

Administering Medication Safely in the Domiciliary Care Sector

November 2018

**Joint East Riding of Yorkshire Council and NHS East
Riding of Yorkshire Clinical Commissioning Group Policy**



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SECTION 1 - POLICY

1. INTRODUCTION

- 1.1 The administration of medicines is a regulated activity under the Health and Social Care Act 2008 (regulated activities) Regulations 2014. This policy should be used in conjunction with CQC guidance for providers on meeting the regulations (February 2015) available from:
http://www.cqc.org.uk/sites/default/files/20150210_guidance_for_providers_on_meeting_the_regulations_final_01.pdf
- 1.2 “Managing medicines for adults receiving social care in the community” (NG67, March 2017), a guideline published by National Institute for Health and Care Excellence (NICE), provides recommendations on helping people who have social care at home to manage their medicines. The advice is for people who provide care and support, such as Domiciliary DCWs, GPs, pharmacists and social workers, but it also contains important advice that people need to know about if they receive social care at home and might need support to use or look after their medicines.
- 1.3 The joint East Riding of Yorkshire Council (ERYC) and East Riding of Yorkshire Clinical Commissioning Group (ERY CCG) policy on Administering Medication Safely in the Domiciliary Care Sector has been reviewed and updated to take account of recommendations made in the NICE guideline

2. ENGAGEMENT

- 2.1 This policy has been developed with input from the following stakeholders:
- Adult Services East Riding of Yorkshire Council
 - Business Management and Commissioning Unit East Riding of Yorkshire Council
 - Domiciliary Care Agencies
 - Jackie Lyon Medicines Clinical Advisor East Riding of Yorkshire Clinical Commissioning Group
 - Julie Curran Medicines Optimisation Pharmacist North of England Commissioning Support
 - Antonio Ramirez Senior Principal Pharmacist (Interface) Hull and East Yorkshire Hospitals Trust
 - The Humberside Group of Local Medical Committees
 - Humber Local Pharmaceutical Committee (LPC) known as Community Pharmacy Humber

3. SCOPE

- 3.1 This Policy applies to all stakeholders involved in the safe administration of medicines to the residents of East Riding of Yorkshire. This includes Domiciliary Care Providers, General Practitioner (GP) practices and Dispensers (Community Pharmacies, Dispensing Practices, Acute and Mental Health Providers) who are involved in any aspect of medicine management in the delivery of care packages commissioned by East Riding of Yorkshire Council (ERYC). This Policy does not apply to non-commissioned packages of care i.e. people funding their own care or receiving personal budgets (unless these are commissioned by the Council).
- 3.2 This policy applies to medicines prescribed for the service user and medical appliances that are administered in the same way as medicines.
- 3.3 This policy cannot cover every possible situation that may arise. Where care staff have any doubt about the action to take, the duty manager, a Health Care Professional(HCP), and the person or a nominated person (e.g. next of kin), should always be consulted.

4. POLICY PURPOSE & AIMS

- 4.1. To enable, promote and maximise service users' independence safely. It is important that responsibility for managing a service user's medicines is not taken away from them unless an assessment indicates a need.
- 4.2. To give clear guidance to HCPs and Domiciliary Care Agencies (DCA) commissioned to provide medicine support for adults receiving domiciliary care services.
- 4.3. To ensure unified procedures are undertaken where medication is administered to ERYC residents
- 4.4. To meet all legal requirements and the Good Practice Standards prescribed by the Care Quality Commission (CQC) and other relevant agencies.
- 4.5. To meet the recommendations published by NICE NG 67 "Managing medicines for adults receiving social care in the community"

5. DEFINITIONS

Administration of medicines -

One, all, or a combination of the DCA doing the following:

- deciding which medicine(s) have to be taken or applied and when this should be done
- being responsible for selecting the medicines
- giving a person medicines to swallow, apply or inhale, where the person receiving them does not have the capacity to know what the medicine is for or identify it
- giving medicines (even at the request of the person receiving care) where a degree of skill is required to be exercised by the DCW to ensure it is given in the correct way

CMT East Riding of Yorkshire Council Adult Services

CP Community Pharmacist

CQC Care Quality Commission

DCA Domiciliary Care Agency

DCW	Domiciliary care worker
domMAR	Domiciliary Medication Administration Record
ERYC	East Riding of Yorkshire Council
ERYCCG	East Riding of Yorkshire Clinical Commissioning Group
GP	General Practitioner
HCP	Health care professional, defined as a member of the medical, dental, pharmacy and nursing professions and any other persons who in the course of their professional activities may administer, prescribe, purchase, recommend or supply a medicine
NICE	National Institute of Health and Care Excellence

6 ROLES / RESPONSIBILITIES / DUTIES

GOOD COMMUNICATION BETWEEN ALL STAKEHOLDERS IS KEY TO ENSURING POLICY IMPLEMENTATION, PROVISION OF HIGH QUALITY PATIENT CARE AND MINIMISED RISK

6.1 SERVICE USER

- 6.1.1 The level of responsibility for medication assumed by an individual service user will depend on their ability to manage this aspect of their life.
- 6.1.2 The Medication Risk Assessment for Domiciliary Care Providers, which includes the Fullers Self-Medication Risk Assessment tool, (Appendix 1) will identify the level of assistance required.
- 6.1.3 If assistance with medication is required then the service user must provide DCA with access to the prescription, medicine and other relevant information and, if they have capacity, consent must be given to assist with medication.
- 6.1.4 If support is required for ordering repeat medications, and the DCA has been identified as giving that support, then consideration should be given to allow the care agency to order medication on-line from the service user's GP. This would require the service user to allow third party access to their patient record

6.2 EAST RIDING OF YORKSHIRE COUNCIL ADULT SERVICES (CMT)

- 6.2.1 Adult services worker undertakes Adult Assessment in accordance with The Care Act 2014. If support with medication is identified as part of the assessment process, Adult services worker to undertake the Medication Risk Assessment and Fullers assessment (or agreed risk assessment).
- 6.2.2 Use this risk assessment to identify what support with medication the service user needs. The score should guide the decision to the support required. It is important that responsibility for managing medicines is NOT taken away from the service user unless the assessment indicates a need. Independence in taking medication should be supported where possible
- 6.2.3 Identify the appropriate type of support (defined in section 2 – 1.1.7) and records this in the support plan.
- 6.2.4 Liaise with health care professionals as appropriate to confirm medication requirements, any allergies, special storage or administration details etc.

- 6.2.5 Completes a domMAR Request Form and sends this to the GP, community pharmacy and/or dispensing practice commissioned by ERY CCG to provide the Medicines Record Chart for Carers service (Service specification B1)
- 6.2.6 If a service user has been assessed as lacking the mental capacity to make decisions around their care and support needs, then decisions need to be made in the persons best interests. If the person does not have a legal representative (e.g. Lasting Power of Attorney, Health and Welfare Deputy) who is able to make health and welfare decisions on their behalf, the Adult Services worker must ensure that the person has an advocate or other appropriate person to support them. The best interest decision around taking/ administering medication is made by a health care professional (e.g. GP) and must follow the statutory principles in the Mental Capacity Act (2005) Code of Practice.
- 6.2.7 CMT continues to hold responsibility for ensuring that care and support reviews are conducted whenever there is a significant change in the service user's circumstances. Where there is no change reviews must take place every 12 months.

6.3. EAST RIDING OF YORKSHIRE COUNCIL BUSINESS MANAGEMENT AND COMMISSIONING UNIT

- 6.3.1. Ensures that regular audits are carried out to ensure that DCA are complying with this policy
- 6.3.2. Ensure regular checks are made to ensure that Domiciliary Care Agencies employ only DCWs with appropriate training if involved with medication support and that records are up-to-date for this training and associated competency assessments have been completed
- 6.3.3. Ensures that the agreed and documented level of assistance is provided to the service user on a day to day basis.

6.4. DOMICILIARY CARE AGENCY (INCLUDING COMMUNITY SUPPORT SERVICES)

- 6.4.1. Ensures that this Policy is implemented in their service.
- 6.4.2. Facilitates training for DCAs by ensuring that the DCA follows a recognised training, which ideally should be the Train the Trainer package for domiciliary care, in accordance with this policy and associated Standard Operating Procedures(SOPs)
- 6.4.3. Maintains records of staff training and competencies for the safe administration of medication.
- 6.4.4. Provides the agreed and documented level of assistance to the service user on a day to day basis.
- 6.4.5. Ensures that medication is administered from the original pharmacy filled container and that this is recorded on a domMAR by trained and competent staff

- 6.4.6. Ensures that, if a medication is prescribed mid cycle, this is (in order of preference and risk):
- 1) Ideally, added to the existing domMAR **or**
 - 2) A second domMAR is obtained **or**
 - 3) Where the above is not possible, for example Out of Hours when the pharmacy is closed, the DCA directs the carer to handwrite a temporary domMAR chart, ensuring that the carer follows the agreed process (see Appendix 3)
- 6.4.7. Ensures that DCWs are able to prioritise their visits for people who need support with time-sensitive medicines (7 R's)
- 6.4.8. Has robust processes in place for handling urgent changes to a service user's medicines from a prescriber, received preferably via NHS Mail, (safe-haven fax or verbally in an emergency), including :
- Recording details of the requested change (including who requested the change, date and time of request and who received the request)
 - Ensuring that a second member of staff is present to verify transcription/transfer of information the request
- And where instructions are given verbally**
- Reading back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling of the medicine)
 - Ensuring that a second member of staff is present to verify the information e.g.by speakerphone
- 6.4.9. Monitors and reviews the service provided via regular audit of domMAR charts
- 6.4.10. Informs the Adult Services Team of any significant change/s that may trigger the need for a review.
- 6.4.11. Ensures that incidents and 'near-misses' are recorded appropriately and used as a learning tool to improve the service. See example of incident reporting form Appendix 8
- 6.4.12. Takes responsibility for resolving problems and investigating incidents .Where necessary specialist support should be involved in these investigations and learnings disseminated to all parties.
- 6.4.13. Takes responsibility for reporting to CQC and Safeguarding where appropriate
- 6.5. DOMICILIARY CARE WORKERS (COMMUNITY SUPPORT SERVICE AND DCWS)**
- 6.5.1. DCWs should only assist with medication where they have the required training and they are competent to do so. This includes support with opening bottles or passing inhalers etc.
- 6.5.2. It is the responsibility of DCWs to follow the support plan and administer/record medication in line with this Policy using a domMAR chart or handwritten chart as appropriate.

- 6.5.3. If there is any doubt about the capacity of the service user then the DCW should NOT administer the medication. The DCW should immediately contact their line manager for further advice. The person's GP or appropriate professional should be contacted.
- 6.5.4. DCWs should report any concern to their line manager and document in the support plan, ensuring that the concern is logged in the DCA's incident reporting system
- 6.5.5. DCWs should not undertake any duties which fall within the responsibility of the Nursing service (e.g. sutures or catheter removal) or Primary medical services.
- 6.5.6. DCWs must not make any clinical decisions or judgments (e.g. increase or change of dosage) regarding the administration of medication. If there is any change of circumstances relating to a service user's medication, the DCW must report it to their duty manager or a health professional or a nominated person (e.g. next of kin).
- 6.6. GENERAL PRACTITIONERS(GPs)**
- 6.6.1. GPs have a duty of care for all of their listed patients to provide general health and medical care or refer for specialist health care or social care.
- 6.6.2. In looking after an individual's health and wellbeing, the GP or other non-medical prescriber will prescribe medication to their patient to prevent, treat or relieve medical conditions. It should be noted that individual service users might also receive medication prescribed by specialists who might have been supplied to them in hospital. Within primary care, other professionals may be involved in prescribing for service users – e.g. Dentists, suitably qualified nurses, pharmacists or physiotherapists.
- 6.6.3. GPs should record details of the service user's medicines support and who to contact about their medicines (the service user and their DCA) in their medical record, when notified that the person is receiving medicines support from a social care provider. This information is available on the domMAR request form. The details should be immediately obvious to anyone accessing the patient's record by adding an alert, reminder or "Pop-up box". Such support should be Read coded – **SystemOne: XaN5J** – needs domiciliary care worker to administer
Emis Web: 8BML – needs domiciliary care worker to administer
- 6.6.4. Prescribers should communicate any changes to a service user's medication (e.g. when stopping or starting a medicine) by :
- Informing the service user and their named contact
 - Providing written instructions of the change or issuing a new prescription
 - Informing the service user's supplying community pharmacy and DCA.
- Any changes in medication, where there is a need to avoid delays in treatment or avoid confusion, should be made preferably by NHS mail (safe-haven fax or verbally in an emergency).
- 6.6.5 GP Practices should consider identifying at least 2 members of the administration team to be responsible for managing the prescription process for domiciliary care patients requiring domMAR charts

- 6.6.5. Provide clear written directions on the prescription to show how each prescribed medicine should be taken or administered, including:
- What dose should be administered?
 - For 'when required' medicines when there is no alternative: What the medicine is for?
 - What exact dose should be administered (for example, avoid 1 or 2 tablets) unless the person can direct the DCW to the dose needed?
 - For external medicines, on what area of the body to be applied.
 - The minimum time interval between doses
 - The maximum dose to be taken in a 24 hour period
- 6.6.6. Review medication at least annually or sooner if needed and communicate any changes as above.

6.7. DISPENSERS (INCLUDING COMMUNITY, HOSPITAL AND GP DISPENSARIES)

- 6.7.1. Dispensers have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers and in a timely manner
- 6.7.2. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling.
- 6.7.3. Additionally, pharmacists have a responsibility to ensure that a patient or carer receives appropriate information and advice to support them in gaining the best effect from any medicines supplied. This will include annotating the domMAR on the best time of day to administer the medication, for example morning, lunch, tea, evening, which will need collaboration with the DCA to fit within the care call window.
- 6.7.4. Upon receipt of a domMAR Request Form, community pharmacies / dispensing practices and local hospitals participating in the NHS England – Local Enhanced Service are to produce the domMAR chart in accordance with the prescription. The patient record should be marked accordingly so future dispensing is accompanied by a domMAR chart.
- 6.7.5. Check if any changes or extra support may be helpful for example by checking if the person's medication regimen can be simplified, if any medications can be stopped or if there are any formulation changes needed
- 6.7.6. Liaise with, and provide advice to, prescribers on the availability of alternative licenced preparations to negate the need to split or crush tablets
- 6.7.7. Liaise with the prescriber where prescription details are ambiguous and do not give sufficient information to the carer to safely administer the medication

- 6.7.9. For a mid-month medication, for a patient who the pharmacy is aware already has a domMAR in place (in ascending order of risk):
- The original DomMAR should be returned to the pharmacy and the mid-month medication added
 - Where it is not possible for the original domMAR to be brought into the pharmacy, they will provide a second domMAR chart and write "Supplementary Chart" on the front of the chart to ensure that the carer is aware that this is an additional chart for the same person.
- 6.7.10. For a mid-month medication, liaise with the patient or carer to, ensure that the new medication is collected in time, or delivered by the pharmacy where there is an agreement to do so .
- 6.7.11. Supply a patient information leaflet for every dispensed medication in line with the Human Medicines Regulations 2012
- 6.7.12. Provide ongoing advice and support about a person's medicines including non-prescribed medication.
- 6.7.13. Complete an incident form when necessary and appropriate e.g. where a DCA has been informed that there is a medicine to collect and they have not done so in an appropriate timescale.
- 6.8. NURSING PERSONNEL**
- 6.8.1. Provide nursing and clinical care to individual service users, e.g. caring for wounds, pressure sores and the change of dressings or with invasive procedure such as injections and bladder irrigations and matters relating to feeding tubes.
- 6.8.2. During the above provision, monitor the health status of the individual and report any change in circumstances to the GP.
- 6.8.3. Specialist nurses e.g. stoma nurses, palliative care nurses or continence advisors will similarly provide nursing and clinical care to individual service user and support to their family. These specialist nurses will support and educate the service user and carers in coping with their particular condition and assist them in dealing with equipment or the drug treatment or therapy necessary to the condition.
- 6.8.4. There may be some instances when some procedures normally done by nursing personal can be done by carers. These are classed as Specialised Techniques (see Section 2 – 1.3.3) and would be specific to the patient and carer. The health care practitioner would need to train the carer to undertake the task, e.g. administering insulin or simple wound dressing.

7. IMPLEMENTATION

- 7.1 This policy will be disseminated to GPs, CPs, Hospital Pharmacies, Adult Social Care, and DCAs via email. It is expected that relevant line managers will make the policy available on their respective websites and communicated to staff via team briefings and training. All outdated copies will be removed from websites and replaced by the new version

8. TRAINING & AWARENESS

Relevant line managers are responsible for ensuring staff involved in implementing this policy are aware and have the relevant training.

9. MONITORING & AUDIT

East Riding Of Yorkshire Council Business Management And Commissioning Unit is responsible for ensuring the policy is implemented effectively by DCAs as detailed in section 6.3.

ERY CCC Quality, Performance and Finance Committee and will be responsible for ensuring that primary care implements the policy effectively, including monitoring and audit of any additional services commissioned to support delivery.

10. POLICY REVIEW

10.1 This policy will be reviewed in 3 years. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation/guidance, as instructed by the senior manager responsible for this policy

11. REFERENCES

NICE NG 67. Managing medicines for adults receiving social care in the community. March 2017 available at <https://www.nice.org.uk/guidance/ng67>

Royal Pharmaceutical Society. The handling of medicines in social care. 2007 available at <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

Care Quality Commission. Guidance for providers on meeting the regulations. 2015 available at http://www.cqc.org.uk/sites/default/files/20150324_guidance_providers_meeting_regulations_01.pdf

Care Inspectorate, and a Royal Pharmaceutical Society (Scotland) and Social Work Scotland working group. Prompting, assisting and administration of medication in a care setting: guidance for professionals March 2015 <http://www.careinspectorate.com/images/documents/2786/prompting-assisting-and-administration-of-medication-in-a-care-setting-guidance-for-professionals.pdf>

12. ASSOCIATED DOCUMENTATION

12.1 The appendices to this policy provide further information and Standard Operating Procedures to support policy implementation

13. IMPACT ANALYSES

13.1 EQUALITY
The ERYC and ERY CCG are committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated. No positive or negative impacts were identified. The results of the assessment are displayed on the internet with this policy.

SUSTAINABILITY

A Sustainability Impact Assessment has been undertaken. No positive or negative impacts were identified against the twelve sustainability themes. The results of the assessment are displayed on the internet with this policy.

14. BRIBERY ACT 2010

14.1 ERYC and ERY CCG follow good business practice as outlined in their respective Business Conduct Policy and the Conflicts of Interest Policy and have robust controls in place to prevent fraud, bribery and corruption. Under the Bribery Act 2010 there are four criminal offences:

- Bribing or offering to bribe another person (Section 1)
- Requesting, agreeing to receive or accepting a bribe (Section 2);
- Bribing, or offering to bribe, a foreign public official (Section 6);
- Failing to prevent bribery (Section 7).

14.2 Due consideration has been given to the Bribery Act 2010 in the development (or review, as appropriate) of this policy document and no specific risks were identified.

SECTION 2 – PROCEDURES

1. ASSESSMENT

GUIDING PRINCIPLE

THE RESPONSIBILITY FOR MANAGING A SERVICE USER’S MEDICINES SHOULD NOT BE TAKEN AWAY FROM THE PERSON UNLESS THE ASSESSMENT INDICATES THE NEED.

1.1 PROCESS

(See Appendix 1 - Medications Risk Assessment For Domiciliary Care Providers and Standard Operating Procedure)

- 1.1.1 Assess the service user’s medicines support needs as part of the overall assessment of needs and preferences for care and treatment.
- 1.1.2 Engage with the service user (and family members /carers if this has been agreed with the service user) when assessing a service user’s medicines support needs. Focus on how the person can be supported taking into account :
- Their needs and preferences, including social, cultural, emotional, religious and spiritual needs.
 - Their expectations for confidentiality and advance care planning
 - Their understanding of why they are taking their medicines
 - What they are able to do and what support is needed e.g. reading medicine labels, using inhalers, or applying creams
 - How they currently re-order, take and store their medicines
 - Whether they have any problems taking their medicines, particularly if they are taking multiple medicines
 - Who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member/carer/care coordinator),
 - The time and resources likely to be needed
- 1.1.3 A service user may have certain preferences relating to equality and diversity. These should be recognised at the assessment stage and arrangements made to accommodate them, taking into account pharmaceutical/medical advice/guidance which must be sought and agreed during the assessment stage. 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.
- 1.1.4 If a service user has fluctuating capacity or cognitive decline ensure that the person and family members/carers are actively involved in discussions and decision making. Record the person’s view and preferences to help make decisions in the person’s best interest if they lack capacity to make decisions in the future (See also Section 2 – 1.1.6 and 4.4)
- 1.1.5 Record date of review of assessment, usually after 6 weeks, to ensure correct support is being given and thereafter annually unless there is a change in circumstances e.g. death of spouse, long hospital stay etc.

1.1.6 **Mental Capacity and Best Interests Decision making**

1.1.6.1 The Five statutory Principles in The Mental Capacity Act (2005) Code of Practice are as follows:

- A person must be assumed to have capacity unless it is established that they lack capacity.
- A person is not to be treated as unable to make a decision unless all practicable steps to support the person to do so have been taken without success
- A person is not to be treated as unable to make a decisions merely because they make an unwise decision
- An act done, or the decision made must be in the persons best interests
- The act or decision must be the least restrictive option in relation to the persons rights and freedom of action

1.1.6.2 Decisions about the administration of medication, in the best interests of a service user who lacks capacity, should involve the prescribing practitioner and relevant people such as other professionals, family and DCWs. Where the prescribing practitioner refuses or is unable to be involved in making the decision and there is an appropriate range of family, DCWs and professionals available to contribute in making the decision, then it can be made without the prescribing practitioner.

1.1.6.3 If a person is assessed as lacking capacity to make decisions regarding their health and welfare but they have a Lasting Power of Attorney or court appointed Deputy who is able to legally make health and welfare decisions on their behalf, then they are the best interest decision makers in relation to care and support matters. The LPA or Deputy must meet the requirements set out in the Act and must follow the statutory principles of best interests.

1.1.6.4 A decision in relation to the administration of medication to a person who has been assessed as lacking capacity to make this decision for themselves should be taken by the appropriate health care professional. The health care professional should involve the person, informal carers and other professionals in their decision making and must follow the statutory principles.

1.1.7 **Assessment Outcomes**

1.1.7.1 Where support with medication is identified as part of the assessment process, the self-medication risk assessment tool (Fullers) will identify the following risk score:

- Fullers LOW Risk score (Self Medicating/ Independent with family/informal carer support)
- Fullers MEDIUM risk score (General Support for assisted self-medication)
- Fullers HIGH and VERY HIGH risk score (Medicines Administration)

1.1.7.2 Service users with mobility in the medium and high risk groups should always be referred to their usual community pharmacy for identification of any compliance aids that can be supplied to support the user to self-medicate safely, thereby negating the necessity for carers to administer

1.1.7.3 Where the service user requires additional information on taking medication, then the assessor should signpost the service user to appropriate guidance. This may include GP, community pharmacist, or NHS 111

- 1.2 **PROVIDERS SUPPORT PLAN**
- 1.2.1 Record discussions and decisions about the person's medicines support needs in the providers care plan, including:
- The person's preferences and expectations for confidentiality and advance care planning
 - How consent for decisions about medicines will be sought
 - Details of who to contact about their medicines (the person or named contact)
 - Support needed for each medicine and how it will be given – this is especially important if the administration is e.g. cream only or oral medication only. The dosage or frequency should not be written on the support plan
 - Who will be responsible for providing medicines support, particularly when it is agreed that more than one care provider is involved
 - When the support will be reviewed e.g. 6 weeks
 - If an assessment identifies that the service user is at risk of overdose specific arrangements, such as secure storage, for their prescribed medication will be needed. These arrangements should be documented in the support plan and could include the use of a locked box.

- 1.3 **TYPES OF SUPPORT**
- 1.3.1 **General Support for assisted self-medication**
- 1.3.1.2 General support is given when the service user takes responsibility for their own medication. The support given may include some or all of the following:
- Requesting repeat prescriptions from the GP or CP, via a managed repeat system or the NHS Repeat Dispensing Service.
 - Collecting medicines from the community pharmacy or dispensing doctor.
 - Disposing of unwanted medicine safely as indicated in Section 2 - 5 (when requested by the service user).
 - An occasional reminder from the DCW to take medicine as indicated in the support plan. A persistent need for a reminder (for example on a daily basis for more than 7 days) may indicate that a service user does not have the ability to take responsibility for their own medicine and should prompt an urgent review of the service user's support plan. The Duty Manager must be informed at all times and an assessment review requested.
 - Where alternatives are not available (as assessed by a pharmacist) the opening of a container under the direction of the service user who has capacity, for example, opening a bottle of liquid medication or popping tablets out of a manufacturer's blister pack. The DCW should not administer any medication from a monitored dosage system.
 - Assistance with prescribed hosiery If DCWs carry out any of the above, it must be recorded in the daily diary

1.3.2 **Administration of Medication**

1.3.2.1 Administration of medication may include some or all of the following:
As in general support or assisted self-medication plus DCW:

- Selects and prepares tablets/capsules/powder medication for immediate administration,
- Selects and measures a dose of liquid medication for the service user to take.
- Applies a medicated cream/ointment
- Inserts drops to ears, nose or eye
- Assembles/prepares an inhaler for self-administration by the service user themselves (Preventer inhalers only)
- Selects and administers an inhaler via a spacer or a nebuliser for a person who is unable to self-administer (preventer inhalers only) to prevent a condition from worsening
- Applies a transdermal patch.
- addition of thickeners to fluids
- Applies a cream to prevent for example pressure sores

1.3.2.2 If the service user lacks the capacity to consent to support with administration of medication, it is still possible to administer the medication if it is considered to be in their best interests.

1.3.2.3 DCWs should only administer medication from the original container, as dispensed and labelled by a pharmacist or dispensing practice. DCWs cannot administer medication from family or pharmacy filled compliance aids, nor can they fill compliance aids for service users.

1.3.3. **Administration of medication by specialised techniques**

1.3.3.1 In exceptional circumstances and following an assessment by an appropriate healthcare professional, a DCW may be asked to administer medication by a specialist technique. This must be agreed with the DCA, on an individual basis. and a health care professional e.g. a registered nurse must provide the required extra training following guidance from the Nursing and Midwifery Council. A DCW may be trained under their guidance and be signed off as competent to carry out the specialist health related task. This training is specific to both the service user and the DCW and refresher training should take place at least annually. The healthcare professional delivering the training will not remain responsible for the competency of the DCW.

1.3.3.2 It is important that:

- The assessor explains the type of assistance proposed to the service user. The service user's consent (when they have the capacity to do so) should be recorded in the support plan. Consent may be given in writing, verbally or a physical gesture.
- The service user consents on each occasion medication is to be administered by specialised techniques
- The DCW should feel competent to carry out the specialist task and agrees to give the procedure and can refuse to do so if not.
- Clear roles and responsibilities are agreed by the care provider and the healthcare professional.

1.3.3.3 Specialised techniques may include:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizures).
- Any action regarding Insulin including preparation, injection and testing of blood sugars
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG) or Percutaneous Endoscopic Jejunostomy (PEJ).
- Simple dressings or first aid
- oxygen
- Use of an EpiPen
- Buccal administration of Midazolam

1.4 **COVERT ADMINISTRATION**

1.4.1 A person must be assumed to have the mental capacity to make decisions and a refusal of medication by a service user who has capacity should be respected.

1.4.2 Disguising medication e.g. mixing with food or drink in the absence of consent (covert administration) may be regarded as deception, as the person is being led to believe that they are not receiving medication when in fact they are. Covert administration should only be considered as a last resort and the decision to do should only be made by the prescriber.

1.4.3 The information recorded would include the agreement to the decision of the action to be taken and the names of all parties concerned (including the service user's GP and relatives/advocate) and documented in the service users care plan. The decision should be reviewed on a regular basis.

1.5 **SECURE STORAGE**

1.5.1 If the service user has capacity, they may agree that secure storage is in their best interests and this should be documented in the support plan. If the service user lacks capacity this decision should only be made after a mental capacity assessment has been conducted and a best interest decision made as above and this decision is recorded in the care plan.

1.5.2 A secure storage need should also be recorded on the domMAR request form. The DCW or family must collect medication rather than have it delivered, for the safety of the service user. These arrangements should be clearly documented in the support plan and domMAR request form.

1.5.3 In rare cases when a child is the main carer, the service user's medication must be accessible to them as necessary. All medications should be stored away from other children who may visit the home. The child who is the main carer should be recorded in the support plan

2. **SUPPORT FOR PRESCRIBED MEDICATIONS**

2.1 Arrangements for the supply of prescribed medications should be agreed with the service user/family /pharmacy or dispensing doctor and documented in the support plan by the assessor so that everyone is aware of their responsibilities. This should be the service user themselves where possible with or without support from the service user's family.

- 2.2 Such arrangements should include the following :
- ordering prescriptions for regular medication;
 - collecting prescriptions from the doctors surgery;
 - delivering prescriptions to the pharmacy;
 - collection of medication from the pharmacy or dispensing doctor and taking to service user's home
- 2.3 If the assessment indicates that the service user requires medicines administration then it should be confirmed with the service user's normal pharmacy (or dispensing practice) that they are participating in the NHS England Local Enhanced Service to provide the Medicines Record Chart for Carers service (Service specification B1). The arrangements for the provision of domMARs should be noted in the support plan.
- 2.4 Where the service user's normal pharmacy or dispensing practice does not provide the local enhanced service for the Medicines Record Chart for Carers service (Service specification B1), the assessor or authorised person should agree with the service user or their representative which commissioned pharmacy should be approached to dispense prescriptions. It is important to enable the service user to have choice and control from the list of pharmacy providing the service. If patients want to use a pharmacy not in the commissioned list, then a medicines support cannot be provided by Adult Care Services.
- 2.5 The pharmacy or dispensing practice can only provide domMARs following receipt of a domMAR Request Form (Appendix 2) from the assessor and at the time of dispensing the prescription for the service user. The domMAR Request Form should be sent to the community pharmacy or dispensing practice, the patients GP and a copy saved in the support plan.
- 2.6 The usual arrangements for the ordering, collection and delivery of prescriptions should be agreed with the pharmacy and recorded in the support plan. Prescription ordering and collection arrangements should not be delegated to the supplying pharmacist unless this has been requested and agreed with the person and/or their family members/carers.
- 2.7 The assessor should liaise with the community pharmacy or dispensing practice to agree the arrangements before completing the domMAR request form as some community pharmacies/dispensing practices do not deliver medication for example. Urgent prescriptions may need to be dispensed by an 'out of hours' or local pharmacy.
- 2.8 If it is identified at the assessment stage that the DCA is to be responsible for ordering prescriptions and/or collecting from the identified community pharmacy/ dispensing GP practice then this must be documented in the support plan. The DCA must ensure that the correct amounts of the medicines are available when required, in line with Regulation 12 of the Health and Social Care Act 2008(Regulated Activities) Regulations 2014. If the DCA has done all in its power to ensure that the medication is in place and for some reason, outside its control, there is not sufficient medication in place the DCA should ensure that this is documented and reported to ERYC CMT.

- 2.9 Where the DCA is responsible for ordering, their staff must be trained and competent to do so. The DCA should ensure that the DCW has sufficient time allocated for checking which medicines are needed, liaising with their duty manager to order medicines and checking that the correct medicines and quantities have been supplied. Practices should support the ordering on behalf of these service users by considering the use of telephone ordering, where on-line or email is not an option, to minimise additional calls for the DCW.
- 2.10 When ordering/receiving a service user's medicines DCWs should:
- Record on the domMAR when medicines have been ordered
 - Record in the care plan when the medicines have been supplied (collected or delivered)
 - Check for any discrepancies between the medicines ordered and those supplied
 - Check the quantity supplied matches the quantity on the dispensing label
 - Know what action to take if any discrepancies are noted
- 2.11 Community Pharmacies/ Dispensing practices may offer a delivery service. It is important to remember that such a service is not funded by the NHS and is at the discretion of each individual pharmacy/ dispensing practice. Delivery may be restricted to certain days, between certain times and in defined geographical areas and may be subject to a charge to the patient. Where possible, it is preferable to use this service for monthly medication supplies to minimise additional calls for the DCW. The arrangements for delivery should be risk assessed and agreed with the Community Pharmacy/ Dispensing Practice and documented in the care/support plan.
- 2.12 Pharmacies and dispensing doctors should supply all medicines in original packaging complete with patient information leaflets unless the service user is self-medicating and assessed under the Equality Act 2010 when other options may be used e.g. screw tops instead of childproof containers
- 2.13 No more than 28 day's supply of medicines, including those on repeat prescriptions should normally be requested and prescribed for an individual at any one time.
- 2.1.4 Where a mid-month medication has been prescribed to replace an existing medication listed on the DomMAR chart, the pharmacy MUST make sure the chart has been annotated to indicate which medication has been stopped in order to prevent any further administration occurring.
- 2.15 Dispensed medicine becomes the property of the service user to whom it has been prescribed. It should not be used for the treatment of anyone else.
- 2.15 **STORAGE IN THE SERVICE USER'S HOME**
- 2.15.1 All medication should be stored in the original packaging that they were dispensed in and should be stored away from heat and light sources and out of the reach of children. Some medication may need to be stored in the fridge. If this is necessary it will be indicated on the domMAR chart and on the medication label. If in doubt ask the pharmacist.

2.15.2 If the DCW suspects that the fridge is not working correctly then they should report it to their duty manager and advice should be sought from the supplying pharmacy. This should be recorded in the daily diary

2.16 **CONTROLLED DRUGS**

2.16.1 DCWs collecting controlled drugs (CD's) prescriptions from the pharmacy/dispensing doctor practice will need to provide personal identification, such as a DCA ID badge with photo.

2.16.2 Once a Controlled Drug is in the service user's own home, the safe storage and recording requirement for Controlled Drugs does not apply. The drug should be treated the same as all other medication

3. SUPPORT FOR SELF CARE (NON -PRESCRIBED OR OVER THE COUNTER MEDICATION)

3.1 Some service users may request the DCW to support them with non- prescribed medicines or homely remedies e.g. vitamin tablets/cod liver oil capsules. The DCW should refer the request to their duty Manager for discussion with the service user's pharmacist or GP to ensure that this medication is safe to take with their other prescribed medication. Once it has been agreed that it is safe to administer this should be recorded in the care plan including the name of the person giving this advice. The DCA should ensure that the service user understands and accepts any risk associated with taking the medicine. A DCW may comply with any request to purchase a specific OTC or complementary treatments only if the service user understands and accepts the associated risks. There is no need to record the purchase (over and above the usual requirements for recording purchases made on behalf of a service user as laid out in the policy on handling service users' finances and property).

3.2. DCWs should purchase only the product specified by the service user and should only buy an alternative brand or product where the service user has asked them to do so.

3.3. The DCW can only administer from the original pack as purchased and must follow the directions on the pack. This medication would need to be hand written onto the domMAR chart as above including the name strength and quantity of medicine (see Appendix 3)

3.4 All administration would need to be recorded on the domMAR chart. DCWs must not offer advice to a service user on OTC medication or complementary treatments nor should they purchase any such medicines based on symptoms described by the person or family

3.5 In the case of moisturising creams (including facial moisturisers) these can be applied as requested by the service user as part of the personal care as long as this is written into the support plan. An example of this would be E45 cream. Many service users use this as a general moisturiser. However if the service user has severe dry skin or a rash it would be appropriate to refer the service user to their GP who may decide to prescribe a cream for the condition

4. ADMINISTERING AND RECORDING MEDICATION

GUIDING PRINCIPLE

DCWS MAY, WITH THE CONSENT OF THE SERVICE USER, ADMINISTER PRESCRIBED MEDICATION, SO LONG AS THIS IS IN ACCORDANCE WITH THE PRESCRIBER'S DIRECTIONS (Human Medicines Regulations 2012)

4.1 Under this Policy DCWs must administer medication from original containers and record using a domMAR Chart.

4.2 This Policy is based on 'seven rights'

- The right service user receives.....
- The right medicine.....
- At the right dose.....
- Via the right route.....
- At the right time.....
- With the right documentation
- And has the right to refuse

4.3 Advice on medicines can be obtained from:

- Any community pharmacist
- The service user's GP or Non-Medical Prescriber (e.g. Advanced Care Practitioner, Nurse Prescriber, Pharmacist Prescriber, Consultant)
- NHS 111 (24 hours)

4.4 CAPACITY AND MEDICINES ADMINISTRATION

4.4.1 The DCW administering the medication can assume that any actions taken under the support plan are agreed to be in the service user's best interests. However, they have a key role in assessing capacity and best interests at the time of administering the medication.

4.4.2 If there are variations in the circumstances covered by the support plan e.g. where a service user who lacks capacity but has previously complied with taking medication now refuses to take that medication, or where a service user who previously had capacity to agree to assistance with administration of medication now appears to lack the capacity to agree to that assistance, the DCW should not proceed with administering the medication but should refer to their line manager, who must seek medical advice as the cessation of medication may place an individual at risk.

4.5 DOMICILIARY MEDICATION ADMINISTRATION RECORD (domMAR)

4.5.1 NHS England commissions an Enhanced Local Service for Community Pharmacies / Dispensing Doctors and hospitals to provide a pre-printed domMAR with medicines dispensed for domiciliary care service users.

4.5.2 The pre-printed domMAR will be completed using duplicate dispensing labels at the time of dispensing and signing from the domMAR on to the label to make it tamper evident. This can only be provided at the time of dispensing the prescription.

- 4.5.3 Removal or alteration of these labels is NOT permitted under any circumstances. If labels are tampered with staff will be subject to disciplinary proceedings by their employer.
- 4.5.4 Pharmacies are not permitted to provide duplicate labels that are not attached to a domMAR.
- 4.5.5 There may be some circumstances where the service user can manage to take all their oral medicines but needs help with the application of external medication. In these instances the assessor would need to identify the support required and confirm consent with the service user that they would be responsible for all other medications.
- 4.5.6 The support needed should be clearly documented in the services user's support plan as 'DCW to administer e.g. creams only'. This would be also recorded on the domMAR request form so the community pharmacy or dispensing doctor can supply a domMAR chart for those items only. This chart does not require the addition of labels for any other medication the service user is taking.
- 4.5.7 The DCW will record the administration of these medications only on the domMAR chart.
- 4.5.8
- A pre-printed domMAR should be obtained for each service user in accordance with the information in the support plan. The domMAR should be checked :
 - For the service user's name;
 - To ensure that the dose has not already been administered;
 - Any special instructions, e.g. before or after food, chewed or dissolved in water;
 - What time the medicine is due;
 - The label on the medication container corresponds with the instruction on the domMAR. If these two differ, then report to the duty manager who will then discuss with the pharmacist

Normally the date on the medication container label and the corresponding domMAR label should be the same however there are reasons why they may differ. It is good practice to query any difference in the dates with the pharmacy; a difference of up to **5 days** is acceptable.

- 4.5.9 The domMAR is the medication administration record of the Care Provider. Where relatives, friends or other carers administer medication this should be part of the agreed support plan. The chart should be clearly marked to indicate the medication has been administered by someone not employed by the care provider. The third party should be encouraged to make an entry on the domMAR, using the code "F" but if unwilling, there should be a clear communication of what has been administered and why in the daily diary.
- 4.5.10 The current domMAR should be kept in the service user's home. The DCW must send completed domMARs to the DCA's office within 10 working days for storage in the service user's file for seven years.

- 4.5.11 Where there is a change in provider, the new provider should take the domMAR for their own file and send a copy to the previous provider. This may be in the form of a secure photograph or a photocopy. This is to ensure that both providers have a copy of their own mediation administration record for CQC inspection. Where there are 2 or more providers throughout the length of the domMAR, the lead provider will retain the domMAR and send a copy to the other providers.
- 4.5.12 Managers must ensure there is a robust system in place and carry out a periodic check of domMAR to ensure they are completed correctly. This is especially important for any handwritten charts.
- 4.6 **ADMINISTRATION PROCEDURE**
- 4.6.1 DCWs should only administer medicine from the original container dispensed and labelled by a pharmacist or dispensing practice. DCWs must not administer medication from monitored dosage systems. Similarly they should not leave out medication for service users to take at a later date unless directed to do so in the support plan (see Section 2 - 4.6.7)
- 4.6.2 The administration of medication should be done in accordance with the prescriber's instructions and following the directions on the domMAR. Medicine should be given to the service user one at a time and recorded on the domMAR after each administration.
- 4.6.3 The DCW must confirm that a dose has been administered by entering their initials in the appropriate box on the domMAR; this must be recorded at the time of administration
- 4.6.4 DCWs should be aware when administering medication that there can be adverse effects – and these should be monitored, recorded and reported to the line manager as relevant
- 4.6.5 **When required medication (PRN)**
- 4.6.5.1 'When required medications' (PRN) are those that a doctor has prescribed to be taken only when certain conditions or criteria are met, e.g. tablets for pain relief or inhalers for asthma.
- 4.6.5.2 The use of PRN as a direction should be limited to when there is no other alternative.
- 4.6.5.3 PRN medications would generally be self-administered at the times the service user needs them which may not be at the time of the care call. If assistance is needed with these PRN medications this must clearly be recorded in the care plan.
- 4.6.5.4 The prescriber would need to indicate the following to support the DCW to administer the medication safely:
- When to give the medication including the indication e.g. for pain/constipation
 - Quantity to be administered e.g. 5ml or 1 tablet
 - The dose e.g. up to four times a day
 - The repeat dose interval e.g. not more than every 4 hours
 - The maximum dose permitted within a 24 hour period

- 4.6.4.5 Prescribers should not use variable doses e.g. 1 or 2 tablets, unless the prescriber is confident that the service user can direct the DCW to the dose they need.
- 4.6.4.6 The DCW must be informed as to the specific symptoms that the PRN is prescribed to treat and these should be recorded on the medication label.
- 4.6.4.7 The DCW should document each time the PRN medication is offered, taken, not required or refused on the domMAR chart.
- 4.6.4.8 A risk assessment will have identified whether medicines need to be securely stored to prevent duplicate administration.
- 4.6.6 **Splitting/crushing of solid dosage forms.**
- 4.6.6.1 The unlicensed splitting or crushing of a solid dosage form or opening a capsule must be the exception and not the rule. It is only acceptable when there is no other alternative and should be fully documented
- 4.6.6.2 Any medications that require splitting or crushing must be referred back to the prescriber/dispenser to consider if an alternative formulation is available. If the medication is available in an alternative licensed formulation, for example in liquid form, then the alternative must be prescribed. If there is no alternative licensed formulation then the prescriber may wish to consider switching to a similar medication that is available in an alternative licensed formulation.
- 4.6.6.3 Occasions when medication may need to be split or crushed:
- To make it easier for the service user to swallow when there is no other alternative licensed formulation.
 - To administer a medication covertly (see section 2 - 1.4)
 - To administer a medication by a feeding tube
 - To administer the correct dose of medication e.g. half a tablet
- 4.6.6.4 The prescriber must agree that the medication may be split or crushed and this must be clearly indicated on the prescription and dispensing label.
- 4.6.6.5 Splitting or crushing medication must be done individually and immediately prior to administration, using a tablet splitter or crusher supplied by the dispenser
- 4.6.6.6 If half a tablet is to be administered then the remaining half must be disposed of safely (Section 2 – 5.11)
- 4.6.6.7 The prescriber will need to prescribe enough whole tablets to last the 28 days of the cycle to enable the spare half tablet to be destroyed.
- 4.6.6.8 DCWs administering medications in this way must have appropriate training.
- 4.6.7 **Leaving out medication to take at a later time**
- 4.6.7.1 DCWs should normally give medicines directly from the container they are supplied in. They should not leave medicines out to take later unless there are special considerations for example, the service user requires a night time medication and this has been agreed with the person after a risk assessment, which has been recorded in the support plan.

- 4.6.7.2 The service user should be assessed as being able to cope with ONE DOSE of medication. This assessment should include:
- The individual's capacity to remember to take the medication
 - Any risks involved, both to the service user and other people who may visit e.g. family /children or friends
- Actions taken to reduce the risk, which should be documented in the service user's support plan.

- 4.6.7.3 The medication should be left in a safe and secure place, as agreed with the service user, as documented in the support plan. The service user will retain responsibility for ensuring that the medication remains in safe storage especially where family, children and others are at risk.

- 4.6.7.4 DCWs must record on the domMAR what medication has been left out for the service user to take later. No more than one dose should be left out. The actual administration cannot be recorded because the DCW will not have witnessed it. Instead they should use a designated code e.g. S = Self administration and a note detailed in the notes section of the domMAR chart

4.6.8 **Refusal**

- 4.6.8.1 Guidance for DCWs should be included in the support plans of service users who regularly refuse medication. This should detail the actions required of the DCW in the event of poor compliance and instructions on when the prescriber should be contacted.

- 4.6.8.2 It is a service user's right to refuse medicine. Medications can be refused or not taken for different reasons. The service user:
- May not be ready for them
 - Does not like the taste of their medication
 - Finds solid oral dosage forms difficult to swallow
 - Does not understand what the medication is for and why you are administering them

- 4.6.8.3 If a service user refuses a dose of medication then the DCW must record the refusal on the domMAR chart and also record details of the circumstances of the refusal in the support plan. The duty manager must be informed, and advice sought from the prescriber when medications are refused for more than 24 hours.

- 4.6.8.4 When a service user refuses their medication it is important to try and understand why. There may be simple solutions to help.

- 4.6.8.5 If a service user is self-administering their medication and the DCW becomes aware that the service user is not taking the prescribed medication, this should warrant the need for further assessment.

4.6.9 **Multiproviders**

- 4.6.9.1 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 clarified by the assessor and clearly documented in the support plan.

- 4.6.9.2 Where a service user requires all prescribed medication to be administered by a DCW (DCW), the Adult Services assessor should complete the care and support plan as follows:
“DCW to administer all prescribed medication as instructed via the domMAR chart.”
- 4.6.9.3 Where it has been identified that a service user requires some of their prescribed medication to be administered by a DCW, with the remaining medicines to be administered by either the service user themselves or by family, this needs to be clearly identified in the service user’s support plan. The support plan should state:
“DCW to administer the following prescribed medications (Name of Med1) (Name of Med2) (Name of Med3) as instructed via the domMAR Chart. The service user / family will administer all other prescribed medication stated on the domMAR chart.”
- 4.6.9.4 Where the DCW is to administer only Monday – Friday and the family are to administer all prescribed medication on a Saturday and Sunday the support plan should state:
“DCW to administer all prescribed medications Monday – Friday as instructed via the domMAR Chart. Family will administer all prescribed medication on a weekend”
- 4.6.9.5 Any changes to medication will be updated by the DCW on the support plan as directed by the duty manager.
- 4.6.9.6 In the case of unforeseen circumstances where the family or non-paid carers are unable to administer the medication they would normally administer, the DCW should contact the DCA for advice and guidance. In exceptional circumstances and in the best interest of the service user the DCA can authorise the DCW to administer the medication from a hand written domMAR and should contact CMT at the first available opportunity
- 4.6.9.7 Should the family go on holiday then this would have to be communicated by the family with the DCA/CMT prior to agreeing for the DCA to provide administration of medication in their absence. A domMAR chart would need to be obtained and a new supply of medication for the length of the absence. All prescription medication must be provided and contained within the original pharmacy produced and labelled packaging and the medication must be administered in line with this Policy and recorded on a domMAR.

5 DISPOSAL OF MEDICATION

Guiding Principle - Medications are the property of the service user

- 5.1 DCWs should not to carry medicines for disposal unless there is no other option
- 5.2 Where possible the service user’s family or carer should make arrangements for any disposal of medication, which can be done at any community pharmacy.
- 5.3 Where this is not possible verbal consent should be obtained from the service user for the DCW to remove and dispose of discontinued or out of date medication by taking to the nearest community pharmacy.

- 5.4 The DCA should have arrangements in place to return this medication on completion of the monthly cycle. before assisting any other service user.
- 5.5 Consent should be recorded in the service user's daily diary together with the name and quantity of the medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy the medicine was returned to. The pharmacy may provide a signature of receipt although they are not obliged to do so
- 5.6 The prescriber should only prescribe 28 days' worth of medication, because any medication left over from the previous month's DomMAR should be disposed of regardless of its expiry date, when support to administer is needed and a domMAR chart is in place.
- 5.7 All medication to be administered for each cycle must correspond with the domMAR it was supplied with. Any 'when required' or bulk items that are administered by the DCW e.g. creams should be re-ordered with each new cycle even if they are not empty or used . In these instances the smallest pack size that will cover the requirements of the 28 day cycle should be prescribed to avoid unnecessary waste. It may be possible to reduce the quantities prescribed in future to reduce or prevent some of this waste. The community pharmacy or dispensing doctor will help with this by liaising with the prescriber. Any medication not administered by the DCW does not need to appear on the domMAR chart and does not need to be destroyed each month.
- 5.8 All care settings should have a written policy for the disposal of excess, unwanted or expired medication.
- 5.9 Dropped tablets/spilled liquids can be avoided with good administration techniques e.g. preparing doses over a work surface. In the event that a tablet is dropped /liquid spilled spat out or refused the DCW should assess the situation and prepare another dose where appropriate. If medication is disposed of a note should be made in the DomMAR of what medications have been disposed of and the duty manager informed
- 5.10 If doses of medication are dropped/disposed of and need replacing a new prescription may be needed to replace these doses e.g. there would be insufficient medication to last to the end of the 28 day period. This should be explained to the GP surgery when the extra medication is ordered by the person identified on the domMAR request form. It is not acceptable to just begin a new cycle of medication as this leads to waste.
- 5.11 Individual tablets should be placed in a small container or envelope and clearly labelled 'medications for return and destruction'. This container should then be kept separate from the medication to be administered and arrangements made to return to the community pharmacy at the end of the month. If the medication is kept in safe storage then this container or envelope should be placed in the locked box.

6 HOSPITAL APPOINTMENTS, ADMISSION AND DISCHARGE

6.1 OUTPATIENT APPOINTMENT

- 6.1.2 If a service user attends an outpatient appointment they should take a copy of the repeat prescription with them.
- 6.1.3 Where a routine medication is recommended at an outpatient appointment the hospital will write to the service user's GP outlining the reasons for this. The GP will consider the recommendation and prescribe any necessary medication if appropriate. This can take up to a week. The GP will then inform the DCA that there is a new medication and supply a prescription. The normal procedure can then be followed.
- 6.1.4 The exception to this is where a service user is prescribed a hospital only medicine or requires an urgent supply. In these circumstances a second domMAR may be required. If medication is prescribed at the outpatient appointment the domMAR chart can be updated by the hospital pharmacy or if not a second domMAR chart can be supplied if the hospital has signed up to the local Enhanced Service.
- 6.1.5 If family or an informal carer takes the service user for a hospital appointment, and the DCW is aware of this, they should be asked to follow the same guidelines

6.2 HOSPITAL ADMISSION

- 6.2.1 If a service user is admitted to hospital all medication should be sent with them. The original domMAR should remain in the service user's home.
- 6.2.2 If this domMAR is superseded by another domMAR then the newest version of the domMAR should be used and the superseded domMAR returned to the DCA office in the normal manner.

6.3 HOSPITAL DISCHARGE

- 6.3.1 A copy of the discharge letter must be sent by NHS mail to the DCA and CP.
- 6.3.2 A service user discharged from hospital may have medication that differs from that which they had before admission. Upon receipt of a domMAR Request Form, those hospitals participating in the NHS England Local Enhanced Service are to produce the domMAR chart and the patient will leave hospital with the medication and domMAR chart in place.
- 6.3.3 Where the hospital is not participating in the NHS England Local Enhanced Service, a prescription for the service user's medications should be arranged from the GP and taken/sent to the service user's usual pharmacy. On receipt of a domMAR Request Form a domMAR chart can be produced in the usual way.
- 6.3.4 In exceptional circumstances, if a domMAR is not supplied and medication has been sent home with the service user, the DCA should clarify with the hospital ward which medicines should be administered. This should be cross checked against the discharge note. All new medication should be recorded on a handwritten MAR chart if necessary following the guidance in Appendix 3. It must be written in ink with the name of the medicine written in block capitals. Care Staff should not construct charts by sticking duplicate medicine labels onto a blank chart.

7. TRAINING DCWS TO SAFELY ADMINISTER MEDICATION

- 7.1 In domiciliary care services, any DCW who is involved with medication including ordering and collecting medication needs to have training in line with this policy and be signed off as competent.
- 7.2 All medication (except those for self-administration), including the application of external medication such as creams, should be administered by designated and appropriately trained staff.
- 7.3 Medication training must be carried out by trainers that are knowledgeable in the subject area and have relevant current experience in handling medication. DCAs should preferably have undertaken and use the Train the Trainer Administration of Medication training to ensure consistent safe handling and management of medication in accordance with this Joint Policy for Administering Medication Safely in the Domiciliary Care Sector. If other training is sourced it must reflect the requirements of the policy.
- 7.4 The DCA must establish a formal means to assess whether the DCW is sufficiently competent in medication administration before being allowed to handle medicines and this process must be recorded in the DCW's training file.
- 7.5 Training for care staff must include:
- The principles behind all aspects of the policy.
 - Basic knowledge of how medicines are used and how to recognise and deal with problems in use.
- 7.6 Basic training should be received by all DCWs involved in any aspect of medication support including
- Ordering or collecting medication or applying creams ;
 - Safe handling of medication
- 7.7 Specialist training will apply in specific situations and is specific to individuals. This training should be provided by suitably trained HCPs experienced in the required technique.
- 7.8 Refresher training should take place as a minimum at two yearly intervals
- 7.9 DCAs must ensure that competency assessors have the relevant practical knowledge to assess staff.

8. ERRORS AND UNTOWARD INCIDENTS

- 8.1 The National Patient Safety Agency defines a medication error as an error in the process of prescribing, dispensing, preparing, administering, monitoring or providing medicine advice. Examples of administration errors could include a service user receiving the wrong dose or incorrect medication or could be a missed dose.

- 8.2 Most medication errors do not harm the individual although some can have serious consequences. Errors may result in an accident or an adverse event, or where averted, they can be classified as a “near miss”.
- 8.3 Commissioners and providers of health or social care services have to ensure that a robust process is in place for identifying, reporting, reviewing and learning from medicines errors involving service users. This is important to inform improved practice, including any relevant updates to policy
- 8.4 DCWs must report errors in the administration of medication and related tasks to their duty manager. This may result in appropriate further training and competence testing. It is important that all errors are recorded and the cause investigated to learn from the incidents and prevent a similar error happening in future. The DCA must apply the harm table to determine whether a safeguarding concern needs to be raised.
- 8.5 DCWs should be trained in recognising medication errors, incidents and near misses and be clear as to the definition of a medication error, incident and “near miss”
- 8.6 If a DCW is aware of having made an error in administering medication or notices that an error has been made e.g. by another DCW, the pharmacy or the prescriber, the following action should be taken:
- Notify the duty manager. If unable to contact the manager the DCW should not delay seeking medical advice.
 - Seek advice from, the service user’s GP, appropriate healthcare professional e.g. pharmacist or A&E. Some errors may appear trivial e.g. omitting a dose of paracetamol or antibiotics however since it is not appropriate for the DCW to gauge the seriousness of an error advice from a professional MUST be sought. Medication errors must not be treated as trivial and ALL must be reported
- Enter details of the error on the domMAR chart or in the daily diary
- 8.7 **THE STATUTORY REQUIREMENTS FOR REPORTING MEDICATION ERRORS**
- 8.7.1 From 1 October 2010, all adult social care services including DCAs must notify the Care Quality Commission (CQC) under the Health and Social Care Act 2008 about specific incidents and errors, as per CQC procedure. The law requires these notifications to be submitted within certain timescales. Further guidance is available via the CQC guidance on Statutory Notifications: Regulation 20 – ‘Duty of Candour’. This covers any event which adversely affects the well-being or safety of any service user. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment. The notification must be made in writing and the CQC provide template forms to simplify the notification process, which should be emailed to CQC notifications (add email address)
- 8.7.2 A notifiable incident is an error in the administration of a prescribed medication that leads to harm or a medical consultation.

- 8.7.3 Once the duty manager is aware of a notifiable incident they must:
- Notify the Care Quality Commission of the error in writing. The timescale for reporting is within 24 hours of becoming aware
 - Follow the requirements of the safeguarding tool, inform the Service User's GP if not already done so or, if out of hours, call NHS111.
 - Investigate the cause of the incident.
- 8.7.4 As part of the CQC inspection and regulation, DCAs are required to have written procedures for the reporting of adverse events, adverse drug reactions, incidents, errors and near misses. These should encourage reporting, learning and promoting an open and fair culture of safety.
- 8.7.5 Providers must keep a record of the written notification, along with any enquiries and investigations and the outcome or results of the enquiries or investigations
- 8.7.6 If a service user is unwell as a result of the medication error or incident, medical assistance should be sought straight away. If serious negligence or an attempt to cover up an error is discovered, this should be treated as a disciplinary offence and the safeguards alert process should be followed, including informing the Police. This may result in legal action against the DCW, their employer or both.
- 8.7.7 All notifiable incidents should be reported to the CQC. However, DCAs should not ignore other errors, incidents or near misses - **no errors should be ignored.**
- 8.7.8 DCAs should encourage a culture that allows their DCWs to report incidents without the fear of an unjustifiable level of recrimination. It is clear that the more evidence that is reported the more information is available about what could possibly go wrong.
- 8.7.9 The care provider should have a clear process for error reporting and reviewing, including the requirement for a written report describing:
- What has happened,
 - What was done to rectify the immediate situation and what has been done to prevent it happening again.
 - A regular schedule for investigating and reviewing medication errors, incidents and near misses by a designated member of staff.
 - The results of these regular investigations should be recorded including any actions taken such as offering training to individuals or reviewing existing procedures in order to prevent a similar error happening in the future.
- Regular meetings should be held with all DCWs involved with the handling of medications to review the outcomes and investigations of errors/incidents/near misses share learnings and prevent reoccurrence of similar errors, incidents or near misses.
- 8.7.10 The care provider should also log any incidents that occur as a result of errors made as part of the prescribing or dispensing process, for example, by GPs or community pharmacists. Such errors should be discussed with the GP or community pharmacist

- 8.7.11 The DCA should have a robust system for the constant review of the accuracy of medication administration records. This will help to reduce administration errors and is recommended by the 'Care Home Use of Medicines Study' (CHUMS). This system could be in form of a regular audit or review and could focus on, for example, reasons for omitted doses, coding of refusals, and administration of when required medicines. Poor practice can result in harm when risks are not identified and no action is taken to prevent further incidents occurring or the concern escalating.
- 8.7.12 The DCA incident logs should always be checked for patterns. If the same or similar incident occurs that relates to the same or another service user, it would suggest that the risk assessment/care plan or other elements of prevention in place are not effective. Recurring incidents may not appear to have any visible impact on the service user or others, however raising a safeguarding alert should be considered, to prevent harm being experienced in the long-term.
- 8.7.13 Whenever it becomes apparent that a notifiable incident has occurred, the care provider must notify the Care Quality Commission (CQC) (Regulation 20). There is also a positive obligation on the part of all DCWs and care providers to consider whether a safeguarding alert should be triggered. In reaching a decision, reference and guidance should be sought from the East Riding of Yorkshire Safeguarding Vulnerable Adults team and reference made to the 'Risk Assessment and Thresholds of Harm Matrix (Is this correct for ERYC)

8.8 **REPORTING ADVERSE DRUG REACTIONS**

- 8.8.1 If a new medication is prescribed for a service user and they become unwell, this could be as a result of the new medication. NICE guidance recommends that DCWs should report all suspected adverse reactions that a service user has had from the use of prescribed medications to the health professional who prescribed the medication or another health professional as soon as possible.
- 8.8.2 DCWs should record the details in the service user's diary notes and notify the prescriber. Doctors, nurses and pharmacists can report adverse drug reactions to the Medicine and Healthcare products Regulatory Agency. There are some occasions when it is appropriate for a service user or their carer to make this report. You can get further information from their website www.mhra.gov.uk

9. MEDICATION FOR ADMINISTRATION BY HEALTH CARE PROFESSIONALS (HCP)

- 9.1 There may be times when a service user receives support services from Health Care Professionals which include the administration of medication separate to their normal medication. (For example Palliative care and Just in Case medication boxes).
- 9.2 In these instances there is a need for clear communication between all involved parties, including the service user, Care Management Team, Healthcare team, Care Provider and Community Pharmacy, as to what medication DCWs are to administer and what is to be administered by Health Care Professionals or Family/informal carers.

- 9.3 Medication administered by the HCP should be clearly identified on the domMAR chart as administered by the HCP. These would likely be, but not wholly, injections so would be outside the level 2 administration procedure.
- 9.4 In some circumstances it may not be possible to include the medication to be administered by health care professionals on the domMAR. If this is the case it should be clarified in the service users support plan and the medication to be administered by the health care professionals to be kept separately from medication the DCWs are responsible for administering.
- 9.5 It is good practice to allow HCP access to the service user's domMAR for information purposes.

APPENDIX 1

MEDICATIONS RISK ASSESSMENT FOR DOMICILIARY CARE PROVIDERS

Key Points

- The aim of this assessment is to promote independence with medication, wherever possible.
- Where a person has difficulties with taking medication, family members or other informal carers should be encouraged to support the person if able and appropriate. Where substantial support is provided by family/informal carers, their contact details should be recorded in the care plan with any agreed arrangements for planned/unplanned unexpected situations e.g. holidays, carer illness.
- All people requiring support should be referred for an MUR with community pharmacy and/or medication review with GP Practice

Personal Details			
Full Name		Address	
Date of Birth			
Telephone Number			
GP Details		Pharmacy Details	
GP Name		Pharmacy Name	
GP Address		Pharmacy Address	
Telephone Number		Telephone Number	
Assessor Details			
Assessor Name	Job Title	Telephone Number	Assessment Date

MEDICATIONS RISK ASSESSMENT

POSSIBLE RISK	Yes/No	IF NO	Outcome/Actions
Is the service user able to order and collect prescriptions if needed	Yes/No	<ul style="list-style-type: none"> • Can family members/others order, collect and/or dispose? • Does community pharmacy order/deliver? • Consider support if no other action 	
Can service user provide a list of their medication?	Yes/No	<ul style="list-style-type: none"> • Contact GP or hospital ward for list of medication if unable to establish what service user should be taking 	
Do they know where all medicines are stored in the home/service?	Yes/No	<ul style="list-style-type: none"> • Can family member/others tell you where medicines are kept? • Detail where medication is stored 	
Do medicines appear to be stored appropriately? Are there any medicines which need to be stored in a fridge?	Yes/No	<ul style="list-style-type: none"> • Offer advise as to storage • Seek advice from community pharmacist if necessary 	
Do quantities of medicines in the home/service appear to be appropriate?	Yes/No	<ul style="list-style-type: none"> • Advise service user/family member/other re returning unwanted medicines to the pharmacy • Advise service user/family member/other to contact 	
Does service user have or would they have any problems <ul style="list-style-type: none"> • using inhalers • instilling eye drops • applying creams/ointments/gels • Need any level 3 support • Time-sensitive medication 	Yes/No	<ul style="list-style-type: none"> • Seek advice from community pharmacist • Can family member/other support? • Consider staff support if physically unable to manage, even with assistive device 	
Does the individual have any allergies to medication	Yes/No	<ul style="list-style-type: none"> • Document in care plan 	

Fullers Self Medication Risk Assessment Screening Tool (2004)

Assessment Area	Assessment Answers and Scoring								Score
Number of prescribed medicines	1 drug (1)		2 drugs (2)		3 drugs (3)		4 + drugs (4)		
Mental State	Alert and orientated (1)		Orientated but sometimes forgetful (4)		Confused, disorientated, very forgetful (8)		Very Confused (12)		
Vision	Can see to read labels with no aids (1)		Needs glasses/aids to read print (2)		Difficult to read print with glasses/aids (4)		Unable to see (6)		
Social Circumstances	Living with others who can fully support medication needs (1)		Living with others who usually or sometimes support administration (2)		Living alone with some help from paid carers/or family/friends (3)		Living alone with no help (4)		
Physical Condition	Can manage to open bottles or packets independently (1)		Weakness of hand/poor co-ordination but can manage to open bottles/packets with difficulty (2)		Disabled, requires some help to open packages (3)		Severely disabled and unable to manage (4)		
Attitude and Knowledge about medicines	Interested about prescribed medications, knows all about them and believes they are important (1)		Fairly interested about prescribed medications and knows enough about them to administer them safely/believes they are important (2)		Not very interested about prescribed medication. Does not believe they are important/unable to recall medication regime (8)		Disinterested or unwilling to take prescribed medication (12)		
							Total Assessment Score		

Risk Assessment Scoring

Risk scores are identified in bold within the assessment and screening tool. The minimum score is 6 with the maximum score being 42. Total the scores and see the guidance below for Risk Management approaches. The results of the self-medication risk assessment must be written within the individuals support plan and reviewed annually or sooner if circumstances change

Risk Assessment Guidance

Risk Area	Guidance
LOW RISK (6-13 Score)	Self Medicating <ol style="list-style-type: none"> 1. Give full explanation/information about prescribed medication 2. If family/informal carer giving medication, ensure they have full information about the drug regime
MEDIUM RISK (14-16 Score)	Requires some support – as above plus <ol style="list-style-type: none"> 1. Refer individual to usual pharmacy for MUR and compliance needs assessment for appropriate aids 2. If housebound, refer individual into Medicines Support Service for appropriate aids 3. Review regularly to check support level appropriate
HIGH RISK (17-22 Score)	Score 17-20 where mental state and attitude scores are low <ol style="list-style-type: none"> 1. As above initially with early review Score 20-22 or 17-20 mental state and attitude scores are high Needs administration – as above plus <ol style="list-style-type: none"> 1. If compliance needs assessment indicates need, set up DomMAR system for administration 2. Consider level of support needed – any specialist techniques? 3. Inform prescribers and usual Community Pharmacy 4. Ensure medication reviews appointments are in place 5. Work with prescribers to ensure prescribing is kept to a minimum
VERY HIGH RISK (23-42 Score)	Needs administration - As above plus <ol style="list-style-type: none"> 1. Inform GP and line manager if individual is considered as being at risk 2. Remember it is the patient’s right to refuse treatment, but this should be based on informed choice as far as possible

ASSESSMENT OUTCOME

OUTCOME	DETAILS OF ASSESSED LEVEL OF SUPPORT REQUIRED	ACTIONS TAKEN
Self Medicating (Fullers LOW risk score)		
Independent with family/informal carer support (Fullers LOW risk score)		
Formal Carer level 1 Support * (Fullers MEDIUM risk score) <ul style="list-style-type: none"> • ordering collecting and/or disposal of medication on behalf of individual • Occasional reminders to take medication • Opening of containers at individual's request 		
Formal Carer level 2 Support * (Fullers HIGH and VERY HIGH risk score) <ul style="list-style-type: none"> • Administration of oral medications • Application a medicated cream/ointment, insertion drops to ears, nose or eye; • Preparation and administration of an inhaler via a spacer • Application of medicated patch 		
Formal Carer Level 3 support* (Specialised techniques) <ul style="list-style-type: none"> • Rectal or buccal administration • Administration of insulin and blood glucose testing • Simple dressings 		

*See Policy for full description

Appendix 2 DomMAR Request Form – Please complete fully

Service Users Name				Address		
D.O.B.				Telephone		
GP Surgery Address				Initial Contact details		
Telephone				Team Contact name Address		
Pharmacy/Dispensary Contact Name Address				Domiciliary Care Agency Contact Name Address		
Telephone				Telephone		
Fullers Self Medication Risk Assessment - Please indicate the level of risk.				East Riding of Yorkshire Adult Services Care Management team Address		
Low	Medium	High	Very High	Telephone		
Medium/High/Very High risk level score:						
Low/Medium - Refer to Community Pharmacy for MUR or Medicines Support Service.						
Date of referral:						
Service User/ Advocate consents to DCWs administering medication (High/Very High Risk only)						Y/N
Service User/Advocate understands the domMAR may be shared with others health and social care professionals in the best interests of the Service User (i.e. the pharmacy, GP, Care Management Team)						Y/N
Who is named as responsible in the care plan for ordering monthly prescriptions?	Service User Y/N	Family Y/N	DCA Y/N	Other (Please state)	Agreement confirmed? Y/N	
Who is named as responsible in the care plan for collection of monthly prescriptions from surgery?	Service User Y/N	Family Y/N	DCA Y/N	Other (Please state)	Agreement confirmed? Y/N	
Who is named as responsible in the care plan for collection of the domMAR and monthly repeat prescription items from the pharmacy?	Service User Y/N	Family Y/N	DCA Y/N	Other (Please state)	Agreement confirmed? Y/N	
Arrangements for storage (please state)						

<p>Other important medication issues including allergies .If non known then please add ‘NON KNOWN’ (e.g. Warfarin, or over the counter medications)</p>		
<p>Date Pharmacy contacted to arrange supply of domMAR /...../.....</p>	<p>Member of Pharmacy team spoken to and their role (e.g. dispenser /pharmacist) </p>	<p>Approximate date of initial domMAR supply /...../.....</p>
<p>Completed by Position.....Date.....</p> <p>Team.....Telephone.....</p>		

Copy for Care Plan Copy for Pharmacy Copy for GP

Community Pharmacy: This document is the written request for a Domiciliary Medication Administration Record for the service user and a copy **must** be provided to the Community Pharmacy prior to domMARs being produced.

Hospital Discharge: When a service user is in hospital a copy of this document **must** be sent to the ward to facilitate their discharge with a domMAR

Appendix 3 – Guidance for handwriting a Medication Administration Record Chart

In exceptional circumstances a service user with medication administration needs may not have a domMAR available for DCWs to record medication administration. These circumstances may include a new mid-cycle medication, a change in dose or following hospital discharge. Under no circumstances should a DCW request loose labels from a pharmacy to add to the domMAR nor should they accept any offered by a pharmacy this is not allowed under this policy. If a community pharmacy/dispensing doctor or hospital pharmacy offers loose labels then an incident form should be completed by the DCA.

There may be no alternative than for a care provider to produce a Medication Administration Record (MAR)

1. Confirm the need for a hand written MAR to be made and document the reasons in the service user's records.
2. The duty manager must authorise the production of a MAR.
3. Only nominated staff, who have completed general medication training and are deemed competent, are allowed to produce a MAR.
4. Using a suitable MAR template (e.g. Appendix 7 Temporary Domiciliary MAR Template) fill in the correct service users details into the Name, Address, and Date of Birth and any allergies.
5. Read the full instructions on the dispensing label.
6. The entry on to the MAR is to be made in full by the DCW and discussed with the duty manager before it can be used to administer medication .The entry on to the MAR **must** be a complete copy of the dispensing label in the medication entry space provided on the MAR including:
 - Quantity on label and quantity received;
 - Medication including name, strength and form;
 - Dosage instructions including warnings (e.g. store in a fridge);
 - Dosage times (e.g. 8am, 12noon,);
 - Signature of staff member making the entry;
7. Handwritten entries on MAR charts must be made in legible handwriting in black ink.
8. If there is more information on the label than can be easily fitted into the space provided then it is permitted to carry on into the next medication entry space down as long as the dosage boxes for that medication entry space are then crossed through.
9. The next DCW attending the service user should check the handwritten entry and once they agree that this is an accurate copy of the dispensing label should sign as a witness on the MAR chart.
10. Whenever a different DCW is required to administer from this handwritten chart they must take extra care to ensure that the instructions on the domMAR chart are exactly the same as on the label before they proceed with any administration and if they have any concerns then they must report to the duty manager.
11. Every DCW administering from this handwritten chart for the first time should complete the DCW identification section of the MAR chart.

Appendix 4 – MANAGEMENT OF PATIENTS PRESCRIBED ANTICOAGULANTS

Despite measures taken to reduce the risks associated with warfarin, incidents continue to occur, mainly due to inadequate communication regarding dose changes. To improve patient safety, the preferred anticoagulant is a direct oral anticoagulant (DOAC) administered once daily. However, this medication is not suitable for all patients and/or all conditions. The decision to prescribe rests with the GP in discussion the patient/family.

The following process must be followed:

- At assessment, any service user prescribed warfarin should be identified
- The service user's GP should be contacted for a medication review and consideration of changing to a DOAC
- In the meantime, the DCW should continue to administer required dose of warfarin, as detailed on the domMAR until outcome of review.
- For any service user who can be changed, their GP should prescribe a DOAC with single daily dose (rivaroxaban or edoxaban)
- Full instructions for changing to a DOAC should be written on the prescription and explained to the DCA
- For any service users not suitable for a DOAC, the DCA will continue to continue to administer warfarin
- For this small number of high risk service users, it is essential that named individuals within the GP Practice, Community pharmacy/dispensary and DCA have the responsibility for communication regarding warfarin dosage and any changes
- GPs should prescribe 1mg only tablets, to simplify the administration of variable doses

Appendix 5 – Medication Management in Independent Supported Living Schemes

DGWs in Independent Supported Living Schemes (ISLs) must administer prescribed medication in accordance with this Policy. DCWs may only administer medication following the relevant training and are deemed competent to do so. DCWs should only administer medication if the domMAR is available. Medicine should be given to one service user at a time and recorded on the domMAR after each administration.

If anyone other than the approved carer administers medication they should be asked to make an entry on the domMAR to ensure that a double dose is not given. Failure to do so should be reported to the manager for a risk assessment to be completed.

ISLs should have a homely-remedies policy and procedure in place to cover the use of non-prescribed medication. DCAs have a duty of care to respond to users of the service who have symptoms of a minor nature, for example, toothache. How the provider meets this duty is to be included in their homely-remedies policies and procedures and may include the use of homely or household remedies.

If it is decided to provide non-prescribed medicines for the general treatment of minor ailments they should be kept in the medication storage but, separated from prescribed medication.

The homely-remedies Policy should include the limited range of remedies that are kept, what they are to be used for and the limit on the duration of treatment (usually 48 hours) before the service user's GP is informed if symptoms persist.

Users of their service and their visitors should be encouraged to inform staff of any non-prescribed medicines kept or requested by service users.

The dispensing pharmacist/GP should be informed of any non-prescribed medicines being taken by service users. In the interest of identifying any issues it is encouraged that the purchase of non-prescribed medicines should be from the pharmacist serving the ISL.

The non-prescribed medicines should be agreed locally with the GP and pharmacist and restricted to a limited list to reduce the risk of adverse reaction and interaction with prescribed medication. Homely-remedies for general use are neither supplied on prescription nor labelled for individuals.

It is good practice to request GPs to endorse their agreement to the documented Policy and procedure by signing the document.

The use of any homely remedy must be recorded on the domMAR chart.

Appendix 7 – Inhaled Medication in Domiciliary Care

Normally in domiciliary care a service user should be able to physically administer their own inhaled medication, as there may be times when the service user needs to use the inhaler when no one else is present.

If it is noted during the assessment or care visits that the service user is having difficulty using their inhaler, these concerns should be brought to the attention of the prescriber and a request made for a review of the service user's inhaler technique. Following the inhaler assessment if the service user is able to use their inhaler but has problems remembering when to take their Preventer Inhaler, they may be assisted to administer their own inhaled medication to prevent a condition from worsening via a prompt from the DCW. This prompt is recorded on the domMAR as level 1 administration.

If the service user is unable to use any inhaler device available then consideration should be given to allowing DCWs to administer the inhaled medication. This can be done once recorded in the support plan and by requesting a change to a MDI (Monitored Dosage Inhaler) plus a spacer device. Due to the nature of domiciliary care where service users may be on their own in between care visits, this needs to be fully risk assessed including the service users ability to use their reliever inhaler for acute needs.

The process for assisting the service user with an MDI Inhaler and a spacer device for Level 2 administration would be;

- If spacer device requires assembling carer would do so following directions in Patient Information Leaflet (PIL).
- Take mouthpiece off inhaler and shake device
- Fit onto spacer
- Press down once on top of inhaler to release medication
- Ask service user to breath out first
- Pass device to service user to place in, or for mask-type spacers over, own mouth (with inhaler still attached)
- Ask service user to take in one slow deep breath or 2-3 normal breaths to make sure medication gets into the lungs.
- If second dosage/puff is required wait one minute and repeat process.
- Wash the spacer once weekly by following the directions in the PIL and record in the support plan.

Reliever Inhalers e.g. Ventolin or Salbutamol Inhalers

DCWs should not normally assist service users to administer inhalers used for acute symptoms, commonly called Relievers –these inhalers normally have a 'when required' dose and service users need to be able to use these inhalers at any time, whether or not a DCW is present.

If service users are identified as having problems, this must be brought to

the attention of the GP or Practice Nurse to enable them to risk assesses the situation.

In the case of emergency situations where the service user is suffering an acute episode the DCW should call 999 and follow the directions of the Emergency Services.

Appendix 8 Example Incident Report Form

The person who administered the medication or discovered the error and their line manager must complete an incident form. Report all incidents within 24 hours. It is good practice to record all near misses as this may prevent someone else making an error. This list is not exhaustive:

Example Incident Report Form

About the Incident :	
When did the incident occur?	
When was the incident discovered?	
Who was involved?	
Has the service user / next of kin been informed?	
What was the error?	
Wrong person	
Wrong medicine	
Wrong amount given	
Wrong strength	
Wrong form	
Medicine not given	
Medicine out of date	
Recording error	
Wrong Time	
Prescription error	
Pharmacy error	
Other, please state	
Brief description of the circumstances/ what do you think went wrong?	
Interruption by another member of staff	
Medicine poorly labelled	
Administration of medicine not recorded	
by previous carer	
interruption by the service user	
interruption by another service user	
phone ringing	
Other, please state.	
Who did you contact?	
Did you contact the GP / Pharmacist /	
NHS Direct /Out of Hours GP Service?	
Did you contact your line manager?	
When did you contact the above for advice?	
What advice was given?	
Did you act on the advice given?	