, safekeeping and disposal of medicines.
- c. Ensure staff are shown the medicines policy and understand its implications.
- d. Provide supervision and guidance around the medicines policy.
- e. Have optimum numbers of staff who are appropriately trained, competent, skilled and experienced.
- f. Arrange shadowing for workers with a competent senior member of their care team.
- g. Sign off workers as being fit for undertaking medicines management support tasks in their organisation
- h. Have robust quality assurance management systems for workers to carry out medicines management support. This is to include assessment, internal quality assurance and information management.
- i. Be able to demonstrate how they provide support, training (including induction training), professional development, supervision and appraisal for workers to carry out medicine's management support (ensuring that all these activities are linked and match with each other)
- j. Ensure medicines training, learning and development needs of care workers are assessed:
  - i. when starting employment (induction)
  - ii. when training has been completed but training and competence requirements are not met
  - iii. during appraisal by an appropriately skilled and experienced person
  - iv. in an ongoing way or reviewed at appropriate intervals to ensure competence is maintained.
- k. Ensure that new care workers do not give medicines unsupervised unless they are trained and assessed as competent to do so, even if they have previous experience in social care as this does not provide assurance of competence.
- l. Actively encourage care workers to discuss their training needs openly and support them to undertake training, learning and development to meet the requirements of their role.

- m. Have dialogue and provide feedback to workers where there are concerns about their medicine's management support practice.
- n. Arrange appropriate training to support (this might be essential skills training, rather than medicine training if the competence issue is in relation to literacy & numeracy)
- o. Seek advice from HR colleagues where, despite further training and support, performance continues to fall short of necessary standard. Follow their organisations guidelines / policy about capability / misconduct where necessary
- p. Lead a Health and Safety culture by ensuring people without the necessary skills are not permitted to administer medicine

For an overview of the roles of Responsible Individuals, service providers and managers, see [learning resource](#) available on the Social Care Wales Information and Learning Hub.

## **2. Medicines Management Competency assessor (MMCA)**

- a. Demonstrate occupational competence and up-to-date professional knowledge and skills in Medicines Management Support tasks delivered by the service.
- b. Demonstrate an understanding of the assessment criteria and processes.
- c. Have regular exposure to the workers they are assessing.
- d. Raise concerns and report poor care in practice.
- e. Support the manager and supervise or guide others in relation to the safe use of medicines.
- f. Review and evaluate the effectiveness of practice and take action to improve performance.
- g. Assess care workers competency with administering medicines using MAR charts- this must be reassessed annually (or sooner if required,)and recorded in the personal training file.
- h. Ensure care workers are competent to carry out tasks as specified in the care and support plan Service Delivery Plan through supervision and monitoring.

## **3. Workers (this encompasses social care workers, adult placement / shared lives carers, foster carers and personal assistants)**

- a. Adhere to the medicine policy and procedures.
- b. Only give medicines they are trained to give and act in accordance with the directions of the prescriber and up-to-date best practice guidance
- c. Follow the workers medicine training framework.
- d. Always work within the agreed care plan and inform their employing care provider where the practice of colleagues may be unsafe.

- e. Seek assistance from their employer if they do not feel able or prepared to carry out their role.
- f. Highlight any training needs they have to their employer.
- g. Adhere to the Code of Professional Practice for Social Care.

#### **4. Pharmacy/Medicines Management Teams**

- a. Maximise integration of pharmacy within health and social care models to help deliver the whole package of support an individual requires when transitioning from one care setting to another.
- b. Work with other health and social care practitioners as part of a multi-disciplinary team. This may involve training or mentoring multi-disciplinary colleagues, in medicines management.
- c. Improve collaboration between pharmacy and community resource teams (CRTs) throughout Wales.
- d. Act on [Pharmacy: Delivering a Healthier Wales](#)' vision to ensure that all CRTs have routine access to a named pharmacy professional, and that every care home will have a named pharmacist and pharmacy technician to help ensure regular access to medicines advice

#### **5. Service regulators**

- e. Monitor and audit care provider's performance (including reviewing quality assurance system in respect of medicines management support to check for leadership intent – i.e. effective policy, shadowing arrangements, training records, leadership competency sign off documentation signed by line manager)
- f. Evaluate care provider's service delivery and provide service improvement plans where needed.

## Glossary

### Terms used in this guideline

#### **Care/Service provider**

A provider organisation, registered with the Care Inspectorate Wales to provide community care services, which directly employs care workers to provide personal care and support.

#### **Worker**

A person who is employed to provide care and support to individuals. This encompasses social care workers, adult placement / shared lives carers, foster carers personal assistants (who are directly employed by people who use services) and other support staff.

#### **Medicine**

All prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

#### **Medicines Management Support**

Any support that enables an individual to manage their medicines. This varies for different people depending on their specific needs.

#### **Medicine Assist**

This is when a person is able to retain control of his or her medicines but needs some assistance. This may be in the form of a reminder or physical assistance i.e. for those with dexterity and/or mobility issues.

#### **Medicine Administration**

This is when an individual cannot take responsibility for managing their medicine, and requires support. Those responsible for administration must follow the six rights - right person/right dose/right time/right route/right medicine/right to refuse.

#### **National Institute for Health and Care Excellence**

A national point of reference for advice on safe, effective and cost-effective practice in health and social care.

#### **Provider's care and support plan**

A written plan that sets out the care and support that providers and the individual have agreed will be put in place, following a local authority assessment. It includes details of both personal care and practical support.

#### **Person**

People who are in receipt of care and support which is being provided by Care/Service providers.

## APPENDIX 1 -Observational Competency Assessment: **LEVEL 1/B - General support or Assistance**

### Practice Unit 350: Supporting the use of medicine in Social Care settings.

Worker's Name				DOB:	
Company/Organisation name					
Date					
Location (home-setting or simulated?)					
Assessed by					
<b>Has Worker met the following standards?</b>	<b>Yes</b>	<b>No</b>	<b>Comments (i.e. how this was achieved)</b>	<b>Practice Unit 350</b>	
Introduced/ greeted the individual/others and maintained an appropriate manner respecting dignity and confidentiality throughout the visit.				3.7b	
Confirmed level of support.				3.2 3.4	
<b>Reminding:</b> Remind the individual to take their medicines.					
<b>Assisting:</b> Taking instructions and in full view of the individual, give assistance as requested by them.					
Ensure the individual actively participates and remains in control of their medicine.					
Washed and dried hands, put on gloves and any other appropriate personal protection/ follow appropriate hygiene measures throughout.				3.7c	
Appropriate utensils / equipment/aids to support individual are used whilst assisting with medicines					

Has Worker met the following standards?	Yes	No	Comments (i.e. how this was achieved)	Practice Unit 350
Offered the individual a fresh glass of water to take with their oral medicines.				3.7b
Encouraged the individual to take their medicines.				3.1
Documented the exact assistance given in the appropriate records.				
Safely disposed of any waste medicine in an appropriate manner and completed the relevant paperwork <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				2.3 2.4 3.3
Used liquid medicines appropriately, including: <ul style="list-style-type: none"> <li>• Shaking bottle before pouring</li> <li>• Using the appropriate measure e.g. oral syringe, graduated measuring cup</li> <li>• Measuring correctly</li> </ul> <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				1.4
Applied Transdermal Patch correctly: <ul style="list-style-type: none"> <li>• Patch location and skin assessment</li> <li>• Safe Disposal</li> <li>• Careful handling</li> </ul> <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				1.4
Applied creams correctly, including: <ul style="list-style-type: none"> <li>• Used 'fingertip' measurement for creams labelled "Apply thinly/sparingly"</li> <li>• Not returned any cream/ointment to the tub</li> </ul> <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				1.4
Used eye preparation correctly: <ul style="list-style-type: none"> <li>• Write or check date of opening on eye drop bottle or tube</li> <li>• Ensure hygiene is maintained i.e. when expired or if touched/dropped</li> <li>• Positioning /comfort of the individual</li> </ul> <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				1.4

Has Worker met the following standards?	Yes	No	Comments (i.e. how this was achieved)	Practice Unit 350
Dealt with practical problems in an appropriate, timely manner, and updated line manager where appropriate. <i>(Oral questioning may be appropriate here-can you talk me through.....)</i>				3.9
Observed and reported any relevant change to the individuals' condition. <i>(Oral questioning may be appropriate here-can you talk me through.....)</i>				3.8 1.7 1.6
When needed, Worker seeks further information or support from an appropriate person such as <ul style="list-style-type: none"> <li>• Community Pharmacy</li> <li>• GP/Out of hours service</li> <li>• District Nurse</li> </ul> <i>(Oral questioning may be appropriate here-can you talk me through.....)</i>				3.9

Print Name of Worker:
<p><b>Outcome of Assessment</b></p> <p>Considering the information from the assessment the member of staff has been assessed as <i>(Please delete as appropriate)</i></p> <ul style="list-style-type: none"> <li>• Demonstrating competence at this assessment to provide general support or assistance with medicines unsupervised.(This does not include administration of medicine)</li> <li>• Requiring further supervision or training in order to provide general support or assistance with medicines unsupervised at this time</li> </ul>

## APPENDIX 2 - Observational Competency Assessment: LEVEL 2/C - Administering medicine

### Practice Unit 350: Supporting the use of medicine in Social Care settings.

Worker's Name				DOB:
Company/Organisation name				
Date				
Location (home-setting)				
Assessed by				
Has the worker completed the relevant Medicine Administration training?				
Yes/No				
Has the worker read the medicine policy and signed to indicate that they have done so?				
Yes/No				
Does the worker know how to access the medicine policy if they wish to check any information?				
Yes/No				
<b>Has the worker met the following standards?</b>	<b>Yes</b>	<b>No</b>	<b>Comments (i.e. how this was achieved)</b>	<b>Practice Unit 350</b>
Introduced/ greeted the individual/others and maintained an appropriate manner respecting dignity and confidentiality throughout the visit.				3.7b
Confirmed level of support.				3.2 3.4
Obtained verbal consent to administer medicines from the individual and encourages the individual's active participation through the procedure demonstrating dignity and respect throughout.				3.5 3.7a
If consent was not obtained, was this part of a documented protocol for this person, such as covert administration?				3.4
<b>Has the worker met the following standards?</b>	<b>Yes</b>	<b>No</b>	<b>Comments (i.e. how this was achieved)</b>	<b>Practice Unit 350</b>

<p>Cleared area to work, located equipment/ medicines/MAR chart, and reduced any distractions.</p> <p>Checked environment is suitable ensuring dignity and privacy.</p>				<p>3.6 3.7c</p>
<p>Verified that all received medicines have been checked in, and able to correctly check in any new ones received.</p> <p><i>(Oral questioning may be appropriate here - can you talk me through.....)</i></p>				<p>2.1</p>
<p>If the directions on the MAR chart differ from those on the label did the worker take the appropriate actions? e.g. Identify any discrepancies of conflicting instructions.</p> <p>If any directions on the MAR Chart are unclear or illegible on the MAR did the worker take appropriate steps to clarify the directions?</p>				<p>3.3a 3.3b</p>
<p>Washed and dried hands, put on gloves and any other appropriate personal protection/ follow appropriate hygiene measures throughout</p>				<p>3.7c</p>
<p>Referred to MAR chart to check:</p> <ul style="list-style-type: none"> <li>• it's for the correct person</li> <li>• it's in date</li> <li>• medicine has NOT already been given for the time of the call</li> <li>• Additional information sheets for any relevant updates.</li> </ul>				<p>2.4 3.2</p>

Has the worker met the following standards?	Yes	No	Comments (i.e. how this was achieved)	Practice Unit 350
<p>Starting at top of MAR chart, selected the correct medicine(s) for the call.</p> <p>Checked all instruction on MAR chart and labels match.</p> <p>Ensured old medicine packets are used first.</p>				2.4 3.2 3.7c 3.8
<p>Prepared each medicine correctly.</p> <p>Checking instructions and ensuring</p> <ul style="list-style-type: none"> <li>• 6 RIGHTS are observed:               <ul style="list-style-type: none"> <li>○ Right person</li> <li>○ Right dose</li> <li>○ Right time</li> <li>○ Right route</li> <li>○ Right medicine</li> <li>○ Right to refuse</li> </ul> </li> <li>• Any special instructions are followed i.e. before/after food or specific time.</li> <li>• Expiry date is checked.</li> <li>• Name on foil strip matches the packet label.</li> <li>• MAR is signed (or appropriate code entered) after preparing each medicine</li> </ul>				2.4 3.2 3.6 3.8 1.5 1.3
<p>Offered the individual a fresh glass of water to take with their oral medicine</p>				3.7b
<p>Encourage and observe the individual has taken their medicines</p> <p>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</p>				3.1

Has the worker met the following standards?	Yes	No	Comments (i.e. how this was achieved)	Practice Unit 350														
Used liquid medicines appropriately including: <ul style="list-style-type: none"> <li>• Shaking bottle before pouring</li> <li>• Using the appropriate measure e.g. oral syringe, graduated measuring cup</li> <li>• Measuring correctly</li> </ul> <i>(Oral questioning may be appropriate here - can you talk me through.....)</i>				1.4														
Applied Transdermal Patch correctly: <ul style="list-style-type: none"> <li>• Patch location and skin assessment</li> <li>• Safe Disposal</li> <li>• Careful handling</li> </ul> <i>(Oral questioning may be appropriate here - can you talk me through...)</i>				1.4														
Applied creams/ointments correctly, including: <ul style="list-style-type: none"> <li>• Used 'fingertip' measurement for creams labelled "Apply thinly/sparingly"</li> <li>• Not returned any cream/ointment to the tub</li> </ul> <i>(Oral questioning may be appropriate here-can you talk</i>				1.4														
Used eye preparation correctly: <ul style="list-style-type: none"> <li>• write or check date of opening on eye drop bottle or tube</li> <li>• ensure hygiene is maintained i.e., when expired or if touched/dropped</li> <li>• positioning /comfort of the individual</li> </ul> <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				1.4														
<p><b>If appropriate</b>, please tick other medicine forms that the workers has been witnessed administering</p> <table border="1" data-bbox="150 1541 667 1865"> <tbody> <tr><td>Inhaler devices</td><td></td></tr> <tr><td>PEG Feeds</td><td></td></tr> <tr><td>Rectal Preparations</td><td></td></tr> <tr><td>Vaginal Preparations</td><td></td></tr> <tr><td>Nasal sprays</td><td></td></tr> <tr><td>Nebulisers and Oxygen</td><td></td></tr> <tr><td>Sachets and powders</td><td></td></tr> </tbody> </table> <p>Did the worker use the medicine form(s) correctly?  <i>(More specific assessment criteria are available and should be used for medicines which requires enhanced administration techniques – see HEIW resources).</i></p>	Inhaler devices		PEG Feeds		Rectal Preparations		Vaginal Preparations		Nasal sprays		Nebulisers and Oxygen		Sachets and powders					
Inhaler devices																		
PEG Feeds																		
Rectal Preparations																		
Vaginal Preparations																		
Nasal sprays																		
Nebulisers and Oxygen																		
Sachets and powders																		

Has worker met the following standards?	Yes	No	Comments	Practice Unit
If the medicine was not taken was the appropriate advice sought and documented including checking information in the care plan, if appropriate?				
Did the worker sign the MAR chart immediately after the medicine was administered				2.4 3.10
Recorded non administration appropriately i.e., spoilt, refused, missing.  Appropriate codes used.  <i>(Oral questioning may be appropriate here - can you talk me through.....)</i>				2.4 3.10 3.3c 3.3d
Did the worker check there was sufficient stock in place to complete future calls?				2.4 3.3a
Safely disposed of any waste medicine in an appropriate manner and completed the relevant paperwork.  <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				2.3 2.4 3.3
Returned MAR chart, medicines and equipment safely for storage i.e. locked/lidded box, fridge or cool dark cupboard				2.4 2.2
Dealt with practical problems in an appropriate, timely manner, and updated line manager where appropriate.  <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				3.9
Observed and reported any relevant change to the individuals' condition.  <i>(Oral questioning may be appropriate here- can you talk me through.....)</i>				

Has the worker met the following standards?	Yes	No	Comments	Practice Unit
<p>If appropriate, worker aware of what action to take if the person wants to take 'over the counter' medicine?</p> <p><i>(Oral questioning may be appropriate here- can you talk me through.....)</i></p>				
<p>Described the correct process for what to do if they make an error?</p> <p><i>Oral questioning may be appropriate here- can you talk me through.....)</i></p>				
<p>Described the correct process for what to do if they discover an error made by another individual?</p> <p><i>Oral questioning may be appropriate here- can you talk me through.....)</i></p>				



## APPENDIX 3

# Medicine Management Competency Assessor (MMCA) Quality Assurance Report

MMCA Name .....Staff Member.....

Medicine Management Quality Assurer (MMQA) Name.....

Provider: .....

Location of observation:.....

Has consent been given by all parties? Yes/No

Circle appropriately (person receiving care/families/care staff/ supervisor)

Date of observation.....

Did the MMCA:	Yes	No	Remarks
1. Arrive on time? Well prepared and confirmed consent again prior to entering.			
2. Put the worker at ease (Set the scene)			
3. Go through the assessment plan with the worker?			
4. Demonstrate Health & Safety awareness?			
5. Explain to the worker what was expected of them? (i.e. do what they always do, best practice worker talks thorough)			
6. Remain as unobtrusive as possible throughout the activity?			
7. Allow sufficient time for the activity to be completed?			
8. Give light touch feedback to the worker in an appropriate place?			
9. Use oral questions to meet full criteria. Were the answers sufficient to judge competence?			
10. Explain clearly to the worker further actions to be taken?			

11. Make decisions based on the performance of the worker today?			
12. Give the worker the opportunity to ask questions?			
13. Complete the correct documentation?			
14. Arrange a follow up visit with the worker?			
15. Explain what the worker could do if they were unhappy with the assessment decision?			

Start time of activity .....End time:.....  
*(including giving feedback to MMCA)*

**MMQA feedback to MMCA:**

*(Make sure any action points are listed clearly and are written SMART)*

.....  
 .....  
 .....  
 .....

**MMCA comments:**

.....  
 .....  
 .....  
 .....

Date agreed for next meeting and to review action points (if applicable):

.....

IQA. Signature:..... Date:.....

MMCA Signature: ..... Date:.....

Issues picked up by IQA of the Worker during MMCA observation (should match MMCA)

.....

## APPENDIX 4

### Medicines Shadowing Record

**Understand the roles & responsibilities related to the administration of medicine in Health & Social Care settings. Supporting the use of medicine in Health & Social care settings.**

As part of your learning you are required to undertake a period of shadowing where you observe other members of staff supporting people with their medicines. Any shadowing experiences you gain should be recorded in this workbook which will be given to you by your supervisor/manager before the course starts. The Shadowing Record has been designed for you to work at your own pace, with the support of your trainer and/or your line manager/supervisor and the colleagues who you will shadow during your training period. You will need to complete a minimum number of 3 shadowing visits, record these, and write a little about these experiences.

**Please ensure you gain consent with the individual prior to carrying out each of your shadowing activities.**

***You must hand in your completed Shadowing Record to your supervisor who will submit it along with your completed competency assessment after the training.***

Name: .....

Organisation: .....

Date of Completion: .....

## About the Medicines Shadowing Record

As part of your training, you will need to record that you have undertaken at least 3 (and a maximum of 6) shadowing observations, 2 of which must involve observing an individual who is having their medicines administered using a Medicine Administration Record (MAR) chart.

You will need to write about your experiences for each of these shadowing activities you undertake. Your shadowing experiences will vary, and you will have your own thoughts about them, but here are a few questions to help you.

### Questions you may consider

How did your colleague greet the individual?

Where did you find instructions for the individual relating to their medicines?

Did you observe the whole process of the person being supported with their medicines?

What did you observe during the support with/administration of medicines?

How did the Individual seem to feel about the care given at the call?

Were there any practical problems experienced during the call regarding the person's medicines?

Describe how your colleague spoke to and engaged with that individual

What role did you have in the call?

*You do not need to answer all of these for every observation - some will not apply to your specific experience and you will have your own thoughts about it, but you may find the questions helpful in getting started.*

**Observation 1**

Date:

Time:

Level of Support observed:

Worker Comments:

Name of Worker:

Signed:

Date:

Name of Supervisor:

Signed:

Date:

**Observation 2**

Date:

Time:

Level of Support observed:

Worker Comments:

Name of Worker:

Signed:

Date:

Name of Supervisor:

Signed:

Date:

**Observation 3**

Date:

Time:

Level of Support observed:

Worker Comments:

Name of Worker:

Signed:

Date:

Name of Supervisor:

Signed:

Date:

**Observation 4**

Date:

Time:

Level of Support observed:

Worker Comments:

Name of Worker:

Signed:

Date:

Name of Supervisor:

Signed:

Date:

<b>Observation 5</b>		
Date:	Time:	Level of Support observed:
Worker Comments:		
Name of Worker:	Signed:	Date:
Name of Supervisor:	Signed:	Date:

<b>Observation 6</b>		
Date:	Time:	Level of Support observed:
Worker Comments:		
Name of Worker:	Signed:	Date:
Name of Supervisor:	Signed:	Date:

## APPENDIX 5 -Written Evidence Part 1:

**Understand the roles & responsibilities related to the administration of medicine in Health & Social Care settings. Supporting the use of medicine in Health & Social care settings.**

Answer ALL the following questions and hand it in to your trainer at the end of the first training session (Medicines Training Part 1).

**This must be all your own work. You must not copy from anyone else**

This is part one and will support the Core unit 003 Health & Well-being (Adults) & Unit 350 in the practice qualification in supporting the use of medicine in Health & Social Care settings.

Name:.....

Organisation: .....



4	<p>Besides the types of medicines that have been named above can you list <b>three</b> other common types of medicine?</p> <p><b>N.B.</b> The answers to this question <b>must not</b> include names of medicines (e.g. aspirin, temazepam).</p> <p>1.</p> <p>2.</p> <p>3.</p>		1.1	
---	--	--	-----	--

No.	Question	Assessor's Notes	UNIT 350	CORE 003
5	<p>What is meant by the abbreviations below?</p> <p><b>Also</b>, where can they be obtained?</p> <p>1. POM</p> <p>2. P</p> <p>3. GSL</p>		1.2	
6	<p>Name <b>TWO</b> medicines that require regular monitoring</p> <p>1.</p> <p>2.</p>		1.1	
7	<p>Who can write prescriptions?</p>		1.2	7.2
8	<p>What is an <b>acute</b> prescription?</p> <p>What is a <b>repeat</b> prescription?</p>		1.1	7.2
9	<p>You've noticed a lot of medicines stock piled up in a person's cupboard. What would you do?</p>		3.3 (a)	

10	<p>Medicines can be given by different <b>routes</b></p> <p>a) Name <b>six</b> routes that workers <b>CAN</b> use when administering medicines</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> <li>5.</li> <li>6.</li> </ol> <p>b) Name <b>four</b> routes that workers <b>CANNOT</b> use when administering medicines</p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>		1.4	7.2
----	--	--	-----	-----

No.	Question	Assessor's Notes	UNIT 350	CORE 003
11	Who is responsible for dispensing prescriptions?		1.2 2.4	7.2
12	<p>Describe what you would do if a person found it difficult to swallow their tablets</p> <p>And Why?</p>		3.8 3.9	7.2
13	Where should most medicines be stored (i.e. those ones that <b>do not</b> need <b>special</b> storage conditions)?		2.2	

<b>14</b>	List 5 common side effects of taking medicines  1.  2.  3.  4.  5.		1.6	
<b>15</b>	Name THREE types of <b>Health Care</b> Professionals you can speak to for advice if the individual needs more information <b>about their medicines</b>  1.  2.  3.		1.2	7.2
<b>16</b>	Where else can you find information about an individual's medicines?		3.5	

<b>No.</b>	<b>Question</b>	<b>Assessor's Notes</b>	<b>UNIT 350</b>	<b>CORE 003</b>
<b>17</b>	What Personal Protective Equipment (PPE) should you use when administering medicines?		3.7c	7.1
<b>18</b>	You are about to administer medicines in an individual's home. How would you gain consent to administer those medicines?		3.5	7.1
<b>19</b>	As you are leaving an individual's house after your call, a neighbour asks you 'How's Mrs. Jones doing today, I saw the Doctor had called, is she unwell?' – How would you respond?		3.7b	7.1

20	When you arrive at a person's house the family are there but you need to administer cream to her chest. How would you keep the dignity of that individual?		3.7b	7.2
21	When assisting a person to apply cream how would you encourage him/her to 'actively participate'?		3.1 3.7a	7.2
22	Name the Six rights of safe medicine administration  1. RIGHT..... 2. RIGHT..... 3. RIGHT..... 4. RIGHT..... 5. RIGHT..... 6. RIGHT.....		3.2 3.4	7.1

No.	Question	Assessor's Notes	UNIT 350	CORE 003
23	If someone asked you to put a person's tablets into their porridge so they wouldn't spit them out;  What would you do?  Why?		3.3b	7.4

## DECLARATION

I certify that the above written evidence has been completed by myself and is my own work

Signed \_\_\_\_\_ Date \_\_\_\_\_

Assessors Name & Signature \_\_\_\_\_

Date \_\_\_\_\_

**Assessor's comments:**

Assessors Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

## APPENDIX 6 - Written Evidence Part 2:

**Understand the roles & responsibilities related to the administration of medicine in Health & Social Care settings. Supporting the use of medicine in Health & Social Care settings.**

Answer **ALL** the following questions

**This must be all your own work. You must not copy from anyone else.**

This is part two and will support the Core unit 003 Health & well-being (adults) & unit 350 in the practice qualification in Health & Social Care, supporting the use of medicine in social care settings Adult & CYP

When you have successfully completed the written evidence for Parts 1 & 2 your supervisor or manager will observe you administering medicines to individuals in their homes.

Name:.....

Organisation: .....



<b>6</b>	Name 3 different <b>forms</b> of medicines (N.B. not <b>types</b> or <b>names</b> of medicines)  a.  b.  c.		1.3	
<b>7</b>	Whilst administering medicines at a visit, a member of the individual's family asks you to crush their tablets  a. What would you do?   b. Who would you tell?		3.3b	7.1 7.2 7.4
<b>8</b>	An individual has been prescribed an oral liquid medicine but hasn't been given a measuring spoon. What would you do?		1.3	7.2 7.4
<b>9</b>	When administering eye drops to an individual <b>describe what you do if:</b>  a. You drop the eye drop bottle on the floor and the cap is off   b. The individual needs to have two different types of eye drops administered into the same eye during your call.   c. You are opening a new eye drop bottle for the first time. What must you record and where?		2.3 3.3 c 1.3	7.2



14	<p>The Medicine Care Plan states that Mr Thomas' bedtime medicines can be prepared at the tea call and left on his bedside table '4 later'. <b>You are on the first (morning) call the following day.</b></p> <p>Describe what you must do to complete this procedure:</p> <p>a.</p> <p>b.</p>		3.8	7.2																																								
No.	Question	Assessor's Notes	UNIT 350	CORE 003																																								
15	<p>Place a <b>X</b> on the compartment for medicines to be taken Wednesday teatime.</p> <table border="1" data-bbox="150 763 991 1176"> <thead> <tr> <th></th> <th>MON</th> <th>TUES</th> <th>WED</th> <th>THUR</th> <th>FRI</th> <th>SAT</th> <th>SUN</th> </tr> </thead> <tbody> <tr> <td>BREAKFAST</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>LUNCH</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>TEA</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>BEDTIME</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		MON	TUES	WED	THUR	FRI	SAT	SUN	BREAKFAST								LUNCH								TEA								BEDTIME									3.10	7.2
	MON	TUES	WED	THUR	FRI	SAT	SUN																																					
BREAKFAST																																												
LUNCH																																												
TEA																																												
BEDTIME																																												
16	<p>An individual assessed as needing <b>Level 2/ Level C assistance</b> with a MAR asks you to help with some multivitamin tablets that his family have bought for him.</p> <p>a. What would you do?</p> <p>b. Why?</p>		1.2	7.3																																								
17	<p>In your role as a worker if you are unsure of any aspect of administering medicines what would you do?</p>		3.9	7.2																																								
18	<p>If you made a mistake when supporting/administering medicines to an individual what would you do?</p>		3.10	7.4																																								

19	<p>If you were assisting an individual in applying a cream from a tub with a lid, how would you ensure it was a hygienic process?</p> <p>a.</p> <p>b.</p> <p>c.</p> <p>d.</p>		3.4 3.7 c	
No.	Question	Assessor's Notes	UNIT 350	CORE 003
20	<p>Mr. Evans has just come home from hospital and is level 3/ level C with a MAR. When you go to administer his medicines, you notice that he is on warfarin. The warfarin is labelled 'To be taken as directed on the yellow book' and there is no warfarin MAR. There is no Yellow Care Plan or any other evidence that the Community Medicines Management Team has made an assessment.</p> <p>a. Would you administer the warfarin?</p> <p>b. What else would you do?</p>		3.3 b	
21	<p>A person who you normally administer medicines to using a MAR chart has asked you if he can take them himself. You think he would be ok to do it. What would you do?</p>		3.3b	
22	<p>Mrs Harris is supposed to have medicines administered at 2 pm but you know that she doesn't have a call at that time. The Care Plan DOES NOT state that medicines can be left out 'for later'</p> <p>a. What would you do?</p> <p>b. Why would you do that?</p>		3.3a	7.2
23	<p>You have popped the medicine for Mrs Jones who then refuses to take her blue tablet</p> <p>a. How would you respond to this?</p>		3.3d 2.3 3.10	

	<p>b. What would you do with the 'wasted' tablet?</p> <p>c. How would you record it?</p>			
No.	Question	Assessor's Notes	UNIT 350	CORE 003
24	What action would you take if a person had a change in their condition or a possible reaction to their medicine?		1.7	

### DECLARATION

I certify that the above written evidence has been completed by myself and is my own work

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Assessors comments:**

Assessors Name \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_