

# Introduction to Medication Management

## for Care Workers in Adult Social Care Sector Residential Services

### PRE-COURSE INFORMATION BOOKLET

#### Important information for Care Workers

In order for you to gain the maximum benefit from this training you should:

- 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.
- Bring this booklet to the training day.

<b>Care Worker Name</b> (Block Capitals)	<b>Signature</b>	<b>Date</b>
<b>Line Manager or Organisations Trainer</b> (Block Capitals)	<b>Signature</b>	<b>Date</b>

## **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 Session

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

Explain why Medication Training is important to a care worker.

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 on the Training Day

**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 care homes (5<sup>th</sup> 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 and 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***

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

## Misuse of Drugs Act 1971 (Controlled Drugs) and amendments

This Act regulates Controlled substances.

## Regulation 13 (2010) Management of medicines.

*“13. The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for purposes of the regulated activity.”*

**Care Quality Commission (Registration) Regulations 2009.**

**Essential Care Standards of quality and safety 1<sup>st</sup> October 2010.**

This is a guidance designed to help providers of health and adult social care to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

**Health and Safety at Work Act 1974**

This Act requires the control of risk within the workplace.

**Control of Substances Hazardous to Health Regulations 1999 (COSHH)**

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

**Health & Social Care Act 2008**

**Access to Health Records Act 1990**

**Hazardous Waste regulations 2005**

**Mental Health Act 2007**

**The Care Act 2014**

**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.

**ERY CCG Protocol for Care Homes on the use of Homely Remedies and Guidance for Newly Found Wounds July 2021.**

**NICE Managing Medicines in Care Homes May 2020** - provides recommendations for good practice on the systems and processes for managing medicines in care homes.

<b><u>NOTES</u></b>

**Task 2**

Read the two statements below and discuss 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 want to use OTC or Homely Remedies.

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


Find out if care workers are able to administer Homely Remedies or OTC medication in your work setting


### **Administration of Medication**

Your organisation/care home will have produced standard operating procedures (a policy) for medication. Find out what this is called and add below.

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This document sets out how medication is to be handled within your Care Home.

## **Task 4**

Where are the standard operating procedures kept in your work setting and when did you last read them?


## **Roles and Responsibilities in Residential Care**

### **Residents**

The level of responsibility assumed by individual residents in respect of their medication will depend on their ability to control this aspect of their life. This will be determined during the assessment process. Where a resident is able to manage any aspect of their own medication, they must be encouraged to do so. If assistance with medication is required, the resident must provide care staff with access to the prescription, medicine, and other relevant information; if they have capacity, consent must be given by the resident for assistance to be given with their medication.

### **East Riding of Yorkshire Council Community Wellbeing Team**

- Carries out a Fullers self-medication risk assessment (see appendix 1) as part of the normal assessment process.
- Identifies the appropriate level of support (defined in section 4) and records this in the support plan.
- Obtains and records the resident's (or advocate's as appropriate) consent to the support plan.
- Liaises with health professionals as appropriate to confirm medication requirements, special storage or administration details etc.

### **Residential home manager**

- Ensures that the procedures are implemented in their service and undertakes random audits each month to ensure compliance.
- Ensures that systems are checked and reviewed and that stock-taking procedures are in place.
- Ensures that the agreed and documented level of assistance is provided to the resident on a day-to-day basis.

- Ensures that medication is administered from the container, as supplied by the community pharmacy, and is recorded on a Medication Administration Record (MAR) by trained and competent staff.
- Monitors and reviews the service provided.
- Ensures the Community Wellbeing Team / GP / health professional are informed of any significant changes that may trigger the need for a review.
- Ensures that incidents are recorded and reported appropriately and are used as a learning tool to improve the service.
- Ensures responsibility is delegated to senior care workers or designated officers.

## **Care workers**

It is the responsibility of care workers to follow the support plan and administer and record medication in line with these procedures. Staff should report any concerns to their line manager. Staff should only assist with medication where they have the required training and are assessed as being competent to do so.

## **Community pharmacists**

Pharmacists have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling. Pharmacists have a responsibility to ensure that a patient (resident) or carer receives appropriate information, patient information leaflets, and advice to support them in gaining best effect from medication. Pharmacists keep computerised records of the medication received on prescription. These records provide useful information and can indicate potential drug interactions. Pharmacists offer advice on many aspects of the use of medicine and carry out checks of the home's medication.

## **Health responsibilities**

General Practitioners (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. 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. GPs must carry out an annual medication review on each resident in a residential home. It should be noted that individual residents might also receive medication prescribed by specialists, which may have been supplied to them in hospital. Within primary care, other professionals may be involved in prescribing for residents - suitably qualified nurses and pharmacists are also able to prescribe.



## Nursing personnel

It is the responsibility of nursing personnel to provide nursing and clinical care to individual residents, e.g. invasive procedures such as injections, bladder irrigations, and matters relating to feeding tubes. During such provision, it is their responsibility to also monitor the health status of the individual. Nursing personnel will usually write their own records for medications/interventions and treatments they provide for the individual. Residential home staff are not required to sign the individual care home MAR for any medication the nursing staff administer. Nursing staff are also responsible for the training and assessment of care workers required to undertake level 3 administration of medication. Care staff should ensure good quality liaison between the care and nursing staff and write detailed records in the person's diary notes of treatment/medication received on duty, as appropriate.

### Task 5

Please answer the following questions about responsibilities:

- a) Where a resident is able to manage any aspect of their own medication then they should be encouraged to do so – please state one responsibility residents have with regard to their medication.


- b) Who obtains and records the Residents consent to the support plan?


- c) Whose role is it to ensure that medication procedures are implemented in their service and that random audits are undertaken each month to ensure compliance?

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- d) Community Pharmacists have a professional responsibility to provide medication prescribed by GP's and other recognised prescribers – please state one other responsibility that community pharmacists have.


e) Who has a 'duty of care' for all their listed patients to provide general health and medical care or to refer patients for specialist health care or social care?

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f) Who is responsible for the training and assessment of care workers required to undertake level 3 administration of medication?

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g) Make notes on your own role and responsibilities in your care setting.


h) If you, as a Care Worker, have a concern about a Residents medication:

- Who do you report your concern to?
- How do you record your concern?
- How are the outcomes of your concerns recorded?


i) Can a resident self-medicate?  
(Circle the correct answer)                      YES / NO

l. Care workers should only assist with the administration of medication where they have the .....  
and are assessed as ..... to do so.

## ***Task 6 Self Administration Procedures***

What happens in your workplace?






