

Medicines Management in Domiciliary Care, for Care Managers

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Aims

By the end of this session you should:

- Be aware of the Cambridgeshire Policy
- Have a broad understanding of the support care staff are permitted to give service users with their medication
- Understand the difference between the different levels of support

Outline

- Introduction to the Cambridgeshire Policy
- Training and competency
- Levels of support
- Assessment and Risk Assessment

Cambridgeshire Policy

- **Cambridgeshire Health and Social Care Organisations Policy:
Assisting People with Prescribed Medication in the Domiciliary Setting**

Approved February 2011

Available:

<http://www.cambscommunityservices.nhs.uk/Publications/Cambridgeshire/tabid/1564/language/en-US/Default.aspx>

Cambridgeshire Policy - Status

- CCS NHS Trust policy
- Forms part of the
 - PSSH contract and the
 - Specialist Home and Community Support Services contract
- Applies to Trust Staff and
- Is monitored by CCC contracts with contractors

Training

- Supported by training from CCC training department
- Contractors can access training elsewhere, provided it teaches to the Cambs Policy, and provides the necessary competencies (HSC 375a and b, currently under review)
- Currently working on training standards

Levels of Support

- Level 1 (General Support and Prompting)
 - The person takes responsibility for their own medicines
- Level 2 (Administering Medicines)
 - It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this
- Level 3
 - Specialised techniques (usually nursing tasks, which may be delegated)

Level 1 Support

Level 1 Support may include:

- An occasional reminder or prompt
- Manipulation of a container
- Requesting repeat prescriptions from the GP
- Collecting medicines from the pharmacy
- Returning unwanted medicines safely to the pharmacy for disposal

Level 1 Support

Record of activity:

- To be made in the care record
- A Medicines Administration Record (MAR) chart is **not** necessary

Level 1 Support

- Is consistent with keeping people as independent as possible.
- May be aided by the use of a range of compliance aids.
- May be facilitated following review by healthcare professionals e.g. pharmacists, who may be able to rationalise the medicines regimen and cut down the number of daily doses needed.

Level 2 Support

Level 2 Support may include:

- When the care worker selects and prepares medicines for administration.
- When the care worker applies a medicated cream/ ointment; inserts drops to ear, nose or eye; and administers inhaled medication

Level 2 Support - Creams

- Prescribed Creams – Level 2
- Creams purchased by the service user for skin care – Personal Care
- Creams containing medicines which can be bought over the counter (e.g. Ibugel, Anthisan, hydrocortisone cream) – treat as a homely remedy (do not assist)
 - Advice available from Meds Mgt Team

Level 2 Support

- Any activity which involves the care worker selecting the correct dose of the correct medicine is level 2, including selecting and putting out medication for the service user to take themselves at a later (prescribed) time to enable their independence

Level 2 Support

- Service users may require level 2 support for some meds but not necessarily all (e.g. drops or cream).
- Service users' needs may change, e.g. if they have a urinary tract infection they may need level 2 for a short while.

Level 2 Support

- The care worker must take responsibility for each and every dose administered, which means
 - They must be able to identify each tablet
 - They must sign for each dose given, individually, on a MAR chart, as it happens,
- So a **MAR chart is always required**

Level 2 Support

- Care workers may only administer medicines from the original pack as supplied by the pharmacy/ dispensing surgery (not family-filled compliance aids)

Level 2 Support

- Monitored Dosage Systems (MDS), e.g. dosset boxes, are rarely appropriate when level 2 support is given.
- In exceptional circumstances, a member of the medicines management team may decide following risk assessment that MDS is the safest option
- They may be useful for the service user to aid independence (i.e. Level 1)

Level 2 Support – MAR charts

Legal Framework:

- Anyone can administer a medicine to another person, provided
 - They consent at the time of administration and
 - It is in accordance with the prescriber's instructions

The prescriber's instructions are shown on the dispensing label.

Level 2 Support – MAR charts

- The MAR chart is a **record of administration** only (not an authorisation to administer)
 - staff should always refer to the dispensing label for the definitive instructions, and
 - report any discrepancy to their manager.
 - If in doubt, do not give until clarified.
 - Following discharge, go by the dispensing label, until the MAR chart can be updated.

Level 2 Support – MAR charts

- It is the provider's responsibility to produce the MAR chart
- This should be done by a senior member of staff
- They need a system in place to assure the accuracy of the chart, and to review it and update it if changes happen (e.g. after discharge from hospital)

Level 2 Support – MAR charts

- In some cases health professionals will support carers by producing MAR charts,
 - e.g. Addenbrookes pharmacy (sometimes)
 - Community pharmacies (sometimes)
- This is unfunded, and done for goodwill and patient benefit

Level 3 Support

Examples may include:

- Insulin by injection
- Rectal administration, e.g. suppositories
- Administration of medicines via a PEG tube
- Assistance with Oxygen

Level 3 Support

- Generally nursing tasks
- CCS NHS Trust delegation policy does not permit delegation to employees of other organisations
- Providers may be able to access competency-based training for their staff

Assessment

- Need to identify which level of support required.
- Reflected on the assessment (contact/ specialist 311)
 - Any issues with medication
 - Decision on level of support
- Record level of support on care grid
- Draft decision making tool!
 - Where to record rationale for decision?

Review

- Check the level is correct
- Check the MAR chart if present-initials, spaces and back
- Check how the medication is presented eg pharmacy filled/original packaging
- Report problems to agency-SOVA?
- Check PRN-instructions

Risk Assessment

- Providers should conduct a risk assessment, which should highlight high-risk medicines their service user is taking and describe measures to reduce or manage the risks
- Providers should consider potential security risks, particularly where controlled drugs are involved.
- It may be necessary to allow more time in such cases, to ensure safety

Other Points to Consider

- Who orders and collects repeat prescriptions each month?
- Perhaps the medicine regime can be simplified or organised better
 - advice available from Meds Mgt Team

CQC Outcome 9

Management of Medicines:

- Service users will:
 - Have their medicines safely, and at the right times
 - Have access to information about their medicines.
- Because Providers who comply will:
 - Handle medicines safely, securely and appropriately
 - Ensure that medicines are prescribed and given safely
 - Follow published guidance about how to use medicines safely

Further Information

- Policy
- Frequently Asked Questions
- MAR charts and other resources

Available:

<http://www.cambscommunityservices.nhs.uk/Publications/Cambridgeshire/tabid/1564/language/en-US/Default.aspx>

(Cambs community services website/ publications/ cambridgeshire and scroll down)

CCS Medicines Management Team

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Questions?