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| Medication Management Handbook |
| Procedures & Guidelines for Domiciliary Care |
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| **Oct 2024** |

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Written by: NPT Medicines Management Team

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### 1 Introduction

This document must be read in conjunction with the NPTCBC’s *Medication Policy for Domiciliary Care* and outlines the roles, responsibilities and procedures for supporting Individuals with medication in the Adult Domiciliary Care setting. It provides standards to be adopted and adhered to when supporting with medication which forms part of an Individual’s Care and Support Plan.

Managerial structures and job titles can vary widely among different Service Providers. **For clarity the term *Supervisor* is used throughout the document** and refers to a senior member of staff responsible for supervising Support Workers such as a Senior Support Worker, Coordinator, and Supervisor etc.

**Key to abbreviations**

CWO Community Wellbeing Officer

MAR Medication Administration Record

MDS Monitored Dosage System e.g. dosette box, nomad tray etc.

CMMT Community Medicines Management Team

NPTCBC Neath Port Talbot County Borough Council

OOH Out of hours

SW Social Worker

**All relevant forms and documents relating to medicines management in domiciliary care can be found on the links below:**

 [Neath Port Talbot Social Services Domiciliary Care](http://www.npt.gov.uk/domiciliarycare)

See chapter 9 and 10 for further information about these and other useful resources & contacts.

### 2 General Principles for Good Practice

Support Workers must only give assistance with the tasks documented in the Service Delivery Plan. Any request for further support must be reported to the Support Worker’s Supervisor as soon as possible.

#### Consent

Written consent must be gained when setting up a package of care if support with medicines management is to be provided. Before Support Workers can handle or administer medicines the Individual will sign a consent form and a copy will be retained in the Individual’s records. In addition, verbal consent must be sought by Support Workers each time medicines are to be administered.

#### Complex Regimes

For Individuals who are prescribed more than 8 different types of medicines for any one dose time, the Service Provider will contact the CMMT for a review to be undertaken.

#### Routes & Forms of Administration

Routes and forms of medicines that Support Workers may administer:

|  |  |
| --- | --- |
| **Routes of Administration****Support Workers MAY use** | **Forms of Medicines** (examples) |
| Oral, buccal\*, sublingual | Tablets, capsules, liquid medicines |
| Topical and transdermal | Creams, ointments, patches, drops, sprays |
| Inhalation | Inhalers, nebulisers |
| \*additional training required to administer buccal midazolam  |  |

Routes and forms of medicines that Support Workers **MUST NOT \*** administer:

|  |  |
| --- | --- |
| **Routes of Administration****Support Workers MUST NOT use** | **Forms of Medicines** (examples) |
| Vaginal | Pessaries, Vaginal Cream |
| Rectal | Suppositories, enemas |
| Injections | All types of injection |
| PEG tubes | Any form of medicine |

\*Certain areas/teams may undertake these routes of administration however they would have received specialist training which is not covered in the standard NPT Support Worker medication training.

#### Support Workers Must Not:

* assist in any way that is not clearly documented in the Service Delivery Plan and written consent obtained
* provide Level 1 support with medications out of sight of the Individual
* fill MDS for or on behalf of the Individual
* read out instructions etc. on packaging for Individual
* offer advice or recommendations regarding medication - queries should be referred to the Individual ’s community Pharmacist
* take direction from the Individual’s family or friends regarding medications to be administered
* force or coerce the Individual to take medication
* crush tablets or open capsules
* administer medicines without the Individual’s knowledge and consent
* undertake any medication task that they do not feel adequately competent to undertake
* administer warfarin where no assessment/care plan has been completed by the CMMT
* make any adjustment to the dose set when supporting with the administration of oxygen
* administer oxygen where no assessment/care plan has been completed by the CMMT or Respiratory Team

#### Individuals Who Have Consumed Alcohol

If an Individual has consumed alcohol and is intending to take medication, the Support Worker should advise the Individual to check the labels on the medication for warning instructions before continuing. It is sometimes not safe to take medicines with alcohol. Where Support Workers are responsible for administering medicines, if they are aware the Individual has consumed alcohol then such medicines should not be given without first seeking advice from the GP or other relevant health professional. It is important that such situations are recorded and that the Support Worker’s supervisor is contacted as soon as possible.

**3.** Ordering, Receiving, Collection and Storage(see appendix 1)

The Individual must always be given the choice of which pharmacy dispenses their medicines and the same pharmacy should be used for that Individual at all times.

### Ordering Prescriptions

For Level 1, the Individual must be capable of directing the Support Worker and remains responsible for specifying the medicine to be ordered and the dosage and quantity to be requested. Any assistance given should be recorded in the Medication Record Book/Sheet.

For Level 2, only medicines listed on the MAR chart should be ordered. The Support Worker will telephone the relevant community pharmacy to re-order repeat medication 10 days before the current MAR chart finishes, and as indicated by the blue line on the MAR chart. It should be noted that more than 10 days will often be needed during public holidays. It is important to order only medicines that are required, and if there are ample supplies remaining (e.g. of a ‘when required’ medicine) these should not be reordered but a label only to be supplied. Support Worker to sign and date blue line and document relevant details on additional information sheet.

#### Collecting Medicines from the Pharmacy

Where Individuals are unable to make their own arrangements, collection of medicines from the pharmacy may be undertaken by family/friends or a pharmacy delivery service may be available. Where this is not available/appropriate, the Service Provider will arrange for the collection of medicines on behalf of the Individual. Additional time allocation shall be recorded on the Care and Support Plan and task included on the Service Delivery Support Plan.

#### Receiving Medicines

When receiving medicines on behalf of an Individual the Support Worker must check the new MAR and labels to ensure that:

* it is the right person; dose; time; route; medication
* all items ordered have been supplied
* the quantity supplied is going to last 28 days of the MAR

Support worker to inform pharmacy and their supervisor straight away if there any problems and record receipt (any issues/actions) on additional information sheet.

#### Storage

It is important that medicines are not stored in rooms that are warm and damp, such as kitchens and bathrooms. If the Individual normally keeps their medicines in the kitchen or bathroom ask them if you can move them to a cool, dry place, out of the reach of children. Individuals having level 2 support will keep their medicines in a lidded or locked box.

In some cases it may be appropriate to store medicines in a place where the Individual cannot get them. This will usually take the form of a lockable box which is to be purchased by the Individual/their family. In this situation the location of the medicines should be documented on the Service Delivery Plan and written consent obtained from the Individual or family member to store their medicines in this way. A limited supply of lockable boxes may be available via the Service Provider or CMMT for emergency short term loan only.

It is also important to note that certain ‘as required’ medications must never be locked away and should always remain available to the individual (except in rare cases where a risk assessment has been undertaken with the prescriber and it is documented in the Care and Support Plan). Such medications include; reliever inhalers (such as salbutamol), glyceryl trinitrate spray (GTN spray). When storing medicines:

* ensure the medicines are put away in the box, and that this is not resting against a source of heat such as a radiator
* ensure ‘older’ medicines are put on top of the ‘newer’ medicines so that they are used first
* if you are responsible for receiving and storing medicines on behalf of an Individual with a locked box you must make sure that all deliveries of medicines are put away immediately and that medicines are not left out at any time
* if the Individual is using a locked box, contact your supervisor if the medicines won’t all fit into the locked box

#### Housekeeping

General ‘housekeeping’ of medicines is very important as keeping things clean andtidy avoids the risk of making a mistake. Support Workers should:

* finish one strip of tablets/capsules before starting another
* finish one box/bottle of medicine first before starting another
* wipe liquid medicine bottles before returning them to the lidded/locked box
* always use the ‘old’ medicines up first (so long as they are still prescribed)
* never take the strips of tablets/capsules out of a pack and put them into another pack (even if it is the same medicine)
* always wash and dry any utensils/equipment (such as 5ml spoons) before returning them to the locked/lidded box
* make sure there are no discontinued or expired medicines in the locked/lidded box and these are disposed of correctly as explained below
* ensure all the containers/boxes are closed properly after using (so that the strips of tablets/capsules don’t fall out) and that they are all tidily placed before closing the locked/lidded box

#### Disposal of Unwanted/No Longer Prescribed Medicines

Unwanted medicines must be returned to a community pharmacy for safe disposal. Whenever possible, family/friends will be asked to return medicines. If this is not possible, where a delivery service is in operation and the pharmacy has an appropriate licence to carry out pharmaceutical waste, collection by the pharmacy driver may be a suitable alternative. If a Service Provider has an appropriate waste licence, then Support Workers are able to remove medicines from an Individual’s home and return to a pharmacy for disposal. However, before a Support Worker can remove any medicine from the Individual’s home, the Individual/individual’s representative must be in agreement and sign the *Medicine Disposal Form* (available online). On return of the medicines to the pharmacy, the Pharmacist must sign the *Medicine Disposal Form*, which will be returned to the Support Worker and then stored by the Service Provider in the Individual’s record4. Levels of Support

Support Workers must continually assess whether Individuals are still capable of managing their own medicines. For example:

* 1. Is the Individual confused about when to take his/ her medicines?
	2. Is the Individual running out of medicines regularly?
	3. Has the Individual ’s condition changed in any way?
	4. Is there an overstock of any medicines?

Any concerns about the health of the Individual or the ability of the Individual to maintain responsibility for his/her own medication must be reported to the Support Worker’s Supervisor/OOH service as appropriate.

If however, the Support Worker feels that the Individual needs **emergency** medical help, then the Support Worker should telephone 999 immediately and their Supervisor should be informed of this as soon as possible.

#### Level 0 Support

Level 0 applies to individuals who take full responsibility for their own medicines and require no assistance with medication from the Support Worker. If the Support Worker identifies any deterioration in an Individual ’s condition or their ability to manage their own medicines, this must be reported to their Supervisor immediately.

#### Level 1 Support

Level 1 applies to individuals who are aware of and understand their medicines regime, retain responsibility for their medicines, but may have difficulties with undertaking the task. In Level 1 the individual, NOT the Support Worker, retains sole responsibility for their medicines management and administration.The exact support required will be written in the Care and Support Plan and may include:

* Reminding the individual to take their medicines
* Popping tablets/capsules out of the foil strip
* Applying cream or ointment
* Taking the tops off bottles
* Pouring and/or measuring liquid medicines
* Putting medicines onto the individual’s mouth
* Helping to order repeat prescriptions



#### Level 2 Support

Level 2 applies to individuals whoare unable to self-administer, due to difficulties around distinguishing which/when medicines are to be taken, often associated with impaired memory, cognition, or visual impairment. Support Workers will carry out the administration of medicines using the NPT MAR Scheme (with medicines in original packets) and approved documentation for administration in accordance with agreed local written protocols and procedures which can be found online.

When a MAR chart is required, a MAR referral must be completed and sent to the individual’s regular community pharmacy and a copy to the CMMT. All sections of the referral must be completed (see appendix 3).

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#### Alterations and errors (MAR charts)

Any alterations to MAR charts can only be made by a qualified health professional, or senior service provider staff under the direction of the prescriber, and shall be dated and signed.

Errors must not be obliterated by correction products (such as tippex) or pen. Any errors made when signing the MAR chart should be crossed through with an X and details recorded on the *Additional Information Record* attached to the MAR. Further *Additional Information Record* sheets are available (via the website) should they be required. Where a Support Worker finds that this has occurred and they are therefore unable to place their initials in the appropriate box when administering the medication, they should instead document and sign that they have administered the medication on the *Additional Information Record.* In some circumstances a new MAR chart may need to be arranged.

#### Refused Medicines

If the Individual refuses their medicines before you have administered them then don’t pop them out of the containers as they will be wasted. You should record the refusal on the MAR by using the letter ‘R’ in the box you would normally sign and explain it in more detail on the *Additional Information Sheet.*

If the Individual refuses their medicines after you have prepared them or if they spit them out, then DO NOT return them to the original container but instead place them in the *‘Refused Medicines for disposal’* container that is kept in the lidded/locked box. If it is clear which medicine has been refused then record the refusal by placing a simple X over your initials in the relevant box on the MAR and give more details using the *Additional Information Sheet*. If you aren’t sure which medicine has been refused, just describe it on the additional information sheet, for example, ‘*one round white tablet’.*

Inform your supervisor if the medicine refused is a *regular* medicine (i.e. not just to be taken when required), and/or if the Individual continually refuses a particular medicine. The supervisor will then seek appropriate medical advice.

#### Medicines Left Out for Later (‘4 later’)

Sometimes the Individual may need to take their medicines between calls, for example if they need medicines for pain or to sleep. Leaving medicines out for later is only permitted after assessment by the CMMT and if this is written in the care plan. After you have prepared the medicine and left it out, you must record this on the MAR chart in the ‘time slot’ when the medicine will *actually be taken*, using the number 4 instead of your initials and document on the additional information sheet. It is the responsibility of the Support Worker attending the following call to ask the Individual what time they took it and check whether the medicine has been taken or not, and record this on the Additional Information Section/Sheet. If the Individual hasn’t taken their ‘4 later’ medicine then you must dispose of it as refused medicines (see ‘Refused Medicines’ above) and inform your supervisor.

When leaving medicines out ‘4 later’ you must ONLY leave out the ones stated in the Care Plan and for a single dose time. You must never leave out multiple doses.

#### Support Workers must not:

* replace refused medication into its original container
* leave out medicines for the Individual to take later UNLESS it is clearly stated in the “4 later” Care Plan
* give any medication that is not recorded on the MAR chart including medicines that have been bought (‘over the counter’) including herbal and homeopathic remedies
* amend/alter the MAR chart in any way
* administer Warfarin where no assessment has been completed by the CMMT
* administer medicines without the knowledge of the Individual (i.e. covert administration) unless recommended following formal Mental Capacity Act

### 5. Compilation of Interim MAR by Senior Support Workers

Where there is a delay in acquiring a MAR chart from a participating community pharmacy, a hand written NPT Social Services Interim MAR chart may be completed by the Service Provider and used for **no more than SEVEN days.** Completion will be undertaken by Supervisor and **MUST** be checked by a second individual such as a Support Worker or family member, signed and dated. If an Interim MAR is provided, this should be recorded in the Service Delivery Plan of Care.

Interim MAR charts should only be provided where all other possible options of MAR provision have been exhausted, via community pharmacy or hospital pharmacy (if discharged from hospital) where appropriate and following consultation with a health care professional (e.g. via OOH services or 111) who could advise on the urgency of the Individual taking the medicines that evening.

Blank Interim MAR charts are controlled stationery and as such must be kept securely until needed for use.

#### Procedure for Compilation of Interim MAR

#### Purpose

To describe the process of compiling an Interim MAR.

#### Scope

This procedure will detail how Interim MAR charts will be compiled by Supervisors where obtaining a pharmacy produced MAR is not possible.

#### Responsibility

It is the responsibility of:

* + the Supervisor or healthcare professional to initiate interim MAR
	+ the Support Worker or health care professional to check the Interim MAR after compilation
	+ the Supervisor to arrange a pharmacy produced MAR as soon as possible as Interim MAR are only to be used for SEVEN days
	+ all staff undertaking this procedure to ensure that this procedure is adhered to and any deviation must be reported to their Manager or the CMMT
	+ each senior/supervisor to ensure that they are trained and deemed competent to compile Interim MARs

#### Process

The process must be undertaken by two people. The Supervisor must compile the Interim MAR and the other must check.

1. Arrange medicine containers on an uncluttered surface.
2. If the Individual has recently been discharged from hospital, refer to the hospital’s Discharge Advice Letter where this is available.
3. Before using, the Supervisor must assess the suitability of medicines for use by Support Workers following the flowchart below.
4. Place unsuitable medicines in a bag and put away in a secure place.
5. Using BLOCK capitals and black **indelible** ink to complete the Interim MAR, complete:
* the Individual’s forename and surname
* the Individual’s date of birth
* the Individual’s GP
* the date i.e. month and year
1. Copy the exact text from the medicine label onto the first container under the heading ‘Drug’ on the Interim MAR, including:
* medicine name and form
* strength of medicine
* dose instructions
* special instructions
* warnings
1. The supervisor will initial each box of the IMAR after completing.
2. The checker will ensure each entry is correct and counter sign.
3. Continue until each medicine has been copied onto the Interim MAR.
4. Cross through all the boxes that will not be required throughout the Interim MAR’s use, by using a **Z** shape.
5. Both the Supervisor and checker will sign and date at the bottom of the Interim MAR thus:

Date, written by NAME, DESIGNATION, Signature

Date, Checked by NAME, DESIGNATION, Signature

1. Where the Individual has Warfarin tablets the policy and procedure regarding Support Worker administration of Warfarin must be adhered to (see chapter 6) and the Supervisor must make appropriate arrangements to ensure no doses of Warfarin are missed.
2. Where any medicines are excluded from the Interim MAR following assessment, the Supervisor must seek advice from a health care professional (via OOHs,111) re any potential risk to the Individual of missing a dose, and the Supervisor must make arrangements for urgent replacement (if needed/appropriate) of the medicine at the earliest opportunity i.e. the following day where this is possible.
3. The Supervisor must make arrangements to have the Interim MAR replaced with a community pharmacy produced MAR at the earliest opportunity i.e. the following day where this is possible.
4. Email copy of Interim MAR to relevant CMMT

# ASSESSING SUITABILITY OF MEDICINES FLOWCHART

**IS THE MEDICATION IN THE ORIGINAL DISPENSED CONTAINER?**

#### Do not use

**NO**

**YES**

**ARE THE LABEL, CONTAINER AND MEDICATION INTACT, CLEAN AND IN GOOD CONDITION?**

#### Do not use

**NO**

**YES**

**HAS THE MEDICATION BEEN DISPENSED WITHIN THE LAST SIX WEEKS?**

**YES**

#### Do not use

**NO**

**DOES THE LABEL STATE THE CORRECT PATIENT NAME?**

#### Do not use

**NO**

**YES**

**ARE THE INSTRUCTIONS ON THE LABEL LEGIBLE, CLEAR AND ADEQUATE?**

#### Do not use

**NO**

**YES**

**IS THE MEDICINE WITHIN THE EXPIRY ON THE DISPENSING LABEL OR ORIGINALCONTAINER?**

#### Do not use

**NO**

**YES**

**DO ALL THE CONTENTS OF EACH CONTAINER MATCH THE MEDICATION NAME AND STRENGTH STATED ON THE LABEL?**

#### Do not use

**NO**

**YES**

### 6. Administration of Warfarin

 **MEDICATION SAFE TO USE**

### 6. Administration of Warfarin

Where possible, family support should be sought and facilitated for administering the Warfarin on an ongoing basis before the administration of Warfarin is allocated to the Service Provider.

All Individuals requiring Level 2 support with taking Warfarin **must** be referred to the CMMT to undertake a risk assessment, to facilitate Warfarin administration by Support Workers and make arrangements for ongoing INR monitoring and provision of Warfarin MARs. Support Workers **must not** administer Warfarin until this assessment has been undertaken and other arrangements will need to be made, e.g. family to administer, until this can be resolved as missing doses can adversely affect the Individual.

Where Warfarin is assessed by the CMMT as complex/unstable, Support Workers will **NOT** administer and other arrangements will be negotiated with family or the wider Health team.

Where the Individual is housebound the CMMT will make arrangements for obtaining the INR and dosing directions from the appropriate practitioner in order to provide a Warfarin MAR and update the yellow anticoagulation book (if utilised). Where the Individual attends NPTH INR Clinic, the Warfarin MAR is provided by hospital pharmacy staff at the point of testing & dosing.

Following assessment, a Warfarin Care Plan is compiled by the CMMT to clarify agreed arrangements for the administration of Warfarin. A yellow copy of the Warfarin Care Plan will be placed in the home file for Support Workers to consult at each call. If this yellow plan is not present, Support Worker **must not** administer the warfarin (even if a current warfarin MAR is present) without first contacting their Supervisor immediately for advice. The Supervisor will have a copy of the care plan and thus be able to confirm the Support Worker should go ahead and administer the warfarin, and will ask the CMMT to provide a replacement copy of the yellow care plan.

**Warfarin Administration by Support Workers**

Warfarin may only be administered by Support Workers when:

* there is an identified need for an Individual receiving a package of carehome care
* a risk assessment has been undertaken by the CMMT
* Support Workers have received training re use of Warfarin MAR charts
* a yellow Warfarin Care Plan compiled by the CMMT is present in the home file
* a Warfarin MAR (provided by Neath Port Talbot Hospital INR clinic, CMMT, or approved dispensing practice) is available for Support Workers to administer
* only 1mg Warfarin tablets are available for Support Worker to administer

It is very important that Warfarin be taken as prescribed and missing doses should be avoided where at all possible. However, where a dose is missed for any reason, the Supervisor must inform the CMMT/INR clinic as a matter of urgency. In addition to the Warfarin MAR, the general MAR chart provided by the community pharmacy for all other medicines the Individual may require must make reference to the Warfarin MAR.

Completed Warfarin MARs are to be removed by the Support Worker or CMMT on receipt of the new MAR and forwarded to the Service Provider for filing & audit purposes. For a more detailed overview of the systems in place for the safe administration of Warfarin by Support Workers in the domiciliary care setting in Neath Port Talbot (NPT) locality see also the *Protocol for Administration of Warfarin in Domiciliary Care in Neath Port Talbot and Swansea Locality*



### 7. REPORTING MISTAKES, INCIDENTS & NEAR MISSES

Errors must not be ignored and a culture that allows staff to report incidents without the fear of an unjustifiable level of recrimination must be encouraged. Managers will adopt a first line approach of assessing Support Worker’s competency and provide additional training where appropriate. Repeated errors despite additional support may lead to alteration of duties.

Examples of administration errors are:

* wrong dose is given, too much, too little
* medication is not given
* medication is given to the wrong Individual
* medication given at the wrong time

Other incidents that must be reported include missing medication or medication running out sooner or later than expected.

Support Workers must immediately report any error or incident in the administration of medicines to their Supervisor/OOH service who will then contact the GP or Pharmacist as appropriate. If the Supervisor cannot be contacted the Support Worker will contact the GP/ Pharmacist/OOH services directly and details of the advice given will be recorded on the *Additional Information Record* sheet. The Supervisor should be informed as soon as possible and must follow the local policy for reporting incidents via the appropriate locally agreed documentation and within 48hours of discovering the error/incident (see appendix 2). Full incident reporting pathway can be found on the link on page 4.

### 8. ROLES & RESPONSIBILITIES

All parties outlined below are responsible for working in partnership and in concordance with the policy and procedure as set out in this document and may be asked to contribute to/cooperate with measuring outcomes, auditing and monitoring processes for medicines management undertaken by the Community Medicines Management Team.

#### Role & Responsibilities of the Community Wellbeing Officer / Social Worker

The Care Coordinator shall ensure that:

* all Individuals are subject to an assessment of their ability to manage their own medication. This can be achieved through a multidisciplinary assessment involving the family, Support Workers or members of the primary healthcare team as appropriate. This assessment will be made available to the Service Providers
* a record is made of any judgement arrived at by the multidisciplinary team. The details must also be recorded on the Care and Support Plan
* accurate information must be available regarding the level of assistance required and this will be shared with the service provider
* as part of arranging a package of care, the Social Worker/Community Wellbeing Officer is responsible for referring to the community pharmacy for the provision of a MAR chart, and/or referring to the Medicines Management Team for assessment and/or advice
* the arrangements for assistance with administration of medication is reviewed in accordance with the Care and Support Plan. Reviews will take place in line with standard review policy and be conducted using feedback from Support staff and their Supervisors.
* where support with medicines is needed the Social Worker/Community Wellbeing Officer will check with commissioning team that the care provider is able to safely provide level 2 support for those who are not contracted to NPT

#### Roles and Responsibilities of the Service Provider

The Service Provider shall ensure that:

* reasonable care is taken to avoid acts or omissions which may cause harm Individuals
* Support Workers act in ways which are within the law and consistent with the policy and procedure
* Support Workers are provided with information, instructions and training which enables them to competently carry out their duties as described in these guidelines. Training must be updated regularly as per NPTCBC requirements
* Support Worker competency with administering medicines using MAR charts must be reassessed annually (or sooner if required), and recorded in the personal training file
* Support Workers are competent to carry out tasks as specified in the Service Delivery Plan through supervision and monitoring
* Support Workers are not undertaking inappropriate tasks
* the Service Delivery Plan accurately describes the support the Support Worker is being asked to provide
* advice is sought when appropriate from the CMMT and other healthcare professionals (e.g. GPs, District Nurses, and Pharmacists etc.)
* where a Support Worker identifies any changes in the ability of an Individual to manage his/ her own medicines, the level of support needed shall be reviewed by the service provider promptly
* where a change in an Individual’s condition/function dictates, a referral is completed for provision of MAR chart and send to the Individual’s preferred participating pharmacy
* the quality of completed MAR charts is monitored and any appropriate action is taken
* completed MAR charts are retained for 8 years and stored appropriately
* any medication errors, incidents or near misses are investigated and reported in a timely way

#### Roles and Responsibilities of the Support Worker

The Support Worker shall ensure that:

* they follow the procedure when administering medication
* they notify their Supervisor where they are being asked to provide assistance with medication which deviates from this guidance
* they never provide advice regarding medication and must seek clarification and guidance from their Supervisor if queries arise
* they adhere to this policy and procedure at all times

#### Additional Medicines Management Support

Additional support is available from the CMMT who can assist by:

* providing advice about medicines management issues
* undertaking a risk assessment, making arrangements for ongoing INR monitoring and provision of warfarin MARs for Individuals who have level 2 support with Warfarin
* assessing, planning, implementing and evaluating interventions in the medicines management of Individuals with highly complex multi-agency needs, such as swallowing difficulties
* facilitating hospital discharge arrangements where necessary
* providing training as required to NPTCBC and SBUHB staff regarding medicines management in the domiciliary care setting.

#### Community Pharmacist

The Community Pharmacist is a readily accessible source of support for staff and may be able to assist them in managing Individual’s medication in the following ways:

* dispensing prescriptions
* advising on over-the-counter medicines, including interactions with prescription medicines
* advising Support staff on possible side effects of medicines either prescribed or purchased for Individuals
* offering advice via the telephone to Support Workers/ and or Individuals
* safely disposing of unwanted medicine.
* a collection and delivery service may be available for prescription medicine.
* producing and updating MAR charts for use by Support Workers providing Level 2 support

##### *Medicines Usage Review (MUR) service*

Individuals who are able to visit their pharmacy may benefit from a medication usage review. This involves a consultation with a Pharmacist in a private area of the pharmacy during which the Individual can discuss their medicines, including what they are for, how to take them, side effects and tips of how to organise medicine taking.

### 9. Useful Resources and Contacts

All relevant forms and supporting documents relating to medicines management in domiciliary care can be found on the link below:

 [Neath Port Talbot Council Domiciliary Care](http://www.npt.gov.uk/domiciliarycare)

These include for example:

NPTCBC’s *Medication Policy for Domiciliary Care*

Referral to Community Pharmacy for Provision of MAR Charts

Consent Form

Medicines Incident Form

List of Participating Pharmacies

Family Leaflet

#### Useful Contacts

***Commissioning Unit***

Tel: 01639 684765

Email: Commissioning Unit

***Gateway***

Tel: 01639 686802

Email: The Gateway

***Community Medicines Management Team***

Tel: 01639 862788

Email: Community Medicines Management Team

***Learning, Training & Development Team***

Tel: 01639 685271

Email: Learning, Training & Development Team

### 10. Appendices

##### ***Appendix 1***

#### Procedure for Administering Medicines using MAR Charts and Original Containers (Level 2 Support)

*It is your responsibility to follow this procedure. Always use the MAR chart* and *the medication boxes as your point of reference. If then you are distracted or have missed something it will become immediately apparent. If for any reason you cannot follow the procedure then contact your Supervisor. If* any *of the instructions on the medicines are not clear (for example if it does not say what a ‘when required’ medicine is required for) then contact your Supervisor, community pharmacy or Out of Hours service for further information.*

**MAR CHART QUICK REFERENCE GUIDE**

**MAR CHART QUICK REFERENCE GUIDE**

**Get ready:** Confirm level of support; obtain consent; wash hands & apply PPE; clear area to work and locate equipment needed.

**Check MAR:** Ensure correct service user; MAR is in date; medication has not already been given for time of call; and check Additional Information for any relevant updates.

**Prepare medicines:** Starting at the top of the MAR, select the medicines required at the call, check instructions on MAR and label match. Ensuring older packs are used first, prepare each medicine, re- checking the instructions and ensure:

* **the 5 rights** are checked: person; dose; time; route; medication
* any special instructions are followed, such as before/after food
* expiry date is checked
* name on foil strip matches the packet label
* MAR is signed (or appropriate code entered) after popping/pouring each medicine into clean container

*(Refer to full MAR procedure located in home file for further detail)*

**Administer medicines:** Administer medicines offering a glass of water, observe all medicines are taken and complete additional information sheet. *Report and record any discrepancies immediately*

**After administering:** Check all documentation is completed; all medicines are safely and appropriately stored; and any equipment used is washed and dried.

**ORDERING & RECEIVING MEDICINES**

**Ordering**

* At blue stripe on MAR check which medicines need ordering
* Contact named pharmacy (or family member if relevant) to order
* Sign and date blue stripe and document relevant details on additional information sheet

**Receiving**

* Check the new MAR and labels of new medication to ensure:
	+ **the 5 rights** are checked: person; dose; time; route; medication
	+ all items ordered have been supplied
	+ the quantity supplied is going to last for the 28 days of the MAR
* Inform pharmacy **AND** your supervisor straight away if any problems e.g. medicines are missing, incorrect etc
* Record receipt (and any problems/actions taken if relevant) on additional information sheet

**Storage/Housekeeping**

* Remove expired /unwanted medicines and follow procedure for disposal
* Place items in locked, lidded box or fridge as appropriate/per instructions
* Ensure all items in the box are clean and containers closed properly, removing any rubbish (empty packs, old Patient Information leaflets etc)
* Replace lid and place box in a cool dry place away from any direct source of heat such as a windowsill or radiator

##### ***Appendix 2***

#### Medication Error/Incident Form for Domiciliary Care

*To be completed and sent to Medicines Management Team* ***and*** *Commissioning Team*

|  |
| --- |
| 1. **Individual’s DETAILS**
 |
| Name: |  | Address:  |  |
| Date of Birth: | Click or tap to enter a date. |  |  |
| ID Number: |  |  |
| Level of support: |  |  |
| Care provider: |  | Community pharmacy: |  |
| Have the next of kin been informed? | Yes NoNot applicable |[ ]   |
|  |  |[ ]   |
|  |  |[ ]   |
| 1. **INCIDENT DETAILS**
 |
| Date and time incident was identified: |  |
| Date and time incident occurred: |  |
| Incident location details (where the incident was noticed e.g. patient’s home, community pharmacy): |
|  |
| Name(s) of Support worker(s) involved: |  |
|  **C. What type of incident happened? Tick all that apply.** |
| **Pharmacy/MAR issue** |
| Mismatch between patient and label [ ] Medicines not delivered/received [ ]  Wrong medicine/dose [ ]  Wrong instructions on label [ ]   | Wrong quantity issued [ ]  Wrong type of MAR issued [ ]  Insufficient instructions [ ]  Other (please state): |
| **Prescription management/Administration issue** |
| Medicines not ordered [ ]  Medicines not administered/delayed treatment [ ]  Medicines administered without sufficient labelling [ ]  Incorrect/omitted documentation e.g. not signing MAR [ ]  Other (please state):  |
| What happened: |
|  |
| Immediate action taken following the incident: (e.g. GP contacted) |
|  |
| Where the any contributing factors? (lack of knowledge, working environment etc) |
|  |
| Medicine details: (form, strength etc.) |  |
| 1. **INCIDENT OUTCOME**
 |
| Was the person harmed?  | Yes No  | [ ] [ ]  |
| If yes- Please give details of other referrals made in relation to this incident: | SafeguardingCIW | [ ] [ ]  |
| Treatment received: |
|  |
| Action taken as a result of error (e.g. dates of further monitoring, clarification of procedure etc): |
|  |
| Overall outcome (e.g. health of service user, guidance from CIW etc.):  |
|  |
| 1. **REVIEW OF INCIDENT AND LEARNING**
 |
| Consequence: (see example on page 4) |
| No harm | Minor | Moderate | Major | Catastrophic |
| **Lessons learnt:** |
|  |
| 1. **DETAILS OF THE PERSON COMPLETING THE FORM**
 |
| Name: |  | Designation: |  |
| Date: | Click or tap to enter a date. | Time: |  |
| Signature: |  | Contact Number: |  |

**For advice on completing this form please contact the Community Medicines Management team on 01639 862788**

**PLEASE SEND A COPY OF THIS FORM TO THE NEATH PORT TALBOT MEDICINES MANAGEMENT TEAM AND CONTRACT & MONITORING.**

**PLEASE REMEMBER FORMS CONTAIN PERSONAL INFORMATION AND MUST BE SENT SECURELY FOLLOWING YOU ORGANISATIONAL POLICY.**

**Forms can be submitted via:**

**Email:**

**Medicines Management**

**and**

**CCU@NPT.GOV.UK**

|  |
| --- |
| 1. **MEDICINES MANAGEMENT TO COMPLETE THIS SECTION**
 |
| Date received: | Click or tap to enter a date. | Received by: |  |
| Further action required: Y [ ]  N [ ] Details: |
|  |
| **Descriptor** | **Score** | **Consequence** |
| Negligible | 1 | * No harm to the individual.
* Minimal injury requiring no or minimal intervention or treatment.
* Informal complaint/inquiry, Can be easily and quickly resolved.
 |
| Minor | 2 | * Short term harm to a single individual.
* Minor injury or illness, requiring minor intervention.
* Formal complaint with local resolution.
 |
| Moderate | 3 | * Harm affecting a single individual for up to a year or minor harm to multiple individuals
* Moderate injury requiring professional intervention
* Safeguarding/CIW/ RIDDOR/other agency reportable incident
* Treatment or service has significantly reduced effectiveness
* Repeated failure to meet internal standards
* Formal complaint with local resolution (with potential to go to independent review)
 |
| Major | 4 | * Major injury to a single individual leading to long-term incapacity/disability or moderate harm to multiple individuals.
* Mismanagement of individual care with long-term effects
* Non-compliance with national standards with significant risk to individuals if unresolved
* Multiple complaints/ independent review
* Low performance rating
* Critical report
 |
| Catastrophic | 5 | * Incident leading to death of a single individual or multiple permanent injuries or irreversible health effects
* An event which impacts on a large number of individuals
* Totally unacceptable level or quality of treatment/service
* Gross failure of individual safety if findings not acted on
* Inquest/ombudsman inquiry
* Gross failure to meet national standards
 |

**Risk grading of NPT incidents**

### *Appendix 3*

