

**Title:**

**Assistance with medication policy  
for Short Term Assessment & Re-ablement Team (START)  
re-ablement support workers operating in a service users home**

**Aim / Summary:**

*To detail the principles that must be followed by re-ablement support workers in relation to medication.*

**Document type** (please choose one)

Policy	X	Guidance	
Strategy		Procedure	

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About the Council		Older people	X
Births, Deaths, Marriages		Parking	
Business		Recycling and Waste	
Children and Families		Roads	
Countryside & Environment		Schools	
History and Heritage		Social Care	X
Jobs		Staff	
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libraries			

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**Please include any supporting documents**

1.

<b>Review date</b>	<b>Amendments</b>
September 2014	Addition of Bassetlaw CCG GPs and community pharmacists contact details
December 2015	Addition of updated Medicine Risk Assessment Form
January 2019	Review of policy



**Nottinghamshire  
County Council**

## Nottinghamshire County Council Adult Social Care, Health & Public Protection

### ASSISTANCE WITH MEDICATION POLICY FOR START RE-ABLEMENT SUPPORT WORKERS OPERATING IN A SERVICE USER'S HOME

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## 1. INTRODUCTION

This document details the policy on the safe and secure handling of medicines by the Short Term Assessment and Re-Ablement Team (START) staff of Nottinghamshire County Council (NCC).

Care providers need to ensure they can respond to the Care Quality Commissions (CQC) 5 key questions for services

- Are they safe?
- Are they effective?
- Are they caring?
- Are they responsive to people's needs?
- Are they well-led?

CQC Inspectors will use professional judgement, supported by Key Lines of Enquiry (KLOEs) and evidence, to assess services against these five key questions.

It is important that care providers:

- Handle medicines safely, securely and appropriately
- Ensure that medicines are prescribed and given by people safely
- Follow published guidance about how to use medicines safely

This policy sets out the principles that must be followed throughout the START service of the Council so that the CQC fundamental standards of quality and safety are met. It provides clarity on the medication tasks that can be undertaken by START staff (following training and assessment of competency) and those tasks which should remain the responsibility of healthcare.

All medication is potentially harmful, if not used correctly, and care must be taken with its storage, administration, control and safe disposal. It is important therefore that START employees who provide support are confident about their role in the management of medication.

The responsibilities of health and social care staff in relation to tasks other than medication are set out in the policy on "*Responsibilities for Care in the Home*", June 2010, (the Wavy Line document), available via the re-ablement manager and team managers.

There may be occasions where situations are not covered in this policy. Therefore any concerns must be brought to the attention of the workers line manager or person on call.

Independent home care providers who are contracted by Nottinghamshire County Council to provide medication support as part of a package of care may wish to use/adapt this medication policy to reflect their local service.

## 1.1. Consultation

Consultation on previous versions of this document occurred widely within Nottinghamshire County Council, Nottinghamshire Clinical Commissioning Groups (CCGs) and Nottinghamshire Health community groups. The groups listed below were involved in the original consultation process and supported the medication policy as set out in this document.

### NHS Nottinghamshire County and Bassetlaw

NHS Nottinghamshire County Medicines Operational Group
NHS Nottinghamshire County Community Pharmacy Development Group
Nottinghamshire Local Pharmaceutical Committee - covers Nottinghamshire County, Nottingham City and Bassetlaw CCGs
Nottinghamshire Local Medical Committee, (electronically). Covers Nottinghamshire County, Nottingham City and Bassetlaw CCGs
Nottinghamshire Community Health locality service managers
Bassetlaw PCT Provider Clinical Governance Group
NHS Nottinghamshire County Medicines Management Sub-Committee,
NHS Nottinghamshire County Quality and Risk Sub-Committee
Nottinghamshire Community Health Senior Management Team

### Nottinghamshire County Council

START Countywide Operational Managers
Unions
Independent providers of homecare services
Risk Safety Emergency Management Group (RSEMG)
Commissioning Managers (COMMS)
Adult Care Management Team (ACMT)
Safeguarding Adult Mental Capacity Act Team (SAMCAT)

Due to the restructuring of NHS organisations some of the above mentioned groups now cease to exist. The following additional groups/ staff were therefore involved in the consultation and/or the review notification process.

Greater Nottingham CCGs Medicines Optimisation Committee, Mid- Notts CCGs Joint Prescribing Sub group, Sherwood Forest Hospitals NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust and Nottingham University Hospitals NHS Trust Pharmacy staff.

Feedback was also sought from START and NCC staff on previous policy content and how this translated to patient facing care. Domiciliary care policies were also viewed from councils both locally and nationally to establish that the contents of this policy were in line with local and national thinking.

## **1.2. Working together and taking risks**

All members of staff have an important role to play in risk identification, assessment and management of medication. It is important the service learns from events and situations where things have, or could have gone wrong in order that the reasons for the occurrence of the event or situation can be identified and rectified. This is to encourage a culture of openness and willingness to admit mistakes.

Service users may require social care support and health related input. This will necessitate employees from all agencies to work together in partnership to meet individuals' needs.

Nottinghamshire County Council fully indemnifies START staff against claims for alleged negligence provided they are acting within the scope of their employment and following guidelines set out within this policy.

## **1.3. Capacity and Consent**

The majority of service users take responsibility for taking their own medication and their independence should be supported as much as possible.

This part of the policy should be read in conjunction with the Mental Capacity Act 2005 and the Mental Capacity Act Code of Practice.

- 1.3.1.** Any professional who prescribes medication has a responsibility to assess that their patient / service user has capacity to consent to treatment with medication at the point of prescribing, or, if the person lacks capacity, that it is in their best interests to take the medication. Any advance decisions to refuse treatment should be taken into account by this professional.
- 1.3.2.** Within the START service a peripatetic (peri)-re-ablement support worker or a re-ablement manager will undertake an assessment of the service user's ability to manage their medication, during their first visit. They will then have a separate responsibility to ensure the person has capacity to consent to medication assistance (if applicable) or, if the person lacks capacity, that it is in their best interests to have medication assistance.
- 1.3.3.** Consent must be given by the service user in writing during the first visit with the peri-re-ablement support worker or re-ablement manager, before re-ablement support workers may support with medication related tasks (whether this is reminding, assisting and or administration tasks). If the service user appears to lack capacity to give consent for medication assistance, the peri-re-ablement support worker or re-ablement manager will undertake a mental capacity assessment.

**1.3.4.** If the service user lacks capacity, the peri-re-ablement support worker or re-ablement manager must check if there is a Lasting Power of Attorney (for health and welfare) who may have authority to make the decision about assistance with medication. If not, when a service user is assessed as lacking capacity a best interests decision must be made by the peri- re-ablement support worker or re-ablement manager on their behalf consulting relevant people based on the best interests checklist and local guidance taking into account any advance statements. A record must be made in the health section of the service users support plan of the reasons and circumstances of the best interest's decision and who was involved in the process.

**1.3.5.** Confirmation of consent for support with medication will be noted on the service user's support plan. Unless it has been concluded that the service user lacks capacity to provide authorisation, the service user should sign to confirm authorisation on the support plan.

#### **1.4. Authorisation**

**1.4.1.** Re-ablement support workers and peri re-ablement support workers must only support with medication related tasks following authorisation by their line manager, and where the authorisation of the service user has been obtained or where a record has been made in the health section of the support plan identifying it is in the best interests of the service user to receive assistance (see 1.3).

**1.4.2.** All re-ablement support workers and peri re-ablement support workers can undertake Level 1 support tasks once they have received induction training and provided conditions described in sections 1.3 and 1.4 apply. Level 2 tasks may only be undertaken following enhanced training and once confirmation of competency has been signed off by their line manager and provided conditions described in section 1.3 and 1.4 apply.

#### **1.5. Reporting concerns**

**1.5.1.** Re-ablement support workers and peri re-ablement support workers must report any concerns relating to a service user's medication to their line manager (or if out of hours the person on call).

**1.5.2.** Where a service user has responsibility for their own medicines and the re-ablement support worker is concerned about the service user's ability to continue to manage their own treatment, the re-ablement or peri re-ablement support worker must report this to their line manager (or if out of hours the person on call). It is the responsibility of the line manager to arrange a further assessment of the service user's need for assistance with their medication.

- 1.5.3. If the peri or re-ablement support worker has any concerns about any aspects of medication assistance in relation to a service user who lacks capacity, this must be notified at once to the re-ablement manager.

## 2. AIMS AND PRINCIPLES

The aim of this policy is to provide clear guidance to the re-ablement support worker, service user, and their relatives as to the nature of support that may be given with medication administration by paid carers in the domiciliary setting.

The result of using this policy must be that service users have the,

- **Right medicine**
- **Right dose**
- **Right time**
- **Right route**

and medication is assisted/administered to the **Right person**.

The recent NICE guideline 67 “Managing medicines for adults receiving social care in the community” also states service users have a **Right to decline**.

The following **principles** will also apply:-

- Independence will be promoted, encouraging service users to manage their own medicines as far as they are able, and for as long as possible
- The service user’s independence at home will be maintained
- If the person is assessed as lacking capacity, the principles in the Mental Capacity Act must be applied.
- Where there is no carer or other responsible adult willing and able to assist service users to take their medicines at home, or where the service user requests that informal carers are not to be involved in administration of their medication, START staff will undertake this task as part of the agreed personal care.
- Where START staff assist service users to take their medication there must be a formal agreement with the service user and their relatives as to which tasks are the responsibilities of START.
- Any assistance provided with medication will be by trained competent employees.
- The START service will not be provided solely for the purpose of administering/assisting with medication however, this may be considered as an interim arrangement on a case by case basis. At point of discharge, where there are medication only needs, ASCH will be unable to provide an ongoing service”.



### 3. ROLES AND RESPONSIBILITIES

There are three main roles of START staff involved with supporting a service user with their medication, these are a re-ablement support worker, peri re-ablement support worker and the re-ablement manager:-

#### 3.1. Responsibilities of the re-ablement support worker

The re-ablement support worker must,

- Adhere to procedures set out in this policy.
- **Not** undertake Level 1 medication support tasks until induction training has been completed
- **Not** undertake Level 2 medication support tasks until they have received training and been signed off as competent.
- Concentrate on support with medication tasks to the exclusion of all other duties and distractions.
- Talk to the service user about the support they are providing with their medication. The views of the service user should be taken into account and acted upon as appropriate.
- Ensure the service user's name and the name of the medication on the container match with the Medication and Administration Record (MAR) chart.
- Record all provision of support with medication as detailed in section 12 on the MAR chart including any refusal/omission of medication along with reason for the refusal occurring.
- Ensure they complete the authorised signature sheet in order to identify their signature. The signature sheet will be kept in the office bases.
- Notify the re-ablement manager (or person on-call) of any changes to a service user's medication regime so that the support plan can be updated by the peri re-ablement support worker or the re-ablement manager.
- Refer any observations/concerns about a service user's condition back to the re-ablement manager (or person on-call).
- Inform the re-ablement manager (or person on-call) of any risks and potential for error associated with medication in order that risk assessments can be undertaken and safe systems and processes can be implemented. In addition any occurrence of errors should be reported immediately (see section 14).
- Inform the re-ablement manager (or person on-call) immediately should they become aware of discrepancies in quantities of medicines. Whether the discrepancy is due to medicines being mislaid, stolen or the incorrect quantity being supplied by the pharmacy, a medication incident form should be completed in conjunction with their line manager.
- Ensure any reported medication changes are updated promptly in the support plan, and ensure arrangements have been made to update the MAR chart in line with procedure by the peri- re-ablement support worker or re-ablement manager. The support plan must be signed and dated by the service user and appropriate social care staff.

### 3.2. Responsibilities of the peri re-ablement support worker

As for the re-ablement support worker above with the addition of

- Undertakes the first visit to service users to introduce the service.
- Completes the service users support plan
- Carries out all risk assessments needed and mental capacity assessment, if required.
- Ensures details of current medicines are obtained (including any over-the-counter medicines and creams for personal care) and produces a MAR chart for the service user, which is then checked on a regular basis.
- Ensures the required medication is available in the service user's home
- Provides an on-call function out of hours.

### 3.3. Responsibilities of the re-ablement manager

It is the responsibility of the re-ablement manager to,

- Ensure that all peripatetic (peri) re-ablement support workers and re-ablement support workers can access/view a copy of this policy along with the summary of tasks that can be undertaken by each group.
- Provide information to all re-ablement support workers, as part of their induction training, as to what tasks they can and cannot undertake prior to receiving enhanced training and being signed off as competent to assist with Level 2 medication tasks.
- Ensure that re-ablement support workers and peri re-ablement support workers receive training on assistance with level 2 medication tasks and competency sign off in a timely manner. Records should be kept of the date training is undertaken and the date of competency sign off.
- Establish that the re-ablement support worker and peri re-ablement support worker is competent in the EPDR each year.
- Undertake a new competency on each re-ablement support worker and peri re-ablement support worker every year.
- Ensure a MAR chart and the required medication is available in the service user's home.
- Line manage peri re-ablement support workers and re-ablement support workers

Managers must,

- **Not** request any staff to undertake Level 2 medication tasks prior to them receiving training and subsequently being signed off as competent.
- Ensure any reported medication changes are updated promptly on the support plan and ensure arrangements have been made to update the MAR chart in line with procedure. The support plan should be signed and dated by the service user and appropriate START staff.
- Ensure an up to date authorised signatories list is maintained in order that signatories on the MAR chart can be easily identified by staff.
- Provide support to employees who report errors and facilitate a culture of "Fair Blame". Implement a fair blame culture in which staff are not blamed, criticised or disciplined as a result of a genuine slip or mistake that leads to an incident. Disciplinary action under Nottinghamshire County Council's

Disciplinary Procedure may still follow an incident that occurred as a result of misconduct, gross negligence or an act of deliberate harm.

- Ensure where an error has been reported, or the re-ablement manager is made aware of potential for an error to occur, a review of systems and processes is undertaken, in conjunction with the team manager to determine appropriate actions.

### **3.4. Responsibilities of the Occupational Therapist & Community Care Officer (Occupational Therapy)**

It is the responsibility of the Occupational therapist and Community Care Officer (Occupational Therapy) to:-

- Participate in appropriate training on the medication policy in order to become familiar with it.
- Keep up to date with any memos, amendments or changes to the policy.
- Abide by the procedures set out in the Medication policy
- Ensure that any START Goal Plans or Support Plans comply with the procedures set out in the Medication Policy.
- Notify the Re-ablement Manager of any changes to a service users medication regime that they become aware of.
- Notify the Re-ablement Manager immediately if they become aware of any concerns.

## **4. ACCOUNTABILITY**

All START staff are accountable for ensuring they comply with the Council's START medication policy. They should only undertake actions for which they have been trained and have been deemed competent to do so. In cases of uncertainty they should refer to their line manager.

## **5. ASSESSING LEVELS OF SUPPORT**

This is key to the whole process to identify what assistance is required. It will also highlight service user's whose medication needs are beyond the knowledge and competence of the Re-ablement Support Workers.

## 5.1. First visit

Following referral the first visit must be undertaken by a peri re-ablement support worker or a re-ablement manager.

As part of the visit the peri-re-ablement support worker or the re-ablement manager will speak to the potential service user and complete:-

*A Support with Medication Risk Assessment form (START/AMP/7)*

This will determine the level of support, if required, by the service user.

*A support plan*

This will detail the level of support to be provided to the service user. It must include an up to date list of prescribed medicines from the service users GP or a hospital discharge letter. Information should also be clarified as to any medicines the service user is taking which they have bought themselves and any creams used for personal care. The service user must sign the relevant sections of the support plan, including the statement of permission to identify that they consent to a level of service support. A first contact form must also be completed, if applicable.

Where START staff support service users to take their medication there must be a formal agreement with the service user and their relatives as to which tasks are the responsibilities of the START staff. This must be clearly documented in the support plan and form START/AMP/1 completed where there may be a necessity to clarify in more detail. For example, where relatives are in dispute over what is provided and by whom or where there is shared responsibility

Even when staff do not routinely give medicines, it is important to document whether the service user has any medicines, what the medicines are and the dosage instructions on the dispensing label.

*Warfarin Risk assessment form*

This must be completed if it is identified that the service user is prescribed warfarin.

*Mental capacity assessment*

If the support with medication assessment form identifies a possible issue with capacity then a mental capacity assessment (MCA) must be undertaken and the results documented. The MCA will be completed by the peri re-ablement support worker or re-ablement manager. See section 1.3 for additional information.

*Production of a MAR chart*

If the assessment form identifies that the service user requires support with their medication by the START team the peri-re-ablement support worker or re-ablement manager will produce a MAR chart for the service user. See section 9. The MAR chart will then be checked by the peri- re-ablement support worker on the first day of their subsequent shifts.

## 5.2. First visit outcomes:

At the end of the first visit the outcomes will be one of the following:-

- The service user is able to self-medicate **all** their prescribed medication. Therefore no further action required with medication from the START service
- A family member or informal carer assists them with **all** their prescribed medication. Therefore no further action required with medication from the START service
- A family member or informal carer assists with some of the service user's medication e.g. they may assist with a tea-time dose of medication. Hence support required from START service at other administration times.
- Service user requires support from the START service. The support can include verbal reminders, the use of compliance aids, preparation, assistance and administration. For example a service user may be able to self-medicate some of their medication but not others, or a service user may require administration support with all their medication.

In all cases where support (including verbal reminders) is to be provided by the START service a MAR chart must be completed and kept at the service user's home. This will be checked on a regular basis to ensure medication has been documented correctly e.g. no missing administration signatures.

As per above if family members or informal carers assist with a service user's medication this must be clearly documented in the support plan and a START/AMP/1 form completed. This ensures that family members or informal carers understand their responsibilities, including signing the MAR chart to document that they have assisted with a dose of medication.

Joint working between health and social care is important to ensure service users receive integrated person-centred support. The START service should notify the service users GP and supplying pharmacy when starting to provide medicines support.

A range of compliance aids are available to help service users administer their medicines independently. START staff should contact the service user's community pharmacist for advice. (See appendix 7 and 8)

Service users who may need support with medication would include those with:

- No sight/partial sight
- Severe mental health problems
- Complex medicine regimes
- Dementia
- Learning difficulties
- Poor mobility or manual dexterity
- Stroke
- Arthritis

- Multiple Sclerosis /Parkinson's disease
- Poor literacy
- Inability to read or interpret
- Language barriers

**It should be noted that if any START staff notices a change in the service user's condition, they must contact their line manager to arrange a review of the service user's support with medication risk assessment.**

## **6. TRAINING AND COMPETENCY ASSESSMENTS**

Following induction training all re-ablement support workers will be able to assist with Level 1 medication tasks.

On induction all staff will be expected to successfully complete the following:

- Attend a medication training session specified by Nottinghamshire County Council
- Work through the Supporting with Medication workbook
- Answer a selection of short questions and scenarios as part of the knowledge assessment
- Demonstrate competency to undertake tasks as specified in this policy by observation or simulation.

Competency will be assessed and signed off by the Re-ablement Manager.

Only trained certificated re-ablement staff who have demonstrated competency are able to undertake Level 2 assistance with medication tasks.

All staff will have refresher medication training and undertake a competency assessment every year.

## **7. ORDERING, COLLECTION AND STORAGE OF MEDICATION**

- 7.1.** Appropriate arrangements must be taken to ensure there is a continuous supply of medication for the service user.
- 7.2.** It must be clearly documented how the service user orders their medication how it is obtained (collected) and who is responsible for this.
- 7.3.** Requests for a supply of medication i.e. ordering from the service user's GP, should wherever possible remain the responsibility of the service user, or their relatives. In exceptional circumstances where this is not possible a re-ablement support worker may undertake this task following authorisation from their line manager, and this must be documented in the support plan.

- 7.4.** Re-ablement staff may collect prescriptions from the surgery and or medicines from a community pharmacy.
- 7.5.** If re-ablement staff assist with the collection of medication from a community pharmacy or dispensing doctors, this must be collected and returned directly to the service user's home. Staff should transport medication out of direct view.
- 7.6.** Re-ablement staff should ensure that all ordered medication has been received from the community pharmacy. They must check that the name on the medications matches that of the service user and the MAR chart. Staff must contact their line manager (or person on-call) for advice if an item is missing or is owed by the pharmacy. If an item is owed it must be documented in the support plan who and when it will be collected for the service user.
- 7.7.** Re-ablement staff that collect schedule 2 or 3 controlled drugs from the community pharmacy or dispensing doctor, will be required to show proof of identity and sign the back of the service user's prescription.
- 7.8.** Medicines should be stored appropriately in the home environment, e.g. out of reach of children and animals. Medicines should not be exposed to extreme temperatures (hot or cold) or to excessive moisture. As part of the risk assessment process, any specific issues for the safety and storage of medication will be identified in the support plan.
- 7.9.** Medication should be left in a safe place that is known and accessible to the service user. Where, following risk assessment and in line with the Mental Capacity Act, it has been determined that the service user is unable to take safe control of their medication and re-ablement support staff are responsible for the administration of medicines, medication should be stored safely and appropriately in accordance with instruction documented in the support plan. Other relatives, carers and health professionals should be told where it is stored.
- 7.10.** When medication is stored away from the service user (as per 7.9) it may be more appropriate for a family member or re-ablement staff to collect the service user's medication rather than arrange for it to be delivered to the service user's home by their community pharmacy.
- 7.11.** Medication safes are available for relatives to purchase for safe storage. Staff should contact their line manager for further details.
- 7.12.** Medication that has to be stored in the refrigerator should be held in a separate re-sealable container to avoid cross contamination with food. These medicines should not be stored in or adjacent to the ice box/freezer compartment.

- 7.13. Whenever new medication is received into the service user's home expiry dates should be checked and medication stored in such a way that those medicines that expire first are used first.

## 8. MEDICATION SUPPORT TASKS

START peri and re-ablement support workers may assist a service user to take medication that has been prescribed by the service user's general practitioner, dental practitioner, non-medical prescriber or hospital doctor responsible for aspects of the service user's medical care.

### 8.1. Level 1 & 2 medication support tasks for START staff

Following induction training peri and re-ablement support workers may carry out **level 1 support tasks**. This means they can,

- Collect prescriptions from surgery or medicines from the pharmacy when there is no alternative means of collection and delivery. Ensuring the name on the medicines matches the name on the MAR chart and that of the service user when delivered to their home.
- Make sure medicines are stored safely and securely in the service user's own home
- Note and record any change in the service user's ability to manage their medication. Notifying their line manager if there are any concerns.

Following enhanced training and competency sign off, peri and re-ablement support workers may also carry out **level 2 support tasks**. This means they can,

- Take tablets/capsules out of pharmacy labelled containers, remove tablets/capsules from foil strips contained within an original pharmacy labelled pack. (NB assistance with medication may not be given for medicines that are not in their original pharmacy labelled containers).
- Shake bottles of liquid medicines and remove the bottle cap so that the service user can take the required dose.
- Pour liquid into measuring cups, spoons.
- Draw up liquid into an oral syringe
- Mix or dissolve soluble medicines or thickening agents.
- Insert an eye drop bottle into a compliance aid so that the service user can self-administer their eye drops. Assistance may only be provided for eye drops that have been prescribed by a doctor or non-medical prescriber.
- Administer eye drops/ointment that have been prescribed by a doctor or non-medical prescriber.
- Administer ear drops that have been prescribed by the service user's GP or non-medical prescriber.
- Administer nasal drops, nasal creams or nasal sprays
- Apply creams and ointments to clean skin and only to the area it has been prescribed for by a doctor or non-medical prescriber. Only apply to skin that is **not** broken or inflamed (unless documented as the reason it is being applied). This should only be undertaken when a service user is unable to do this for him or herself and there is no other appropriate person to assist



them. Any concerns on the skins condition should be reported to line manager.

- Apply sun creams, sun blocks, simple body moisturisers without prescription from a doctor or non-medical prescriber, if the service user has used these before. These preparations can be used as part of a personal care routine and are recorded in the personal care plan. Staff should not apply products containing paraffin due to the flammability risk when applying to large areas unless these have been prescribed.
- Assist with the use of inhaler devices by passing the device to the service user, inserting a capsule into the device or, where necessary, press down the aerosol canister when the inhaler is used in conjunction with a spacer device. Prior to assisting with inhaler devices, the use of a compliance aid should be tried.
- Apply transdermal patches for the treatment of Parkinson's disease e.g. Rotigotine.
- Support with compression stockings; provided they have been prescribed by a doctor or non-medical prescriber and a shared care agreement is in place with the community nursing team. The agreement ( appendix 3 ) details the reasons for use, responsibilities of healthcare staff and social care staff, including how often stockings need to be changed., in addition form START/AMP/2 should be completed. Compression stockings are generally removed at bedtime and reapplied the following morning, but may be kept on for up to 7 days. Refer to section 9.13 for additional information.
- Support with Thrombo – Embolic Deterrent (TED) stockings; provided the service has been informed of the treatment duration for these. Refer to section 9.13 for additional information.

## 8.2. Support tasks associated with a higher level of risk

The following tasks are associated with a higher level of risk and must only be undertaken by peri and re-ablement support workers who have been signed off as competent to support with **level 2 tasks**. Wherever possible these tasks should remain the responsibility of the service user and or their relatives. However, where this is not possible the following must be undertaken before support from the START team is provided

- **A risk assessment must be carried out by the re-ablement manager this should be in conjunction with staff from the community nursing service and the service user's GP practice as applicable.**
- Input should be negotiated on a case by case basis in all cases involving support with the medication listed below.
- Responsibility will be retained by healthcare professionals with clear documentation, detailing roles and responsibilities.
- Additional documentation and training may be necessary. This will be agreed by the re-ablement manager and healthcare professionals with input from the NCC prescribing advisor as appropriate.

Tasks include, assisting with the administration (including reminding) of:

- **Warfarin** - under no circumstances should social care employees remind/ assist/administer with warfarin that is not in the original container from a community (or hospital) pharmacy or dispensing doctors. The dose should

always be checked against written instructions provided by the anticoagulant clinic or GP practice and documented clearly on the service users MAR chart.

- **Controlled drugs** – these are administered in exactly the same way as all other forms of medication however their documenting and storage may be different for some service users. This should therefore be determined as part of the service users care plan and a risk assessment completed if applicable. Examples include morphine tablets and solution; buprenorphine sublingual tablets; oxycodone tablets, capsules and solution. Other controlled drugs may be considered, provided they are not for administration via injection.
- **Cytotoxic oral medicines**- these are administered in exactly the same way as all other forms of medication however their documenting and storage may be different for some service users. This should therefore be determined as part of the service users care plan and a risk assessment completed if applicable. Examples include methotrexate tablets, hydroxycarbamide capsules, fluorouracil cream, mercaptopurine tablets, fludarabine phosphate tablets. These preparations are usually supplied from a hospital pharmacy.
- **Adrenaline auto-injectors**- Brands include Epipen, Jext and Emerade. These devices are prescribed to people with allergies who are at risk of having a severe allergic reaction (anaphylaxis). The devices and dose administered can differ between brands hence an appropriate risk assessment/treatment protocol must be completed and training provided to staff by a healthcare professional prior to support from START being agreed. It must be specified in the assessment that START staff will not make any judgements on the dose required by the service user. Staff are also requested to familiarise themselves with the patient information leaflet for this product, which will be included as part of its packaging.
- **Buccal midazolam**- includes Buccolam and Epistatus. Risk assessment and individual treatment protocol must be completed and training provided to staff by a healthcare professional prior to support from START being agreed. Staff are also requested to familiarise themselves with the patient information leaflet for this product, which will be included as part of its packaging.
- **Transdermal patch medication**- Patches containing controlled drugs or dementia medication should not routinely be supported by the START service. Managers will assess whether a service user prescribed this type of medication satisfies the criteria for re-ablement.

### 8.3. Tasks that re-ablement staff CAN NOT undertake

These tasks include:

- Any invasive procedure including:
  - Rectal administration of creams, suppositories or enemas
  - Vaginal administration of creams or pessaries
- Wound care: including both simple and complex dressings
- Injection or procedures which break the skin (with the exception of an adrenaline auto injector e.g. epipen )
- Syringe drivers
- Any procedure that requires the re-ablement support worker to make medical judgements.
- Assisting with nebulised medication
- Assisting or supporting the service user with oxygen therapy
- Supporting with medication via a PEG tube
- Assisting or supporting the service user with medication that has not been prescribed by the service user's GP

A summary of these tasks can be found in Appendix 9.

## 9. ADMINISTRATION OF MEDICATION

Administration of medication for the purposes of this policy means supporting the service user to take medication. The type of support will vary and will be identified from the support with medication risk assessment form completed with the service user at their first visit.

### 9.1. Types of Support

Support can be:-

**Verbal reminder** - asking a service user if they have taken their medication or reminding them that it is time that they take it. (except where this occurs on an occasional basis). A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medication. This would be coded as **R** on the MAR chart.

**Reminded and service user observed taking the medication** - reminding a service user to take their medication and observing them taking their medication. This would be coded as **RO** on the MAR chart.

**Prepared and service user observed taking their medication**- handling the service user's medication in some way, i.e. preparing the dose required, either by shaking a bottle of liquid medication, mixing soluble medicines, taking tablets out of containers and putting onto a spoon/saucer or pouring liquids into measuring cups or onto a spoon or squeezing a tube of ointment for use. This would be coded as **PO** on the MAR chart.

**Assisted** e.g. pressing an inhaler device **Applied** e.g. applying a cream to a service user's skin or **Administered**- physically giving a service user their medication by either placing it in their hand or mouth. These would all be coded as **A** on the MAR chart as in all 3 scenarios the support worker is physically ensuring the service user has their medication.

## 9.2. Containers and monitored dosage systems

Re-ablement staff must only support with medication from containers that have been assembled and supplied by a community pharmacy, hospital pharmacy or dispensing doctor practice.

Medication may only be used if the container is clearly labelled with the service user's name, the name of the drug and the dosage. Most of the containers used today by pharmacists for packaging medication in are the manufacturers foil blister strip packs. Occasionally medication may be placed in brown plastic bottles or brown glass bottles for liquids.

A pharmacy may also supply the medication in a monitored dosage system (sometimes referred to as a blister pack). If so this should be clearly labelled with each medication in it. There should also be a means of identifying each tablet i.e. by description of tablets colour, markings etc.

If a label becomes detached from the container, is illegible, or has been altered, medication must not be used. Advice should be sought through the line manager who should seek further advice where necessary.

**Please note: - Re-ablement Staff are trained to support service users from original containers as well as monitored dosage systems.**

Community Pharmacists are not obliged to dispense a prescription presented to them in a monitored dosage system and are entitled to charge for this service, if the service user does not satisfy Disability Discrimination Act (DDA) criteria.

## 9.3. Medication Administration Record (MAR) charts

The standard NCC MAR chart (See appendix 2) must be used and maintained for each service user who is receiving support with medication tasks (level 2). A separate patch chart should be used to record administration of patches (see appendix 10). CQC refer to the guidance 'The handling of medicines in social care' published by the RPSGB which states that

'In every social care service where care workers give medicines, they must have a MAR chart to refer to. The MAR chart **must** detail

- Which medicines are prescribed for the person
- When they must be given
- What the dose is
- Any special information, such as giving the medicines with food'

The legal direction to administer a medication is as per the medication dispensing label. The MAR chart is a record of medication to be given and taken. Both the dispensing label and MAR chart must be an exact match. If this is not the case, the medication must not be supported with and the re-ablement manager must be contacted.

MAR charts must be completed correctly and in full to ensure a service user's safety. Handwritten medication details e.g. name of medication and dosage instructions must be in indelible ink, use capital letters and words used instead of numbers. For example a dosage must be written as "Two to be taken in the morning" not "2 to be taken in the morning". **All** medications must then be signed by that staff member who entered the information. This must then be countersigned by the next staff member who undertakes a visit to that service user to ensure that the MAR chart has been completed correctly. If the staff member has any concerns they must contact their line manager or person on-call immediately.

Any medications which are labelled "as directed" must be referred back to the service users GP for a specific dose to be defined.

**Please note:** "As per blister pack" must not be written on the MAR chart as it is not accepted by the CQC. This is because it does not satisfy the requirement of "which medications are prescribed for the person" and hence does not support a clear audit trail for the service user's care.

It is the staff member's responsibility who undertakes the first visit to ensure the correct medications are detailed on the MAR chart. This must be done through referring to the service users GP or a hospital discharge letter. On each entry it should be documented if the medication is in a blister pack (MDS) or box.

If the staff member is unsure about the service user's current medication and it is out of hours they should try to determine the current medication from the service user's relatives and notify their line manager. Advice may also be sought from the service user's usual community pharmacy (See appendix 7), NHS 111 telephone service or another community pharmacy, many of whom are now open 100 hours a week. Professionals working in these areas will be able to advise.

The MAR chart must be kept in the service user's home in an agreed location, and must be examined on each occasion that the re-ablement support worker attends the service user's home, in order to make themselves aware of any changes in medication.

Re-ablement staff must always check the MAR chart to ensure that the medication has not already been administered and, in addition, check verbally that the service user has not already taken or been given the medication. Re-ablement staff will also count the tablets in-situ prior to administration to ensure medication has not already been taken and document the number of tablets remaining on the MAR chart after administration. This will be done using gloves (or a counting triangle if available) for those tablets in bottles. For liquids, including oramorph, a visual check (no need to measure) should

be carried out to check that the quantity remaining is approximately what is in the bottle.

Where a service user remains in the service for over six weeks, the MAR chart should be copied and returned at regular intervals to the locality office (at least monthly). A new MAR chart will be written if required by the peri-reablement support worker. Monitoring and oversight of the MAR chart will be maintained by the re-ablement manager.

Re-ablement support staff must record details of administration on the MAR chart at the time the medication is administered.

Where a service user receives support with medication from re-ablement staff and new medication is received into their home the quantity and date received should be recorded on the MAR chart by the peri-re-ablement manager or re-ablement manager. This also applies if there is discontinuation of medication or a change of dose.

#### **9.4. Administration procedure**

Medicines must only be supported with in accordance with the prescriber's specific instructions (Medicines Act 1968). The directions of how the drug must be taken will be detailed on the dispensing label attached to the medication.

Re-ablement staff must adhere to the following administration procedure:-

- Check that they are giving the right medication to the right service user by asking their name or asking an informal carer if unsure.
- Check verbally that the service user has not already taken or been given the medication.
- Check that the service user's name, the name of the medication on the container and the dosage instructions on the label match with the MAR chart. If there is a discrepancy the line manager must be notified.
- Check that there have been no recent changes in medication. If there is a discrepancy the line manager must be notified.
- Check the containers have been assembled by a community/hospital pharmacy or doctors dispensing practice and are clearly labelled.
- Check that the medication has not exceeded its expiry date. Eye drops should not be used if the date of opening exceeds 28 days. The date of opening should be marked on the eye drop bottle.
- Check the dosage instructions and any other specific instructions regarding time of administration e.g. before food.
- Check it is the correct time to administer the medication, paying attention to pain killing medication e.g. paracetamol, that must have at least four hours between doses.
- Check the label to determine if medication should be dissolved / dispersed in water before administration.
- Check the way in which the medication is to be administered e.g. eye drops left or right eye, etc.
- Check that the dose has not already been administered by checking the MAR chart and counting the tablets in-situ (gloves and counting triangle to be used

for tablets in bottles) or if in a pharmacy dispensed monitored dosage system that the tablets are not there. If there is a discrepancy the line manager (or person on-call) must be notified to make contact with the pharmacy/GP to find out if a further dose should be given.

- Measure doses of liquid medication using a 5ml medicine spoon, a graduated medicine measure or an oral syringe supplied by the pharmacist. Where a service user is experiencing difficulties with liquid medicines the re-ablement support worker must contact their line manager.
- Check old patch has been removed before applying a new one. Ensuring old patch is disposed of safely and gloves are worn.
- Ensure that if a thickening agent is prescribed this is mixed to the correct consistency.
- Ensure that compression stockings, if applicable, are applied correctly according to manufacturers instructions.
- Appropriate hand hygiene must occur before and after any direct handling of medication and before and after the wearing of disposable gloves.
- Medication must not be handled; solid dose forms e.g. tablets or capsules should be passed to the service user on a spoon or saucer. Disposable gloves must be worn by re-ablement staff where the dose has to be placed in the service user's mouth.
- Disposable gloves should be worn when applying skin treatments (e.g. creams, ointments, lotions). **Fire Hazard: all paraffin-containing emollients (regardless of paraffin concentration) and paraffin-free emollients, when used in large quantities, pose a fire risk which could result in severe or fatal burns. Service users should be kept away from naked flames, ignited cigarettes or open fires after the use of such preparations.**
- Check the service user has taken their medication and record this on the MAR chart straight away in the correct day and time box, using the appropriate code followed by the support workers initials.
- Ensure that medication is returned to its safe storage place
- Report any concerns about the service user experiencing any side effects from their medication.
- Report any concerns about any aspects of medication support in relation to a service user who lacks capacity at once to the re-ablement manager (or if out of hours the person on call)

## When supporting with medication do not:

- Give medications from unlabelled or illegibly labelled bottles, containers or compliance aids.
- Give medications via a PEG line
- Give medications from compliance aids filled by family members
- Make alterations to the dosage directions on the dispensing label
- Force a service user to take their medication
- Transfer medication from their original containers to a different container for later administration by a third party such as a family member. If medication is required to be administered at a different setting e.g. day service or a visit to family – the medication should be sent in its original container and the MAR chart must remain in the service user's home.
- Prepare medicines or drugs in advance of administration. (Except in rare occasions see 9.5) Once prepared they must be used immediately or discarded.
- Handle medication directly when administering, as far as is practicable.
- Give discoloured solutions, disfigured tablets, substances etc. These must be returned to the community pharmacist.
- Give medication from containers that have **not** been assembled by a community pharmacy, hospital pharmacy or dispensing doctor practice.

### 9.5. Leaving medication out

Generally re-ablement support workers should **not** put medication out for the service user to take themselves at a later (prescribed) time.

There may be rare occasions when leaving medication out to be taken later enables the service user to have greater independence. For example, if Re-ablement staff visit at 7.00pm and the service user is prescribed sleeping tablets, it may be appropriate for these tablets to be put in an agreed accessible place for the service user to take later.

Before medication is put out a risk assessment must be undertaken and agreement obtained from the re-ablement manager. Arrangements agreed must be documented in the support plan and recorded as **O = Other** on the MAR chart.

No more than one dose of medication must be left out.

### 9.6. Crushing tablets, opening capsules, splitting tablets

Tablets must **not** routinely be crushed or capsules opened. There may be circumstances however where tablets or capsules may need to be crushed or opened to enable the service user to take their medication. This should be carried out with the service user's consent.

In these circumstances the following must apply:-



- Crushing or opening must be authorized with the prescriber and pharmacist using form START/AMP/4, as the efficacy and legal status of the medicine can be altered.
- Guidance on how to prepare the medication for administration by re-ablement support workers must be sought from the supplying pharmacy
- Information and authorisation must be recorded in the support plan.
- The direction to crush/open should be added to the dispensing label by the GP practice/Pharmacy
- The correct equipment should be used to crush tablets e.g. a pill crusher, available from community pharmacies.

Occasionally it may be necessary to split a tablet to achieve the required dose. If this is required this should be done by the service user's community pharmacy or dispensing doctor.

### **9.7. Imprecise or ambiguous directions**

Where medication is labelled with imprecise or ambiguous directions e.g. 'take as directed', 'take as before', 'apply to the affected part' the re-ablement support worker must seek clarification through their line manager and/or service user's GP or community pharmacist. Clarification in writing using form START/AMP/3 may be necessary to gain confirmation of the intended direction of the prescriber and then noted in the support plan and on the MAR chart.

### **9.8. When required (PRN) medication**

Medication with a when required (PRN) dose is usually prescribed to treat short term or intermittent conditions. The service user may not need the medication at every dosage time.

Where medication is to be taken on a when required (PRN) basis sufficient information should be available detailing the condition for which the medicine should be given, the interval between doses and the maximum dose in 24 hour period. Where the label does not provide this information, confirmation should be sought from the service user's GP using form START/AMP/5 and a note of the outcome made in the support plan and on the MAR chart if applicable.

The re-ablement support worker must document the actual dose the service user has received. This should be documented as an O code on the MAR chart with the dose details documented on the RSW medication notes section of the MAR chart.

If the frequency of PRN medication changes by increasing or decreasing then a referral to the service user's prescriber, via the line manager should be considered for a review of the service user's medication. This is because their medical condition may have changed and the treatment required may need altering.

## **9.9. Variable dosages**

If a variable dose is prescribed e.g. one or two tablets or 5-10mls, the decision regarding the dose to take rests with the service user.

The re-ablement support worker must ask the service user how many they wish to take. If the service user is unable to decide or respond the re-ablement support worker must contact their line manager, who will seek advice from the prescriber. The circumstances in which the variable dose is to be taken must then be documented in the support plan. This should also be documented as an O code on the MAR chart with the dose details documented on the RSW medication notes section of the MAR chart.

## **9.10. Warfarin and new anticoagulants**

Warfarin is a high risk drug due to the specific dosing required for each service user. Blood tests (INR) are carried out to determine the dosage of warfarin required. Robust arrangements are required to ensure that re-ablement workers support the administration of warfarin at the correct dose.

The level of support required with warfarin will be identified through completion of the support with medication risk assessment form. In addition the warfarin risk assessment algorithm (see appendix 4) must be followed, with completion of a risk assessment form to identify and control any additional risks.

All service users should have an “oral anti-coagulant therapy pack” commonly known as a “yellow book”. The INR results may be recorded in the yellow book or on an INR chart supplied from a GP surgery or hospital anti-coagulant clinic with the current dosage of warfarin to be taken. If START staff are assisting or administering warfarin to a service user they must check the yellow book or INR chart, which must be kept with the MAR chart, to check the dose of warfarin to be given each day.

The re-ablement manager may consider requesting a community pharmacist /GP to label the warfarin “to be taken as per INR chart/yellow book” as an additional reminder for START staff member to check that information.

If the yellow book or INR chart is not available START staff must not support the service user until the correct dose has been clarified. They must contact the re-ablement manager (or person on-call) for advice on who to contact.

If START staff support service users to attend healthcare appointments, dentist, hospital etc. they should take the yellow book to the appointment and inform the relevant healthcare professional that the service user is on warfarin.

It must be documented in the support plan how any communication related to changed doses will be addressed.

Staff should be aware that there are newer anticoagulants e.g. dabigatran, rivaroxaban and apixaban. These do not require regular monitoring of INR

but due to the risk of blood clots it is extremely important that a dose of these medications is not missed.

Due to the risk of bleeding when receiving anticoagulants if a service user suffers a knock or injury carers should inform their line manager and the service users GP as soon as possible for advice on what action to take.

### **9.11. Food and drink interactions**

Some medicines can interact with certain foods and drinks. One of the most common ones is grapefruit juice. Similarly, milk can also affect some medicines by reducing the amount of drug that is absorbed by the body. The pharmacist may add this information onto the label.

Alcohol can interfere with the action of many drugs. Where a known interaction exists between a medicine and alcohol, a warning will appear on the label of the medicine container. If the service user appears to be intoxicated with alcohol or other substances, staff must not administer any medicine until their line manager (or person on-call) has been informed.

Further information on interactions can be found in the patient Information leaflet, in the BNF or by talking to a community pharmacist.

### **9.12. Food supplements and Thickening agents**

Both of these items may be administered by the service providing they are prescribed and documented on the MAR chart.

Staff must ensure that they follow the mixing instructions on the label of thickening agents. This will include using the appropriate measuring spoon provided to ensure that the consistency made up is that specified on the dispensing label. If this is not correct, this must be re done to avoid the risk of choking.

Advice must be sought from the prescriber or speech and language therapy service in relation to the other medication prescribed to the service user to ensure this is not a choking risk also.

## 9.13 Support with TED and Compression Stockings

### ***TED stockings***

Thrombo- Embolic Deterrent (TED) stockings are recommended for patients who have had surgery or are bed ridden to prevent blood clots. The stockings should be worn all the time including through the night and may be worn for up to 3 weeks after which time they lose their elasticity. They are generally white in colour and are not available on prescription so are supplied normally by a hospital or district nurse.

As the TED stockings should remain in place, support with personal care may need to be adapted by START staff e.g. flannel washes instead of a shower or bath. The service should determine before the service user is supported by the START team the duration that the stockings are required to be kept on for. After this time they may be carefully removed taking care not to damage any fragile skin. Staff must contact their line manager if they are in doubt / concerned about their removal and support from the district nursing team may be required.

### ***Compression stockings***

Compression stockings are available on prescription they are generally brown in colour and may be below knee or above knee, closed or open toe styles. They have a higher compression than TED stockings, are generally only worn during the day and are removed at night. They are used to treat conditions such as varicose veins and so are worn for long periods of time e.g. years.

A shared care agreement Appendix 3 should be completed with district nursing staff to ensure that necessary checks have been undertaken e.g. ruling out of arterial disease and that any venous leg ulcers have healed. The agreement ( appendix 3 ) details the reasons for use, responsibilities of healthcare staff and social care staff, including how often stockings need to be changed, in addition form START/AMP/2 should be completed. Compression stockings are generally removed at bedtime and reapplied the following morning, but may be kept on for up to 7 days. Staff must follow the manufacturers instructions on how to apply the stockings correctly ensuring that no skin is damaged. If worn incorrectly stockings may cause local pressure on toes leading to skin necrosis. Sometimes it may be recommended that a skin emollient is applied while the stocking is off to reduce skin dryness and irritation. Staff must contact their line manager if they are in doubt / concerned about their removal/ application and support from the district nursing team may be required.

As part of the reablement process a stocking aid may be required in order for the service user to apply stockings themselves. These are available from community pharmacies.

#### **9.14 Application of eye drops and ointment**

Staff must ensure that they follow strict hand hygiene rules when applying eye drops or ointment. Drops or ointments may be prescribed to treat dry eye conditions but also eye infections or prevent eye infections following eye surgery. Staff must ensure that dropper bottles or ointment tubes do not come into contact with the eye surface or lid. If staff observe there is a change in appearance of the eye area e.g. redness, weeping or inflammation they should contact their line manager for advice.

#### **9.15 Application of transdermal patches**

Patches must be applied to clean, dry, non-irritated skin generally on the torso, upper arm or shoulder area. Staff must record application on the MAR chart as well as the patch application record as per appendix 10, which details where the patch has been applied. Before another patch is applied the old one must be located, carefully removed and disposed of whilst wearing disposable gloves. Staff should refer to the manufacturers leaflet for information on where to apply the patch and any special instructions. The START service will support with those patches that contain medication to treat Parkinson's disease. For patches that contain different medication e.g. controlled drugs this must first be agreed with the START manager as to the service user's suitability to be supported by the START service.

### **10. OMISSIONS AND REFUSAL TO TAKE MEDICINES**

It is a service user's choice not to take medication. Administration cannot be forced but some degree of encouragement may be given.

Medicines must not be administered covertly to anyone who is deemed to have capacity on whether or not they take medication.

If a service user refuses their medication or does not take their medication or a dose is omitted for any reason, an entry on the MAR chart must be made.

The reason for refusal/omission should be documented on the reverse of the MAR chart, for example, "following guidance from a health professional, Lactulose has not been given because the service user has diarrhoea".

If the re-ablement support worker has any concerns about the service user's medical condition and the appropriateness of a medication they should seek advice from a health professional and inform their line manager.

If a service user refuses their medication or does not take their medication the re-ablement staff should inform their line manager. They will make a judgement about whether to seek further advice.

## **11. COVERT MEDICATION**

Medication must always be administered by consent with the full agreement and understanding of the service user, and, where appropriate, their relatives, wherever possible. Every effort must be made to obtain consent.

Where the service user is deemed to have capacity to make an informed decision, refusal of treatment must be respected. The re-ablement staff should endeavour to make enquiries as to why the service user is refusing their medication and report back to their line manager for notification to the service user's GP. Actions undertaken must be documented in the service user's support plan.

All service users must be presumed to have mental capacity to consent to treatment unless proved otherwise. The service user must be able to understand the information relating to the decision, retain and weigh up the information and communicate their decision. If the service user is unable to do any of these they will be classed as lacking capacity to make the decision regarding giving consent.

When a service user is deemed to lack capacity, a best interest decision must be made on their behalf consulting relevant people and taking all relevant circumstances into account. The best interest meeting may include START managers, the service user's GP (or consultant psychiatrist or psychologist), and relatives. This may include considering the administration of medication covertly, although this should only ever be seen as a last resort.

If it is agreed it is in the service user's best interests to receive their medication covertly this must be risk assessed, detailed in the support plan and a date specified for when the decision will be reviewed.

Confirmation should be obtained from a pharmacist and included in the risk assessment that the medication can be administered in this way (i.e. medication is suitable to be mixed with food or liquid).

Only medication which is regarded as essential for the service user's health and well-being, or for the safety of others, should be considered for administration in a covert way.

## 12. RECORD KEEPING

### 12.1. Support Plan, Risk Assessments and MAR charts

The support plan will detail the level of support required by the service user from the START team. This will have been assessed through the support with medication risk assessment form and any accompanying specific risk assessments.

All of these must be referred to by START staff prior to supporting with medication. These documents are all confidential records and should only be shared with others on a professional basis and with permission from the service user, referring to the mental capacity act if necessary.

All medication should be recorded on the MAR chart including those prescribed medications that the service user is self-medicating, the latter of which the re-ablement worker should document on the MAR chart.

MAR charts must be retained in the service user's home whilst in use. They should then be transferred to the re-ablement manager's offices and stored for 6 years in line with Nottinghamshire County Councils retention policy.

### 12.2 MAR chart codes

The re-ablement staff must record details of assistance with medication on the MAR chart in line with the medicine administration codes described below.

**R = Verbal reminder**-asking a service user if they have taken their medication or reminding them that it is time that they take it. (except where this occurs on an occasional basis). A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medication.

**RO = Reminded and service user observed taking the medication** - reminding a service user to take their medication and observing them taking their medication. No physical help given.

**PO = Prepared and service user observed taking their medication**-handling the service user's medication in some way, i.e. preparing the dose required, either by shaking a bottle of liquid medication, mixing soluble medicines, taking tablets out of containers and putting onto a spoon/saucer or pouring liquids into measuring cups or onto a spoon or squeezing a tube of ointment for use.

**A = Assisted** e.g. pressing an inhaler device **Applied** e.g. applying a cream to a service user's skin or **Administered**- physically giving a service user their medication by either placing it in their hand or mouth. These would all be coded as **A** on the MAR chart as in all 3 scenarios the support worker is physically ensuring the service user has their medication.

**X = Refused**, a service user refuses to take their medication

**O = Other**, document reason on reverse e.g. in hospital, medication left out, variable dose of medication.

If a service user self-medicates their medication this can be written under the drug and dosage description in the medication label box on the MAR chart

### **12.3 Recording application of topical products (creams, ointments, patches)**

When emollient creams are prescribed as a soap substitute, moisturiser or barrier cream the support plan should record what the cream is and where it is to be used. This should also apply to prescribed medicated creams/ointments.

A MAR chart must document all prescribed creams/ointments and where they are to be applied.

The application of sun creams, sun blocks and simple body moisturisers purchased by the service user and applied as part of their personal care routine do not need to be recorded on the MAR chart as long as the service user has used these before. They should however be documented in the support plan.

Any products containing paraffin cannot be applied unless they are prescribed and documented on the MAR chart due to their flammability risk when applying to large areas.

It is important that the removal and application of patches is documented accurately see Appendix 10 for record chart. The administration of patches containing controlled drug medication or for dementia is not supported by the START service.

### **12.4. Discharge from the START service**

A social worker will discharge a service user from the START service. They will complete a community care assessment and support plan (CCASP) for the service user and commission an on-going package of care if required.

On discharge the re-ablement support worker must collect the support plan and any other service documentation from the service user's home. This must then be brought back to the locality offices, scanned and uploaded onto framework.



### 13. DISPOSAL OF MEDICATION

- 13.1. All medication prescribed for the service user is their property and must never be removed by re-ablement support staff from the service user's home without written consent.
- 13.2. The service user or their relatives should be encouraged to return excessive amounts of unused or unwanted medicines to a pharmacy. They should not be encouraged to add them to their household waste or flush them away via the toilet. Empty bottles of liquid medication may be rinsed out and disposed of in the household waste.
- 13.3. Return of medication should wherever possible remain the responsibility of the service user and/or their relatives. In exceptional circumstances re-ablement support staff may return medication to a community pharmacy, having obtained written consent from the service user and sought approval from their line manager (START/AMP/8)
- 13.4. Details of medication returned for disposal by START staff should be recorded on the MAR chart and countersigned by the community pharmacist, the Peri re-ablement support worker or the re-ablement manager on the appropriate form (START/AMP/8). Information recorded should include the quantity removed and the date of return to the pharmacy.
- 13.5. Any medication that is taken out of its original container but is then not taken by the service user (for instance refusal, or medication is dropped on the floor) should be placed in an envelope with identification that it is waste medication. The service user's family should be requested to return this medication to a community pharmacy for disposal. Dropped tablets can be avoided with good administration technique e.g. preparing doses over a work surface.
- 13.6. In the event of a service user's death all medication should remain in the service user's home for seven days in case there is a coroner's inquest.

### 14. ERROR AND NEAR MISS REPORTING

- 14.1. Any instances of error involving medication **must** be reported to the re-ablement manager immediately (or if out of hours the person on call). Medical advice must be sought via the service user's GP, NHS 111, or out of hours service (GP telephone service will direct you to the out of hours service) as appropriate. This also applies to errors that staff identify, but have not made themselves e.g. errors made by prescribers, pharmacists and other care workers.
- 14.2. In the event of a serious error outside normal office hours NHS 111 or out of hours service and the Emergency Duty Team (0300 456 45 46) must be contacted immediately for further advice and next steps.
- 14.3. The re-ablement manager will complete a Medication Incident Report Form (START/AMP/6) with information provided by the re-ablement support worker.

A copy of this form will be sent to the Shared Medicines Management Team. The Re-ablement Manager will enter details of the incident onto the Well-Worker system for monitoring and audit purposes.

- 14.4.** Following report of an error or circumstances where an error could have occurred (a near miss) the Team Manager must investigate systems and processes to identify contributing factors and implement appropriate actions. The re-ablement manager should facilitate shared learning with colleagues to prevent reoccurrence of the error in the START service, and through the appropriate mechanism for independent providers.
- 14.5.** At all times support must be provided to employees who report errors or near misses in order to encourage an environment of openness and shared learning.

## **15. GIVING ADVICE TO SERVICE USERS ON MEDICAL ISSUES**

- 15.1.** Advice on medicines is the responsibility of the service user's GP, pharmacist or clinician who has responsibility for the service user's medical care. Re-ablement support staff must not advise on medication issues (including over the counter medicines). Any question should be referred to the service user's GP or pharmacist.
- 15.2.** It is the responsibility of the prescriber to explain the reason for the treatment and the likely effects (including side effects) of any medication prescribed to the patient.
- 15.3.** Patient information leaflets are included with prescribed medicines dispensed by a community pharmacist, dispensing doctor or hospital pharmacy. Re-ablement support workers may need to assist service users to access this information e.g. by reading the leaflet to them if required.
- 15.4.** Re-ablement workers should refer to appendixes 6 and 7 for contact details for GPs and Community pharmacists, including opening hours.
- 15.5.** Medication advice is available from the CCG medicines management team, via referral through the re-ablement managers and team managers.

## **16. CONFIDENTIALITY**

Re-ablement staff must not discuss or disclose a service user's medical history or treatment to a relative or lay person. Any questions must be re-directed to the service user, the service user's medical practitioner or the re-ablement manager.

## 17. DEFINITIONS

**Assessor:** Social care professional authorised by Adult Social Care, Health and Public Protection (ASCHPP) to undertake an assessment of a service users need and eligibility under Fair Access to Care Services (FACS) for on-going services e.g. a social worker or a community care officer (CCO)

**Container:** The packaging in which medication is supplied by the community (or hospital) pharmacy or dispensing doctor. For example: glass or plastic bottle, foil strip or blister packaging, tube containing ointment or cream for external application. Includes monitored dosage system or other compliance aid

**Cytotoxic medicines:** used in the therapy of various cancers and other conditions. Their effects are produced by interference with some human cell functions. There is a possibility that prolonged; uncontrolled exposure to cytotoxic drugs could produce some type of adverse effect on people who handle these medications.

**Disability Discrimination Act (DDA):** Community pharmacists will ask service users a series of questions. If the service user satisfies the DDA criteria, they may be eligible to have their prescription dispensed in a compliance aid.

**Emollient:** Defined as a preparation listed under section 13.2.1 of the British National Formulary (BNF); does not include barrier preparations.

**‘Fair Blame’ culture:** A culture in which staff are not blamed, criticised or disciplined as a result of a genuine slip or mistake that leads to an incident. Disciplinary action under Nottinghamshire County Council’s Disciplinary Procedure may still follow an incident that occurred as a result of misconduct, gross negligence or an act of deliberate harm.

**Framework:** An electronic system for recording contact and relevant information regarding a service user’s social care support

**Medication Administration Record (MAR) chart:** this is a document which gives details of all medicines that a service user is given support to manage. It shows the name of the medicine, the dose to be given, the time it is to be given and the identity of the person supporting with administration

**Monitored dosage system/compliance aid:** A form of packaging in which all medication required at specific times of the day are grouped together in individual compartments of the container

**Non-medical prescriber:** A registered healthcare professional, other than a doctor or dentist, who has been accredited as a prescriber by their professional body. At present such professionals include: nurses, midwives, pharmacists, optometrists, physiotherapists or chiropodists/podiatrists who have completed the relevant training programme.

**Occupational Therapist:** ASCHPP worker who visits all service users to provide equipment or re-ablement goals. May also complete the first visit if needed. Refers to Social Worker for assessment for on-going service.

**Perigastric endoscopic tube (PEG):** A feeding tube which is surgically inserted directly into the stomach to provide a safe and long term method of obtaining nutrition.

**Peripatetic Re-ablement Support Workers:** ASCHPP worker who undertakes the first visits to introduce the service and complete the Support Plan. They will also complete a medication risk assessment form as well as other risk assessments. He/she is also responsible for obtaining the consent of the service user for a re-ablement support worker to assist them with their medication.

**Re-ablement Manager:** the ASCHPP manager who is responsible for the management of the START and line management and day to day supervision of the re-ablement support workers. He/she undertakes the first visit and completes the risk assessment and support plan only when the Peri Re-ablement Support Workers are not available.

**Re-ablement support worker:** ASCHPP worker who provides support to service users with a range of personal and practical tasks while enhancing independence. He/she carries out the support plan and monitors and provides feedback.

**Remind/prepare/assist/apply/administer:** Situations where the service user is not able to take full responsibility for their medication and staff are required to provide varying degrees of assistance through to full administration. This includes selection of medicines by staff from a monitored dosage system or compliance aid.

**Team Manager:** Has overall responsibility for the service as the Registered Manager with CQC. Has line management responsibility for the Re-ablement Managers.

**Transdermal patches:** A medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream.

## **18. FORMS TO USE**

START/AMP/1 – Information for relatives/friends of service users receiving support with their medication from the START service.

START/AMP/2 – Agreement for assistance with application of compression hosiery.

START/AMP/3 – Fax confirmation of prescriber directions.

START/AMP/4 – Confirmation agreement for crushing tablets or opening of capsules.

START/AMP/5 – GP Instructions – prescribed medication (PRN) when required.

START/AMP/6 – Medication incident report form

START/AMP/7 – Support with medication risk assessment form