Medicines competency assessment guide for adult social care settings

skillsforcare

About this guide

This guide should be used when assessing competency relating to managing and administering medicines in adult social care settings. Care providers can use one of the supporting 'Medicines competency assessment records' to document staff competence or their own internal recording system (if it is to the same standard or better):

- Electronic medicines competency assessment record
- Paper medicines competency assessment record

The guide aims to support adult social care providers to work towards meeting:

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Guidance on training

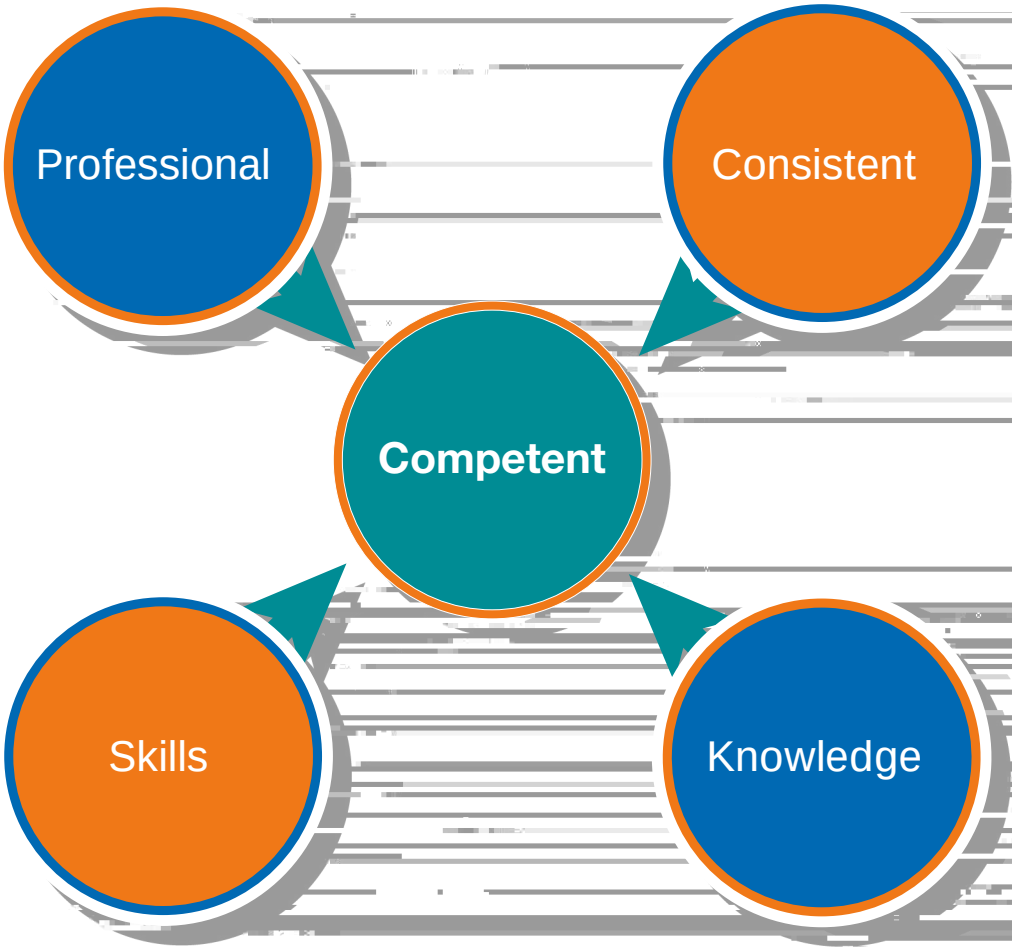
Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 deals with staf□ng, training, quali□cations, competence, and skills. It addresses all aspects of training, experience, learning and development; from induction to continuing professional development, supervision and appraisal. Read the regulation and guidance.

The care provider's medicines policy should include training needs. It should be relevant to the type of care setting staff are working in and the tasks to be undertaken. Training should be accessible. Staff should be supported to take part.

Care providers should identify any other training needed by staff responsible for managing and administering medicines. If there is a medicines-related safety incident, you may need to review those learning and development needs.

Free medicines management e-learning modules are available for adult social care providers via the NHS Learning Hub. For more information and support on who can access the Learning Hub please use the help section.

Competency



Essential Dimensions of Competency (Clayton & Nightingale, 2014)

Assessment methods

There are many ways to assess staff competency. Some assessments can be completed away from the care setting such as using professional discussions, case studies, calculations, and simulations.

Care providers can use these assessment methods to help them identify any training and support needs* of staff responsible for managing and administering medicines. Staff who are new to the role may bene□t from practising their skills in a safe learning environment before attempting to demonstrate their competency using direct observation.

Once the assessor is con□dent it is appropriate, the staff member can demonstrate their competence using direct observation.

The table below sets out recommendations for assessing different activity types. This includes a ‘minimum assessment’ and ‘additional good practice points’.

Type of duty	Recommended minimum standard	Additional good practice points
Medicines management	✓ Assessment using professional discussions	✓ Assessment using professional discussion ✓ Follow with direct observations
Medicines administration	✓ One direct observation	✓ Three direct observations
Advanced medicines management	✓ Assessment using professional discussions ✓ Followed by direct observations if there are any incidents or errors in this area	✓ Assessment using professional discussion ✓ Follow with direct observations

*Support options may include shadowing trained and competent staff while they complete medicines duties, being allocated a mentor, practicing under direct supervision, and discussion of more complex administration situations. This list is not exhaustive and will vary depending on the care setting.

Roles and responsibilities

The staff member will:

- follow the care providers medicines policies and procedures, national guidance, and legislation
- complete medicines training in line with the care provider's medicines policy
- inform the care provider if they do not have the skills to administer medicines, despite completing the required training
- complete the required competency assessments prior to administering medicines independently
- only manage and administer medicines when they have had the necessary training and are assessed as competent.

The assessor will:

- follow the care providers medicine policies and procedures, national guidance, and legislation
- Undertake any relevant training to gain the knowledge required to assess staff in the medicines support tasks delivered by the care service.
- follow a formal process to assess staff competence
- assess the knowledge, understanding and skills of the staff
- keep records of staff competency assessments
- only assess medicines support tasks that you are trained and competent to assess
- be responsible for making judgments regarding a staff member's competence to manage and administer medicines (nal sign off process should be agreed with the care service manager or named responsible person)
- recognise the impact of your assessments and the importance of your role as an assessor (where applicable this may include the nal sign off stage which will allow staff to undertake the medicines related task without the need for supervision).

The care service manager/named responsible person will:

- follow the care providers medicine policies and procedures, national guidance, and legislation
- ensure the care provider's medicines policy includes training needs which are relevant to the type of care setting staff are working in and the tasks to be undertaken
- have training that is accessible and support staff to take part
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Blue applies to homecare agency settings **only**

Orange applies to both residential homes **and** nursing homes

Teal applies to residential homes **only**

Grey applies to nursing homes **only**

Medicines management duties

The guidance below applies to all care settings unless otherwise stated. When the assessment criteria vary, this will be highlighted in the following way:

Ordering medicines

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) How to order medicines in line with the care providers medicines policy.
c) How to identify who is responsible for ordering medicines (for example when a person or their friends/family choose to remain responsible for ordering medicines in homecare agency settings).

When staff are responsible for ordering medicines, they know:

a) Which pharmacy supplies the regular/monthly medicines.
b) Which pharmacy is used for 'out of hours' medicines.
c) Local process for ordering emergency supplies, urgent medicine, and 'interim' items.
d) To check stock levels, including PRN medicines, before re-ordering (waste management).
e) To check condition of appliances, such as spacer devices, and replace only when required.
f) How to carry forward suitable medicines to avoid over ordering or stockpiling (waste management).
g) To request prescriptions in an appropriate time frame (to ensure stock levels for each person are kept at an appropriate level and to avoid running out).
h) Make a record of what items have been requested.
i) Ideally, the task of reordering medicines should not be delegated to the supplying pharmacy.
j) To inform their senior/manager if more support and/or time is required to complete the medicines ordering process.

Receiving medicines

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) When staff are responsible for transporting medicines, this should be done in line with a risk assessment which considers the needs of cold chain medicines and medicines which are liable to misuse (such as controlled drugs).
c) Prioritise fridge items (and controlled drugs in care homes), which require processing rst.
d) Check the correct quantity has been provided, the medicine is in date and correctly labelled e.g. use of the six rights of administration (6R's).
e) Medicines received should be checked against the record held by the care service of items ordered to ensure they have been prescribed and supplied correctly.
f) Where there is any contradiction in dose/directions or if the medicines received differs

Storing medicines: Residential homes and nursing homes

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.

b) How to store medicines in line with the care providers medicines policy. Which should include:

i. Storing medicines securely.

ii. Only authorised staff should have access and keys should also be securely stored.

iii. The need to store medicines according to the manufacturer's recommendations, for example at the correct temperature.

iv. How the storage conditions are monitored.

v. Store emergency medicines safely but make sure they can be accessed quickly when needed.

vi. Risk assessed; safe storage is essential for uid/food thickening powders.

vii. Some medicines need to be refrigerated, these must be stored between 2ºC and 8ºC.

viii. Temperature of medicines fridge(s) should be recorded daily using a maximum/minimum thermometer and the thermometer should be reset after each reading.

ix. What to do when medicine storage areas are outside the recommended temperature range, this should include seeking advice on whether the medicines are still safe to use and where to keep records of any actions taken.

x. Regularly check the expiry dates of medicine which are in stock (inc. medicines which have a shortened expiry date once opened) and rotate stock according to your policy.

xi. Store medicines and medical devices off the oor.

xii. Keep oral medicines separate from topical medicines to avoid accidental ingestion.

Disposal of medicines: Homecare agencies

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) Do not dispose of medicines through the sewage system or general waste bins.
c) It is not acceptable practice to routinely dispose of medicines each month to replace with new stock (waste management).
d) How to identify who is responsible for disposing of medicines (for example when a person or their friends/family choose to remain responsible for this).
e) When the provider is responsible for the disposal, obtain agreement from the person (or their family member or informal carer) and then return the medicines to a community pharmacy or dispensing doctor.v
f) What records need to be made when the provider is responsible for disposal such as the date of disposal, name, quantity, and who took them to which pharmacy.

Disposal of medicines: Residential homes

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) Do not dispose of medicines through the sewage system or general waste bins.
c) It is not acceptable practice to routinely dispose of medicines each month to replace with new stock (waste management).
d) Store medicines for disposal securely and separately to in use medicines until they are collected or taken to the pharmacy.
e) Dispose of medicines by returning them to a community pharmacy or dispensing doctor.
f) Keep records to ensure that medicines are handled properly during disposal. Records could include date of disposal or return to pharmacy, name and strength of medicine, quantity removed, person for whom medicines were prescribed or purchased, signature of the member of staff who arranges disposal of the medicines, signature of the person accepting/collecting the medicines for disposal.
g) Unwanted or out-of-date Controlled Drug's (CD's) must be stored in the controlled drugs cupboard while awaiting disposal (ideally, they should be separated from current stock).
h) When returning CD's record this in the CD register, good practice involves two staff members recording this as it helps to verify that the register is accurate.

Disposal of medicines: Nursing homes

Staff member to know details such as:

a) Where to locate this information in the care providers medicines peprn7ksf member to kr

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MARs prepared by and/or checked by care staff

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) MARs prepared by care provider/care staff such as handwritten or typed MARs should only be produced in exceptional circumstances.
c) MARs should only prepared and checked by staff who are trained and assessed as competent to do so.
d) MARs prepared by care provider/care staff should be transcribed accurately.
e) The MAR should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used (alternative arrangements may be required e.g. when staff are lone working).
f) The MARs should be legible and include:
    i. A start date, name of the persons GP practice, any stop or review dates.
    ii. the persons full name, date of birth, and any known allergies.
    iii. the name, formulation and strength of the medicine(s), how often or the time the medicine should be taken, how the medicine is taken or used (route of administration).
    iv. any special instructions about how the medicine should be taken (such as before, with or after food.

Staff who are being a witness, completing a second check and providing a ‘second signature’

Staff member to know details such as:

a) They need to be trained and competent in relation to the process they are witnessing or checking.
b) They are accountable for their actions.
c) They are completing the task to ensure safe practice, and they are required to speak up and/or intervene if they identify that the process is not being completed correctly.

Supporting self-administration: Homecare agencies

Staff member to know details such as:

a) When the person is fully managing their medicines themselves, the care plan should clearly state this. You do not need to record individual doses taken by the person.

b) Care workers should make a record each time they provide medicines support. Medicines support is any support that enables a person to manage their medicines. In practical terms, this covers reminding people to take their medicines, helping people remove medicines from packaging and administering some or all of a person's medicines.

c) Medicine support should be included as part of the persons general assessment. The outcome of the assessment should be record in the care plan.

d) Doses must only be left out for a person to take later if this has been agreed with them and the risk has been assessed. This information is to be recorded in the care plan. An appropriate record is to be made on the MAR when a dose is left out.

Supporting self-administration: Residential homes and Nursing homes

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.

b) People have the right to choose to manage their own medicines.

c) To support people with their medicines in line with their care plan and risk assessment.

d) How to store medicines for self-administration in line with the person's care plan. For example, in a lockable cupboard or drawer in their room. The storage place must not be accessible to other people.

e) People should be able to access their medicines when needed.

f) You must keep records when:

   i. you provide support for a person to take their medicines. This includes reminding a person to take a medicine.

   ii. you supply medicines (including controlled drugs) for self-administration.

g) Where a person self-administers a medicine, this should be annotated on the MAR. Individual doses taken by the person do not need to be recorded.

Homely remedies: Residential homes and nursing homes

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) The medicine is purchased over the counter (OTC) to treat minor ailments and is kept as stock in the care home to give people access to medicines that would commonly be available in any household.
c) To give non-prescription medicines or other OTC products (homely remedies) to the person being supported, the staff member should be named in the homely remedies process.
d) Advice on the suitability of homely remedies for individuals from a healthcare

Administering medicines when a person is away from their usual care setting

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.

b) Any decisions about using medicines while a person is away from their usual care setting should be in a care plan. (including any ‘when required’ emergency medicines).

c) Secondary dispensing is not good practice. An alternative should be sought wherever possible due to the associated risks.

d) Where there is a need for secondary dispensary, a standard operating procedure and risk assessment should be in place.

e) People should have appropriate information to help them to take their medicines safely.

f) Staff should have a clear understanding of their role in supporting people to take their medicines when they are away from their home.

g) To risk assess to identify and minimise any potential problems. This may consider points such as: medicines liable to abuse, how to supply medicines safely, how to store medicines including those which require refrigeration, how to record medicines when they leave/return, etc.

PRN and variable dose

Staff member to know details such as:

a) Where to locate this information in the persons PRN care plan.

b) They are to be administered as intended by the prescriber.

c) In homecare settings the care plan should describe how PRN medicines will be managed outside of a visit time. This could include family support. The care plan should detail how to communicate this to the person, family and care staff.

d) In care homes medicines are offered to the person when they are experiencing the symptoms and is not be limited to medicines rounds or times documented on MARs.

e) The need to check the PRN care plan (which should be person-centred and contain enough information to support staff to administer when required medicines). Which should include:

   i. Details about what condition the medicine is prescribed for.

   ii. Dose instructions. This includes the maximum amount to take in a day and minimum interval between doses. Where a variable dose is prescribed there should be clear

b)

Medicines requiring special care

Staff member to know details such as:

a) Where to find information regarding medicines that are time critical (which means that they must be given within a specific time frame).
b) Where to find information regarding medicines that require a set amount of time between doses to be given safely. For example: Paracetamol requires at least 4 hours between doses and no more than 4 doses in 24 hours.
c) Where to find information regarding medicines that have a cautionary or advisory label such as 'Take with or just after food, or a meal', 'Dissolve or mix with water before taking', 'Space the doses evenly throughout the day. Keep taking this medicine until the course is finished, unless you are told to stop'.
d) Where to find information regarding medicines that require additional monitoring (such as regular blood tests).
e) Where to locate information regarding side effects e.g. PIL, BNF.
f) How to report adverse drug reactions i.e. via Yellow Card Scheme.
g) The importance of using appropriate annotations on MAR e.g. 'Item discontinued by GP on 24th June', 'Applied by carer - see Topical MAR', 'Course complete', etc.
h) Where to find information regarding 'Cytotoxic' medicines and 'Non-cytotoxic Hazardous' medicines which are deemed to pose a potential risk in the event of occupational exposure and how this links to Control of Substances Hazardous to Health (COSHH) regulations.
i) Understands the importance of locating and following information and instructions regarding points a, b, c, d, e, f, g and h.

Managing oxygen

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) Oxygen is a medical gas and should be treated as a medicine.
c) Who your local home oxygen specialist team is and how to contact them.
d) Follow the manufacturer's advice on how to store oxygen safely (inc. the use of statutory hazard notices in areas where you store oxygen).
e) Follow the manufacturer's instructions regarding the use of the equipment (Inc. cannular and/or mask and tubing).
f) Details regarding the person's oxygen requirements need to be documented in their care plan, medicine administration records and oxygen care plan.
g) To monitor and respond to the person's oxygen saturations in line with their care plan.

Reporting medicines incidents

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.

b) A medicines error is any patient safety incident, where there has been an error while: prescribing, preparing, dispensing, administering, monitoring, providing advice on medicines.

c) When an error occurs the safety of the person should be the primary concern, advice from HCP to be sought when necessary.

d) How to report medicines safety incidents and near miss events as per your local safeguarding arrangements.

e) You must tell CQC if a medicines error has caused: a death, an injury, abuse, or an allegation of abuse, an incident reported to or investigated by the police.

f) To report incidents related to controlled drugs (including loss or theft) to your local NHS Controlled Drugs Accountable Of□cer (CDAO) at NHS England. You should also report incidents to the police (if necessary).

Medicines administration duties

Preparation (all forms of medicines)

To include tasks such as:

a) Check if the person has already taken the dose including checking the written records.

b) Check the persons care records such as care plan, pro□le sheet, etc. to see if there are any speci□c requirements or instructions relating to their medicines including how consent is obtained/managed.

c) Check care plan to establish what support the person requires to enable them to manage their medicines. For example: prompting or reminding people to take their medicines, helping people remove medicines from packaging, administering some or all of a person's medicines, etc.

d) Check if the person is ready to take their medicine, before removing it from its packaging, unless this has been agreed and it is recorded in the care plan.

e) Effective hand washing and necessary equipment is prepared.

f) Medicines selected from storage area (Control and security of keys maintained where applicable).

g) Only one person supported at one time with administration of medicines.

h) Greet the person and check/con□rm identity.

i) ALL information cross referenced against the pharmacy label, medicines packaging, contents and MAR sheet to ensure they all match (Six Rights).

j) Allergy status has been checked and followed.

k) Expiry dateson supported(Expiryinines saet tabu33 Td(k))Tj/Span<supporj/Span</ActualText<EFF00

Administration of inhalers

To include tasks such as:

a) The inhaler is checked to ensure the correct dosage can be administered (e.g. by viewing the countdown number).
b) Dosage of medicine required has been identi□ed.
c) The device is prepared (as per PIL) to ensure effective administration.
d) When using a personal spacer device this is damage free, clean, and dry (if applicable).
e) Effective communication is used to explain the use of the device with the person (for assurance and to ensure correct inhaler technique).
f) The person has been encouraged to adopt a suitable position to receive their medicine.
g) The inhaler is administered as prescribed (Inc. only one puff/spray at a time).
h) The person is supported to rinse their mouth out or brush their teeth (after using steroid inhaler).
i) The cap is put back on the mouthpiece of inhalers and spacers after use.

Administration of eye drops/ointment

To include tasks such as:

a) The correct PPE is selected and applied (i.e. disposable non-latex gloves if applicable).
b) The correct eye(s) to be treated has been identi□ed.
c) If it is unclear which eye to treat staff check e.g. with HCP prior to administering.
d) If staff member is opening product for □rst time – opening date recorded on packaging.
e) Effective communication is used to explain the eye drop/ointment application with the

Administration of nasal drops/spray

To include tasks such as:

a) The correct PPE is selected and applied (i.e. disposable non-latex gloves if applicable).
b) The correct nasal cavity has been identi□ed which is being treated.
c) If it is unclear which nasal cavity to treat staff check e.g. with HCP prior to administering.
d) If staff member is opening product for □rst time – opening date recorded on packaging.
e) If using a nasal spray; the device is prepared/primed (as per PIL) to ensure effective administration.
f) Dosage of medicine required has been identi□ed.
g) The person is encouraged to gently blow their nose prior to administration.
h) The person is encouraged position their head in a suitable position to receive the nasal drop/spray (as per PIL).
i) Effective communication is used to explain the nasal drops/spray application with the person (for assurance and to ensure correct technique).
j) The correct amount of drops/sprays is administered as prescribed.
k) A clean cloth is used to wipe away any excess that has come out of the nasal cavity (if required).

Administration of ear drops/ointment

To include tasks such as:

a) The correct PPE is selected and applied (i.e. disposable non-latex gloves if applicable).
b) The correct ear(s) to be treated has been identi□ed.
c) If it is unclear which ear to treat staff check e.g. with HCP prior to administering.
d) If staff member is opening product for □rst time – opening date recorded on packaging.
e) Effective communication is used to explain the ear drop/ointment with the person (for assurance).
f) Dosage of medicine required has been identi□ed.
g) The person is encouraged to sit with their head slightly tilted to the side. OR the person is helped to lie down on a bed (with the ear being treated facing up).
h) If required, the ear is gently manipulated to straighten the ear canal as per PIL.
i) The correct number of drops are administered (as prescribed) down the side of the ear canal.
j) Staff ensured the nib did not touch any part of the ear or ear canal.
k) The person is encouraged to remain lying or sitting, with their head tilted for around □ve minutes (if comfortable to do so).
l) A clean cloth is used to wipe away any excess drops (if required).

Administration of transdermal patches

To include tasks such as:

a) The correct PPE is selected and applied (i.e. disposable non-latex gloves if applicable).
b) The current patch location is established e.g. by checking supporting records such as a body map.
c) The current patch is removed and disposed of (as per social care provider's waste policy and manufactures instructions).
d) Supporting records such as a body is checked to establish where to apply the new patch (To ensure patch site rotation as per PIL).
e) The person has been encouraged to adopt a suitable position to have their patch applied.
f) Staff take care not to touch the adhesive part of the patch.
g) Effective communication is used to explain the application with the person (for assurance).
h) The application site has been recorded e.g. on a body map.
i) importance of regularly checking that patches are still in place e.g. during personal care.

Administration of topical preparations

To include tasks such as:

a) The correct PPE is selected and applied (Inc. disposable non-latex gloves).
b) The person applying the medicine can access information about the frequency of use, thickness of application and where on the body the medicine should be applied.
c) If it is unclear where to apply the medicine, staff check e.g. with HCP prior to administering.
d) If staff member is opening product for rst time – they have recorded the opening date on the packaging.
e) The person is encouraged to adopt a suitable position to have their medicine applied.
f) Application method is explained to the person (for reassurance).
g) Dosage of medicine required prepared.
h) The topical preparation is applied as prescribed.
i) Apply emollients gently in the same direction the persons hair grows (smoothed, not rubbed).
j) Staff member is aware of the re risk associated with emollients.

Use and management of thickening products

To include tasks such as:

a) Where to locate this information in the care providers medicines policy.
b) Where to nd individuals current IDDSI consistency recommendations.
c) Only use thickening products for the people they are prescribed for.
d) Use the scoop provided with the thickening product.
e) How to thicken medicines if needed.
f) Where to record the use of thickeners in line with the care providers policy and procedures.
g) Risk assessed; safe storage is essential.

Records

To include tasks such as:

a) MAR signed immediately after the medicine taken or correct MAR code used.
b) If a MAR code used, full explanation documented e.g. on back of MAR.
c) After supporting a person, MAR checked to ensure it is fully completed before moving to next task and/or to support the next person.
d) Any additional supporting documentation also completed.
e) Keeping track of where they are up to while administering medicines (e.g. dot and pot).

Housekeeping: Residential homes and nursing homes

To include tasks such as:

a) Collects fridge items immediately before use and returns to refrigerator immediately after use.
b) Visually checks the fridge temperature record sheet to ensure records are up to date.
c) Disposable equipment (Inc. PPE) is disposed of appropriately (as per social care provider's waste policy).
d) Re-usable equipment that has been used is clearly separated from "new/clean" equipment (i.e. medicine pots, spoons etc.).
e) Storage facility e.g. medicines trolley is locked when not in use and keys are held upon the responsible person (e.g. not left in the trolley).
f) Medicine is not left unattended during any part of the process.
g) Disruptions are avoided during medicines administration process/round.

Housekeeping: Homecare agency settings

To include tasks such as:

a) Collects fridge items immediately before use and returns to refrigerator immediately after use.
b) Visually checks the fridge to ensure it appears to be in working order.
c) Disposable equipment (Inc. PPE) is disposed of appropriately (as per social care provider's waste policy).
d) Re-usable equipment that has been used is clearly separated from "new/clean" equipment (i.e. medicine pots, spoons etc.).
e) Medicine is not left unattended unless this is to support self-administration and when planned and authorised by a HCP.

Medicines reconciliation

Staff member to know details such as:

a) Medicines reconciliation is the process of accurately listing a person's medicines.
b) It should be completed as soon as possible when people are admitted into a service (e.g. discharged from hospital, arrive from another care setting) or when their treatment changes.
c) They should record a current list of medicines, including prescribed, over-the-counter and complementary medicines.
d) The list should

Management of controlled drugs (CD's): Residential homes and nursing homes

Staff member to know details such as:

a) How to order, store, administer, record, and dispose of CD's in line with the care providers medicines policy.
b) What to do and who to contact if there's a discrepancy. This should include the regional NHS Controlled Drugs Accountable Officer (CDAO) at NHS England or the police depending on the circumstances.
c) You must record any movement of a schedule 2 CD in a controlled drug register.
d) For good practice, two staff members should witness and sign when:
    i. receiving CD stock
    ii. checking CD stock balances
    iii. administering CDs and disposing of CDs.
e) Both staff members involved in the process should be trained and competent to do so.
f) You must store schedule 2 CDs and certain schedule 2 CD's in a CD cupboard.
g) The CD cupboard must:
    i. meet British Standard BS2881:1989 security level 1
    ii. be secured to a wall and fixed with bolts that are not accessible from outside the cupboard
    iii. be fitted with a robust lock
    iv. be made of metal with strong hinges.
h) You must restrict access to the cupboard according to need.

Covert administration

Staff member to know details such as:

a) Where to locate this information in the care providers medicines policy.
b) Covert administration is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.
c) It must be the least restrictive option after trying all other options.
d) The principles of the Mental Capacity Act are to be followed.
e) All decisions must be in the person's best interest, and it must be a multi-disciplinary team decision.
f) Medicines must remain safe and effective when prescribed for administration covertly. Always take pharmaceutical advice from an appropriate HCP.
g) Specialist input will be required to ensure suitability of the method chosen, for example crushed or mixed with certain food or drinks.
h) Regular formal reviews are required to check if covert administration is still needed.
i) Ensure all actions taken are clearly documented/recorded.

Abbreviations used in the document:

Abbreviation	Meaning
BNF	British National Formulary
GP	General Practitioner
HCP	Health Care Professional
IDDSI	International Dysphagia Diet Standardisation Initiative
MAR	Medicines Administration Record
PIL	Patient Information Leaflet
PPE	Personal Protective Equipment
6R's	Six Rights of Administration