Derbyshire County Council - Adult Social Care & Health

Management of Medication and Health Related Activities Procedure Homecare

Version 2

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1. Procedure

This procedure takes into account the following legislation:

- The Medicines Act 1968, The Misuse of Drugs Act 1971
- The Health and Safety at Work Act 1974
- The Health and Social Care Act 2008 (Regulated Activities 2014)
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 12
- Managing medicines for adults receiving social care in the community NICE guideline March 2017
- Medicines management for people receiving social care in the community Quality standard 24 July 2018
- Controlled drugs in home care - Care Quality Commission

This procedure covers people who require support with medication within Extra Care or as part of a short term reablement service. It provides guidance for managers and aims to promote independence by enabling people to manage their own medicines as far as they are able, ensuring appropriate assistance is provided wherever required.

The registered provider and the registered manager are jointly responsible for the safe and appropriate handling of medicines. This includes ensuring that all workers involved in supporting with medication are fully trained and assessed as competent in accordance with the Adult Social Care's Supervision Policy, induction process and this procedure.

2. Responsibilities

Following referral into the service the person's medication needs and level of support will have been identified.

The registered provider will:

- ensure systems are in place to promote the safe and effective use of medicines
- ensure workers receive appropriate training and that they are compliant
- ensure the Quality Assurance Framework is being applied and adhered to across its registered services
- publish national patient safety alerts for services to access

Group managers will:

- ensure that the departmental procedures for the proper and safe use of medicines are implemented throughout services for which they are responsible
- monitor the performance of their service with regards to the management of medication within homecare for which they are responsible
- delegate actions to the appropriate managers within their service to ensure compliance with this procedure
- maintain knowledge of this procedure

Service managers will:

- ensure that the departmental procedures for the proper and safe use of medicines are implemented throughout their area of responsibility
- either carry out an audit of medication or verify the information gathered by the registered manager as part of the relevant audit process.
- ensure that observations of practice are being carried out in accordance with this procedure
- assist in the development of action plans and monitor progress
- ensure that this procedure is implemented and followed
- escalate any concerns regarding the safe management of medication to the quality and compliance team and the appropriate group manager

Enablement support team manager (ESTM) will:

- have overall responsibility and be accountable for the management of medication and health related activities within their service including the appropriate delegation of tasks commensurate to role
- ensure that this procedure is implemented and followed
- ensure that personal service plans and the medication needs are identified and reviewed as required
- complete all essential training commensurate to their role and ensure the workers are compliant
- carry out a monthly medication audit

Enablement support lead (ESL)/domiciliary service organiser (DSO) will:

- ensure that this procedure is implemented and followed
- ensure that personal service plans and risk assessments are in place and reviewed as required
- complete all essential training commensurate to their role
- complete medication administration records (MAR)
- carry out observation of practice of senior enablement support workers (SESW), enablement support workers (ESW) and care workers in the community (CWC)

Senior enablement support workers (SESW) will:

- follow the requirements of this procedure in relation to their role
- complete all essential training commensurate to their role
- complete MAR for ad-hoc medication
- administer medication commensurate to their role
- carry out observations of practice for enablement support workers on an ad hoc basis supporting the ESL
- ensure medication errors are appropriately recorded in accordance with the incident recording process

- report any medication or health related concerns to the management team
- liaise with health care professionals

Enablement support worker (ESW)/care worker - community (CWC) will:

- follow the requirements of this procedure in relation to their role
- complete all essential training commensurate to their role
- administer medication to the person in accordance with medical advice and documentation
- adhere to any measures identified in the personal service plan and risk assessments for each person
- report any medication or health related concerns/errors

3. Training and Observations of Practice

Derbyshire County Council (DCC) stipulates the essential medication training for each role.

Compliance with this essential training must be carried out via Derbyshire Learning Online (DLO) which will automatically update the training record for each staff member. Compliance will be monitored by the registered provider, service managers and ESTM.

Each worker involved with the administration of medication must have their practice observed by an appropriate person on an annual basis. Evidence of an annual observation of practice must be recorded on the templates at Appendix 1 and must be stored securely with the staff member's record.

Newly recruited workers will only administer medication once they have completed all essential training for their role and undergone an observation of practice commensurate to their role. Staff can administer medication under the supervision of an appropriately trained colleague until their observation of practice has been carried out and are deemed as compliant.

Specialised training

The training referred to above does not cover specialised training or other health related activities such as, administration via a PEG, insulin, stoma care, etc.

Where this activity is to be delivered by our workers, additional training must be provided by an appropriately qualified person. The competency to perform this task must be assessed by that person and recorded using the appropriate template at Appendix 2a and Appendix 2b.

4. Medication Assessment

People must be encouraged to self-administer and maintain independence

Workers must only support with medication following the completion of the medication risk assessment found within the personal service plan (PSP). This will be based upon the initial referral and reviewed within 72 hours (short term assessment and reablement team (START) only).

The plan must describe in detail what support is required for checking, prompting, administering, ordering, storage, recording and disposal of medication. This must include what the person can do for themselves and/or with other family/carer support. The PSP must be reviewed wherever there is a change in the person's needs in this area.

Where possible, the prescriber should provide clear instructions on the prescription. The reason for the medicine as well as the dose range and the maximum dose must also be known.

If there are any queries around the medication the ESL/DSO must contact the prescriber to confirm the correct medication. This information must be recorded on the person's care records including the date, time and name of the person contacted. Workers must not support with medication until it is safe to do so.

Some medication/activities require a separate risk assessment, the quality and compliance team are responsible for providing these and they should be adapted to the person/service needs. These are available upon request.

Supporting with prescribed medication

Workers can provide people with the following levels of support and must be clearly identified in the PSP. Where additional support is provided by another agency or unpaid carer, their involvement and responsibility must be clearly recorded in the PSP.

Order & collect

The person takes responsibility for their own medication, but the worker may support them with:

- repeat prescriptions and to record in the daily log the name, strength and quantity of the medicine requested
- check or arrange deliveries (collecting medicines from the community pharmacy should be for emergency prescriptions only)
- recording when medicines have been supplied on the daily log
- checking for any discrepancies from the order and those supplied and reporting to ESL/DSO immediately
- disposing of unwanted medicines safely by return to the supplying pharmacy

This level of support does not need to be recorded on a Medication Administration Record (MAR) only the PSP.

Checking

This is an informal level of support, and the person has full responsibility for self-administration. Therefore, this does not require recording on a MAR. This can include retrospective questioning to see if the person has remembered to take their medication. Where there are any concerns the person is not taking their medication, this must be raised with the ESL (START only).

Prompt

The person takes responsibility for their own medication, but the worker provides a formal level of

support by prompting them as there is a risk that the person would not take medication without this support.

This must be recorded as 'prompt' on a MAR (Appendix 3a/Appendix 3b) using the relevant code.

Assist

The person takes responsibility for their own medication but requires assistance from the worker:

- by preparing medicines such as dissolving soluble aspirin in water
- by handing the required medication to the worker for preparation
- by reading the label to remind the person of the correct dose for their medication.
- by manipulation of a container e.g., shaking and opening a bottle for the person to administer - this does not include selecting the medication - see Administer.
- by handing the person a compliance aid if filled by the pharmacist and properly labelled

This should be recorded as 'assist' on a MAR using the relevant code.

Administer

This is when the worker supports the person by:

- taking the medication out of the container and handing it to them
- selecting and measuring a dose of liquid medication for them to administer immediately
- physically assisting them to take the medication
- observing the medication has been consumed
- administering/applying medicated creams/ointment/patches, inserting drops to ear, nose, or eye, and administering inhaled medication.

This should be recorded with an initial on the MAR.

Workers should raise any concerns about a person's medicines with the ESL/DSO. These concerns may include:

- the person declining to take their medicine
- medicines not being taken in accordance with the prescriber's instructions
- possible adverse effects (including falls after changes to medicines)
- the person stockpiling their medicines
- medication errors or near misses
- possible misuse or diversion of medicines
- the person's mental capacity to make decisions about their medicines
- changes to the person's physical or mental health.

Controlled drugs
The controlled drugs belong to the person and unless the assessment highlights a need, there is no legal requirement for these medicines to be treated differently or stored separately from other medicines.

The medication risk assessment must include if the person is prescribed controlled drugs. If you are responsible for ordering and collecting medicines for a person you must document this in their personal service plan.

Workers collecting controlled drugs from a pharmacy may be asked to provide personal identification.

There is no legal requirement for a second worker to witness and sign for the administration or support of controlled drugs in a person's own home.

Controlled drugs list

You can find up to date information with regards to named controlled drugs on the government website.

5. Capacity and Consent

Where it appears that the person may lack capacity to make decisions about their care and treatment, including decisions about their medication, a mental capacity assessment must be completed in accordance with the principles of the Mental Capacity Act 2005 (MCA) and associated legislation and guidance. Where a person is assessed as lacking capacity, a best interest decision must be made in consultation with family and relevant health professionals.

The assessment of a person's capacity to make decisions about medication can usually be addressed by an assessment of capacity to make decisions about care and treatment. If the medication is to be administered covertly, is an antipsychotic or has a sedating effect, then this must be assessed separately with advice from the prescribing health professional.

Even where written consent to administer medication or carry out related tasks is held; staff must ascertain wishes and feelings, each time support with medication is provided.

6. Medication in Food and Drink

Where a person has capacity but requires or prefers that their medication is placed in food or drink e.g., swallowing difficulties, this must be discussed and agreed with the prescribing professional to ensure there are no alternatives. The suitability of these medicines to be given this way must be verified with a medical professional. This agreement must be documented in detail in the person's case notes and medication risk assessment in the PSP.

Covert medication

Where a person lacks capacity, and a best interest decision has been made by a medical professional that a prescribed medication should be administered covertly, the medical practitioner should provide the authorised documentation giving guidance on administration. If this is not provided, then the 'Covert Administration of Medication in Food or Drink' template (Appendix 4).

Any guidance must be completed and signed by the appropriate relevant health care professional and stored alongside the MAR.

A best interest decision must be made for each person's medications that will be given covertly. Covert methods must only be used in exceptional circumstances and when all other suitable options have failed – details of previous methods tried must be recorded.

The best interest decision must identify that it is the least restrictive option and include:

- details of the medication which is to be administered covertly and the benefits to the person
- whether covert administration will occur during each administration or whether this may fluctuate - if it is identified that this is not a regular process, it must detail when covert administration will be used - the daily administration process must then be recorded on the back of the MAR so this can be reviewed.

Covert medication must be reviewed regularly, at a minimum annually. The support must be recorded in the medication risk assessment in the PSP.

7. Medication Purchased by or on Behalf of Clients

Sometimes a person and/or their representatives may purchase over the counter medication. It is a person's right to be able to do so, but it may not be in their best interest. The use of purchased medication in addition to those prescribed by the health care professional may constitute a health risk due to interactions between medications.

Whilst the purchase of medication may take place as a shopping provision, the worker **must not** assist or offer advice with these medications, including skin treatments, unless stated on the PSP. It is the responsibility of the ESL/DSO to consult with the person's GP/pharmacist to ensure it is safe to support with the medication. They must also ensure that the person understands and accepts any risk associated with taking the medicine.

It is advisable that all prescriptions and non-prescription medication is obtained from the same pharmacist. This is to ensure the relevant medical knowledge or contraindications to the person's current prescription is available to assist with appropriate advice.

Under no circumstances should support be offered with non-prescribed medication without appropriate professional health guidance.

If this medication is to be supported, it will need to be recorded on a MAR as a 'non-prescribed medication' as a handwritten entry. This would also apply where a health professional has advised the purchase of or has left an ointment e.g. barrier cream.

Moisturising creams and body lotion

Where people have been using non-prescribed cream i.e., moisturising creams for general personal care, it is acceptable for workers to continue this care and this support must be recorded in the PSP.

If the person chooses to change the brand or type of cream, they should perform a skin test 24

hours before commencing use.

8. Storage of Medication

Medicines must be stored as advised on the label and where they are readily accessible to the person/all carers as appropriate.

Should medication need to be stored securely or out of the reach of the person, the ESL/DSO must record this in the PSP and information on the location is available to all individuals involved.

In rare cases where a person under the age of 18 years is the sole or main carer, then medicines must be accessible to them as necessary. Nevertheless, all medicines must be stored away from other children who may visit the home. A record of which child is the main carer must be written on the PSP.

The hiding of medicines will **only** occur where the assessment indicates this is needed to protect the health and safety of the person. In some cases, it may be necessary to have a lockable container to prevent inappropriate access to medicines in the home. Consent to do this would need to be recorded, in line with the Mental Capacity Act 2005, where a lack of capacity is indicated.

The medicines must be stored in the original packaging or compliance aids supplied and labelled by the pharmacists.

DO NOT SEPARATE MEDICINES FROM THE PHARMACY LABEL

Medication/drops/lotions/creams etc. have a shelf life and containers are marked with an expiry date. Out of date medication must not be used and must be returned to the pharmacy by family/carer/worker as appropriate and a record kept.

Medication must be stored at room temperature, those requiring lower temperatures should be safely stored in a refrigerator. Medication stored incorrectly can cause it to deteriorate, particularly if it exposed to heat and light sources.

It must be noted that a person may choose not to act on the advice given regarding the correct storage of medication, this needs to be respected, but must be recorded and reported to your ESL/DSO. This then needs discussing with the relevant health care professional for further guidance. If it is agreed that the medication can be stored in this way, it must be recorded in the PSP.

9. Medication Administration Report (MAR)

A MAR is a legal document which will be taken as an accurate record of all medication administered. The MAR will be referred to for evidence by statutory bodies such as coroner or the Care Quality Commission (CQC). These documents are for the protection of workers as well as for the people to whom they provide support, and it is in the interests of both that they are completed accurately, by the person who provides it and at the time of administration.

A MAR must be kept in the person’s home with the PSP.
The MAR must state the person’s:

- current medication
- the product name
- strength
- quantity/dose
- frequency
- route
- the date and time when assistance has been given with a person's medication, or to record a reason for non-administration using one of the codes identified on the MAR

In some areas the pharmacist will provide a MAR when the prescription is dispensed. The pharmacist may agree to use the DCC blank MAR (Appendix 3a/Appendix 3b) by attaching the dispensing labels securely on to the sheet, photocopying it and returning it along with the medication.

Where a pharmacist is unable to provide a MAR, the blank MAR must be completed by the ESL/DSO. SESWs may also be able to complete a MAR for ad-hoc medications e.g. topical, antibiotic. Where there are handwritten entries, these must be double initialled. The counter initials can only be carried out by someone who has been trained and assessed as competent (NICE guidelines).

Any concern that doses are being given by others and not recorded, must be reported by the worker to the ESL/DSO.

Workers must ensure that when that when they initial the MAR it is legible and does not encroach into the adjacent boxes.

It is very important that MAR is kept up to date. Prescribing professionals are required to follow good practice requirements when changing prescribed medication:

- by updating the MAR and initial the change when they visit
- by alerting the pharmacist to make them aware of the change
- by arranging the collection and dispensing of the medication

If medicine changes are received verbally to an ESL/DSO then the following must be followed:

- recording details of the requested change (including who requested the change, the date and time of the request, and who received the request)
- reading 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)
- asking the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) whenever possible. Alternatively, the phone can be on 'speaker' so the second person can hear the directives being given.

When changes to a person's medicines need to be made verbally to avoid delays in treatment (for example, by telephone, video link or online), prescribers should give written confirmation as soon as possible. Written confirmation should be sent by secure email. All emails relating to medication,

including changes, must be uploaded to case notes in the person's electronic record. Any attachments to the email must also be uploaded to the documents in the person's electronic record.

The ESL/DSO must ensure completed MARs are returned to the office and scanned on to the person's electronic social care record and once confirmed this has been successfully completed the MAR can be destroyed. Systems must be in place to ensure errors are investigated as soon as possible; this must not be left until MARs are reviewed/stored.

In Extra Care, the completed MAR must be returned to the office so the DSO can audit and upload to the person's electronic record. At the end of the START service, a member of the team should ensure the person held record (PHR) containing the MAR is returned for processing. In exceptional circumstances the MAR may be left at the property to ensure the continuation of safe administration of medication. In these circumstances a photo must be taken of the MAR to evidence the record and for auditing purposes.

Use of initials and codes on the MAR

The codes used on MARs can vary with different codes representing different actions. The code used on any individual MAR **MUST** match with the 'key' on that specific MAR. Any errors in coding must be picked up as soon as possible and during all audits and recorded as a medication error.

The MAR must only be initialled by workers if administering medication otherwise the appropriate code must be used.

Where mixed packages of care are in place, the same MAR must be used by all agencies involved with administering medication. The PSP must clearly identify which calls the workers are responsible for administering the medication. Where family/informal carers are regularly supporting, this must be identified in the PSP and encouraged to sign the MAR. Where support has been provided by family and they have not signed, this will be indicated by the next worker using the relevant code and carer note on the MAR.

When the person is away during a regular call e.g. social leave, hospital admission, this must be coded on the MAR by the worker attending the first call on their return. The code used may vary but a note must be made in the carer notes to explain the period of absence.

As and when required medication (PRN)

PRN medication can only be administered to a person who has capacity to make that decision or is able to understand/indicate the medication is required. It should be recorded on the PSP and the PRN protocol must be completed using Appendix 5 and stored with the MAR.

If there is any confusion about which medicines or doses to give, this must be clarified with the prescriber.

The 'Declined' code should NOT be used when administering PRN.

Where the medication is offered and administered this should be evidenced by initialling the MAR with the reasons for administration recorded on the reverse.

Where a PRN medication is **NOT** requested by the person, there is no requirement to add any code to the MAR and there will be a 'gap'. This 'gap' will be explained by the protocol indicating that the medication should only be offered following a request for the medication.

When recording the administration of PRN medicines, the following information must be stated on the reverse of the MAR in the carer's notes:

- the reasons for giving the PRN
- the number of tablets given including a variable dose e.g., take one or two tablets.
- the date and time of administration, stating if it is a time sensitive medicine

Any prescribed PRN medication must be reviewed on a regular basis, as recommended by the prescriber or where changes are required due to the individual's changing need.

10. Administering Medication

Prior to any assistance being provided, workers must check all the details on the pharmacy printed label and cross reference this information with the MAR, refer to the Medication Administration Check Sheet (Appendix 6), a copy of which must be kept in front of the MAR in the PHR kept in the home. If there are no directions on the label refer to ESL/DSO who will contact the pharmacist. Do not support with the medication until the problem has been resolved.

Other forms of support may be offered with approval from managers and appropriate training. The support we provide via the various different routes is identified within the medication procedures 'will do, won't do' list (Appendix 7).

Medication and falls

Some medications are more likely to be associated with falls and those people on four or more medications, or taking a central nervous system suppressant, e.g., sleeping tablets or antidepressant, are at greater risk. This should be clearly identified in the falls risk assessment.

Supporting with medication

Whenever supporting with medication, Standard Infection Control Precautions (SICP) must be adhered to:

- wash and dry your hands before and after any task
- where suitable facilities are not available approved wipes or solutions must be provided
- wear disposable gloves and aprons and dispose of after each task
- cover all cuts and abrasions with a waterproof dressing

Staff must wash and thoroughly dry any utensil that may be required e.g., medicine spoon or pot. Only purpose-made calibrated pots/spoons should be used to administer medication.

For more information, please see the Infection Prevention & Control Policy.

Where physical support is provided, medicines should be handled as little as possible. Where

medication is dispensed in individual boxes the name of the medication and strength on the back of the foil strip must be checked and confirmed as correct prior to **each** preparation/administration.

The person must be asked prior to dispensing any 'as required' medication to establish the need first.

Once dispensed a small dot must be marked on the MAR as the medicine is selected. When the medication has been observed as taken, this is overwritten by the initial of the person administering. The person should be asked to sit upright or to stand when taking tablets or capsules to reduce the possibility of the medicines sticking in the oesophagus (throat). Workers should not attempt to assist with oral medication for a person who is in a prone position (lying down).

For the same reason, tablets or capsules should be swallowed with at least half a glass of cold water, hot drinks should be avoided as many medicines can be affected by heat.

If someone has difficulty swallowing the medication it may cause them to decline, conceal or chew their tablets, if this occurs workers must inform the ESL/DSO who will discuss with the health care professional. Workers **MUST NOT** crush tablets without written confirmation from the health care professional as this could affect how the medication works.

In exceptional circumstances where appropriately risk assessed, it may be possible to leave out medication for the person to take later. This may only be used for a short period while other alternative arrangements are made e.g. compliance aids sourced (NICE guidance).

Patient Information Leaflets (PILs)

Pharmacists must supply a patient information leaflet for each medicine supplied and this must be kept in the person's home. This includes medicines supplied in monitored dosage systems.

Dissolvable/dispersible medication

Medication which is to be dissolved before administration should be put into a glass with sufficient water added to allow it to dissolve completely. Follow guidance in the PILs on the amount of water needed. If appropriate stir the solution before handing to the person.

It should be noted that some tablets do not completely dissolve but **DISPERSE**. These should be added to a smaller volume of water (see PILs), allowed to break up and disperse and the liquid should be swirled around before handing to the person to ensure that no particles are left in the bottom of the glass.

Liquid medication

Liquid medicines should be selected in the same way as tablets and capsules, the label being checked against the MAR. The bottle should be shaken well, and the dose poured onto a measuring spoon/pot and handed to the person. For small doses of liquid medication, the pharmacist should provide a measuring syringe.

Cutting or crushing

Occasionally tablets may need to be cut in half, when this is required a specific tablet cutter must

be used which is washed and thoroughly dried after each use. Where this is required longer term the pharmacy must provide these precut.

Tablets that have written confirmation to be crushed by the health professional must only be carried out with a specialist tablet crusher. This should be specific to the person where possible and washed and dried thoroughly after use.

Enteral feeding

Enteral feeding tubes provide access to the stomach or small intestine, these include:

- nasogastric (NG): a tube passed through the nose directly into the stomach
- percutaneous endoscopic gastrostomy (PEG) or radiologically inserted gastrostomy (RIG): a tube inserted through the abdominal wall directly into the stomach
- nasojejunal (NJ): a tube passed through the nose directly into the jejunum (small intestine).

Medicines administered through enteral feeding tubes are often not licensed to be given this way. The prescriber or appropriate healthcare professional needs to give:

- clear authorisation to administer medicines in this way
- information on how the medicines should be prepared and administered safely

When you are assessing a person's medicines support needs you should check whether they are still able to take their medicines orally, even if they are receiving food through a tube. This could be in their original form or after crushing or dissolving if appropriate. Not all tablets or capsules are safe to crush or open. You should only prepare them in this way if an appropriate healthcare professional can confirm that it's safe to do so. Refer to Appendix 7 ‘Will do Won’t do’.

The person should give consent before administration, but if they lack capacity and do not know they are being given medication this must be treated as covert administration and the process carried out in line with the Mental Capacity Act 2005.

Administer each medicine individually. You should give the person a flush of water before and after administering, and between each different medicine. This will prevent any incompatibilities between the different medicines, or the feed being given. You should clearly record the volume of flush needed each time. Your record should take into consideration if the person is fluid restricted.

Eye/ear/nose drops

Workers must write the date of opening on the bottle and record this date on the MAR. Once opened these must be discarded after 28 days. Check the expiry date on the bottle prior to opening. Any bottles without a record of date opened must be discussed with the pharmacy to ascertain whether it is safe to administer or if repeat prescription will be required.

Topical preparations

Medicinal creams, ointments and lotions must be stored and administered in accordance with instructions.

The MAR and labels on products for application to the skin must indicate the areas of the body to which it should be applied and thickness where appropriate. This is particularly important if someone has several different creams, ointments, or lotions. The area must also be indicated on the body map which is within Appendix 8a and must be completed by SESW/ESL/DSO and kept updated as changes occur.

Creams, lotions, and ointments must be applied following SICP. Directions on the label/creams/ MAR will indicate how long the treatment will last. The date opened must be recorded on the tube/bottle as the outer box may be discarded. Creams in pots must be discarded if they appear to be contaminated, or if you have any other concerns about their appearance, or if the lid has been left off for any indeterminate period. Expiry dates must be checked at each use. Where staff are uncertain of the shelf-life of a particular medicine once opened, they must check the information supplied with the medicine or contact a pharmacist for advice.

Apply small quantities at a time and rub in gently to the affected area. Creams must not be applied to broken skin unless under the guidance of the health professional.

Fire risk from use of emollient creams

When supporting people to use emollient creams, it is important to be aware of the risks. ESL/DSO must make sure that the PSP reflects the use of emollients and risk assessment is in place.

All emollients should be stored securely, and clothing and bedding are regularly changed because emollients soak into fabric and can become a fire hazard. Advise people who are using emollient creams of the risks the creams may pose and not to smoke or use naked flames.

Transdermal patches

Medication patches such as Fentanyl are used to relieve severe pain and is slow release over a period of time. Fentanyl is in a class of medications called opiate (narcotic) analgesics. The area for application must be indicated on a body map which must be kept updated as changes occur, see template Appendix 8b.

Press the patch firmly on to the skin for approximately 30 seconds to make sure that it sticks well, especially around the edges. It is important that you avoid touching the sticky side of the patch while you do this.

To dispose of a patch, refer to Section 11.

Nutritional supplements

Supplements can be prescribed by a health professional or bought over the counter. Medical advice must always be sort before supporting with the administration of these and the information recorded in the PSP and on the MAR and initialled as per this procedure.

Thickeners

The persons IDDSI level must be recorded on the PSP and workers must follow the prescribers' directions of use. Any changes to the person's ability to swallow must be reported.

Emergency rescue medication

Emergency rescue medication is prescribed for conditions such as seizures, diabetes, life threatening allergic reactions and angina and administered on an 'as and when required' basis. For all these medications the appropriate protocol must be in place and stored with the MAR.

For medication prescribed for seizures it is normal practice for the person to be issued with an agreed protocol from the health professional which must be followed. For all other medications the template PRN protocol must be completed where this has not been provided and can be found at Appendix 5.

The protocol must be reviewed regularly by a health care professional.

Medicinal oxygen

If a health care professional prescribes oxygen, they will organise the supply, dependent on the system used. They will provide information and/or instruction with regards to how it must be used. It is important to ensure the storage instructions provided by the supplier are followed. Where oxygen is in place the risk posed must be individually assessed by the ESL/DSO.

For further information Care Quality Commission (CQC) have provided guidance for 'Managing oxygen in people's own homes'.

Any concerns or issues must be brought to the attention of the ESL/DSO immediately.

Please refer to 'will do, won't do' list (Appendix 7).

Side effects/adverse reactions

All medications may have some side effects, most of which do not cause any significant problems. Occasionally a person may suffer an adverse reaction to a medication (or interaction). Particular care must be taken to observe the person when a new medication is introduced, and any adverse reactions must be reported immediately to the family, carer or health care professional. These reactions can also be reported using the yellow card system.

Person consuming alcohol or using illicit drugs

Should a person appear to be under the effects of alcohol or illicit substances on arrival at their home, workers must report to the ESL/DSO or out of hours service to seek advice from the relevant health care professional as to whether the medication should be given. Details of this must be recorded on the MAR and/visit record sheet.

It is a person's own decision to drink alcohol or use illicit substances. A risk assessment and plan should be compiled where a risk is identified in relation to alcohol or use of illicit substances and medication. Any guidance for workers will be recorded in the PSP. Should a person request an alcoholic drink with medication, this must be refused and reported to the ESL/DSO who will inform the GP or pharmacist.

Spoiled doses

A single spoiled or declined dose should **not** be returned to the container. It must be placed into a small envelope/food bag/disposable glove with the details recorded on the back of the MAR and placed into a safe cupboard awaiting to be returned to the pharmacy. Another tablet must then be administered informing the SESW/ESL/DSO as a replacement will have to be ordered. See Section 11.

If the person requests that a spoilt dose is not destroyed (e.g., after having been dropped on the floor) and that the dose be administered the details must be recorded on the back of the MAR.

Blister Packs

Where blister packs are provided to promote the person's independence to self-administer and it is stated we are not involved in the PSP, a MAR would not be required.

Some tablets are not compatible with a blister; the pharmacist will advise where this is not appropriate.

Where the person is no longer able to self-administer then this must be reported to the ESL/DSO to escalate to the care coordinator. While waiting for this review it may be necessary for workers to administer from a blister pack.

Most pharmacists do not provide a MAR when a blister pack is in place. If this occurs it can be overcome by using the MAR template (Appendix 3a/Appendix 3b)

A blister pack which contains multiple tablets must have a description of each tablet on the blister. If the person declines any tablet from the pack the worker will be able to identify the tablet being declined. Under these circumstances a record that describes the colour, size, shape of the tablet being declined will need to be included on the back of the MAR.

If a dose has been removed from a blister pack and not recorded on the MAR, workers must not break into the next blister but must report it to the SESW/ESL/DSO immediately.

Workers must never administer medication from blister packs if they appear to have been tampered with. This includes packs that have been altered by a pharmacist and taped back up.

Person unwell

Should the person appear to be unwell, distressed, or not their usual self on a visit, the worker must contact the ESL/DSO who will decide whether the person's GP needs to be contacted, 111 or 999 depending on severity of symptoms. Guidance must be sought as to whether due medication should be offered to them. The worker must update the ESL/DSO, record on the visit record sheet and add the appropriate code on the MAR.

Declining medication

It is a person's choice not to take medication. If there is no indication that they lack capacity to make this decision then they cannot be coerced or forced in any way, but some degree of encouragement can be given.

If a person declines to take medication, the workers must record using the appropriate code on the MAR along with details of the refusal on the back of the MAR (Appendix 3a/Appendix 3b). Where there are ongoing issues, this must be reported to the ESL/DSO and advice must be sought from the relevant healthcare professional and acted upon.

Hospital admission

When a worker is present at the time a person is being admitted to hospital, it is important to ensure that their medication goes with them. This is usually asked for by the ambulance crew. All medication that has been taken with them must be recorded by worker in the person's visit record sheet and admission to hospital reported to the ESL/DSO immediately.

11. Disposal of Medicines

Workers should inform their SESW/ESL/DSO if any excess medication is present in the home which may pose a risk. The removal of excessive quantities or out of date medicines may only be considered following agreement with the person. Stockpiling and excess of medication could be resolved via pharmacies which offer a prescription collection service. All unused, declined, spoiled or out of date medication should be returned to the pharmacy. Any disposal or return of medicines must be recorded.

Medicines, such as eye drops open longer than 28 days, may be disposed of by placing in household waste, although for environmental reasons a return to pharmacy is preferable.

If a person declines a **single dose** of liquid medication which has already been poured this should not be returned back to the bottle but washed down the sink using plenty of running water.

To dispose of used morphine/hormone type patches:

1. wear disposable gloves, following SICP
2. remove from person, fold the patch in half ensuring the side which attaches to the skin is folded in on itself
3. place the patch in a plastic bag or similar
4. dispose of the patch in the plastic bag in the outside household waste
5. remove and dispose of gloves and follow SICP.

Unwanted topical preparations should be disposed of in the same way as the disposal of unwanted medicines and returned to the pharmacy.

12. Anticoagulant Medication

Warfarin

It is important that people who take warfarin have their prothrombin (clotting) time checked regularly by means of an international normalized ratio (INR) test. This will involve a small blood sample being taken and sent for analysis or done on site. The result of the test will be used to confirm the dose taken or to adjust it if necessary.

Many medicines and a number of foods interact with warfarin and may have the effect of reducing the effect of warfarin or of increasing it. This information can be gained via the PILs or from the

dispensing pharmacist and it is important that this information is recorded in the PSP and MAR.

Administration of warfarin

When administering warfarin, the administrator must always refer to the correct dose within the person's NHS anti-coagulant documentation. Under no circumstances must this documentation be recorded on by anyone other than the relevant health care professional.

Written changes to the current dose must be received before being acted upon.

Novel Oral Anticoagulants (NOACs)

It is important to ensure that the specific PILs are available, and that workers are made aware of the specific administration, monitoring, and recording procedures. It is important that all workers know what to do if doses are missed, too many doses taken, side effects, dental treatment, etc. for the specific medication being administered. The person should have been provided with a NOAC information booklet which must be kept in their MARs.

They should have an anticoagulant alert card which they must carry with or for them when going out. This card will have the name of the anticoagulant, the condition being treated and the length of treatment. It is imperative that the person and workers are made aware of the importance of not missing doses of this medication as the person will have an increased risk of stroke and this will need reporting to their prescribing health care professional urgently.

Further information is available on the Derbyshire Medicines Management Prescribing and Guidelines**.**

13. Medication Audits

It is a legal requirement to carry out regular medication audits. These audits will identify safe and unsafe practices including areas that need to be addressed.

Daily audits carried out by workers include:

- a visual audit of the MAR by workers before administering the medication e.g. checking for gaps on MAR from the previous administration
- all errors found must be reported on the day to the SESW/ESL/DSO who will complete a client accident and incident record which will evidence any actions taken

Monthly audits involve the following:

- the ESL/DSO must carry out a visual audit of the monthly MARs to monitor any gaps in recording - to do this the ESL/DSO must follow the checks on the Monthly MAR Check Sheet (Appendix 9)
- once they have done this the ESL/DSO must sign and date the MAR before it is scanned onto the case management system (MOSAIC). Photographs taken of MAR must be printed and audited following the same process.
- ESTM (START only) will carry out an additional monthly audit using Appendix 10.

Bi-monthly audits involve the following:

- service manager (registered manager) in Extra Care will carry out an additional medication audit which is set out in the bi-monthly return process
- service manager (START) will check the ESTM are carrying out their monthly audit as part of their bi-monthly return

NB: the use of correctional fluid must be treated as an error as this is classed as tampering with a legal document. Correct written mistakes with a single line through the mistake followed by the correction and a signature, date and time.

14. Medication Errors

Identifying the cause of an error is important in deciding if any changes are needed to make the system safer and prevent a repetition of the same error. Staff must report any situation where things have or could have gone wrong. The full facts must be reported within 24 hours of the error occurring or being discovered and the root cause of the medication related incident must be determined.

In the event of any error occurring with the person's medication, the medication error guidance below must be followed which accompanies the electronic 'client incident and action record'.

Workers will ensure:

- they report any instance of a medication error or near miss immediately to their manager and if required, seek medical advice from the person's GP or out of hours health help line
- in the event of an emergency call 999 immediately
- they assist the SESW/ESL/DSO with the completion of an electronic medication error form
- they discuss regularly in supervision their medication training needs, such as if they require updating or refreshing

ESTM/service manager will ensure:

- that errors are reported - failure to do so could result in serious consequences for the person and for the individual employee
- employees who report errors will be supported appropriately
- notify Safeguarding, see guidance, and the Care Quality Commission as required
- the summary of the completed client incident and action record forms in relation to medication errors received from the management information team (MIT) is reviewed alongside the dashboard and any identified trends are acted upon monthly

Author History

Approval and Authorisation History

Name	Date
Authored by Quality and Compliance team	January 2024
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Change History

Version	Date	Name	Reason
Version 1	January 2024	Quality and Compliance team	New policy to replace Home Care Medication and Health Related Activities Policy and Procedure
Version 2.	March 2025	Quality and Compliance team	Review and minor changes