

Introduction to Medication Management for Care Workers in Adult Care Sector Community Services

Important information for Care Workers

For you to gain the maximum benefit from this training you must:

- Complete this booklet before attending the training day
- Discuss the contents of this booklet with your line manager or organisation trainer – they will need to sign your booklet to confirm they have done this.
- This booklet must be taken to the training day.

If you do not have this booklet completed and signed with you on the training day you will not be allowed to attend the training and you will be marked as a non-attendee

Care Worker Name (Block Capitals)	Signature	Date
Line Manager (Block Capitals)	Signature	Date

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Aim of Pre-Training Workbook

To understand the importance of medication training in respect to the role of Care Workers

To provide a foundation of understanding prior to undertaking the Medication Training Day

By the end of the workbook you will be able to:-

Explain why Medication Training is important to a care worker.

State the Name of the Joint Policy

List key Legislation and Guidance governing Medication

State your role as a care worker with regards to medication

List the Classifications of Medicines

Have a reasonable expectation of what will happen during the Training Session

Throughout this booklet we would like to encourage you to make notes. You can also jot down any questions that you would like to ask on the training day.



What is Medication Training and why do I need to do it???

What is Medication Training?

In reference to your role as a Care Worker we will define Medication Training as:

A course designed to inform Care Workers in the correct policies and procedures for the safe handling and administering of medication to persons receiving care.

Care Quality Commission Guidance Professional Advice: The Administration of medication in domiciliary care (5th Jan 2009) says:

The essential elements of this training should be:

- How to prepare the correct dose of medication for ingestion or application
- How to administer medication that is not given by invasive techniques, including tablets, capsules and liquid medicines given by mouth, ear, eye; nasal drops; inhalers; and external applications
- The responsibility of the care worker to ensure that medicines are only administered to the person for whom they were prescribed, given in the right (prescribed) dose, at the right time by the right method/route
- Checking that the medication 'use by' date has not expired
- Checking that the person has not already been given the medication by anyone else, including a relative or care worker from another agency
- Recognising and reporting possible side effects
- Reporting refusals and medication errors
- How a care worker should administer medicines prescribed 'as required', for example, pain killers, laxatives
- What care workers should do when people request non-prescribed medicines
- Understanding the service provider's policy for record keeping

This course has been designed to deliver training on these essential elements.

Task 1



Why do you think it is important to complete medication training?

Legislation and Medication

Medication if used correctly can cure illness, relieve symptoms, prevent disease or if misused can cause injury or worse. The presence of Legislation and Guidance allows for the safe administration of medication. There are a number of Acts that relate to medication and they are regularly reviewed and updated.

As a care worker you should be aware of the legislation and guidance that governs the safe handling, administration, and disposal of medication.

Medicines Act 1968 + amendments

This act regulates the drugs that can be used as medicines.

The Medicines Act defines the three categories of medicines:

General Sales List medicines (GSL) – medication that can be sold in any shop (e.g. pharmacy, supermarket, corner shop etc.) without a prescription.

Pharmacy Medicines [P] – medicines that can only be sold in a pharmacy under the supervision of a pharmacist.

These medicines can include larger pack sizes or different strengths of some GSL medicines.

For example

16 Paracetamol 500mg Tablets are a [GSL] medicine and
32 Paracetamol 500mg Tablets are a [P] medicine

Prescription Only Medicine [POM] - medicines which may only be obtained with a valid prescription. Some **Prescription Only Medicines** are further classified as **Controlled Drugs [CD POM]** which have stringent regulations regarding prescribing, supply, and destruction.

Point to remember

Prescriptions can be written for [GSL], [P], [POM] and [CDPOM] Medicines

As a Care Worker you are only allowed to administer medication that has been supplied via a prescription.

Misuse of Drugs Act 1971 (Controlled Drugs) and amendments

This Act regulates Controlled substances.

Health and Safety at Work Act 1974

This Act requires the control of risk within the workplace.

Access to Health Records Act 1990

This act establishes a right of **access to health records** by the individuals to whom they relate and other persons.

Control of Substances Hazardous to Health Regulations 1999 (COSHH)

These regulations require that any hazards are identified and assessed for risk.

Hazardous Waste regulations 2005

These regulations set out the regime for the control and tracking of **hazardous waste** in England and Wales.

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) as amended.

Care Quality Commission (Registration) Regulations 2009 (Part 4) as amended.

CQC Guidance for providers on meeting the regulations (February 2015) replaces CQC'S Essential Standards of quality and safety.

NICE 'Managing medicines for adults receiving social care in the community' (NG67, March 2017). This guidance covers medicines support for adults (aged 18 and over) who are receiving social care in the community.

Data Protection Act 2018 (UK 2021 Update) The Data Protection Act 2018 has been amended to be read in conjunction with the new **UK-GDPR** instead of the EU GDPR. It is the UK's data privacy law that governs the processing of personal data from individuals inside the UK.

Task 2



Read the two statements below and write down what they might mean to you as a Care Worker administering medication.

"Anyone can administer a prescription medicine to another person provided it is in accordance with the directions of a Prescriber"

"Medicines prescribed for a person are that person's property"

Task 3



Both **General Sales List Medicines** and **Pharmacy Medicines** can be bought "over the counter". They are sometimes referred to as **OTC** medicines or **Homely Remedies**. Some Service Users may arrange to buy OTC or Homely Remedies.

What are the possible consequences of taking over the counter medication with prescribed medication?

The Safe Handling and Administration of Medication is governed by a Policy

The East Riding of Yorkshire Council Adult Services has worked in partnership with the NHS East Riding of Yorkshire to produce a medication policy.

**Joint East Riding of Yorkshire Council Adult Service and
NHS East Riding of Yorkshire Policy
"Administering Medication Safely in the Home Care Sector"**

This policy has been written by East Riding of Yorkshire Council Adult Services and East Riding of Yorkshire Clinical Commissioning Group in consultation with Community Wellbeing Teams, Short Term Assessment and Reablement Service and Independent Care Providers.

Task 4



Where is the policy kept in your organisation?

What is your organisations procedure for informing you of updates to the Policy or procedures?

Discuss with your line manager and make brief notes on your organisations Procedures for Safe Handling and Administration of Medication in line with the Joint Policy.

Task 5



Find where the following are mentioned in the **Joint ERYC Adult Services and NHS ERY Policy “Administering Medication Safely in the Home Care Sector”**:-

Item	Subsection Number
Section 1 – Policy	
Scope	3
Roles/Responsibilities/Duties – Service User	6.1
Roles/Responsibilities/Duties – Domiciliary Care Workers (Community Support Workers and Domiciliary Care Workers)	
Section 2 – Procedures	
Assessment - Assessment Outcomes	
Assessment – Types of Support	
Capacity and Medicines Administration	
Support for Self Care (Non-prescribed or Over the Counter Medication)	
Domiciliary Medication Administration Record (DomMAR)	
Administration Procedure	
Refusal	
Disposal of Medication	
Training Care Workers to Safely Administer medication	

Use the lines below to take note of any part of the Policy you would like to discuss on the training day	

Responsibilities

As a Care worker it is important to understand the roles and responsibilities of all the people involved in a Service User's medication.

The Joint Policy States:

6 ROLES/RESPONSIBILITIES/DUTIES

6.1 SERVICE USER

6.1.1 The level of responsibility for medication assumed by an individual service user will depend on their ability to manage this aspect of their life.

6.1.2 The Medication Risk Assessment for Domiciliary Care Providers, which includes the Fullers Self-Medication Risk Assessment tool, (Appendix 1) will identify the level of assistance required.

6.1.3 If assistance with medication is required then the service user must provide DCA with access to the prescription, medicine, and other relevant information and if they have capacity consent must be given to assist with medication.

6.1.4 If support is required for ordering repeat medications, and the DCA has been identified as giving that support, then consideration should be given to allow the care agency to order medication on-line from the service user's GP. This would require the service user to allow third party access to their patient record.

6.2 EAST RIDING OF YORKSHIRE COUNCIL ADULT SERVICES COMMUNITY WELLBEING TEAM (CWT)

6.2.1 Adult services worker undertakes Adult Assessment in accordance with The Care Act 2014. If support with medication is identified as part of the assessment process, Adult services worker to undertake the Medication Risk Assessment and Fullers assessment (or agreed risk assessment).

6.2.2 Use this risk assessment to identify what support with medication the service user needs. The score should guide the decision to the support required. It is important that responsibility for managing medicines is NOT taken away from the service user unless the assessment indicates a

need. Independence in taking medication should be supported where possible

- 6.2.3 Identify the appropriate type of support (defined in section 2 – 1.1.7) and records this in the support plan.
- 6.2.4 Liaise with health care professionals as appropriate to confirm medication requirements, any allergies, special storage, or administration details etc.
- 6.2.5 Completes a domMAR Request Form and sends this to the GP, community pharmacy and/or dispensing practice commissioned by ERY CCG to provide the Medicines Record Chart for Carers service (Service specification B1)
- 6.2.6 If a service user has been assessed as lacking the mental capacity to make decisions around their care and support needs, then decisions need to be made in the persons best interests. If the person does not have a legal representative (e.g. Lasting Power of Attorney, Health and Welfare Deputy) who is able to make health and welfare decisions on their behalf the Adult Services worker must ensure that the person has an advocate or other appropriate person to support them. The best interest decision around taking/ administering medication is made by a health care professional (e.g. GP) and must follow the statutory principles in the Mental Capacity Act (2005) Code of Practice.
- 6.2.7 The CWT continues to hold responsibility for ensuring that care and support reviews are conducted whenever there is a significant change in the service user's circumstances. Where there are no change reviews must take place every 12 months.

6.3. EAST RIDING OF YORKSHIRE COUNCIL BUSINESS MANAGEMENT AND COMMISSIONING UNIT

- 6.3.1. Ensures that regular audits are carried out to ensure that DCA are complying with this policy.
- 6.3.2. Ensure regular checks are made to ensure that Domiciliary Care Agencies employ only domiciliary care workers with appropriate training if involved with medication support and that records are up to date for this training and associated competency assessments have been completed.

- 6.3.3. Ensures that the agreed and documented level of assistance is provided to the service user on a day to day basis.

6.4. DOMICILIARY CARE AGENCY (INCLUDING COMMUNITY SUPPORT SERVICES)

- 6.4.1. Ensures that this Policy is implemented in their service.
- 6.4.2. Facilitates training for domiciliary care workers by ensuring that the DCA follows a recognised training, which ideally should be the Train the Trainer package for domiciliary care, in accordance with this policy and associated Standard Operating Procedures (SOPs)
- 6.4.3. Maintains records of staff training and competencies for the safe administration of medication.
- 6.4.4. Provides the agreed and documented level of assistance to the service user on a day to day basis.
- 6.4.5. Ensures that medication is administered from the original pharmacy filled container and that this is recorded on a domMAR by trained and competent staff
- 6.4.6. Ensures that if a medication is prescribed mid cycle this is (in order of preference and risk):
1) Ideally, added to the existing domMAR **or**
2) A second domMAR is obtained **or**
3) Where the above is not possible, for example Out of Hours when the pharmacy is closed, the DCA directs the carer to handwrite a temporary domMAR chart, ensuring that the carer follows the agreed process (see Appendices 3&4)
- 6.4.7. Ensures that care workers are able to prioritise their visits for people who need support with time-sensitive medicines (7 R's)
- 6.4.8. Has robust processes in place for handling urgent changes to a service user's medicines from a prescriber, received preferably via secure email, safe-haven fax or verbally in an emergency, including :
 - Recording details of the requested change (including who requested the change, date and time of request and who received the request

- Ensuring that a second member of staff is present to verify transcription/transfer of information the request

And where instructions are given verbally

- Reading back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling of the medicine)
- Ensuring that a second member of staff is present to verify the information e.g.by speakerphone

6.4.9. Monitors and reviews the service provided via regular audit of domMAR charts

6.4.10. Informs the Adult Services Team of any significant change/s that may trigger the need for a review.

6.4.11. Ensures that incidents and 'near-misses' are recorded appropriately and used as a learning tool to improve the service. See example of incident reporting form Appendix 8.

6.4.12. Takes responsibility for resolving problems and investigating incidents. Where necessary specialist support should be involved in these investigations and learnings disseminated to all parties.

6.4.13. Takes responsibility for reporting to CQC and Safeguarding where appropriate

6.5. DOMICILIARY CARE WORKERS (COMMUNITY SUPPORT SERVICE AND DOMICILIARY CARE WORKERS)

6.5.1. Domiciliary care staff should only assist with medication where they have the required training and they are competent to do so. This includes support with opening bottles or passing inhalers etc.

6.5.2. It is the responsibility of domiciliary care workers to follow the support plan and administer/record medication in line with this Policy using a domMAR chart or handwritten chart as appropriate.

6.5.3. If there is any doubt about the capacity of the service user then the care worker should NOT administer the medication. The care worker should document the refusal on the domMAR and report immediately to their line manager for further advice. The person's GP or appropriate professional should be contacted.

- 6.5.4. Domiciliary care workers should report any concern to their line manager and document in the support plan, ensuring that the concern is logged in the DCA's incident reporting system
- 6.5.5. Domiciliary care workers should not undertake any duties which fall within the responsibility of the Nursing service (e.g. sutures or catheter removal) or Primary medical services.
- 6.5.6. DCWs must not make any clinical decisions or judgments (e.g. increase or change of dosage) regarding the administration of medication. If there is any change of circumstances relating to a service user's medication, the DCW must report it to their duty manager or a health professional or a nominated person (e.g. next of kin).

6.6. GENERAL PRACTITIONERS(GPs)

- 6.6.1. GPs have a duty of care for all of their listed patients to provide general health and medical care or refer for specialist health care or social care.
- 6.6.2. In looking after an individual's health and wellbeing, the GP or other non-medical prescriber will prescribe medication to their patient to prevent, treat or relieve medical conditions. It should be noted that individual service users might also receive medication prescribed by specialists who might have been supplied to them in hospital. Within primary care, other professionals may be involved in prescribing for service users – e.g. Dentists, suitably qualified nurses, pharmacists, or physiotherapists.
- 6.6.3. GPs should record details of the service user's medicines support and who to contact about their medicines (the service user and their DCA) in their medical record, when notified that the person is receiving medicines support from a social care provider. This information is available on the domMAR request form. The details should be immediately obvious to anyone accessing the patient's record by adding an alert, reminder or "Pop-up box". Such support should be Read coded – **SystemOne: XaN5J** – needs domiciliary care work to administer
Emis Web: 8BML – needs domiciliary care worker to administer

6.6.4. Prescribers should communicate any changes to a service user's medication (e.g. when stopping or starting a medicine) by :

- Informing the service user and their named contact
- Providing written instructions of the change or issuing a new prescription
- Informing the service user's supplying community pharmacy and DCA.

Any changes in medication, where there is a need to avoid delays in treatment or avoid confusion, should be made preferably by secure e-mail or safe-haven fax.

6.6.5 GP Practices should consider identifying at least 2 members of the administration team to be responsible for managing the prescription process for domiciliary care patients requiring domMAR charts

6.6.5. Provide clear written directions on the prescription to show how each prescribed medicine should be taken or administered, including:

- What dose should be administered?
- For 'when required' medicines when there is no alternative: What the medicine is for?
- What exact dose should be administered (for example, avoid 1 or 2 tablets) unless the person can direct the care worker to the dose needed?
- For external medicines, on what area of the body to be applied.
- The minimum time interval between doses
- The maximum dose to be taken in a 24-hour period

6.6.6. It is recommended that Practice or PCN pharmacists should conduct a medication review, structured where appropriate, at least annually or sooner if needed and communicate any changes as above.

During the review, ensure all repeat medications are effective and necessary, reducing any inappropriate polypharmacy. Where possible, use once or twice daily formulations to reduce the number of care calls required.

6.7. DISPENSERS (INCLUDING COMMUNITY, HOSPITAL AND GP DISPENSARIES)

6.7.1. Dispensers have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers and in a timely manner

- 6.7.2. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling, ensuring the expiry date is included on all cut or loose foil strips.
- 6.7.3. Additionally, pharmacists have a responsibility to ensure that a patient or carer receives appropriate information and advice to support them in gaining the best effect from any medicines supplied. This will include annotating the domMAR on the best time of day to administer the medication, for example morning, lunch, tea, evening, which will need collaboration with the DCA to fit within the care call window.
- 6.7.4. Upon receipt of a domMAR Request Form, community pharmacies / dispensing practices and local hospitals participating in the NHS England – Local Enhanced Service are to produce the domMAR chart in accordance with the prescription. The patient record should be marked accordingly so future dispensing is accompanied by a domMAR chart.
- 6.7.5. Check if any changes or extra support may be helpful for example by checking if the person's medication regimen can be simplified, if any medications can be stopped or if there are any formulation changes needed
- 6.7.6. Where half a tablet is prescribed, and there is no licensed alternative available, the dispenser will supply a tablet cutter.
- 6.7.7. Where a tablet requires crushing, and there is no licensed alternative available, the dispenser will supply a tablet cutter.
- 6.7.8. Liaise with the prescriber where prescription details are ambiguous and do not give sufficient information to the carer to safely administer the medication
- 6.7.9. For a mid-month medication, for a patient who the pharmacy is aware already has a domMAR in place (in ascending order of risk):
- The original DomMAR should be returned to the pharmacy and the mid-month medication added
 - Where it is not possible for the original domMAR to be brought into the pharmacy, they will provide a second domMAR chart and write "Supplementary Chart" on the

front of the chart to ensure that the carer is aware that this is an additional chart for the same person.

- 6.7.10. For a mid-month medication, liaise with the patient or carer to, ensure that the new medication is collected in time, or delivered by the pharmacy where there is an agreement to do so .
- 6.7.11. Supply a patient information leaflet for every dispensed medication in line with the Human Medicines Regulations 2012.
- 6.7.12. Provide ongoing advice and support about a person's medicines including non-prescribed medication.
- 6.7.13. Complete an incident form when necessary and appropriate e.g. where a DCA has been informed that there is a medicine to collect and they have not done so in an appropriate timescale.

6.8. NURSING PERSONNEL

- 6.8.1. Provide nursing and clinical care to individual service users, e.g. caring for wounds, pressure sores and the change of dressings or with invasive procedure such as injections and bladder irrigations and matters relating to feeding tubes.
- 6.8.2. During the above provision, monitor the health status of the individual and report any change in circumstances to the GP.
- 6.8.3. Specialist nurses e.g. stoma nurses, palliative care nurses or continence advisors will similarly provide nursing and clinical care to individual service user and support to their family. These specialist nurses will support and educate the service user and carers in coping with their particular condition and assist them in dealing with equipment or the drug treatment or therapy necessary to the condition.
- 6.8.4. There may be some instances when some procedures normally done by nursing personal can be done by carers. These are classed as Specialised Techniques (see Section 2 – 1.3.3) and would be specific to the patient and carer. The health care practitioner would need to train the carer to undertake the task, e.g. administering insulin or simple wound dressing.

Task 6



Discuss with your Line Manager and make notes on your role and responsibilities as a Care Worker.



Task 7

Answer the following questions about Responsibilities

Who is responsible for providing general health and medical care to a Service User?

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Who obtains and records the Service User's consent to administer medication?

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If you, as a Care Worker, have a concern about a Service Users medication:

- Who do you report your concern to?

.....

- How do you record your concern?

.....

Do Care Providers have the responsibility to facilitate the training of Care Workers and to keep records of staff training?

(Circle the correct answer) YES / NO

Can an Unpaid Carer only retain responsibility for evening medication, where Paid Care Workers are responsible for Morning and Lunch Time Medication?

(Circle the correct answer) YES / NO

How does a Care Worker know that the Service user needs assistance with medication?

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What Comes Next?

The next part of your training will take place on the training day.

To obtain the maximum benefit from the training it is important that you complete this booklet and bring it with you on the day.

The day will start with discussions based on this booklet and it will be referred to throughout the training.

If you do not bring this booklet with you to the training, you will not be allowed to participate and will be marked as a non-attendee.

The training will cover aspects of

- ❖ Independence and Choice
- ❖ Legislation and Medication
- ❖ Policy and Procedure
- ❖ Types of medication
- ❖ Routes of Administration
- ❖ Recording Administration
- ❖ Practical demonstrations of administration

Following the Training you will receive a further booklet, the Post Workshop Booklet, in which your organisation can record your competencies and any refresher or additional medication courses you attend.

<u>NOTES</u>