

Staff Competency Audit Sheet

Responsible person observing.....

Staff are to be observed a minimum of three times before competency may be approved and then spot checks to be performed regularly thereafter.

Staff member name.....

Name of training organisation/College.....

Task	Date	Date	Date
Assembles all the equipment (including a fresh glass of water if applicable), documentation and medicines required to prevent interruptions during the administration	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Observes cleanliness, care and safety in the preparation of all medication and necessary equipment	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Correctly identifies the resident/s receiving the medicine/s	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Acknowledges the resident appropriately and gains their consent to assist with/administer the medication	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Checks chart for any allergies or warnings	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the directions on the MAR tally with those on the medication packaging for each medication	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)

Confirms the name of the medication and understands the indication for the medication	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Checks any information provided with the medication and seeks this out if it is not provided	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Understands which side effects may be a result of the medication	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the medicine is in the correct form, e.g. syrup	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the correct dose	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the correct timing	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the correct route of administration/site of application	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Confirms the expiry date	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Checks care notes on request of PRN medication	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)

Administers and observes the taking of the medicine in accordance with the Medicines Policy	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Remains with Resident throughout procedure and records the administration or <i>non</i> administration in the correct place on the MAR.	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Level of concentration appears substantial i.e. not distracted by telephone etc.	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Safety measures are maintained and consistent throughout i.e. does not leave meds unattended	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
If there were any problems, were they reported to the right person in the correct way?	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Medication Policy read and understood	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Has received additional training where necessary i.e. application of topical products by RGN for general care workers	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Checks the outcome of any PRN medicine(s) has been achieved.	✓ or X (comments)	✓ or X (comments)	✓ or X (comments)
Comments e.g. further training requirements highlighted)			

Confident to administer Care worker signature.....	Yes	No	Yes	No
Staff comments:				