

**MEDICATION**

 **POLICY**

**FOR**

**DOMICILIARY CARE**

**Neath Port Talbot County Borough Council**



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|  | **READER INFORMATION**  |
| **Policy:**  | Neath Port Talbot County Council, Social Services Health and Housing Directorate. Policy developed in collaboration with SBUHB |
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| **Contact details:**  | Copies of this document are available via the NPTCBC intranet:  <https://www.npt.gov.uk/6408>or via the Commissioning Unit and NPT Community Medicines Management Team.  |

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# 1. INTRODUCTION

This document outlines the guiding principles for supporting Individuals with medication in the Domiciliary Care setting. It provides standards to be adopted and adhered to when supporting Individuals with medication which forms part of the Care and Support Plan.

It is essential that this policy is read in conjunction with the NPTCBC’s *Medication Management Handbook: Procedures & Guidelines for Domiciliary Care* which outlines the roles, responsibilities and procedures for supporting Individuals with medication in the Domiciliary Care setting. The Handbook, along with all relevant forms and documents relating to medicines management in domiciliary care, can be found on the link below:

<https://www.npt.gov.uk/6408>

In accordance with current guidance laid down in national standards, legislation and statutory requirements, this document must be readily available to all staff and is to be complied with at all times.

It is the intention of Neath Port Talbot County Borough Council (NPTCBC) Social Services, when purchasing services from external Service Providers to share this policy with them. It will be a requirement that this policy be adopted thereby setting a standardised approach to medicines management within Domiciliary Care in Neath Port Talbot.

***Please note:***

*References in the document to Support Workers mean paid employees (including PAs) supporting Individuals in their own home i.e. those employed by social services, the independent sector or Social Services contracted external Service Providers.*

# 2. PURPOSE AND SCOPE

### 2.1 Purpose

The overall aim of this policy is to promote independence through active participation, encouraging Individuals to manage their own medicines as far as they are able, and to administer them in accordance with the advice of their own doctor where this is not possible. It defines who can provide support with medicines, what support they can provide and in what circumstances. As a result, it aims to provide a safe framework for Support staff to work within when supporting Individuals with medication. It also outlines some of the documentation which will be used and records which will be kept.

However, it is acknowledged that it is not possible to anticipate every eventuality and that in unusual circumstances the specific needs of an Individual needing support with medicines may fall outside of these guidelines. In these cases, advice will be sought from appropriate Health Care Professionals.

### 2.2 Scope

This policy is intended for use across NPTCBC Domiciliary Care for Older Persons and Physically Disabled People’s services and Learning Disabilities and Mental Health services including Care Management, Service Provider and Commissioning Staff.

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# 3 GENERAL PRINCIPLES OF GOOD PRACTICE

The service will be delivered in a way that enables self-administration and independence and which respects the dignity, privacy, cultural and religious beliefs of the Individual.

Support with medication will only be provided when there is no other means of the Individual managing their own medication, either through self-administering (which could include the use of different aids and/or Assistive Technologies), or support from family and friends. These options must be explored in the first instance. Where it has been established that an Individual requires support with medicines management a risk assessment will be carried out by the Community Wellbeing Officer / Social Worker/Service Provider who will identify the level of support required. Advise/guidance will be sought from the CMMT where needed.

Support Workers will only provide help with taking medication, or administer medication, with the **informed consent** of the Individual or their relative or representative who may give consent on the Individual’s behalf. Consent will be recorded on a *Medication Consent Form* (see link on p.4). If an Individual cannot give consent because they lack capacity to make this decision then the current recommendations for treating adults with incapacity must be followed.

All employees involved in administering medication must have received relevant training and have been formally assessed as competent by a Medicines Management Competency Assessor, NPT Learning and Development Team or Community Medicines Management Team. Ongoing competence in supporting with medication must be assessed and recorded via annual monitoring or sooner if required.

A record of the printed names, signatures and initials of all Support Workers must be kept by Service Providers for auditing and monitoring purposes.

Support Workers will only provide help with medicines management when:

* it is requested by the Community Wellbeing Officer / Social Worker on theCare and Support Plan (or by the Service Provider if a change of circumstances dictates, for example where an urgent MAR referral is needed to maintain the Individual’s safety)
* it is documented on the Service Delivery Plan which must be accessible in the Individual’s home
* they have undertaken accredited training and have been competency assessed by the Service Provider
* it is within the parameters and circumstances set out in this policy
* assistance with medication is part of a ‘package’ of care

Support Workers MAY administer or assist people with:

* taking oral medicines
* inserting drops/sprays/ointments to ear, nose or eye
* inhaled medication
* apply a medicated cream/ointment/patch/spray to skin that is unbroken

Support Workers MUST NOT administer or assist people with the following unless they have received additional specialised training:

* injections
* peg tubes
* vaginal preparations, such as pessaries
* rectal preparations, such as suppositories
* Buccal midazolam

# 4. LEVELS OF MEDICATION SUPPORT

### 4.1 Assessing Levels of Support

Many Individuals may have the potential to independently manage their medications, in part or in full, and all efforts must be made to enable this process to ensure their safety, dignity and autonomy are preserved at all times. Where such potential is identified, a referral to the Community Medicines Management Team (CMMT) should be considered.

There are 3 levels of support (0, 1 & 2), which are outlined below and should be considered as a continuum, accepting that individuals may move up and down the levels depending on their health status and/or functional ability at the time.

Prior to providing any support the level of medication support needed by an Individual must be assessed by the relevant care professional. A need for support with medication will be identified on this assessment and will include how the Individual currently manages their medication, including any support already provided.

*For new Packages of care*

Once the Individual has been assessed, the level of support needed with medication will be agreed and recorded on the Care and Support plan by the Community Wellbeing Officer / Social Worker who will ensure that the appropriate time is allocated for the Support Worker to deliver the support required. In addition, where full administration is required (i.e. Level 2 – see below) a referral for provision of Medication Administration Record (MAR) charts must be completed and sent to the Individual’s preferred participating Community Pharmacy and also a copy provided to the CMMT. If the Individual is being discharged from hospital the MAR referral must go to the Hospital pharmacy and a copy to CMMT. The Service Provider responsible for the care package should ensure that the Individual’s consent has been obtained and recorded on the Service Delivery Plan.

*For existing packages of care*

Where a Support Worker identifies any changes in the ability of an Individual to manage his/ her own medicines, the level of support needed should be reviewed promptly by the Service Provider in the first instance. If it is subsequently deemed that an Individual requires Level 2 support, the Service Provider shall complete a referral for provision of MAR chart and send this to the Individual’s preferred participating Community Pharmacy and also a copy provided to the CMMT.

### 4.2 Level 0

Level 0 applies to Individuals who take full responsibility for their own medicines and require no assistance with medication from the Support Worker. The individual is able to manage their medicines independently of the Support Worker, with or without support from family.

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.

### 4.3 Level 1

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.

Assistance with self-administering may be given as follows:

* *Reminder:* the Individual may require a simple reminder to initiate the task but is then able to self-administer with/without physical assistance. This is not appropriate for Individuals with significant cognitive/memory difficulties

* *Physical assistance:* the individual manages their own medicines but has difficulty with dexterity and/or mobility and may ask the Support Worker to help carry out certain tasks. It is the responsibility of the individual to direct which package/bottle/topical medication they require assistance with (e.g. opened/closed/placed in mouth/stored) and such tasks must be always completed within sight of the individual

N.B. In Level 1 the individual, NOT the Support Worker, retains sole responsibility for their medicines management and administration.In line with agreed written procedures, the exact assistance given on each visit will be documented by 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.

### 4.4 Level 2

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. In providing Level 2 support the Support Worker is responsible for the task of administering ***prescribed*** medication to the Individual as per the prescriber’s instructions. However, it is important to maintain the Individual’s dignity and independence at all times, and so where possible the Support Worker will engage with the Individual during the process of medication administration, such as giving explanations of the procedure and encouraging the Individual to manipulate packaging where they are still able. Only appropriately trained and competency assessed Support Workers may be permitted to undertake Level 2.

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.

The use of Monitored Dosage Systems (MDS – such as dosette boxes, nomad trays etc.) is not generally recommended at Level 2, and when administering medicines on an Individual’s behalf the use of original packs is the first line choice. There may be exceptional circumstances where the use of MDS for Level 2 support is appropriate, however this must only be undertaken following risk assessment and recommendation by the CMMT, and is to be documented on the Service Delivery Plan.

In line with agreed written policies and procedures, all medicines administered at each visit will be recorded.

# 5 RISK MANAGEMENT

When setting up a care package, family members/informal carers must be made aware that they will be required to co-operate with Support Workers when they are carrying out specified tasks e.g. if a Support Worker needs to take a chart to the Pharmacy for updating, along with a prescription, then the family member should not prevent this from happening. Family members/friends will be provided with an information leaflet (see links on p.4) by the Service Provider detailing their agreed responsibilities.

### 5.1 Use of Lockable boxes

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. It is also important to note that certain ‘as required’ medications must never be locked away and should remain available to the Individual at all times. Where on assessment the Individual is deemed to be at risk from these ‘as required’ medications, then this should be discussed with the prescriber. Such medications include; reliever inhalers (such as salbutamol), glyceryl trinitrate spray (GTN spray).

### 5.2 Administration of Warfarin

Where the Individual is assessed as needing only Level 1 support with their medicines, no special arrangements are required for Support Workers to support with warfarin.

For Individuals requiring Level 2 support, where possible family/informal carer support with administering warfarin should first be sought and facilitated. If this is not possible arrangements will be made for Support Workers to undertake administration of the warfarin by referring to the CMMT. The CMMT will undertake a risk assessment and, where Support Worker administration is deemed appropriate, will lead on arrangements for ongoing warfarin monitoring and provision of warfarin MAR charts and care plans.

### 5.3 Administration of Oxygen

Where the Individual is assessed as needing only Level 1 support with their medicines, no special arrangements are required for Support Workers to support with oxygen.

For Individuals requiring Level 2 support, where possible family/informal carer support with administering oxygen should be first be sought and facilitated. Where this is not possible, Support Workers may provide limited support to Individuals with oxygen generated from concentrators (not cylinders) when this has been assessed as appropriate. All Individual requiring Level 2 support with oxygen must be referred to the Medicines Management Team who will undertake a risk assessment in partnership with the SBUHB Respiratory Team and provide an Oxygen care plan.

### 5.4 Medication Errors, Incidents & Near Misses

Errors can occur in the prescribing, dispensing or administration of medicines. While most errors do not harm the Individual some can have serious consequences. It is important that all errors or near misses are recorded and reported and the cause investigated so that any urgent remedial action can be taken and/or we can learn from the incident and prevent a similar error happening in the future.

In order to minimise risk:

* Support Workers must not carry out any invasive, clinical or nursing procedures, such as administering injections, enemas or pessaries

* all errors and ‘near misses’ concerning medication must be reported using the appropriate NPTCBC/CIW documentation (see link on p.4) which is forwarded to the CMMT and the Commissioning Unit within 48 hours of the incident being discovered. Medical advice must be sought as appropriate following NPTCBC incident reporting procedures. All reports should be investigated and will require the provider to carry out a risk assessment to eliminate or minimise the risk in future. Any serious incidents should be reported to the regulatory body

* where two or more providers are working with the Individual, the Community Wellbeing Officer / Social Worker in consultation with the two providers will nominate one provider as taking the lead role for the coordination of medicines management issues. Once nominated, the lead provider shall be responsible for ensuring adequate communication between all parties concerned in the best interests of the Individual. This will be documented on the Care and Support Plan

***Written by NPT Medicines Management Team***

***Approved by Sorelle Jones***