

MEDICATION POLICY FOR DOMICILIARY CARE

READER INFORMATION	
Policy:	Neath Port Talbot County Council, Social Services Health and Housing Directorate. Policy developed in collaboration with ABMUHB
Document Purpose:	Good Practice Guidance
Title:	Medication Policy for Domiciliary Care
Author:	NPTCBC
Publication Date:	22 January 2016
Review Date:	January 2018
For use by:	NPT Homecare Services, Social Services Care Management staff, Independent Providers of Homecare, Commissioning Unit.
Superseded Documents:	Medication Policy for Domiciliary Care Jan 2011
Contact details:	Copies of this document are available via the NPTCBC intranet: http://cmsstagingvm.neath-porttalbot.gov.uk/intranet/default.aspx?page=9437 or via the Commissioning Unit.

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1. INTRODUCTION

This document outlines the guiding principles for assisting Service Users with medication in the Domiciliary Care setting. It provides standards to be adopted and adhered to when assisting with medication which forms part of a Service User's Care and Support Plan.

It is recommended that this policy is read in conjunction with the NPTCBC's *Medication Management Handbook: Procedures & Guidelines for Domiciliary Care* which outlines the roles, responsibilities and procedures for assisting Service Users with prescribed medication in the Domiciliary Care setting. The Handbook, along with all relevant forms and documents relating to medicines management in domiciliary care, can be found on the links below:

Accessible internally by NPTCBC staff

<http://cmsstagingvm.neath-porttalbot.gov.uk/intranet/default.aspx?page=9437>

Accessible externally by service providers and health care professionals

www.npt.gov.uk/domiciliarycare

In accordance with current guidance laid down in national standards, legislation and statutory requirements, this document must be readily available to all staff and is to be complied with at all times.

It is the intention of Neath Port Talbot County Borough Council (NPTCBC) Social Services, when purchasing services from external Service Providers to share this policy with them. It will be a requirement that this policy be adopted thereby setting a standardised approach to medicines management within Domiciliary Care in Neath Port Talbot.

Please note:

References in the document to Care Workers mean paid employees supporting a Service User in their own home i.e. those employed by social services, the independent sector or Social Services contracted external Service Providers.

2. PURPOSE AND SCOPE

2.1 Purpose

The overall aim of this policy is to promote independence through encouraging Service Users to manage their own medicines as far as they are able, and to administer them in accordance with the advice of their own doctor where this is not possible. It defines who can provide assistance with medicines, what assistance they can provide and in what circumstances. As a result it aims to provide a safe framework for care staff to work within when assisting Service Users with medication. It also outlines some of the documentation which will be used and records which will be kept.

However, it is acknowledged that it is not possible to anticipate every eventuality and that in unusual circumstances the specific needs of a Service User needing assistance with medicines may fall outside of these guidelines. In these cases advice will be sought from appropriate Health Care Professionals.

2.2 Scope

This policy is intended for use across NPTCBC Domiciliary Care for Older Persons and Physically Disabled People's services and includes Care Management, Service Provider and Commissioning Staff.

3 GENERAL PRINCIPLES OF GOOD PRACTICE

The service will be delivered in a way that enables self-determination and independence and which respects the dignity, privacy, cultural and religious beliefs of the Service User.

Assistance with medication will only be provided when there is no other means of the Service User managing their own medication, either through self-administering or support from family and friends. These options must be explored in the first instance. Where it has been established that a Service User requires support with medicines management a risk assessment will be carried out by the Community Wellbeing Officer / Social Worker/Service Provider who will identify the level of support required.

Care Workers will only provide help with taking medication, or administer medication, with the **informed consent** of the Service User or their relative or representative who may give consent on the Service Users' behalf. Consent will be recorded on a *Medication Consent Form* (see links on p.4). If a Service User cannot give consent because of health reasons e.g. dementia, then the current recommendations for treating adults with incapacity must be followed.

All employees involved in administering medication must have received relevant training and have been formally assessed as competent by their line manager/trained trainer. Ongoing competence in dealing with medication must be assessed and recorded via annual monitoring or sooner if required.

A record of the printed names, signatures and initials of all Care Workers must be kept by Service Providers for auditing and monitoring purposes.

Care Workers will only provide help with medicines management when:

- it is requested by the Community Wellbeing Officer / Social Worker on the Care and Support Plan (or by the Service Provider if a change of circumstances dictates, for example where an urgent MAR referral is needed to maintain a Service User's safety)
- it is documented on the Service Delivery Plan which must be accessible in the Service User's home
- they have undertaken accredited training and have been competency assessed by the Service Provider
- it is within the parameters and circumstances set out in this policy
- assistance with medication is part of a 'package' of care

Care Workers MAY administer or assist people with:

- taking oral medicines
- inserting drops/sprays to ear, nose or eye
- administering inhaled medication
- apply a medicated cream/ointment/patch to skin that is unbroken

Care Workers MUST NOT administer or assist people with:

- injections
- peg tubes
- vaginal preparations, such as pessaries
- rectal preparations, such as suppositories

4. LEVELS OF MEDICATION SUPPORT

4.1 Assessing Levels of Support

Many Service Users may have the potential to independently manage their medications, in part or in full, and all efforts must be made to enable this process to ensure their safety, dignity and autonomy are preserved at all times. Where such potential is identified, a referral to the Medicines Management Team for Domiciliary Care (MMTDC) should be considered.

There are 3 levels of support (A, B & C), which are outlined below and should be considered as a continuum, accepting that individuals may move up and down the levels depending on their health status and/or functional ability at the time.

Prior to providing any support the level of medication support needed by an individual must be assessed by the relevant care professional. A need for support with medication will be identified on this assessment and will include how the Service User currently manages their medication, including any support already provided.

For new Packages of care

Once the Service User has been assessed, the level of support needed with medication will be agreed and recorded on the Care and Support plan by the Community Wellbeing Officer / Social Worker. The Community Wellbeing Officer / Social Worker will ensure that the appropriate time is allocated for the Care Worker to deliver the support required. In addition, where full administration is required (i.e. Level C – see below) a referral for provision of Medication Administration Record (MAR) charts must be completed and sent to the Service User's preferred participating Community Pharmacy. The Service Provider responsible for the care package should ensure that the Service User's consent has been obtained and recorded on the Service Delivery Plan.

For existing packages of care

Where a Care Worker identifies any changes in the ability of a Service User to manage his/ her own medicines, the level of support needed should be reviewed promptly by the Service Provider in the first instance. If it is subsequently deemed that a Service User requires Level C support, the Service Provider shall complete a referral for provision of MAR chart and send this to the Service User's preferred participating Community Pharmacy.

4.2 Level A

Level A applies to individuals who take full responsibility for their own medicines and require no assistance with medication from the Care Worker.

If the Care Worker identifies any deterioration in a Service User's condition or their ability to manage their own medicines, this must be reported to their line manager immediately.

4.3 Level B

Level B applies to individuals who are aware of and understand their medicines regime, retain responsibility for their medicines, but may have difficulties with undertaking the task.

Assistance with self-administering may be given as follows:

- *reminder*: the individual may require a simple reminder to initiate the task but is then able to self-administer with/without physical assistance. This is not appropriate for individuals with significant cognitive/memory difficulties
- *physical assistance*: the individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask the Care Worker to help carry out certain tasks. It is the responsibility of the individual to direct which package/bottle/topical medication they require assistance with (e.g. opened/closed/placed in mouth/stored) and such tasks must be completed within sight of the individual at all times

N.B. In Level B the individual, NOT the Care Worker, retains sole responsibility for their medicines management and administration. In line with agreed written procedures, the exact assistance given on each visit will be documented by the Care Worker.

If the Care Worker identifies any deterioration in a Service User's condition or their ability to manage their own medicines, this must be reported to their line manager immediately.

4.4 Level C

Level C applies to individuals who are unable to self-administer, due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. In providing Level C support the Care Worker is responsible for the task of administering **prescribed** medication to the individual as per the prescriber's instructions. However, it is important to maintain the Service User's dignity and independence at all times, and so where possible the Care Worker will engage with the Service User during the process of medication administration, such as giving explanations of the procedure and encouraging the Service User to manipulate packaging where they are still able. Only appropriately trained Care Workers may be permitted to undertake Level C.

Care Workers will carry out the administration of medicines using the NPT MAR Scheme (with medicines in original packets) and approved documentation for administration in accordance with agreed local written protocols and procedures. This includes oral, topical, inhaled, buccal medicines and transdermal patches.

The use of Monitored Dosage Systems (MDS – such as dosette boxes, nomad trays etc.) is not generally recommended at Level C, and when administering medicines on a Service User's behalf the use of original packs is the first line choice. There may be exceptional circumstances where the use of MDS for Level C support is appropriate, however this must only be undertaken following risk assessment and recommendation by the MMTDC, and is to be documented on the Service Delivery Plan.

In line with agreed written policies and procedures, all medicines administered at each visit will be recorded.

5 RISK MANAGEMENT

When setting up a care package, family members/informal carers must be made aware that they will be required to co-operate with Care Workers when they are carrying out specified tasks e.g. if a Care Worker needs to take a chart to the Pharmacy for updating, along with a prescription, then the family member should not prevent this from happening. Family members/friends will be provided with an information leaflet (see links on p.4) by the Service Provider detailing their agreed responsibilities.

5.1 Use of Lockable boxes

In some cases it may be appropriate to store medicines in a place where the Service User cannot get them. This will usually take the form of a lockable box which is to be purchased by the Service User/their family. In this situation the location of the medicines should be documented on the Service Delivery Plan and written consent obtained from the Service User or family member to store their medicines in this way. It is also important to note that certain 'as required' medications must never be locked away and should remain available to the Service User at all times. Where on assessment the Service User is deemed to be at risk from these 'as required' medications, then this should be discussed with the prescriber. Such medications include; reliever inhalers (such as salbutamol), glyceryl trinitrate spray (GTN spray).

5.2 Administration of Warfarin

Where the Service User is assessed as needing only Level B support with their medicines, no special arrangements are required for Care Workers to support with warfarin.

For Service Users requiring Level C support, where possible family/informal carer support with administering warfarin should first be sought and facilitated. If this is not possible arrangements will be made for Care Workers to undertake administration of the warfarin by referring to the MMTDC. The MMTDC will undertake a risk assessment and, where Care Worker administration is deemed appropriate, will lead on arrangements for ongoing warfarin monitoring and provision of warfarin MAR charts.

5.3 Administration of Oxygen

Where the Service User is assessed as needing only Level B support with their medicines, no special arrangements are required for Care Workers to support with oxygen.

For Service Users requiring Level C support, where possible family/informal carer support with administering oxygen should be first be sought and facilitated. Where this not possible, Care Workers may provide limited

support to services users with oxygen generated from concentrators (not cylinders) when this has been assessed as appropriate. All Service Users requiring Level C support from Care Workers with oxygen must be referred to the Medicines Management Team who will undertake a risk assessment in partnership with the ABM Respiratory Team.

5.4 Medication Errors, Incidents & Near Misses

Errors can occur in the prescribing, dispensing or administration of medicines. Most errors do not harm the individual although a few errors can have serious consequences. It is important that errors are recorded and the cause investigated so that we can learn from the incident and prevent a similar error happening in the future.

In order to minimise risk:

- care Workers must not carry out any invasive, clinical or nursing procedures, such as administering injections, enemas or pessaries
- all errors and 'near misses' concerning medication must be reported using the appropriate NPTCBC/CSSIW documentation which is forwarded to the MMTDC and the Commissioning Unit within 48 hours of the incident being discovered. All reports should be investigated and will require the provider to carry out a risk assessment to eliminate or minimise the risk in future. Any serious incidents should be reported to the regulatory body
- where two or more providers are working with the Service User, the Community Wellbeing Officer / Social Worker in consultation with the two providers will nominate one provider as taking the lead role for the coordination of medicines management issues. Once nominated, the lead provider shall be responsible for ensuring adequate communication between all parties concerned in the best interests of the Service User. This will be documented on the Care and Support Plan