



Bradford Medication Support Guidance

Issue Date: June 2021

Date of Review: See 1. b

Last Reviewed: May 2021

Approved:

City of Bradford Metropolitan District Council

Department of Health and Wellbeing

Lyn Sowray

Assistant Director – Operational Services

Date Approved: 1 June 2021

Contents

1. Introduction.....	4
a. Endorsement statement - The National Institute for Health and Care Excellence (NICE)	4
b. Reviews	4
2. Definitions.....	5
3. Scope of the Guidance.....	7
4. Aims of the Guidance	8
5. Roles and Responsibilities.....	9
6. Care Workers' Responsibilities	10
7. Needs / Risk Assessment.....	11
8. Medication Support Care Plan	12
9. Reviews	13
10. Ordering Prescribed Medicines.....	14
11. Transporting and Storing Medicines.....	15
12. Disposing of medicines	16
13. Supporting People to take their medicines.....	17
a. Support with medication	17
b. Communication.....	19
c. Obtaining consent	21
d. Seeking advice	22
e. Covert medicines.....	24
14. Types of medicines	26
a. Controlled drugs	26
b. As and when required medications	26
c. Over the Counter Medicine.....	26
15. Personal Protective Equipment (PPE).....	28
16. Medicine related errors and incidents	29
a. Definitions of a Medicine related error or incident.....	29
b. Immediate response to medicine errors and incidents.....	30
17. Safeguarding and medicine incidents	32
18. Record Keeping.....	35

a.	Medication Profile.....	36
b.	Administering medication from monitored dosage systems	36
19.	Training plan / competencies.....	37
20.	System Review - Monitoring, Reviewing, Evaluation	39
21.	Appendices.....	41
a.	Appendix A: Fuller’s Self Medication Risk Assessment Screening Tool.....	41
b.	Appendix B: Medication Support Care Plan.....	41
c.	Appendix C: Mental Capacity Assessment Form.....	41
d.	Appendix D: Best Interest Decision Record Form.....	41
e.	Appendix E: Medicine Incident Related Form.....	41
f.	Appendix F: Safeguarding Adults Risk Threshold Tool.....	41
g.	Appendix G: MAR Chart.....	41
h.	Appendix H: Staff Medication Administration Competency Assessment – Home Support	42
i.	Appendix I: Training Links.....	42
j.	Appendix J: Medication Audit Tool	42

1. Introduction

Prior to giving any support with medication and to meet the Regulator's registration requirements, The Council has developed a Medication Support Guidance with accompanying procedures, which reflects our organisational circumstances, contractual obligations and indemnity insurance cover. There is an expectation that social care providers under any contractual arrangement with the Council will be obliged to have their own Medication Policy which will as a minimum make reference to the Council's Medication Support Guidance.

The Council will ensure that it keeps up-to-date with changes to medication support in the community by taking note of regulatory guidance on medication issues, observing medication safety alerts and taking account of medication support in the community advice from organisations such as NICE, UKHCA, Royal Pharmaceutical Society, Department of Health and other Local Authorities.

a. Endorsement statement - The National Institute for Health and Care Excellence (NICE)

Bradford Medication Support Guidance

This booklet accurately reflects recommendations in the [NICE guidance on managing medicines for adults receiving social care in the community](#).

National Institute for Health and Care Excellence

January 2020

b. Reviews

The medication support guidance will be reviewed and updated on an 'as and when required' basis in accordance with any national updates.

This will be done as part of the Council Service Improvement Board, which takes place every month.

In addition, feel free to send any comments/suggestions you may have to the below details, which will then be discussed at our monthly Service Improvement Board and followed up with any necessary amendments thereafter:

- **Email:** CommissioningInbox@bradford.gov.uk
- **Subject:** FAO ALI – MEDICATION GUIDANCE FEEDBACK

2. Definitions

Advance care planning: a voluntary process of discussion about what care a person would or would not want in the future, if they were unable to make decisions because of illness or a lack of mental capacity to consent; the person may also choose to involve their family members or friends in discussions.

Advocate: a person who acts on the person's behalf. This can be with the formal consent of the person under a Power of Attorney in relation to financial matters and/ or welfare matters, or who has otherwise been attributed such rights. But in situations where the person has a lack of mental capacity the representative is a person with a legal entitlement to act on the person's behalf for example a Receiver, Deputy or an Independent Mental Capacity Advocate appointed by the Court of Protection or under the MCA or otherwise. Representatives are most likely to be members of the person's family and friends or paid or voluntary advocates.

Carer(s): the term used to define an informal, unpaid carer (s) only.

Covert administration: this is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.

Care worker(s): a person who is employed to provide care and support to people in their own home; this includes Home Support workers, personal assistants (who are directly employed by people who use services) and other support workers.

Compliance aid: these are *non-tamper-proof systems* that are unsealed units filled by the person or their family.

'Fair blame' culture: in health and social care, this enables open and honest reporting of mistakes that are treated as an opportunity to learn to improve care.

Health and social care practitioners: the wider health and social care team of health professionals and social care practitioners (health professionals include, but are not limited to, GPs, pharmacists, hospital consultants, community nurses, specialist nurses and mental health professionals, and social care practitioners include, but are not limited to, care workers, case managers, care coordinators and social workers. When specific recommendations are made for a particular group, this is specified in the recommendation)

Medication Administration Record: the record of medication support given. This can be in the form of an electronic record, written record, or MAR Chart.

Medication Administration Record Chart (MAR Chart): is the term used to describe the document used to record all current medication, administered together with essential information as illustrated in the example provided.

Medication Profile: a list of person prescribed medication that is kept alongside the Medication Administration Record.

Medicine(s): includes all prescription and non-prescription (over-the-counter) healthcare treatments, such as oral medicines, topical medicines, inhaled products, injections, wound care products, appliances and vaccines.

Medicines support: any support that enables a person to manage their medicines; this varies for different people depending on their specific needs.

Monitored dosage system(s): a system for packing medicines, for example, by putting medicines for each time of day in separate blisters or compartments in a box. This activity is performed by the pharmacy.

Original packaging: the packaging in which the medicine is supplied by the pharmacy – this could be a manufacturers packaging or pharmacy supplied packaging after larger amounts of medicines have been decanted for individual patient use.

Parenteral nutrition: providing nutrients intravenously.

Person: the individual receiving support.

Provider's care plan: a written plan that sets out the care and support that social care providers and the person have agreed will be put in place, following a local authority assessment. It includes details of both personal care and practical support.

Social care provider: a provider organisation registered with the Care Quality Commission and commissioned by the council to provide community adult care services, which directly employs care workers to provide personal care and support in a person's home.

Time-sensitive medicines: medicines that needs to be given or taken at a specific time, where a delay in receiving the dose or omission of the dose many lead to serious patient harm, for example, insulin injections for diabetes or specific medicines for Parkinson's disease.

3. Scope of the Guidance

This Medication Guidance covers medicine support for adults (aged 18 and over) who are receiving social care in the community.

Qualified nurses are accountable for their own professional practice and must adhere to the Code of Conduct of the Nursing and Midwifery Council (NMC). Those managers who are themselves qualified nurses may be held professionally accountable for upholding the NMC code.

Supporting people to take their medicines may involve helping people to take their medicines themselves (self-administration) or giving people their medicines (administration).

4. Aims of the Guidance

Ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home.

To promote and maintain the person rights, dignity and independence.

Give advice on assessing if people need help with managing their medicines, who should provide medicines support and how health and social care staff should work together.

5. Roles and Responsibilities

Social Care Providers will:

- Not take responsibility for managing a person's medicines unless the care assessment indicates the need to do so, and this has been agreed as part of local governance arrangements.
- Maintain the person's rights to independence, dignity and choice at all times, meaning that whenever possible, and the person has the capacity, they should be enabled to do as much for themselves, as is appropriate.
- Ensure the assessment process includes the nature and extent of support required by person and indicates how the person normally gives their consent to assistance with medication. These items must be recorded in the care plan.
- Ensure that the Medication Policy and Procedures are readily available and that all staff are aware of these and adhere to them.
- Ensure that care workers do not support a person to take their medicine until they are trained and assessed as competent to do so.
- Ensure an overview of the medicines and any key instructions e.g. store in fridge is available.
- Ensure that a named social care provider has completed a medication support care plan and a copy is kept at the person's home and forms part of the social care provider care plan and review.
- Have robust processes to ensure that medicines administration records are completed, accurate and up to date and that any changes in circumstances are communicated to health and social care professionals involved in the person's care.
- Ensure that all records and information relating to a person's treatment are kept confidential.

6. Care Workers' Responsibilities

Care workers will:

- Be aware of and follow the social care provider's medication policy and procedures to ensure the safe support with medication to a person within their own home.
- Attend training sessions when asked to do so.
- Request training for any situation for which the care worker does not feel suitably prepared.
- Inform the line manager of any changes in circumstances to the person.
- Seek the consent of the person each time the care worker supports with medication.
- Maintain the person's rights to independence, choice and control at all times.
- Keep all information about a person's medication and treatment confidential.
- Never introduce, sell, offer advice or recommend any form of medication, remedy or preparation, including homeopathic and herbal.
- If in doubt, seek advice from line manager.

7. Needs / Risk Assessment

An initial needs assessment is carried out for all persons by the local authority in conjunction with the social care provider. Some people may require support with medication or may be self-administering but require the occasional reminder.

For those people who are commissioned directly with the social care provider, it will be the responsibility of the social care provider to carry out the initial risk assessment, such as **Fuller's Self Medication Risk Assessment Screening Tool**. If medication support is required a risk assessment must be carried out to identify the possible risk to the person and/or the care worker.

A person requiring medication support should be referred to the Primary Care Network (PCN) clinical pharmacist at their own GP practice.

A copy of the risk assessment is kept with the care plan. Any identified changes in the person's condition may require a review of the current risk assessment and medication review to be undertaken.

See ***Appendix A: Fuller's Self Medication Risk Assessment Screening Tool***. This screening mechanism helps to identify people who may have difficulty managing their medication safely and who may need assistance with their medication.

8. Medication Support Care Plan

When medication support is delivered by the social care provider, the following should be documented in the medication support care plan:

- Level of support required.
- Consent to support with medication and how consent is indication on a day to day basis.
- Person's preferences (person centred support).
- Details of supplying Pharmacy.
- Details of supplying GP Practice.
- Who is responsible for Orders/Delivery/Storage/Disposal.
- Times of day for support.
- Storage of medication in the property.
- An up to date list of medications (Medication Profile).
- Known allergies.
- Any special requirements, e.g. time specific.

See ***Appendix B – Medication Support Care Plan.***

9. Reviews

The social care provider will review a person's medication support plan annually when carrying out an overall the social care provider care plan review or when required. This should be carried out at the time specified in the social care provider's care plan or sooner if there are changes in the person's circumstances.

Once the review has taken place, any changes should be documented in the Medication Support Plan and/or Medication Administration Record and communicated to care workers.

A review might also take place for other reasons, such as:

- A change in the person's condition.
- Changes to their medicines regime.
- A concern is raised.
- A hospital discharge.
- A life event, such as bereavement.
- A debilitating illness.
- A change in the person's capabilities.

If there is a change in a person's condition or medication, they should be referred for a full medication review; to ensure medicine optimisation, the persons understanding and support safe practice.

This should be carried out by the Primary Care Network (PCN) clinical pharmacist at the individual's GP practice.

10. Ordering Prescribed Medicines

Social care providers should agree with the person and/or their family members or carers who will be responsible for ordering medicines, and record this information in the medication support care plan. This should be the person, if they agree and are able to, with support from family members, carers or care workers (if needed).

When social care providers are responsible for ordering a person's medicines they must ensure that the correct amounts of the medicines are available when required, in line with Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When social care providers are responsible for ordering a person's medicines they should not delegate this task to the supplying pharmacist (or another social care provider), unless this has been requested and agreed with the person and/or their family members or carers.

When social care providers are responsible for ordering a person's medicines they should ensure that that care workers:

- Have enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied.
- Are trained and assessed as competent to do so.

When ordering a person's medicines, care workers should:

- Order medication using the method agreed with the person and detailed in the medication support plan.
- Place the order in good time to allow time for the prescription to be generated and the items to be dispensed. There should be 7 – 10 days' supply remaining when the medication is ordered.
- Wherever possible use the person's preferred regular pharmacy this means that the pharmacy has a complete record of the person's medication.
- Record when medicines have been ordered, including the name of the medicine.
- When medicine is received or collected staff should update the Medication Administration Record, detailing the name strength and form of the medicine supplied, the date of supply and the quantity supplied. The member of staff making the record should sign and date it. The Medication Profile should also be reviewed and updated if there are any changes.
- Check for any discrepancies between the medicines ordered and those supplied and notify their line manager of any discrepancies.

Social care providers should ensure that care workers know what action to take if a discrepancy is noted between the medicines ordered and those supplied.

For more information, please refer to NICE guideline [NG67]:
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#ordering-and-supplying-medicines>

11. Transporting and Storing Medicines

Social care provider should agree with the person and/or their family members or carers who will be responsible for transporting medicines to or from the person's home. If a social care provider is involved, carry out a risk assessment of transport arrangements.

Agree with the person how their medicines should be transported and stored. Encourage the person to take responsibility for this, if they agree and are able to, with support from family members, carers or care workers, if needed. Record this information in the medication support care plan.

When a person is assessed to be at risk because of unsecured access to their medicines, social care providers should agree with the person and where a person lacks capacity follow the principles of MCA and possible best interest decision, whether a secure home storage unit is needed, such as a lockable cupboard.

When social care providers are responsible for storing a person's medicines, they should ensure there is safe access to medicines, particularly for controlled drugs. These include:

- Identifying who should have authorised access to the medicines.
- Seeking advice from a health professional about how to store medicines safely, if needed.
- Ensuring there is a safe storage place or cupboard for storing medicines, including those supplied in monitored dosage systems.
- Assessing the need for secure storage, for example, in a lockable cupboard.
- Identifying the need for fridge storage.
- Reviewing storage needs, for example, if the person has declining or fluctuating mental capacity.

For more information, please refer to NICE guideline [NG67]:
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#transporting-storing-and-disposing-of-medicines>

12. Disposing of medicines

In the first instant it is the responsibility of the person, their family or the pharmacy to dispose of any unwanted, damaged, discontinued and out-of-date medicine.

When social care providers are responsible for disposing of any unwanted, damaged, discontinued and out-of-date medicines, they should do so in line with The Controlled Waste (England and Wales) Regulations 2012. These include:

- Obtaining agreement from the person (or their family member or carer) how the medicines will be disposed of, by returning them to a pharmacy for disposal.
- What information needs to be recorded, for example, the name and quantity of medicine, the name of the person returning the medicine, the date returned and the name of the pharmacy.

13. Supporting People to take their medicines

a. Support with medication

Supporting people to take their medicines procedures and guidelines focuses on the safe handling of medication.

Social care providers should not assume that persons need assistance, and where possible the person should be encouraged to maintain their independence and administer their own medication.

Self-administration should be the preferred option for all persons who are able to do so, often by discussing their needs during the assessment process, ways can be found to maintain the person's independence in respect of self-medication.

Supporting the person may involve helping the person to take their medicines themselves (*self-administration*) or giving the person their medicines (*administration*). There is no requirement for record keeping when the person is managing their medicines independently.

The social care provider should not take responsibility for managing a person's medicines, unless an overall comprehensive assessment of their needs and preferences for care and treatment has taken place that indicates the need to do so. The person assessing the person's medicine support needs to have the necessary knowledge, skills and competency.

The term “medicine support” is defined as any support that enables a person to manage their medicines; this will vary for different people depending on their specific needs.

The Care worker should not take responsibility for managing or supporting with a person's medicines, unless this has been agreed and documented as part of the social care provider care plan. The medication support plan must be accessible in the person's home, focusing on how the person can be supported to manage their own medicines.

Care workers must not undertake any tasks that are the responsibility of the Prescriber or nursing staff. As part of their induction staff must have adequate and relevant competence based training on the basic knowledge of medication usage. They must not offer support with medication unless trained to do so and have been deemed competent, only working within the scope of their qualifications.

Social care providers should have robust processes for care workers who are supporting the person to take their medicines, including:

- the 6 rights (R's) of administration:
 - right person
 - right medicine
 - right route

- right dose
- right time
- person's right to decline

For more information, please refer to NICE guideline [NG67]:
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#supporting-people-to-take-their-medicines>

Care workers should only give medication to a person if:

- They have been trained and assessed as competent to give medication.
- There is authorisation and clear instructions to give the medicine, for example, on the dispensing label of a prescribed medicine. The correct name of the person must be on the dispensing label; never give a medication prescribed for somebody else.
- The 6 R's of administration have been met.
- Before supporting a person to take a dose of their medicine, care workers should ask the person if they have already taken the dose and check the written records to ensure that the dose has not already been given.
- Check the medication record to see if the name on the label corresponds to the name listed on the medication record.
- Check the expiry date, do not give medication that has passed the expiry date, record on the MAR chart the medication has not be given and report to the line manager.
- Care workers should ask the person if they are ready to take their medicine, before removing it from its packaging, unless this has been agreed and it is recorded in the care plan.
- Care workers should give medicines directly from the container they are supplied in. They should not leave doses out for a person to take later unless this has been agreed with the person after a risk assessment has been completed, (*and they have capacity to make an informed decision*) and it is recorded in the social care provider's care plan.
- When a person declines to take a medicine, care workers should consider waiting a short while before offering it again. They should ask about other factors that may cause the person to decline their medicine, such as being in pain or discomfort.

Supplying pharmacists must supply information for each medicine supplied, in line with The Human Medicines Regulations 2012. This includes medicines in monitored dosage systems. It is a social care provider's responsibility to use a **Medication Administration Record** in conjunction with the monitored dosage system.

Social care providers should prioritise their visits for people who need support with time-sensitive medicines.

Using a monitored dosage system (*tamper proof systems, sealed appliances*), should only be considered only when an assessment by a health professional has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence. **Take account of the person's needs and preferences and involve the person and/or their family members or carers and the social care provider in decision-making.**

Medication compliance aid (*Non-tamper-proof systems*) these are unsealed units filled by the person or their family and therefore, unsafe for care workers to administer medication from.

Care workers should not fill medication compliance aids as this involves transferring medicines from the original dispensed container.

People who use Home Support have as much right as anyone to choose whether to take a headache remedy or other OTC medication. However, when care workers become involved in assisting with the OTC medicines. They should follow the same procedures as for other medication particularly around records and should always remind persons of possible interactions between medications.

b. Communication

Joint working enables the person to receive integrated, person-centred support. Health professionals working in primary and secondary care have an important role in advising and supporting care workers and other social care practitioners.

The person's general practice and supplying pharmacy must be notified when the service starts to provide medicines support, including details of who to contact about the person's medicines (the person or a named contact).

Advice about medicines needs be obtained from people with specialist experience, such as the prescriber, a pharmacist or another health professional, when it is needed.

Health professionals should provide on-going advice and support about a person medicine and check if any changes or extra support may be helpful, for example, by checking if:

- the person medicines regimen can be simplified
- information about time-sensitive medicines has been shared
- any medicines can be stopped
- the formulation of a medicine can be changed
- support can be provided for problems with medicines adherence
- A review of the person medicines may be needed.

When specific skills are needed to give a medicine (*for example, using a percutaneous endoscopic gastrostomy [PEG] tube*), health professionals should only delegate the task of giving the medicine to a care worker when:

- There is local agreement between health and social care that this support will be provided by a care worker.
- The person (*or their family member or carer if they have lasting power of attorney*) has given their consent.
- The responsibilities of each person are agreed and recorded.
- The care worker is trained and assessed as competent.

Health professionals should continue to monitor and evaluate the safety and effectiveness of the person medicines when medicines support is provided by a care worker.

Sharing information about a person's medicines

It is important that information about medicines is shared with the person and their family members or carers, and between health and social care practitioners, to support high-quality care.

When social care providers have responsibilities for medicines support, they should have processes for communicating and sharing information about a person's medicine that take account of the person expectations for confidentiality. This includes communication with:

- The person and their family members or carers.
- Care workers and other social care practitioners.
- Health professionals.
- Other agencies, for example, when care is shared or the person moves between care settings.

If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members or carers are actively involved in discussions and decision-making. Record the person's views and preferences to help make decisions in the person's best interest should they lose the capacity to make decisions about their medication in the future.

Prescribers should communicate changes to a person's medicines (*for example, when stopping or starting a medicine*) by:

- Informing the person or their named contact.
- Providing written instructions of the change or issuing a new prescription.
- Informing the person's supplying pharmacy, if this is needed and agreed with the person and/or their family members or carers.

When changes to a person's medicines need to be made verbally to avoid delays in treatment (for example, by telephone, online), prescribers should give written confirmation as soon as possible. Written confirmation should be sent by an agreed method, for example, a secure fax or secure email.

For more information, please refer to NICE guideline [NG67]: <https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#sharing-information-about-a-persons-medicines>

c. Obtaining consent

The Mental Capacity Act 2005 makes it clear that decisions cannot be made about people aged 16 and over, based on their appearance, age, disability or diagnosis. The starting point every time is the assumption that the person can give consent unless proven otherwise. Guidance on how to assess mental capacity and make best interests can be found in the Mental Capacity Act 2005 Code of Practice.

Before any intervention or act to be carried, the person must give valid consent for that treatment, which will include the **support of the administration** of their medication, whether taken orally or by injection. The person should be provided with the relevant information they need to make the decision.

Both the professional *prescribing* the medication should gain consent and inform the person and the professional (the social care provider) *administering* the medication should gain consent to support the person. If consent cannot be acquired because of an impairment of or disturbance in the functioning of the mind or brain, then it is likely a best interest's decision will need to be made and recorded.

For example, a GP (Prescriber) determines a person would benefit from a type of medication. The GP (Prescriber) will need to be sure the person is advised of the reasons for need for the medication, the benefits of taking the medication, the potential side effects. If the person can understand the relevant information provided to them in a way they will find easiest, and then retain that relevant information long enough to use or weigh it (e.g. see the reasons for the medical advice to take the medication and balance the consequences of taking or not taking the medication) and can communicate their decision then, regardless of any mental impairment, the person is the decision maker and can consent or refuse. It is their decision.

If the person cannot do the above, and the GP believes that on a balance of probabilities the inability to make the decision is caused by an impairment of or disturbance in the functioning of the person's mind or brain, then he or she can make the decision which must be in the person's best interests and be the least restrictive (MCA principles 4 & 5), unless the decision can wait and there is a possibility that the person might soon be able to make the decision.

It should be noted that if the person cannot make this type of decision and there is a valid Lasting Power of Attorney for Personal Welfare decisions or a deputy appointed to make such decisions as ordered by the Court of Protection, then the attorney or deputy is the decision maker (to check if there is a valid LPA or court appointed

deputy, the professional should complete form OPG100 to complete a free application for a search of the Public Guardian registers).

The person may also have made a valid advance decision to refuse medical treatment which must be respected. Again guidance can be found in the MCA Code of Practice.

When administering medication it is important for the care worker to continue to seek consent from the person, as mental capacity to make decisions is time specific. If the care worker, for example asks the person if they would like to take their medication and the person holds out their hand to take it, that could be seen as consent. But it is also important to be aware that the person may be consenting to a previous prescription; for example, the medication may have been reviewed by the GP (Prescriber) and doses changed without the person knowing. This then could represent a different decision and again the GP (Prescriber) will need to follow the process described above each time medication is reviewed as they would with any other patient. Thus valid consent will be that which is given freely and without coercion, duress, or influence, even if well intentioned; will be informed in that the person will be provided with the relevant information, and will be a capacitous decision in that the person will be supported so far as is reasonably possible to make the decision.

Seeking consent before prescribing or administering medication in this way is likely to uphold the person's human rights, particularly Articles 3 and 8 of the Human Rights Act 1998 (that is, the right to freedom from torture, inhuman or degrading treatment or punishment and the right to respect for a private and family life, home and correspondence).

See ***Appendix C: Mental Capacity Assessment Form to support a person with their medicine.***

See ***Appendix D: Best Interests Decision Record Form to support a person to take their medicine.***

Please contact MCA inbox (MCA-Service@bradford.gov.uk) for any advice or concerns.

d. Seeking advice

Joint working with other health and social professionals enables the person to receive integrated, person-centred support. Health professionals working in primary and secondary care have an important role in advising and supporting care workers and other social care practitioners.

When starting to provide medicines support to a person their general practice and supplying pharmacy must be notified of the support that is being provided, including details of who to contact about their medicines (the person or a named contact).

If a person has cognitive decline or fluctuating mental capacity, ensure that the person and their family members or carers are actively involved in discussions and

decision making. Record the person's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

There will be times when a care worker will need to ask for advice about a particular medication issue, or might need to report a problem with a person. Either with the social care provider or a specialist, such as the prescriber, a pharmacist or another health professional.

There are many different reasons why a care worker might need to do this including:

- Advice about a possible medication reaction.
- Advice about a dropped dose of medicine from a medication compliance aid.
- Advice about missing or missed doses of medication.
- Refusal.
- A person not being able to take a dose of medicine.
- New medication or change of medication.

When a prescriber communicates changes to a person's medicines the social care provider should ensure:

- Details of the requested change are recorded (including who requested the change, the date and time of the request, and who received the request).
- Read back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine).
- Ask the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) whenever possible.
- Inform the person's supplying pharmacy, if this is needed and agreed with the person and/or their family members or carers.
- Ensure the MAR chart/or medication instructions is updated to reflect the change of medication.
- Communicate the change to all the persons care workers.

When joint working is required with other professionals to provide medication support particularly when it requires specific skills to give a medicine (for example, using a percutaneous endoscopic gastrostomy [PEG] tube), medication support should only be provided when:

- There is local agreement between health and social care that this support will be provided by a care worker.
- The person (or their family member or carer if they have lasting power of attorney) has given their consent.

- The responsibilities of each person are agreed and recorded.
- The care worker is trained and assessed as competent.

e. Covert medicines

Every person is assumed to have the capacity to consent to whatever care and treatment is offered. This also extends to withdrawing this consent even if everyone else thinks this decision might be detrimental to the person's health and well-being.

Consent is therefore required prior to supporting with medication and likewise persons can withdraw their consent to take medication any time it suits them. If consent is withdrawn, the social care provider must seek advice from a GP.

Care workers must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the social care provider's care plan, in line with the Mental Capacity Act 2005.

The process for covert administration should be as follows (managed by the prescriber):

- Assessing a person's mental capacity to make a specific decision about their medicines.
- Seeking advice about other options, for example, whether the medicine could be stopped.
- Holding a best interests meeting to agree whether giving medicines covertly is in the person's best interests.
- Recording any decisions and who was involved in decision-making.
- Agreeing where records of the decision are kept and who has access.
- Planning how medicines will be given covertly which should include seeking advice from a pharmacist.
- When the decision to give medicines covertly will be reviewed.
- Providing authorisation and clear instructions for social care provider, documented in the social care provider's care plan.
- The social care provider needs to ensure the care workers are trained and assessed as competent to give the medicine covertly.

Giving medication covertly could be interpreted as deprivation of liberty. Covertly administering medication infringes the right to a private life under [Article 8 ECHR](#).

For more information, please refer to [Covert administration of medicines, Care Quality Commission](#)

The case links below are the key case. The judgement highlights how covert medication can be authorised and reviewed for people who are deprived of their

liberty in care homes. It can be achieved by placing appropriate conditions to which the standard authorisation is subject and according with DOLS guidance.

[Covert Medication – Guidance from the Court of Protection](#)

[Case AG \[2016\] EWCOP 37](#)

14. Types of medicines

a. Controlled drugs

These are medicines defined under the Misuse of Drugs Act 1971 and are subject to a range of additional legislation. For administration purposes they should not be considered any different to any other medication and the same procedures should be followed.

b. As and when required medications

'PRN' is an abbreviation of the Latin phrase for 'pro re nata', meaning 'when required'.

It is at the discretion of the person when they feel that the medication is needed. When a person requests a PRN medication the care worker will treat this as any other medicine support.

Prescribers, supplying pharmacists and dispensing doctors should provide clear written directions on the prescription and dispensing label on how each prescribed medicine should be taken or given, including:

- What the medicine is for.
- What dose should be taken.
- The minimum time between doses.
- The maximum number of doses to be given (for example, in a 24-hour period).

If a variable dose is given, the actual dose or number of tablets or volume of liquid given must be recorded.

Where identified, a person that requires emergency medication, staff will be trained specifically to meet the needs of each person requiring any emergency medication. This will be outlined in their care plan. Staff will not be able to give emergency medication until they have been assessed as competent to do so.

Examples would include:

- GTN spray for angina.
- Inhalers for breathing difficulties.
- Any specialist medication, e.g. Analgesia for pain relief.

c. Over the Counter Medicine

Over the Counter (OTC) is a term used to describe a medicine that is available from a pharmacist or a supermarket to treat common conditions without a prescription. For example, a cough medicine, pain killers or a hay fever remedy. They can also include some complimentary or homeopathic medicines.

Persons sometimes ask a care worker to purchase one of these medications from the pharmacist whilst they are out shopping.

When social care providers have responsibilities for medicines support, they should have robust processes for managing over-the-counter medicines that are requested by a person, including:

- Seeking advice from a pharmacist or another health professional ensuring that the person understands and accepts any risk associated with taking the medicine.

The care worker must ensure that consent is received from the person to tell the prescriber what 'over the counter' medication has been requested so that any contra-indications or drug reactions or interactions can be identified.

The care worker must then contact the prescriber for permission to purchase this medication for the person. If the care worker is unable to get this permission, then they should not purchase the medication. Ideally, the care worker should ask the prescriber to prescribe the medication so that it can be given along with any other medication.

The social care provider will need to record the 'over the counter' medication in the social care provider medication profile or Medication Administration Record. This should include the brand name of the medication, the dosage, the suggested frequency and the number of tablets in the package. The record should then be signed and dated.

15. Personal Protective Equipment (PPE)

Hand washing is the single most important practice needed to reduce the transmission of infection and is an essential element of standard infection prevention and control principles. Care Workers must wash their hands before and after handling medication.

We only expect Care Workers to wear disposable gloves and aprons when supporting with the following medical equipment:

- Nasogastric tube (NG tube).
- Percutaneous Endoscopic Gastrostomy (PEGs).

Where gloves are worn these should be clean gloves and disposed of safely once the task is completed.

Under current circumstances (COVID-19) - please follow current guidance. **For more information, please refer to:**

<https://www.gov.uk/government/publications/covid-19-how-to-work-safely-in-domiciliary-care>

16. Medicine related errors and incidents

a. Definitions of a Medicine related error or incident

A medicine related incident is any event that may lead to a person getting the wrong medication, or in the wrong dose, the wrong route or at the wrong time. Although this can occasionally lead to serious harm or even death, most medication incidents do not lead to any significant harm or distress. All medication incidents, including 'near misses' need to be recognised and acted upon to help prevent future errors and make sure the person gets any medical attention they may need.

The following list gives examples of scenarios where medicines related incidents can occur. Near misses in any of the sections below should also be considered. This list is not definitive and as such staff should use judgment prior to progressing the issue.

Prescribing Errors

Person prescribed the wrong medication/dose/route/rate.

- Incomplete information e.g. no strength or route specified.
- Medication omitted from prescription.
- Medication prescribed to wrong patient.
- Transcription errors.
- Prescribing without taking into account the person clinical condition.
- Prescribing without taking into account person clinical parameters e.g. weight.
- Prescription not signed.

Dispensing Errors

- Person dispensed the wrong medication / dose / route.
- Medication dispensed to the wrong person.
- Person dispensed an out of date medicine.
- Medication is labelled incorrectly.

Preparation and Administration Errors

- Administered the wrong medication / dose / route.
- Person administered an out of date medicine.

- Medication administered to the wrong person.
- Medication incorrectly prepared.
- Unauthorised administration i.e. disguised in food without an agreed covert medicines care plan.
- Medication administered late / early.
- Administration of medication recorded incorrectly or not recorded.
- Failure to ensure staff competence in medication administration.
- Failure to manage changes in a person's prescribed medication (for example MAR charts not updated at time of transfer of care).

Errors in Monitoring Medication

- Person known to be allergic to medication but the medication was prescribed and/or dispensed and / or administered.
- Failure to provide the person with correct information regarding their medication; e.g. when to take, what it is for, side effects.
- Know where to access information about the medicines; e.g. the patient information leaflet rather than expecting the staff to know?
- Failure to recognise or react appropriately to signs of ill health, pain, change in a person's needs or requests for help due to being un-well – associated with medication administration.

Assessment and communication of need

Other medication issues may include:

- Inadequate assessment of a person's needs in relation to medication.
- Poor or inadequate communication or not sharing of information about a person's medication.
- Poor, inadequate or incorrect recording / documentation.
- Inappropriate or inadequate disposal of medicines.
- Deviation from local guidance relating to Medicines management.

b. Immediate response to medicine errors and incidents

If the incident has resulted in an administration error (i.e. the person has received the wrong medication, wrong dose or at the wrong time):

- Seek immediate medical advice from a pharmacist or doctor.

- Ask about any immediate actions needed and about potential side effects of error.
- Monitor the person's condition according to advice from pharmacist or doctor.
- Call 999 if the persons' condition deteriorates.

For all medication incidents:

- If an error involves another agency (e.g. GP or pharmacists), contact them to rectify the issue and make them aware (to help learning and prevent future incidents).
- Take any other immediate action you can to reduce risk of incident happening again.
- Report the incident through your line manager or through your organisations procedures.
- You or line manager must inform LA commissioning team using form (see **Appendix E: Medicine Incident Related Form**).
- Contact the Community Pharmacist or Medicines Management teams for advice and support around medication systems.
- For a medication review contact the Primary Care Network (PCN) clinical pharmacist at an individual's GP practice.

Additionally to consider and in line with NICE guideline (NG67), please refer to recommendation 1.6.3 to 1.6.7 on managing concerns about medicines: <https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#managing-concerns-about-medicines>

17. Safeguarding and medicine incidents

Most isolated medication incidents, including where a person misses or receives the wrong medication, will not constitute abuse or neglect and will be more appropriately dealt with outside safeguarding procedures, though e.g. quality, safety or complaints routes.

Conversely, where there are concerns that the medication incident constitutes abuse or neglect, including gross negligence or intentional misuse of medication, and then the local Joint Multi-agency Safeguarding Adults Policy and Procedures should also be followed as well as taking the immediate action above. [Section 42 of the Care Act 2014](#) which places a duty on local authorities to cause enquiries to be made where there is reasonable cause to suspect that someone with care and support needs might be experiencing abuse or neglect but cannot protect themselves.

- Preserve any evidence and contact the police immediately if you think a crime has been committed (**999 for emergencies or 101 for situations that do not need an immediate emergency police response**).
- Take any immediate steps you can to prevent the abuse or neglect continuing.
- Consider any immediate actions needed to protect others at risk of abuse and neglect.
- Seek advice from your safeguarding lead (safeguarding concerns manager) or from the **Multi-Agency Safeguarding Hub on 01274 431077** at the local authority at the earliest opportunity. They will help you decide whether it is appropriate to report a safeguarding concern to the local authority.
- Safeguarding concerns need to be reported to Bradford Council's safeguarding team within 24 hours of being identified.

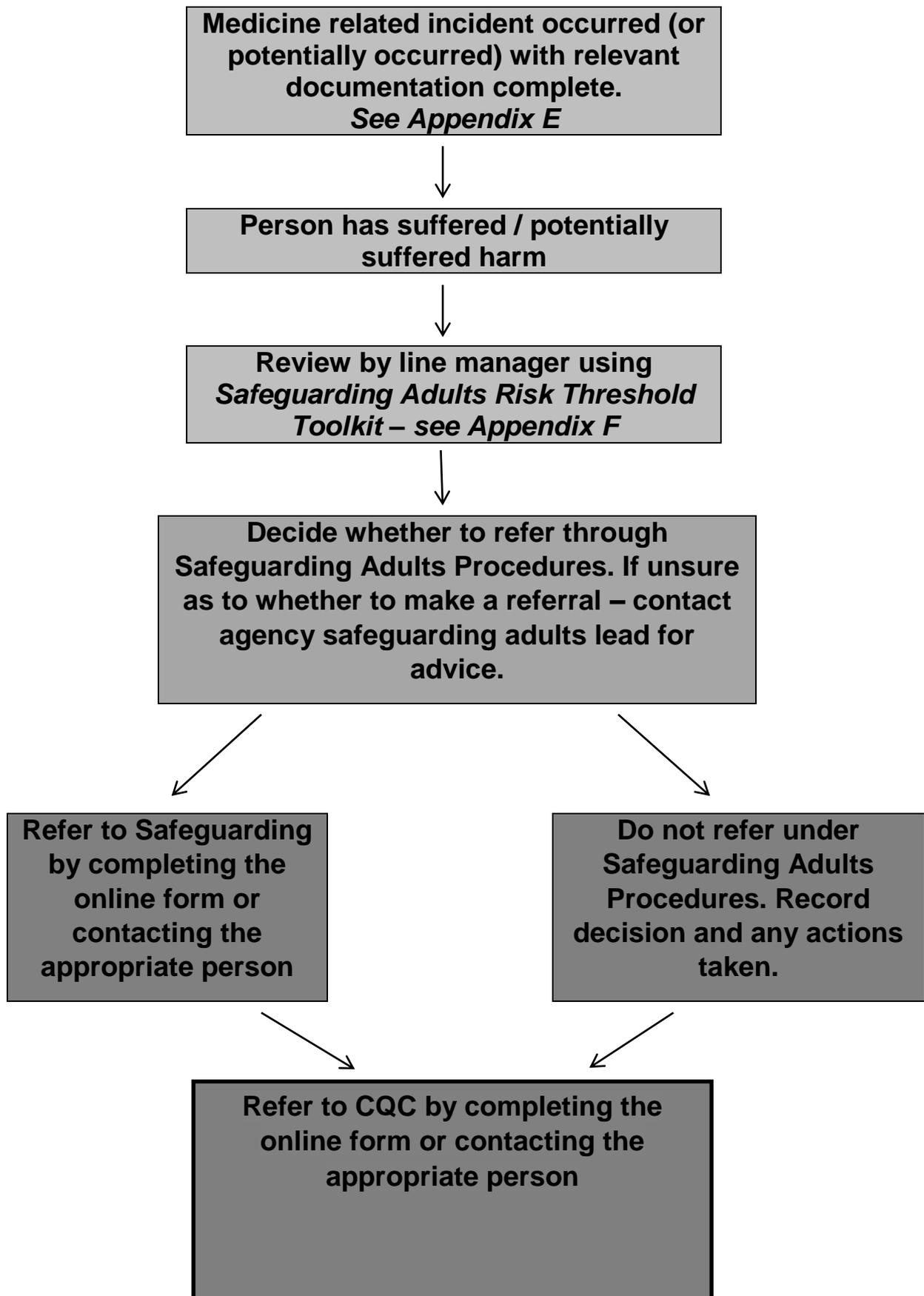
<https://www.bradford.gov.uk/adult-social-care/adult-abuse/safeguarding-adults-policy-and-procedures/>

Factors to consider in medication incidents include:

- The level of harm caused to 'adults at risk' (adults with care and support needs).
- Whether the incident was intentional or grossly negligent.
- If this is part of a pattern of abuse or neglect of adults at risk.
- Whether the Adult at Risk feels that abuse has occurred and whether they would like this reporting to the Local Authority.
- Whether it would be proportionate and effective to use other processes, e.g. care management (not sure about this) quality or incident management systems, complaints or personnel policies.

The Safeguarding Risk Thresholds Tool in ‘Appendix F’ may be useful in helping to decide if it is appropriate to report a safeguarding concern to the Local Authority.

You can report a safeguarding concern to the Local Authority online at www.saferbradford.co.uk
Or contact the **Multi-Agency Safeguarding Hub** for advice on 01274 431077.



18. Record Keeping

Social care providers are required by law (The Health and Social Care Act 2008 [Regulated Activities] Regulations 2014) to securely maintain accurate and up-to-date records about medicines for each person receiving medicines support. This includes details of all support for prescribed and over-the-counter medicines.

Social care providers have responsibilities for the recording of medicines support. Clear systems should be in place for recording of the person's medicines support and who to contact about their medicines, (*the person or a named contact*) in their support plan. The care worker should not accept verbal instruction for new medications to be given, however, verbal instruction for dose changes may be acceptable if procedures are in place to ensure the safety of the person.

Care workers should use medicines administration record to record any medicine support they give to a person. Ideally this should be a printed record provided by the supplying pharmacist, dispensing doctor or social care provider (*if they have the resources to produce them*). A medication record form will be kept in the person's home with the support plan when administration is required.

Where electronic records are used, a paper copy may be kept at a person's home or a copy of the electronic record provided upon request.

A Medication Administration Record will include:

- What medication (name, strength and form).
- Route it was given.
- Date and approximate time.
- Date the medication was initiated and the date it stopped, if appropriate (for example, short courses).
- Who supported with medication.
- Reason if not supported.

The Medication Administration Record can be in a variety of formats, including electronic, written documentation, MAR chart.

Effective record keeping must be:

- Factual, consistent and accurate.
- Abbreviations and jargon should not be used.
- Accessible, in line with the person's expectation for confidentiality.
- Recorded as soon as possible after the event, recording current information on the condition of the person.

- Written clearly, legibly and in a way that cannot be erased, using black ink.
- Alterations or additions should be signed and dated; the original entry must still be legible.
- Any known drug allergies should be recorded in the support plan.
- When a family member or carer gives a medicine (for example, during a day out), agree with the person and/or their family member or carer how this will be recorded. Include this information in the social care provider's care plan.
- Any additional information, such as specific instructions for giving a medicine and any known drug allergies.

See **Appendix G – MAR Chart**.

a. Medication Profile

The Medication Profile will be created by the social care provider using the information provided by the prescriber/pharmacy. This is will be updated every review or as and when the social care provider is notified of any changes to the persons medication.

The social care provider relies on receiving this information from the GP. The social care provider is only expected to keep the medication profile up-to-date in accordance with the notifications received from the Prescriber.

See **Appendix B – Medication Support Care Plan**. Use this to record the medication profile.

b. Administering medication from monitored dosage systems

Each monitored dosage system should have a MAR; the care workers should only administer medication from the correct compartment, within the monitored dosage system. It is not necessary to indicate each individual medicine, for example, it is sufficient to record 'content of the blister pack' on the MAR. There must be a corresponding medication profile to say what was contained in the blister pack covering the administration dates of the MAR. The medication profile must be checked every time a new compliance aid is supplied so that staff know exactly what medicines they are supporting with.

19. Training plan / competencies

Appropriate training, support and competency assessment for supporting medication must be provided to all care workers to ensure the safety, quality and consistency of care.

Essential training and assessment of knowledge and skills should include:

- Awareness of and abiding by the social care providers Medication Policy and procedures regarding the person's medication, in line with CQC and NICE guidance.
- Understanding best practice guidance on the day to day handling and levels of support required with medication within the organisations agreed ways of working.
- Understanding how medicines are used and are aware of the safe procedures for handling medication and demonstrating appropriate hygiene and infection control.
- Having a basic awareness of the most common side effects of medication and contra-indications.
- Understanding types and routes of medication and knowing how to support specific formulations of medicines, for example, patches, creams, inhalers, eye drops and liquids.
- Using the correct equipment, for example, oral syringes for small doses of liquid medicines.
- Understanding the purpose of monitored dosage systems and individual compliance aids and how to use effectively.
- Administering medicines safely for persons who are unable to self-administer.
- Supporting persons who self-administer.
- Supporting time-sensitive or 'as and when required' medicines.
- Recognising and dealing with medication problems.
- Knowing who to contact for appropriate advice concerning medication, including refusal of medication, medication incident reporting and safeguarding.
- Knowing what to do if the person has declining or fluctuating mental capacity.
- Knowing the requirements and maintaining accurate and factual medication records.
- Ordering, transporting, storing and disposal of medication.

- Training for any specialist medication, practices or health conditions of persons supported with medication.

Support with medication:

- Understand the importance of gaining consent and how the person gives their consent.
- Understand the person's needs and preferences including cultural, emotional, religious and spiritual needs.
- Check the person understands why they are taking their medicines.
- Know what the person is able to do and what support is needed.
- Know how the person currently manages their medicines, how they order, store and take their medicines.
- Check if the person has any problems taking their medicines, particularly if they take multiple medicines.
- Check if the person has nutritional and hydration needs, including the need for nutritional supplements.
- Know who to contact about the person's medicines, ideally the person themselves, if they are able, or a family member, carer or other named person.

See **Appendix H: Staff Medication Competency Assessment – Home Support**, for guidance.

The social care provider ensures that staff are competent to support with medication. Assessment of competence to be done by a combination of simulation, observation of work practice, and appropriate questioning techniques, which must then be fully documented. All staff to have an annual review of their knowledge, skills and competencies. Or additional training if they make an error.

Also see **Appendix I: Training Links**.

20. System Review - Monitoring, Reviewing, Evaluation

All medication support provided will be subject to systematic monitoring and reviews to ensure the person is supported with their medication as prescribed safely and effectively.

This Includes:

- Ensuring that records are accurate and up to date.
- Managing concerns about medicines, including medicines-related safeguarding incidents.
- Medicines related staff training and assessment of competency.
- Frequency and sample of monitoring/ example audits.
- Governance for managing medicines safely and effectively.

Health and social care commissioners and the social care providers should review their local governance arrangements to ensure that it is clear who is accountable and responsible for providing medicines support.

Recommended best practice would be to review records of all medication support provided to a person on a monthly basis to ensure the medication support is accurate, up to date and as prescribed.

See ***Appendix J: Medication Audit Tool***.

When social care providers have responsibilities for medicines support, they should have their own organisational documented medication policy based on current legislation and best available evidence, however may look to adopt the Council's Medication Support Guidance in its entirety.

The content of medication policy will depend on the responsibilities of the social care provider, but it is likely to include processes for:

- Assessing a person's medicines support needs.
- Supporting people to take their medicines, including 'when required', time sensitive and over-the-counter medicines.
- Joint working with other health and social care providers.
- Sharing information about a person's medicines.
- Ensuring that records are accurate and up to date.
- Managing concerns about medicines, including medicines-related safeguarding incidents.
- Giving medicines to people without their knowledge (covert administration).

- Ordering and supplying medicines.
- Transporting, storing and disposing of medicines.
- Medicines related staff training and assessment of competency.

For more information, please refer to NICE guideline [NG67]:
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations#governance-for-managing-medicines-safely-and-effectively>

21. Appendices

a. [**Appendix A: Fuller's Self Medication Risk Assessment Screening Tool**](#)

- Please see attached.

b. [**Appendix B: Medication Support Care Plan**](#)

- Please see attached.

c. [**Appendix C: Mental Capacity Assessment Form**](#)

- Please see attached.

d. [**Appendix D: Best Interest Decision Record Form**](#)

- Please see attached.

e. [**Appendix E: Medicine Incident Related Form**](#)

- Please see attached.

f. [**Appendix F: Safeguarding Adults Risk Threshold Tool**](#)

- Please see attached.

g. [**Appendix G: MAR Chart**](#)

- Please see attached.

h. [Appendix H: Staff Medication Administration Competency Assessment – Home Support](#)

- Please see attached.

i. [Appendix I: Training Links](#)

- Please see attached.

j. [Appendix J: Medication Audit Tool](#)

- Please see attached.