Quality assurance checklist for medicines training processes in adult community settings



NICE recommendation ¹	Describe the ways our current practice/processes work in line with the NICE recommendation
 1.11.1 When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they: receive appropriate training and support. 	(Suggest that training should meet all elements of the 'Checklist for medicines management training in adult social care'.)
 1.11.1 (continued) When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they: have the necessary knowledge and skills. 	

NICE recommendation	Describe the ways our current practice/processes work in line with the NICE recommendation
 1.11.1 (continued) When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they: are assessed as competent to give the medicines support being asked of them, including assessment through direct observation. 	
 1.11.1 (continued) When social care providers are responsible for medicines support, they should have robust processes for medicines-related training and competency assessment for care workers, to ensure that they: have an annual review of their knowledge, skills, and competencies. 	

(This could be supported by using a standardised competency assessment tool.)

Additional considerations:

Question	Answer	Ideas on how this could be achieved?	Why should you consider doing this?
Do we assess the learning preferences of our staff to establish their 'learning style'?	Yes/No	The care provider could ask the staff member to complete a learning style questionnaire.	'Most people learn in different ways, known as 'learning preferences', what suits one learner might not suit another' ²
	lf yes add details here:		
		For example: a VARK Questionnaire*. *Other questionnaires are available.	'There are many different ways that people learn, often known as learning styles' ²
Does our medicines management training programme include all 'learning styles'?	Yes/No If yes add details here:	 The provider could use a management training programme which incorporates all learning styles: Visual (seeing). Aural (listening and talking). Read/write. Kinaesthetic (doing). 	'If your learners can incorporate reading, hearing, seeing, saying and doing during your sessions, their learning retention should increase' ²
Do we have a formal process to assess staff competence?	Yes/No If yes add details here:	This could be supported by using a standardised competency assessment tool	CQC recommend: 'You should have a formal process to assess staff competence. You must not allow new staff to manage or administer medicines before assessing their competence. The person assessing staff should be competent in medicines support tasks delivered by your service. They will assess the knowledge, understanding and skills of the staff. You must keep records of staff competency assessments and when they are due for review'.

¹ NICE, NG67, 1.11 – Recommendations | Managing medicines for adults receiving social care in the community | Guidance | NICE March 2017

Can evidence be provided to demonstrate the practice/process that is described above?

Reflect on the answers.

Detail here if any improvements are required to ensure the care service work in line with NICE recommendations. Please include what action will be taken and when this will be achieved.

Name of community setting / provider (and branch if applicable):

Name of staff member completing the checklist:

Job title of staff member completing the checklist:

Date(s) checklist was completed:

² Gravells, A. (2013). The Award in Education and Training. Revised Edition 2014