Medicines Management in Adult Care at Home Services Policy

All Care Settings, All NHS Highland

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1. INTRODUCTION

This policy describes how all care at home services in NHS Highland should support people with their medicines in their own homes. The vast majority of people self manage their medication or have support from friends and family, following advice from a health professional. This policy is specifically for the people who require a formal carer to help with their medicines to support them to continue to live as independently as possible in their own homes.

People should be given support and encouragement to manage their own medication where possible. People will receive the support they need with their medicines and should be assured that this is being done safely with their best interests central to any care plan. People and/or their representatives should be involved in all decisions regarding their medicines and treatments.

It is important that the rights and dignity of people receiving care at home services are protected and that medicines are administered as prescribed, in line with the law and best practice. The policy's aim is to ensure a safe and professional service, delivered consistently by all care at home providers within NHS Highland

The policy aims to support staff working in care at home by ensuring that they are appropriately trained and competent in managing medicines and are following the standards, processes and procedures in the policy. Staff who have any role with medicines must be familiar with this policy and be able to refer to it as necessary.

No carer should be involved in any medicines management task unless they have been deemed competent by their manager, and the task is clearly stated in the person's Support Plan. Carers must be appropriately trained and feel confident to perform tasks correctly Competency Assessments should take place annually Carers must observe the guidance set out in this policy and must not provide any assistance with medication out with this policy.

It is not possible within this policy to describe every situation that may arise. Nor is it possible to give strict rules as to what should be done in every situation. When situations arise that are not covered in the policy, carers will need to use their own judgment as to what to do and/or be aware of whom to ask for advice and support, in line with the principles outlined in this policy. This would normally be a line manager or relevant out of hours arrangements.

1.1 Levels of medicines support

People should be supported to manage their own medicines and to be as independent as possible. Some people will require support to manage their medicines. Care staff may be required to prompt, assist or administer medicines.

The levels of support described in this policy align with those in the Care Inspectorate document *Prompting, assisting and administration of medication in a care setting: guidance for professionals*.

The key difference between assisting with and administering medication is that, generally, people who require to have medication administered to them will not have capacity (cognitive function) to make decisions about their medicines.

It is important to maintain independence where possible. Family members or informal carers may provide **part of a person's total care** so formal care at home services may only be needed for part of the day or on specific days of the week. Care Plans must be accurate and kept up to date.

Some people may require mixed levels of support. For example, someone may not be able to **manage their insulin injection and therefore require Healthcare input, yet have no difficulty taking their tablets** appropriately so can self-manage this.

1.2 Summary of Key Roles

Provision of care at home involves a large number of different professionals in the assessment, preparation and delivery of care. The key to this is good communication. The following table briefly summarises these roles: they are explained in detail in the main body of this policy.

Team	
Carers	• Provide prompting, assistance or administration support • Document the care provided • Collect medication from pharmacy • Dispose of unwanted medicines safely
Care at Home Officers	• Ensure all carers are appropriately trained and familiar with this policy • Ensure all carers are assessed as being competent • Ensure all necessary paperwork is available for carers in Service Users Packs/Files • Ensure up to date MAR charts are kept in the Service User Pack/File and that old MAR charts are removed and appropriately stored. • Ensure the person's Service User Pack/File and Care First or equivalent are up to date • Ensure service users' reviews are kept up-to-date
Community pharmacy team (or dispensing GP practice)	• Assess people's medicines support needs if necessary • Provide advice and/or tools for supported self-management (eg, reminder charts charts) • Provide MAR charts – monthly or when medicines change • Dispense medicines • Provide advice on medicines (prescribed and purchased) • Dispose of unwanted medicines
GP practice team	• Assess capacity and issue AWI certificates *(GP only role)* • Complete Emergency Procedures Form if visiting person in their own home • Clinically review medicines • Synchronise repeat medicines so a MAR chart can be arranged

	• Notify community pharmacy/carers of changes to medicines so MAR charts can be updated (usually by issuing a new prescription) • Set up "when required medicines" forms or give specific directions on the prescription (see section) on initiation of medicines • Flag patients' medical notes with the level of support being provided
Hospital pharmacy team	• Assess **people's medicines support needs for short**-term care • Provide tools for supported self-management to enable discharge e.g. reminder charts • Provide MAR charts to enable discharge • **Contact the person's regular community pharmacy prior to discharge so** that the community pharmacist can arrange ongoing medicines support

1.3 Care at home roles: terminology

Terminology varies throughout NHS Highland and between different providers. The table below tries to summarise the terminology used in his policy.

Person	Role	Examples of role titles
Carer	Delivers care directly to person	Senior health & social care support worker Enablement worker Home carer
Officer	Assessment care management and reviewing officer	Enablement Officer Team lead Lead Professional Social Worker
Registered Manager	Registered Manager and manages local teams of carers	Registered manager Service Manager
Care co-ordinator	Organises care	Health & social care co-ordinator Scheduler/Homecare Organiser/Homecare Procurement Officer

1.4 Relevant Legislation

The law defines what you can and cannot do so it is essential to know the parts of the law that apply to you when you are administering medicines as a carer.
Legislation is extensive and a short summary of the parts relevant to carers has been listed below:

- **Medicines Act (1968):** Care workers in the UK are allowed to administer prescribed medication to service users. The prescriber's instructions MUST be followed and only medicine prescribed for that individual can be administered. The medicine remains the property of the service user.

- **Misuse of Drugs Act (1971)** and **Misuse of Drugs Regulations (2001)** do not prohibit care workers from handling/administering Controlled Drugs (CDs) e.g. morphine.

- **General Data Protection Regulations (2018):** prohibits care workers from sharing sensitive information about service users (including what medication they take) unless it is in the best interests of the service user. This means that information on a service user's medication could be discussed with a colleague, doctor, pharmacist or social worker but not with Family and friends.

- **Regulation of Care (Scotland) Act (2001):** aims to improve standards of social care services. Failure of a care service or an individual to comply with the Act and associated regulations means that they are de-registered and unable to continue providing services.

- **Public Services Reform (Scotland) Act (2010):** details the creation of the Care Inspectorate and allows for secondary legislation (**Social Care and Social Work Improvement Scotland (Registration) Regulations (2011)** to be created. The Care Inspectorate holds service providers to particular standards and will take action if they fail to meet these standards of care.

- **Adults with Incapacity (Scotland) Act (2000):** protects those persons who are unable to make informed decisions themselves. Before assuming responsibility for administering medicines to persons without capacity, Care Providers should be in possession of a **Section 47 incapacity form** for that person**.** These forms are obtained from a doctor (usually the person's GP).

2. MEDICINES MANAGEMENT ASSESSMENT AND REVIEW

All Care provision should be person centred. Assessment of a person's capabilities and needs is necessary to deliver the most appropriate care. In order to maintain independence, people should be encouraged to manage their own medicines for as long as possible. Assessments must take into account the expectations of the person themselves and, if appropriate, their family or friends.

All options should be considered before carers are asked to support a person with their medicines.

2.1 Initial identification and referral

It is expected that, any health or social care professionals involved in a person's care can recognise if a person is having difficulty with their medication.

Where issues are indentified, either at the setting up of a care package, during the review process or when a person's capabilities or circumstances change, then an assessment should be carried out to determine what level of support is required.

Maintaining independence should be paramount & if support can be provided by a friend/relative this should be considered so as not to create unnecessary dependence on carers.

Regular review by the Care at Home provider is necessary as a person's needs may change over time. On recovering from a period of illness a person may become more able to manage their own medicines or they may require additional support as their condition deteriorates. Any changes observed in someone's ability to manage and administer their own medicines should be referred to the line manager so that a reassessment can take place.

The Brief Assessment Tool (see Appendix 2) can be used by any professional completing a Personal Outcome Plan, either to determine the level of support required initially or when reviewing a package of care/support required, to consider what level of support a person may need with their medicines. This tool takes into consideration what support is already in place.

If further assessment is necessary the Lead Professional or Officer should consider if it is clear what level of support will be required using the definitions in the Brief Assessment Tool. For example, it may be clear that a person is unable to manage their medicines and will require them to be administered to them. In these circumstances there is no need for assessment by a pharmacist. If however it is not clear what level of support is required then the Lead Professional or Officer should contact the person's usual community pharmacy in the first instance for advice. It may be necessary for the Lead Professional or Officer to refer the person to a pharmacy for a full assessment. (Appendix 3)

Pharmacists and pharmacy technicians have particular knowledge and skills in determining steps and measures that can help someone manage their own medicines or where assistance with medication would be appropriate. In most cases the person's usual community pharmacy should be contacted for further advice and/or to request further assessment of the person by a qualified member staff to determine what steps and measures would help. In geographical areas where there is no community pharmacy, the person's dispensing GP practice should be contacted for further advice and/or assessment.

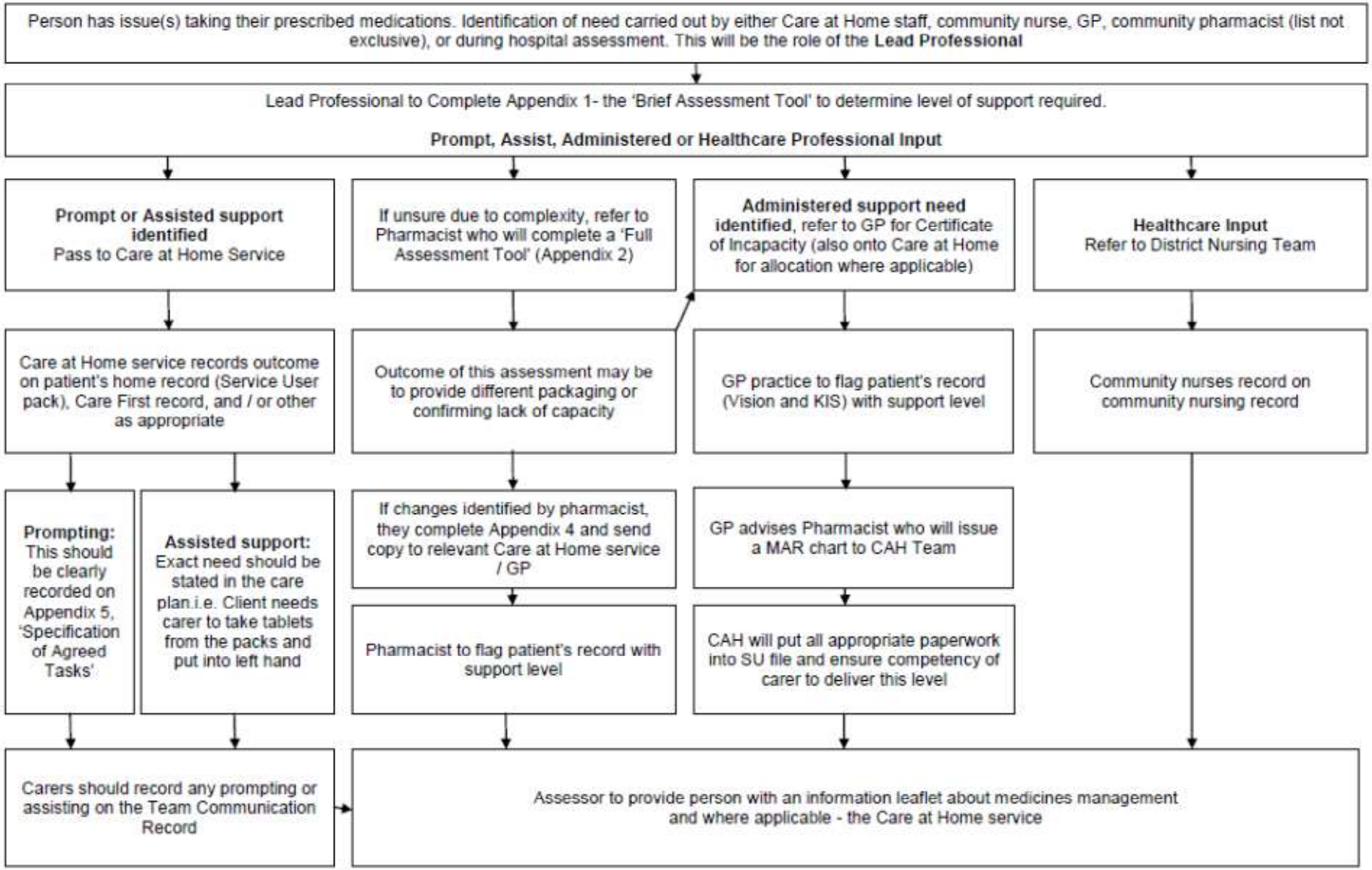
On some occasions it may only be necessary for the Care at Home Officer to discuss with the pharmacist/dispensing GP what the issues are, in order for them to suggest what level of support with medication is appropriate and what measures/steps would help.

On other occasions it may be necessary for the pharmacist/dispensing GP to visit the person at home in order to undertake a face-to-face assessment. The community pharmacist or dispensing GP is clinically responsible for the assessment and completion of the assessment form. However, the assessment can be delegated to a trained member of staff, such as a pharmacy technician/dispenser. This staff member must be assessed by the community pharmacist or dispensing GP as having a good knowledge of both this policy and potential medicines needs issues. Section 3 of the form should then be completed by the community pharmacist or dispensing GP.

Depending on the outcome of the assessment, the following actions should be taken:

- No support (supported self-management): pharmacy/dispensing practice provide appropriate tools
- Prompting with medication
- Assisting with medication
- Administering medication
- Administration by a healthcare professional, normally a district nurse

Summary of assessment process



2.2 Assessment for Administration of Medicines

If a person needs to have their medicines administered to them, the Lead Professional or Officer will refer the person to their GP practice for two further parts of the assessment.

(i) Certificate of Incapacity – GP

To allow carers to administer medicines to an individual, a Certificate of Incapacity (under section 47 of the Adults with Incapacity Scotland Act 2000) must be in place. This certificate can only be completed by a doctor and need only relate to the persons incapacity to make decisions about their medicines: it is possible for a person to retain capacity with respect to other aspects of their medical treatment. The completed certificate should be retained by the GP practice and a copy sent to the care at home service to be retained in the Service User Pack.

In order not to impede the introduction of appropriate care, a Certificate of Incapacity should normally be sought within two weeks of a referral being made to the GP Practice.

(ii) Medication review– primary care clinical pharmacist

If a person has been identified as requiring administration of medication, this provides an opportunity for a medication review e.g. polypharmacy review to be undertaken to ensure that all prescribed medication has a current indication and to determine if the medication regimen can be simplified. This part of the assessment should be carried out by the primary care clinical pharmacist attached to the GP Practice.

2.3 Interim assessment for short-term provision of care

An interim assessment for short-term support may be more appropriate that a full assessment in the following two situations:

2.3.1 Assessment in Hospital (Short Term Interim Assessment, Appendix 4)

Hospital in-patients may require an assessment prior to discharge. However, hospital in-patients can be acutely unwell and it can be difficult to get an accurate picture of their ability to cope with medicines in the longer term. An in-patient assessment is usually based on the care the person will need in the immediate future (up to 4 weeks) and for the person to be reviewed in accordance with care at home policy to determine what level of support they will require at home. This ties in with the care at home service's process of reviewing people within four weeks of discharge from hospital.

If, however, the outcome of the assessment is that the person needs their medicines to be administered to them, then a Certificate of Incapacity (under section 47 of the Adults with Incapacity Scotland Act 2000) must be put in place before a carer can administer medicines. See section 2.2 for further information. The certificate should be signed by the Doctor responsible for discharge.

People in hospital can be referred to hospital pharmacy staff by nursing, occupational therapy, social work or medical staff. If the hospital has no or limited pharmacy input then hospital medical staff or senior nursing staff can complete the interim assessment.

All hospital staff must recognise that these assessments can take time, and therefore must be planned for as part of the discharge planning process. The pharmacy team must be notified of the possibility of an assessment being required as soon as possible after admission to hospital.

When someone is discharged from hospital, the interim assessment form must be provided to the care at home team who should then review the person at home using the brief assessment tool (Appendix 2) within four weeks.

The hospital pharmacy team should refer the person to their usual community pharmacy team for full assessment should this be required: if that community pharmacy is unable to undertake the assessment, they should provide information about alternative community pharmacies that can provide the service.
An assessment form for short-term interim provision of care is provided in Appendix 4.

The person's nominated community pharmacy should be contacted to inform them that an interim assessment has been carried out and the outcome of that assessment i.e. what level of support the person is expected to need.

Depending upon local arrangements it may be possible for the patient to be provided with a monitored dosage system or a MAR chart on discharge if required.

2.3.2 Interim arrangements in primary care

Sometimes an interim arrangement will be needed for someone in their own home. For example, a person may have a short-term illness or injury and require additional care for a few weeks, or they may be waiting for a care at home package to start. In these circumstances, a carer should discuss the circumstances with a Care at Home Officer or line manager and may decide to authorise a change to the level of support provided for a maximum of ten days during the period of ill health. This assessment should be documented using the temporary illness form in Appendix 6. If necessary, the Care at Home Officer or line manager may seek advice from the person's usual community pharmacist.

If the level of support is increased temporarily, care providers will be required to ensure that administration records are kept e.g. a MAR chart is generated by the community pharmacy and used by carers to record administration. A certificate of incapacity is not required for such interim arrangements.

2.4 Outcome of assessments

Once the assessment has been completed, the assessor should send a copy of the assessment form (full or short-term version) to the appropriate person to arrange care. Depending on the level of care required, this is usually:

- NHS Highland care co-ordinator
- Person's usual community pharmacy
- Person's GP practice (often the practice pharmacist)
- Person's community nursing team if health professional level of support is required – see section 3.5.

Consent for information sharing should be gained as part of the assessment (as stated on assessment form).
The care co-ordinator in each District is the single point of access for arranging services. On completion the Assessment form will be passed to the Care Coordinator, who will then pass to the appropriate care at home officer to arrange the Care Package.

On receipt of an Assessment form, the following actions are required:

- **Care at home service**: place a copy of the report in person's Service User Pack/File kept in their home and a copy in the Service User's office file. The service agreement should be added to Care First where this is used. This ensures all staff are aware of the support required. In addition, the medication record that is part of the Service User Pack/File should be completed with the information from the assessment.
- **GP practice**: flag the patient's record in GP system (eg, Vision) to state the level of support required (see below). Ensure this entry is picked up in the Key Information Summary by setting the priority of these flags to priority 1 or 2.
- **Community nursing**: place copy in community nursing record (If nursing involvement)
- **Community pharmacy**: Ensure patient's record accurately reflects the service they provide & if necessary arrange a follow up assessment.

<u>GP Read codes for flagging notes:</u>

All GP practices are encouraged to flag patient's records to indicate the level of support a person requires with medicines. This enables safer prescribing in primary care (eg, if a change to a medicine is made and a person uses a MAR chart then this will be recognised more easily if the notes are flagged). It is also useful information for hospital teams to enable safe discharges.

Some GP Practices will use flash notes to highlight this in the patient's records.

Suggested Read codes are provided below:

Level of support	Read code*	Read code text
Administering medication	#8BML.00 #8BMg.00	Domiciliary carer administers medicines MAR chart required
Assisting with medication	#8BIA000 #8BMc.00	Monitored dosage system in place Assistance with medicines

*Note the 00 in these codes are zeros

3. LEVELS OF SUPPORT WITH MEDICINES

The level of support to be provided will depend on the person's capabilities, needs and circumstances. In some cases people will be able to manage their medicines themselves without any support. Other people may require care staff to provide support with prompting, assisting or administering medicines and carers should be clear about the differences between these levels of support.

Care at home services provide people with a variety of support. The support to be provided should be detailed in the Service User Pack/Support Plan. Carers should not undertake any tasks that are not detailed in the person's Service User Pack/File without first referring to a Care at Home Officer.

Carers should only provide support with medication if the person has been assessed as requiring support.

Support can only be provided by carers who have received appropriate training and have been assessed annually as competent.

The Care Inspectorate document *Prompting, assisting and administration of medication in a care setting: guidance for professionals* has defined a number of levels of support.

3.1 No support

The vast majority of people manage their medicines on their own, or with the support of informal carers. Where possible, people should be supported to maintain their independence.

An initial assessment of someone's needs can show they do not need any help with medicines. They have capacity to make decisions about their medicines and are able to self-administer without any support. If this is the case then no further assessment is necessary.

3.2 Prompting with medication

People who require prompting with medication retain responsibility for their medicines. The person has the capacity to decide whether or not to take them. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken.
Prompting is simply reminding the person of the time and asking if they have or if they are going to take their medicines. If carers are prompting someone they need to know what times of day the person is meant to take their medicines: this should be stated in the Service User Pack/File when the care package is first set up or reviewed.

Prompting with medication can involve:

1. Telling/reminding the person the time
2. Reminding the person to take/use medicines
3. Asking if medicines have already been taken. An example of a prompt is: "It is 9am, are you going to take any tablets this morning?"

3.3 Assisting with medication

People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity to make decisions about medicines but lacks the physical capability to self-manage. Their independence should be supported.

The carer's role is to provide assistance, not take any decision-making responsibility.

A pharmacist may be able to offer support and advice to help someone self-manage their medicines.

Assisting with medication can involve care staff in one, all, or a combination of the following tasks:

1. Ordering and collecting repeat prescriptions from GP practices. The person must be able to tell the carer what medicines need to be ordered. Carers should take a means of identification (eg, badge or letter) for use at the GP practice when ordering or collecting prescriptions (where appropriate).

2. Collecting medicines from a pharmacy/dispensing practice and delivering to the person, but only when there is no other means to support this, eg, a family member who can help or a pharmacy providing a delivery service. Carers should take a means of identification (eg, badge or letter) for use at pharmacy when collecting medicines.

3. Bringing medicines to a person at their request so that the person can take the medicines.

4. Reading labels on medicines.

5. Performing mechanical tasks under the person's direction and instruction, for example:

    a) Opening medicines packaging or removing tablets/capsules from pharmacy-dispensed compliance aids.
    b) Giving the medicine to the person to take (rather than administering it). If a person needs the medicine to be placed into the mouth, this can only be done if there is a clear instruction from the person and it is stated in the Service User's Pack/File: the person must always retain control.
    c) Measuring liquids, when the person can tell the carer how much to measure.
    d) Assisting with the application of a prescribed medicine (eg, a cream, eye drop, ear drop or nasal spray) where the person cannot physically apply it him/herself. This must be agreed with the care at home officer and specified in the Care Plan by completing Assisting with Topical Medicines Form (Appendix 7) if necessary.
    e) Ensuring the person has a drink to take with his/her medication.

6. Returning unwanted medicines to a pharmacy for safe disposal. With this level of support, the person decides what medicines to return.
7. Purchasing and assisting with over the counter medicines at the request of the person.

    - Carers should not generally purchase over the counter medicines at a person's request.
    - In exceptional circumstances any purchases should only normally be made at the person's regular pharmacy where the person's repeat medicines are dispensed, and always be checked by the person's regular pharmacist, to ensure any purchases are safe (eg, checking for interactions against the person's pharmacy medication record).

- In remote areas without a pharmacy, advice should be sought from the person's GP before purchasing medicines from a retail outlet
- If a person requests assistance with applying non-prescribed medicine (eg, a purchased cream), this must be confirmed as safe by the officer (eg, by checking with a community pharmacist) and recorded in the Service User Pack/File before assistance is provided.

If a carer suspects that a person is not taking their medicines as prescribed, this should be discussed with the person and documented in the Care Notes, their line manager should also be notified. If the problems cannot be addressed, then the Care at Home officer should be informed, they may consider referring the person to their community pharmacist for a re-assessment if appropriate, or re-doing the Brief Assessment Tool to identify the problem.

3.4 Administering medication

If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication.

In some cases it may be clear that a person requires this level of support. If this is the case a full assessment is not necessary.

The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way.
The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart.

It is possible that a person may be capable of managing some of their medication themselves i.e. inhalers so this may be a self-managed medicine.

If administration is required, a Certificate of Incapacity (see section 2.2(i)) must be in place: carers cannot administer medicines without this certificate. Additional tasks must not be undertaken without referring to an officer.

Administering medication can involve

1. Ordering and collecting repeat prescriptions from GP practices. Where the decision to order the medicines is made by the carer and they should only order medicines listed on the person's medication chart. Carers should take a means of identification to use at the GP practice when ordering prescriptions.

2. Collecting medicines from a pharmacy/dispensing practice and delivering to the person's home. Although many pharmacies offer a delivery service, this is often not appropriate for someone requiring this level of support (ie, not able to take responsibilities for own medicines). Carers should take a means of identification to use at the pharmacy when collecting medicines.

3. Administering medicines involves the carer

- Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations)
- Being responsible for selecting those medicines
- Giving a person a medicine to swallow, apply or inhale.

Refer to the Standard Operating Procedure for specific guidance on how to administer medicines.

4. Applying medicines (eg, a cream, eye drop, ear drop or nasal spray) when listed on the MAR chart. Any administration must be agreed with the officer because some medicines require specialist skill to apply or involve intimate application and therefore are not included in this level of support.

5. Returning unwanted medicines to a pharmacy/dispensing practice for safe disposal. The decision about which medicines to return is made by the carer. Returns should be documented to ensure an appropriate audit trail.

3.5 Health Professional Input

The "health professional input" level of support involves administration of medicines that require specialist skills beyond those of a carer's training. These are typically invasive or intimate procedures.
If a person is identified as requiring health professional input they should be referred to the local community nursing team. It should be noted that many people who require health professional input for one or two medicines may well be taking other medicines for which they may be assessed as requiring assistance with or medication to be administered.

The following tasks are always regarded as health professional input level:

- Injections
- Removal of stitches
- Insertion of catheters
- Stoma care in the post-operative phase
- Testing for diabetes
- Administration of medicines which need skilled observations either before or after administration (eg, taking a pulse), as indicated in the initial needs assessment.

The following tasks are normally carried out by a health professional. In some circumstances these tasks may be delegated providing the carer has undergone additional training and the specific tasks are documented in the Service User's Pack/File.

They include:

- Insertion of pessaries
- Insertion of suppositories or microenemas

- Changing some types of dressings (eg, simple dry dressings). If agreed with the person's health professional, simple dressings can be changed by carers for bathing.

A further list of tasks can be provided by carers if they have had appropriate training. They may be classed as health professional input level if a carer with additional training is not available:

- Changing catheter leg bags where this does not disturb the catheter
- Changing colostomy bags
- PEG (percutaneous gastrostromy) feeding where there is no disturbance to the catheter
- Administration of medicines via a PEG tube where specific written directions from the prescriber are available
- Naso-gastric tube feeding
- Administration of medicines via a naso-gastric tube where specific written directions from the prescriber are available

3.6 Combined care

In cases when there is combined care (eg, formal carer plus family, or more than one formal care arrangement) it is particularly important that all responsibilities are clearly defined in the person's Service User Pack/File.

It is recommended that, where possible, any person requiring medicines to be administered for them should receive this support from one care provider only. Where this is unavoidable and more than one care provider is involved, the Officer should ensure that clear lines of responsibility and accountability are agreed and documented in the Service User Pack/File

One care provider should be the main provider of support with medication and should ensure that the second provider uses the same MAR chart. All carers should use one administration recording system and excellent communication between different providers is essential.

3.7 Involvement of family/informal carers

The support that a person requires must be stated clearly in the Service User Pack/Care Plan. In some instances, a family member or other informal carer may be supporting the person for some parts of the day, eg, at nights. If a medicine is due to be given during this time and the family member/informal carer is willing to be responsible for administering this medicine, this must be detailed in the Service User Pack/File.

The record must make it clear which medicines the care at home service will administer and which medicines the family member/informal carer will administer.

Family/informal carers must be advised not to give medication at times when care at home staff are due to administer medication due to the risk of double dosing.

Family/informal carers should be advised that they will be required to co-operate with carers e.g. if ordering and collecting medicines from a community pharmacy.

All medicines should be listed on the MAR chart, including the doses administered by family/informal carers. Family members/informal carers can be asked to sign the MAR chart when administering a dose of medicine but this would be by voluntary agreement. Carers should not record administrations on behalf of a family member/informal carer. It can be recorded on the MAR chart that a medication is provided by the family.

3.8 Refusal to take medicines

Carers must not force a person to take a medicine against their will. Carers should encourage a person to take a medicine, for example by saying "Your medicines are there to help you" but this must not be done in a threatening manner. Under no circumstance should a carer attempt to conceal a medicine (eg, in food or drink). This does not affect people for whom a specific request has been made to take a medicine with food (eg, in a spoon of jam in order to address swallowing difficulties, following health professional advice). If specific arrangements are needed, these should be clearly recorded in the person's Service User Pack/File.
If a person is having their medicines administered to them and refuses to take his/her medicines, the carer should:

- Note on the medication administration record that medicines were refused, using the codes listed on the MAR chart.
- Inform the Officer as soon as possible (who will then contact the appropriate health professional, eg, ask a pharmacist/doctor for advice).
- Place the refused medicine in an envelope marked "medicine for destruction" and write the number of tablets added and the date.
- Store the envelope safely with the person's medicines until it can be returned to the pharmacy for safe destruction.

4. ADMINISTERING MEDICATION

Medicines can only be administered by carers exactly as stated on the person's MAR chart. This chart should be retained in the Service User Pack/File. **Refer to the Medication Administration Standard Operating Procedure (SOP)** for information on the procedure that should be followed on every occasion that medicine is administered.

4.1 SPECIAL CONSIDERATIONS

4.1.1 Monitored Dosage Systems

Monitored dosage systems – sometimes referred to as Dosette boxes or blister packs – are a form of medicines compliance aid. Some people receiving assisted support may have a monitored dosage system. A pharmacist or dispensing GP will have assessed a person for suitability for a monitored dosage system as part of the medicines needs assessment. **Carers must only assist people with monitored dosage systems that have been prepared by a pharmacy or dispensing practice**. Carers must never fill a box. The reason for this restriction is because there are a number of safety concerns with the preparation of these boxes:

- Not all medicines are appropriate for use in a monitored dosage system. For example, medicines that are sensitive to moisture.
- The effectiveness of a medicine is no longer guaranteed under the product licence when it is removed from its original packaging. This makes the medicine “unlicensed” and means that all involved in its prescribing, dispensing and administration assume a greater responsibility for the person’s response to the medicine than if it had been supplied in its original packaging.
- Only professionals with appropriate training can safely dispense a monitored dosage system.

Monitored dosage systems may be useful in the following situations:

- A person has difficulty accessing medication from original packaging (but note that MDS may present similar difficulties)
- A person has difficulty following a medication regime due to factors such as:
    - Complexity of the regime
    - Some situations of forgetfulness
    - Learning difficulties

Monitored dosage systems are inappropriate when:

- They are being provided solely for the benefit of a formal/employed carer.
- People are no longer capable of making decisions about medicines (ie, assessed as requiring to have their medicines administered to them).
- People display intentional non-adherence to medicines or poor motivation.
- People have difficulty opening a monitored dosage system because of mechanical difficulties or cognitive impairment.
- People have frequent changes of medicines.
- Under no circumstances should monitored dosage systems be used for people having their medicines administered.

Further details are available in the “Policy on the use of monitored dosage systems in NHS Highland” (see: Policy on the Use of MDS in NHS Highland).

4.1.2 When Required Medicines (PRN medicines)

Some medicines are only required on a “when required” rather than regular basis. Examples include pain killers and laxatives. This presents a particular problem for people assessed as needing to have their medicines administered and not having the capacity to manage their own medicines. However, some people while not being able to be responsible for their medicines overall may still be able to indicate if they need a “when required” medicine. In these situations, it is more appropriate to allow the prescribing of “when required” medicines than to put such medicines onto a regular prescription.

At the prompting or assisting with medication levels of support, there is no problem with “when required” medicines because the person retains responsibility for making decisions about their medicines. Prescribers should carefully consider whether “when required” medicines are appropriate for individuals having their medicines administered. **Carers**

cannot be responsible for deciding whether or not a person needs a "when required" medicine or what dose of a "when required" medicine is needed.

4.1.3 Warfarin

Warfarin is a medicine that requires particular care to ensure the person receives the right dose at the right time. It is not usually appropriate to be prescribed for people requiring administration of medication by the care at home service.

For people requiring administration of medication who are already prescribed warfarin, or who develop an indication for oral anticoagulation, an appropriate direct acting oral anticoagulant (DOAC) should be considered, to minimise dose changes and reduce the need for monitoring.

If a prescriber considers a DOAC to be unsuitable and warfarin to be necessary, special arrangements must be made on a case by case basis to ensure safe prescribing of warfarin. This would include a system to ensure the MAR chart is updated with every dose change. Details of how to achieve this will need to be agreed between the carer, pharmacy and GP practice. Any complex dosing must be stated clearly on the person's MAR chart (eg, particular clarity is needed when doses are different on different days of the week).

4.1.4 Controlled Drugs

Controlled Drugs can be administered by a carer as part of the administration of medicines level of support. This is because the Misuse of Drugs Regulations state that Controlled Drugs in schedules 2 to 5 can be administered to any patient by any person who is acting in accordance with the directions of a prescriber.
Controlled Drugs should be treated as any other prescribed medicine.

Reporting incidents involving Controlled Drugs
From April 2015, all care at home providers must alert the Care Inspectorate of any adverse events or concerns involving schedule 2, 3, 4 and 5 Controlled Drugs. Notifications should be made through the Care Inspectorate's eForms system within 24 hours of the incident. For the NHS Highland care at home service, the incident should also be reported on the Datix system.
The types of incidents this covers are (a full list is available from the Care Inspectorate):

- Person given wrong medicine or wrong dose of medicine
- Medication incident/error resulting in injury or hospital admission
- Medication stolen or missing
- Falsified medication records

Due to the extensive number of Controlled Drugs and the fact that schedules of Controlled Drugs change frequently, a list of all of Controlled Drugs this applies to cannot be provided within this policy. Information about the status of medicines is available in resources such as the British National Formulary. If a carer is unsure about whether a medicine is a Controlled Drug, advice should be sought from a pharmacist.

Examples of frequently prescribed Controlled Drugs	
Schedule 2	Morphine, Pethidine, Fentanyl, Diamorphine
Schedule 3	Temazepam, Midazolam, Buprenorphine, Tramadol, Gabapentin, Pregabalin
Schedule 4	Benzodiazepines (diazepam), Anabolic steroids
Schedule 5	Dihydrocodeine, Codeine linctus, Co-codamol

Further details and guidance about the Care Inspectorate requirements are available in the document *Notifications about controlled drugs: guidance for providers.*

4.1.5 Medicine sick day rules and dealing with illness

The medicine sick day rules highlight which medicines should be stopped when people are ill with sickness/diarrhoea. This is because these illnesses can result in dehydration, and continuing certain medicines when dehydrated can lead to serious adverse effects.

The medicines covered by the medicine sick day rules are:

- **Diuretics**: can cause dehydration or make dehydration more likely in an ill patient.
- **ACE inhibitors and angiotension II receptor blockers**: in a dehydrated patient, these medicines may impair renal function which could lead to renal failure.
- **NSAIDs**: when given to a dehydrated patient, these medicines may impair renal function and this could result in renal failure.
- **Metformin**: dehydration increases the risk of lactic acidosis, a serious and potentially life-threatening side effect of metformin.

A medicine sick day rules card should be issued to all patients receiving one of these medicines. If a patient is being supported by the care at home service is given a card by a pharmacist/GP, the carer should place this in the person's Service User file to ensure that a record is kept of the medicines that should be withheld from a person with sickness/diarrhoea.
If a person is being prompted or assisted with their medication, he or she will decide if a medicine should be temporarily stopped.

If a person is having their medication administered, the carer should contact the person's prescriber who will decide if the medicine should be temporarily stopped. This advice must be recorded in the communication record/ Care notes and appropriately recorded on the MAR Chart

Further information about this initiative is given in the NHS Scotland Polypharmacy guideline, and advice is available on individuals from GPs and community pharmacists.

In terms of general illness, if a carer notices a significant change in the person's health/condition, advice should generally be sought from the person's GP before

administering medicines. Particular care should be taken when medicines have been recently started or stopped.

4.1.6 Insulin and Blood Glucose Monitoring

Insulin requires Specialist Input and at this time is not something carers within NHS Highland will be expected to do. This is currently under review.

In the interim, carers may be required to assist with blood glucose monitoring for specific service users. In these instances carers will be required to undertake training specific to individual service users and be deemed competent.

4.1.7 Patches Containing Medicines

When administering patches containing medication it is important to ensure that the patch is stuck to a clean and dry site on the patient's skin. The site of administration should be recorded in the care notes and changed each time to avoid skin irritation. On some patches it may be possible to write the date of administration on the patch itself.

Care should be taken to ensure that when a new patch is applied the old patch is removed and disposed of appropriately.

Patients who are using prescribed patches should avoid applying direct heat to the site of the patch, including a warm bath, as this can speed up the delivery of the medication from the patch.

The patch should be changed as instructed on the prescription or patient information. It is important to note that some patches require changing every 72 hours, others every 48 hours. Instruction for the careful disposal of patches is contained in the Storage and Disposal Standard Operating Procedure.

5. RECORD KEEPING

Refer to the Record Keeping Standard Operating Procedure

6. STORAGE AND DISPOSAL OF MEDICINES

Refer to the Standard Operating Procedure for Storage and Disposal of Medicines**.**

7. HOSPITAL ADMISSION

A stay in hospital may result in a change in medication. Therefore, it is vitally important that people receiving administration of medicines level of support are identified in hospital so that appropriate arrangements can be put in place for their ongoing care after discharge.

7.1 Admission

People requiring administration of medicines level of support must be identified on admission to hospital in order that care can be reinstated on discharge. For planned hospital

admissions, the care at home service should inform the hospital that the person requires administration of medicines.

For emergency admissions, the person/and or representative should be asked if the person receives administration of medicines level of support. If they do not know, this information can be found in the person's Key Information Summary or Emergency Care Summary.

Once a requirement for administration of medicines level of support has been identified, it should be written clearly in the patient's notes e.g. medicines reconciliation record or discharge planning record.

When a person is admitted to hospital, the care provider should inform the person's community pharmacist of the admission so that no further supplies of medicines are made during the admission period. In addition, this will alert the pharmacist to be prepared for a potential change of medicines on discharge.

A copy of the current MAR chart should be provided to the hospital when a person is admitted, particularly for unplanned admissions. This helps the hospital determine what medicines the person is taking/being administered and which medicines have been taken/administered recently e.g. to avoid double dosing.

When a person is in hospital it is the responsibility of hospital staff to ensure that their medicines are taken/administered, Care staff should annotate the MAR chart to identify that the person is in hospital, using the appropriate key code. Where a person's medicines will be used in hospital, best practice would be for Care Staff to complete a stock transfer form, which allows them to accurately record the amount of medication being transferred to the hospital with the patient.

7.2 Discharge

It must be remembered that carers can only administer medicines as stated on the MAR chart. Therefore, to enable a safe discharge it is vitally important that an up to date MAR chart is in place and that the carer is alerted to any changes to medication made during a hospital stay. If this does not happen, there is a danger of the wrong medication being administered. Therefore, the discharge planning process must consider what support patients need with medicines. For people requiring administration of medication, the hospital must provide a MAR chart to enable discharge.
If a change in medication has happened, this must be communicated via an Immediate Discharge Letter (IDL):

- The IDL must be completed and all sections authorised before the person is discharged from hospital.
- The IDL must contain up-to-date details of all the medicines the person should be taking.
- Any changes to the person's medicines (ie, details of all medicines started/stopped/amended) should be recorded on the person's IDL.
- A copy of the IDL should be sent to the SCI (Scottish Care Information) store. A copy is also sent to the person's GP and given to the person on discharge.

- The care at home service should alert the person's community pharmacist that the person has been discharged from hospital. This would usually be done by the officer as part of the discharge planning process.
- Community pharmacists do not have access to SCI store (due to technological reasons) and therefore the pharmacist should be contacted by phone/e-mail in order to pass on any relevant information from the IDL e.g. changes to medication since admission. Only an NHS e-mail address should be used to communicate confidential and person identifiable information. Personal e-mail addresses must never be used for this purpose.
- The community pharmacist can use this information to ensure that any new prescriptions are in line with the IDL.

On receipt of an IDL, the person's GP practice will update the person's medication records with any necessary changes so that, when the person requires a new supply of medicines, the prescriptions will be in accordance with any changes that were made whilst the person was in hospital.

These prescriptions will be dispensed by a community pharmacy who will also generate a new MAR chart if the person is having their medication administered to them.
If the GP decides to change any medicines, this should be communicated to the community pharmacist so a revised MAR chart can be produced: this would normally happen via the generation of a new prescription.

Out of Hours Discharges

Ideally, planned discharges for people requiring administration of medicines level of support will ensure that this group of people are only discharged in normal working hours to allow MAR charts to be produced. If an out of hours discharge is necessary, the carer must be supplied with a copy of the IDL, authorised by a prescriber, which can be used as a written instruction to administer medicines until the person's community pharmacy is open and can produce an updated MAR chart. An updated MAR chart should be obtained within 72 hours. The IDL should be provided on discharge.

8. ERRORS AND INCIDENTS

If a mistake is made during any aspect of assisting or administering medicines, the carer involved should initially contact the officer who will decide on whether advice is needed from appropriate professionals, eg, the person's GP or community pharmacist. The error should be reported in DATIX where this is available

Out of hours, it may be appropriate to seek advice from NHS24 depending on the nature of the problem.

Care Officers, the Adult Protection Unit, Scottish Social Services Council and the Care Inspectorate are informed as appropriate. Who is contacted and when will depend on the nature and severity of the issue.
Care Providers should report any medication incident/issue to the Care Inspectorate where the action/inaction adversely affected the welfare of the person for whom they were caring.

If a health care professional(s) was responsible for any aspect of the error or could help in ensuring the same/similar error does not happen again then he/she must be contacted.

Any incident involving a controlled drug must be reported to the Care Inspectorate via an electronic incident form https://eforms.careinspectorate.com/.

9. EDUCATION AND TRAINING

All carers must receive training in the management of medicines before starting to deliver any medicines-related care. Carers must adhere to the guidance in this policy and the training provided. After Training, carers must be assessed by their line managers and deemed competent in practice. These competency assessments should be repeated at least annually.

NHS Highland care at home service staff

Training for NHS care at home staff is provided in three parts:
1. General training on the safe administration of medicines (applicable for all care settings)
2. Additional training on specific medicines (see section 9.2 below)
3. Training about delivery of care in the home setting (ie, the content of this policy)

Independent sector care at home service staff

Independent sector care at home providers are expected to ensure their staff are trained to meet the standards covered in this section. It is the care provider's responsibility to arrange this training.

NHS Highland training materials to cover the initial training requirements are available from the NHS Highland Practice Development Department, supported by care at home officers.

Following the initial training, although not mandatory NHS Highland care at home staff are recommended to undertake the "Administer medication to individuals" (HSC375) unit of the SVQ level 3 qualification.

The Care Inspectorate are currently recommending that carers receive refresher training every 18 months and needed to be deemed competent to SVQ level 3.

9.1 General medicines management training

All NHS-employed carers must have received NHS Highland-recognised training on the safe administration of medicines and been deemed competent before administering any medicine.
Full details of the training are available separately. The main points it covers (list not inclusive) are:
- Basic information about the ordering, collection and storage of medicines
- Practical demonstrations on how to administer medication, including different forms and types of medicines
- Disposal of unwanted medicines

- Common side effects of medicines
- Potential risk factors
- Record-keeping/documentation
- Dealing with problems, errors and incidents
- Basic information about the medical conditions commonly encountered
- Numeracy

Carers will be assessed on their knowledge of the content of these guidelines. Competence to administer medicines will be determined by observation and evaluation.

9.2 Types of medicines that require additional training

When a carer is involved in assisting a person to use a medicine or administering a medicine, the exact role that the carer is expected to carry out must be specified in the Service User Pack/File. The carer must have received appropriate training recognised by NHS Highland and been deemed competent to deliver the care listed in the Service User Pack/Support Plan. Some medicines require additional training.

Induction level training (all care at home staff)

Carers can assist with the following types of medicines when they have received appropriate NHS Highland-recognised training and been deemed competent:

- Tablets and capsules
- Oral liquids
- Creams, ointments and lotions
- Eye drops and ointments
- Ear drops and ointments
- Nasal drops and ointments
- Skin patches
- Inhalation devices
- Mouthwashes

Advanced level training

Carers can also assist with the following products when they have received appropriate NHS Highland-recognised training and been deemed competent:

- Nebulisers
- Oxygen
- Changing catheter leg bags when this does not disturb the catheter
- Changing colostomy bags
- Changing simple dry dressings
- PEG (percutaneous gastrostromy) feeding where there is no disturbance to the catheter
- Administration of medicines via a PEG tube where specific written directions from the prescriber are available
- Naso-gastric tube feeding
- Administration of medicines via a naso-gastric tube where specific written directions from the prescriber are available

Some types of medicines require a greater level of training. These medicines usually require a health care professional's input and are regarded as the "health professional input" level of support. However, in some circumstances, specific training may be provided to a carer to enable them to fulfil this role. Written agreement would also be required from the health care professional, officer and person (or representative) before a carer could undertake any of these tasks. They include:

- Insertion of pessaries
- Insertion of suppositories or microenemas
- Changing simple dressings

The following tasks are regarded as specialist input requiring a health care professional's input:

- Injections
- Removal of stitches
- Insertion of catheters
- Stoma care in post-operative phase
- Testing for diabetes
- Administration of products where the initial needs assessment says a health professional needs to be involved (eg, some cytotoxic drugs)
- Administration of medicines which need skilled observations either before or after administration (eg, taking a pulse), as indicated in the initial needs assessment.

Index of Appendices

APPENDIX 1. Summary of Levels of Support

Support level	Points to consider	Next steps
No support (supported self management	Person has the capacity and capability to self- manage medicines but may require some additional support for example: • Simplifying medication regime — consider NHS Scotland Polypharmacy guidance • Easier packaging • Large print labels • Memory aids (reminder charts, technology) —trial first to check person finds them useful • Monitored dosage systems — refer to NHS Highland MDS policy for appropriate use • Support from family/informal carers (ordering/collecting medicines, opening packages, reading labels) • Weekly dispensing	• Provide support directly • Arrange with person's community pharmacist • Discuss with family/informal carers
Prompting with medication	Person has the capacity to make decisions about medicines and retains responsibility for managing medicines. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken. Prompting with medication can involve: • Telling/reminding the person the time • Reminding the person to take/use medicines • Asking if medicines have already been taken.	Refer to District care co-ordinator who will arrange provision of care at home

Assisting with medication	People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity to make decisions about medicines but lacks the physical capability to self-manage. The carer's role is to provide assistance, not take any decision-making responsibility. Assisting with medication can involve care staff in one, all, or a combination of the following tasks: • Ordering and collecting repeat prescriptions from GP practices. • Collecting medicines from a pharmacy/dispensing practice. • Bringing medicines to a person at their request so that the person can take the medicines. • Reading labels on medicines. • Performing mechanical tasks under the person's direction and instruction. • Returning unwanted medicines to a pharmacy for safe disposal. • Purchasing and assisting with over the counter medicines at the request of the person.	Refer to District care co-ordinator who will arrange provision of care at home
Administering medication	If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication. The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way. The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart. Administering medicines involves the carer: Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations) Being responsible for selecting those medicines Giving a person a medicine to swallow, apply or inhale. Applying medicines (eg, a cream, eye drop, ear drop or nasal spray)	Refer to District care co-ordinator who will arrange provision of care at home Provide MAR chart to enable discharge and/or refer to patient's usual community pharmacist to arrange long-term MAR chart provision

Health professional support	Is support needed from the nursing team? Examples include: • Injections • Removal of stitches • Insertion of catheters • Stoma care in post-operative phase • Testing for diabetes • Administering medicines which need skilled observations before/after administration • Insertion of pessaries • Insertion of suppositories or microenemas • Changing of dressings • Changing catheter/colostomy leg bags • PEG (percutaneous gastrostromy) feeding • Naso-gastric tube feeding • Administration of medicines via PEG or naso-gastric tube	Refer to community nursing team

APPENDIX 2. CARE AT HOME BRIEF ASSESSMENT TOOL

Using this assessment tool, Lead Professionals will be able to identify what level of support a person may need.

Person's information	
Person's name	Person's GP practice
Person's address	Person's community pharmacy
CHI number	Name and location of person completing assessment
or place patient ID sticker over these boxes (above)	Date of assessment

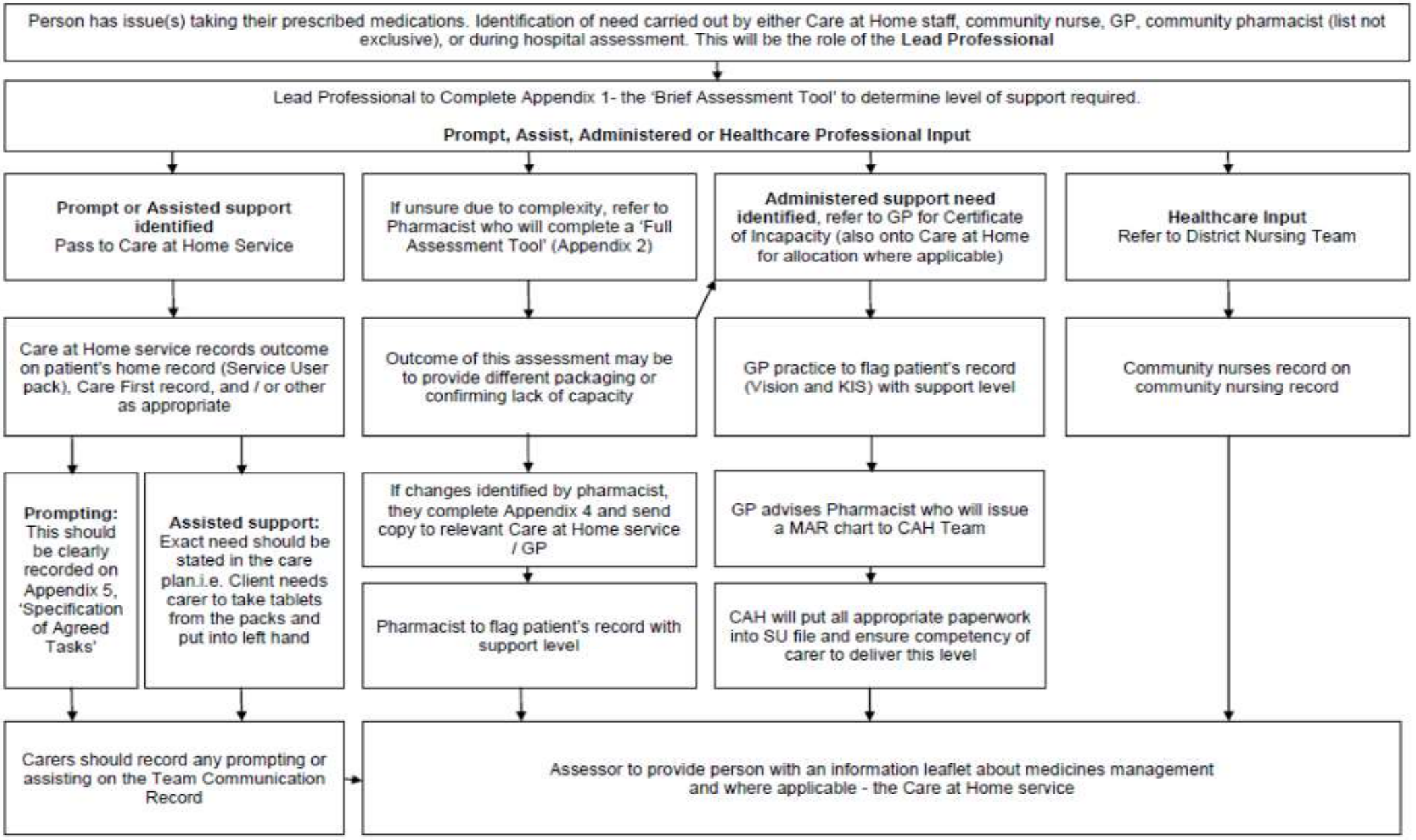
Current level of support with medication provided (tick all that apply)	
No care at home support i.e. self administers medicines	
Prompting with medication	
Assisting with medication	
Administering medication	
Administration by health care professional e.g. community nurse	

Support already in place (tick all that apply)					
Prescriptions ordered by carer or community pharmacy		Medicines collected from pharmacy by carer		Medicines delivered by pharmacy	
Medication reminder chart prepared by self/carer		Medication reminder chart completed by community pharmacy		Medicines administered by relative/informal carer	
Compliance aid filled by relative/informal carer		Compliance aid filled by community pharmacy		Other (please detail)	

Assessment questions				
	Yes	**No**	**Current support in place**	**Comments**
1. Does the person have a level of cognitive impairment that may affect their ability to manage their medicines?				
2. Do you know when and how to take/use your medicines?				
3. Do you usually remember to take/use your medicines?				
4. Do you have any problems physically taking/using your medicines?				
5. Do you sometimes choose not to take medicines the way they were prescribed?				
6. Do you ever run out of medicines?				
7. Do you have a significant excess of medicines at home?				
8. Do you have problems ordering/getting your medicines?				

- If no shaded boxes are ticked – there is no requirement for additional assessment or support with medication.
- Shaded box(s) ticked but support is currently in place and is adequate - there is no requirement for additional assessment or support with medication.
- Shaded box(s) ticked and there is no current support or current support is not adequate – further assessment may be necessary and so should be discussed with person's community pharmacist to determine if a full assessment by a member of pharmacy staff is necessary.

Summary of assessment process



APPENDIX 3: CARE AT HOME: FULL ASSESSMENT TOOL (3 pages)

The aim of this assessment is to identify the support an adult needs to be able to take medicines safely in their own home. A second version of this form is available for short-term care.

Section 1: Referral information – To be completed by referrer ad sent to assessor	
Person's name	Person's GP practice
Person's address	Person's community pharmacy
CHI	Name and location of referrer
or place patient ID sticker over these boxes (above)	Date of referral
Medication prescribes	**Attach a current copy of person's repeat medicines list (from GP Practice)**

Are there any problems with:	**if yes**	**Comments**
Ordering prescriptions		
Collecting medicines		
Forgetting to take medicines		
Purposively not taking medicines		
Opening packaging		
Reading labels / leaflets		
Physically taking / using medicines		
Understanding instructions		
Other (specify)		

Support in place or already tried?	**if yes**	**Comments**
Simplifying medicine regime		
Ordering prescriptions		
Collecting medicines		
Easier packaging		
Large print labels		
Memory aids / reminder chart		
Monitored dosage system		

Weekly dispensing		
Administering medicines — formal care		
Administering medicines – informal care		

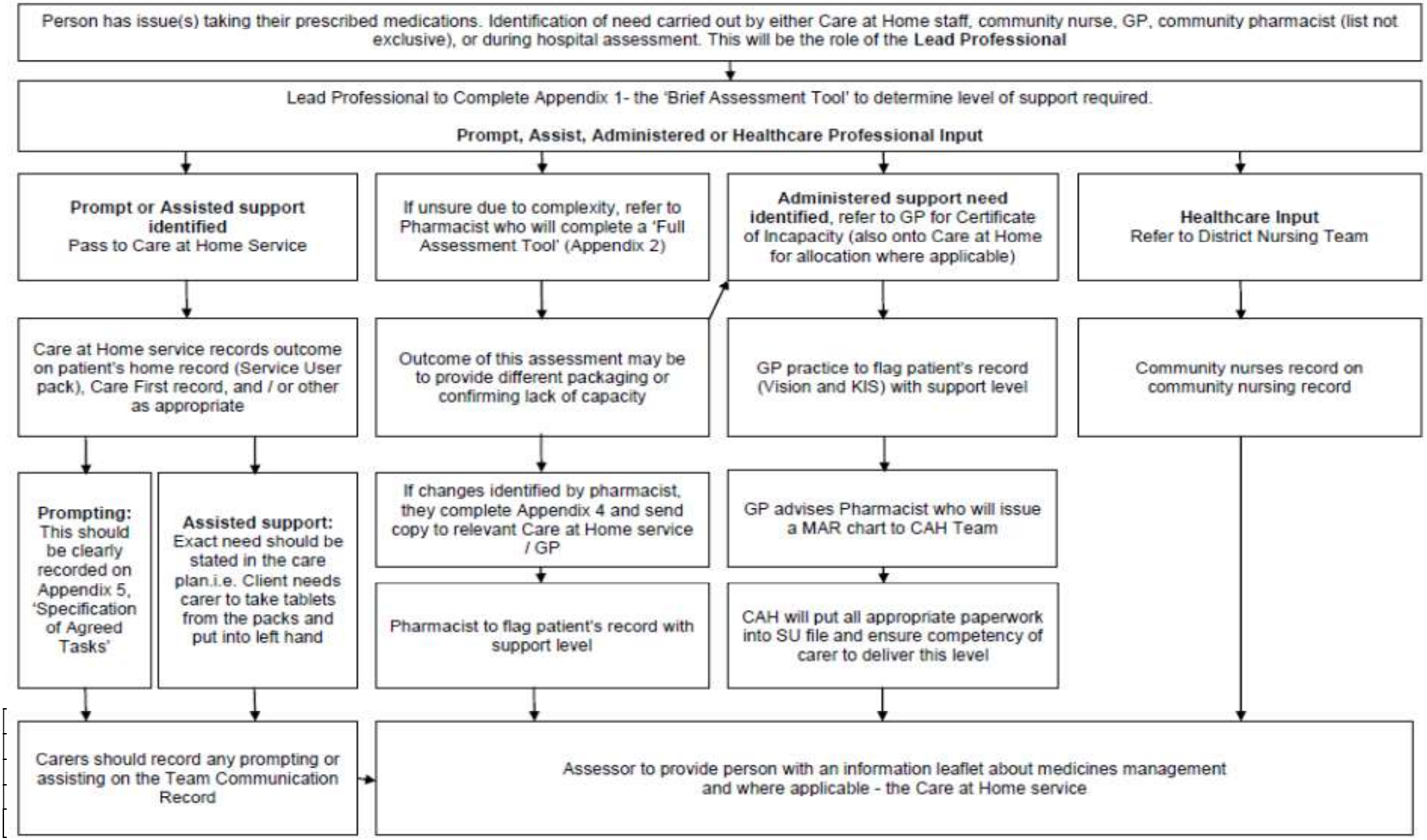
Section 2: Assessment details — to be completed by community pharmacy team		
Date of assessment	Assessor name and location	
Assessment: refer to notes overleaf about the levels of support and then answer the following		
Support recommended (tick one option and provide details — see over for explanations)		
Support type	**Tick**	**Details**
No change to current support		
Supported self management:		
1. Advice / counselling		
2. Easier packaging		
3. Large print labels		
4. Simplify medicine regime		
5. Reminder chart		
6. Monitored dosage system		
7. Weekly dispensing		
8. Support from family		
9. Other (detail)		
Care at Home Assisted support		
Care at Home Managed support		
Health professional support		

Patient consent after assessment:
I agree with the outcome of this assessment and agree for the outcome to be shared with other agencies (eg. GP. hospital. Care at Home service, carer, care home).
Patient name Signature Date

Section 3: Assessment outcome – to be completed by community pharmacist	
Confirm / define support needed Any additional clinical information Any follow up required Referred to (for provision of care)	

NOW SEND THIS FORM TO THE APPROPRIATE PERSON TO ARRANGE CARE (see over for details) AND SEND A COPY TO THE PERSON WHO MADE THE REFERRAL

Summary of assessment process



APPENDIX 4: CARE AT HOME: SHORT-TERM CARE (INTERIM) ASSESSMENT TOOL

(2 pages)

The aim of this assessment is to identify the short-term support a patient needs with medicines to:

- Enable hospital discharge (form completed by hospital pharmacist or other clinician)
- Or to step up the care provided in the community when a patient is acutely unwell (form completed by community pharmacy team or dispensing doctor)

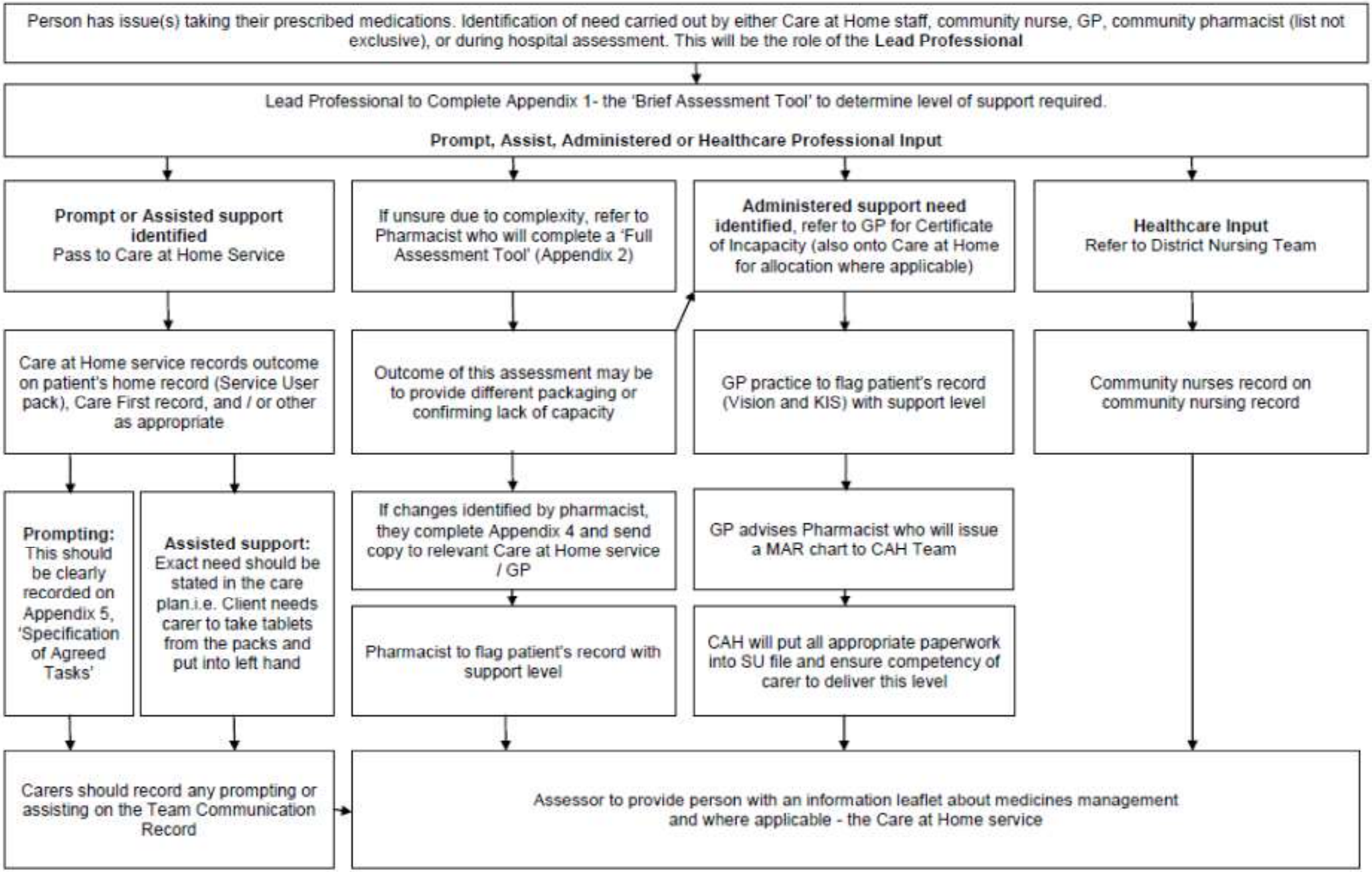
Section 1: Referral information – to be completed by referrer and sent to assessor	
Person's name	Person's GP practice
Person's address	Person's community pharmacy
CHI	Name and location of referrer
or place patient ID sticker over these boxes (above)	Date of referral
Reason for referral	Assessor name and location
Person's current support/care	Date of assessment

Section 2: Assessment details – to be completed by assessor. Refer to notes overleaf first.		
Medication prescribed	In hospital — attach a copy of person's authorised IDL In primary care — attach a copy of person's repeat medicines list	
List issues identified		
Support recommended for **up to 4 weeks** (tick one option and provide details):		
No change to current support		
Supported self management		
Care at home Assisted support		
Care at home Managed support		
Health professional support		
Follow up required		
Referred to (for provision of care)		

NOW SEND THIS FORM TO THE APPROPRIATE PERSON TO ARRANGE CARE (see over)

Patient consent after assessment:
I agree with the outcome of this assessment and agree for the outcome to be shared with other agencies (eg, GP, hospital, Care at Home service, carer, care home).
Patient name Signature Date

Summary of assessment process



APPENDIX 5: CARE AT HOME SERVICE USER PACK/FILE SPECIFICATION OF AGREED TASKS (FORMING CONTRACT)

NHS HIGHLAND CARE AT HOME SERVICE – SERVICE USER PACK/FILE MEDICATION RECORD

Medication record for:

Person's name: Person's date of birth:	Address:
Care First ID:	Telephone number:

Level of support required (please circle level and describe detail of support required):

Support level	Points to consider
No support (supported self management	Person has the capacity and capability to self- manage medicines but may require some additional support for example: • Simplifying medication regime — consider NHS Scotland Polypharmacy guidance • Easier packaging • Large print labels • Memory aids (reminder charts, technology) —trial first to check person finds them useful • Monitored dosage systems — refer to NHS Highland MDS policy for appropriate use • Support from family/informal carers (ordering/collecting medicines, opening packages, reading labels) • Weekly dispensing
Detail support required:	
Prompting with medication	Person has the capacity to make decisions about medicines and retains responsibility for managing medicines. The person must have been assessed as being able to follow a prompt. The carer is not responsible for checking which medicines are being taken. Prompting with medication can involve: • Telling/reminding the person the time • Reminding the person to take/use medicines • Asking if medicines have already been taken.

Detail support required:	
Assisting with medication	People who require assistance with medication retain responsibility for their medicines but need help with simple mechanical tasks. The person has the capacity to make decisions about medicines but lacks the physical capability to self-manage. The carer's role is to provide assistance, not take any decision-making responsibility. Assisting with medication can involve care staff in one, all, or a combination of the following tasks: • Ordering and collecting repeat prescriptions from GP practices. • Collecting medicines from a pharmacy/dispensing practice. • Bringing medicines to a person at their request so that the person can take the medicines. • Reading labels on medicines. • Performing mechanical tasks under the person's direction and instruction. • Returning unwanted medicines to a pharmacy for safe disposal. • Purchasing and assisting with over the counter medicines at the request of the person.
Detail support required:	
Administering medication	If a person is assessed as not being able to self-manage their medication and does not have the capacity to make decisions about their medication then care staff will need to take responsibility and administer their medication. The significant difference with this level of support is that care staff are taking control away from the person by following the written direction of the prescriber to ensure that the right person is offered the right medicine, at the right dose, in the right form, at the right time and in the right way. The carer must record medicines administered on a medication administration record (MAR chart) and must only administer medicines listed on the person's medication chart. Administering medicines involves the carer: • Identifying which medicines have to be taken or applied from the MAR chart (Including topical preparations) • Being responsible for selecting those medicines • Giving a person a medicine to swallow, apply or inhale. • Applying medicines (eg, a cream, eye drop, ear drop or nasal spray)

Detail support required:	
Health professional support	Is support needed from the nursing team? Examples include: • Injections • Removal of stitches • Insertion of catheters • Stoma care in post-operative phase • Testing for diabetes • Administering medicines which need skilled observations before/after administration • Insertion of pessaries • Insertion of suppositories or microenemas • Changing of dressings • Changing catheter/colostomy leg bags • PEG (percutaneous gastrostromy) feeding • Naso-gastric tube feeding • Administration of medicines via PEG or naso-gastric tube
Detail support required:	

APPENDIX 6: TEMPORARY ILLNESS FORM

This form should be used when a Service User who is currently receiving no support/prompting/assisted support temporarily becomes unable to administer their own medication due to short term illness e.g. urinary tract infection and requires to have their medicines administered to them.

This is an interim requirement which can be in place for **up to 10 days** without a Certificate of Incapacity (Section 47).
The decision to use this option should be made in discussion and with agreement of a Care at Home Officer or your line manager. If necessary, advice may be sought from the person's usual community pharmacist.

Current level of support. *(No support/prompting/assisting)*	Change in support required: *(e.g. needs medication administered on temporary basis)*	Date commenced:	Date temporary support complete: *(Revert back to previous level of support or Cert of Incapacity now in place)*	Condition: Detail current situation *(Why are these interim arrangements necessary)*	Authorisation agreed with: (*To be signed by Care at Home Officer or Line Manager)*
Additional comments:					

APPENDIX 7: ASSISTING WITH TOPICAL MEDICINES FORM

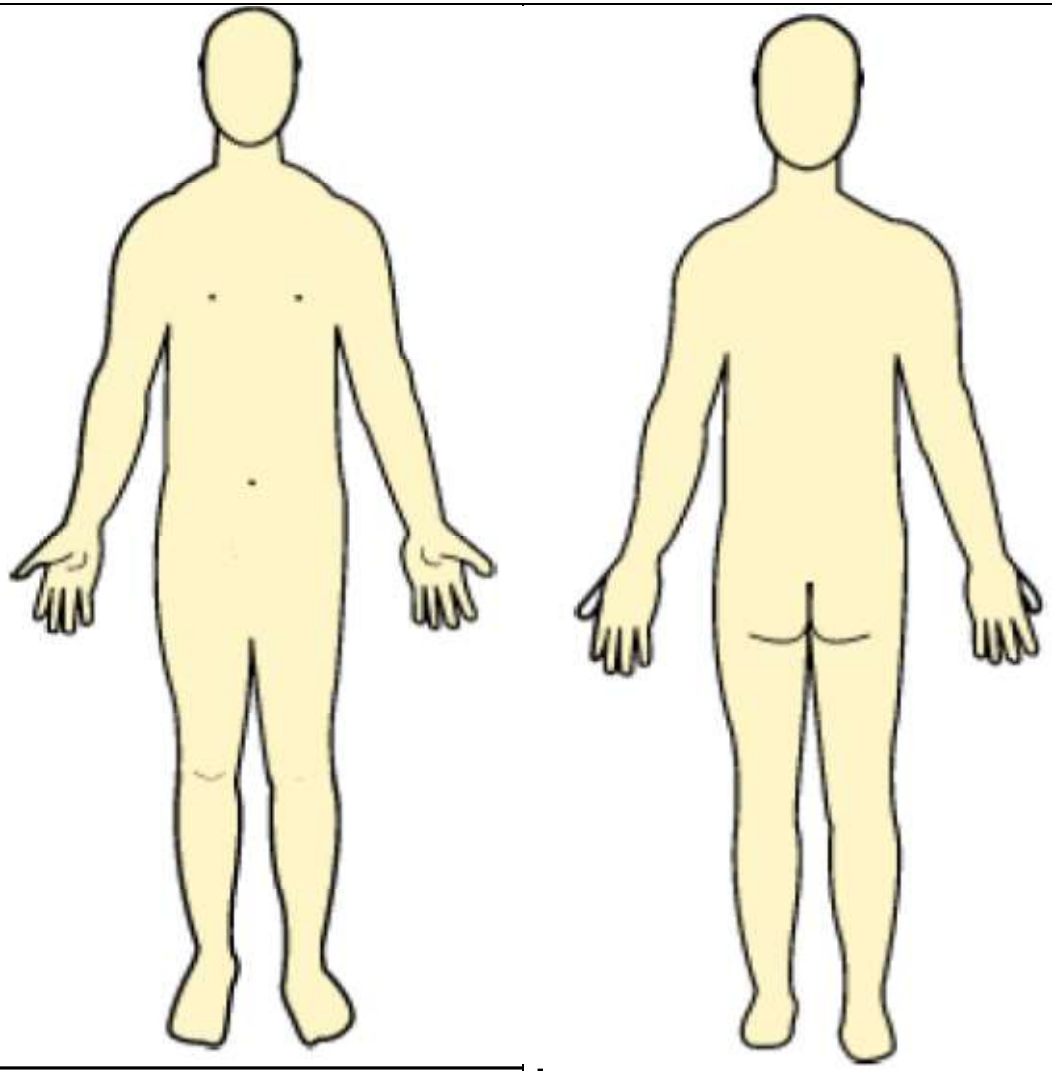
This form should ONLY be completed by carers to record any assistance with applying topical medication e.g. creams or patches etc. The carer is assisting a person to apply a medicine when the person cannot physically apply it him/herself. It is vital that the person retains capacity to make decisions about his/her medicines to fall within the assisted support criteria.

Patient Name		**CHI**	
Name of medicine	**Amount of medicine**	**Frequency of use**	**Assistance required (eg, how and where medicine should be applied) SEE BODY DIAGRAM OVER PAGE**

Topical Medication	Time	Dose	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[For three medicines above: stick dispensing label here or type information from dispensing label]	MORN																																
	NOON																																
	TEA																																
	BED																																
	MORN																																
	NOON																																
	TEA																																
	BED																																
	MORN																																
	NOON																																
	TEA																																
	BED																																

This Body Diagram can be completed by carers to identify areas of the body where topical medications e.g. creams are applied.

FRONT	BACK



Mark location with ‘X’ and number each area cream is being applied.

Area number	Cream etc being applied

APPENDIX 8: MEDICINES DISPOSAL FORM

I give permission for the following medicines to be removed from my house by my carer for safe disposal at the local pharmacy:

Name of medicine	Strength	Form	Approximate quantity (exact quantity for Controlled Drugs)

Name of Service user	Signature of Service user or representative
Address	Date medicines taken to pharmacy
Name of carer disposing of medicines	Signature of pharmacist/pharmacy staff receiving medicines

APPENDIX 9: EXAMPLE OF MAR CHART PRODUCED BY PHARMACY COMPUTER SYSTEMS

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	0 Other

M Made Available

		30/05/2013							06/06/2013							13/06/2013							20/06/2013						
MEDICATION	**TIME**	30	31	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	21	22	22	23	24	25	26
PERINDOPRIL TABS 2MG Take one at 08:00 Take 30 tc 60 minutes before food	08:00/1																												
Qty: 28 I Received: I By:	Started:					Qty:					Returned by:							Qty:					Destroyed by:						
Qty: I Received: I By:	Started:					Qty:					Retu ned by:							Qty:					Destroyed by:						
Qty: I Received: I By:	Started:					Qty:					Retu ned							CO:					Destroyed by:						
Qty: I Received: I By:	Started:					Qty:					Retu ned by:							Qty:					Dest Dyed by:						

Name	Doctor	Pharmacy
Pt number	Address	
DoB	Home	

CARE NOTES

Date	Time	Notes	Signature

APPENDIX 10: ADMINISTERED MEDICATION CHART (IF COMPUTERISED VERSION NOT AVAILABLE)

This chart should be prepared by dispensing GPs/pharmacies ONLY if a computer-system generated MAR chart is not available.

CLIENT NAME		CHI NUMBER		DATE		PAGE OF
ADVERSE MEDICINE REACTIONS (If Known)			CHART PREPARED BY (GPIPHARMACIST DETAILS)			

MONTH:

Medication	Time	Dose	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
[stick dispensing label here or type information from dispensing label)	MORN																																
	NOON																																
	TEA																																
	BED																																
	MORN																																
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Initial in date box to state med:caton use code: Rk;s'd, S=s!eepEng.. N=n usea, U=unwel, 0=not requEred, H=hosp ta::s-d, 0=o:her

CARE NOTES

Date	Time	Notes	Signature

APPENDIX 11: EMERGENCY PROCEDURES FORM

Service User ***Name*** ***Address***	***Verbal information (if appropriate)*** ***Received from:*** ***Designation:*** ***Date/Time*** ***Address***	***Form completed by:*** ***Designation:*** ***Date:***

MEDICATION TO BE ADMINISTERED

Code (for MAR chart)	Medication name, form and strength	Number of dose units to be given	Administration times					Reason for giving/Special Instructions
			Breakfast	Midday meal	Teatime	Bedtime	Other times	
X								
Y								
Z								
ADDITIONAL INFORMATION								

This form to be kept with and on top of the MAR Chart.

It should be removed and retained by the care at home officer when a revised MAR chart is provided
Please see reverse for more information

EMERGENCY PROCEDURES

PERSONAL CARE AT HOME STAFF MAY NOT ADMINISTER MEDICATION UNLESS IT IS DOCUMENTED ON THE MEDICATION CHART (MAR) OR ON THE EMERGENCY PROCEDURES FORM

CHANGES TO MEDICATION

- **When additional medication is prescribed** it is the responsibility of the primary health care team to ensure that a Medication Chart (MAR CHART) or Emergency Procedures Form is updated before the next dose of medication is due to be administered.
- If new medication has been prescribed and not added to the Medication Chart the Care at Home staff must contact the Care at Home Officer (CAHO) or Line Managers (If unavailable) then contact the G.P Practice for advice, if Out of Hours then NHS24 should be contacted for advice.
- **When medication is discontinued** it is the responsibility of the primary health care team to advise the pharmacist to ensure that the entry is scored out on the Medication Chart.
- If Care at Home is advised by the client or a non-professional carer or non-prescriber, that medication has been discontinued and the Medication Chart has not been amended they should withhold the next dose and contact the CAHO or (if unavailable) the GP practice to obtain confirmation of the discontinuation.
- **It is the responsibility of the CAHO to ensure that the Care at Home staff member is competent to carry out the new task.**

HOSPITAL DISCHARGE

- If a hospital medication chart has been provided the Care at Home staff may administer medication according to the hospital chart. A Care at Home medication chart (MAR CHART)must be provided by the local pharmacist with 72 hours. It is the responsibility if the CAHO to ensure this is followed up. In exceptional circumstances, such as, public holiday this may take a little longer. In these circumstances this should happen as soon a practicable.
- If a medication chart has not been provided by the hospital the care at home staff must contact the CAHO or NHS24 if out of hours for further instructions and the completion of this form, stately clearly who it is you have spoken with and their designation.

VERBAL COMMUNICATION

- When information about medication changes is made verbally (e.g. by telephone) the recipient of the information must read back the information given including spelling out the name of the medication to be administered. The information provided must include the strength of the medication, the number of dose units to be administered, the time of the administration. The relevant section of the Emergency Procedures Form must be completed with the date and time and the name and designation of the person giving you the information. A separate emergency procedures form must be completed on each occasion.
- This must be followed up with written changes in an updated medication chart within 72hours, except during public holiday periods where longer may be necessary.

APPENDIX 12: WHEN REQUIRED MEDICINES FORM

Carers can only administer "when required" medicines as stated on the form below. They cannot be responsible for making decisions on whether or not to give a "when required" medicine.
This form should be filled out by the professional completing the brief assessment or review and should be informed by information from the prescriber initiating a "when required' medicine, the person's GP and relatives and/or informal carers.

Person's name	*or place patient ID sticker over these boxes (left)*
Person's address	
CHI	

Information about when required medicines that can be administered

Name of medicine	Maximum single dose	Doses per day	Reason for medicine	Criteria for medicine to be given	Single dose left to take later?

Name of professional completing form:	Date:

This form should be stored with the person's MAR chart

CARE NOTES

Date	Time	Notes	Signature