

# Dumfries and Galloway Guidelines

## Home Care Workers Providing Support for Older People with Medication

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# Forward

These guidelines have been produced by a steering group comprising of Health and Social Care Professionals and Care at Home Providers.

The aim of this document is to give clear guidance to Care Providers, Home Care Workers and Health and Social Care Professionals when older people living at home require assistance with medication as part of a Care Package provided by an Approved Care Provider in Dumfries and Galloway. These guidelines have not been agreed for other groups or for personal assistants employed through self directed care. If a person manages their own self directed support budget and employs a personal assistant to assist with medication, then that person is the "employer" and will need to satisfy themselves that the personal assistant is providing a service competently in relation to their own care needs.

This is the third update of the original guidelines, which were published in 2004.

This is an active document and has been amended, and will continue to be updated, following feedback from those responsible for implementing this suggested best practice.

This document will be revised every 3 years.

References in the document to *Home Care Workers* mean employees of approved Care at Home Providers supporting older people to live at home. Although not a registered Care at Home Provider Service, this description, for the purpose of this guidance, is inclusive of the Health and Social Care Support Workers (HSCSW) who are members of the integrated Short Term Reablement Service (STARS). STARS is a community based service providing short term reablement for people and their unpaid carers within their own homes, preventing unnecessary hospital admission, supporting discharge from hospital and reducing dependency on care.

The term "*Joint Health and Social Care Team*" refers to the joint partnership working at operational levels between Health and Social Care Professionals.

These guidelines have been approved by:

| Approved by the following committees in Dumfries and Galloway |                |              |
|---|----------------|--------------|
| Committee   | Chair Person   | Date         |
| Area Drug and Therapeutics Committee                          | Susan Roberts  | June 2018    |
| Care at Home Operational Group                                | Ross McGaw     | June 2018    |
| Health and Social Care Management Team                        | Graham Abrines | October 2018 |

## Introduction

Older people living at home must be encouraged and supported to manage their own medicines where at all possible. Where a need is identified for assistance with medication, an assessment should be carried out using a locally agreed process.

Older people living at home should be encouraged and supported to manage their own medicines

These guidelines have been developed with reference to the five key principles of the *Health and Social Care Standards (My support my life)* and the nine *National Health and Wellbeing Outcomes*.

### **Health and Social Care Standards (My support my life): June 2017**

The Standards are based on five headline outcomes:

- I experience high quality care and support that is right for me.
- I am fully involved in all decisions about my care and support.
- I have confidence in the people who support and care for me.
- I have confidence in the organisation providing my care and support.
- I experience a high quality environment if the organisation provides the premises.

The Standards are underpinned by five principles:

#### **Dignity and respect**

- My human rights are respected and promoted.
- I am respected and treated with dignity as an individual.
- I am treated fairly and do not experience discrimination.
- My privacy is respected.

#### **Compassion**

- I experience warm, compassionate and nurturing care and support.
- My care is provided by people who understand and are sensitive to my needs and my wishes.

#### **Be included**

- I receive the right information, at the right time and in a way that I can understand.
- I am supported to make informed choices, so that I can control my care and support.
- I am included in wider decisions about the way the service is provided, and my suggestions, feedback and concerns are considered.
- I am supported to participate fully and actively in my community.

#### **Responsive care and support**

- My health and social care needs are assessed and reviewed to ensure I receive the right support and care at the right time.
- My care and support adapts when my needs, choices and decisions change.
- I experience consistency in who provides my care and support and in how it is provided.
- If I make a complaint it is acted on.

## Wellbeing

- I am asked about my lifestyle preferences and aspirations and I am supported to achieve these.
- I am encouraged and helped to achieve my full potential.
- I am supported to make informed choices, even if this means I might be taking personal risks.
- I feel safe and I am protected from neglect, abuse or avoidable harm.

## National Health and Wellbeing Outcomes

|    |   |
|----|---|
| 1. | People are able to look after and improve their own health and wellbeing and live in good health for longer   |
| 2. | People, including those with disabilities or long term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| 3. | People who use health and social care services have positive experiences of those services, and have their dignity respected.   |
| 4. | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.   |
| 5. | Health and social care services contribute to reducing health inequalities.   |
| 6. | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and well-being.                   |
| 7. | People who use health and social care services are safe from harm.  |
| 8. | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.                    |
| 9. | Resources are used effectively and efficiently in the provision of health and social care services.   |

## Competence of Home Care Workers and Suitable Training

It is the responsibility of the Care Provider to ensure that all staff members undertaking medication tasks are competent to carry out these tasks. A monitoring system must be in place.

**All Home Care Workers must be suitably trained for the tasks they are asked to perform and must be assessed as competent to perform these tasks.**

**Home Care Workers must feel confident to carry out tasks correctly and safely.**

**Home Care Workers must always work to “Best Practice” Guidelines and should not carry out any tasks relating to medication that have not been authorised by their line manager and/or have not been stated in the older person’s Care Plan.**

Home Care Workers must be confident that they are appropriately trained before carrying out any new task and, therefore, Care Providers must ensure that training is provided for all Home Care Workers for any tasks they will be asked to perform. Systems must be in place to monitor the competence of all staff and records of training must be kept. It is recommended that training is updated annually.

It is recommended that initial medication training should take place outside a Care Provider's own organisation. However, the Care Inspectorate has advised that the merits of any training undertaken and/or delivered by a service will be assessed by inspectors on an individual basis. In Dumfries and Galloway, the Care Training Consortium (CTC) is financially supported to provide subsidised training for Home Care Workers, developed to reflect *these locally developed guidelines and locally agreed policies/procedures*. ***All Home Care Providers in Dumfries and Galloway are expected to send their Home Care Workers to this local training***, which is facilitated by Pharmacists and Nurses. Currently, full day initial training and short update sessions are available free of charge across the region on a regular basis. This training is not competence based, however, competency frameworks are available for Care Providers to utilise post training and training records are provided.

Recently some Care Providers have taken the decision to provide their own medication training. To ensure that the content of training is standardised across Dumfries and Galloway and quality of service provision is maintained, it has been agreed that "Training for Trainers" should be offered in the future for Providers who choose to carry out any in house training. However, attendance at training sessions organised by the Care Training Consortium continues to be recommended for all Home Care Workers.

Following consultation with the Joint Planning and Commissioning Manager, any in house training will need to satisfy the following conditions:

- Trainers will require to attend initial "Training for Trainers" facilitated by the Care Training Consortium and annual update sessions thereafter
- Trainers will require to have an SVQ Level 3 (or equivalent) in the Administration of Medicine ( see below for information on the PDA in the Administration of Medication at SCQF level 7) and should themselves be experienced in administering medication in the care at home setting
- Training content must be endorsed locally by the health and social care partnership through the Medication Steering Group for Care at Home
- The Care Provider will be responsible for assessing and ensuring the competence of the trainers
- Clear lines of accountability are necessary and, therefore, Care Providers should not offer training to staff out with their own organisation

A Professional Development Award (PDA) in the Administration of Medication at SCQF level 7 (SVQ Level 3) has been developed and it is recommended that Senior Home Care Workers undertake this training to allow them to provide ongoing supervision/competency assessments for other Home Care Workers who are administering/ assisting with medication.

The level of training attained in terms of qualifications for administering medication is only one criteria by which Care Inspectorate regulates services. It is essential that Care Providers regularly assess staff competencies and assure themselves and the Care Inspectorate that staff are able to perform the tasks for which they are employed. This should be part of a regular staff appraisal system and will be monitored by the local Commissioning Officer.

# 1. Assessing the Needs of the Older Person

Assessment is essential to the successful management of medicines in the care at home setting.

Where potential issues with medication are identified, either at the setting up of a Care Package or during the review process, an assessment of need using a locally agreed protocol should be carried out to identify what level of support is required. The older person must be allowed to manage/administer his or her own medication for as long as possible and should be supported to do this. All options should be considered before Home Care Workers are asked to support an older person with medication and the expectations of the person, their family and friends regarding the support that can be provided must be managed appropriately. Options to support self-management of medicines include the use of devices and systems such as those listed in Appendix 1.

**Where potential issues with managing medication are identified, a formal assessment should be carried out to identify appropriate support. A review of current medication is key to the assessment process. The person's understanding of their medicines, their motivation , their physical ability to take medicines and their ability to manage the ordering/collection of medication should be considered.**

Various individuals may be involved in the assessment process, including members of the Primary Care Health Team (e.g. Pharmacists), Social Work Staff and Care Providers. The person and their family should also be included in the process.

**Ideally the older person should be assessed at home , not in the hospital setting, with an early review date post discharge if required.**

All possible options to promote independence with medication /non reliance on Home Care Workers must be considered. Health and Social Care Professionals should be mindful that being risk averse when setting up Care Packages may lead to de-skilling of the older person and a resulting early over dependence by the older person.

**The expectations of the person themselves and their families must be managed.**

Assessment should result in a Care Plan that **clearly details** the agreed roles and responsibilities of Home Care Workers, Health Care Professionals, the person themselves and/or any family members.

Regular review by the Home Care Provider who has been assigned the Care Package is essential, since the needs of a person may change over time. A person may become more able to manage their medicines on recovering from a period of illness or may require additional support as their condition deteriorates. Any change in the ability of someone to manage medication should be conveyed to the Health and Social Care Joint Team and a reassessment of need should be carried out. In cases where reablement is being provided following discharge, the STARS team will be crucial in assessing how a person is managing medication at home.

The Brief Intervention Screening Tool shown below may be used to help identify when a person may require more support with medication. This can be used as a *Conversation* or as an *Observation*.

### Brief Intervention Screening Tool

| Consider these questions taking into account current support from informal/formal Home Care Workers or other support such as Pharmacy filled compliance device | YES                      | NO                       | Current Support provided. |
|--|--------------------------|--------------------------|---------------------------|
| Do you know when and how to take/use your medicines?   |                          | <input type="checkbox"/> |                           |
| Do you remember to take /use your medicines?   |                          | <input type="checkbox"/> |                           |
| Do you have any problems physically taking/ using your medicines?  | <input type="checkbox"/> |                          |                           |
| Do you ever choose not to take prescribed medicines the way your doctor wanted?  | <input type="checkbox"/> |                          |                           |
| Do you ever run out of medicines?  | <input type="checkbox"/> |                          |                           |
| Do you have an excess of medicines at home?  | <input type="checkbox"/> |                          |                           |
| Do you have problems ordering/ getting your medicines?   | <input type="checkbox"/> |                          |                           |

- No shaded box ticked – no requirement for additional assistance with medication
- Shaded box ticked but current support is in place and is adequate – no requirement for additional assistance with medicines
- Shaded box ticked and current support is not adequate - further assessment/intervention required (The local Primary Care Pharmacy Team may be able to provide this assessment)

Care Packages cannot be established for Medication Only. If an older person requires assistance with medication only but does not require any other assistance with any other tasks at any time throughout the day, it is the responsibility of the NHS to provide this support. This remains the position unless an agreement is made regarding a specific person and situation.

See section 2.3.2 for specific guidance on starting and re-starting of Level C Care Packages.



## 2. Introducing Levels of Support

Four levels of support with medication are possible when an older person has a care at home package in place.

| Level A   | Level B  | Level C  | Level D   |
|---|--|--|---|
| <b>A</b> ble to manage/take own medication (may include help from family /friend/informal carers) | <b>B</b> asic assistance required from Home Care Workers for specific tasks but the person manages/takes own medication.<br><i>(Helpful hint: The Home Care Worker is acting as a set of hands for the person)</i> | <b>C</b> hart required. Home Care Workers administer medication in accordance with a chart and record each time a medicine is administered.<br><i>(Helpful hint: The Home Care Worker is acting as the head and hands)</i> | <b>D</b> istrict Nurse/Specialist Nurse input required. Beyond the skill of the Home Care Worker. |

These individual levels of care are explained fully throughout this section of the Guidelines.

**The Primary Care Health Team (including the GP, District Nurse and Pharmacist) must be informed of any assistance with medication being provided. This information will influence decisions that the team may need to take about the person's medication.**

Independence with medicines must be facilitated wherever possible. The flow chart in Appendix 1 may be useful in deciding what level of care a person may require.

### 2.1 Level A Support

The person does not require any support with medication from Home Care Workers.

### 2.2 Level B Support

#### 2.2.1 Understanding Level B Support

Level B support includes Home Care Workers prompting **or** assisting the person to take their medicines.

#### **For Level B Support**

- **The person must have the ability to communicate clearly**
- **The person remains in control of managing their own medicines**
- **Home Care Workers must not be responsible for selecting medication**
- **Home Care Workers must record any prompting or assistance**

## Prompting

Prompting of medication involves *saying something to persuade, encourage or remind the person to take their medicines.*

Prompting can be appropriate when the person knows what medicines to take and how to take them, but forgets the time. ***An example of prompting would be reminding a person of the time and asking if they are going to take their medication.*** The person remains in control of their medicines and so may decide not to take them or to take them later.

*“ Have you taken your tablets this morning Mrs. Brown? It is 10 o’clock”*

If prompting medication, Home Care Workers need to know what time(s) of the day to do this. This should be clearly stated in the Care Plan.

**or**

## Assisting

A person receiving Level B support is able to remain in control of their own medicines but needs assistance with a variety of mechanical tasks, which should be noted in the Care Plan. Any requests for further help must be reported as soon as possible to the Home Care Worker’s line manager and, if in an emergency, extra help has been given this must also be reported. If this extra help has to continue it must be authorised by the line manager who, if appropriate, should liaise with the Health and Social Care Joint Team to ensure that the Care Plan is updated.

Assistance should always be at the request of the older person and may involve:

- ordering medicines, collecting prescriptions, collecting medicines
- reading labels and clarifying the time of day
- manipulation of containers (opening lids, pouring liquids, and popping tablets out of packaging)
- bringing packs of medicines to the person to allow them to take their own medication (not choosing what medication to give to the person)
- acting as a set of hands for the person where the person knows what the medicine is for and can identify it e.g. applying a cream when a person cannot reach to the affected area but knows what to apply, when to apply it and how to apply it. The person would be responsible for asking and directing the Home Care Worker to apply the product each time they require assistance

The Home Care Worker must never be required to select medication.

Care Providers must supply their staff with detailed information regarding what assistance they can provide and when they can provide this. The person must request assistance (which should be detailed in the Care Plan) and any assistance should be recorded appropriately.

## 2.2.2 Important Information for Home Care Workers Providing Level B Support

- **Requests for further help**

Home Care Workers must only give assistance with the tasks agreed by the Care Provider and listed in the person's Care Plan. Any request for further assistance must be reported to the Home Care Worker's line manager as soon as possible. If further assistance is agreed this should be clearly documented in the Care Plan.

- **Home Care Workers must not fill pill boxes**

Home Care Workers must never "help" someone by filling pill boxes (these are boxes with compartments for morning, lunchtime, teatime and bedtime medication).

- **Giving Advice**

Home Care Workers must never offer their own advice on medication or recommend that a person takes a particular over-the-counter medicine.

- **Alcohol**

If a person has consumed, or is intending to consume, alcohol and plans to take medication the Home Care Worker should advise that it can be unsafe to take medicines with alcohol. The importance of having checked previously that it is safe to take this medicine with alcohol with a Pharmacist or GP should be emphasised. The Home Care Worker should record any advice given and should inform their line manager of any concerns. If someone has a known alcohol abuse problem or regularly consumes alcohol, information regarding support with medication when the person has been drinking should be included in the care plan.

- **Monitoring**

Home Care Workers must continually monitor whether a person is still capable of managing his/her own medicines and should also monitor their overall condition. This can be done by speaking to the person about their medicines and by observing how a person is managing. Things to consider would be:

- Is the person confused about when to take his/her medicines?
- Is the person running out of medicines regularly, suggesting over use of medicines or that the older person is not re-ordering medication at the correct time?
- Is there an accumulation of unused medicines in house, suggesting that the person is not taking medication correctly or is over ordering medication?
- Has the person's condition deteriorated or have they developed any symptoms such as dizziness, confusion, drowsiness, change in appetite, repeated falling, reduced mobility or constipation/diarrhoea? Deterioration in condition may be linked to new medication or altered doses of medication.

The Brief Intervention Screening Tool on page 6 could be used to help with this.

Any concerns about the health of the person or their ability to maintain responsibility for his/her own medication must be reported to the Home Care Worker's line manager. The person should be reassessed by the Health and Social Care Joint Team and, with their agreement, any relevant changes in the Care Plan should be clearly communicated to the GP, District Nurse and the Community Pharmacist by Social Work. However, if the Home Care Worker cannot contact his/her line manager and/or feels

that someone needs immediate medical help, then the Home Care Worker should contact the person's GP immediately and the Home Care Worker's line manager should be informed of this as soon as possible.

### 2.2.3 Level B Tasks

- **Ordering Prescriptions**

The person will be responsible for asking the Home Care Worker to order medicines from the GP Surgery. The person will specify the medicine to be ordered and the dosage and quantity to be requested. Home Care Workers should encourage individuals not to over order medication and only to order what is actually required.

Different surgeries will have different procedures for ordering repeat prescriptions and therefore the person should inform the Home Care Worker of the procedures used at their own surgery. Some surgeries have a dedicated repeat prescription ordering telephone line or email ordering system in place, while others rely on the person filling out the repeat prescription form and returning this to the surgery. Most surgeries will require 2-3 working days between receiving the prescription request and producing the prescription. This may be more at weekends and during public holidays.

- **Collecting the Prescription from the GP Practice**

It should be noted that Dumfries and Galloway is a rural area with several Dispensing GP Practices. These are practices where the medication for the person is dispensed by the GP Practice and not by a Community Pharmacy.

Many Pharmacies and GP Practices now have arrangements for prescriptions to be sent directly to the Pharmacy chosen by the person. This may mean that Home Care Workers rarely need to collect prescriptions from GP Practices. Local procedures should be identified.

The person should choose which Pharmacy dispenses their medicines and the same Pharmacy should be used for that person at all times, allowing the Pharmacist to manage their medicines properly by keeping up to date records.

- **Collecting Medicines from the Community Pharmacy**

Some Pharmacies will deliver medicines but this service should only be used if no family member/friend can collect the medication. This is not a funded service and therefore is not provided by all Pharmacies.

Before the Home Care Worker is given the task of collecting medicines from the Pharmacy, the Social Service Team setting up the Care Package should first establish whether anyone could collect the medication on behalf of the person e.g. family member, friend or neighbour.

The responsibility for the collection /delivery of medication must be clearly noted in the Care Plan. A minimum of 3-4 working days should be allowed between the ordering of a prescription and the medicine being ready for collection/delivery. This may be more over weekends and during public holidays.

If the Home Care Worker is the person responsible for collecting medication then he/she should be introduced to the Pharmacy staff and should carry identification when visiting the Pharmacy e.g. a badge or letter of authorisation.

Pharmacies may request that Home Care Workers sign for the collection of medication.

- **Reading of Labels and Confirming Time**

Some people may have problems reading the instructions on the labels of their medicines. The Home Care Worker may confirm (read out) what is written on the labels and confirm the current time before the person takes or uses the medicine.

- **Manipulating Containers**

Should a person have difficulty manipulating medicine containers then the Home Care Worker may give assistance, if requested to do so, and this task is stated in the Care Plan. This may involve taking the top from medicine bottles, pouring liquids, opening boxes or helping the person to remove tablets or capsules from sealed compliance aids, bottles or strip packaging. However, the **person will still be fully responsible** for taking the correct dose of the correct medicine, at the correct time, in the correct way and the Home Care Worker will only be responsible for manipulating containers at the request of the person. The older person **must be able to clearly communicate any instructions** and all assistance given should be recorded appropriately, for example, in the Care Diary or in documentation supplied by the Care Provider. **The Home Care Worker must not be responsible for selecting medication.**

*Example: If a Home Care Worker is responsible for measuring out a liquid for someone who cannot do this due to physical difficulty, the person must be able to see the dose being measured and must be able to confirm this is correct.*

- **Medications Recommended by a Nurse or GP e.g. eye drops, ear drops or creams**

If a GP or District Nurse recommends that a person receiving Level B support requires medicated cream or eye drops/ear drops to be applied by the Home Care Worker for a short course of treatment because the person is physically unable to carry out this task themselves, then these medications should be prescribed and clearly written instructions provided, including details of length of treatment. Home Care Workers should be given instruction/demonstration by the District Nurse if necessary and records of any support provided must be kept.

- **Storing Medicines**

The Home Care Worker may offer advice regarding where to store medicines, although the person will still be responsible for storing their own medication. In general, medicines should be stored in a dry, cool place away from direct sunlight. Medicines should be stored in a safe place, out of the reach of any children.

Some medicines will need to be stored in a refrigerator and this information will be written on the label and original container. The Home Care Worker may need to highlight this to the person if the person has difficulty reading labels.

## 2.3 Level C Support

### 2.3.1 Understanding Level C Support

An older person who requires Level C Support will have been assessed, using a locally agreed protocol, as requiring a Home Care Worker to administer and manage their medication. Level C Support should only be provided after all options to allow the person to be as independent as possible with their medicines have been considered (See Appendix 1). The expectations of the person and their family/friends/informal carers that Home Care Workers will administer medicines must be managed by Health and Social Care professionals. Level C Support will only be available when a Care Package is currently in place. (See page 6)

It should be noted that an older person may be de-skilled regarding their ability to take their medication when they have spent time in a hospital setting. However, if the person has managed medication well in the past (even if this means they utilise their own system for remembering when to take their medicines) and there has not been a significant change in their health (e.g. a stroke), it may be inappropriate to put in place Level C Support until the person is assessed at home. Therefore an early home assessment would be the preferred option. This has been shown to prevent Level C Care Packages from being established unnecessarily.

**Administration of medicines includes Home Care Workers offering all or a combination of the support listed below:**

- **Deciding which medicine(s) have to be taken or applied and when this should be done**
- **Being responsible for selecting the medicine(s)**
- **Giving a person medicines to swallow, apply or inhale, where the person receiving them does not know what the medicine is for or cannot identify the medicine**
- **Applying medicines when the person does not know what the medicine is for or how to apply the medicine or cannot identify the medicine**

In some cases a person may understand their medication and when to take this appropriately but may be unable to communicate this to a Home Care Worker. This would be classed as Level C Support and should be considered on an individual basis using a person centred approach.

Level C Support involves selecting and preparing medicines for immediate administration. Medication should be **administered from normal bottles/boxes that have been labelled and supplied by the Community Pharmacist/Dispensing GP**. An up to date Medication Administration Record (MAR)/Medication Chart must be in place and all administration recorded. (See Appendices 6 and 7)

#### **For Level C Support**

- **Medication will be supplied in labelled bottles and boxes and will not be supplied in a compliance device**
- **An up to date MAR/Medication Chart must be in place and all administration recorded at the time of administration**
- **Safe storage solutions should be in place if a risk of medication being abused is identified**
- **Home Care Workers must not administer medicines from family-filled pill boxes/devices**

An example of Level C Care would include a Home Care Worker following the instructions on a MAR /Medication Chart, selecting a medicine and then giving the appropriate dose to the older person to take, in accordance with the written instructions on the chart and label, saying;

*“ It is time for your Furosemide Mrs. Brown. Here it is”.*

*Example: Mrs Jones has 4 different types of tablets to take throughout the day, at morning, lunchtime and bedtime and several liquid medicines to take. She previously managed with a blister pack ( compliance device) filled by the Pharmacy and a prompt but she has now reached a stage where she cannot choose the correct liquids to take at the correct time, and even with a prompt about the time of day she cannot identify which medicines to take. She is struggling to remove tablets from her blister pack, even with a pill bob (a device used to remove tablets from sealed blister packs) . Her medicines have been reviewed by the Primary Care Pharmacist.*

*Mrs Jones has no family or friends who can support her, therefore, after a review of her Care Package by the Health and Social Care Joint Team it is decided that she would benefit from Level C Support with her medicines.*

### 2.3.2 Starting and Re-starting Care Packages for Level C Support

It is recommended that, where possible, any person requiring Home Care Workers to administer medication as part of a Level C Care Package should receive this support from one Care Provider only. Where this is unavoidable and more than one Care Provider is involved, the Social Worker setting up the Care Package should ensure that clear lines of responsibility and accountability are agreed. This should be recorded. One Care Provider should be the main Provider of assistance with medication and should ensure that the second Provider is supplied with a copy of relevant medication administration records, as appropriate. All Home Care Workers must use the one administration recording system and excellent communication between Care Providers is essential.

Although a person centred approach is advocated, it is recommended that it is not best practice for Care Packages to be established with Personal Assistants and a Home Care Provider having joint responsibility to administer medicines. This has been shown to cause confusion around accountability and responsibility.

All Level C Packages should be regularly reviewed.

The Health and Social Care Joint Team setting up any Care Package involving Level C Support should ensure that a Medication Permission Form (Appendix 2) is completed, before Home Care Workers begin administration of medicines. Similarly, a Care Plan should be in place that clearly details agreed roles and responsibilities of Home Care Workers, family, informal carers and District Nurses, should they be involved in supporting the person with medication. Family/informal carers must be advised that they will be required to co-operate with Home Care Workers when they are carrying out specified tasks e.g. ordering and collecting medication from the agreed Pharmacy.

Where it is agreed that Level C Support with medication is required, it is the responsibility of the Social Worker setting up the Care Package to liaise directly with the Pharmacy and GP and to confirm details of discussions using the agreed Social Work Communication Form (Appendix 3).

*Example: Where a District Nurse is responsible for administering a specific medication this must be clearly stated in the Care Plan. The GP and Pharmacy should be informed to ensure that medication labels and charts reflect this.*

It is important that the start date/restart date of any Care Package is conveyed in a timely manner to the Care Provider, GP and Community Pharmacist to ensure prescriptions are produced and that the Care Provider can liaise with the Community Pharmacy to complete the Level C Agreement Form (Appendix 4), where possible before the package begins and monthly, printed MAR Charts are required. It is good practice for the Care Provider to contact the Community Pharmacy and GP Practice directly as soon as they know that a Level C package is starting/re-starting to ensure that they are aware of this, providing any relevant additional information e.g. details of the link person to contact should any issues arise.

On discharge from hospital, information on Level C Care Packages should be contained in the Immediate Discharge Document sent to all GP Practices. A copy of the Immediate Discharge Document should also be sent to the Community Pharmacy that dispenses the person's repeat medication, along with a copy of the discharge Level C Medication Chart.

### 2.3.3 Important Information for Home Care Workers Providing Level C Support (To be read with Section 2.2, Level B Support)

**Level C Support always involves the administration of medication.**

- **Administering Medicines - The Legal Position**

Home Care Workers can administer medicines (other than injections) to the person that they were intended for when this is in accordance with the directions that the prescriber has provided (The Medicines Act 1968). These directions will be on the medicine label and the Medication Chart.

Written consent should always be in place before Home Care Workers begin to provide Level C Support with medicines. In all cases a Medication Permission Form (Appendix 2) must be completed.

In cases where no Welfare Guardian/Power of Attorney is in place, if, during the process of setting up a Care Package, the Health and Social Care Joint Team assess that a person lacks capacity and cannot give consent for Home Care Workers to administer medication, then the relevant Consultant (Hospital) or GP (Community) should be contacted and the recommendations for treating adults with incapacity found in the Adults with Incapacity (Scotland) Act 2000, Part 5, Section 47 should be followed. If being discharged from hospital and a Consultant initiates a Part 5 Certificate then this should be reported in the Immediate Discharge Summary and should be clearly communicated to the GP to allow the GP to take over maintenance of this certificate. The existence of a Part 5 Certificate should be clearly stated on the Care Plan held with the Care Provider.

*(Not everyone who has need of Level C Support with medication will require a Part 5 Certificate, only those who are assessed as lacking capacity).*

The Scottish Government has produced a Good Practice Guidance for Discharging Persons who may lack capacity (2014). This guidance should be followed (<http://www.gov.scot/Topics/Health/Quality-Improvement-Performance/NHS-Performance-Targets/Delayed-Discharge/Good-Practice>)



- **Insurance**

It is important that Care Providers have adequate insurance for all the tasks related to medicine administration that they may ask Home Care Workers to carry out.

Home Care Workers should ensure that their employers have suitable insurance to cover any task they are asked to perform.

If a person suffers any adverse effects following the administration of a medicine, the Home Care Worker will not be held responsible as long as it can be shown that the medicine was given in accordance with the prescriber's written directions and following local procedures.

- **Medication errors**

Home Care Workers must always report any errors made when assisting a person with medication immediately to their line manager, who will then contact the GP/Pharmacist for advice. If the line manager cannot be contacted the Home Care Worker should contact the GP/ Pharmacist directly and details of the advice given should be recorded. The Home Care Worker's line manager should be informed as soon as possible.

Everyone can make a mistake and therefore no Home Care Worker should be afraid to admit to a mistake when assisting with medication.

**All medication errors must be dealt with promptly.  
An investigation must be carried out and action taken to ensure that the same mistake does not happen again. This process must be recorded and reported, as is appropriate.**

Services wishing to submit a notification to the Care Inspectorate for an incident that does not relate to a controlled drug should use the Care Inspectorate general incident or accident e-form, as well as completing their own incident reporting system.

- **Medication errors involving controlled drugs**

From 1 April 2015, a new e-notification system was introduced to alert the Care Inspectorate to any adverse events and concerns involving schedule 2, 3, 4, and 5 controlled drugs used in care settings. This followed changes to The Controlled Drugs (Supervision of Management and Use) Regulations 2013.

Providers are required to notify the Care Inspectorate of all adverse events and concerns involving a controlled drug when they occur. For more information refer to the *Care Inspectorate: Notifications about controlled drugs: guidance for Providers, March 2015, Publication code: OPS-0415-3*

| <b>Examples of controlled drugs include:</b>   |   |
|--|---|
| Schedule 2<br>(Includes the name of commonly used Schedule 2 medicines in Dumfries and Galloway) | Morphine: (Sevredol /MST Tablets) (Zomorph /MXL Capsules) (Morphgesic SR Tablets)<br>Fentanyl: (Matrifen / Durogesic/ Mezolar and Fencino Patches) (Actiq Lozenges) (Effentora/ Abstral Tablets)<br>Dipipanone: (Diconal Tablets)<br>Oxycodone: (Oxycontin/LongtecTablets) (Oxynorm/Shortec Capsules) |
| Schedule 3   | Temazepam, Midazolam, Buprenorphine, Tramadol   |
| Schedule 4   | Benzodiazepines (Diazepam)  |
| Schedule 5   | Dihydrocodeine, Codeine Linctus, Co-codamol   |

- **Family-Filled Pill Boxes**

Home Care Workers should only administer medicines from the original container dispensed and labelled by the Pharmacy or Dispensing GP Practice.

- **Day Care – Treatment Outside the Older Person’s Own Home**

The Care Provider should ensure the continuity of supply of medicines to any older person receiving Level C Support with medicines if that person regularly spends time away from home e.g. at a day care establishment.

When a person receiving Level C Support goes away from home regularly (e.g. every lunchtime) and requires medication whilst away from home, a Pharmacist and/or GP should be asked to assess whether an alternative preparation is available that would avoid the need for a lunchtime dose. It may also be appropriate to consider whether the medicine could be administered at another time. If the medicine must be taken at the time the person is away from home, the Care Provider should liaise with, for example, the day care establishment, and they should agree a robust system for ensuring that the person receives the dose of the correct medicine, in the correct way and at the correct time of day. Day Care Centres should have policies in place for receipt, storage, and administration of medicines, including the recording of administration. Home Care Workers should not fill “pill-boxes” or decant medicines into envelopes to be taken to the day care establishment. There should always be an audit trail of medicines and Medication Charts/MAR Charts out of one service and into another i.e. out of the person’s home and into the Day Care Centre and then from the Day Care Centre back to the person’s home.

It is not recommended practice for the day centre to have their own supply of medicines and their own chart in place. This has the potential for leading to medication administration errors, for example, when a dose is changed in a person’s own home but this information is not conveyed to the day centre.

- **Seeking further information from Social Work.**

The social work contact number is: **0303 3333 301**

Please ask for the key worker of the person for whom you require information

- **Keeping a record of the initials and signatures of all Home Care Workers**

A record of the printed names, signatures and initials of all Home Care Workers must be kept by Care Providers. This is extremely important when Home Care Workers are initialing Medication Records.

- **Contacting the Pharmacy about updating Medication Charts**

When possible, the Home Care Workers should contact the Pharmacy by telephone before they take the Medication Chart to the Pharmacy for updating or arriving to collect an interim MAR Chart. This will give the Pharmacist an opportunity to ensure that the Home Care Worker has the appropriate documentation for the amendment of the chart i.e. a valid prescription. Pharmacists should have authorisation from the Prescriber before they can amend a chart.

- **Putting out medicines to be given by someone else later in the day**

Home Care Workers should never put out medicines to be given to the person later in the day by someone else. This has been shown to be a very unsafe practice, since often Medication Records are not completed and therefore medication may be administered more than once.

- **Leaving out medication to be taken later**

**This must be avoided. In most cases a person receiving Level C Support with medicines will be unable to take medicines left out for them appropriately.** If the Home Care Worker is regularly being

asked to leave out medicines by the person to take at a later time then the Care Package must be re-assessed/medication reviewed. A risk assessment should be carried out by the Health and Social Care Joint Team, following discussions with the GP. If Home Care Workers are authorised in the Care Plan to leave out any dose of medication at the request of an individual then they must clearly record each time that they do this.

- **Use of the Emergency Procedure Form for recording unplanned situations/events.**

Home Care Workers must only carry out tasks that they have been authorised to do in the Care Plan, and should only administer medication added to a Medication Chart by a Healthcare Professional.

In an emergency situation, the line manager may give the Home Care Worker authorisation via the telephone to carry out a task that has not been previously agreed in the Care Plan or on the Medication Chart. The Home Care Worker must write the instructions carefully onto the “Emergency Procedure Form” (Appendix 8), repeating back what they have written to their line manager, and this should be left out with the chart to ensure all Home Care Workers are aware of this information.

The line manager must ensure that the person is re-assessed if necessary and that any further action is taken within 72 hours e.g. the Medication Chart is updated. If required, Social Work should be contacted to alter the existing Care Package. If the line manager cannot be contacted and a GP, Nurse or Pharmacist is contacted to give advice, then this advice must be written carefully onto the Emergency Form (repeating back what has been said) and details of this must be given to the line manager as soon as possible.

It is important that Care Providers have a contact telephone number available for Home Care Workers/ Health and Social Care Professionals for use out with normal office hours.

- **Refusal of medication**

The Home Care Worker must never force a person to take medication. If medication is refused, this should be clearly recorded, as described on Pages 24 and 25. The health of the person may be affected if medication is not taken. It is recommended that the Home Care Worker seeks advice from the Pharmacist/GP either directly or via their line manager. Any advice given should be recorded and all Home Care Workers made aware of the advice. This should be noted in the Care Plan for future reference.

It is good practice to ask for and record advice on what should be done if refused medication is requested later in the day or continues to be refused at subsequent visits. If medication is refused regularly then a review of prescribed medicines should be requested.

- **Disposal of refused medication**

If a person refuses to take medication before it has been taken from the packaging, then the medicine should be kept in the package and the Home Care Worker should record that the medicine was refused on the Medication Record.

If medicine has been prepared for giving to the person by removing it from the container and then it is refused, then disposal of this medicine should follow good environmental practice. The medicine may be stored securely in a sealed envelope/ labelled medicine bottle with details of the contents and date of refusal clearly noted. This should be kept in safe storage until it can be returned to the Pharmacy with the completed Medication Disposal Form (Appendix 5).

It should be recorded on the MAR/ Medication Record that the medicine was refused and removed for return to pharmacy with the Home Care Worker signing for this action. This should not be a routine occurrence and must only be for isolated incidents associated with an individual dose of a medicine.

- **Crushing medicines**

Under no circumstances should any medicine be crushed before administration to the person unless the Care Provider has received specific, written instructions to do so from the Prescriber and these instructions are noted clearly in the Care Plan. A Pharmacist should be contacted to verify that the medicine can be crushed without changing the way it works.

- **Splitting tablets**

In some cases the required dose of a medicine may necessitate a tablet to be halved. This is acceptable where there is written direction from the prescriber to do this and the tablet is scored to allow halving. Further advice can be provided by a Pharmacist, including advice on any aids available to help split tablets.

- **Covert Administration of Medicines**

Only in very special circumstances would any Home Care Worker ever be allowed to give medicines to an older person without their knowledge i.e. mixing with food. This situation would involve detailed discussions between the older person's representatives, the GP and other Health And Social Care Professionals, as recommended in the Mental Welfare Commission document "*Covert Medication: Legal and Practical Guidance*". This would be clearly detailed in the Care Plan.

- **Alcohol**

Home Care Workers giving Level C Support should not give medication to anyone who has consumed alcohol until their line manager has been contacted and they have been given permission to proceed. The line manager should contact the Pharmacist/GP for advice. This should be clearly recorded.

If the line manager cannot be contacted, the Home Care Worker should contact the Pharmacist/GP directly for advice, again recording any advice given.

If there is a known alcohol problem or the person consumes alcohol on a regular basis, the Home Care Worker should be provided with information on what to do when the person has been drinking i.e. a clear protocol should have been agreed between the GP/Care Provider and the person (or their representative).

- **Over the Counter Medicines, including Herbal Medicines**

Over the counter medicines, including herbal medicines, can interact with prescribed medication. This may cause the effects of any prescribed medicines to be reduced or increased. Certain over the counter products, including herbal medicines, may also affect the current medical conditions e.g. may increase blood pressure.

Home Care Workers should only be involved in the administration of medicines that have been prescribed for the service user and are included on the MAR Chart/Medication Chart.

### 2.3.4 Level C Tasks *(To be read with Section 2.2: Level B Support)*

Level C Support **will always** involve a Home Care Worker administering medication to an older person. However, the Home Care Worker may also be required to provide Level B Support with additional responsibilities.

#### **a) Administering Medicines to Older persons**

Safe procedures for administering medication and the different methods for the administration of different forms of medicines are explained in detail in Section 2.3.6

#### **b) Ordering prescriptions**

In addition to Level B (section 2.2.3), the Home Care Worker will be responsible for knowing when to order medicines and knowing what to order. It is recommended that Home Care Workers order medication when providing Level C Support. Only in exceptional circumstances should this be delegated to someone else and this must be clearly stated at the onset of the Care Package by the person completing the assessment and establishing the Care Plan. Only medicines listed on the MAR/Medication Chart should be ordered in accordance with the guidance below.

It is good practice to have a record within the person's home of when medicines have been ordered and collected. MAR Charts may have areas for doing this or a separate document may be used. An example of this would be:

| Drug | Date ordered | Ordered by | Date received | Received by | Carried forward | Total |
|------|--------------|------------|---------------|-------------|-----------------|-------|
|      |              |            |               |             |                 |       |

It must be noted that medication may not need to be ordered every month, for example, ointments and creams that may be prescribed in large quantities (e.g. 500G containers) or “when required” medicines. It is wasteful and inappropriate to return these to the Pharmacy at the end of each month. No medication should be used beyond the expiry date on the container (Some drops, ointments and creams may have an expiry date of a certain number of days or weeks).

#### **(i) Ordering process when using a printed MAR Chart**

Where medicines are supplied by a Community Pharmacy, ordering should be done by completing the MAR Chart Repeat Request/ Order Sheet (Appendix 6B) and sending this to the GP Practice. Care must be taken to ensure that this is completed correctly, as detailed below, to make certain that all information regarding the need for medication is clearly communicated to both the GP and the Pharmacist. Visiting GPs can also use the MAR and the Repeat Request /Order Sheet for communication purposes.

A Level C Agreement, including details of the agreed ordering process, will be completed for each person and will be signed by the Home Care Provider and the Pharmacist (Appendix 4).

All medicines should be ordered together during week 3 and collected with the MAR Chart on a set day every month (28days), as stated in the Level C Agreement.

## Ordering prescriptions using a MAR Chart supplied by a Pharmacy

- Order on week 3 of the cycle. *Mark on chart as a reminder*
- Use the MAR Repeat Request Ordering Sheet
- Check quantities of all medication remaining. If the medication is still being used but there is an adequate supply in the person's home then note this on the Order Sheet e.g. "Plenty in the house. No more needed. Keep on the MAR Chart". This is particularly important for when required medicines. This process will ensure that the item is not removed from the MAR Chart
- Use as a tool for communication e.g. to confirm if an ointment/cream should continue
- Send this to the GP Practice. This will then be passed to the Pharmacy along with the 28 day prescription.

### Example 1. Completed MAR Repeat Request Order Sheet

| MEDICATION  | TIME    |   | Days' treatment    | Continue    |
|---|---------|---|--------------------|-------------|
| <b>ADCAL-D3 TABS CHEWABLE LEMON</b><br>ONE to be taken TWICE a day but not on Saturdays<br>Suck or chew this medicine   | BFAST/1 | Change directions to  | 28days             | Continue ✓  |
|   |         |   |                    | Discontinue |
|   | BED/1   |   | Doctor's signature |             |
|   |         |   |                    |             |
| Qty: 56   |         |   |                    |             |
| <b>ALENDRONIC ACID TABS 70MG</b><br>ONE to be taken in the MORNING on Saturday only<br>Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS before breakfast. Stand or sit upright for at least 30MINS after taking tablet. | BFAST   | Change directions to  | 28days             | Continue ✓  |
|   |         |   |                    | Discontinue |
|   |         |   | Doctor's signature |             |
|   |         |   |                    |             |
| Qty: 4  |         |   |                    |             |
| <b>LACTULOSE SOLUTION</b><br>Take TWO 5ML spoonfuls TWICE a day when REQUIRED   | BFAST   | Change directions to<br><br><b>Plenty in the house. No more needed. Keep on MAR</b> | 0                  | Continue ✓  |
|   |         |   |                    | Discontinue |
|   | BED     |   | Doctor's signature |             |
|   |         |   |                    |             |
| Qty: 500ml  |         |   |                    |             |

## Example 2. Confirming need to continue with a medicine

|   |       |  |                    |             |
|---|-------|--|--------------------|-------------|
| Qty: 28   |       |  |                    |             |
| 30g <u>Betnovate</u> Cream<br><br>Apply twice each day.<br><br>Apply Sparingly<br>For external use only | BFast | Change directions to<br><br><i>Has been<br/>using for some<br/>time - has this<br/>to continue ?</i> | Days' treatment    | Continue    |
|   |       |  | ?                  | Discontinue |
|   | BED   |  | Doctor's signature |             |
|   |       |  |                    |             |
|   |       |  |                    |             |
| Qty:  |       |  |                    |             |

### c) Collecting Prescriptions from the GP Practice

See Page 10 (Level B)

### d) Collecting medicines from the Pharmacy

The person themselves or their representative must always be given the choice of which Pharmacy/Dispensing GP Practices supplies their medicines. If the Care Provider wishes to move Pharmacy then this must be agreed with the person /their representative, with this agreement being recorded. The same Pharmacy /GP Practice must be used at all times.

Home Care Workers should collect medication from the nominated Pharmacy/dispensing GP Practice. Only in exceptional circumstances should the Pharmacy deliver medication to someone receiving Level C Support and any assessed risk associated with delivering medication to a person's home must be conveyed in writing to the Pharmacy.

Any Home Care Worker collecting medication should know what it is they are collecting e.g. the monthly supply or an interim supply of a medicine, for example, an antibiotic for an infection.

Pharmacies may request that the Home Care Worker collecting medication signs for receipt of this.

It is not expected that any person receiving Level C Support would be collecting medication from the Pharmacy. If someone else is collecting medication other than the Home Care Worker the Pharmacy must be made aware of this e.g. a family member.

### e) Storage of medicines

Home Care Workers providing Level C Support must ensure that medicines are stored in a suitable place.

In general, medicines should be stored in a dry, cool environment, out of direct sunlight. This means that the bathroom cabinet or kitchen shelf is not the best place to store medicines.

Home Care Workers should ensure that medicines are stored in a closed container in a safe place, out of the reach of children. Medicines for external use, for example creams and ointments, should be stored separately from other medicines. Some medicines will need to be stored in a refrigerator. This instruction should be on the label of these medicines and on the packaging of medicines. It is important that any medicines stored in the refrigerator are stored separately from food, ideally within a closed container (e.g. a plastic box with a lid).

In situations where the older person may knowingly or unknowingly take medication inappropriately when the Home Care Worker is not present, it may be necessary for medicines to be stored in a lockable unit such as a lockable box or cabinet. A procedure must be in place to ensure that all those who need to access medication can do so easily. If the medicines are kept in a locked box/cabinet it is suggested that the chart is kept outside this unit to ensure access by any visiting Health/Social Care Professional. Noting where the chart is kept in the Care Diary, or similar document, is also recommended.

**f) Disposal of excess medicines**

If a Home Care Worker feels that a person has too much medicine, or that there are medicines in the home that are no longer used, it should be established whether any excess medicine should be removed by liaising with the Community Pharmacy/ GP Practice. This includes removal of excess medication at the start of a Care Package.

If family/ informal carers cannot return medication to the Pharmacy, the Home Care Worker may do this, once the Care Provider has carried out a risk assessment.

However, before a Home Care Worker can remove any medicine from a person's home, a Medicine Disposal Form (Appendix 5) must be completed and signed.

On return of the medicines to the Pharmacy, the Pharmacist should sign the Medication Disposal Form, which should be returned to the Home Care Worker and then stored by the Care Provider in the older person's records. Some Pharmacists may wish to keep a copy of the Medication Disposal Form for their own records.



### 2.3.5 Administering Medicines Requiring Level C Support

Home Care Workers can only administer medicines if this task has been written into a Care Plan, a copy of which should be kept in the person's home. Medication can only be given to the older person if it is included on a MAR/Medication Chart. Any changes in medication should be made by a responsible healthcare professional e.g. the Pharmacist/GP. An up to date MAR/ Medication Chart should be kept with medicines at all times. These charts will be supplied by Pharmacies/Dispensing GP Practices in Dumfries & Galloway as part of a Level C Care Package with an Approved Care Provider.

It is unlikely that anyone receiving Level C Support will have any "when required medicines" i.e. medicines that they decide when to take. However, some older people receiving Level C Support may have painkillers that they only need to take occasionally or, for example, inhalers they only take when breathless. If a person is capable of deciding when they need these medicines and is capable of clearly conveying this information, this should be stated in a person centred Care Plan. However, if a when required medicine is routinely asked for, then a medication review should be carried out to establish whether this medicine should be given routinely by the Home Care Worker. Home Care Workers should highlight any "1 or 2 tablets" doses to their line manager for discussion with the prescriber, since decision making by the Home Care Worker is discouraged.

Home Care Workers should never be asked to make a decision around when a person requires a particular medicine or what dose should be administered.

It is essential that everyone involved in caring for a person who requires Level C Support is aware of the need to record the administration of all medicines, with informal carers also completing relevant recording documents should they ever administer a medicine when the Home Care Worker is not present.

As discussed in section 2.3.2, if more than one Care Provider is involved in assisting an older person with medication, the person setting up the Care Package should designate a "Lead Provider" who will take responsibility for the Medication Records. This Care Provider will be responsible for supplying new Medication Recording Sheets or MARs and storing completed records, although Home Care Workers from the other Care Providers must also use these Recording Sheets or MARs when assisting with medication. At the end of each recording cycle the lead Care Provider must ensure that a copy of the Recording Sheet or MAR is made available, if appropriate and requested, to the partner Care Provider for their own records.

The administration of each individual medicine must always be recorded at the time it is administered. Home Care Workers must be able to distinguish individual medicines and follow any specific instructions associated with these medicines e.g. *take with or after food*. Methods of recording administration are provided below, with detailed guidance being provided during the training sessions associated with these Guidelines.

#### 2.3.5.1. Medication Administration Records (MARs) (See Appendices 6A and 6B)

Medication Administration Records (MARs) are linked electronically to a Community Pharmacy Patient Medication Record and can now be supplied by all Pharmacies in Dumfries & Galloway as part of a Level C Care Package with an approved Care Provider. A Level C Agreement (Appendix 4) must be completed for each person receiving a MAR Chart to ensure that systems are in place to support the accurate and timely production of charts each month. Dispensing GPs and Community Hospitals cannot currently produce MAR Charts. It is anticipated that following a pilot period, a 14 day printed MAR Chart will in the future be provided for patients requiring Level C Support at the point of discharge from DGRI.

Interim MAR Charts are available for medication that is supplied by the Community Pharmacy mid-cycle and for use when antibiotics, steroids, ear drops, eye drops, creams and other time-limited treatments are prescribed.

**(a) Managing the MAR**

The MAR will be removed from the person's home at the end of each 28 days when the new MAR is put in place. The line manager should carry out an audit of these records, ensuring that there have been no problems during the previous month and if problems have arisen they should be dealt with immediately. Completed records should be stored by the Care Provider in the person's records in a central location for a minimum of 5 years.

**(b) Completing the MAR (Appendix 6)** *(Detailed guidance is provided during training sessions)*

As medicines are administered, the Home Care Worker should initial the space corresponding to the correct time and day for that medicine. This must be done for **each** medicine as it is administered.

For continuity between the different charts supplied by different pharmacies at this time, it has been agreed locally to use the following codes: **R** Refused **D** Destroyed **LO** Left Out (it is good practice to use red pen or to circle any codes, distinguishing these from initials and highlighting that more information should be available).

MARs may differ slightly depending upon the Pharmacy that supplies them. However, in general, the method of recording will be the same. The supplying Pharmacy can provide additional guidance.

**If a “when required” medication is requested** by the person, the Home Care Worker should check the back of the MAR to establish when the last dose was given and then decide whether the medicine can be administered. This is especially important for medicines that have instructions such as “2 to be taken every 4 to 6 hours when required for pain. No more than 8 in 24hours” e.g. paracetamol and paracetamol containing preparations where there must be at least 4 hours between doses. The number of tablets given and the exact time of administration should be recorded on the reverse side of the MAR (some Care Providers may also wish their Home Care Workers to record this information in a Care Diary or similar document) e.g. “2 paracetamol at 5pm” and signed. If in exceptional circumstances and agreed in the Care Plan a dose of 1 or 2 tablets is specified, then the exact number of tablets given should also be recorded.

If a “when required medicine” is requested regularly this should be discussed with the Pharmacist /GP.

**If a medication is refused** this should be recorded in the appropriate space by using the code “**R**”. It is important for the Home Care Worker to establish from a Healthcare Professional whether it is safe not to give this medication. On the reverse side of the MAR the Home Care Worker should note why medication was refused, who was contacted for advice and what advice was given. It is good practice to note information about whether the medicine can be taken later in the day and what to do if the person continues to refuse this medicine. If a medicine has been removed for return to the pharmacy this should also be noted. The Home Care Worker should sign the back of the MAR.

**If all medication is refused** then refusal should be recorded for each individual medicine in the appropriate space on the MAR and a Healthcare Professional contacted, as above. A note should be made at the back of the MAR and signed, as above.

**If a refused medicine is requested later in the day**, the Home Care Worker should check the reverse side of the MAR to see if any recommendations were made about this at the time of refusal. If not, a Healthcare Professional should be contacted and the information supplied recorded, as above. If it is safe to give this medication, then this should be recorded in a space corresponding to the time of administration

**For medicines that have a varying dose (*this should happen rarely*)**, the exact dose given should be stated and initialed in the box e.g. “*1ES*” or “*2ES*”. (*ES being the initials of the Home Care Worker*).

**If a medicine is left out to be taken later in the day (*this should happen rarely and should only be at the request of the older person in exceptional circumstances and in accordance with the Care Plan*)**, then the code “**LO**” should be used. A note should be made on the reverse side of the MAR specifying where the medicine was left and should be signed. At the time of the next visit care should be taken to ensure medication is still not left lying out and has been taken. If medication that has not been taken has to be removed for return to the pharmacy this should also be recorded.

### 2.3.5.2 Kardex-Type Medication Chart and Recording Sheet (Appendices 7 A, B, C and D)

#### **a) Managing the Medication Chart and Recording Sheets**

Each chart must be kept for reference should a revised chart be produced. A line should be drawn through the old chart showing clearly that it has been discontinued and the date the chart has ended should be clearly annotated. When a new chart is put in place, the current Recording Sheet should be clearly marked to highlight when the rewritten Medication Chart began. Alternatively, a new set of Recording Sheets could be started relating to the new chart.

A Short Course Medication Chart is available for use when antibiotics, steroids, ear drops, eye drops, creams and other time-limited treatments are prescribed (Appendix 7B).

Charts and Recording Sheets should be audited and retained, as with Mar Charts. (Page 24)

#### **b) Completing the Recording Sheets (Appendix 7C)**

Each time a medicine is administered the code ( A, B, C D...) for that medicine should be written into the space on the Recording Sheet that corresponds with the correct time and date. Once all medicines for that time of day have been administered, the Home Care Worker should sign the space below the recording box. This must be done for **all** medicines administered at that time of day.

**If a “when required” medication is requested**, the Home Care Worker should check the “**Other Times**” box to establish when the last dose was given and then decide whether the medicine can be administered. This is especially important for medicines that have instructions such as “2 to be taken every 4 to 6 hours when required for pain. No more than 8 in 24hours” e.g. paracetamol and paracetamol containing preparations where there must be at least 4 hours between doses The number of tablets given and the exact time of administration should be recorded in the “**Other Times**” box e.g. “*2B at 5pm*” and signed. If a person regularly requests a “when required medicines” this should be discussed with the Pharmacist/ GP.

**If an individual medication is refused**, this should be recorded in the appropriate space e.g. “*A refused*”. It is important for the Home Care Worker to establish from a Healthcare Professional whether it is safe not to give this medication. At the back of the Recording Sheet the Home Care Worker should note why medication was refused, who was contacted for advice and what advice was given. It is good practice to note information about whether the medicine can be taken later in the day and what to do if the person continues to refuse this medicine. If a medicine has been removed for return to pharmacy this should also be noted. The Home Care Worker should sign the reverse side of the Recording Sheet.

**If all medication is refused**, state “*All refused*” in the appropriate space on the Recording Sheet and contact a Healthcare Professional, as above. A note should be made at the back of the Recording Sheet and should be signed, as above.

**If a refused medicine is requested later in the day**, the Home Care Worker should check the back of the Recording Sheet to see if any recommendations were made about this at the time of refusal. If not, a

Healthcare Professional should be contacted and the information supplied recorded, as above. If it is safe to give this medication, then this should be recorded in the “**Other Times**” box, at the bottom of the Recording Sheet. The actual time the medicine was administered should be specified e.g. “*A at 6pm*”. The entry should be signed.

**For medicines that have a varying dose (should happen rarely)**, the exact dose given should be stated in the box corresponding to the correct time of day.

**If a medicine is left out to be taken later in the day (*this should happen rarely and should only be at the request of the older person in exceptional circumstances*)**, the Home Care Worker should record this e.g. “*D left out*”. A note should be made on the reverse side of the Recording Sheet to specify where the medicine was left and should be signed. At the next visit, the Home Care Worker should check that the medicine has been taken. If medication that has not been taken has to be removed and returned to the pharmacy this should also be recorded.

**Care Providers may wish their staff to record additional information in a care diary or in similar documentation in addition to adding this to the reverse side of the MAR or the Medication Recording Sheet.**

### 2.3.5.3 Level C Administration of Medication Tasks

**It is essential that all Home Care Workers know what they should or should not be doing to assist a person requiring Level C Support with medicines.**

Many tasks now undertaken by Home Care Workers were previously regarded as nursing tasks. However, there are certain tasks related to the administration of medicines that should still only be carried out by fully trained Healthcare Professionals, such as District Nurses. It is important that Home Care Workers are aware of the tasks that they can perform and the tasks that they should not carry out.

Administration of Medication Tasks can be separated into the following categories;

- i. **Home Care Workers can only administer these medicines following completion of the Recommended “Basic Administration of Medication Training, with Assessment of Competence by the Care Provider” (Table 1, Page 27)**

Records of all training must be kept by the Care Provider.

- ii. **Home Care Workers can only administer these medicines following, “Additional Training and Supervision of Practice” (Table 2, Page 34)**

These tasks must only be carried out following training and supervision of practice by a qualified Nurse (usually District Nurse) as per local policy and within a defined protocol.

Records of all training must be kept by the Care Provider.

iii. **Home Care Workers should not be involved in the administration of these medicines: Level D (Table 3, page 35)**

These tasks can only be carried out by registered Nurses e.g. District Nurses

*Each of the above categories will be examined in detail in the following sections.*

2.3.6 Medicines that can be Administered by Home Care Workers following Completion of Basic Administration of Medication Training with Assessment of Competence by the Care Provider

Table 1.

|   | Task   | Comment   |
|---|--|---|
| A | Administration of solid oral medicines<br>e.g. tablets and capsules.   | In some cases, when a lower strength of a medication is not available, it may be appropriate to half tablets in accordance with a prescription if the tablet is scored to facilitate this.<br>See note below regarding Warfarin*  |
|   | Administration of liquid oral medicines<br>e.g. mixtures, suspensions.   | Oramorph Oral Solution <u>10mg/5ml</u> is a Schedule 5 Controlled Drug and <u>can</u> be administered by Home Care Workers.   |
| B | Application of prescribed, medicated creams and ointments  | <u>Applying moisturising ointment/cream (e.g. E45), including application to diabetic feet</u> , could be considered as a Personal Care Task, even if prescribed. This should be stated on the Care Plan.   |
| C | Assistance with inhalers   |   |
| D | Application of Medicated Patches   | Carefully follow instructions for each different type of patch.<br>Home Care Workers should never cut patches.<br>See G below and page 31 for advice on <i>Fentanyl Patches</i>   |
| E | Application of eye drops/ointments not needing assessment  |   |
| F | Application of ear/nose preparations   |   |
| G | Administration of Schedule 2 Controlled Drugs (CDs) – solid form i.e. tablets, capsules and patches.<br><i>See page 15 for examples of controlled drugs and examples of Schedule 2 Controlled Drugs commonly prescribed in Dumfries and Galloway.</i><br><br>If safe storage of controlled drugs is a concern then a lockable storage system should be considered. | <b>Home Care Workers must not be responsible for measuring out liquid Controlled Drug (Schedule 2) medicines.</b><br>Oramorph Concentrated Solution <u>100mg/5ml</u> is a Schedule 2 controlled drug and must not be given by Home Care Workers.<br>Oramorph Oral Solution <u>10mg/5ml</u> is a Schedule 5 controlled drug and therefore can be administered by Home Care Workers.<br>Temazepam is a Schedule 3 drug and therefore Home Care Workers may administer liquid Temazepam. |

|   |   |   |
|---|---|---|
|   |   | Fentanyl Patches may be applied by Home Care Workers. It is suggested good practice to have a separate recording sheet to ensure that patches are applied correctly ( Page 31)  |
| H | <p>Medicines requiring safe handling</p> <ul style="list-style-type: none"> <li>• Methotrexate Tablets (once weekly dose)</li> <li>• Azathioprine Tablets</li> <li>• Finasteride</li> </ul> | <p>Home Care Workers who are breastfeeding or are pregnant or staff planning pregnancy should not handle these medicines.</p> <p>Training must be provided on safe handling of these medicines (See Appendix 9 for a summary of recommendations).</p> |

### Warfarin\*

Before any person requiring Level C support with medication is prescribed an anticoagulant for the first time, the risk versus benefit of Home Care Workers administering this treatment should be considered. Where anticoagulation is deemed necessary, the requirement for ongoing treatment should be regularly reviewed (at least annually).

When Home Care Workers are administering warfarin it is recommended that;

- Frequent dose changes are not required due to fluctuating INR results (*International Normalized Ratio: a measurement used to monitor people who are being treated with the blood-thinning medication*)
- 3mg and 5mg tablets are avoided and 1mg tablets should be prescribed where possible, meaning that the number of tablets to be given will equal the number of milligrams prescribed
- The preferred pattern of prescribing should be same dose of warfarin to be administered each day i.e. alternating dosage regimens are not recommended
- Dose changes should be provided in writing and should be signed by/authorised by a prescriber ( the yellow book can be used for this)
- Robust systems of communication should be established between the GP practice and Care Providers, with any verbal communication of any changes in dose being followed up in writing by the prescriber.

A risk assessment should be carried out by the Health and Social Care Joint Team and the Care Provider taking in to account the recommendations above. **Where concerns are identified**, the use of the formulary choice novel oral anticoagulant (NOAC) should be considered, where clinically appropriate. If a NOAC is not clinically appropriate, then the administration of warfarin should be carried out by nursing staff. This may be for a short time only until, for example, the dose of warfarin is stabilised.

*Reference: National Patient Safety Agency: Anticoagulation Patients Safety Alert: Advice for Social Care Providers*

## 1. Administration of all Medicines

Before any medicine is administered the Home Care Worker should check the **5 Rights of Administration:**

### 5 Rights of Administration

1. ***Right Person***
2. ***Right Medicine***
3. ***Right Time***
4. ***Right Dose***
5. ***Right Route***

The Home Care Worker should:

**Check** the Medication Chart and Recording Sheet/MAR to ensure that this is in fact the correct person and that nobody has already administered the medicine for this time of day.

**Explain** what is going to happen.

**Wash hands** and put on gloves where necessary e.g. application of ointments/creams. Hands should also be washed after medicines are administered. Good hygiene rules must always apply.

**Prepare** surfaces and gather together all medicines, Charts, Recording Sheets, utensils and drinks of water.

**Ensure** a comfortable position. For oral medicines this must be an upright position

**Begin** with the very first entry on the chart and work down the chart gradually.

**Compare and follow** the instructions on the Medication Chart and label, remembering to check that the person's name is on each medicine. If labels are damaged in any way, or the instructions are not clear, or the information on the label differs from the information on the chart, the Home Care Worker should contact the Pharmacist/Dispensing GP, directly or via a line manager, before administering the medication. Any special instructions on the label/chart should be followed e.g. *take with or after food*. Charts will not always include special instructions and therefore labels must always be read. Expiry dates on containers should be checked.

**Separate** containers, making sure that those from which medicines have been administered are set away from the medicines not yet administered.

**Record** administration. This must be done for each medicine as it is administered. The person administering the medicines must be able to distinguish each individual medicine and be aware of any specific instructions.

If there are **any differences** between the **information on the MAR/Medication Chart** and the **information on the medicine labels**, or if the Home Care Worker is **concerned in any way about the medication** that has been dispensed by the Pharmacist/Dispensing GP, then **medicine must not be administered**. The Home Care Worker should contact his/her line manager immediately who should contact the Pharmacist or GP. If the line manager cannot be contacted, the Home Care Worker should contact the Pharmacist or GP directly for advice. NHS 24 (**Call : 111**) should be contacted when issues are identified out of normal working hours



## 2. Task A (Refer to Table 1) **Administration of oral medicines e.g. tablets, capsules, liquids**

- **For normal tablets and capsule**, follow the instructions on the Medication Chart and medicine labels, tip the correct number of tablets/capsules into the lid of the container and then place these into a clean medicine cup or into the person's hand.

If the medicine is in a foil strip pack, the medicine can be pressed through the foil directly into the medicine cup or hand of the person.

The person can now take his or her own medicine, washed down with the water offered by the Home Care Worker. However, if an older person cannot physically raise their hand to their mouth to take medication then the Home Care Worker may place the medication on a spoon and place in their mouth.

There is no requirement for Home Care Workers to count the number of remaining tablets/capsules in a packet every time they administer a medicine. However, if there is a suspicion that medication is being misappropriated or being wrongly administered, then a Care Provider may wish to include the checking of the balance of medication over a period of time.

- **If the tablet is soluble**, the tablet should be emptied into the medicine cup, as described above, and it should then be placed in half a glass of water and allowed to dissolve before it is given to the person. A cold drink may be taken.

- **If the tablet is a “buccal tablet”**, the instructions on the label will specify that the tablet should be placed high up between the upper lip and the gums to either side of the front teeth. The tablet will soften and stick to the gum, allowing the medicine in the tablet to be absorbed through the lining of the mouth. If the person wears dentures the tablet can be placed in any comfortable position between the upper lip and gum. Water should not be given in this case.

- **If the tablet is a “sublingual tablet”**, the instructions on the label will specify that the tablet should be placed under the tongue where it will dissolve and the medicine in the tablet will be absorbed. Water should not be given in this case.

- **If the tablet should be “sucked” or “chewed”**, the instructions on the label will tell you if the tablet should be sucked or chewed. The person should be offered a drink of water to wash down a chewed tablet or should be offered water once the sucked tablet has disappeared from the mouth.

- **If a tablet needs to be halved to ensure the correct dose of a medication is provided**, this should only be done by the Home Care Worker when the tablet is scored. Any remaining half should be returned to the packaging for use.

- **If the medicine is a liquid**, the bottle should be shaken and the correct amount of medicine should be measured out using a 5 ml medicine spoon, a graduated measuring cup or an oral syringe. (These can be supplied by the Community Pharmacy).

When the Home Care Worker is pouring out the medicine, the bottle should be tipped to ensure that the instruction label is facing upwards, so that any spilled medicine does not dribble over the label, making it difficult to read.

The measured dose should be given to the older person along with a drink of water.

The neck of the bottle and any “dribbled” medicine should be wiped clean before the lid is replaced.

- **Warfarin (Page 28)**. The Care Provider may wish to set up an additional chart specifically for the recording and monitoring of the administration of warfarin, in addition to the general chart.



### **3. Task B Applying ointments, creams and lotions.**

Disposable gloves should be worn.

The older person's privacy and dignity must be protected at all times when applying any cream/ointment/lotion. The person should be placed in a suitable position for application of the medication.

A body map showing where each ointment, cream or lotion is to be applied should be included in the Care Plan. Medication labels do not need to include details of the exact location for application. The Care Plan should also specify the duration of treatment.

The correct amount of ointment/cream/lotion should be taken from the container and smoothed out evenly onto the skin, remembering that many older people have very delicate skin that may be easily damaged. If the cream or ointment is in a tube, the tube should be squeezed from the bottom.

Some creams or ointments will need to be applied sparingly. This means that you should only use a very little of the preparation and apply a thin layer. The instruction leaflet that comes with the cream or ointment should give you clear details of how it should be applied.

The Home Care Worker should dispose of the gloves and then wash his/her hands.

The Medication Recording System should be completed immediately.

### **4. Task C Inhalers**

Most people will be able to use their own inhalers. However, if an older person has any problems with a device that has been prescribed, then the GP, Nurse or Pharmacist can give advice on other devices that may be more suitable.

If the Home Care Worker is responsible for ensuring the person has used an inhaler which must be taken regularly, then the Medication Recording System should be completed immediately.

### **5. Task D Medicated Patches**

These are patches containing medication that are applied to the skin.

The most common patches are used for hormone replacement therapy, nicotine replacement therapy and for severe pain.

Home Care Workers must not be involved in halving any patches prior to administration.

The Person Information Leaflet (PI Leaflet) for each type of patch should be followed. This will provide information on:

- Where to apply the patch
- How to apply the patch
- How long it should be left on
- Where to apply the next patch – patch positions should be rotated
- How to dispose of the old patch safely

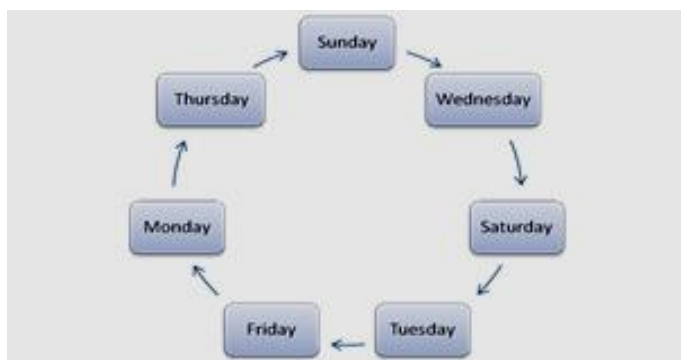
In general, patches should be applied to clean, non hairy, non irritated skin.

The patch should be marked and/ or a patch chart used to allow monitoring of the date applied, the date for changing and the location of the patch.

Monitoring is required to ensure that:

- patches are applied/changed at the appropriate times
- patches do not fall off
- patches are removed when a new patch is put in place.

For 72 hour patches (e.g. *Fentanyl*) the following diagram may be helpful when working out when to next change the patch. The day the first patch is applied should be marked on the diagram and by following the arrow to the next day shown the day when the patch should be changed can be calculated. The calendar should be followed in a clockwise direction.



The Medication Recording System should be completed immediately (Care Providers may wish to set up their own chart specifically for monitoring the application and removal of patches, in addition to the general chart).

#### **6. Task E Application of eye drops/ointments not requiring observation**

The person may be able to instil their own eye drops using one of several devices available to support self management (Appendix 1). This should always be considered.

Note the date of opening containers and discard in accordance with the instructions. This may be 4 weeks after opening or may be longer for some preparations.

Any preparation that is stored in a fridge should be allowed to stand at room temperature for a period before it is applied.

If both eyes are affected then a preparation for each eye may have been dispensed and care should be taken to ensure that the preparation is used in the correct eye.

Eyedrops – tilt the person’s head back and make a small ‘pocket’ with the lower eye lid by gently pulling down the lower lid with your thumb and index finger, asking the older person to look up. Bring the dropper close to the eye, being careful to avoid contact and gently squeeze the dropper, allowing the correct number of drops to be released. Ask the person to close the eye and blot away any excess solution with clean cotton wool/tissue. Not doing this can lead to a skin irritation around the eye. Replace the lid of the bottle immediately.

Eye ointments – again ask the person to tilt the head back. Gently pull down the lower lid and ask them to look up. Apply ointment as a “fine thread” inside the inner surface of the lower lid, being careful to avoid contact between the tube and the eye. The person should blink several times and the lid should be replaced on the container.

The Medication Recording System should be completed immediately.

For post operative eye drops see page 35.

## 7. Task F Instillation of ear drops and nasal drops/sprays

If the label or instruction leaflet states that the preparation should be discarded after one month then the date of opening should be recorded.

Any preparation that is stored in a fridge should be allowed to stand at room temperature for a period before it is applied.

Ear drops - the person should tilt the head to the opposite side from the side to be treated. The Home Care Worker should then gently pull the ear back holding the top of the ear and instill the correct number of drops. The head should be kept tilted for several minutes. Cotton wool should not be used to plug the ear.

Nasal drops - the person should blow his/her nose, tilt their head back and breathe through the mouth. (The person may prefer to lie down). The correct number of drops should be instilled into the nose and the head should remain tilted for a few minutes. It is normal to “taste” the drops.

Nasal sprays - the person should blow his/her nose, tilt the head slightly forward and close one nostril by gently pressing against the side of the nose with a finger. The tip of the nasal spray should be inserted into the other nostril and the older person should breathe in slowly through the nose. While they are still breathing in squirt one spray into the nostril keeping the bottle upright. The spray should be removed from the nostril and the person asked to breathe out through their mouth. The head should be tilted backwards to allow the spray to drain into the back of the nose.

The Medication Recording System should be completed immediately.

## 8. Task G Controlled Drugs

Home Care Workers may administer Schedule 2 Controlled Drugs to an older person **only** if the medicine is in a solid dosage form such as a **tablet, capsule or patch** and a risk assessment has been carried out. See Page 15 for a list of commonly prescribed, solid form, Schedule 2 Controlled Drugs.

The administration of Schedule 2 Controlled Drugs should be considered as falling into two categories;

1) A Controlled Drug has been prescribed to control chronic pain and a stable dosage regimen has been established. This medicine will be included on the Medication Chart as a routine medication. This should be reviewed regularly by the Healthcare Team.

2) A controlled drug has been prescribed as part of a palliative care regimen and it is agreed that this drug will be administered by a Home Care Worker at specific times e.g. when the Palliative Care Team is not present at night to give the last dose of medication. This should never involve the Home Care Worker making decisions about whether or not to administer the drug or how much to administer. This medicine will be included on the Medication Chart and any amendments will be clearly marked on the chart by the relevant Healthcare Professional following the directions specified in accordance with the Doctor's written instructions. This should only be done under strict supervision of the Palliative Care Team.

If safe storage of controlled drugs is a concern then a lockable storage system should be considered.

The Medication Recording System should always be completed immediately. Although it would be ideal to have two Home Care Workers present when controlled drugs are administered, this has been found to be unrealistic in the community care setting. However, if two Home Care Workers are present then they should both be involved in administering the controlled drug and therefore both should sign the Administration Record.

### 2.3.7 Suitable tasks for Home Care Workers on Completion of Additional Training

The tasks shown in Table 1 on page 27 are tasks that can only be carried out by Home Care Workers who have been attended Basic Medication Administration Training and who are confident and competent in these basic tasks. Additional training in the tasks shown in Table 2 should be provided by an appropriate person, usually a District Nurse or Specialised Nurse e.g. Diabetes Nurse. The training will follow set protocols. However, it is the responsibility of the Care Providers to ensure that the Home Care Workers have been given training in the tasks listed and that all training is recorded. Home Care Workers carrying out the tasks in Table 2 must be regularly re-assessed to ensure the tasks are being carried out properly.

Following consultation with the NHS Dumfries and Galloway Nurse Management Team and Care Providers it has been agreed that the initial constraints put on this training, that it be Home Care Worker and person specific training, were unmanageable. It is now recommended that this training can be carried out in group sessions but that competence will be assessed and that supervision of practice by a Nurse, usually the District Nurse, is essential. Training must be updated annually.

Care Providers must keep records of any training undertaken by the Home Care Workers.

**These tasks must only be carried out following training and supervision of practice by a qualified Nurse (normally District Nurse), as per local policy and following defined protocols.**

Table 2. Medicines that can be Administered by Home Care Workers Following Additional Training and Supervision of Practice

| <b>Task</b>   | <b>Comment</b> The Home Care Worker must be regularly re-assed when carrying out these tasks   |
|---|--|
| Administration of “micro- type” enemas, <u>not</u> phosphate enemas | Training by District Nurse following set protocol.   |
| Insertion of suppositories  | Training by District Nurse following set protocol.   |
| Post operative eye care   | See Page 35  |
| PEG feeding with medication   | Initial training by “Homeward” and the NHS Team  |
| <u>Assistance</u> with nebulisers/oxygen                            | Training by the District/Respiratory Nurse or the Company supplying oxygen.<br>Home Care Workers must have knowledge and understanding of the safe handling/storage of oxygen if working in a home where oxygen is present.                                      |
| Buccal Midazolam in palliative care                                 | Home Care Workers should be provided with suitable training by the District Nurse or Specialist Nurse from the Palliative Care Team. This training should be part of the <i>Clinical Management Plan for Administration of Buccal Midazolam in the Community</i> |

\* Post operative eye drops

The competence of the Home Care Worker in administration of post-operative eye drops should initially be assessed by a Registered Nurse with a person who requires Level C Support. This can be done in a group session. Once deemed competent by the District Nurse, Home Care Workers can administer post-operative eye drops for others, with any concerns being reported immediately to the District Nursing Team.

- A Registered Nurse will carry out first visit to assess and plan, plus initiate a plan of care. This will be a holistic assessment and will consider all physical, psychological, environmental aspects of an individual's care and support needs
- As deemed appropriate following assessment, implementation of care may be delegated to a Home Care Worker who will visit to implement the delegated Care Plan for the individual / administer eye drops
- Any concerns raised by the person or Home Care Worker requiring decision making following further assessment will be escalated to a Registered Nurse.
- At end of post op week two, regardless of any arising questions or needs, a Registered Nurse will visit the person and evaluate care outcomes (this following two weeks of four times a day drops being administered).
- For weeks 3 -4 post op, the usual treatment regime is twice a day eye drops. Unless a change is deemed necessary to this, following reassessment by a Registered Nurse and / or discussion with the Ophthalmology Team, a Home Care Worker may undertake this delegated prescription of care.
- During weeks 3 and 4, any questions arising from the person or the Home Care Worker for assessment and decision making will be quickly escalated by the Home Care Worker.

A Registered Nurse will undertake a final evaluation of care at the end of week 4.

**Note:** There is no requirement for Registered Nurses to carry out regular administration of eye drops if they deem it appropriate to delegate this to a Home Care Worker after assessment.

Competence must be reassessed annually.

### 2.3.8 Level D: Medication Administration Tasks that should not be carried out by Home Care Workers

Table 3 lists medicine administration tasks that should only be undertaken by a Healthcare Professional, usually the District Nurse.

Table 3.

| <i><b>Task</b></i>   | <i><b>Comments</b></i>                      |
|--|---|
| Administration of Injections, including insulin.                   |   |
| Administration of any medicine dependent upon skilled observations |   |
| Insertion of pessaries   |   |
| Wound Management   |   |
| Administration of Schedule 2 Controlled Drugs in liquid form       | See Page 15, 27 and 33 for further details. |

|   |  |
|---|--|
| Administration of Cytotoxic (Chemotherapy) Drugs being used to treat cancer.<br>See Appendix 9 for examples of these drugs. | If Home Care Workers are involved <u>in the personal care</u> of a person receiving chemotherapy then training must be provided on the safe handling of urine/vomit/faeces and soiled linen, in accordance with the <i>NHS Dumfries and Galloway Guidelines for the Safe Use of Systemic Anti-Cancer Therapies</i> . Information should be supplied by the Palliative Care Team detailing the precautions to take following treatment. |
|---|--|

### 3. Healthcare Related Tasks Not Involving Administration of Medicines

*These are not Level C Tasks*

Care Providers and Home Care Workers often seek guidance on tasks that they are asked to perform that they feel may be related to the healthcare of the older person. Some of these tasks are regarded by the Health and Social Care Joint Team as being personal care tasks but would still require training and, in some cases, supervision of practise. Others are simply not suitable to be carried out by Home Care Workers and should only be carried out by qualified Healthcare Professionals. Some of these tasks and recommendations regarding suitability for Home Care Workers have been listed in Table 4 below.

Table 4. Healthcare Related Tasks Suitable for Home Care Workers not involving administration of medicines

| Tasks  | Suitable with Training Rules of good hygiene must be followed at all times  |
|--|---|
| Colostomy Care<br><br>This is classed as a <b>Personal Care Task</b> | Home Care Workers may change colostomy bags following suitable training and initial instructions from the District Nurse or Stoma Nurse.<br>General care of the stoma site, as instructed by the Nurse may be carried out but Home Care Workers must inform the District Nurse/Stoma Nurse if the stoma site changes in any way.<br><b>Post operatively</b> the District Nurse/Stoma Nurse must regularly visit the person to re-assess the stoma site. |
| Catheter Care<br>This is classed as a <b>Personal Care Task</b>      | Home Care Workers may change catheter bags following suitable training and initial instructions from the District Nurse. Rules of good hygiene must be followed and care must be taken not to dislodge the catheter.<br><b>Home Care Workers must never be involved in the insertion/re-insertion of catheters</b>  |
| Blood Testing  | Training by Nurse. Home Care Worker regularly re-assessed.<br>The person themselves should carry out the test with the Home Care Worker reading and recording blood glucose levels for use by DNs/GPs.<br><b>Home Care Workers must never advise about the amount of insulin to be administered or dietary requirements following blood/urine tests.</b>  |
| Changing simple dressings  | Only a simple dry dressing covering a minor wound e.g. sticking plaster or application of a dressing in an emergency following the direct instructions of the District Nurse.<br>Home Care Workers should not be involved in wound management.  |

## **4. The Role of the Community Pharmacist**

It is important that the Home Care Worker always uses the Community Pharmacy chosen by the older person or their representative where appropriate. This means that the person's medication records will be kept up to date.

The Community Pharmacist must know the Level of Support that the older person is receiving from the Home Care Provider because this will influence decisions the Pharmacist may need to make about the person's medication.

Community Pharmacists may be able to offer a variety of services to help Home Care Workers when they are assisting older people at home with medication tasks. Some of these services are listed below:

- Dispensing of prescriptions
- Advice on prescription medicines
- Advice on over-the-counter medicines, including interactions with prescription medicines
- Advice on chronic medical conditions, such as asthma and diabetes
- Advice on minor ailments
- Supply of information leaflets about health issues
- Collection of repeat prescriptions from the surgery
- Delivery of prescription medicines
- Medication Reviews to find ways of helping people manage their own medicines e.g. easy to open caps on bottles, larger labels, and supply of medicines in sealed compliance aids
- Production and updating of Medication Charts for use by Home Care Workers providing Level C Care
- Providing an emergency supply of prescribed medicines

Not all Pharmacists will provide all of the above services and, therefore, the Home Care Worker should be aware of the services available from local Pharmacies.

## **5. The Role of the Nurse**

The District Nurse may have a major input into the care of many older people living at home and the Home Care Worker should therefore work closely with the District Nurse. The District Nurse will often provide an effective link with the person's GP.

Specialist Nurses, such as Community Psychiatric Nurses and Palliative Care Nurses (Nurses who care for persons who have long term chronic illnesses or terminal illnesses such as cancer), may also be involved in caring for an older person. Again, it is important for Home Care Workers to work closely with these Nurses.

The District Nurse can, where appropriate, provide training for Home Care Workers on specific tasks and is a good source of advice regarding the care and well being of the people they are supporting at home.

## **6. The role of the Out of Hours Services**

### **Medical**

Out of Hours Services should be used in emergencies when the usual daytime GP or District Nursing services are no longer available.

Home Care Workers or their line managers can contact a Doctor or District Nurse out of hours by calling the telephone number of the person's own GP. This will link the caller to the NHS 24 Service. Alternatively, NHS24 can be contacted directly by calling the number below.

**To contact NHS 24 call      111**

### **Care Providers**

It is recommended that all Approved Care Providers have a system in place to allow Home Care Workers/Healthcare Professionals to contact a line manager out with the usual daytime office hours.

### **Social Care**

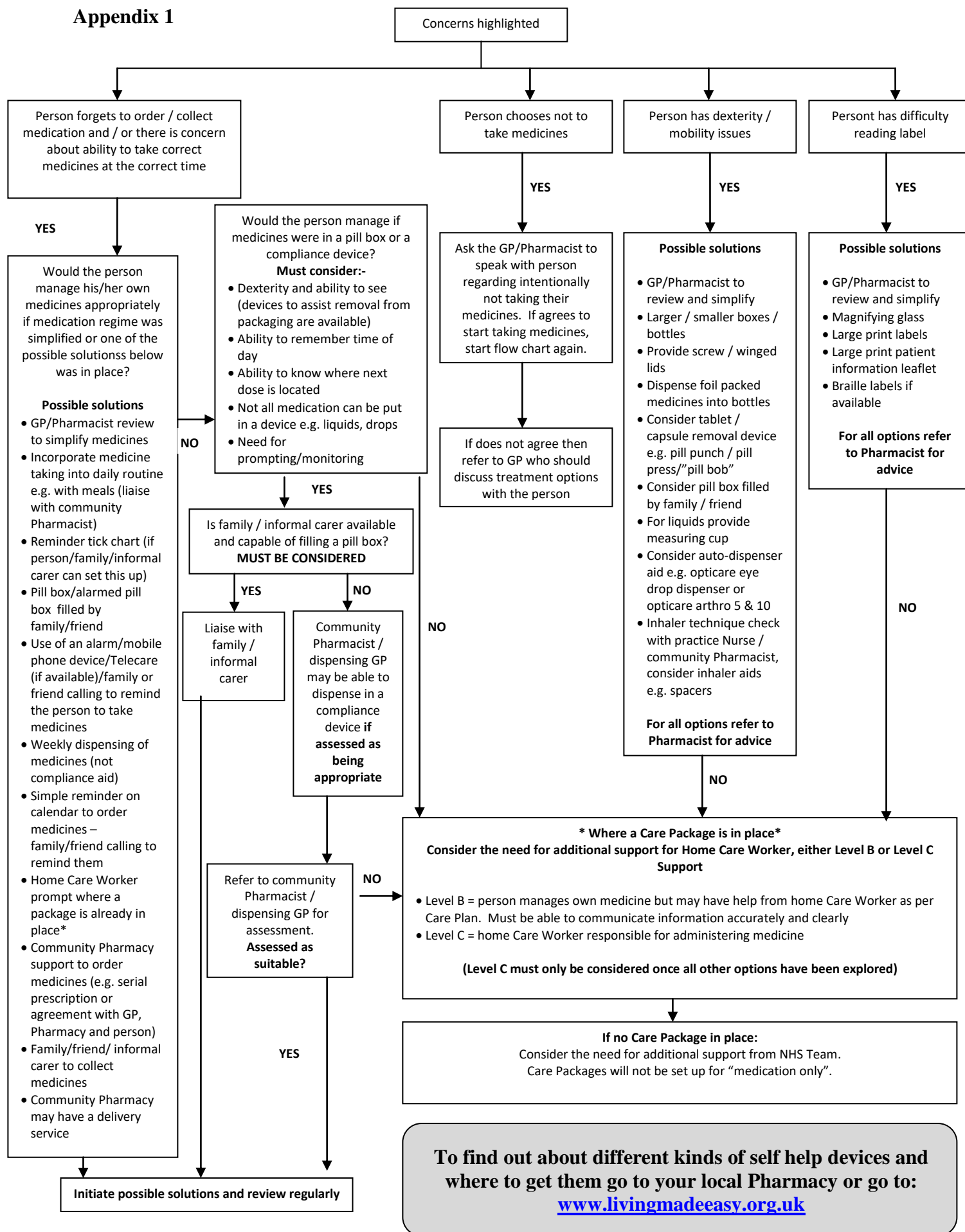
If Care Providers, not individual Home Care Workers, are faced with an emergency situation outside of normal office hours, it is expected that, in the first instance, they refer to their contractual arrangements and their own contingency plans to address the situation. In exceptional circumstances where it has not been possible to resolve the emergency by putting in place appropriate, alternative arrangements, then they should contact the Dumfries & Galloway Social Work Out of Hours Service on telephone number 030 3333 3001, to inform the service of the emergency, and seek advice and/or assistance. This service is available out with normal office hours.



# Appendices

|             |  |
|-------------|--|
| Appendix 1  | Support with Medicines Flow Chart                                    |
| Appendix 2  | Medication Permission Form   |
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## Appendix 1



## Medication Permission Form

## Appendix 2

### Medication Permission Form – Care at Home

I give my permission for Home Care Workers from

**Name(s) of Care Provider(s)**.....

to assist me with medication, in accordance with my Care Plan. I also give permission for the Care Provider(s) to share relevant information about my care or well being with appropriate health/social care professionals.

Name of Older person .....

Address .....

Older person's Signature .....

Authorised Representative\* .....

Relationship to Older person .....

e.g. Welfare Guardian or Power of Attorney

Date .....

*\*In cases where there is no Welfare Guardian or Power of Attorney, if, during the process of setting up a Care Package, the Social Work/Health Care Team assess that a Older person lacks capacity and cannot give consent for Home Carers to administer medication, then the relevant Consultant (Hospital) or GP (Community) should be contacted and the recommendations for treating adults with incapacity found in the Adults with Incapacity (Scotland) Act 2000, Part 5, Section 47 should be followed. If being discharged from hospital and a Consultant initiates a Part 5 Certificate then this should be reported in the Immediate Discharge Summary and the GP should take over maintenance of this certificate. The existence of a Part 5 Certificate should be clearly stated on the Care Plan held with the Care Provider.*

*Not all Level C Older persons will require a Part5 Certificate, only those who are assessed as lacking capacity.*

**This form must be completed at the time of setting up the Care Package and  
before Home Carers begin administering medication.**

**A copy of this form must be kept in the person's records  
by all Care Providers providing assistance with medication.**

## Appendix 3

## Social Work Communication Form

| <b>Social Work Communication Form</b><br><b>To be completed for all new Level C Patients/Service Users</b>  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
|---|--|-------------|--------------------------------------|-------------------------------------|--|--------------|--|------------|--|---------------------|--|---------------------------|--|
| <b>Name:</b>  |  | <b>DOB:</b> |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| <b>Address:</b>   |  | <b>CHI:</b> |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
|   |  | <b>FWI:</b> |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| The person named above has been assessed by the <b>Social Work / Healthcare Team</b> as requiring <b>Level C</b> assistance with medication, in accordance with <i>The Dumfries and Galloway Guidelines for Home Carers Assistance Older Service Users with Medication</i> . The assessment was carried out (please tick)   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| <div style="display: flex; justify-content: space-between;"> <div> <ul style="list-style-type: none"> <li>• In the community <input type="checkbox"/></li> <li>• In hospital prior to discharge <input type="checkbox"/></li> </ul> </div> <div> <b>Name of hospital:</b> _____           </div> <div> <b>Ward:</b> _____           </div> </div> <p><i>(An assessment of Level C status in hospital IS NOT appropriate unless there has been a significant deterioration in the ability to manage medicines. A review in the community may be more appropriate post discharge)</i></p> |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
|   |  |             | Yes    No                            |                                     |  |              |  |            |  |                     |  |                           |  |
| Has there been a review of the medication regime either by the hospital multidisciplinary team or GP / community pharmacist aiming to rationalise medication before starting Level C care?<br>• This is an important step before deciding if a patient can manage medication  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Have all other options regarding support with medicines been explored?<br>• Level C Support should be the last option considered after other options have been tried  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Is there a requirement for safe storage for medicines to be available at the person's home due to intentional / unintentional misuse of medicines?  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| If the assessment has been carried out <b>in hospital</b> , has there been clear communication between the social work team, the nursing staff / ward team and the hospital pharmacy team to ensure medication chart / MAR is produced?   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Has a medication permission form and any relevant / necessary documentation regarding lack of capacity been completed?  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| <b>Please complete the following details</b><br><i>(Note when contacted by telephone during care package set up and decision making)</i>  |  |             | Contacted<br>by phone<br>Please tick |                                     |  |              |  |            |  |                     |  |                           |  |
| Name of GP Practice   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Name of Community Pharmacy<br>• Always speak directly to the pharmacist for advice regarding current support with medicines and any additional support available  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Name of Care Provider(s)<br>• (Care Agency managers <b>must</b> confirm procedures for maintaining this patient on a medication chart / MAR by contacting the named Pharmacy / Dispensing GP Practice as soon as the care package is agreed)  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Name of person completing the form:</td> <td></td> </tr> <tr> <td>Designation:</td> <td></td> </tr> <tr> <td>Signature:</td> <td></td> </tr> <tr> <td>Date of completion:</td> <td></td> </tr> <tr> <td>Contact Telephone Number:</td> <td></td> </tr> </table>   |  |             |                                      | Name of person completing the form: |  | Designation: |  | Signature: |  | Date of completion: |  | Contact Telephone Number: |  |
| Name of person completing the form:   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Designation:  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Signature:  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Date of completion:   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Contact Telephone Number:   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| Form sent to:    GP <input type="checkbox"/> Community Pharmacy <input type="checkbox"/> Care Provider <input type="checkbox"/><br><div style="display: flex; justify-content: space-around; font-size: small;"> <span>(internal mail/email)</span> <span>(mail/fax)</span> <span>(mail/fax)</span> </div>  |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |
| <div style="display: flex; justify-content: space-between;"> <div style="font-size: x-small;">             Social Work team – please ensure details of the GP and Community Pharmacist are included in Framework I<br/>             GP Practice – please set up alert, term/road code 8BML<br/>             Community Pharmacy – please ensure Level C added to PMR           </div> <div>(March 2015)</div> </div>   |  |             |                                      |                                     |  |              |  |            |  |                     |  |                           |  |



## Appendix 4



| Pharmacist/trained pharmacy technician and designated senior carer/care manager to initial each section on discussion and agreement  |  | Initial |
|--|--|---------|
| <p><b>1. Carers must always use this pharmacy for medication for this patient/service user following completion of this agreement.</b><br/>           If a change in pharmacy is required then this agreement should be cancelled and a new agreement made with the new pharmacy. The Social Work team should be informed.<br/>           The pharmacy will also be informed if the patient/service user dies, enters a care home or goes in to hospital.</p>  |  |         |
| <p><b>2. Medicine review and synchronisation discussed</b><br/>           Pharmacist will liaise with GP practice for first prescriptions and synchronisation<br/>           Disposal of excess medicines discussed along with use of a Medication Disposal Form</p>   |  |         |
| <p><b>3. MAR start date and pick up schedule discussed</b><br/>           First collection date for MAR and medicines Day of the Week:<br/>           Date:<br/>           First Date on MAR Chart (Start date) Day of the week:<br/>           Date:<br/>           Future dates will be on the same day of the week on a four weekly cycle.</p>  |  |         |
| <p><b>4. Ordering process</b><br/>           Should be ordered at the beginning of week 3 of each cycle - highlight on MAR<br/>           Agree and record how prescriptions will be ordered<br/>           Only re-order what is required<br/>           Check at time of collection that no amendments have been made since ordering<br/>           Importance of communicating the need for keeping on MAR Chart when not ordered e.g. "when required medication"<br/>           Importance of highlighting any changes in medication that occurred throughout the month but did not require a prescription</p>                         |  |         |
| <p><b>5. Timings for inclusion on MAR</b><br/>           Discuss times of visits and administration<br/>           Agree on terminology and discuss the meaning of these terms<br/>           Medication that must be taken at specific times or with specific dosage intervals will be marked clearly in dosage field of Mar in accordance with a valid prescription.</p>   |  |         |
| <p><b>6. Interims – must use this pharmacy at all times</b><br/>           Discuss the production of interim charts for:<br/>           Acute medicines with limited time<br/>           Medicines to be continued as long term repeat</p>   |  |         |
| <p><b>7. Medication changes and chart amendments</b><br/>           Pharmacists cannot amend charts without a valid prescription from the prescriber<br/>           Importance of highlighting any amendments made mid-month</p>   |  |         |
| <p><b>8. Completing the MAR – refer to pocket handbook/recording guidance</b><br/>           How to complete the chart using dates along the top of the chart individual medicine instructions (Show MAR Chart)<br/>           Codes and abbreviations discussed<br/>           Use of red pen/circle to distinguish codes from initials<br/>           Positive recording only for "when required" medicines<br/>           When the time of administration must be known (e.g. paracetamol containing preparations)<br/>           specific times can be recorded on the back of the medication chart and can be signed by the carer</p> |  |         |



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**Medication Disposal Form**

**This form must always be completed when a Home Care Worker is returning a Service User's unwanted or discontinued medicines to a Pharmacy for destruction**

Name of Service User .....

Address .....

.....

Name of Agency  
providing Care .....

**This section must be completed by the Service User/Representative.**

I give permission for the medicine(s) listed below to be returned to my local Pharmacy by  
....., my Home Care Worker, for safe disposal.

Signature of Service User/Representative.....

Date.....

| Name(s) of returned medicine(s) | Quantity returned<br>(approx.) |
|---------------------------------|--------------------------------|
|                                 |                                |

**For completion by the Community Pharmacist**

I .....confirm receipt of the medicines listed above, which have been returned to me for safe destruction.

Signature of Pharmacist.....

Name of Pharmacy .....

Address .....

.....

Date .....

# Medication Administration Record Care Home Copy

**R** Refused      **H** Hospitalised      **L** On Leave  
**S** Sleeping      **D** Destroyed      **Q** Not Required  
**P** Pulse Abnormal      **N** Nausea      **O** Other  
**M** Made Available

**Name:** Sally Strawberry [1 of 1]  
**Patient No:** 10757  
**DOB:**  
**Allergies:** (None listed)

**Doctor:**  
**Surgeon:**  
**Home:**  
**Notes:**

06/08/2015      13/08/2015      20/08/2015      27/08/2015

| MEDICATION  |           | TIME | 06       | 07 | 08   | 09 | 10           | 11 | 12   | 13 | 14            | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 01 | 02 |
|---|-----------|------|----------|----|------|----|--------------|----|------|----|---------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| <b>ADCAL-D3 TABS CHEWABLE LEMON</b><br>ONE to be taken TWICE a day but not on Saturdays<br>Suck or chew this medicine   | BFAST/1   |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   | BED/1     |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Qty: 56   | Received: | By:  | Started: |    | Qty: |    | Returned by: |    | Qty: |    | Destroyed by: |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>ALENDRONIC ACID TABS 70MG</b><br>ONE to be taken in the MORNING on Saturday only<br>Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS before breakfast. Stand or sit upright for at least 30MINS after taking tablet. | BFAST     |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Qty: 4  | Received: | By:  | Started: |    | Qty: |    | Returned by: |    | Qty: |    | Destroyed by: |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>LACTULOSE SOLUTION</b><br>Take TWO 5ML spoonfuls TWICE a day when REQUIRED   | BFAST     |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   | BED       |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   |           |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Qty: 500ml  | Received: | By:  | Started: |    | Qty: |    | Returned by: |    | Qty: |    | Destroyed by: |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| <b>PARACETAMOL TABS 500MG</b><br>TWO to be taken FOUR times DAILY when REQUIRED<br>Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine          | BFAST     |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   | LUNCH     |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   | TEA       |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
|   | BED       |      |          |    |      |    |              |    |      |    |               |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |
| Qty: 100  | Received: | By:  | Started: |    | Qty: |    | Returned by: |    | Qty: |    | Destroyed by: |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |

# Medication Administration Record Repeat Prescription Request

**Name:** Sally Strawberry [1 of 1]  
**Patient No:** 10757  
**DOB:**  
**Allergies:** (None listed)

**Doctor:**  
**Surgery:**  
**Home:**  
**Notes:**

| MEDICATION  | TIME    |                      | Days' treatment    | Continue    |
|---|---------|----------------------|--------------------|-------------|
| <b>ADGAL-D3 TABS CHEWABLE LEMON</b><br>ONE to be taken TWICE a day but not on Saturdays<br>Suck or chew this medicine   | BFAST/1 | Change directions to |                    | Continue    |
|   |         |                      |                    | Discontinue |
|   | BED/1   |                      | Doctor's signature |             |
|   |         |                      |                    |             |
| Qty: 56   |         |                      |                    |             |
| <b>ALENDRONIC ACID TABS 70MG</b><br>ONE to be taken in the MORNING on Saturday only<br>Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS before breakfast. Stand or sit upright for at least 30MINS after taking tablet. | BFAST   | Change directions to |                    | Continue    |
|   |         |                      |                    | Discontinue |
|   |         |                      | Doctor's signature |             |
|   |         |                      |                    |             |
| Qty: 4  |         |                      |                    |             |
| <b>LACTULOSE SOLUTION</b><br>Take TWO 5ML spoonfuls TWICE a day when REQUIRED   | BFAST   | Change directions to |                    | Continue    |
|   |         |                      |                    | Discontinue |
|   | BED     |                      | Doctor's signature |             |
|   |         |                      |                    |             |
| Qty: 500ml  |         |                      |                    |             |
| <b>PARACETAMOL TABS 500MG</b><br>TWO to be taken FOUR times DAILY<br>Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine                        | BFAST   | Change directions to |                    | Continue    |
|   | LUNCH   |                      |                    | Discontinue |
|   | TEA     |                      | Doctor's signature |             |
|   | BED     |                      |                    |             |
| Qty: 100  |         |                      |                    |             |



# Level C Medication Chart

## Appendix 7A

| ID Code<br>e.g. A, B...<br>to be used when recording admin. | Medication<br>(name, form & strength of the preparation supplied i.e. as specified on the label) | Administration Times<br>The number of tablets/capsules to be given should be stated in words. Liquid doses should be clearly stated. |       |          |          |             | Comments and Special Instructions | Discontinued or Added Medication<br>(date, sign and state designation e.g. GP Pharmacist ) |
|---|--|--|-------|----------|----------|-------------|-----------------------------------|--|
|   |  | Break-fast   | Lunch | Tea-time | Bed-time | Other Times |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |
|   |  |  |       |          |          |             |                                   |  |

**Service User Details**

Name: .....

DOB: .....

Address: .....

.....

**Contact Details**

GP .....

Tel. No. ....

Pharmacist .....

Tel. No. ....

Nurse .....

Tel. No. ....

Care Provider .....

Tel. No. ....

**Location of Original Chart Production**  
i.e. name of Hospital (state ward), Pharmacy or GP Practice

.....

This chart was produced using medication details provided by valid prescriptions and information supplied by a Medical Practitioner.

The chart was compiled by 1..... Designation..... 2..... Designation..... Date .....

The chart was removed by ..... Designation..... Date..... Time.....

## Appendix 7B

### Short Course Level C Medication Chart

|  |  |  |
|--|--|--|
| <p><b><u>Contact Details</u></b></p> <p>GP .....</p> <p>Tel. No .....</p> <p>Pharmacist .....</p> <p>Tel. No .....</p> | <p><b><u>Contact Details</u></b></p> <p>Nurse .....</p> <p>Tel. No .....</p> <p>Care Provider .....</p> <p>Tel. No .....</p> | <p><b><u>Service User Details</u></b></p> <p>Name: .....</p> <p>DOB: .....</p> <p>Address: .....</p> <p>.....</p> <p>.....</p> |
|--|--|--|

| ID Code<br><small>to be used when recording administration</small> | Medication<br><small>(name, form &amp; strength of the preparation supplied i.e. as specified on the label)</small> | Administration Times<br><small>The number of tablets/capsules to be given should be stated in words.<br/>Liquid doses should be clearly stated.</small> |       |          |          |             | Comments and Special Instructions<br><small>Including length of treatment</small> | Discontinued or Added Medication<br><small>(date, sign and designation e.g. GP Pharmacist or Nurse)</small> |
|--|---|---|-------|----------|----------|-------------|---|---|
|  |   | Break-fast  | Lunch | Tea-time | Bed-time | Other Times |   |   |
| scW  |   |   |       |          |          |             |   |   |
| scX  |   |   |       |          |          |             |   |   |
| scY  |   |   |       |          |          |             |   |   |
| scZ  |   |   |       |          |          |             |   |   |

*To be kept with main chart until all short courses are complete*

This chart was produced using medication details provided by valid prescriptions and information supplied by a Medical Practitioner.

The chart was compiled by Name.....Designation.....Signature.....Date...../...../.....

## Appendix 7C

### Medication Recording Sheet

Month/Year.....(Part 1)

Service User's Name .....

Address.....

D.O.B .....

| Date   | 1st | 2nd | 3rd | 4th | 5th | 6th | 7th | 8th | 9th | 10th | 11th | 12th | 13th | 14th | 15th |
|--|-----|-----|-----|-----|-----|-----|-----|-----|-----|------|------|------|------|------|------|
| Break<br>-fast   |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Signature  |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Lunch  |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Signature  |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Tea<br>-time   |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Signature  |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Bed<br>-time   |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Signature  |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |
| Other<br>Times<br>includes<br>"when<br>required"<br>e.g.<br>2A 5pm<br>Jane Smith<br><br>Please<br>sign each<br>entry |     |     |     |     |     |     |     |     |     |      |      |      |      |      |      |

7D

Reverse Side of Recording Sheet

| Date | Time | Comments | Name of person contacted + designation<br>e.g. doctor, pharmacist | Si<br>cor<br>ad |
|------|------|----------|---|-----------------|
|      |      |          |   |                 |

# Emergency Procedure Form

Appendix 8

| <u>Service User's Details</u> |
|-------------------------------|
| Name .....                    |
| Address.....<br>.....         |

|                          |
|--------------------------|
| Name of Home Carer ..... |
| Date of Emergency .....  |

1. Please give clear details of the emergency situation?
2. Who did you contact for advice?
3. Please record in detail the advice and instructions you have been given.
4. Please record in detail the action you have taken in response to the advice you have been given.

The Home Carer must ensure that the information on this form is passed on to his/her line manager as soon as possible, and that any Medication Charts are amended within 72hours.  
Ensure this information is available to all Home Carers ~~Assisting~~ this Service User.

## Appendix 9

### Drugs (solid form) used in Dumfries & Galloway requiring safe handling

Drugs that may be used to treat cancer

|                  |                  |
|------------------|------------------|
| Azathioprine*    | Capecitabine     |
| Chlorambucil     | Cyclophosphamide |
| Etoposide        | Fludarabine      |
| Hydroxycarbamide | Melphalan        |
| Mercaptopurine   | Methotrexate*    |
| Thalidomide      |                  |

Other drugs requiring safe handling

Finasteride

*(This is not a definitive list but does include the most commonly used drugs of this type used within Dumfries & Galloway)*

\*Home Care Workers will not be involved in the administration of the above drugs to treat cancer. However, Home Care Workers may be asked to administer Azathioprine or Methotrexate to treat conditions other than cancer e.g. eczema, psoriasis, inflammatory bowel disease and rheumatic disease and may be involved in administering Finasteride to men who have prostate problems. Training should be provided on the safe handling of these medicines.

#### Recommendations on Safe Handling of Medicines

- Protective, disposable gloves must be worn and hands washed after administration
- Loose tablets/capsules should be dispensed into a measuring cup directly from their container. They should not be handled.
- Any surface coming into contact with tablets/capsules must be washed thoroughly, including measuring cups used for administration
- If a person is unable to swallow tablets or capsules contact the Pharmacist for advice
- NEVER attempt to crush tablets or open capsules

If Home Care Workers are involved in the personal care of a person receiving chemotherapy then training must be provided on the safe handling of urine/vomit/faeces and soiled linen, in accordance with the *NHS Dumfries and Galloway Guidelines for the Safe Use of Systemic Anti-Cancer Therapies*.

Information should be supplied by the Palliative Care Team detailing the precautions to take following treatment

## **Medication Steering Group Membership 2017**

### **Steering Group 2014-2017**

|                    |   |
|--------------------|---|
| PAM AIREY          | Senior Charge Nurse/Case Manager for STARS, East                          |
| CAROL BELL         | Senior Charge Nurse, Community Nursing and Community Hospitals, Stewartry |
| SHEILA COWAN       | Trainer, Care Training Consortium, Dumfries                               |
| DR CHARLES DUNNETT | Lead GP (GP Galloway Hills Medical Group, Newton Stewart)                 |
| CATHY GALLIGAN     | Primary Care Pharmacist   |
| GAYLE LAMONT       | Operation manager, Annandale Bed and Bath                                 |
| CHRISTINE LYONS    | Nurse Manager, Community Health and Social Care, Stewartry                |
| KIM MCCALL         | Senior Social Worker, Adult Services, DGRI                                |
| ANGELA MCGEOCH     | Area Manager, West, Care and Support Services (CASS)                      |
| JENNY SEED         | Senior Social Worker, Adult Services, Annan                               |
| TAMARA MCCALLIE    | Area Manager, East, Care and Support Services (CASS)                      |
| CARINE MCWILLIAM   | Business Manager, Stewartry Care  |
| PAULA MITCHELL     | General manager, Care Training Consortium, Dumfries                       |
| KAREN ROBINSON     | Service Manager, Stewartry Care   |
| CATHERINE SMITH    | Service Development Pharmacist, Primary Care Development, Dumfries        |
| LIZ SMITH          | Manager, Annandale Bed and Bath Service                                   |
| ISABEL SMYTH       | Commissioning Officer (Adults – Over 65), Contracts and QA Team           |
| KAREN TELFER       | Community Charge Nurse, Dalbeattie  |

Vanda McAfee, Minute Secretary, Care Training Consortium, Dumfries

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- UKHCA (Home Carers Association): *Administration of Medication Policy* ( Updated 2017)



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