

Medication Management in Domiciliary Care (England) Policy

Policy Statement

Most people receiving care in their own homes are prescribed some form of medication at some time as part of their treatment by their doctor or nurse and many have multiple medication needs.

While many service users manage their medication effectively themselves with the appropriate support from their informal carers, some ask for or need support with their medicines from their social care provider, as reflected in their needs assessment and care plans, and local commissioning agreements. Their needs will range from simple reminders and help with packaging through to actual administration of medication.

In some cases, this might include the administration of “controlled” drugs, which requires care workers to know how they are being safely stored and administered in the home setting.

This care service recognises that the correct and effective administration of medication is essential for the safety and wellbeing of its service users. Service users must, therefore, receive the help identified in their care plan for the administration of medication only by trained and competent staff.

This policy should be read and used with other related policies and procedures that address specific matters involved in the management of medication in home care, including:

- Anticipatory or “Just in Case” Medicines in Domiciliary Care
- Drug/Medicines Errors (Identifying, Reporting and Reviewing Medicines-related Problems)
- Medication to be “Taken as Required” in Domiciliary Care
- Medication Non-compliance in Domiciliary Care
- Prescriptions Collection in Domiciliary Care
- Oxygen Use in Service Users’ Homes
- Warfarin and Anticoagulant Therapy.

This policy applies wherever the service has agreed to support a service user in taking their medicines, which include prescribed and over-the-counter medicines, and those to be taken (as required).

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The service allows only trained and competent care staff or registered nurses to provide any level of medicines support in line with their respective roles and responsibilities for the individual service user’s care and support provision.

Legislation and Guidance

The care service’s policies and procedures are all in line with relevant legislation and best practice guidance relating to the management and administration of medication in adult social care, including:

- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs (Safe Custody) Regulations 1973
- NG67 *Managing medicines for adults receiving social care in the community* (March 2017) National Institute for Health and Care Excellence (NICE)
- QS171 *Medicines management for people receiving social care in the community* (July 2018) National Institute for Health and Care Excellence (NICE)
- NG21 *Home Care: Delivering Personal Care and Practical Support to Older People Living in Their Own Homes* (September 2015) National Institute for Health and Care Excellence (NICE)
- *The Safe and Secure Handling of Medicines* (December 2018) Royal Pharmaceutical Society, which is written primarily for healthcare settings. However, the RPS state that some of its content is applicable to adult social care settings and can be used to inform social care policies.

CQC Fundamental Standards Compliance

The service’s medication policies should comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regarding medication, Regulation 12: Safe Care and Treatment includes a requirement for the “proper and safe” management of medicines and for sufficient medicines to be made available to meet service users’ needs and ensure their safety.

Guidance accompanying the regulations states that, where a domiciliary care service supports the management of medication:

- the provider must provide care and treatment, including medication management, in a safe way

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- care and treatment assessments, planning and delivery (including those related to medication and when service users start to use the service, are admitted, discharged/transferred or move between services):
 - should be based on risk assessments that balance service users’ needs and safety with their rights and preferences
 - should include arrangements to respond appropriately and in a timely manner to service users’ changing needs
 - where appropriate, should be carried out in accordance with the Mental Capacity Act 2005
- medication reviews should be part of, and align with, service users’ care and treatment assessments, plans or pathways and are completed and reviewed regularly in relation to changes in medication
- the provider should comply with relevant Patient Safety Alerts, recalls and rapid response reports issued from the Medicines and Healthcare products Regulatory Agency (MHRA) and through the Central Alerting System (CAS)
- arrangements should be in place to ensure the provider can take appropriate action in the event of a clinical/medical emergency
- the administration of medications should be timely to ensure that service users are not placed at risk, particularly as a result of any non-concordance (non-adherence or non-compliance) by the service user
- any arrangements for giving medicines covertly, where this is thought to be in the service users’ best interests, should be in line with the Mental Capacity Act 2005
- staff responsible for medicines management and administration should be suitably trained and competent. They should work only within the scope of their qualifications, competence, skills and experience (including when administering medication). This is particularly important when the service user has been prescribed “controlled drugs” the administration of which the agency has agreed to have a role, as determined by the care plan.

Procedures

Principles of Safe Medicines Management

The service follows the rules of safe medicines management that are provided in NICE guidelines ensuring that its care staff observe the “6 R’s” of safe medicines administration:

- right person

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- right medicine
- right route
- right dose
- right time
- right of the person to refuse.

Medication Management Principles

When providing care to adults, care staff are expected to follow these principles and procedures.

Person-centred principles

1. Every service user has the right to manage and administer their own medication if they wish to and the agency recognises this by providing support to enable safe self-administration wherever possible. Encouraging self-medication promotes the independence and autonomy of service users and will enhance their dignity and privacy.
2. However, some service users may not wish to manage their own medication and others may be unable to even if they wish.
3. The choices made by service users — eg to administer and manage their own medication — are always respected by staff and recorded in the plan of care.
4. No assumption is made that a service user cannot self-administer their medication purely on the basis of their condition or mental capacity.
5. Service users who are suspected to be lacking capacity are assessed in line with the “best interest” principles of the Mental Capacity Act 2005. Where a service user can be enabled to self-medicate with additional support, or where they can self-administer parts of their medication, such support is provided.
6. Staff provide appropriate support to any service user who wishes and is able to take all or some of their own medication.
7. Medication is only ever administered to a service user on the basis of their explicit consent or agreement to take the medication except where “best interests” decisions have been taken as a result of a person’s mental incapacity.

Agreements made

1. All new service users will have their health and social care needs fully assessed and any need for help with the collection or administration of medication identified. This

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will often be done jointly with healthcare professionals who might also be providing care and support.

2. Any request for support from staff identified within a care plan is discussed with managers or nurse consultants (either employed by the agency or health services) before being implemented to ensure that the role being requested is appropriate and can be performed safely and competently by the agency's care workers.
3. The service will always work in partnership with the health services and professionals also involved with its service users, and the local authority where involved as commissioners and regarding any safeguarding issues.
4. No staff member should proceed with the administration of medicines (including tablets, liquids and creams) unless they have the explicit agreement of the service user and their nurse consultant or manager and this has been entered in the plan of care.
5. Any staff member who is unsure of what to do regarding medication in any given situation should contact their nurse consultant or manager immediately. In all cases where help with medication is required, the explicit consent of the service user is required.
6. Care staff providing medicines support should always ensure that any medication being taken is fit for purpose and safe to administer by following the "6 R's" described above, and always checking that it has been stored securely, at the correct temperatures, and the contents have not been tampered with.

Medication Reconciliation (Listing of Medicines)

To ensure that the agency contributes fully and effectively, as and when required, to its service users' safe taking of their medicines, the agency will carry out the following "medicines reconciliation" procedures in co-operation with the other professionals and services involved.

The agency will always ensure that it has the following information prior to any involvement, and keeps it up to date. This information will be particularly important where service users have been prescribed "controlled drugs" and where the service user has been unable to give their consent to the taking of their medicines, resulting in "best interest" decisions being taken about the prescribing, supplying, storing and taking of their medication.

- Person's details, including full name, date of birth, NHS number, address and weight (where appropriate in relation to their medication needs).
- GP's details, including previous and current GP, where a change of GP has taken place.

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- Details of other relevant contacts who might affect their medication, as defined by the service user and/or their family, members or carers (for example, their consultant, regular pharmacist, specialist nurse).
- Checks of known allergies and reactions to medicines or ingredients, and the type of reaction experienced.
- A list of medicines the person is currently taking, including name, strength, form, dose, timing and frequency, and what it is taken for.
- Information about recent changes to their medication, including medicines started, stopped or dosage changed, and reason for change.
- Date and time the last dose of any “when required” medicine was taken, or of any medicine given less often than once a day (weekly or monthly medicines).
- Other information, including when the medicine should be reviewed or monitored, how it should be kept, and any support the person needs to carry on taking the medicine.
- Checks on what information has been given to the service user and/or family members or carers about their medication.
- Details of any professional responsible for co-ordinating the safe taking of the person’s medication (which might be the service user, carer and/or professional).

Medicines-related Safeguarding

The care service considers that the safety and safeguarding of our service users is paramount. This includes safety from any misuse of medicines by its staff or errors in medicine administration. The service will take all possible action to safeguard its users from such risks, including by explicitly linking its medicines management safeguards with its wider safeguarding of adults’ processes.

Care workers, when responsible for service users’ medicines, are instructed to report and record to the service management all medicines-related incidents, including errors, “near misses” and incidents that might represent a safeguarding risk. Where necessary, these should be reported to the regulator and to local safeguarding authorities.

Immediately after the discovery of any medicines-related safeguarding incident, the service will contact an appropriate health professional to check that suitable action has been taken to protect the health and wellbeing of any service user involved — this will usually be the GP.

The service will include the investigation of all medicines incidents in its wider safeguarding and governance processes, establishing root causes of incidents and

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monitoring reports for trends. Lessons learnt will be included in a review of the service's medicines policies and processes, including training for staff.

Service users and/or their family members or carers will be provided with full information about any medicines-related safeguarding incidents caused by the practices of the care service, and about the progress of any investigation. Where indicated it will comply with its duty of candour by issuing a formal apology.

Service users and/or their family members or carers are provided with full information on how to complain about or to report a medicines-related safety incident or any concerns about the service's medication procedures.

(See also separate Drug/Medicines Errors (Identifying, Reporting and Reviewing Medicines-related Problems) Policy.)

Care Worker Roles in Medication Support

This service recognises the different kinds of support that can be provided for service users who have identified needs in handling their medication.

Providing general support

General support can include:

- requesting repeat prescriptions from the GP
- collecting medicines from the pharmacy or GP surgery
- disposing of unwanted medicines safely, eg by returning them to the supplying pharmacy or GP practice
- providing an occasional reminder or prompt to an adult to take their medicines
- manipulating a container, eg opening a bottle or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication.

The policy is always to:

- provide general support only with the consent of the service user concerned
- identify the exact nature of the support in the needs assessment
- include what has been agreed in the service user's plan of care
- record all support provided on the medication administration record section of the care plan or separate MAR

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- make regular checks that the support provided is as agreed and meeting the person’s needs
- review the arrangement regularly as part of the reviewing of the whole plan of care.

Assistance with administration of medication

Any need for medication to be actually administered by staff is identified at the care assessment stage and recorded in the service user’s plan. The service user must agree to have the care worker administer the medication and the consent is also documented. If the person is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual and comply with the requirements of the Mental Capacity Act.

Medication is only ever administered by a designated, appropriately trained member of staff.

When administering medication staff always:

- check that the medication is written in the Home Care Medical Record or service user plan
- know the therapeutic use of the medication administered, its normal dose, side-effects, precautions and the contra-indications of its use; this is particularly important where the service user is taking a “controlled drug” for which strict protocols should be developed in line with individual circumstances
- make certain of the identity of the service user to whom the medication is being given
- check that the prescription or the label on the medication is clear and unambiguous and relates to the service user in person
- check the expiry date
- check that the service user is not allergic to the medication
- keep clear and accurate signed records of all medication administered, withheld or refused
- ensure that where a service user is taking a “controlled drug” they follow the protocol agreed in the person’s care plan (for example, to witness and record in a case of self-medication, or to ensure that the drugs are administered in the presence of at least one other person if involved in the actual administration).

A Home Care Medicines Record (or MAR) is kept in the home of any service user receiving help with medication as part of their care plan.

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Any mistake or error in administering drugs must be reported to a parent (in the case of a child), line manager, supervisor or responsible medical practitioner without delay.

Staff must never in any circumstances administer medication that has not been prescribed, give medication to a service user against their wishes, give medication that has been prescribed to another person, or alter in any way the timing or dosage of medications.

If a care worker does not feel competent to administer the medication they should voice their concerns to their line manager. It is important that only staff who are appropriately trained and agree to perform the role administer medication.

Specialised administration

In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:

- rectal administration, eg suppositories, diazepam (for epileptic seizure)
- insulin by injection
- administration through a Percutaneous Endoscopic Gastrostomy (PEG).

Any care worker asked to carry out any such procedure must agree to doing so and be properly trained in that procedure with specialist supervision also provided. All procedures must be recorded on a MAR.

Medicines Records

In line with the NICE guidelines (NG67), the agency will keep a separate record within the care plan for *all* medicines support it provides. The agency ensures through its monitoring and auditing arrangements that the medicines records like the other care records are accurate and kept up to date, and accessible in line with the service user's expectations for confidentiality.

Care workers must record on the appropriate medical administration record chart or in some cases medicines' support section of the care plan, the medicines support given on every occasion together with any other relevant information.

Recording should include details of all the support provided for prescribed and over-the-counter medicines, such as:

- reminding a person to take their medicine
- giving the person their medicine
- recording whether the person has taken or declined their medicine.

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If the agency's care workers are responsible for giving any medicines, they are expected to record their actions on a medicines administration record such as one obtained from the supplying pharmacist, or the agency's own, produced to enable all required information to be recorded.

All medicines administration records used will include:

- the person's name, date of birth and, if known, NHS number
- the name, formulation and strength of the medicine(s)
- how often or the time the medicine should be taken
- how the medicine is taken or used (route of administration)
- the name of the person's GP practice
- any stop or review date
- any additional information, such as specific instructions for giving a medicine, including time-specific factors, and any known drug allergies.

The agency will work with family members and informal carers to ensure recording can be as complete as possible. Care staff are required to always check if medicines have been correctly taken at times other than when they are giving them, and to report any concerns.

Monitoring of Medication

Staff should always be aware of the nature of the medication being taken by individual service users and should report any change in condition that might be due to medication or side effects immediately to a child's parent, their line manager or supervisor, or to the GP or community pharmacist.

The agency will work closely with community pharmacy services and with service users' GPs to ensure that they are provided with adequate support and a seamless and integrated service relating to their medication needs, sharing all relevant information on a need-to-know basis with due regard given to service user confidentiality.

Non-compliance with Medication

The care service accepts that there are circumstances whereby some service users will fail to comply with their prescribed treatments. This might include self-medicating service users failing to take their medication as directed or non-self-medicating service users refusing their prescribed medication, or failing to swallow it and then disposing of it.

In such cases, the service is clear that its staff have no right to force non-compliant service users to take their medication, but that staff do have a duty to refer all such occurrences

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back to the original prescriber, to the service user's GP and/or to the service user's nurse or key worker. (See separate Non-compliance with Medication in Domiciliary Care Policy.)

Training

In this agency:

- All new staff will receive training as part of their induction covering basic information about common medicines and how to recognise and deal with medication problems. Those who will be involved in medicines administration in people's homes will have additional training to the level required by their roles and responsibilities.
- All training will reflect up-to-date evidence-based guidelines.
- Only staff who have been assessed as sufficiently skilled and competent will be designated to administer medicines.
- In order to be considered competent staff must attend appropriate training and be assessed as competent. Staff who have been assessed but who do not have the skills to administer medicines, despite completing the required training, will not be allowed to administer medicines to service users.
- Care staff will be expected to attend refresher training and additional training as required.
- Access to additional training will be supported for those fulfilling any enhanced role.
- Up to date records will be kept of all medicines administration training.
- A register will be kept of designated staff.
- Nursing staff are expected to keep themselves up to date as required in their revalidation process and as specified in their professional code of conduct (*The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*, October 2018).
- Staff should never undertake any duties or roles that they have not been trained to do or for which they do not feel competent.

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