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| C:\Users\lgraham\Pictures\Res Meds.jpg | ***Learner Resource*** |
| **Medication Management in Independent Care Sector Community Services** | |

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| --- | --- | --- |
| **Care Worker Name (Block Capitals)** | **Signature** | **Date** |
| **Line Manager Block Capitals)** | **Signature** | **Date** |

Version 1.0 – 08/2024

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# The Learner Resource

# Introduction

Welcome to Medication Management in Independent Care Sector Community Services. This course will equip you with the practice knowledge and skills to administer, record, safely store and dispose of medication in Community Services in line with local, national, and legal requirements.

This learner resource is to be used as part of the learning process. Within this learner resource you will find information, activities and direction to further help or information.

## Latest Version

Always check you have the latest version of the learner resource. The issue number and date appear on the cover page.

If you have been given this learner resource by your Senior, Supervisor or Manager, they will have checked it is the current version.

# General Procedures for the Administration of Medication

The following aim to provide you with information on how to administer the various types of medication. The information provided is generic, specific information on the administration of a medication can be found in its Patient Information Leaflet.

**Tablets and liquids**

1. Medications should be handled as little as possible. Measure out correct amount of liquid or remove tablets from a bottle or push tablet out of a foil (blister) strip onto a small plate for the service user to access.
2. Dispersible or soluble tablets should be placed in a suitable amount of water according to the Patient Information Leaflet.
3. Administer medication to the service user as laid out in the Support Plan.
4. As each medication is administered it should be recorded on the MAR.

**Oro-dispersible Tablets**

1. The tablet should be placed on top of the tongue and allowed to dissolve.
2. If the service user has a dry mouth, get them to moisten the area first with a little water before the tablet is applied.
3. Read the Patient Information Leaflet for specific information about administration.

**Buccal Tablets**

1. The tablet should be placed high up between the upper lip and the gum, to either side of the front teeth.
2. If the service user has a dry mouth, get them to moisten the area first with a little water before the tablet is applied.
3. The tablet should not be placed under the tongue, chewed, or swallowed.
4. Read the Patient Information Leaflet for specific information about administration.

**Sublingual tablets**

1. The tablet should be placed under the tongue.
2. If the service user has a dry mouth, get them to moisten the area first with a little water before the tablet is applied.
3. Read the Patient Information Leaflet for specific information about administration.

**Ear Drops**

1. Ask the service user to put their head to one side - left hand side if drops are to go in right ear or right-hand side if drops are to go in left ear.
2. Shake the container gently and remove container top.
3. Place the number of drops stated on the label into the ear canal – squeeze the container gently if needed.
4. Ask the service user to keep head to one side for 2 minutes to allow the drops to get into the ear.
5. Wipe the end of the nozzle with a clean tissue, replace top and store container upright.
6. Repeat steps 2 to 4 for the other ear if asked for on the label.

Ear Drops should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated.

**Eye Drops**

1. Ask service user to put their head back slightly.
2. Shake the container gently and remove container top.
3. Gently pull lower eyelid downwards and outwards
4. Place one drop in the space between the lid and the eye. Squeeze the container gently if needed. Do not let the dropper touch the eye.
5. Ask the service user to close their eye for 1 – 2 minutes to allow the eye drops to be absorbed.
6. Repeat in the other eye if stated on the label.
7. Replace the top and store container upright. Only store in the fridge if the label says to.
8. If there are two or more different types of eye drops to be given at the same time, the general rule is to wait a minimum of 5 minutes before giving the next type of eye drops. Please note it is advisable to seek advice from the pharmacy as this does vary dependent upon the type of eye drops. This should be reflected on the domMar, Personal Medication Administration record ( PMA) and in the care and support plan.

Eye drops should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated. (Eye drops may also come in Minims which are single dose vials).

**Eye Ointment**

1. Ask service user to put their head back slightly.
2. Remove container top.
3. Gently pull lower eyelid downwards and outwards
4. Place about ½ cm e.g., in the space between the lid and the eye. Do not let the container touch the eye.
5. Ask the service user to blink a few times to allow the ointment to work all over the eye.
6. Repeat in the other eye if stated on the label.
7. Replace the top.

Eye Ointments should not be used longer than directed by the Doctor and should be disposed of in line with product information, e.g. 4 weeks after opening, as they may become contaminated.

**Nasal Drops**

1. Ask service user to gently blow their nose and then to tip their head backwards slightly.
2. Shake the container gently and remove container top.
3. Ask the service user to close one nostril by gently pressing their finger against it.
4. Place the number of drops stated on the label into the open nostril.
5. Ask the service user to sniff gently to allow the drops get into the nostrils.
6. Repeat in the other nostril if stated on the label.
7. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Nasal Sprays**

1. If the spray is being used for the first time press spray several times into the air until an even spray is seen.
2. Ask service user to gently blow their nose and then to tip their head forwards slightly.
3. Shake the container gently and remove container top.
4. Keep the container upright, hold the container so that your thumb is underneath the container, and your middle and fore finger are either side of the nozzle.
5. Ask the service user to close one nostril by gently pressing their finger against it.
6. Keep container upright and insert tip of nozzle into open nostril then spray once.
7. Repeat another spray and in other nostril if stated on the label.
8. Wipe the nozzle with a clean tissue, replace top and store container upright.

**Creams, Ointments and Lotions**

In this section we are talking about Creams, Ointments and Lotions that are being prescribed for a medical condition and not being used as part of the daily personnel care for example moisturisers.

1. Check that the label states where the cream or ointment must be applied and how often.
2. Put on disposable gloves provided by your employer.
3. Shake container gently if needed and remove top from the container.
4. Gently rub in the cream, ointment or lotion as stated on the label. Emollients are absorbed better if applied to damp skin and in a downward motion.
5. Replace cap and store as stated on the label.
6. Wash and dry hands. It is important to be aware of the potential dangers of skin products.

**Emollients can transfer from the skin onto clothing, bedding, and bandages and can catch fire easily causing severe and fatal burns. Clothes should be changed and washed frequently to try to help reduce the build-up of emollient on them (but this may not remove the emollient completely so the danger may still remain) so it is important to stay away from naked flames and heat sources when using these products.**

**Patches**

1. Check that skin is clean and dry before applying patch.   
   If the skin does need to be cleaned, wash with water only and dry thoroughly.
2. Do not apply a patch straight after a bath or shower, wait until the skin is cool and dry. It is especially important to allow the skin to cool down as hot skin can absorb more of the medication in the patch and lead to an overdose.
3. Tear the pack open with your fingers along one edge and remove patch. Do not throw way the opened pack as this can then be used when disposing of the patch that you remove from the service user’s skin.
4. Remove used patch from skin and fold it firmly in half so that the sticky side sticks to itself. Place in empty opened packet. The patch can then be thrown away in the normal waste bin. Always do this before applying a new patch.
5. Peel the backing off the new patch.
6. When applying a patch, it must be placed on a different part of the body from where it was removed and not where the previous patch has been. The patient information leaflet will specify which area of the body to place the patch and how to rotate the position. Check your body map/patch chart to see where previously applied.
7. Place the patch (sticky side to the service user’s skin) onto the skin with the palm of your hand and hold for 30 seconds making sure it sticks well to the skin. Ensure the patch is applied to intact skin (i.e., not on broken skin).
8. Wash and dry hands.
9. If a patch falls off the skin before a change is due follow steps 1 to 8, record in diary sheets and contact your line manager.
10. Mark body map/patch chart with date and initials, if using.

**Mouthwashes**

1. Mouthwashes should not be swallowed. The label will state ‘FOR EXTERNAL USE ONLY’ or ‘DO NOT SWALLOW’.
2. Get a container ready for the service user to spit the used mouthwash into.
3. Pour out the required amount of mouthwash to be used.
4. Pass this onto the service user and ask them to rinse around their mouth for about a minute.
5. The service user should then spit out the mouthwash into a container.
6. If the service user complains that the mouthwash is stinging their mouth, then you can add an equal volume of water.

**Throat Sprays**

1. Pull out the spray tube in accordance with the directions in the Patient Information Leaflet.
2. Hold the container in your hand and put fore finger on the top.
3. If the spray is being used for the first time press spray several times into the air until an even spray is seen.
4. Ask the service user where their mouth or throat is sore and spray at that area.
5. Repeat for how many sprays are needed.
6. Wipe tube with a clean tissue.
7. Push spray tube back in and store container upright.

**Nebules**

1. Hole the nebule upright and twist off the top.
2. Pour the contents of the nebule into the container.
3. Ask the service user to place mask on face.
4. Switch on the nebuliser.
5. When all the liquid has been used (after about 5 minutes) switch off the nebuliser.
6. If there is more than one nebule to be given at one time put them into the nebuliser at the same time.
7. Remove the container; wash in water and leave to dry.

**Inhalers**

1. Service users may be able to use their own inhalers and if they are having difficulty their health care practitioner should assess their inhaler technique and may suggest an alternative inhaler.
2. If a care worker has any concerns over the service user’s ability to use their inhaler, they must report this concern to their line manager.
3. If care workers are required to assist a person to use their inhaler, they should read the patient information leaflet and follow the directions.
4. If a care worker is asked to administer a metred dose inhaler (MDI) they should request a spacer to be prescribed.
5. If the spacer device requires assembling the carer should do so following the

How to use:

* Take mouthpiece off the inhaler and shake device.
* Fit onto spacer.
* Press down once on top of the inhaler to release medication.
* Ask service user to breath out first.
* Pass device to service user to place in, or for mask-type spacers over, their own mouth (with inhaler still attached).
* Ask service user to take in one slow deep breath or 2-3 normal breaths to make sure the medication gets into the lungs.
* If a second dosage or puff is required wait one minute and repeat process.
* Wash the spacer once weekly by following the directions in the PIL and record in the support plan.
* Ensure each spacer is labelled with the service user’s name, for infection control. This need not be a dispensing label.

To reduce the chance of sore mouths and oral thrush, make sure the service user rinses their mouth out after using their inhaler.

# When Required Medication (PRN)

The term ‘PRN’ is often used to refer to medication that should be taken only when required or as needed.

To support the Domiciliary Care Worker to administer the medication safely the prescriber would need to indicate the following:

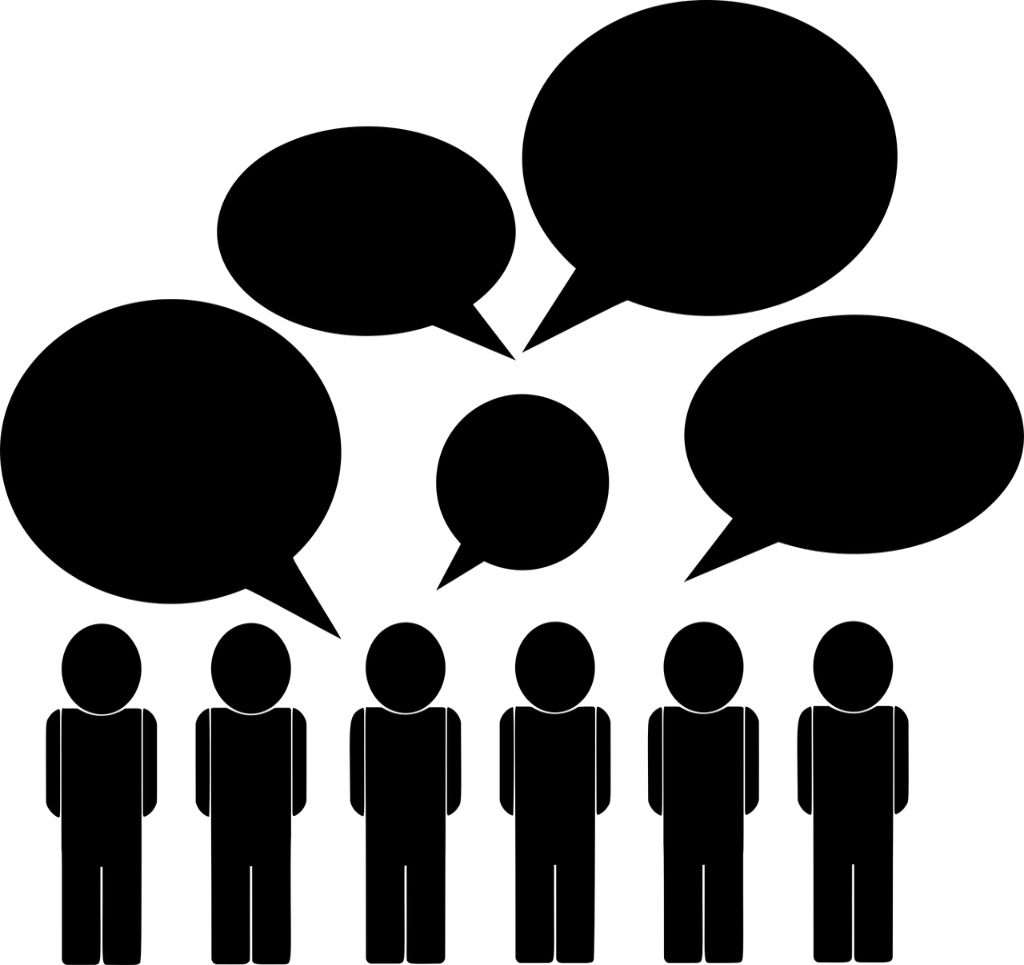
* When to give the medication including the indication e.g., for pain/constipation
* Quantity to be administered e.g. 5ml or 1 tablet.
* The dose e.g. up to four times a day
* The repeat dose interval e.g. not more than every 4 hours
* The maximum dose permitted within a 24-hour period.
* 1 or 2 tablets, 6 hourly prn, no more than 8 in 24 hrs, for pain.

Although, prescribers have been asked not to use variable doses e.g. 1 or 2 tablets, unless the prescriber is confident that the service user can direct the Domiciliary Care Worker to the dose they need.

Clear guidance on the use of PRN medicines should be available as part of the individual’s care plan.

**NOTES:**

# Activity 1 – Scenario 1

**Scenario 1: Mr A has had a stroke which has resulted in cognitive difficulties. The community team are visiting 4 times a day to assist with meals and medication. Mr A wants to regain some of his independence by trying to manage his own medication (self-administer).**

Should Mr A be encouraged or discouraged to self-administer? What needs to be considered when an individual manages (self-administers) their own medicines?

How might the community team assess Mr A’s readiness to regain his independence in managing his medication?

How can the community team support Mr A in learning to manage his medication safely?

How should the community team address any concerns or challenges Mr A may face in managing his medication independently?

Does Mr A’s family have a role to play in supporting his goal of regaining independence in medication management? If so, what?

# Activity 2 – Refusal of Medicines

**Case scenario 2:**

**Refusal of medicines.**

**A person you are supporting appears to be increasingly confused and has started to refuse their medicines.**

What factors should home care staff consider?

What should you do?

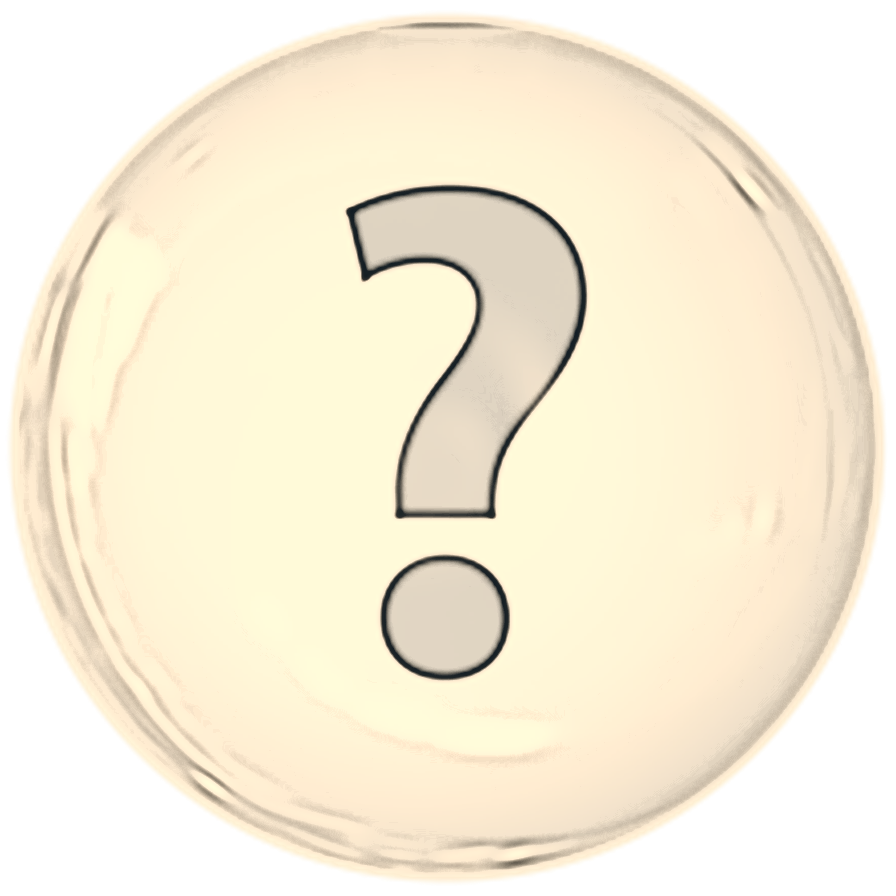
How can you approach the person to discuss their refusal of medicines in a sensitive and supportive manner?

What are some possible reasons why the person may be refusing their medicines?

Can the care staff administer medicines covertly and if so, what needs to be done to implement this?

Can the care staff crush medicines and add to food and if so, what needs to be done to implement this?

# Activity 3 – Covert Administration



What is Covert Administration?

When is it needed?

What are the problems?

If you have any concerns about the administration of medication, what should you do?

# Icon Description automatically generatedActivity 4 – Medication Errors Case scenario 3

**Case scenario 3: Medicines not taken at the correct time.**

**A member of staff is scheduled to visit an individual in the community who would normally take their evening medication at 9 pm. However, it has just come to light that the individual will not be home at that time, due to a social activity. The individual does not self-medicate.**

What is the first step the staff member should take when they realize the individual will not be home to take their medication at the correct time?

Should the staff member wait until the individual returns home to administer the medication (where possible, e.g. in Supported Living environments) or what course of action should they take?

How might the staff member ensure the individual receives their medication if they are not home at the scheduled time?

What steps should the staff member take to document this deviation from the normal medication schedule?

How can the team ensure that this deviation from the medication schedule does not occur regularly?

# What if … medication error

A screenshot of a computer screen

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A screenshot of a computer error

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These resources can be accessed via the following link [Resources for people working with Adults at risk of Harm (ersab.org.uk)](https://www.ersab.org.uk/news/resources-for-people-working-with-adults-at-risk-of-harm/)

# Next steps

You have now completed the medication management in Independent Care Sector Community Services training. You are now required to:

* Go to ASCleader to complete the post course assessment ([Course: Medication Management Hub (ascleader.co.uk)](https://www.ascleader.co.uk/course/view.php?id=289) This will record your pass mark and you are required to evidence this with your manager.
* Undertake competency observations with your line manager.
* Following completion of the above and satisfying the set criteria. Your manager will be able to sign off your training completion.

# Competency checks

## Tasks in Handling Medication

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Process** | **Care Workers Signature** | **Line Manager Signature** | **Date** |
| To refresh knowledge | Read the full Administering Medication Safely in Domiciliary Care policy |  |  |  |
| Order prescriptions from the service user’s doctors. | Demonstrate understanding of ordering process.  Demonstrate ability to order prescriptions in plenty of time |  |  |  |
| Arrange collection of prescription from the doctors to the pharmacy | Demonstrate understanding of collection services offered by pharmacies.  Demonstrate understanding of the importance of using the same pharmacy for all prescriptions |  |  |  |
| Collect prepared medication and Domiciliary Medication Administration Record chart (DomMAR) from the pharmacy | Demonstrate understanding of importance of DomMAR for recording help with medication.  Demonstrate understanding of the importance of collecting the medication and domMAR in good time so that medication does not run out |  |  |  |
| Store medication appropriately at the service user’s home | Demonstrate that medication is stored correctly.  Check fridge items are stored correctly |  |  |  |
| Recognise when it is necessary to contact the care workers line manager about medication | Demonstrate knowledge of procedure to be follow when care worker has a concern about a service user’s medication.  Demonstrate the ability to give a line manager clear information about a concern regarding medication.  Demonstrate the correct documentation of concerns about medication. |  |  |  |
| Recording accurately the administration of medication on the domMAR | Check procedure for recording the administration of medication.  On the domMAR |  |  |  |
| Return of a completed domMAR to Care Provider for Storage | Demonstrate knowledge of the procedure for returning a completed domMAR to the Care Provider for Storage |  |  |  |
| Recognising the types of medication administration that care workers cannot do without further specialized training | Demonstrate knowledge of the types of administration techniques that Care Workers are allowed to perform having completed Medication Training for Domiciliary care Workers.  Demonstrate an understanding that there are some Specialized Administration Techniques that will require further training before a Care Worker is allowed to perform. |  |  |  |
| Dispose of any medication as needed. | Demonstrate an understanding of why medication may need to be disposed of.  Demonstrate knowledge of the procedures for the disposal of medication. |  |  |  |

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| Medication Training Task in handling Medication Competency Completion Date : | |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager / Trainer (Block Capitals) | Signature |

## Administration Techniques

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Objective** | **Process** | **Care Workers Signature** | **Line Managers Signature** | **Date** |
| Administering oral medication to a service user | Demonstrate the correct procedure to administer tablets.  Demonstrate the correct procedure to administer soluble / dispersible tablets.  Demonstrate the correct procedure to administer liquids.  Demonstrate the correct procedure to administer sachets.  Demonstrate the correct procedure to administer buccal tablets.  Demonstrate the correct procedure to administer sublingual tablets |  |  |  |
| Administering medication via the eye | Demonstrate the correct procedure to administer eye drops from bottles and Minims.  Demonstrate the correct procedure to administer eye ointment |  |  |  |
| Administering medication via the ear | Demonstrate the correct procedure to administer ear drops |  |  |  |
| Administering medication via the nose | Demonstrate the correct procedure to administer nose drops.  Demonstrate the correct procedure to administer nasal sprays |  |  |  |
| Administering medication via the skin | Demonstrate the correct procedure to administer creams.  Demonstrate the correct procedure to administer ointments.  Demonstrate the correct procedure to administer lotions.  Demonstrate the correct procedure to administer Patches |  |  |  |
| Administering medication via mouthwashes | Demonstrate the correct procedure to administer.  mouthwashes |  |  |  |
| Administering medication via a throat spray | Demonstrate the correct procedure to administer.  Throat sprays |  |  |  |
| Administering medication from nebules | Demonstrate the correct procedure to administer.  nebules |  |  |  |
| Assisting to administer medication via inhalers | Demonstrate an understanding of the limitations for care workers to assist to administer via inhalers.  Demonstrate the correct procedure to assist to administer medication via inhalers |  |  |  |

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| Medication Training Administration Techniques Competency Completion Date: | |
| Care Worker Name (Block Capitals) | Signature |
| Line Manager (Block Capitals) | Signature |

## Record of Medication Management in Independent Care Sector Community Services

**Name of Care Worker:**

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| --- | --- | --- | --- | --- |
| **Refresher course due (mm/yy)** | **Refresher course completed on**  **(dd/mm/yy)** | **Course Provider / Trainer Name and Signature** | **Care Workers Signature** | **Line manager Signature** |
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## Record of Additional Training regarding Medication – including Specialized Techniques

**Name of Care Worker:**

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| **Date** | | | | **Title** | | | |
| **Description of Training and Objective** | | | | | | | |
| **Trainer’s name** |  | | **Qualification** | | |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | | | **Care Worker Signature and Date** | | **Line Manager Signature and date** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | | | **Title** | | | |
| **Description of Training and Objective** | | | | | | | |
| **Trainer’s name** |  | | **Qualification** | | |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | | | **Care Worker Signature and Date** | | **Line Manager Signature and date** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | | | **Title** | | | |
| **Description of Training and Objective** | | | | | | | |
| **Trainer’s name** |  | | **Qualification** | | |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | | | **Care Worker Signature and Date** | | **Line Manager Signature and date** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | | | | **Title** | | | |
| **Description of Training and Objective** | | | | | | | |
| **Trainer’s name** |  | | **Qualification** | | |  | |
| **Observation of Practice** | | **Trainer Signature and Date** | | | **Care Worker Signature and Date** | | **Line Manager Signature and date** |
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# Further Information and references

Carers involved in assisting people with dysphagia, with the preparation of thickened drinks and modified diets, should be adequately trained to ensure that they are safe to do so. By following this link, you will be able to access the Drinking and Swallowing Difficulties learning approach. [Course: ASC LeadER - Global Documents](https://www.ascleader.co.uk/course/view.php?id=3)

Nice guidance NG67 Managing medicines for adults receiving social care in the community [Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE](https://www.nice.org.uk/guidance/ng67)

Administering medication safely in the home care sector:

https://communitypharmacyhumber.co.uk/wp-content/uploads/sites/22/2022/05/1-medication-administration-in-the-home-care-sector-v2-82021.pdf

DomMEDs support service offers advice and guidance.

email address [necsu.dommedssupportservice@nhs.net](mailto:necsu.dommedssupportservice@nhs.net)

A useful website to find Patient Information Leaflets (PILs) is: <http://www.medicines.org.uk/emc/>

Other information:

[www.asthma.org.uk/advice/inhaler-videos/](http://www.asthma.org.uk/advice/inhaler-videos/)

<https://www.rightbreathe.com/>

NECS Medicines Optimisation Team provides information, guidelines, and resources to support safe, effective, and good value medicines used in primary care in the NHS across the North East, North Cumbria, Humberside, and parts of North & West Yorkshire. Although more specific for care homes, some useful information which applies to other services.

[Home - NECS Medicines Optimisation (necsu.nhs.uk)](https://medicines.necsu.nhs.uk/)

[Medication Support Service (MSS) ER – Community Pharmacy Humber](https://communitypharmacyhumber.co.uk/services-by-area/east-riding-of-yorkshire/medication-support-service-mss-er/)