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**Review Date:** September 2020

**Review Lead:** Specialist Nurse, Medicines Management/Community Division  
Pharmacist



# **Domiciliary Care Medication Procedures & Guidelines**

## **Version 4**

**Important:** This document can only be considered valid when viewed on the Trust or Calderdale Council's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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<b>Does this document map to other Regulator requirements?</b>	
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Pharmacist**IMPORTANT: CHFT staff should read this policy in conjunction with Section 1 of the Medicine Code.**

Medicine Code index – see section 01

Link: <http://www.cht.nhs.uk/index.php?id=4848&cat=3>

Risk Management policy

Link: <https://intranet.cht.nhs.uk/chft-documentation/uploads/578/G-101-2015%20-%20Risk%20Management%20Policy%20v3.pdf>

Safeguarding Policy

Link: <https://intranet.cht.nhs.uk/non-clinical-information/safeguarding/>**1. Introduction**

This procedure and guidelines focuses on the safe handling of medicines by Home Care services to Reablement, Enhanced Reablement, Extra Care, Out of Hours, Crisis Intervention Team (CIT), Support in Mind and any other developed services within Domiciliary Care (DC) employed by Calderdale and Huddersfield NHS Foundation Trust (CHFT) or Calderdale Council after healthcare professionals have recommended or prescribed, dispensed and supplied medicines for administration.

This document identifies the general principles and legislative requirements that guide best practice in the safe handling of medicines and ensures that staff and managers know their responsibilities and limitations. It covers the types of medication and the level of support that relevantly trained competent DC and CIT staff provide. It identifies the practice standards that DC and CIT staff are required to follow to ensure service users are supported safely and effectively. Guidelines, policies and procedures cannot cover every eventuality. It may be necessary at times to examine/assess individual circumstances and seek guidance from Line Managers.

The agreement of the DC Service to undertake responsibility for administering medication will be made in the context of providing a package of care for adults at risk. Close collaboration between all involved agencies is essential. If on occasions the service is not able to provide essential cover, the cover arrangements for administration of medication will be managed in the same way as arranging cover for any other essential task. The Team leader or Initial Assessor has the responsibility for arranging necessary support. This will depend on individual's circumstances. Where there are concerns about a service user's capacity this must be reported to a Team Leader for further assessment and where necessary a Best Interest meeting will be held.

As part of their induction programme, all Domiciliary Service (DC) staff will be trained to support service users with their medication and be assessed as competent to do so in compliance with this document on an ongoing basis.

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All relevant staff within Domiciliary Services will be able to access a copy of this and associated documents at their team base and on relevant Intranet sites.

A Glossary of Terms can be found in appendix i.

## **2. Roles and Responsibilities**

Home Care Service and CHFT staff must report any concerns directly to their Line Manager.

### **DC & CIT staff**

- It is important that medication issues are included in any overall assessment of the service user's needs, and that appropriate support with medication is included in care plans.
- Staff may not assist with or administer medication to any service user who fails to consent or directly refuses, this does not mean that some encouragement cannot be offered.
- DC staff will not be held responsible for any adverse effects experienced by the service user where medicine is given in accordance with the prescriber's written instructions and where procedures have been followed. If a service user complains of any pain, nausea, bleeding or feeling unwell in any way this must be reported as soon as possible to a relevant health care professional, for example G.P, Pharmacist or Community Nurse as symptoms could be side effects of medicines. A written record must be made and the Team Leader informed.
- DC staff must not discuss or disclose a service user's medical history or treatment to a relative or another person. If asked, staff will redirect the questioner to discuss this with the service user, or the service user's medical practitioner. Information can be disclosed to other professionals directly involved with the service user's care.
- If the service user has cognitive decline or fluctuating mental capacity, ensure that the person and their family members/carers are actively involved in discussions and decision making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

### **Initial Assessor**

- The Initial Assessor will ensure procedure is followed checking that the Medication Authorisation has been gained and the appropriate form signed and placed on the service user's records. The Initial Assessor is responsible for assessing and reviewing the service users' medicine support needs and completing the MAR chart in a monthly format detailing the service user's medication.

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- Before any support with medication commences, a written care plan and medication risk assessment must be in place.
- The initial assessor must ensure that authorisation has been given and the appropriate form has been signed.
- Where a service user is unable, through mental or physical impairment, to sign their own authorisation form, and there is no-one else to do so on their behalf, the Initial Assessor will decide upon the most appropriate person and ensure that written permission is provided (see section 6).
- Records can only be removed from the service user's home with their consent, copies of records must be made available if service users so request.

**Team Leaders**

- Team leaders may also act as Initial Assessors. In addition Team Leaders must be satisfied with the competency levels of DC staff who are supporting service users with medication. The Team Leaders are responsible for auditing, collecting and checking records and notifying the manager of any concerns and reporting any errors according to procedure.
- All completed assessment documents must be held by Line Managers and a list of all staff competent to undertake additional medicines management duties, for example administration by specialised techniques must be kept at the office base and on CMBC electronic data base i-Trent for the Council.

**Service/Home Care Manager**

- Where problems arise that cannot be resolved by the Team Leader these should be referred to the Service Manager.
- The Service/Home Care Manager has the responsibility to make correct arrangements for the administration and record keeping and to ensure policy and procedure are followed. The Service Manager must manage any medication related incidents to procedure.
- The Service/Home Care Manager has a responsibility for ensuring that staff handling medication have received the appropriate training and are competent and are familiar with, and can complete all associated documentation. The manager will notify the care assessor and the relevant Healthcare Professionals of any changes or concerns. Managers must be satisfied with the competency levels of Team Leaders and carers who are supporting service users with medication and this must be documented formally.

**Health Care Professionals**

- It is the responsibility of the Prescriber to explain the reason for treatment and the likely effects and potential side effects of any medication prescribed to the service user. The service user will be given details of any changes to their prescribed medicines. Ideally, the

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prescriber making the change in medication should inform the Team Leader.

- The Prescriber must assess the service user's capacity to accept a prescription for medication. If the service user lacks the capacity to make this decision, the medication may still be prescribed if the Prescriber believes it to be in the service user's best interests.

**Pharmacist – Community and Hospital**

- DC staff must only take responsibility for the prompting, assisting with or administering medication to service users if clear instructions and information has been given by the community or hospital pharmacist.
- Pharmacy staff are equipped to offer advice on the correct storage and disposal of medicines. They advise service users about medication, the correct dosage, when and how it should be taken etc.
- A service user discharged from hospital may have medication that differs from what was prescribed prior to admission. A list of current medication should be provided on a copy of the eDischarge supplied by the hospital.

**General Practitioner**

- GPs have a responsibility of care to provide general health and medical care or to refer to specialist health or social care for all their listed patients.
- They have responsibility for prescribing and monitoring the effectiveness of medication. Medication for the purpose of this procedure includes prescribed products which are taken by the mouth or applied externally.

**Community Nurses**

- Nurse Prescribers and Community Nurses are able to offer help and support with some medication related queries.

**3. Legal Background**

Various Acts, Statutes and regulations apply to the social care sector and the safe handling of medication. Health and Safety legislation requires employees to work safely.

Care Standards Act (2000) and Care Act (2014) require that domiciliary care services meet national minimum standards. Standard 10 requires that the registered person ensures that there is a policy, procedure and guidelines for assisting with medication and health related matters.

Link: <http://www.legislation.gov.uk/ukpga/2000/14/contents>

Human Medicines Regulations (2012)

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Regulation 14 of the Domiciliary Care Agencies Regulations (updated 2011) require the registered person to provide care workers with written procedures for the administration of medication and make arrangements for the safe handling of medication and provide training to ensure safe systems and to prevent harm.

Link: <http://www.legislation.gov.uk/uksi/2002/3214/made>

Royal Pharmaceutical Society document 'The handling of Medicines in Social Care' (2007) provides professional Pharmaceutical guidance for people in every aspect of social care who are involved in handling medicines.

Link: <http://www.rpharms.com/support-pdfs/handling-medicines-socialcare-guidance.pdf>

National Institute for Health and Care Excellence (NICE): Managing medicines for adults receiving social care in the community (2017)

Link: <https://www.nice.org.uk/guidance/ng67>

There are also various Medicine Acts that impact upon the safe handling of medication these include:

Medicines Act (1968)

Link: <http://www.legislation.gov.uk/ukpga/1968/67>

Misuse of Drugs Act (1971)

Link: <http://www.legislation.gov.uk/ukpga/1971/38/contents>

Misuse of Drugs Regulations (2001)

Link: <http://www.legislation.gov.uk/uksi/2001/3998/contents/made>

#### **4. Categories of Medication**

The Medicines Act (1968) identifies 3 categories of medicines.

**General Sales List (GSL)**

Medicines/remedies that can be purchased from any retail outlet.

**Pharmacy Only (P)**

Medicines purchased within a community pharmacy but only when a pharmacist supervises the sale.

**Prescription Only Medicines (POM)**

Medicines that can only be obtained when a written prescription is signed by an authorised prescriber.

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DC staff must never offer advice on medication regardless of its category. It is dangerous to do so, for example some medicines may cause reactions if used with other medication.

Should DC staff be asked by a service user whether verbally or as part of a shopping list to purchase GSL or P medication they should refer the service user to their General Practitioner, Pharmacist or Non-Medical Prescriber. Alternatively where the service user manages their own medication, the service user must be asked what other medicines they are taking, so that it can be checked with a pharmacist.

DC staff may assist with natural remedies (including herbal supplements, homeopathic medicines) or over the counter (OTC) remedies only if they have been checked by a pharmacist or GP to ensure any active ingredients do not interact adversely with any other medicines. This includes any topical creams or ointments that are not prescribed for the service user. Any assistance that is required must be added to the care plan. A record of the name, professions and registration number of the professional giving the advice must be documented in the service users records. Refer to section 9 for full guidance on supporting services users with OTC remedies.

## **5. Training**

Formal and ongoing training and assessment of competence must be in place. Calderdale Council and CHFT are responsible for delivering medicines management training to DC staff that they directly employ.

In 'The Administration of Medicines in Domiciliary Care' by CQC it states and it is good practice that: 'Training requirements for domiciliary care staff must be at least to the same standard as for care workers in a care home because service users in a domiciliary care setting are more vulnerable than those in a care home.'

As such those in a supervisory/assessor capacity should have accredited training in order to check all levels of competency in each element of training. Any training should identify any links to National Vocational Qualification units or to Qualification and Credit Framework 'skills for care' knowledge set for medication.

**DC staff must:**

- Be familiar with this policy document and other medicines management related documents.

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- Receive effective training and supervision to ensure they understand and are clear about procedures that are to be followed before supporting anyone with medication
- Understand the principles of person centred care in relation to medication including consent, cultural factors and encouraging independence.
- Understand how medicines are used and how to handle them safely
- Know the procedures for supporting service users with medication
- Enable medicines to be administered safely and effectively for service users who are unable to self-administer
- Must aware of where to access information on potential side effects

**6. Consent**

The Medicines Act 1968 states that no medical treatment may be given to any person without written and valid consent. Everyone has the right to determine what happens to their own bodies and respecting this right is a fundamental part of good practice.

Link to Medicines Act: <http://www.legislation.gov.uk/ukpga/1968/67>

The Mental Capacity Act (2005) provides a statutory framework to empower and protect vulnerable people, who may not be able to make their own decisions.

Link Mental Capacity Act:

<http://www.legislation.gov.uk/ukpga/2005/9/contents>

Link: Mental Capacity Act Code of Practice:

<https://www.gov.uk/government/publications/mental-capacity-act-code-of-practice>

The service user will have been assessed and consent will have already been obtained through the care planning process. The care planning process will also decide what happens in the best interest of people who lack capacity and decisions around medication. This must be documented by the Team leader/Initial Assessor.

If a service user has capacity and consents, but cannot sign a consent form due to physical disability, the consent form can be signed by staff/family to indicate he/she was present when the service user gave permission.

A service user can decline/refuse medication or withdraw consent at any point. This must be documented and the Team Leader informed immediately.

Under **NO** circumstances must any service user be forced to take medication.

**UNIQUE IDENTIFIER NO:****Review Date:** September 2020**Review Lead:** Specialist Nurse, Medicines Management/Community Division Pharmacist**7. General Principles**

The Department of Health publication 'Medicines Matters' (2006) states that: 'Any suitably trained member of staff in health or social care can administer medicines that have been prescribed, by an authorised prescriber, for an individual patient. The medicines can then only be given to that named patient. The principle applies to all registered and non-registered staff at all levels.'

Link: [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_064325](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_064325)

Responsibility for safe and effective medication practice lies with Calderdale Council and CHFT by:

- Having a Medication Procedure and Guidelines
- Effectively communicating the Procedure and Guidelines
- Providing effective and ongoing training
- Providing effective and ongoing competency checks
- Ensuring effective monitoring, supervision to support safe practice
- Providing effective documentation to support the above
- A list of staff that are competent to administer medicines by specialist techniques for example patches, Controlled Drugs (CDs), via Percutaneous Endoscopic Gastrostomy (PEG) to be kept by the Service Manager

If there is more than one provider, or a provider and a family/carer involved in dealing with medication, their respective roles and responsibilities should be clearly defined and documented in the care plan and statement of need. This includes when a family member or carer gives medicines (for example during a day out/holiday). Agree with the service user and their family/carer how this will be recorded and include this information in the care plan.

**Assessment**

- An assessment of the needs of the service user must be undertaken by the Initial Assessor before the commencement of any home care service. This would include documentation of any risk reduction measures and clear procedures will be available for staff to follow.
- The majority of users of DC services will be responsible for holding and taking their own medication so service users should be encouraged to manage their medication if possible. Self-administration helps service users maximise their independence and all possible options to support self-administration should be examined including assistive technology aids. Ensure that staff liaise with the service user, their family/carers when assessing a person's medication needs. Focus on how they can be supported to manage their own medication.
- Any assessment of the service user's needs will take into account whether the person would benefit from the use of a Monitored Dosage

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System (MDS) and then referred to the pharmacy for assessment of such.

- Take into account what the person is able to do and what support is needed, for example reading medicines labels, using inhalers or applying creams.
- How the service user currently manages their medication including ordering, storage and how the person is taking the medication.
- Whether they have problems in taking their medication, particularly if they are taking multiple medication.
- Whether they have nutritional and hydration needs including the need for nutritional supplements. If given must be included on the MAR.
- Who to contact about their medication-ideally the person themselves, if they chose or are able to, or a family member, carer or care coordinator if they are not.
- Time and resources likely to be needed.
- The service user must have their expectations for confidentiality and advance care planning taken into account
- Record this assessment.
- The subsequent care plan, if medication support is to be offered, must contain:
  - The person's needs and preferences, expectations for confidentiality and advance care planning.
  - How consent for decisions about medicines will be sort
  - Details of who to contact about the medicines-the person or named individual
  - What support is required for each medication.
  - What benefits the service user will experience from the level of support offered
  - How this will be given
  - Who will be responsible for providing medication support , particularly when it is agreed that more than one care provider is involved
  - When the medication support will be reviewed for example after 6 weeks.
  - The review will be carried out in the time specified or sooner if there are changes to the service users circumstances.
  - If there are any risks to the service user or the staff members assisting with the medication process
  - How any risk will be managed and any gaps in controlling this risk , when and how this will be reviewed
  - What the consequences to the service user or staff member assisting may be and how this may be mitigated
  - What to do if an incident occurs and what to do to prevent it from happening again

Calderdale Council employees will refer to the Council Positive Risk assessment Policy and CHFT staff will use the CHFT Risk management Policy for support in completing this paperwork.

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- The DC team leader/assessor will notify a service users GP and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or named contact). On cessation of support this shall be communicated the service users GP and regular pharmacy as well.
- DC staff should seek advice about medicines from appropriate healthcare professional for example GP, pharmacist or other as needed.
- If a medication incident occurs and there is joint care regarding medication support then the incident should be shared with the other organisations/individuals involved to allow them to share the learning and update any risk assessments the other agency may be using.
- If a service user attends an **outpatient appointment** they should take the MAR with them. If medication is prescribed at the outpatient appointment the MAR can be updated and then returned to the service user's home.

**Medication**

- Medication for the purpose of this procedure and guidelines only includes products that are taken by mouth or applied externally in the treatment of the service user for example, ear, nose drops and transdermal patches (i.e. those applied directly onto on the skin) may only be given after specific training has been completed and competency achieved.
- Medication administered by specialist technique and not on the MAR chart will under normal circumstances be administered by Community Nurses for example injections, suppositories, enemas and dressings. The exception to this may be CIT staff, but only after appropriate training from a health care professional has been given and competency achieved. Document this in the care plan.
- If a service user has an acute or unstable condition that requires close management and monitoring and frequent changes of dosages, the appropriateness of assistance will be determined by the Team Leader or appropriate Manager.

**Controlled Drugs**

- The Misuse of Drugs Act 1971 controls the availability of drugs that are considered sufficiently 'dangerous' or 'harmful' with a potential for misuse. These drugs are termed Controlled Drugs (CDs). It is a criminal offence to possess, possess with intent to supply or administer these drugs without authorisation.
- CDs with clear written dose instructions can be administered by DC staff after training has been given by a health care professional e.g. Community Nurse and competencies have been achieved.
- There are strict controls for the prescribing, administering, safe custody, dispensing, record keeping and disposal of CDs. Under this policy

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Oramorph 10mg/5ml (morphine sulphate) liquid, Temazepam and Tramadol will be controlled in the same way.

**Liquid medication including Controlled Drugs**

- After receiving appropriate training and once competency has been achieved, DC staff can select and measure a dose of liquid medication (including controlled drugs) using a medication syringe for the service user to take themselves or support as directed in the care plan.

**Transdermal Patches**

- After receiving appropriate training and once competency has been achieved DC staff may administer patches including controlled drugs.

**Warfarin and other oral anticoagulants**

- A service user prescribed warfarin should have an accompanying letter or Yellow Book clearly stating the dosages.
- Support cannot be given without written instruction and DC staff must contact their Line Manager if a letter or Yellow Book, clearly stating doses is not available.
- If a service user's dosage is not stable or likely to require many dose changes then DC staff must not assist. These circumstances are deemed too complex and will be managed by the Team Leader.
- There are new oral anticoagulants now commonly prescribed such as Rivaroxaban, Apixaban, Edoxaban and others. These do not require blood monitoring and do not have variable doses like the warfarin. They do not have a Yellow Book.
- Warfarin and the new anticoagulants still have risks associated with them. If the service user experiences any bleeding it may be difficult to stop, for minor bleeds apply pressure for 10 mins and if the bleeding has not stopped seek help.
- If the service user has large areas of unexplained bruising, has banged their head from a fall, has changes to vision, is experiencing sudden intense headaches, difficulty breathing or reports bleeding seek immediate advice from the Anticoagulant clinic 01484 355607 (8.30 am – 5.00 pm)/ the service users GP/111 or 999.
- Non urgent information can be found in the patient information leaflets, the service users local pharmacy or GP.

**Oral Cytotoxic Medications**

- Additional precautions for staff who are pregnant, planning pregnancy (both male and female staff) or breastfeeding.
- Oral cytotoxic medications should be highlighted as such by the Community Pharmacist. This information may be on the printed label or the container and will be contained in patient information leaflet.
- Additional information can be gained from pharmacists, GPs or the BNF.
- Cytotoxic medications should not be administered by staff who are pregnant, planning pregnancy (both male and female staff) or

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breastfeeding Any care workers undertaking this task, who fall within the above category, should inform their line manager immediately.

Care workers must be careful to:

- Wear disposable gloves so as not to allow tablets and capsules to come in contact with skin and pay particular attention to hand hygiene when oral cytotoxic medications are to be administered.
- Not touch bottle tops with an ungloved hand.
- Ensure individual doses which have been dispensed but not administered (e.g. dropped or refused by the service user) should be securely wrapped in paper and returned to the community pharmacy for disposal.

Initial Assessors must check the service user's individual medication leaflets and labels as part of their initial assessment to check for cytotoxic medication. Further information can be sought from the service user's local pharmacy or the BNF.

## **8. Levels of Care and Support**

### **General**

- The details of support needed by a service user should be clearly stated in their care plan. This may include prompting, assisting, administering (see Glossary) but must be tailored to the needs of the service user
- Assistance with nebulisers, inhalers and spacers may be provided only when measured doses are prescribed i.e. capsules or ampoules and appropriate training has been received and competency assessed by Community based Registered Nurses or other appropriate registered professional.
- DC staff must only assist service users as an agreed part of a care plan and with the specific instruction of their Line Manager
- DC staff can refuse to administer medication if they feel they have not received suitable training to competently assist with/administer. This must be reported to the line manager immediately and further training and support will be made available
- DC staff must never make clinical judgments, for example omitting doses, if the medication states '1 or 2 tablets to be given' then the medication should be returned to the GP for a precise dosage if the service user is unable to make that decision for themselves.
- Under no circumstances must a service user be forced to take medication.
- Medication must not be given covertly, for example crushed and hidden in food. It is allowable if the service user has been risk assessed using a Multi-Disciplinary Team format including GP, Team Leader, family/Advocate, Pharmacist, Mental Capacity Act applied and Best Interest Decision made and the assessment has been fully documented on the care plan.
- If a service user is experiencing difficulty swallowing any medication, DC staff must report it to their Line Manager/Team Leader who should contact the service user's GP or Community Pharmacist for further advice. DC staff must

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not crush tablets unless this is specified in the care plan with instructions on the label and they have received specific training and are competent to do so.

- Support with medication must be undertaken in a person centred way, taking into account any cultural or spiritual needs a service user might have, for example during Ramadan. Guidance can be obtained from Line Managers/Team Leaders.
- If a service user is asleep or eating and does not wish to take their medication it must not be left out for later, the care worker should wait a short while before offering again and if the service user continues to decline this must be reported to the team leader and reassessment completed with the service users, over times of visits and their preferences about taking their medicine. The missed dose may need to be discussed with an appropriate healthcare professional.
- A service user may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage, arrangements made to accommodate them with appropriate documentation in place. Examples are:
  - The service user is vegetarian and prefers to have medication that does not contain gelatine or other animal products
  - The service user prefers to have medicine given to them by a member of the same sex
  - The service user observes religious festivals by fasting and prefers not to have medicine given at certain times

**Examples of support to be documented:**

A the service user may take responsibility for their own medication but minimal support may be required with some or all of the following and full details should be included in the care plan:

- Requesting repeat prescriptions.
  - Collecting medicines from the pharmacy or surgery (this would only be done in exceptional circumstances – if the service user had no-one who could collect it and it was not able to be delivered). This action must be recorded on the medication profile.
  - Disposing of unwanted medicines safely as policy, by returning them to a community pharmacy or surgery. This would only be in exceptional circumstances if the service user had no-one who could dispose of the medication and the chemist was not able to take back via the delivery driver. This action must be recorded on the medication profile.
  - Verbal and written consent must be obtained from the service user to remove and/or dispose of discontinued or out of date medication. This consent should be recorded on the service user's record and the Medication Disposal Form filled out and a copy kept in the service users record.
  - Disposing of loose tablets safely as policy.
- They may require more intensive support such as:**
- A reminder or prompt from DC staff to the service user to take their medicines.

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- Where the service user clearly identifies their medication, help with opening or closing a container or compliance aid or popping a tablet out of a blister pack when the DC staff member has not selected the medication. Clearly document in the care plan the exact support to be provided.
- The assessment identifies that the service user is unable to take responsibility for their medicines and needs support. The service user must agree to having input from the DC service and consent should be documented in the care plan.
- Exact details of the support needed must be included in the care plan.

DC staff should put medication/tablets into the hands of service users for them to take unless there is specific instruction in the care plan/risk assessment that says staff can put tablets/medication into the service user's mouth (with their consent). If a service user is having difficulty putting the tablets/medication in their mouth, for example due to physical impairment, this should be reported to a Team Leader or Manager for re-assessment.

If the service user lacks capacity, no one can sign on their behalf. It must be a Best Interest Decision. This must be fully documented by the Team Leader. Link to CHFT Safeguarding policy:

<http://nww.cht.nhs.uk/divisions/trust-wide-information/safeguarding-index/>

Administration of medication may include some or all of the following. The DC staff member:

- Selects and prepares medicines for immediate administration
- Selects and measures a dose of liquid medication for the service user to take
- Applies cream/ointment, ear, nose or eye drops, apply patches and administers inhaled medication
- Decants medication for the service user to take themselves at a later prescribed time to enable their independence. This must be an assessed need that is identified on the care plan

**Administering by specialised technique**

When training has taken place and the DC staff have been assessed as competent, DC staff may be asked to administer medication by specialist technique, for example

- Rectal administration e.g. suppositories, diazepam
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)

**9. Procedure for Handling Medication****The 8 rights**

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This policy incorporates safeguards for service users and staff and must be followed. It seeks to ensure that medicines are only administered to the person for whom they are prescribed, given in the right dose, at the right time by the right method/route.

The procedure promotes the '8 Rights' in the interests of both the service user and member of DC staff.

- I. Right Person
- II. Right Medicine
- III. Right Time
- IV. Right Dose
- V. Right Route/Method of Administration.
- VI. Right to Decline/refuse.
- VII. Right Procedures Followed.
- VIII. Right Documentation.

**After Referral**

When the decision has been made to support the service user at home and the inability to self-manage medication has been acknowledged, support with medication will become part of the package of care. The service user's competence to manage medication will be assessed by the initial assessor.

**Notification of Medication to Be Administered**

- The dispensing pharmacist must be asked to label each item or MDS box with the name of the drug or drugs. This should include a description of the tablet too, such as shape, colour, letters, numbers, lines etc, where MDS is used, the person for whom it is prescribed and full instructions of the dose and time of administration, together with any special instructions. It is good practice to supply a printed MAR Chart with full information and instructions on; where this does not happen the Initial Assessor will ensure that the MAR chart is correctly completed
- The medication, dose and time of administration must be recorded by the Initial Assessor on the medication administration record (MAR) chart. The MAR chart is kept in the service user's home in an agreed location, and clearly visible
- When a medication is stopped or cancelled then 'Cancelled by Dr' (followed by name and date), should be written across the entry on the MAR chart and also documented in the notes. This should be done by the member of staff who receives the message
- When a medication is stopped or cancelled and the service user has an MDS, it must be ascertained from the prescriber if the change is immediate or from the next MDS. If the change is immediate liaise with the patients GP and Pharmacy to obtain a new supply/MDS/MARS documenting in the notes. If the prescriber deems it able to wait for the next MDS, then liaise with the patients Pharmacy to ensure this will be completed in time for the next delivery. If there are any concerns that that the new MDS is incorrect discuss with the Team Leader immediately

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- The pharmacist is responsible for dispensing medication and consideration should be given to the packaging so that the service user is enabled as far as possible to manage their own medication e.g. large print labels, blister packs, monitored dosage system etc
- Monitored Dosage Systems should, be filled and labelled by a pharmacist or doctor who is professionally accountable for ensuring that the device is correctly dispensed and that it is suitable for the service user and/or carers
- DC staff must never fill MDS
- DC staff must only assist with or administer prescribed medication from containers dispensed and labelled by a pharmacist or dispensing GP.

**Collection of Medication**

- Medication will normally be obtained by the service user or their agent. In exceptional circumstances and only when the service user has no-one else who can collect the prescription and the pharmacy cannot deliver it, DC staff to assist by taking the prescription to the pharmacist and return the medication to the service user. Any collection made by staff should be documented on the medication profile and care plan, to include date, number of items collected and signature of the person collecting.
- When DC staff are collecting CDs they will be asked to sign for them and will be asked for Identification by the pharmacist. Similar risk reduction measures should be applied like those taken when DC staff are collecting monies. Amounts should be kept small (28 day supply) and kept out of sight and if appropriate, collection times should vary.

**Disposal**

- Medication disposal will normally be arranged between the person/family members/carer and their local pharmacy. In exceptional circumstances DC care workers may be asked to dispose of unwanted medication.
  - Any disposal should be with the consent of the service user/family member/carer.
  - It will usually be disposed of by returning to the local pharmacy
  - DC staff should use the medication disposal form and document what they are returning the name, strength, presentation, amount and form of medicines and ask the pharmacy to sign and date the form and record which pharmacy the items have been taken too. This form should then be returned to the service user's record and a note made in the records.
  - Ideally the medication should remain in the original packaging , however if it has been removed from packaging the DC staff should ensure they are wearing gloves and then wrap securely in paper and then place in an envelope or similar prior to returning it to the pharmacy.
- 
- For sharps like needles or syringes refer to Sharps section below.

**Storage**

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- All medicines are potentially dangerous if misused and care must be taken with their storage, administration, control and safe disposal.
- The location of medicines must be agreed with the service user and documented on the care plan. It should be an accessible place that is dry, cool and out of direct sunlight.
- Any special storage instructions should be followed, for example, needs to be kept in a fridge. All medicines should be kept out of reach and sight of children.
- Medication must be stored in the original packaging or MDS as supplied by the pharmacist.
- Medicines should not be separated from the pharmacy label. If they are, this must be documented on the care plan by the Team Leader
- Medication should not be placed out of reach of the service user except in circumstances of significant risk, for example, the service user taking it incorrectly. In such exceptional circumstances, a risk assessment should be undertaken and any decision taken by the Team leader/Initial Assessor or Registered Healthcare Professional and/or next of kin, should be noted on a care plan.

**Sharps Boxes**

- Any needles that a service user may have used should be disposed of in a Sharps bin.
- When the box is full, it should be collected by Local Authority Environmental Services, telephone 01422 288002.
- Sharps boxes can be obtained from District nurse teams and the hospital pharmacy

**Record Keeping**

- There is a statutory requirement to maintain medication records, these must be accurate, legible and up to date. All current medication charts and records should be kept in the service user's file in their home. MAR charts can only be signed by the member of staff who has provided the support.
- DC care worker should use the MAR to record any medication support they give to a service user, including whether they have taken or declined their medication.
- The records must provide an audit trail so an audit can take place at the end of each episode of care and/or monthly as per Service Specification. This involves checking and ensuring that all medication has been correctly signed for and if appropriate, that the balances of medication are correct and expiry dates are correct and correct procedures for the disposal have been followed. The MAR Chart must be signed by the person doing the check.
- All medication records and charts for adults must be kept for 8 years in the service user's records by the DC service from the cessation of service.
- Patient information leaflets issued with medicines must be retained
- Documentation that should be kept in the service user's file in the service user's home:

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- Medication Authorisation form.
- Medication Risk Assessment form and care plan (to have been completed by the Assessor, prior to DC commencing).
- Medication Administration Record (MAR) chart –which should include the following information:
  - i. The person's name, date of birth, and address
  - ii. The GP's name, address and contact number
  - iii. Medication, dose and route of administration and any special instructions and whether care staff are expected to prompt, assist or administer
  - iv. Contact details for other health professional involved
  - v. Known allergies
  - vi. Daily record of support with medication

In addition:

Medication Incident Form for use by council staff (with no access to Datix) who would pass onto their Team Leader, who would assess and pass onto the CQC Registered Manager for Reablement if appropriate

- Medication Disposal Record
- Medication Collection Form
- Medication Audit Form (to be completed by a team leader or manager and kept at an office base)

The records should be accessible and in line with the services users expectations for confidentiality.

**One off Courses of Medication**

- If a service user is prescribed a one-off course of treatment for example antibiotics and staff will be assisting or administering them, then the medication must be entered on the MAR chart and also on the medication profile form for the council.
- This should be completed by the DC Manager or team leader or Initial Assessor.
- The Home Care Team Leader or Manager must be notified.

**PRN Medication (as required)**

- When a service user has been prescribed PRN medication there must be clearly written guidelines from the prescriber that give details of the dose and the maximum daily dose, frequency and intervals. The medication must be entered on the MAR chart and profile form
- If any PRN medication is prompted, assisted or administered, it must be recorded on the MAR chart.

**Time sensitive medication**

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- If a service user is on time sensitive medication for example Parkinson's medication or antibiotics with or after food, this must be identified by the Initial Assessor on assessment and included in the services users care plan and visits scheduled accordingly these visits must be prioritised.
- Advice may need to be sort from the services users GP or pharmacist in these cases. Any advice given to be documented in the service users records.

**Oxygen**

- DC Staff will only prompt or assist with the application of masks for service users who are using oxygen; staff must NOT alter or set dosages.
- Under no circumstances will the DC staff handle or manage NIPPI masks (non-invasive positive pressure mask).

**Over the counter (OTC) medication**

- OTC medication includes vitamins, homely remedies and homeopathic products that are purchased by the service user are not prescribed.
- DC care staff must not initiate or recommend OTC medication.
- Service users are to be made aware that DC staff accepts no responsibility for issues occurring with OTC preparations which they have purchased from a pharmacy with the support of a GP/pharmacist.
- DC staff will only support with homely remedies that have been checked against a current list of medication for interactions by a Pharmacist or GP.
- Any suspected adverse reaction to an OTC product must be reported the same way as if they were a prescribed medication.
- Staff must inform a team leader if the service user wishes them to buy/support an OTC preparation.
- The service user must be referred to a GP or pharmacist for assessment of their condition. If the decision is made by the GP/pharmacist for the service user to purchase the medication then the following process applies.
- The Team leader must oversee the purchase and assess the service user for support as they would for a prescribed medication.
- If a service user, with capacity, requests the staff member to purchase OTC preparations they must be purchased from a local pharmacy.
- The DC worker must ensure they make the pharmacist aware they are purchasing the product for someone else.
- The service user must consent to the care worker taking and sharing their current list of medication with the pharmacist.
- The care worker will only purchase the OTC product requested if the community pharmacist approves the purchase, the pharmacist may need to ask additional questions from the service user to determine if the product is suitable.
- The directions on the product must be clear i.e. 1 tablet daily or 10mls four times a day. If there is any ambiguity then the care workers cannot support with the OTC preparation.

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- If the pharmacist gives specific instructions these must be added to the MAR and for the service user to be supported with the item.
- The pharmacist may give the DC worker advice about the medication and or the condition being treated. This must be written down and also verbally given to the service user, adaptations may need to be made depending on the service users circumstances. The written information should be given to the service user and a copy kept in the service users records.
- If the service user is subsequently prescribed any new medication it must be checked again with the pharmacist/GP for interactions with the OTC product.
- The service user/named person must be informed to tell their GP/other prescribers that they are now taking the OTC medication.
- An assessment of support is the same as for prescribed medication.
- The information to be recorded on the MAR is the same as for a prescribed medication.
- The name and registration number of the healthcare professional offering advice for the OTC product should be recorded in the service users record.
- There is no need to inform a prescriber or clinician if the service user declines to take an OTC product.
- If the service user declines to take an OTC product that they have purchased for regular use for more than **3 days**, it will be removed from the MAR and no longer supported with. If the service user wishes to recommence then the team leader must reassess the service user and confirm with the pharmacist that the product is still appropriate.
- Services users without capacity must only have medication that is prescribed by a GP/prescriber. If there is an exceptional circumstance under which it becomes required then the appropriate MCA assessment and best interest decision tools are to be used with the support of the CHFT Community Division Pharmacist.
- Additional advice and support can be obtained from CHFT Community Division pharmacist or Virtual Ward pharmacist on 0797705537/07917702. Monday to Friday 9-5.
- Incidents involving OTC products are to be escalated immediately and in the same way as for prescribed medication.
- If the service user is taking the product for treatment of a condition and this deteriorates the service user should contact the pharmacist/GP to discuss management.
- Special care must be taken with OTC pain relief/cough and cold products. The Team leader must check that the OTC product does not contain duplicate paracetamol either with existing prescribed medication or amongst the product(s) purchased.
- Support with the OTC preparation will be reviewed with the other supported medication at 6 weekly intervals or sooner as necessary.

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- Service Users discharged from hospital may have different medication from that prior to going into hospital, DC staff may need additional support from their Team Leader at this time. When a service user returns from hospital etc with new medication, it is the 'take home' medication that should be managed
- Clear instructions should accompany the service user on discharge from hospital
- If there is any uncertainty then the Team Leader should be contacted to clarify instructions with the discharging ward or relevant hospital pharmacy department.
- If there are any immediate concerns during the 'out of hours' period, the Out of Hours District Nursing Team should be contacted on 07917 106263 or the Emergency Duty Pharmacist at the Calderdale Royal hospital via switchboard 01422 357171 or 111 for GP out of hours
- Only under exceptional circumstances, for example when a service user has returned from hospital without a copy of the eDischarge may DC staff accept verbal instructions from a Doctor, nurse or pharmacist on changes to medication that was already being taken by the service user (that had been previously prescribed by their GP, Pharmacist or Community Nurse).
- The Team Leader must be informed of the change and it must be followed up in writing that or the following day
- If verbal instructions have been made by a prescriber to avoid delays in treatment prescribers should give written confirmation as soon as possible. The team leader must:
  - Record the details of the requested change, including who requested the change, the date and time of the request and who received the request.
  - Read back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
  - Ask the prescriber requesting the change to repeat the request to someone else (for example the service user and or family member/carer) whenever possible.

**10. Incidents**

- DC staff must report any incidents, even if they feel them to be trivial, so that appropriate action can be taken and the service user and member of DC staff supported, this includes a service user declining to take their medication, medication not being taken in accordance with prescribers instructions, possible adverse effects (including falls), excess medication in the home, medication errors and near misses, possible misuse or diversion of medication, changes to the persons physical or mental health.
- If an incident occurs it must be reported on the MAR chart, daily log sheet, the Medication Incident Sheet/DATIX and referred to in the daily notes

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- It must be reported to their Line Manager as soon as possible. The Line Manager is responsible for examining the incident and reporting it via the appropriate process. If the incident has involved a CHFT employee it must be reported on DATIX within 24 hours. The service users GP, pharmacist or nurse may need to be contacted for advice
- If a service user spits out the medication or vomits after taking it, it should be recorded and advice sought from the GP or Pharmacist.
- If a dose of medication was missed during a missed visit do not encourage a service user to take or administer it unless recommended by a GP or Pharmacist. Record it on the MAR chart and seek advice from your Line Manager, Community pharmacist or GP.
- If medication is dropped or spilt or unused medication found, then it should be disposed of as per policy. An entry must be made on the Disposal of Medication form
- If any discrepancy is found this should be recorded in the service user's notes and reported immediately to their Team Leader
- Adverse effects of a medication may be reported via the Yellow card scheme link

**Safeguarding**

Both CHFT and CBC have robust safeguarding training and policies. These are available via each staff members organisational intranets.

<https://intranet.cht.nhs.uk/non-clinical-information/safeguarding/>

Any issues or concerns should be discussed with the team leader and escalated as per policy.

- All medication incidents are potentially safeguarding incidents and must be reported.
- Council staff are to discuss with their team leader and complete and incident form and a safeguarding referral via Gateway to Care.
- CHFT staff are to discuss with their team leader, complete a Datix and safeguarding referral via Gateway to Care also informing CHFT safeguarding team.

**Further Advice**

- Service users GP or Health Care Professional e.g. Community Nurse or Pharmacist
- Contact 111 out of hours
- If the service user or their family has a complaint or concern about their medication they should be given information to contact an appropriate healthcare professional or manager or PALS depending on the issue involved.

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**11. Death of a Service User**

- If a Service user dies, involvement with medicines must cease immediately. Medicines and medicines related documentation must be kept untouched in the home for 7 days.
- In the case of an unexpected death the Coroner may wish to see the medication and/or records.

**12. Monitoring compliance**

- DC staff's medicines management competencies must be checked periodically according to policy. This should be yearly at appraisal
- Team Leaders should monitor the administration of medicines during the course of their practice
- Medication Incident Reports are reported, on an ongoing basis CHFT Risk Management via DATIX. At Calderdale Council for the Reablement service all reported incidents are reported to Gateway to Care
- Data is provided to Divisions by Risk Management through 'Learning from Experience reports' which support improvement in practice, as well as informing updates to the Medicines Code and being reviewed by the Medicines Management Committee. At Calderdale Council for the Re-enablement service all reported incidents are analysed by the Manager/Team Leader
- Whole systems learning takes place at relevant forums and meetings and should be used to monitor and provide organisational learning
- Medicines Management audits should be undertaken by Team Leaders

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Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Action Lead(s)	Change in practice and lessons to be shared
DC staff's medicines management competencies	DC Team Leader	Sign off competency tool	Annual	At appraisal	DC Team Leader	Required changes will be identified and actioned within a specific time frame.  A lead member of the team will be identified to take each change forward where appropriate and lessons will be shared with all the relevant stakeholders.
Audit the administration of medicines	DC Team Leader	MAR chart audit	CHFT- as per CHFT notes audit schedule- twice yearly	Community Division PSQB for CHFT incidents	DC Team leader	
			Council - 10 per month	Council-Team leaders	Council-Service Manager	
Medication Incidents are reported, by CHFT staff on Datix  Medication incidents are reported by Reablement service and a medication incident form	DC Team (CHFT) and Reablement Team (Council)	Datix and medication incident report form	As an incident happens but reported monthly including trends	Community Division PSQB for CHFT incidents  At Calderdale Council for the Reablement service all incidents are reported on a medication incident report form to Gateway to Care.	Community Division Pharmacist	

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**Glossary****Appendix i****Accredited training**

Training provided by an accredited recognised body.

**Administer**

Taking the medicine from storage, measuring or counting doses, putting the medication into the service users hand or mouth with consent.

**Administration of medication**

The way in which medicines are given or used.

**Assisting**

Help with preparation e.g. shaking the bottle or undoing lid or removing tablet from bottle or Monitored Dosage System where the service user clearly identifies and recognises the medication they require.

**Audit trail**

A security-relevant chronological record, set of records, and/or destination and source of records that provide documentary evidence of the sequence of activities that have taken place at any time.

**Authorised staff**

Staff that have been trained and deemed competent to prompt, assist or administer medication.

**CHFT**

Calderdale and Huddersfield NHS Foundation Trust.

**CDs**

Controlled Drugs are classified (by law) based on their benefit when used in medical treatment and their harm if misused. The Misuse of Drugs regulations include five schedules that classify all controlled medicines and drugs. Schedule 1 has the highest level of control, but drugs in this group are virtually never used in medicines. Schedule 5 has a much lower level of control.

**CIT**

Crisis Intervention Team.

**Community pharmacist**

A pharmacist (chemist) working within the community from a pharmacy (chemist shop).

**Community Registered Nurses**

Nurses Registered with the Nursing & Midwifery Council who are employed by CHFT to work in the Community.

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**Compliance Aids**

Compliance aids are devices which may assist patients to administer/take medication. Examples include: autodrop eye drop aids, haleraids for metered dose inhalers.

**Competent**

Staff that have been suitably trained and can carry out a specified task to an adequate standard every time.

**Competency Training**

Training provided to our staff by a designated health staff member who is qualified and deemed competent to deliver training in specialist areas.

**Covertly**

Without the knowledge of the patient, for example medication crushed and hidden in food.

**DATIX**

Web based Incident reporting system (for CHFT employees).

**DC (Domiciliary Care)**

Care undertaken by Unregistered Healthcare Professionals.

**Health Care Professional**

Includes Registered GPs, Nurses, Pharmacists etc.

**Homely remedies**

Non-prescription or "over the counter" medicines for the treatment of minor ailments, e.g. pain, cough etc.

**MAR chart**

Medication Administration Record Chart.

**Monitored Dosage Systems**

MDS are devices which may assist medicine taking, indicating the correct tablet and day and time to be taken, and can be filled or used by the service user, relative or carer. Examples include: medidose, medimax, venalink and nomad systems.

**PEG (Percutaneous Endoscopic Gastrostomy)**

An endoscopic medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding and administering medication when oral intake is not adequate or not clinically advised (for example, because of dysphagia or sedation).

**PRN**

Medication that is taken as required.

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**Prescribed medicines and treatment**

A registered medical practitioner or registered Non-Medical Prescriber has directed that the particular medicine or treatment concerned is to be administered to a specified individual on conditions which are clearly stated.

**Procedure**

The way in which medication is acquired or received, stored and handled within a service.

**Prompting** - means giving verbal or visual reminders, To assist a service user to self-medicate by enquiring verbally or physically if they have taken their medicine at the specific time.

**Responsibility**

A duty that DC staff could be held legally accountable for.

**Risk assessment**

Identification of hazards, evaluation of the risks involved and identification of suitable controls to make sure risks are reduced.

**Self-administration** - When service users have been assessed as being capable of taking medicines themselves

**Service User** - An adult receiving a Social Services care package.

**Service Manager** - a manager of a Social Service care or support services who has line management responsibility for staff that assist with or administer medication.

**Skilled Observation**

Examples are taking blood pressure, temperature, pulse. DC staff must not assist with any medication that depends on upon skilled observations. The exception to this may be CIT staff after appropriate training and competency has been reached.

**Storage** – a safe and preferably lockable place to keep medication, away from children and other service users.

**Specialist Techniques**

Administering medication by for example, rectally or via a PEG tube. Under this policy this applies only to CIT staff.

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Formal training and assessment of competence must be in place

Training	How delivered	Duration & Assessment	Comments
Domiciliary Care Medication Procedures and Guidelines	Policy to be read before Care Worker commences medicines administration	1 hour	<ul style="list-style-type: none"> <li>For all new staff : <ul style="list-style-type: none"> <li>➤ Home Care</li> <li>➤ Re-enablement Support Assistants</li> <li>➤ Extra Care Team</li> <li>➤ Out of Hours Team</li> <li>➤ Crisis Intervention Team.</li> <li>➤ Enhanced Reablement</li> <li>➤ Other linked developed services who will provide support/who will administer medication</li> </ul> </li> <li>Within the first week of commencing the post</li> </ul> Record of completion to be kept by line manager.
Medication Basic Awareness	In-house by Calderdale Council Workforce Development	<ul style="list-style-type: none"> <li>3-5 hours</li> <li>Assessment tool used</li> <li>Level 1 Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>All care staff except RNs</li> <li>Required once within 6 weeks of commencing the post</li> <li>Required 2 Yearly</li> </ul> Record of completion to be kept by Line Manager.
Level 2 Accredited Medication Administration Training (evidence required)	In-house by Calderdale Council Workforce Development	<ul style="list-style-type: none"> <li>1 day</li> <li>Multi Choice Test Paper</li> <li>Observation to be undertaken in the workplace by Line Manager</li> <li>Level 1 Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>All Team Leaders, Senior Care Staff and care staff who support individuals with medication except RNs</li> <li>Required within 6 months of commencing the post</li> </ul> Record of completion to be kept by line manager.
Level 2 update or equivalent (evidence required)	In-house by Calderdale Council Workforce Development	<ul style="list-style-type: none"> <li>3 – 4 hours</li> <li>As above</li> </ul>	<ul style="list-style-type: none"> <li>All care staff except RNs</li> <li>Required update - yearly</li> </ul> Record of completion to be kept by line manager.
Domiciliary Care Medication	In house by Team Leaders and	Will vary-minimum of 5 observations	<ul style="list-style-type: none"> <li>Section 1, 2 and 3 must be completed prior to the care worker administering</li> </ul>

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Competency Framework	Assessors		medication unsupervised Record of progress and completion details to be kept by Line Manager and reviewed annually as part of review of appraisal and training and development.
Specialised Techniques (e.g. PEGs, rectal	In house by RNs working in the Community	Will vary	To be developed.