

Administration of Medicines by Registered Domiciliary Care Agencies Contracted by Torbay and South Devon NHS Foundation Trust for Adults in Torbay

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Partners in Care

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1896 Medication Administration Records (MAR) in Care Homes and Domiciliary Care			

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1 Introduction

- 1.1 The aim of this policy is to provide guidance to enable the safe administration of medicines by registered domiciliary care agency workers in a service users own home contracted by TSDFT.

2 Statement/ Objective

- 2.1 This guidance supports Regulation 12 Safe care and treatment which service providers must meet under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This includes the requirement that providers must ensure ‘the proper and safe management of medicines’. All standards must be applied to all aspects of care including administration of medication.
- 2.2 This document is intended to give registered domiciliary care agencies a guide to good practice with respect to medicines administration.
- 2.3 This document is intended to provide agencies with a guide to good practice with respect to medicines administration in a domiciliary care setting. It covers:
- The three different levels of medicines support that workers might give
 - The difference between assisting someone with medicines and administering medicines to them
 - What sort of medicines training the domiciliary care workers should have
 - The equality and diversity issues that domiciliary care agencies need to consider
 - The safeguards that must be in place when care workers give medicines to people
 - Whether a care worker can mix medicines with food or drink
 - The pros and cons of Monitored Dosage Systems (MDS)
 - The medicines policies and procedures that the agency should have and the minimum standards in monitoring both by agencies and others

- 2.4 N.B. This guidance relates to registered domiciliary care agencies only. It does not apply to domiciliary care purchased from an unregistered source by individuals using direct payments or any other form of individual budget.
- 2.5 This guidance should be considered alongside national guidance and local policies from Social Service Departments and Health Teams when available to Care Providers.

3 Roles & Responsibilities

- 3.1 It is the responsibility of all TSDFT key workers and frontline staff to familiarise themselves with this policy. It will be imperative for all staff when completing an assessment to identify and record for the agency what medication level they will be working to. All Provider Information must reference either; Level 1, Level 2 or Level 3 where support with medicines is required.

4 Administration of Medicines in Domiciliary Care

4.1 Regulations

4.1.1 Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of service users and to meet their needs;

4.1.2 The registered domiciliary care agency's medicines policy should provide guidance to staff on the safe managements and administration of medicines.

4.1.3 Agencies should ensure that they are able to respond to any reasonable request by officers and staff of the Trust to provide records that will demonstrate evidence of compliance and Service User safety

4.2 Definitions

4.2.1 The following descriptions define what assisting with medicines means and what administering medicines means:

- When a care worker assists someone with their medicine, the service user must indicate to the care worker what actions they (the care worker) are to take on each occasion, i.e. 'can you open this bottle please' (but service user pours out required amount) or 'can you pop this pill out of this packet please'
- If the service user or person is not able to do this or if the care worker gives any medicines without being requested (by the service user) to do so, this activity must be interpreted as administering medicine. This includes if the service user expresses any doubt or hesitation regarding the dosage.

4.3 General rules for adult service users

4.3.1 Adults supported in their own homes by a domiciliary care agency will normally be responsible for their own medicines, both, prescribed and non-prescribed. Some service users are able to fully administer their own

medicines, others will require varying levels of support. In some cases, the level of support required for medication will be substantial.

4.3.2 Care workers may administer prescribed medication (including controlled drugs) to another person with their consent, provided this is done in accordance with the prescriber's directions (The Medicines Act 1968). However, when medication is given by invasive techniques, care workers will need additional specialist training. This must be patient specific.

4.3.3 In every service where care workers administer medicines they must have a Medication Administration Record (MAR). This must detail:

- Which medicines are prescribed for the person (this must include drug name, strength and quantity)
- When they must be given and frequency
- The Dose of Medicines
- Route of administration
- Any special information, such as giving the medicine with food.

4.3.4 Care workers should not offer advice to people about prescribed medicines, over-the-counter medication or complementary treatments.

4.3.5 The registered domiciliary care agency is responsible for agreeing the level of support required with the key workers and ensuring that the appropriate record keeping and training needs are met. The person's care plan will require regular review as their needs change. Where the patient's capacity to make decisions about their care is in doubt the agency must refer back to the key worker to ensure a Mental Capacity Act Assessment is undertaken.

4.3.6 The agency should also take into account the patient's preferences and cultural/ religious beliefs and is responsible for recording agreement or otherwise within the care plan.

4.3.7 Where multiple agencies are contracted to provide services, an agreement regarding which agency holds the responsibility for support with medication will be required. Where possible, one agency should be responsible for support with medication to minimise the risk of errors. Clear communication channels between agencies must be agreed to ensure appropriate care is provided and so information can routinely be shared between the agencies and also with any other appropriate professional.

4.3.8 A care worker should not mix medicine with food or drink if the intention is to deceive someone who does not want to take the medicine. This is called 'covert administration'. The exception to this is when a medical practitioner states that the person lacks 'capacity to consent to treatment' in accordance with the guidelines in the Mental Capacity Act and a medical practitioner has determined that the medicine is essential to their health and well-being. For more information refer to the Mental Capacity Act and Code of Practice.

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4.3.9 If the decision is taken to give a medicine covertly then the decision must be taken by the person's doctor because it is in their best interests. This should be clearly documented in the care plan notes and the decision should be regularly reviewed. It is not good practice to crush tablets or open capsules unless a pharmacist informs you that it is safe to do so. Many medicines are not suitable for crushing or dissolving with water. In these cases the GP must be made aware of this practice as it will alter the licenced nature of the drug.

4.3.10 When a service user has difficulty swallowing, it may be necessary to crush tablets if there is no liquid alternative. The prescriber or pharmacist must be contacted before medicines are crushed. Some medicines must not be crushed or dissolved in water before taking. The prescriber may wish to review the patient's medication before giving an instruction to crush a tablet.

4.3.11 Providers should notify a person's general practice and supplying pharmacy when starting to provide medicines support, including details of who to contact about their medicines (the person or a named contact).

4.4 Level 1: General Support also called Assisting with Medicine

4.4.1 General support is given when the service user takes responsibility for their own medication and particularly when they contract the support through Direct Payments or any other form of Individual Budget. In these circumstances the care worker will always be working under the direction of the person receiving the care. This does not however alter the level of medicines support needed.

4.4.2 The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy/dispensing GP surgery
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
- An occasional reminder from the care worker to an adult to take their medicines.
- A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should trigger a review of the person's care plan.
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request and direction of the person and when the care worker has not been required to select the medication.
- Any indication of confusion or lack of clarity by the person over the medicines or dosage to be taken indicates that the person requires a higher level of support. The care worker should contact their line manager to request a review.

4.4.3 General support needs should be identified at the care assessment stage and recorded in the person's care plan. Ongoing records will also be required in the continuation notes when care needs are reviewed. Where equipment to assist opening bottles or containers is assessed as necessary, and where

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there is no other appropriate medication option, these aids should be sourced by the service user, their family, an advocate or a care agency on their behalf.

4.4.4 If, after assessment by a Community Pharmacist under the Disability Equality Duty imposed on them as part of the Equality Act 2010 it is decided that a compliance aid is the most appropriate way of administering medicines, then this should be considered.

4.4.5 The compliance aid or MDS must be dispensed and labelled at a pharmacy under the supervision of a registered pharmacist. The service user may qualify for a free service from a community pharmacist if they meet the criteria (defined in the community pharmacy contract) under the Disability Discrimination Act. If a pharmacist cannot dispense the MDS, the agency should clarify that the arrangements put in place to ensure that medicines are taken safely are suitable and minimise the potential for error.

4.4.6 Agency staff should not request that a pharmacist or dispensing doctor to provide a service user's medication in a MDS. Any such requests, which would require re-assessment, should be referred back by agency management to the appropriate Trust zone team.

4.5 Level 2: Administering Medication in accordance with the MAR chart

4.5.1 The care assessment made by TSDFT and the agency identifies that the service user is unable to take responsibility for their medicines. This may be due to impaired cognitive function but can also result from a physical disability.

4.5.2 The need for medication to be administered by agency staff should be identified at the care assessment stage and recorded in the person's care plan. Ongoing reviews of this need will also be required in the continuation notes.

4.5.3 The service user must agree to have the care worker administer medication and consent should be documented in the person's care plan. If an adult is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual.

4.5.4 Administration of medication may include some or all of the following:

- When the care worker selects and prepares medicines for immediate administration, including selection from a MDS or compliance aid (without direction from the service user)
- When the care worker selects and measures a dose of liquid medication for the person to take
- When the care worker applies a medicated cream/ ointment; inserts drops to ear, nose or eye; and administers inhaled medication
- When the care worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence
- When a care worker has to remind the service user to take their medication on a daily basis. The need to do this highlights that the service user is not able to manage their own medication

4.5.5 The registered domiciliary care agency should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. The agency's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so. Records of training should be kept and regularly updated

4.5.6 Domiciliary care workers should only administer medication from the original container, dispensed and labelled at a pharmacy, under the supervision of a registered pharmacist. This may include MDS and compliance aids. A care worker must only administer medicines prepared in a MDS if it has been prepared and supplied by a pharmacy, under the supervision of a registered pharmacist.

4.5.7 Service users discharged from hospital may have medication that differs from those retained in the home prior to admission. The agency should obtain confirmation of current medication from the service user's GP if there are any discrepancies. This should be done as soon as possible to avoid delayed or missed doses of medicines.

4.6 Level 3: Administering medication by specialised techniques

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

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by injection
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Nebulised therapy
- Oxygen therapy

4.6.2 This must be documented and signed by both the registered professional and the care worker. All competency documentation must have a review date and state who is responsible for each task. This training and competency assessment will always be service user-specific. A care worker delegated to provide such care for one service user is not authorised to provide similar care to another service user without further delegation, training and competency assessment.

4.6.3 If the task is to be delegated to the domiciliary care worker, the named registered healthcare professional must train the care worker and be satisfied they are competent and confident to carry out the task. It is usual that competence will be reassessed by the registered healthcare professional at

regular and agreed intervals. The registered healthcare professional retains the accountability for delegating the task and any ongoing monitoring that is required.

4.6.4 One care worker is not authorised to delegate to other care workers

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4.6.5 The registered domiciliary care agency medicines policy must ensure that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent or confident to do so.

4.7 Training for domiciliary care workers

4.7.1 Domiciliary care staff must be trained to at least the same standard for care workers in a care home because people in a domiciliary care setting are more vulnerable than those in a care home.

4.7.2 When a service user's needs mean the care worker needs to administer medicines, training in safe handling of medicines is essential. The domiciliary care agency should provide a training package that will meet the needs of care workers and service users. 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 and patches
- The responsibility of the care worker to ensure that medicines are only administered to the service user for whom they are prescribed, given in the correct (prescribed) dose, at the correct time by the correct 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 by checking the MAR chart and through other agreed channels
- Recognising and reporting possible side effects
- Reporting refusals and medication errors
- How a care worker should administer and record 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
- Ensuring good infection control practices are adhered to, to include, for example, washing of hands prior to administering any medicine and having an available supply of Personal Protective Equipment (PPE)

4.7.3 The agency is responsible for ensuring the accreditation and qualifications of the trainer and obtaining evidence that the trainer has appropriate knowledge in the subject of medicines handling in domiciliary care and has relevant, current experience of handling medicines.

4.7.4 The agency must establish a formal mechanism to assess whether a care worker is sufficiently competent in medication administration before being assigned the task.

4.7.5 Regional Office of Skills for Care can assist care providers in identifying suitably accredited training organisations. Support should also be available from the local Social Services Authority and/or Health Organisations and National Organisations such as UKHCA.

4.8 Policy and Procedures

4.8.1 The domiciliary care agency must have a clear, comprehensive written medicines policy to support care workers to administer medicines safely.

This must cover the following topics:

- The appropriate level of medication administration and the skills needed to perform such duties
- The limitations of assistance with prescribed and non-prescribed medication
- Which healthcare tasks the care worker must not undertake without specialist training / delegation
- Detailed procedures for safe handling of medication, including requesting repeat prescriptions; collecting prescriptions and dispensed medication; procedure for administration, including action should the person refuse the medication; records of medication procurement, administration and disposal (return); procedure for removal of unwanted medication; procedure to deal with a medication error

4.8.2 The registered domiciliary care agency with the key worker should determine and document the following in the service user's care plan:

- The nature and extent of help that the service user needs
- A current list of prescribed medicines for the service user, including the dose and frequency of administration and the method of assistance; Details of arrangements for medication storage in the service user's home and access by the service user, relatives or friends
- A statement of the person's consent to care worker support with medication

5 Training

5.1 Domiciliary care agencies are responsible for organising training to support staff in the safe and competent administration of medicines. There should be regular updates and records of training kept.

6 Monitoring, Auditing, Reviewing & Evaluation

6.1 This policy will be reviewed in February 2018 or sooner as any regulatory or contractual changes may dictate.

7 References

7.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

7.2 Information about the Mental Capacity Act
<http://www.cqc.org.uk/content/about-mental-capacity-act>

7.3 Nice Guidance: NG67 - Managing medicines for adults receiving social care in the community
<https://www.nice.org.uk/guidance/ng67/chapter/Recommendations>

7.4 Delegation of Level 3 tasks to Skilled Not Registered (SNR) workers not employed by Torbay and South Devon Health and Care Trust Policy

7.5 Medicine Administration Records (MAR) in Care Homes and Domiciliary Care for

8 Distribution

This policy will be available to staff via The Torbay and South Devon Foundation NHS Trust website and distributed to registered domiciliary care agencies.

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Infection Control

All staff will have access to Infection Control Policies and comply with the standards within them in the work place. All staff will attend Infection Control Training annually as part of their mandatory training programme.

Rapid (E)quality Impact Assessment (EqIA) *(for use when writing policies)*

Policy Title (and number)		Version and Date	
Policy Author			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.			
Who may be affected by this document?			
Patients/ Service Users <input type="checkbox"/>	Staff <input type="checkbox"/>	Other, please state... <input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?			
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>			
Age	Yes <input type="checkbox"/> No <input type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Sexual Orientation	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Religion/Belief (non)	Yes <input type="checkbox"/> No <input type="checkbox"/>
		Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)			Yes <input type="checkbox"/> No <input type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'.			
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion			
Is inclusive language ^b used throughout?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ^b ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ^c ?			Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS			
Is the policy a result of national legislation which cannot be modified in any way?			Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)			

Who was consulted when drafting this policy?		
Patients/ Service Users <input type="checkbox"/>	Trade Unions <input type="checkbox"/>	Protected Groups (including Trust Equality Groups) <input type="checkbox"/>
Staff <input type="checkbox"/>	General Public <input type="checkbox"/>	Other, please state... <input type="checkbox"/>
What were the recommendations/suggestions?		
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below		Yes <input type="checkbox"/> No <input type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts		
Action	Person responsible	Completion date
AUTHORISATION:		
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them		
Name of person completing the form		Signature
Validated by (line manager)		Signature

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pf.d.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.