Quality assurance checklist for medicines training processes in care homes



1.17.1

Care n fell der fell e le ha de g a ed affad e he ha e had he ece ar a gad area e ed a c fee e .

1.17.1 continued

Care har element de la d

1.17.2

Care his eler der hild e

Pla er a a d/re er a

lear gade eler e

Prografie ha care his e

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fina ag gadad er ga

ed cie The Prografie

he regidar, he re de , a d

he ra g eed foare his e

affi.

(Siugge ha a g n ild ee al ee e f he 'Chec f i ed c e a agere a g

NICE recommendation	Describe the ways our current practice/processes work in line with this NICE recommendation
1.17.3 Caeh e e de he de he de	
1.17.4 Caeh e aff phae ae a gha ee a he Pe fhe e he ae he ae he ae ae a he Pe fhe ae he ae	
1.17.5 Caeh le le de le le de le le de le	(Th.c.∜dbe ¼¼¼ redb ¼ ga ada√d ed c.√4eecae √e (.)

NICE recommendation	Describe the ways our current practice/processes work in line with this NICE recommendation
1.17.5 cont. Care har elegated de fan her ang eeded becare har e affre e be garded er	

¹·NICE, SC1, 1.17 | 1 Rec √√ e da Ma ag g√ ed c e care h√ e G∪da ce. NICE March 2014

Question	Answer	Ideas on how this could be achieved?	Why should you consider doing this?
D ea e he ea, g Pefee ce f , aff e ab h he ea, g le'?	Ye /N If e add de a here:	The care Proder der condition der	'M Pe Plelear dffere a, a lear g Prefere ce', ha " e lear er gh ," a her' ² 'There are a dffere a ha Pe Plelear, fe a lear g le' ²
De ,U, ed c, e , a age, e , a age, e , g , a , e , e , de al lea , g le '?	Ye /N If e add de a here:	The Proder control of the Proder control of the con	'If Pear er ca chrae read g, hear g, ee g, a g a d g d g d g e , he lear gree h ld crea e' 2
Denae af da Pce ae aff cdPeece?	Ye /N If e add de a nere:	The cond be generally and a dawded confidence can be a conditioned as the conditions of the conditions	CQC rec red: 'You should have a formal process to assess staff competence. You must not allow staff to manage or administer medicines before that assessment. A competent assessor needs to assess your staff. Bu.iTscnrted by using your

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

Reflect on the answers.

Name of care home / 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: