



LEEDS ADULT SOCIAL CARE MEDICATION POLICY

JUNE 2016

FOREWORD

This is a multi-agency policy aimed at helping people take their medication safely and promptly at home. The policy will be used by health and social care staff, as well as those in the independent care sector. It will ensure consistent and safe practice in handling and administering medicines, as regulated by law and within good practice guidelines.

For older, disabled or frail people living at home, taking the right dose of their prescribed medication at the right time can sometimes be a challenge. Often, vulnerable adults need help or support to know what medicines to take, when to take them, or how to take them. As part of their duties, staff working in people's own homes may be asked to administer medication, or help people to do this themselves. This is a task which carries with it a need to be very clear about responsibilities and requirements for best practice.

This is to run alongside procedures developed by individual organisations.

Who is the policy for?

Health care, Adult Social Care and Independent Sector staff members working in the domiciliary setting with working age adults and older people. It outlines good practice requirements and responsibilities for the following:

GP's

Community pharmacists and their teams

CCG Medicines Management Teams

Adult Social Care

Independent Sector Home Care Providers

Adult Social Care/Joint Care Management Team Assessors and Care

Manager/Supervisors

Integrated Neighbourhood Teams

Leeds Teaching Hospitals NHS Trust staff

Leeds & York Partnership Foundation NHS Trust Staff

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LEEDS MEDICATION POLICY FOR HEALTH AND SOCIAL CARE

1. INTRODUCTION

This policy applies to all service users assessed as requiring support with medication in their own homes. In order to remain independent in their own home some service users may need support to take their prescribed medication as part of their care package. It defines who can provide support with medication, what support they can provide and in what circumstances.

Administration of medication has traditionally been a nursing role. The Nursing Midwifery Council (NMC) standards for Medicines Management 2010, states that this task can be delegated providing the individual to whom the task is being delegated is suitably trained and assessed as competent to administer the medication. Self-administration for all service users/patients who are able to do so should be the preferred option.

The National Minimum Standards (NMS) Standard 10, Domiciliary Care Agencies Regulations 2002, Regulation 14, Medicines & Health Care Standards Act 2000 state that a medication policy should be in place and that domiciliary care staff should receive training to administer medications. Para 10.1 of the NMS states that, "The registered person ensures there is a clear, written policy and procedure which is adhered to by staff and which identifies parameters and circumstances for assisting with medication and health related tasks and identifies the limits to assistance and tasks which may not be undertaken without specialist training".

When we refer to staff in the policy we mean – domiciliary care support staff, homecare worker or community support assistant regardless of their employer.

When we refer to Manager/Supervisors in the policy we mean Home Care Manager/Supervisors, Community Support Supervisors and independent provider Manager/Supervisors.

- 1.1. The requirement for such support will be identified through an assessment of need as required in the provider's written procedures when providing support to the service user with their medication. Service users may, however, choose to employ domiciliary care independently of this process and of the local authority.
- 1.2. Staff will only carry out clinical or nursing procedures when trained and competent and in line with their code of practice. They are not expected to make judgements on medication this is beyond the scope of the training provided and such enquiries should be referred to a healthcare professional or their Line Manager
- 1.3. Staff will provide support with medications only if specified in the Care Plan/Support Plan. A record of medication support should be kept. The level of support may change and may need a review.
- 1.4. **Staff will only support with medication that has been dispensed by a pharmacy and has a pharmacy dispensing label on it and not if it is stored in any container filled by any other person.**
- 1.5. Any concern about a service user and their medication must be reported to a healthcare professional or Line Manager

2. PURPOSE AND SCOPE OF THE POLICY

The overall aim of the policy is to promote independence through encouraging service users to manage their own medications as far as they are able. The policy will also ensure that front line staff have a safe structure within which to work when supporting service users with medication.

2.1. The Key aims are:-

- ⌚ To help people remain in or return to their own homes.
- ⌚ To promote independence wherever possible
- ⌚ To promote service user's rights and dignity
- ⌚ To prevent avoidable admissions to residential or secondary care
- ⌚ To improve the quality of the service we provide to people living in their own homes by continually monitoring the service being provided.
- ⌚ To define the roles and responsibilities of front line staff in Leeds
- ⌚ To improve medication support assessment
- ⌚ To provide a clear and single approach across roles regarding medication support.
- ⌚ To provide staff with an understanding of when, how and who to contact should they experience any problems

2.2. Training

2.2.1 All staff who will support service users with their medication must have received an appropriate level of training on induction and it must also be ongoing Training packages are offered by many providers, including Leeds Community Healthcare NHS Trust.

2.2.2 Service users have the right to expect that any support offered is carried out in a professional manner by properly trained staff. Before support is given the service user or representative must give written consent at the point of assessment. Staff must be aware of this policy.

3. SUPPLY AND STORAGE OF MEDICATIONS

3.1 Supply of Medications

3.1.1 Most community pharmacies will collect prescriptions and deliver the medications to a service user's home with prior agreement depending on local arrangements.

3.1.2 In exceptional circumstances medications may need to be ordered/collected from pharmacy by staff after agreement with a healthcare professional or Line Manager.

3.2 Storage

3.2.1 DO NOT SEPARATE MEDICATIONS FROM THE PHARMACY LABEL.

3.2.2 Staff can only support with medication that is stored in the original container supplied by the pharmacy or manufacturer. This may include a multi-compartment compliance aid (MCCA) dispensed by a pharmacy, or medication supplied in separate boxes and bottles.

3.2.3 Medications must be stored in a dry place out of the sight and reach of children and away from excessive heat and direct sunlight. Bathroom cabinets are usually unsuitable places to store medications.

3.2.4 Some items may need special storage conditions (such as in the refrigerator) these conditions will be stated on the pharmacy label.

3.2.5 Medications should be accessible to the carers and the service user if appropriate.

3.2.6 In rare cases where a child is the sole or main carer this should be recorded in the Care Plan/Support Plan. A careful risk assessment must be carried out, involving health and social care experts. This may lead to the medications being made accessible to the child as necessary.

3.2.7 Medication may be hidden to protect the health and safety of the service user or other people who live with them. In some cases a locked container may be required to prevent inappropriate access to medications in the home. This will be organised on an individual basis. The location of hidden medication should be documented in the Care Plan/Support Plan. In exceptional circumstances staff may put medication out of a service user's sight and/or reach after taking advice from a healthcare professional or Line Manager. Where possible, consent should be obtained from the service user for medicines to be hidden. Where a service user does not have the capacity to make such a decision, a best interests decision should be made by the multidisciplinary team and this should be documented in the Care Plan/Support Plan.

4 MEDICATION SUPPORT

4.1 Supporting with Prescribed Medication

4.1.1 Service users should be encouraged and enabled to self-medicate whenever possible and it is encouraged that family will support wherever this is practical.

4.1.2 Any medication dropped on the floor should be disposed of and a record of the event should be documented. Advice can be sought from the service users community pharmacy as to whether or not more medication should be obtained. The pharmacy will **not** be able to supply any further medication without a prescription.

4.1.3 Options to help maintain/restore independence for the service user should be explored by the appropriate healthcare professional. Advice can be sought from the service user's community pharmacy.

4.1.4 Staff can support with medication only as part of an agreed written Care Plan/Support Plan which will indicate the level of support required (see definition of terms below 4.6). This Care Plan/Support Plan is held within the service users Personal Information Folder (PIF) and should be reviewed annually or whenever there is a significant change in circumstances.

4.1.5 Oral Medication Tablets, capsules, liquids, lozenges and powders, including controlled drugs.

Staff can only support with medication that has been supplied by a pharmacy and has a pharmacy dispensing label on it.

4.1.6 Skin Treatments and Gels Staff must make sure they are competent to administer these preparations and request training from qualified nursing or pharmacy services as necessary. Disposable gloves and aprons where appropriate must be worn when applying creams, lotions, scalp applications, shampoos and skin patches.

4.2 Tasks requiring further training before administration

4.2.1 Other Medication Forms This could include inhalers, nebulisers, eye, ear, nose drops or ointment, patches or tasks such as reading the number of units on an insulin pen for a service user with visual impairment who can then self-administer their insulin. The number of units required would be written in the service users documentation. **Assistance with these preparations must be underpinned by additional training as necessary to ensure that staff are competent to undertake these tasks and must be documented.** This training can be given by qualified nursing or pharmacy services as necessary.

4.2.2 Non Medication Forms This includes surgical stockings, disposal of colostomy bags, loading nebulising machines, and assisting with supplementary feeds, changing day to night catheter bags.

Assisting with these must only be undertaken following an assessment and recommendation by a Health Care Professional and with the agreement of Social Services and documented in the Care Plan/Support Plan. Joint co-ordination in these cases is vital and must be regularly reviewed. Training for the use of these items will be provided on an individual basis by qualified nursing staff or Pharmacy as necessary and documented.

4.3 Wound Care

In an emergency staff can apply a dry dressing to contain a wound until care from an appropriate health professional can be provided.

4.4 Oxygen

Training should be given for staff to handle oxygen in client specific circumstances before attending to service user.

4.5 Over the Counter Medications (Household Remedies, including herbal or homeopathic medications)

4.5.1 Staff may purchase over the counter medications for a service user to self-medicate ideally from the pharmacy where the service user's medications are usually dispensed. Staff must explain to the pharmacist that they are purchasing the medication on behalf of a service user and tell the pharmacy staff what other medications the service user is taking. The pharmacy staff will decide if they need to speak directly with the service user.

4.6 Definition of terms for staff to use to document input with medications

The aim is to provide consistency and direction when supporting a service user with medication. The main principles of the policy are to ensure that the service user gets the right medication at the right time, in a way which is safe and promotes their independence whilst maintaining their health and well-being.

4.6.1 Telephone Prompt. No physical assistance given, no physical handling of medication. May verbally remind service user as to day or time and that medication is due.

4.6.2 Assistance/Supervise. This term is used when teaching people to regain independence with their medication. To provide physical assistance with packaging, e.g. pass the container to service user, open a bottle top, mix a sachet, reading a label. Please document accurately type of assistance given. Service users may need assistance to orientate to time or day of the week. To watch a service user/patient while they take their medication in line with the medication planner, be prepared to intervene if unsafe.

4.6.3 Monitor. To check that medication has been taken either by verbal enquiry or to visually check compliance aid is empty. Record findings in the Care Plan/Support Plan.

4.6.4 Administer. Staff take responsibility for medication administration in line with Care Plan/Support Plan and MAR chart. It is the act of giving medicine to someone for immediate consumption following the five rights (see 5.4)

5. STANDARDS FOR HANDLING MEDICATION

5.1 Before any assistance is provided, read the Care Plan/Support Plan in order to establish what level of support is required. Contact line manager if unable to comply with special considerations

5.2 Support with medication must be recorded on appropriate documentation and signed and dated.

5.3 Staff who have any concerns or doubts regarding medication support should not provide this support but seek timely advice from a healthcare professional or Line Manager (recognising that the service user may come to harm if medicine is unnecessarily delayed).

5.4 Check the details on the pharmacy dispensing label against the documentation and ensure the 5 Rights are followed

- ⌚ Right Person
- ⌚ Right drug selected and that it is in date
- ⌚ Right Dose
- ⌚ Right time of medication
- ⌚ Right route of administration

5.5 Check whether there are any warnings or considerations on the pharmacy label or Care Plan/Support Plan. Also check time that the previous dose was taken.

5.6 Wash and thoroughly dry hands and any utensil that may be required e.g. medication spoon, measure, and glass

5.7 For medications that are given by mouth ensure that the service user is either in a standing position or is sitting upright where possible. Encourage service user to take tablets or capsules with a full glass of water.

5.8 For ear, eye or nose drops ensure the service user is comfortable and has given his/her consent and explain your actions. Eye, ear and nose drops have a shorter life once opened, usually 28 days, consult the pack for confirmation. It is essential to write the date of opening on the bottle, some pharmacy labels have provision for this.

5.9 Where physical assistance is provided, medications should be handled as little as possible. If removing a tablet or capsule from a bottle or foil (blister) strip, this is best achieved if tipped or pushed out over a small plate from which the service user may then pick up and self-administer.

5.10 Where physical assistance is provided with skin applications, protective barrier gloves must always be worn. Follow application instructions on the documentation.

5.11 Replace all lids and packaging and re-store medications. Wash your hands and any utensils used at the end of any support given.

6 POSSIBLE PROBLEMS AND SOLUTIONS (What If)

6.1 Service user unwell – Staff must encourage the service user to contact their GP or do so on their behalf with their consent. If the GP is unavailable then contact Out of Hours (OOH), 111 or your Line Manager. Staff should inform GP, OOH or 111 of any due medication. A record must be made of all action taken, dated and signed in the care plan. Inform line manager or if known to a district nurse or advanced practitioner of action taken at the next available time. If staff are worried that the service user is really unwell and are unable to contact any of the above they should dial 999 and ask for an ambulance.

6.2 No directions on the medication label or if the pharmacy label says ‘take as directed’ – Refer to the dispensing pharmacy and document advice given. Inform Line Manager. Do not assist with the medication until this problem has been resolved.

6.3 “As required” medications – If staff are unsure what this direction means then refer to the dispensing pharmacy to clarify the instructions. The time at which support with a dose of this medication takes place must be recorded to ensure that future doses are not given until any necessary time period has elapsed.

6.3.1 Staff should confirm that the service user has not self-medicated prior to their visit.

6.3.2 If in doubt do not administer.

6.5 Refusal to take medication

6.5.1 An individual may choose not to take medication. A service user/patient cannot be coerced or forced in any way (see 6.5.2) but some encouragement can be given. Refusals must be recorded on to documentation and reported to the Manager/Supervisor who will communicate the problem to the GP if necessary (with the service user’s consent). If the service user persistently refuses to take their medication the Manager/Supervisor should seek written instruction from the GP and this should be documented in the service user’s Care Plan/Support Plan.

6.5.2 Medications must not be disguised or hidden in food so as to force a service user to take them against their wishes as this would breach the service user’s human rights and is illegal. This practice may also alter the properties of the medication. Occasionally a best interest decision may be made by a MDT that the service user does not have the capacity to refuse medication, and in this situation it may be necessary to disguise medication as long as it is done according to the instructions from the pharmacy. The assessment of capacity and best interest decision must both be fully documented

6.6 Medications In the house that is not on the documentation.

Advice should be sought from the manager/supervisor initially who should report to the GP, pharmacist or nurse, in order to establish if the medication is required or not. It should not be administered until it is included on the documentation.

6.7 Crushing tablets, Opening Capsules or Breaking Tablets in half to aid swallowing unless detailed on the label.

In exceptional circumstances this is allowed following the **written** instructions of a GP, pharmacist, pharmacy technician or district nurse.

6.8 Missed Doses

If a dose of medication was missed or omitted during the previous visit a double dose **MUST NOT** be given. The omitted dose should be documented and reported to the manager/supervisor.

6.9 Leaving Out Medications

In exceptional circumstances, medication can be left out for service users to take later. This would be identified in a care plan/support plan.

6.10 Colostomy/ileostomy bags

Staff may assist with the disposal of bags and all items used by the service user during cleansing and changing. They should only assist with the changing of bags if they have received training and are competent to do so. If a service user is experiencing problems, these should be reported to the manager/supervisor who will communicate the problem to the district nurse, GP or stoma nurse.

6.11 Possible side-effects

If a service user is feeling unwell it could be a possible side effect of the medication that they are taking. Inform the Manager/Supervisor who will discuss with the GP, pharmacist or nurse as appropriate.

6.12 Service user consuming alcohol or using illicit drugs

It is an individual's own decision to drink alcohol or use an illicit substance. Should a service user request an alcoholic drink with medication, this should be discouraged and water offered. If a service user insists on taking medications with alcohol it should be reported to the Manager/Supervisor who will inform the GP or pharmacist and check it is safe to do so. Staff must never assist a service user to use an illicit substance; this is a criminal offence.

6.13 Infection or Contamination

6.13.1 The service user's Care Plan/Support Plan will document any identified possible sources of infection or contamination. Cases of infections such as head lice, scabies or fleas must be reported to the Manager/Supervisor who will seek expert advice.

6.13.2 Universal precautions (see appendix 1) should be observed at all times.

6.13.3 If a service user self-injects medication e.g. insulin, staff should avoid contact with or handling of the needle or used equipment. The needle should never be re-sheathed. If risk to the service user or others is identified and

handling becomes necessary protective barrier gloves must be worn. The equipment must be discarded into a sealed 'sharps' box and not into the household waste. If a 'sharps' box is not available or is full or nearly full this should be reported to the Manager/Supervisor and a supply of a 'sharps' box arranged. As a temporary solution an empty plastic bottle can be used and disposed of in the same way as the 'sharps' box. For a needle stick injury occurring in a service users/patient's home the needle stick injury policy should be followed.

6.14 Service user at risk of self-harm.

If a service user/patient shows signs of self-harming with medication seek advice from GP or community pharmacist and report to your line manager. It may be necessary to remove the medication from the service users house. Over use of medication should also be reported.

6.15 Service user unable to manage medication packaging dispensed by the pharmacy staff should contact their Manager/Supervisor who should:

6.15.1 Contact the supplying pharmacist to determine whether more suitable packaging exists, to enable the service user/patient to remain independent with their medications.

6.15.2 Review service user needs for a further assessment on assistance with medication.

7. DISPOSAL OF MEDICATIONS

7.1 Medications belong to the individual to whom they were prescribed and dispensed. Staff should not remove medication from a service user's home unless in exceptional circumstances (see section 6.14)

7.2 The service user or informal carer should be encouraged to return unused or unwanted medications to a pharmacy. If the service user is unable to do this, inform your line manager. The community pharmacy may collect unwanted medication.

7.3 Medication should not be disposed of in household waste or down the toilet.

8 RECORDING

8.1 The Care Plan/Support Plan records the type of assistance required by each service user and hence the level of input the staff should provide. The Care Plan/Support Plan should be referred to at each visit and checked for changes.

8.2 All assistance with medication must be recorded at the time it is provided on the MAR chart or similar, all assistance, including reminders, refusals or missed doses must be recorded. Staff must not record assistance with medications that are self-administered or administered by others including family members or other agencies. However when multiple agencies or family members are involved where possible they should use the same documentation to enable a complete record of medications administered to be kept.

8.3 MAR Charts may be produced by the community pharmacy at the time of dispensing and delivered with the medications or hand written by nurses, pharmacists, pharmacy technicians or GP.

8.4 Any concern that doses are being given by others and not recorded, must be reported to the Manager/Supervisor.

8.5 The completed MAR Chart (or similar) should be stored in the service user's Personal Information Folder where present or with the Care Plan/Support Plan

9 RESPONSIBILITIES

9.1 Responsibility of the Service User

9.1.1 The level of responsibility assumed by an individual service user will depend on their ability to control this aspect of their lives. Those who are able to assume a greater amount of control and independence will require less assistance than people with reduced physical or cognitive abilities.

9.1.2 If a service user receives support with medication they or their representative should give their written consent on assessment which should be stored in the central office. Service users should provide staff with access to the prescription medications.

9.2 Responsibility of the Assessors/Care Manager/Supervisor

9.2.1 Assessors of care will identify the level of support required to aid independent living. If medications are identified as a problem then the assessor should refer for a review to the Leeds Community Health Care NHS Trust Pharmacy Technicians, (see contact details 9.11) community pharmacist, GP or nurse . **This should be done before requesting home care assistance or compliance aids.**

9.2.2 Where the service user needs home care to support with their medication then this must be documented on a Care Plan/Support Plan and an Individual Service Agreement (ISA) completed for submission for approval. The correct terminology should be used. When approved this documentation should then be sent to the Care Communication Centre for the brokerage of provision.

9.2.3 Where necessary contact details of paid carers and family emergency contact should be provided to the community pharmacist who dispenses medication.

9.2.4 Ensure that all providers of care e.g. day care, respite and home care, are aware of individual service user's/patient's needs with respect to medications, this may include encouraging the Personal Information Folder or medications to go with them to day care or out patients.

9.2.5 Ensure care packages are reviewed annually.

9.3 Responsibilities of Informal Carers

9.3.1 It would normally be expected that any informal carer would provide assistance with medication required by the service user

9.3.2 However, informal carers may at times be unavailable, for example when they are on holiday. In these circumstances, it may be appropriate for staff to provide the service during the carer's absence in compliance with this policy. Prior to assisting in these circumstances, an authorised Care Plan/Support Plan will be required.

9.3.3 Where medications are placed in compliance aids or other containers by informal carers or professionals other than the supplying pharmacy no assistance can be given until medications are obtained from the community pharmacy.

9.4 Responsibility of Paid Carers, Community Support Assistants (CSA) and Independent Sector Home Care Assistants (referred to in the policy as staff). The Health and Social Care Support Assistants main tasks are;

9.4.1 To provide daily living support.

9.4.2 Health and Social Care Support Assistants will often carry out tasks **with** the service user, not **for** them, minimising the intervention and supporting service users to take risks, as set out in the service users support plan. Health and Social Care Support Assistants, therefore, have an important role to play as part of a team in continuously promoting independence, rehabilitation and monitoring the well-being and needs of service users.

9.4.3 If there are any changes in the assessed needs of the service users they attend, they should inform their responsible person accordingly. Any change in the level of support must be agreed with a Supervisor. By monitoring general well-being and acting as an early warning system between Social Services and Health professionals CSAs can assist in preventing a breakdown in the level of support service users require and prevent a crisis.

9.4.4 Attend training sessions when asked to and request training for tasks they are not competent to undertake.

9.4.5 Will follow the Care Plan/Support Plan and MAR Chart (or similar) to determine input required for medications.

9.4.6 Staff will at all times maintain the service users rights to dignity and independence.

9.4.7 Will use their initials to document their administration of medication.
All other input will be documented using the following codes as stated on the individual MAR charts

9.4.8 Staff will report any concerns to their responsible person and work within their competency level at all times.

9.4.9 Staff will encourage service users to take their own medication into hospital.

9.4.10 Staff should never offer advice or recommend any form of medication to service users.

9.4.11 If service users request help with medications which is not stipulated in their Care Plan/Support Plan then this should be reported to the responsible person and no assistance given until it is included in the documentation.

9.4.12 Staff should never administer medicines from compliance aids filled by relatives. It may be indicated in the Care Plan/Support Plan to remind a service user to take their medication from one of these compliance aids

9.5 Responsibility of Home Care Manager/Supervisors, Community Support Supervisors and independent provider Manager/Supervisors (referred to in the document as Manager/Supervisors).

9.5.1 Following a referral for medication support a Care Plan/Support Plan for medication support will need to be put in place.

9.5.2 Ensure MAR chart or relevant documentation is in place and this is updated as necessary

9.5.3 Is responsible for ensuring that reviews of service user needs are conducted whenever there is a significant change in service user circumstances. Routine service reviews are conducted annually.

9.5.4 Follow up concerns expressed by staff including unscheduled and routine reviews with the relevant health and social services professionals.

9.5.5 Ensure that the appropriate level of support is provided on a day to day basis by suitably trained staff.

9.5.6 Arrange the care management review.

9.6 Service Managers and Corporate Responsibilities

Where problems arise which cannot be resolved locally, these must be referred to Service Manager/Supervisors. Beyond this further specialist support should be sought from Leeds Community Healthcare NHS Trust Pharmacy Technicians (see 9.10) In this way a body of knowledge can be generated about problematic issues relating to medication. It is a corporate responsibility to collate and communicate these issues consistently to all relevant personnel.

9.7 GPs and Non Medical Prescribers Responsibilities

9.7.1 GPs have overall responsibility for the healthcare of the patients on their list, or refer for specialist health care or social care. This includes reviewing patient's medication at appropriate intervals.

9.7.2 When necessary prescribe medication to their service user to prevent, treat or relieve medical conditions.

9.7.3 It should be noted that individual service users might also receive medication prescribed by specialists, and which might have been supplied to them in hospital, in this case it may not be written on the MAR Chart (or similar) (see section 6.6).

9.7.4 Identify medicines support or compliance problems. Also provide medications at the frequency most appropriate for the service user

9.8 Community Pharmacists Responsibilities

9.8.1 Have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling. Additionally, pharmacists have a responsibility to ensure that a service user or carer receives appropriate information and advice to support them in gaining best effect from any medications supplied.

9.8.2 Pharmacists have a responsibility for service users eligible under the Equality Act 2010 to provide them with a reasonable level of assistance; this may include large labels, non-child proof containers or multi-compartment compliance aids (MCCA). It is for the pharmacy to decide how it complies with this requirement. They do not have to provide these for other service user groups and hence may charge some individuals for this service.

9.8.3 Most pharmacists may provide a Medications Use Review (MUR) service as part of advanced service agreements.

9.8.4 Provide professional advice for service users or carers, with the service users, consent regarding the optimal use of medication.

9.9 Nurses Personnel Responsibilities

9.9.1 Nurses will provide nursing and clinical care to individual service users, some of which may be of a specialist nature. During such provision they will also monitor the health status of the individual and report any changes in circumstance to the GP.

9.9.2 Identify non-compliance with medications.

9.9.3 When necessary nurses will provide specialist training to home care staff on administration of medication which requires further training

9.9.4 It should be noted that some nurses are now qualified to prescribe.

9.9.5 Specialist nurses will support and educate the service user in coping with their particular condition

9.9.6 Specialist nurses will also train staff to enable them to manage routine day to day management of these patients.

9.10 The Leeds Community Healthcare Pharmacy Technicians will:

9.10.1 Support people to manage their medicines in their own home by reviewing and responding to referrals from front-line health and social care workers. They may direct referrals to other practitioners as appropriate.

9.10.2 Act as a point of contact for Social Services Staff on medicines management issues A further key purpose of the role is training and supporting front-line staff in use of screening tools and management of other medicines related issues, and developing and auditing the systems in place.

9.10.3 They will provide signposting or where possible a medication review service and offer practical solutions for compliance problems.

Contact details:

See appendix 3 for the referral pathway

All referrals should be sent to: pharmacytechnicians@nhs.net on a referral form (see appendix 4)

9.11 Leeds Teaching Hospital Trust (LTHT) and Leeds and York Partnership Foundation Trust (LYPFT) Pharmacists

The patient or carer and the patients' GP will be informed, via the Electronic Discharge Advice Note (EDAN), at discharge of any changes in medication made during their stay as an in-patient at LTHT and the reason for these changes. Clear guidance will be given to the GP whether to continue items of medication, or specify the length of intended therapy. A copy will be sent electronically to Leeds GPs. The patient and or carer will be given a further copy to take to their community pharmacy.

9.11.1 Have a professional responsibility to supply medication prescribed by doctors within LTHT and other recognised prescribers. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling.

9.11.2 Provide compliance aids if and when appropriate.

9.11.3 Identify medicines compliance problems and refer to LCH Pharmacy Technicians if appropriate

10 OUT OF HOURS – COMMUNICATION

Any changes/additions to medication must be documented.

11 GLOSSARY

Agencies	<i>Social Services, NHS, voluntary organisations or private companies/organisations.</i>
Care Plan/Support Plan	<i>A set of documents prepared by a Care Manager/Supervisor ,HCP which summarises the service user's health and social care needs and identifies risks</i>
Compliance Aid	<i>An aid which helps a service user to remain independent with their medications. Sometimes known as dosette box or blister pack</i>
Domiciliary setting	<i>In a service user's own home</i>
Formal/Paid carer	<i>A person employed to provide care to a service user.</i>
Health Care Professional (HCP)	<i>Registered Health Staff e.g. Nurse, Pharmacy Technician</i>
Manager/Supervisor	<i>Home care team leader, Community support supervisor, Independent Sector Team Manager/Supervisors</i>
MAR chart (Medication Administration Record Chart)	<i>A record of those medications that the service user has been supported with. This record is for use by formal carers and provides an audit trail of what actually happened on a dose by dose basis. The record will include a list of medications and a record of activity.</i>
Medication	<i>The terms 'drug', 'medication' and 'medicine' are used interchangeably. Any substance used for the treatment, prevention or diagnosis of illness.</i>
Medication Planner	<i>Details of medications being supported with</i>
Medicines Use Review (MUR)	<i>A service offered by some community pharmacies to review a patients usage of medication in conjunction with the GP.</i>
Multi-compartment compliance aid (MCCA) or Dosette box	<i>A weekly system to aid compliance with medication usually filled by the community pharmacy</i>
Personal Information Folder (PIF)	<i>A folder which contains all personal documentation.</i>
Informal Carer	<i>A partner, spouse, family member, friend or neighbour of the service user who provides care for that individual.</i>

APPENDIX 1

UNIVERSAL PRECAUTIONS

- 1. Wash hands** before and after every service user/patient contact, and immediately if in direct contact with blood or body fluids, and avoid hand to mouth / eye contact.
- 2. Wear gloves** when contact with blood or body fluids, mucous membranes or non-intact skin is anticipated and wash hands after their removal.
- 3. Take precautions to prevent puncture wounds**, cuts and abrasions in the presence of blood.
- 4. Protect skin lesions and existing wounds** by means of waterproof dressings and/or gloves
- 5. Avoid invasive procedures** if suffering from chronic skin lesions on hands.
- 6. Avoid use of or exposure to sharps** and sharp objects when possible, but when unavoidable, take particular care in their handling and ensure approved procedures are followed for their disposal.
- 7. Never re-sheath needles.** Always dispose of needles directly into sharps bins
- 8. Protect the eyes and mouth** by means of a visor, goggles or safety spectacles and a mask whenever splashing is a possibility.
- 9. Wear rubber boots or plastic disposable overshoes** when the floor or ground is likely to be contaminated.
- 10. Control surface contamination** by blood and body fluids through containment and appropriate decontamination procedures.
- 11. Use approved procedures** for sterilisation and disinfection of instruments and equipment.
- 12. Clear up spillages of blood** and other body fluids promptly and disinfect surfaces.
- 13. Dispose of all contaminated waste and linen safely.**
- 14. Use the agreed procedure** for the safe procedure of contaminated wastes. Application of these precautions, particularly with regard to necessary protective clothing, will vary accordingly to the degree of anticipated contact with blood, body fluids or tissues. The risk of exposure must be assessed for each procedure and the appropriate action taken.

PROCEDURE IN THE EVENT OF A CONTAMINATION INCIDENT

A "sharps" or "needle stick" injury is one in which blood or body fluid from one person is inoculated into another on the point of a needle, scalpel or other sharp object. However, the following advice also applies to spillage of blood or body fluids on to skin, especially broken or eczematous skin, mucous membranes or the eye. If you are in any doubt seek advice. The major health risks to someone receiving a sharps injury are Hepatitis B, Hepatitis C, and HIV infection.

First Aid and Immediate Help

- Encourage bleeding where skin is punctured.
- Wash thoroughly with copious amounts of soap and warm water. **DO NOT USE A SCRUBBING BRUSH.**
- If eyes are involved, wash immediately with water (use tap water or sterile water if tap water not available). If the mouth is contaminated rinse with plenty of water.
- Where massive contamination of unbroken skin has occurred, remove contaminated clothing and wash all affected areas with copious amounts of water.
- Ensure that your Manager/Supervisor or immediate senior is informed promptly of the incident. Staff should report to the Manager/Supervisor in charge of the area where they are working. The injured person should complete an incident form.

APPENDIX 2 – What is a Medication Patient Safety Incident?

Here are some examples of Medication Incidents divided into different categories. The list is by no means complete. If you are unsure if an incident has genuinely occurred it is better to report it saying that you suspect something rather than ignore it because you have no proof.

Possible side-effects

If the Service User.....

Complains about feeling unwell it could be a side-effect of the medication they are taking.

Problems with security of medicines

Medicines have been.....

- Accidentally taken by the wrong person
- Given away (even if this is between husband and wife)
- misplaced

Barriers to medication administration

- No medication available to give
- Incorrect medicines supplied
- The service user isn't available to give the medication to
- The medicines container could not be opened
- The dose to give is not known e.g. pharmacy label says 'take as directed'
- The service user is too drunk to take the medication

Errors in administration

- Incorrect dose given or nearly given
- Forgetting to administer one of the Service User's • Medicines given to the wrong person or nearly given to the wrong person e.g. husband and wife
- Medicines given or nearly given at the wrong time of day • Giving medication that has been stopped by the doctor
- The Service User can't swallow the medicine
- The Service User is taking medicines that the prescriber doesn't know about e.g. herbal or over the counter medicines

Health & Safety issues

- Needle stick injuries
- Getting medicines in your mouth or eyes
- Spilling medicines that can't be cleaned up easily
- Destroying or disposing of medicines badly e.g. flushing down the toilet

Problems with records and documentation

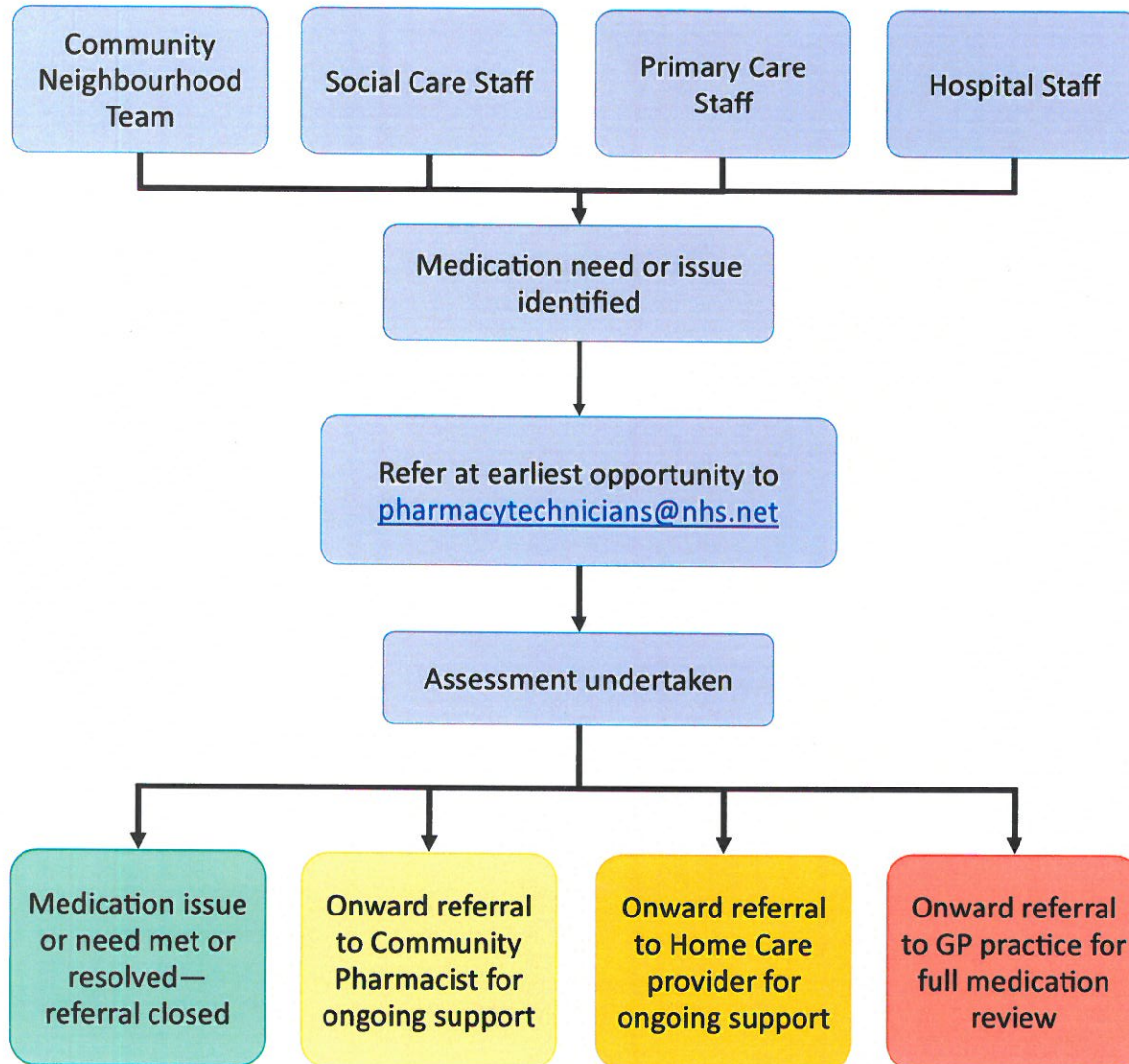
- Administering medicines when the Care plan says just to prompt
- Discovering the previous person to see the Service User has not filled in the administration record
- Writing the wrong date on the administration record
- Forgetting to record which medicines have been administered

Safeguarding issues

- Covert administration to a service user with capacity to consent.
- Giving medicines to prevent wandering
- Giving or withholding medicines as punishment
- Giving or withholding medicines with the intention of causing harm

Appropriate documentation must be used for reporting incidents. Incident Report forms should be held within ASC or the Independent Provider and passed onto Catherine Easterby if the NHS/Community Pharmacy is negligent.

Referral Pathway to Neighbourhood Pharmacy Technician Team—from March 2016



Areas covered & contact details	Horsforth Patsy Bamber ☎ 07961 611 815
Meanwood & Chapeltown Julie Wallace ☎ 07834 107 012	Wetherby & Seacroft Lesley Bamford ☎ 07985 806 114
Armley & Pudsey Liz Birdsall ☎ 07801 597 309	Yeadon & Woodsley Sue Hardcastle ☎ 07985 806 102
Morley & Beeston Jodie Scales ☎ 07801 597 326	Middleton & Kippax Lesley Stead ☎ 07960 727 187

Referral Form for Pharmacy Technician Review
Email to pharmacytechnicians@nhs.net

Date:	NHS no.:
Title: Mr / Mrs / Miss / Ms	Lives alone: <input type="checkbox"/>
Name:	Lives with:
Address:	
Postcode:	
DoB:	Tel:
Access door code (or issues affecting entry:	
Any parking problems/pets:	
GP:	Next of kin/carer details
Practice:	Name:
Tel:	Address:
Pharmacy:	Tel:
Tel:	Relationship:
Referral agent:	Other agencies involved:
Base:	
Tel:	
Brief outline of issues/current medication:	

Reablement with Medication on Discharge from LTHT – ENE / WNW Process

1. Person identified as appropriate for reablement (SkILS).
2. Assessment identifies that help with medicines **may** be required.
3. Hospital Social Worker refers to Hospital Pharmacist for medicines support needs assessment and passes on any concerns about medicine taking.
4. Hospital Pharmacist identifies if needs medicines support and nature of support required, i.e.
 - a) Prompt – pharmacist usually recommends a compliance aid but some patients can still manage boxes and bottles who require a verbal prompt (usually dosette box or blister packs) [MAR chart will not be required.]
 - b) Assistance – pharmacist will recommend most appropriate method of supply. Where original packaging supplied, a MAR chart will be produced (using medication labels) if requested by the hospital social worker.
5. Hospital Pharmacist records outcome of medicines support assessment and any other recommendations in the patient's notes.
6. Social Worker checks either patient's notes or directly with hospital pharmacist for assessment outcome.
7. Social Worker establishes with patient their consent to SkILS involvement with medication. If no capacity to consent – consult ward doctor and/or multi-disciplinary team to agree best interests decision re medication. Record within MCA/BIA assessment/decision and include on medication consent form).
8. Social Worker passes completed consent form to Hospital Business Support, including details of the patient's Community Pharmacist. Where patient does not know who their Community Pharmacist is, Social Worker notes this on the consent form. [Business Support in the area will at a later stage liaise with SkILS supervisor to enquire/arrange to nominate a Community Pharmacist]. Where full details (e.g. address/tel. number) not known, Social Worker supplies sufficient information to identify the Community Pharmacist.
9. Social Worker records outcome of Hospital Pharmacist medicines support assessment on SDAQ and Support Plan (so that SkILS know the nature of the support with meds expected).
10. Once discharge via reablement is confirmed, Social Worker liaises with Ward/Hospital Pharmacist accordingly, e.g. to ensure medication provided in accordance with pharmacy recommendation.

11. Hospital Pharmacy provides MAR chart where requested by hospital social worker alongside discharge medicines (i.e. to be placed in the bag with the medicines).
12. Where problems with medicines arise in the first week, Hospital Social Worker seeks advice / intervention from the Leeds Community Healthcare Pharmacy Technicians
13. Where medication supplied for 7 days only, Hospital Social Worker may need to liaise with GP/Pharmacist for continuity of supply (not a new issue).
14. Area Business Support picks up Reablement Notification and Consent Form from area email bucket account. Business Support confirms the community pharmacist has been added to ESCR as a relationship. If none identified, area Business Support asks SKILS supervisor to identify with service user/representative.
15. In all instances area Business Support checks with SKILS supervisor when meds provided by hospital pharmacy will run out. [This is because whilst in most instances supply is for 2 weeks, this is not always the case].
16. Area Business Support completes and sends MAR chart request letter to community pharmacist. Business Support E Mails copy of MAR chart request letter to Andrew Harter, Commissioning Officer andrew.harter@leeds.gov.uk
17. Area Business Support attaches MAR chart request letter and consent form to ESCR
18. Allocated social worker/care manager takes over responsibility for oversight of meds from hospital social worker after week 1.

July 2014