SECTION 4

January 2011
(Revised November 2013)

Home Support Medication Policy as part of the
Oxfordshire Joint Shared Care Protocol
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## 1. Glossary of Terms

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td>Labelled containers</td>
<td>Labelled by pharmacists or dispensing surgeries</td>
</tr>
<tr>
<td>MDS</td>
<td>Monitored Dosage System (sometimes known as Nomad or Dosette)</td>
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<tr>
<td>MAR</td>
<td>Medicine Administration Record</td>
</tr>
<tr>
<td>Staff</td>
<td>Care providers / Care workers</td>
</tr>
<tr>
<td>Professionally-filled</td>
<td>By pharmacist or dispensing doctor</td>
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<tr>
<td>Medicine / medication</td>
<td>Refers to any form of a medicinal product</td>
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<tr>
<td>Anticoagulation Therapy Record</td>
<td>Anticoagulation record sheet issued by anticoagulant clinic indicating blood levels and new dosage of Warfarin</td>
</tr>
<tr>
<td>Medication incident/ error</td>
<td>Any occurrence whereby medication is administered incorrectly or handled inappropriately. The following constitutes examples but the list is not exhaustive:</td>
</tr>
<tr>
<td>“With Capacity”</td>
<td>The service user has the mental capacity to make their own decisions.</td>
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</table>

- Administering medication to the wrong service user
- Administering the wrong dose of medication
- Failing to administer the medication
- Administering medication at the wrong time
- Failing to sign for medication administered
- Administering the medication via the wrong route
“Without capacity” The service user lacks decision-making ability and is unable to take key decisions affecting their well-being. “Without capacity” has been established following the code of practice as defined in the Mental Capacity Act (2005).

<table>
<thead>
<tr>
<th>Medication name</th>
<th>The name of the medication is the name by which it was prescribed and which appears on the label dispensed by the pharmacist or dispensing doctor.</th>
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</thead>
</table>

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<tr>
<th>Healthcare professional</th>
<th>Any appropriate health care professional registered with their professional body. Doctor (e.g. GP, consultant) pharmacist, registered nurse, non-medical prescriber, occupational therapist, physiotherapist.</th>
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</thead>
</table>

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<tr>
<th>Level of support that is given by a home support worker with medication</th>
<th><strong>Prompting:</strong> Staff are required only to remind the service user to take their medication. The service user must be able to take the medication independently.</th>
</tr>
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| Assistance: Staff are required to physically assist with medication, e.g., from an MDS, opening containers or blister packs and offering to the service user with a drink. They are able to take their medicines independently. |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|

| Administration: Staff are required to remove medicines from MDS or opening containers or blister packs and actually place them in the service users mouth or given via a PEG or giving liquids/inhalers/eye drops and applying patches (non CD) and creams. |
|-------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
1 INTRODUCTION

1.1. Wherever possible, service users will be responsible for holding and taking their own medication. Where service users require assistance, the following policy and procedures must be adhered to.
2. LEGISLATION AND STATUTORY REQUIREMENTS

2.1. All transactions involving medicines are regulated by the Medicines Act 1968 and subsidiary regulations made under that Act. The policy and guidelines for Oxfordshire Social Services Home Based Care Team embodies the principles of the NHS and Community Care Act 1990, Care Standards Act 2000, the National Service Framework for Older People 2001 and the Mental Capacity Act (2005).
3. AIMS AND OBJECTIVES

The policy:

3.1. Is applicable to all staff working with adult service users receiving home support services. They cover all groups of adult service users including older people, those with a learning disability, physical disability and those with a mental health problem.

3.2. Aims to ensure that service users receive appropriate help and encouragement to manage their own medication but where this is not deemed safe or appropriate, ensure that they receive a suitable level of support and assistance with their medication.

3.3. Acknowledges that social care staff are not health professionals and therefore must receive appropriate training, as specified in the National Minimum Standards for Domiciliary Care, to enable them to become competent in the assistance/administration of medication.

3.4. Sets out the systems and arrangements that must be in place regarding access to medication, storage, control and disposal of surplus medication.

3.5. Defines the principles of good practice, which are to be applied to the administration of medication.

3.6. The National Minimum Standards for Domiciliary Care must be adhered to.

3.7. Service users living in their own homes are responsible for managing their own medication if they are assessed as having “capacity” (see section 17.5).

3.8. Care packages including activities that fulfill a medical requirement such as helping with medication, may form part of the care provision, provided the person meets Oxfordshire Social & Community Services eligibility criteria and is receiving personal care assistance. The care worker in such a case must be competent to undertake the task and adequate monitoring arrangements must be in place.
4. **PRINCIPLES OF GOOD PRACTICE**

4.1. Everyone involved in the care of a service user is responsible for ensuring that his/her medication is managed appropriately. However, the primary responsibility for the prescribing and management of medication rests with the doctor in consultation with other members of the primary health care team and the patient.

4.2. Prescribed medicines are the property of the person to whom they have been prescribed and dispensed.

4.3. The consent of the service user / advocate must be documented in writing in the care plan as agreement to their medication needs. The views of the service user must be respected and any refusal to take medication should be recorded and appropriate advice taken if this persists.

4.4. Medication must be given only to the person whose name appears on the label and according to the prescriber's instructions. These instructions are indicated on the medicine label. At each visit medication must be recorded and signed for.

4.5. All support with medication will be delivered in a way that respects dignity, privacy, cultural and religious beliefs of the service user.

4.6. The National Minimum Standards for Domiciliary Care must be adhered to.

4.7. Service users living in their own homes are responsible for managing their own medication if they are assessed as having “capacity”. (See section 17.5).

4.8. Care packages including activities that fulfill a medical requirement such as helping with medication, may form part of the care provision, provided the person meets Oxfordshire Social & Community Services eligibility criteria and is receiving personal care assistance. The care worker in such a case must be competent to undertake the task and adequate monitoring arrangements must be in place.
4.9. Care workers provide assistance with taking medication or administering medication ONLY when it is within their competence and within the parameters and circumstances set out in this policy and when authorised to do so by their registered manager.

4.10. Confidentiality must be observed regarding the service user's medical history and medication. Refer to Confidentiality Code of Conduct. (Oxfordshire PCT, Information Governance Policy).

Oxfordshire Social & Community Services will not accept responsibility for medication administered by any person not working under contract to Social and Community Services.
5. **SUPPLY OF MEDICATION**

5.1. Staff will only administer medication from individual labelled containers or professionally filled sealed monitored dosage systems. These will be dispensed by the pharmacist or dispensing doctor and prescribed to the service user.

5.2. Staff are not authorised to administer medication from family-filled multi-compartment compliance aids e.g. dosette boxes (see section 19 practical guidance notes).

5.3. It is expected that in normal circumstances, medication should be obtained by the service user or family member / friend. If necessary, staff may take a prescription to the pharmacist and return medication to the service user. This however should only be in exceptional circumstances, when all alternative options have been explored.

5.4. Prescription requests need to be completed by the service user, a member of the family or authorised member of the primary health care team. In exceptional circumstances, the service user's regular care worker may undertake this task.
6. **OTC (OVER-THE-COUNTER) AND HOMELY REMEDIES**

6.1. Under no circumstances should staff offer advice or administer non-prescribed medicines or remedies. IT IS DANGEROUS TO DO SO. Examples of this include homeopathic preparations, vitamins, minerals and supplements that have not been prescribed.

6.2. Staff should not offer advice on OTC (over-the-counter) preparations, homely remedies or prescribed medications.

6.3. If the GP has recommended the purchase of an OTC preparation, care workers may not administer this unless there is written authorisation on the confirmation of current medication letter and subsequently, the medication administration record sheet.

6.4. Staff may not purchase homely remedies for service users, even at the service user’s request.
7. REFERRAL FOR MEDICATION ASSISTANCE

7.1. The responsibility for the safe discharge of a service user from hospital lies with the Consultant/GP or their nominated officer. Any medication held outside of an MDS needs the appropriate medication record sheet completed (Appendix 3b).

7.2. The decision on the best way to help the service user manage their medication will be made by the GP, Consultant, Pharmacist, Non-medical prescriber or Registered Nurse. Following this decision, the help of the service user’s care worker may be requested.

7.3. For patients requiring medication only visits the request for a prompt or assist must be made to the Social and Community Services Access Team tel: 0845 050 7666 by the GP, Consultant or their nominated office who must be a registered healthcare professional. For administration of medication this must be made in writing to the Shared Care Lead Nurse, by the GP, Consultant or their nominated officer who must be a registered health care professional. A response detailing the necessary action will be made where possible, within 7 days.

7.4. Any assistance required must be documented on the Requisition for Services for Domiciliary Care Form and in the service user’s care plan.

7.5. The care worker may then only help the service user with taking their medication in accordance with this protocol.
8. DOCUMENTATION

8.1. Staff may help service users with their medication if it is clearly identified on the care plan, following an assessment of needs by the care manager. The assessment of needs should involve a risk assessment of medication and the resultant instruction will be categorised as follows:

8.2. **Prompt**: Staff are required to remind service users to take their medication. There will be no physical administration by the care worker.

8.3. **Assist**: Staff are required to help the service user with medication as far as opening containers is concerned. There will be no physical administration by the care worker.

8.4. **Administer**: Staff are required to administer medication either from a professionally filled monitored dosage system or individual pharmacy labelled container, supplied by a pharmacist or dispensing doctor.

8.5. Administration of medication should be in accordance with the directions on the label and medication should be placed in the mouth or appropriate orifice as directed. A record must then be made on the appropriate medication record sheet including:

- Date
- Time
- Signature
- Appropriate codes used for refusal, or family administer and other reasons such as medication unavailable, spillage, dropped tablets etc. Where a code is used, an explanation is required on the medication record sheet and service user’s notes.
- R= Refused  F=Family administer  O= Other

8.6. Any changes or additions to the existing medication require updated appropriate medication record sheet *(Appendix 3a and 3b).*
8.7. Service Providers should be informed of the changes to medication and the care plans amended with the service user agreement and signature.

8.8. The dispensing pharmacist or dispensing doctor will provide a MAR (Medicines Administration Record) chart detailing the name of the medication, form, strength, dose and time of administration along with any special instructions for medication outside of an MDS. (Appendix 3b) Staff are not authorised to administer medication without this written information. Any changes to any medication held outside an MDS must be confirmed by the GP or healthcare professional prescriber for confirmation of the change.

8.9. All medication not in an MDS system e.g. creams, ointments, lotions, gels, oral liquids, patches (non CD only are allow to be applied by carers), inhalers, nasal sprays, eye drops, antibiotic short courses, non-stable tablets or capsules, warfarin, soluble tablets, ear drops, nebulizing solution, rectal medication need to be written on a MAR chart (see Appendix 3b).

8.10. A letter of introduction (see Appendix 3c) may be used by the care provider to alert the community pharmacist or dispensing practice that there are care workers providing support with administration of medications for particular clients and that a MAR chart will be required for medicines not in an MDS system.

8.11. If a MAR chart is not provided by the dispensing pharmacist or dispensing doctor, a competent designated staff member will be able to complete a risk assessment (see Appendix 3d) and temporary MAR chart (see Appendix 3b), to enable medications outside the MDS to be administered and recorded. Please do not request a pharmacy generated medication label for your own use – the temporary MAR should be handwritten.

8.12. If on completing the risk assessment, the care provider does not feel confident to give the medication, they should contact the prescriber to alert them that the medication will not be given until a MAR chart has been provided by a healthcare professional.
8.13. Until a temporary MAR chart or pharmacy generated MAR is available, the care provider can instruct staff to administer the medication and record administration in the care plan narrative, once the risk assessment has been completed.

8.14. If staff do not feel confident to complete a risk assessment and temporary MAR they should contact the prescriber to alert them that the medication will not be given by the care worker until a MAR chart has been provided by a healthcare professional.

8.15. **Staff will also complete a medication record sheet for medication held within an MDS. (Appendix 3a).** A new form must be issued each month and this form is given to the care worker. See Shared Care Protocol Section 3 Training protocols.

8.16. The prescriber needs to specify what action must be taken by staff when they are unable to administer medication because the service user refuses, family administer, or the medication is unavailable etc.

8.17. The provider must have a system in place to ensure the medication record sheet **is up to date.**
9. **ADMINISTRATION**

9.1. Members of staff responsible for administration of medication will receive specialist training in this procedure.

9.2. If a care worker is in any doubt regarding medication or dressings, the relevant healthcare professional should be contacted immediately.

9.3. Medication must be administered in accordance with the prescriber’s instructions, as printed on the medicine label.

9.4. The label on the container provided by the pharmacist or dispensing doctor must not be altered under any circumstances. If the label becomes detached from the container or is illegible, the advice of the supplying pharmacist or dispensing doctor should be sought. Under no circumstances should staff attempt to remove a label from a medicine box or bottle and attach it to a temporary MAR chart.

9.5. Staff will not be expected to carry out skilled observation (e.g. taking pulse before administration of medication) or test blood glucose level or administer insulin.

9.6. Service providers are expected to administer medication in accordance with the Training requirements set out in Levels 1-5 of the Training Protocols (Section 5).

9.7. Staff may not disguise medication in food or drink. In exceptional circumstances this may be agreed on the written request of a clinical team, following consultation with the prescriber. Full documentation would be needed to support this exception, including a risk assessment and an Exceptional Care plan must be written.

9.8. Crushing or opening capsules should only be considered as last resort when there are no other means of administering the medication (i.e. For patients with compromised swallow or PEG where there is no liquid/dissolvable formulation available. Crushing tablets means you are changing the formulation for which the medication has been licensed for. If it is imperative for a medication to be crushed then a letter signed by the prescriber (who is therefore taking responsibility for this change in formulation of the medication) must be obtained.
with the specific drug, to be crushed, mentioned and a protocol stating how the crushed medication is to be administered.

Medications that must never be crushed are enteric coated identified by letters (EC); modified for slow release preparations identified by letters (MR, SR LA or XL); cytotoxic or hormone preparations (the dust from these medications may be harmful).

9.9 Medication is the property of the service user and therefore should not be removed from the service user’s home by care workers except in exceptional circumstances, which have been documented. The service user may request medication for disposal to be removed and returned to the pharmacy. (See section 12 on disposal, appendix 2).

9.10 When PRN medication is prescribed there should be clear instructions (as directed is not sufficient information) as to the maximum dose in 24 hours that can be taken. Also the reason as to why a PRN medication is given must be on the appropriate medication form (Appendix 3b) (ie for pain, loose stools etc.).
10. PROCEDURE FOR SUPPORT WITH MEDICATION

10.1. All current medication should be stored in a place of safety known and accessible to the service user if appropriate. If this is not appropriate, in a safe place where it is only accessible to care workers. This should be agreed and noted in the care plan. A digital locked safe could be appropriate way of keeping medications safe.

Before administration, a care worker is required to thoroughly wash their hands and wear gloves then:

10.2. Check the identity of the service user to whom the medication is to be administered.

10.3. Check that the medication has not already been administered.

10.4. Check that the name, form, strength and dose of the drug on the label correspond with the medication record sheet. If there is any discrepancy, refer to line manager.

10.5. Check medication has not passed its expiry date when not in a compliance aid.

10.6. **Check the label date on the MDS tray to ensure that it is the current tray.** Check with dispensing pharmacy or dispensing practice if this date is more than 5 weeks before the date the medicine is being administered to the service user, or if the service user has been in hospital since this date.

10.7. Record the administration of medication by initialing the correct date space on the medication record sheet or MAR chart (Appendix 3a and 3b)

10.8. Record if medication has not been administered, stating the reason by using the appropriate code and initial on the medication record sheet or MAR chart (Appendix 3a and 3b).
10.9.  
Codes are:  R= Refused, F= Family administer  
          O= Other (with explanation)  

10.10. If a care worker believes the service user has already taken a dose of the 
        medication, medication should not be given and advice sought from the line 
        manager. This may be an example where the “O” code is used.  

10.11. If an MDS (monitored dosage system) has been spilled, the tablets must not be 
        put back into the container. The pharmacist or dispensing practice must be 
        informed at once and requested to refill this and to dispose of the spilled tablets. A 
        new prescription would be required.
11. RECORDS

11.1. The medication record sheet or MAR chart (*Appendix 3a and 3b*) will be kept in the service user’s file.

11.2. The care provider will ensure that the appropriate new medication record sheet or MAR chart (*Appendix 3a and 3b*) is in place.

11.3. Used medication record sheets or MAR charts should remain in the service users file for a minimum of 28 days before being returned to the office.

11.4. All records should be written in pen/ink. There should be no obliteration with Tippex or similar.
12. DISPOSAL

12.1. It is expected that relatives or representatives of the service user will make arrangements for the return of all unused medication to the pharmacist for safe disposal. Where there is no-one able to do this, the care worker should contact their line manager who should liaise with the appropriate Healthcare Professional or local pharmacy about the safe removal of unwanted medication. Unwanted medication should be returned as soon as possible to the pharmacy.

12.2. A form (Appendix 2- Permission to remove any Unwanted Medicines) should be completed for any medication that requires disposal. This should detail the name of the medication, quantity, date and reason for return. The form should be signed and dated by the service user and an authorised member of the service provider. A member of the pharmacy staff receiving the medication should sign and date the form and return it to the service user for its subsequent retention in the service user’s records.
13. ADMINISTRATION OF EMERGENCY MEDICATION

13.1. An emergency is defined as a life-threatening situation where there is insufficient time to wait for the emergency services to arrive.

13.2. The administration of emergency medication whether rectally (e.g. rectal Diazepam), or Buccal Midazolam for seizures or by injection (e.g. Adrenaline this would be for a hypersensitivity reaction to nuts, bee stings etc). This may only be undertaken by trained and approved staff and as detailed in the individual service user’s care plan. The task would ONLY be undertaken at the discretion of the domiciliary service and would not be considered as normal practice. This would constitute a level 4 healthcare task and an honorary contract must be in place.

13.3. If there is no approved or suitably trained member of staff available, the emergency services must be called.
14. MANAGEMENT OF OXYGEN

Ordering and supply of oxygen and equipment

14.1. A service user may be supplied oxygen as part of their treatment programme.

14.2. Only those authorized staff members who have undergone specific training should be allowed to assist in the administration of oxygen to the service user. The line manager must ensure that the relevant training, support and supervision are available and accessible. Members of staff who have been trained in accordance with the shared care protocol and who are deemed competent are permitted to change cylinders. This must be recorded in the service user’s notes.

14.3. Ensure that oxygen cylinders are safely stored (including spare cylinders) and for further guidance, consult with the oxygen provider. Line managers should be aware of the content of the contract between the oxygen provider and the service user regarding the domiciliary service of oxygen supply.

14.4. Where oxygen is being administered or stored, service users must be strongly instructed that smoking is not advised. A risk assessment should be completed where there is a risk of smoking in the vicinity of the oxygen supply. Spare cylinders of oxygen must be kept in a dry, clean, secure, well-ventilated area.

14.5. The number of cylinders stored should reflect the service user’s needs. It is dangerous to store unnecessarily large quantities of oxygen.

14.6. In the event of any problems regarding oxygen, the oxygen supplier should be contacted, dependent on circumstances. Details of the oxygen supplier will be in the service user’s record.
15. ADMINISTRATION OF CONTROLLED DRUGS

15.1. A service user may be prescribed a medication which falls into the category of a Controlled Drug.

15.2. **Only** controlled drugs in solid forms (tablets or capsules) dispensed in an MDS (Monitored Dosage System) can be given by a care worker. Any concerns should be referred to the line manager.

15.3. Care workers **may not** administer controlled drugs by the transdermal route, by injection (including syringe driver) or in liquid form or in tablet/capsule form if it is outside of a MDS (Monitored Dosage System). This is a Level 5 task and must be done by a HCP. The only exception is Buccal Midazolam.

15.4. **Oramorph Liquid 10mg in 5ml** is not classed as a controlled drug at this strength and can be given by care workers. It is important that the dose is written in mls and not mg and that the frequency of dose is clearly written on a MAR chart by a Healthcare Professional.
16. MANAGEMENT OF MEDICATION INCIDENTS AND ERRORS

16.1. At the time that the error is discovered, the care worker should stay with the client. The care worker should seek immediate professional advice and inform their line manager.

16.2. Oxfordshire Social and Community Services and Oxford Health NHS FT recognise that despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors to his/her team leader. If a mistake occurs, staff must IMMEDIATELY report this to an appropriate healthcare professional and their line manager so as to prevent any harm to the service user. The line manager should inform the care manager where appropriate and this should be recorded. This procedure also applies to errors, recognised by the care worker, which they have not necessarily had any direct involvement with.

16.3. A record of untoward incidents should be maintained and used as an educational tool to improve practice.

16.4. Managers and team leaders should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence.

16.5. Managers and team leaders must differentiate between those cases where there was a genuine mistake, as opposed to where reckless practice was undertaken and concealed. A thorough investigation, taking full account of the position of staff and circumstances, should be conducted before any managerial or professional action is taken. Any investigation must observe the convention as set out in the organisation’s disciplinary procedure.
17. ROLES AND RESPONSIBILITIES

Medication in the home setting

Roles and Responsibilities of the Named Care Manager / Healthcare Professional

17.1. The role of the named care manager / healthcare professional is central in ensuring that service users receive the appropriate level of assistance they require with the administration of medication.

17.2. They must ensure that any medication needs identified during an assessment must be referred to appropriate members of the multi-agency team.

17.3. They must provide a care plan, which specifies the support a service user requires with their medication.

17.4. They must ensure that the arrangements for assistance/administration with medication are reviewed as specified in the care plan or as the service user’s needs change. This must include a review on discharge from hospital.

Arrangements for medication administration in service users “with capacity”

17.5. In order to have capacity to manage their medication, an individual must be able to:

- Understand how to take their medication
- Understand in broad terms the nature of the medication and why it is being prescribed
- Understand the consequences of either not taking the medication or not following the doctor’s instructions
- Make choices and communicate them
17.6. Where the service user has capacity to self medicate but may need physical assistance, the care worker with the informed consent of the service user or their relatives or their representatives will be asked to assist the service user as specified in their care plan.

17.7. The service user who has mental capacity retains the right to choose whether or not to take their medication. If the service user refuses medication it is the care workers responsibility to record this decision on the appropriate medication record sheet or MAR chart (Appendix 3a and 3b)

**Arrangements for medication administration in service users “without capacity”**

17.8. Where the service user has difficulties with self medication, the named care manager must arrange a multi-agency assessment (involving the family and carers if appropriate). This assessment should include a risk assessment and a review of the medication regime and a decision regarding the most appropriate method of administration. This should ideally involve pharmacy input.

17.9. The result of this assessment, including any medication support required, will be recorded on the service user’s care plan and service delivery order where appropriate. The named care manager will ensure that the care co-ordinator is informed of the assistance required.

17.10. Where medication is required to be administered to a service user, a medication record sheet or MAR chart is required i.e. (Appendix 3a and 3b). If not in an MDS then drug, strength, form and dose must be clearly written.

17.11. Where the service user has been identified (Mental Capacity Act 2005) is “without capacity”, administration of all medication must be given in accordance with their best interests. The client must be observed taking their medication and any assistance given, including the dosage and the time of medication, recorded in the service user’s record.
Roles and Responsibilities of the Care Provider

17.12. The care provider has a duty of care to service users to take reasonable care to avoid acts or omissions which may cause harm to service users.

17.13. To be responsible for protecting members of staff (ensuring that care workers act in ways which are within the law and consistent with the Oxfordshire Joint Shared Care Protocol Medication Policy and Procedures).

17.14. To provide care workers with information, instruction and specialist training which enables them to competently carry out their duties as described in this policy. Training must be updated at least annually and competencies checked.

17.15. To ensure the appropriate Medication Record Sheets and MAR charts are in the service user’s home.

17.16. To ensure that care workers are not undertaking inappropriate medication tasks.

17.17. To liaise with care managers to ensure the care plan and any risk assessment accurately describes the assistance the care worker is being asked to provide.

17.18. To liaise with healthcare professionals regarding medication queries.

Roles and Responsibilities of the Care Worker

17.19. The role of the care worker in the community is to enhance the independence of the service user.

17.20. They must have received approved medication training and been assessed and recorded as competent, before assisting in the administration of medicines.

17.21. As part of their duties, care workers may be asked to prompt, give assistance or administer as specified in the care plan. (See sections 8.3, 8.4 & 8.5) and Shared Care Protocol.
17.22. Care workers should only undertake medication tasks as specified in the policy. They should notify their line manager immediately where they are being asked to provide assistance with medication, which is contrary to the policy.

17.23. Care workers should report to the appropriate healthcare professional any concerns they may have regarding changes in a service user's behaviour as these could be associated with a new or existing prescribed medication, or a failure to take a prescribed medication.

17.24. Medicines must be given to the service user directly from the original pharmacy labeled container. They should not be touched by hand but dispensed into a clean container or service user's hand for immediate administration to that service user.

17.25. Personal care gloves should always be worn to administer external preparations e.g. creams and disposed of appropriately after use. Reference: Infection Control Guidelines (S82) and Procedure (MA6) MRSA Infections: Dealing with Users in Residential and Home-based Care. Under no circumstances should creams be shared between service users. Each service user must have their own supply.

17.26. Medicines must be stored safely and be accessible to the service user or if not appropriate for the service user to have access, to be only accessible to relatives and carers, health professionals and care workers. This should be recorded and agreed on the care plan.

17.27. Care workers must not provide advice regarding medication. They must seek clarification and guidance from their line manager if medication queries arise.

17.28. Every incidence of physical assistance or administration of medication must be recorded, signed and dated in the service user’s record. The taking of the medication must be witnessed before the chart is signed. (See section 10).
18. TRAINING AND COMPETENCY

18.1. The care provider and the healthcare professional must ensure that before assisting the service user with any medication, the care worker has received training. In addition to the necessary training, their competence must be assessed and agreed and they should be “signed off” as detailed in Section 3 of the Care Task and Training Requirement List Levels 1 to 4 of this protocol.

18.2. For Level 3 Care Tasks, the care worker can only assist the client with medication after receiving training by an appropriate healthcare professional. Their competency must be assessed, agreed and signed off and future monitoring planned.

18.3. For Level 4 Care Tasks, the care worker can only assist the client with medication after receiving training, in accordance with the shared care protocol, from the appropriate healthcare professional. Their competency must be assessed, agreed and signed off and future monitoring planned. An Honorary Contract with the Primary Care Trust (PCT) must be held by the care worker before they may assist the client with the medication unsupervised.

18.4. Copies of all training undertaken, agreed competence and ongoing planned monitoring for the care workers must be documented and retained on file.

18.5. ‘Relief to’ carers may only visit service users on an infrequent basis to allow the “main carer” (relative or informal carer) some respite time. ‘Relief to’ care workers must have completed the specific care worker training for assisting with medication.
19. PRACTICAL GUIDANCE NOTES

19.1. Medication issues that arise out of hours e.g. a care worker visits a service user at the weekend, the relative has altered the label but there is no authorisation from the prescriber. This should be dealt with by adhering to the basic principle that medication must be administered in accordance with the prescriber’s instruction. Medication should therefore be administered according to the original medicine label. Any new dosage would need a letter of confirmation before administration and a new MAR chart to be provided.

19.2. Verbal orders by the prescriber for medication and dose changes are not acceptable. Written confirmation for new medication, dose changes, discontinued items etc is required from the prescriber e.g. by fax or letter.

19.3. Families need to be made aware of the medication policy and the guidelines for medication administration by either the care manager or domiciliary care provider. It is wise to make them aware of the fact that family-filled dossette boxes are not permitted and OTC (over-the-counter) remedies may not be administered by the care worker.

19.4. The relevant medication record sheet should always be looked at BEFORE medication is administered. If a medication has been administered late, reference should be made to this with details provided in the service user’s notes.

19.5. There may be occasions when situations arise that are not covered by the general medication policy. Staff must always consult with their line manager in these situations.
Appendix 2 - Permission to Remove Unwanted Medicines

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Address</th>
<th>GP</th>
<th>Surgery</th>
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The following is a list of drugs (and dressings) which are no longer required because:

- They have discontinued from treatment
- Expired

<table>
<thead>
<tr>
<th>Medication</th>
<th>Reason for Return*</th>
<th>Quantity removed</th>
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<tbody>
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*Key: E = Expired, U = Unwanted

I authorise the removal of the medicines listed above for safe destruction by:

______________________________  (authorised member of service provider)

Signed ____________________________ (service user)  Date: _____________

Received by Pharmacy ________________________________

Signed ________________________________ (Pharmacist)  Date: ______________

To be returned to service user and retained in service user’s records