

JOINT MEDICINES POLICY –Final vs2

[POLICY TITLE]

CCG Policy Reference:

This policy replaces or supersedes Policy Ref: N/A

THIS POLICY WILL BE APPROVED BY Croydon CCG Senior Management Team AND Senior Management Team for Adult Social Care London Borough of Croydon.

Target Audience	Governing Body members, committee members and all staff working for, or on behalf of, the CCG and Local Authority
Brief Description	This joint medicines policy is aimed at commissioners in Croydon Clinical Commissioning Group and Local Authority i.e. London Borough of Croydon (LBC) and providers of services that involve supporting people with managing medicine in domiciliary settings and in care settings. It is intended to inform the development of contracts including service specifications, monitoring requirements and standards, and the assessment process used to identify the support needed, with the overall aim of encouraging independence and shared decision making.
Action Required	<p>Following approval by the CCG, The Chief Officer will ensure that the requirements of this policy will be raised at all team meetings, and confirm the requirements with the chairs of each committee, and with CCG executives.</p> <p>Chairs of committees will identify the programme of review with the Accountable Executive for each policy within their committee remit.</p> <p>Accountable Executives will identify policy owners for each policy within their remit.</p> <p>The Corporate Business Manager will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website.</p> <p>Following approval by the London Borough of Croydon the relevant managers will be responsible for raising awareness at the appropriate forums and team meetings</p>

Approved:

Review date: June 2019

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DOCUMENT CONTROL AND AMENDMENT RECORD

JOINT MEDICINES POLICY

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Stakeholders engaged in development or review	Development of the policy was an outcome from a multidisciplinary, multi-agency Right Care event which involved stakeholders from all care settings, voluntary and patient groups.

Equality Analysis

This Policy is applicable to the Governing Body, every member of staff within the CCG and those who work on behalf of the CCG. This document has been assessed for equality impact on the protected groups, as set out in the Equality Act 2010. This document demonstrates Croydon CCG's and LBC's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners.

The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities.

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This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).

Clear and Credible Plan		Commissioning processes	√
Collaborative Arrangements	√	Leadership Capacity and Capability	
Clinical Focus and Added Value	√	Equality Delivery System	
Engagement with Patients/Communities	√	NHS Constitution Ref:	

Associated Policy Documents

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Glossary

Term	Definition
Accountable Executive	Stephen Warren Director of Commissioning
Policy Owner	Janice Steele Chief Pharmacist
Document definitions	These are provided in Section 1

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The standards described within this policy are applicable to all providers of care, which are commissioned by the Council and /or Croydon CCG, (including sub-contractors of the APA (Approved Provider Alliance for Outcomes Based Commissioning Contract for over 65 years) if the service that has been commissioned includes any form of management of medicines on behalf of Service Users.	
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Section 1:

1. Introduction

The changes in commissioning that have been brought about by the Health and Social Care Bill 2012 and the Care Act 2014 have enabled Croydon Clinical Commissioning Group (hereafter referred to as the CCG) and the London Borough of Croydon (hereafter referred to as LBC or the Council) to develop strategies for the NHS and social services to work together in a more integrated way for the benefit of the local population.

This Joint Medicines Policy is aimed at commissioners and providers of services that involve supporting people with managing medicine in domiciliary settings and in care settings. It is intended to inform the development of contracts including service specifications, monitoring requirements and standards, and the assessment process used to identify the support needed.

The following Care Quality Commission (CQC) principles and questions will be key to achieving these objectives:

- Is it safe, is it effective, is it caring, is it responsive and is it well-led?
- Is there an expectation of quality and safe practice with high standards of competence?
- An individual's choice and independence are maintained wherever possible
- Health and social care organisations work collaboratively to ensure seamless care

Most medications, including Controlled Drugs, will be included, excluding only those that are shown to have a high level of risk. Homely remedies and over the counter medicines will also be considered.

2. Scope

The standards described within this policy are applicable to all providers of care, which are commissioned or provided by the Council and /or Croydon CCG, if the service that has been commissioned includes any form of management of medicines on behalf of Service Users.

3. Purpose

Many individuals, who require social care packages, also have long term health conditions requiring medical intervention. Medicines are the most common treatment for diseases and support for taking medicines is frequently part of care/support packages commissioned by the Council.

The purpose of this Policy is to ensure that services covered in this document are delivered consistently to a high standard and that service users will experience the same standard of competence regardless of the provider.

The main objectives will be to improve medicine safety and to enable individuals to get the best outcomes from safe and effective use of medication, whilst supporting Service Users to maintain or regain as much independence as possible.

Definitions

1. CCG- Clinical Commissioning Group- Clinical Commissioning Groups 'commission' or buying health and care services including: Planned hospital care; Urgent and emergency care; Rehabilitation care; Community health services; Mental health and learning disability services
2. LBC- London Borough of Croydon / also referred to as the council is a body of people elected to manage the affairs of a town, county, or district rather than a state or country. LBC is officially responsible for all the public services and facilities in the borough of Croydon.
3. MAR – Medication administration record- a paper or electronic record of all medicines that have been administered including reasons for non-administration of regularly prescribed medicine e.g. refusal.
4. CQC- Care Quality Commission- the regulator of all health and social care services in England
5. MDS/MCA – Monitored dosage system / multidose compliance aid. A monitored dosage system is a method of dispensing individual doses of medicines into a 28 day blister pack. Each pack is held on a file in service user order for morning, lunchtime, teatime and night-time drug rounds. These systems are often requested by care homes. A multidose compliance aid is a device with separate compartments which hold all the medicine doses required for a particular time of day. These usually hold 7 days supply of medication. For instance all the morning medication for Monday will be dispensed into one compartment, all the medication for lunchtime will be in the next compartment, all the medication for teatime in the next and so forth.
6. MCA – Mental Capacity Act 2005
7. FP10 –prescription form which prescribers use to prescribe medicine under the NHS
8. Royal Pharmaceutical Society- dedicated professional body for pharmacists in England, Scotland and Wales
9. SCIE- Social Care Institute for Excellence- an improvement support agency and independent charity, working with the care and support sector in the UK.
10. CDs- Controlled drugs –these are prescription medicines which are controlled under the Misuse of Drugs Act because of their potential for misuse. There are five different schedules and the law states how these drugs need to be prescribed, what checks are in place when the dispensed drugs are collected from the pharmacy, how they are stored, recorded and disposed of. N.B. There are some differences with regard to which parts of the regulations are relevant depending on whether a Service User is living in their own home or in a care home and this should be reflected in the training of care/support staff.
11. Reablement- a short term service offered to people to increase or regain their independence, often following a fall or a stay in hospital. Reablement is a non means tested service, which is provided for a maximum of six weeks.

Section 2

4. Content of the Joint Medicines Policy

4.1 Levels of support for medicines

When putting in place a package of care/support for people who have been prescribed medicines, there are several different levels of support which could be offered:

LEVEL 0 – the Service User has the cognitive capacity to manage their own medicines without support, or their needs are met by family or informal carers* and there is no requirement for additional support to be commissioned. This includes people with physical or mental long term disability where a pharmacist has made a reasonable adjustment to the dispensing of medicines in order to help them overcome obstacles in accessing their medicines safely e.g. reminder chart, large print labels, colour coding, multidose compliance aids, and as a result the person is able to manage their medicines without additional support.

** Service Users who rely upon family or informal carers for support may have an increased need i.e. to Level 1 support, if that person/s cannot, for any reason, continue to supply that support.*

LEVEL 1 – general support, including general prompting (e.g. “have you remembered to take your medicines this morning?”) or assisting (see examples below), commissioned as part of a care/support package. The Service User has capacity and takes responsibility for managing their medicines and the care worker will be working under the direction of person receiving the care. The support required will be to maximise their independence and enable them to manage their medicines.

Examples of the support that might be given include:

- Requesting and collecting prescriptions from the prescriber
- Collecting medicines from the pharmacy
- Returning unwanted medicines to the community pharmacy, with Service User’s consent
- Manipulation of a container e.g. removing a top, popping medicine out of a blister when requested by the Service User. N.B. the Service User would need to identify which medicine they required, the selection would not be done by the care/support worker.

The support can include over the counter (bought) medicines as well as prescribed medicines including controlled drugs.

LEVEL 2 – administration of medication. This level of support is given to Service Users who have been assessed as not having capacity to manage their own medicines. It may also include some of the tasks described in Level 1 support.

Examples of the support that might be given include:

- The selection and preparation of medicines for immediate administration including liquid medicines
- The application of a medicated cream/ointment/gel; the insertion of eye, ear or nose drops; administration of an inhaled medication.

The support does not include the administration of over the counter (bought) medicines, but does include controlled drugs.

Records must be kept of each administration on a medication administration record (MAR) suitable for the purpose.

All medicines must be administered in accordance with the directions from the prescriber and must have a dispensing label with the directions on. These must be clear and unambiguous instructions for the care/support worker to follow.

For medicines that have been prescribed on a 'when required' basis, the prescriber should include details as to exactly when the medication is needed (the indication), the dose, frequency and maximum daily dose (if applicable).

It is not acceptable to have instructions which say "as directed" "as before", "as required", or which have no dose e.g. "instil into right eye daily".

Warfarin is a drug that may need frequent changes in dosage as a result of monitoring and will often be prescribed on an as directed basis. The current dose will be recorded in the "yellow book" which is updated after each INR test. The administration of warfarin will only be included in a care/support package if the provider can show that their staff have been trained and assessed as competent specifically for this particular drug.

The MAR should ideally be provided by the community pharmacy dispensing the medication. This will ensure that the printed instructions on the MAR are the same as on the dispensing label, however there may be occasions when the MAR has to have additional hand written entries; in this instance the care /support provider must have in place a system for checking the entry is accurate.

Where a MAR chart is not provided by the pharmacy, the standardised template MAR chart (*see Supplement 1*) must be written up by a suitably trained member of the Provider service. The numbers should be used as codes on handwritten MAR charts as opposed to the letter codes often found on the pharmacy MAR charts.

The MAR chart will be maintained in the customer's home, whenever Levels 2 or 3 support services are provided to Service Users.

If a Service User has a joint package between LBC and an external provider it should be identified which of the services is taking the lead on medication management. Where significant others e.g. families, friends, neighbours or staff from external agencies are involved in supporting medication management they too should be encouraged to complete the MAR chart. If it is noted that this does not happen the Care/Support worker should report this to their line manager and appropriate follow up action taken.

Medications not included:

- Medication for which there are no clear and unambiguous directions
- Injections, pessaries, enemas or suppositories.

LEVEL 3- specialist administration

Some medicines would not routinely be administered by care/support staff because additional skills and knowledge are required. Nurses in care homes and working in the community would be expected to be able to administer these however they have a professional responsibility to ensure that they have the necessary competency and keep their skills up to date.

Suitably trained care/support staff may, with consent of the Service User, administer medicines such as injections, pessaries, enemas or suppositories, but must first have been trained by a Healthcare Professional who has signed them off as competent and who retains professional responsibility. This would **NOT** be considered a generic competence and **CANNOT** be applied to other Service Users.

All medicines must be administered in accordance with the directions from the prescriber. These must be **clear and unambiguous instructions** which comply with best practice guidelines where these exist e.g. for insulin (use of 'units' not mls). Insulin doses must also be written in words.

Documentation must be completed, which includes the name of the Service User, the name and form of the medicine, the name and signature of the healthcare professional assessing competence, the name and signature of the care/support worker and the date.

All 4 levels described above are applicable whether in domiciliary care settings, sheltered housing, extra care special sheltered or care homes.

4.2 Standards for Medicines Management

The following Standards must be met by care/support staff directly employed by the Council and staff employed by independent providers contracted with the Council, including volunteers. It is recommended that Service Users who employ Personal Assistants (staff) directly stipulate that their staff also meet these Standards.

The standards will be updated in line with relevant changes in regulations or national guidelines and may require changes in the assessment processes or support documents; however it is expected that care/support providers will ensure that they have processes in place to keep up to date with new national best practice guidelines and will put in place to new standards as necessary.

Standard 1

The Care Manager must complete a Care/Support plan to inform the Provider of all essential aspects of the medication support required, and to give the widest range of information possible including the level of support and details of the medication management.

Standard 2

Providers commissioned by the Council to provide support must achieve relevant Care Quality Commission outcomes and standards and in addition adhere to the Standards laid down in this document. It is recommended that Service Users using their personal budget to commission individuals to provide support also require these Standards to be met.

Standard 3

In order to carry out their duties care/support workers or Personal Assistants must only Prompt, Assist or Administer based on individual Care/Support plans; following their own internal medicines policy, which will be aligned to this Joint Medicines Policy.

Standard 4

All care/support staff can only provide support to a Service User if they meet the competency requirements (*Refer to Paragraph 4.4*), have a working command and comprehension of the English language and basic numeracy skills.

Standard 5

Prior to completing any Core or Specialist Competencies, all care/support workers or Personal Assistants must be assessed as competent and this should be evidenced in their personal development record.

Standard 6

A clear policy should be in place detailing action to be taken in the event of an error occurring. The Provider should have systems in place to share learning from incidents and be able to demonstrate actions taken to avoid repetition. (*Refer to Paragraph 4.5*)

Standard 7

Providers must have a clear policy in place detailing the action to be taken with respect to medication if a Service User is transferred between care settings or is to be away from their usual place of residence.

Standard 8

A structured risk assessment must be conducted as part of the assessment or review completed by the Provider for the Service User, their environment and staff involved. The risk assessment will examine the actions and resources required to safely and competently manage medication and related tasks, and will highlight the risks and hazards and how they may be effectively managed.

Standard 9

Assessment of the Service User's capacity to give their consent is vital. People with capacity must always be given the opportunity to state their choice or preference with regard to their medicines. If the Service User's capacity is in doubt, an assessment must take place under the Mental Capacity Act (*Refer to Paragraph 4.3*). The care/support plan should clearly state action to be taken if circumstances change, and any specific preferences that have been identified.

Standard 10

A detailed care/support plan will be developed with involvement of relatives, advocates and informal carers as appropriate for each individual Service User, which will specify the approach for supporting the Service User; this will include support around medication and related tasks.

Standard 11

The roles and responsibilities of key people involved in the Service User's medication support should be documented in the care/support plan.

Standard 12

All changes to medication must be clearly documented in the Medicines Administration Record and Daily Communication Sheet. Changes must be reported to the line manager in accordance with Provider policies.

Standard 13

All medication must be stored in a manner consistent with the care setting, needs of the Service User, requirements of individual medications and taking account of all relevant legislation.

Standard 14

A clear policy should be in place detailing the action to be taken if medication needs to be disposed of.

Standard 15

A clear policy should be in place detailing arrangements around "Homely Remedies".

Standard 16

Providers should take note of Service User's cultural and religious beliefs and staff should be appropriately trained to enable them to provide support in an acceptable manner. This training should also cover the needs of transgender and LGBT communities.

4.3 Needs assessment process and related risk assessments

There should be an assumption that Service Users are capable of administering their own medicines and where support is needed it is the minimum required to maintain safety and independence.

Needs assessments will be completed for those individuals requiring a support package. The needs assessment will indicate whether the client requires support with their medicines. Providers are required to carry out their own assessments which will inform the individual support plan.

The assessment for medicines support may be quite simple, for example, the Service User is totally independent with all their medicines or the Service User requires all their medicines to be administered to them by a trained person; however Service Users will most often be somewhere between the two extremes and require some support but not total support and this will vary between one Service User and another. It is important to have an individualised approach to the needs of a Service User and this individualised approach is appropriate regardless of the setting they are in.

Providers should have systems in place which facilitate care/support workers to report changing circumstances which might prompt a new risk assessment or needs assessment.

Specialised support may be needed to undertake the assessment i.e. someone with knowledge of the types of appliance that are available, how to assess Service Users capability and understanding.

Risk Assessment-

Standard 8 – A structured risk assessment must be conducted as part of the assessment or review completed by the Care /Support Provider for the Service User, their environment and staff involved. The risk assessment will examine the actions and resources required to safely and competently manage medication and related tasks, and will highlight the risks and hazards and how they may be managed.

In the past it has been normal practice for Care/Support Providers to require community pharmacists to dispense medicines in monitored dosage systems /multi-dose compliance aids (MDS/MCA) for Service Users who need support from care workers to take their medication. This is no longer considered good practice and prompting, assisting or the administration of medicine should be done from original dispensed packs as this is now considered the preferred option.

The decision to recommend original packs is supported by the following:

- Using an MDS/MCA has not been shown to be a safer way to administer medicines by care staff.
- Many older people who cannot /do not take their medicines as prescribed do not need to be given an MDS/MCA – there are other support options.
- Care staff still have a legal responsibility if the wrong drug has been dispensed by a pharmacy into an MDS/MCA and is subsequently given.
- A community pharmacist is not obliged to supply an MDS/MCA to someone if health or social care staff say they have identified that an MDS/MCA is necessary.
- Most MDS/MCAs are initiated without proper assessment with the focus being mainly to meet the needs of care workers or professionals
- Some medicines are not appropriate for dispensing into MDS/MCAs due to instability, formulation or if prescribed on a when required basis.
- Changes to medication or dose cannot be easily managed.

The Medication sections of the Assessment/Review notes should be completed.

The assessor should look at whether the Service User;

- needs help getting a regular supply of their medication
- takes their medication in the way the doctor advises
- can take the medication out of the packaging/container.

The assessor should also consider;

Methods or equipment the Service User currently uses to help them take their medication and whether these methods work or whether there could be a more appropriate alternative such as Assistive Technology/Telecare equipment

Whether the Service User is helped to take their medication by someone else and whether this help is appropriate and consistent and also if there is any risk of the help not being available without prior warning, or if a more formal arrangement such as Assistive Technology/Telecare equipment might be more appropriate.

Whether the Service User has had their medication reviewed by their GP or Pharmacist within last 6 months, and are clear about how and when they should take their medication.

Whether the Service User has any known allergies or whether they have experienced possible side effects from any of the medication they take.

Ideally all this information should be completed, even if someone has capacity, especially the information regarding allergies. In the Medication section, if the Service User is not considered to have capacity in relation to medication, indicate if a Mental Capacity Assessment has been completed.

Advice should be sought from the Service User's GP, Pharmacist or Community Nurse as part of the assessment/review and care management process. Wherever possible, information should be made available to the Service User about the medication they are taking, or is advisable for them to take, including the risks. When assessing or reviewing, establish what medication is being taken, what they are for, any side effects to look for and also whether any of the medication requires close monitoring, such as warfarin, lithium, anti-psychotics and identify who is involved with this.

If the Service User is responsible for their medication and related tasks, this should be noted in the risk assessment and the Support Plan and/or Support Plan Summary. Information in the Support Plan and/or Support Plan Summary and in the Commissioning Document should be updated in consultation with the Service User as required.

When Care Workers/Personal Assistants carry medication on their person or in a vehicle they should ensure a risk assessment is carried out by their line manager and that their insurance cover is appropriate.

The assessor should also consider how someone who has support from relatives or informal carers will be supported if:

- if the carer goes into hospital or is otherwise unwell
- if the carer goes on holiday or is unavailable for any other reason

The assessor should also consider how someone who is usually self-administering will be supported if:

- they become acutely unwell
- there are a number of changes made to medication e.g. following a hospital admission

Standard 9 - Assessment of the Service User's capacity to give their consent is vital. People with capacity must always be given the opportunity to state their choice or preference with regard to their medicines. If the Service User's capacity is in doubt, an assessment must take place under the Mental Capacity Act. The care/support plan

should clearly state action to be taken if circumstances change, and any specific preferences that have been identified.

Care/Support Providers should ensure that their Care/Support staff are aware of the action to take if they have concerns over a Service User's mental capacity with regard to medication. Their training should include an awareness of the two stage functional test:

Stage 1. Is there an impairment of, or disturbance in the functioning of a person's mind or brain? If so,

Stage 2. Is the impairment or disturbance sufficient that the person lacks the capacity to make a particular decision?

The Mental Capacity Act says that a person is unable to make their own decision if they cannot do one or more of the following four things:

- Understand information given to them
- Retain that information long enough to be able to make the decision
- Weigh up the information available to make the decision
- Communicate their decision – this could be by talking, using sign language or even simple muscle movements such as blinking an eye or squeezing a hand.

Refer to Supplement 3 and the [Mental Capacity Act Code of Practice](#) for more information.

4.4 Training requirements and competency assessments

Standard 4 - All care staff can only provide support to a Service User if they meet the competency requirements and have a working command and comprehension of the English language and basic numeracy skills.

Training can be provided in a number of ways e.g. face to face, through workbooks, e-learning modules, in-house trainers and external trainers. Providers must ensure that the training meets the needs of their staff and is of good quality- there are organisations like the Royal Pharmaceutical Society or SCIE (Social Care Institute for Excellence) which accredit training programmes which meets specified standards. Where training through workbooks or e-learning is used then this must be supported by additional workplace training, supervision, and assessment.

Medication and Related Tasks Training is arranged in three levels:

Level 1 – Induction

Level 2 – Core Competencies

Level 3 – Specialist Competencies

Level 1 – Induction

A comprehensive induction programme for care/support staff is important to enable them to fully understand their role and responsibilities within the organisation. In addition the induction should include how to raise a concern, where to obtain information and support,

how to help Service Users to maintain independence, dignity and choice and the expected overall standard of behaviour.

Level 2 – Core Competencies

Core competencies are relatively straightforward, non-invasive tasks such as oral medication and homely remedies in the form of tablets, capsules or mixtures, eye, ear or nose drops that approved Care Workers/Personal Assistants may prompt, assist or administer following successful completion of appropriate Level 2 training in the handling and use of medication and being assessed as competent.

A competency assessment should be undertaken annually by a senior staff member and Care/Support workers must access update training annually or 3 yearly depending on the recommended refresher date stated on their certificate. Medication training courses should be provided on a frequent enough basis to train both new staff and to refresh the knowledge of existing staff.

A record of staff training and evidence that the trainer is competent and has knowledge and expertise in the handling of medicines, must be maintained by all providers.

Level 3 – Specialist Competencies

Specialist Competencies are to meet the more complex, specialist healthcare needs of a particular identified Service User in agreement with the Service User, their Carer where appropriate, the commissioning assessor, Healthcare Professional and the Provider. This is a task in addition to core competencies and identified as specific to the individual Service User such as oxygen management. The Care Worker/Personal Assistant will be trained by a Healthcare Professional to assist the particular individual Service User. This is **NOT** a generic competence and **CANNOT** be applied to other Service Users.

4.5 Communication

Effective communication is essential to maintain safe support to Service Users in managing their medicines; this is especially important when Service Users transfer between care settings, if any changes are made to their medicines regime, or if their capability to manage their medicines changes e.g. if they have an infection.

It is the responsibility of all providers and healthcare professionals to ensure that any changes or concerns are effectively communicated to all persons involved in the Service User's medication including the GP, community pharmacist and care workers.

The need for confidentiality should always be considered when communicating about a Service User and the care /support provider must ensure that their staff are appropriately trained. A record should be kept of the people that a Service User is happy to have their information shared with.

4.6 Raising concerns /reporting incidents

Care/Support workers need to be aware that **errors/near misses** can and do happen. Providers need to have an open and supportive reporting system so that care workers are confident to report any errors.

Providers also need to have clear policies on how care workers highlight any issues that may have an impact on a Service User's well-being. **It is important that errors are recorded and the cause investigated to learn from the incident and prevent a similar error happening in the future. The provider manager must notify CQC in writing, inform the Service User's GP, the Service User or relative, and consider raising a safeguarding alert as deemed appropriate.**

All medication errors should be recorded on the Service User Contact Sheet Record and also for each error an Incident or Near Miss Form should be completed (*see Supplement 2*).

Providers should have a system to analyse the trends relating to errors and their causes and including equality monitoring.

4.7 Medicines pathway

Obtaining prescribed medication

The care package should cover the type of support required by the Service User if they are unable to request their repeat medicines independently.

The Service User has the right to have their medicines dispensed by the pharmacy of their choice and every effort should be made by Care/Support Providers to facilitate this. The electronic prescription service is available across Croydon and if a Service User wishes their prescriptions to be transmitted electronically they must first nominate a pharmacy. If care/support workers assist with this then it should be remembered that the Service User has the same freedom of choice.

Most GP practices will require 48 hours' notice to issue a repeat prescription and pharmacies may require additional time to order in the medicines. Where ordering prescriptions is part of the agreed care/support package it will be the Providers' responsibility to ensure that adequate time is allowed for this process.

The Provider is responsible for ensuring that the Care/Support worker follows a procedure for ordering medicines which ensures that the Service User does not run out of essential medication, does not continue with medicines that have been stopped and does not result in unnecessary waste e.g. by reordering when required medicines every month regardless of how many are left in stock, or by disposing of medicines before their expiry date.

Community pharmacists may offer a repeat ordering and collection service which Service Users may wish to take advantage of and in addition some pharmacies also offer a delivery service, but it should be noted that pharmacies are not obliged to offer these services and may charge for delivery. If the community pharmacist service is used by the Service User then the Provider is responsible for ensuring that adequate communication systems exist between the Care/Support worker and the pharmacy to ensure that only those medicines that are required are ordered.

Dispensing

It is expected that dispensing would usually be in original packs, unless the Service User has been assessed as requiring a multidose compliance aid (MCA) or monitored dosage system

(MDS) in order to support independence and self-administration. It is not a requirement for medicines, which are being prompted by or administered by carers, to be dispensed in MCAs or MDSs. Where these systems are used the following should be noted:

- Many medications cannot be placed in MCAs or MDS e.g. liquids, hygroscopic medicines like sodium valproate for epilepsy, light sensitive medicines, dispersible, buccal and sublingual preparations.
- Staff has to be competent with medicines that cannot be placed in an MCA or MDS so there is limited rationale for using them.
- There is a risk that medicines outside the system e.g. when required medicines, acute medicines like antibiotics, inhalers, externals may be forgotten.
- It is harder for care staff to positively identify the medicines they are responsible for prompting or administering.
- There is some evidence that the use of MCAs or MDS is associated with a higher dispensing error rate
- The Patient Information Leaflet is not always readily accessible to care staff

(Refer to Standard 8 for further information)

Collecting medicines / delivery

The Care/Support package should cover how the Service User obtains their dispensed medicines if they are unable to manage themselves. Some community pharmacies will offer a delivery service, but they are not obliged to do this. A risk assessment may be required if the Service User does not have capacity and is at risk of taking medicines that have been delivered to their home. The Provider would be expected to ensure that safe arrangements are made with the pharmacy to manage any risk.

Storage

Care /Support Providers must ensure that their staff are adequately trained on safe storage including storage with regard to temperature, humidity, safety and regulations relevant to the Service User's place of residence.

Care/Support staff should be aware of different types of storage requirements including cold storage, safe storage regulations for controlled drugs (N.B. this is not applicable if the Service User is self- administering or living in their own home), external preparations and dressings.

For Service Users at risk of taking medicine inappropriately, the Care/Support Provider must ensure that the risk assessment includes how the medicines will be safely stored, including whether it is deemed necessary to lock medication away and the rationale for this.

Administration

See section 4.1 for a description of the different levels of support

Service Users will be supported to be as independent as possible with regard to their medication. Where they need support it will be the minimum required to enable the Service User to access their medicines safely and effectively at the time they need them.

To give informed consent a Service User needs to know what the medication they are being prompted / assisted / administered is used for and Care/Support staff should know where they can access this information.

Care/Support staff must be trained and assessed as competent to provide the level of support that the Service User requires for all their medication.

The level of knowledge about the medicines they are handling will vary depending on the type of setting they are working in. For instance a Care/Support worker working in a domiciliary setting will be expected to safely select the medication that is due, know what the medicine is used for, understand and follow the directions on the label, understand that all medicines can give rise to adverse side effects and how to recognise these and what to do, and to understand the different forms that medication can come in, whilst a Nurse working in a nursing home would also be expected to understand why a medication has been prescribed and its therapeutic aim, know the normal dosage range, understand the common side effects of the drug and take professional responsibility in assessing the person before the drug is administered.

When required medicines (prn) are medicines, which are only occasionally used, often for acute episodes of pain, constipation, indigestion etc. The Care/Support worker must be provided with full directions and individualised guidelines to ensure that the when required medication is only given when appropriate. Care/Support Providers should ensure that their staff know what action to take if there is insufficient information for the safe administration of when required medicines.

Covert

Each Provider must have a policy in place which ensures that covert administration only takes place in the context of existing legal and good practice frameworks to protect the Service User, who is receiving the medication, and the care/support worker or nurse who is administering it.

It is not sufficient to give a blanket policy to say covert administration will never be used as there may be occasions when it will be in the Service User's best interest.

If the Service User has capacity to make decisions about their treatment and care then it is **never** permissible to give medicines covertly i.e. without their knowledge.

The policy should include how and by whom the Service User will be assessed (under the requirements of the Mental Capacity Act) for capacity. It should cover who would be involved in best interest meetings including getting the advice of a pharmacist about the suitability of disguising the medicine in food or drink. Documentation of the decisions made, who was involved in making those decisions, the management plan including how the medicines will be administered must be kept and be easily accessible for staff administering medicines covertly. An appropriate review date should also be set.

For some Service Users capacity may fluctuate and it is important that for these individuals it is not a routine for medicines to be given covertly and guidance should be included in their care plan.

Each administration done covertly must be properly documented.

Croydon CCG has approved Good Practice Guidance on Covert Administration of medication and its supporting documentation- (*See Supplement 3*) Providers may use their own documentation but should ensure that their process is as comprehensive.

Domiciliary Care/Support workers may in exceptional circumstances receive a request to administer medication covertly. They should only do so if their Provider organisation has satisfied themselves that the proper process has been followed (*See Supplement 3*) and a copy of *Appendix 2* of this documentation is available with the current MAR. The Provider organisation should also ensure that the date of review is clearly notified to all their staff.

Homely remedies

Care providers should have a policy in place detailing arrangements for homely remedies. Homely remedies or over the counter medicines are medicines that are purchased by care homes for the benefit of their Service Users, or could be bought by the Service User or their relatives / representatives on their behalf. Care homes should give careful consideration to stocking homely remedies in order to ensure that their Service Users are able to access remedies for minor ailments like headaches, pain, constipation and diarrhoea in a timely manner without having to call out a doctor. Croydon CCG promotes self-care and would encourage care homes to use appropriate homely remedies in line with a robust policy. The policy should be agreed with the GP and include which homely remedies are to be kept in stock. Protocols should be available for staff to follow which includes which Service Users can receive homely remedies, what each homely remedy can be used for, the dose, frequency and maximum daily dose

If a Service User is self-administering and able to purchase their own medicines or supplements (e.g. vitamin or mineral supplements) over the counter they should be encouraged to confirm with their GP or pharmacist that the medication is compatible with their prescribed medication. They should also be encouraged to tell their care worker what they are taking and when so that a record can be kept. Domiciliary care workers cannot administer homely remedies unless it is specifically included as part of their care package.

If homely remedies are administered a record of administration must be made, which includes:

- Name of the medication
- Dose
- Time it was administered
- The reason for administration and the outcome i.e. did it work
- Name and signature of the person administering the medication

In care homes homely remedies should not be regularly administered for more than 48 hours without contacting a GP.

Social leave

When the Service User leaves their home to go on holiday, day centres or for education, it is essential that they can take their medication with them. A separate prescription may be required if a separate supply is needed to cover the period. An up to date risk assessment must be carried out as part of the Support Package.

If a Service User regularly spends time away from home then a discussion should be had with their healthcare professional to see if the timings of medicine or the form in which they are taken can be adjusted to suit the Service User's life style and to reduce the amount of medication that has to be transported.

If the Service User is accompanied by their Care/Support worker then the administration/prompting of medicine should continue and be recorded in the same way as if they were in their usual place of residence. If Service Users resident in care homes are taking social leave and are in the care of relatives or friends then a written record of what medication and associated information e.g. directions for use, timings, possible side effects etc. has been transferred to the relative/friend should be made. This should be signed by both parties.

Disposal

Each Care Provider must have a clear policy in place detailing the action that needs to be taken if a medication needs to be disposed of. As a medicine is the Service User's property their consent should whenever possible be obtained prior to disposal.

Situations when medicines might need to be disposed of include:

- When treatment is changed or discontinued
- When the Service User passes away – care homes are required to retain the medicines for 7 days in case required by the coroner
- When medication has reached its expiry date – for medicines in their original packs (i.e. the manufacturer's container) it is usually the date on the container, however some medications have a shortened shelf-life when opened such as eye preparations and some oral preparations e.g. dipyridamole capsules MR. Care /Support workers should be trained to check the Patient Information Leaflets with regard to each medicine being handled or ask your pharmacist. Medicines that have been dispensed into multidose compliance aids e.g. Dosette box, Nomad, or monitored dosage system e.g. Venalink, Manrex, are considered to have a shelf life of 8 weeks from date of dispensing.

Care homes must comply with current legislation when disposing of medicines on behalf of Service Users.

In the domiciliary setting, if a Service User has a medicine that they no longer need e.g. if medicines have been changed or have expired then the care/support worker may return the unwanted medicines to a local pharmacy but only with the consent of the Service User and a record kept of the medicines that have been returned, the date and the name of the pharmacy it was returned to (*See Supplement 4*). The form should be filed with the Customer Service / Support Plan.

In the care home setting a record of returned medicines must be kept which includes:

- Date of return
- Name and strength of medication
- Quantity returned
- Name of the Service User
- Name and signature of care worker/ nurse arranging disposal

In Croydon it is estimated that approximately £0.5million of medicines are wasted each year, some of this could be avoided by not over-ordering repeat medicines and not disposing of medicines before they are used up, for instance, inhalers that still have doses left in them. Medicines that are dispensed for an individual cannot be used for anyone else even if returned to the pharmacy unopened; they must be sent for destruction. It is expected that all Care Providers in Croydon will contribute to the aim of reducing the waste of resources by considering its ordering procedures and improving staff awareness.

Disposal of controlled drugs

Controlled drugs (CDs) prescribed for individuals living in domiciliary or residential care settings must be returned to a community pharmacist for disposal. If other medication is also being returned at the same time then if possible the CDs should be handed in separately to facilitate their disposal.

If Service Users are living in a care home providing nursing care then designated nursing staff will be responsible for denaturing the CD prior to it being collected by their licensed waste management company.

Section 3

4 Responsibilities

5.1 Managers of Care Homes and Domiciliary Providers

A manager is:

- responsible for ensuring that staff are trained and possess the appropriate skills and knowledge to undertake the support
- accountable for ensuring that the person they are delegating to support a Service User is properly trained in relation to the support required
- responsible for ensuring a care/support worker knows who they are accountable to, the contract of employment should define this

5.2 Nursing staff

A nurse working in a care home providing nursing care must:

- Ensure that their registration (PIN) is current
- Meet the requirements for maintaining your registration (revalidation)
- Comply with the NMC's code on standards of conduct, performance and ethics

- Comply with any relevant guidance and standards published by the NMC e.g. Record keeping, Standards for Medicines Management

5.3 Individual Care/Support worker

A Care/Support worker/Personal Assistant providing support for medication and related tasks:

- has the responsibility of working to the Support Plan and/or Support Plan Summary, Information for Service Provider/Commissioning Document, Medication Standards and Guidance Workbook or online training, and their regulatory body's equivalent
- should ensure they are aware of their competencies, responsibilities and what the Commissioner and their Manager expects of them
- carry out the support in a safe manner and to the best of their ability and take responsibility for their actions
- must obtain the Service User's consent to assisting with or administering medication and related tasks each time the medication is given or a task carried out
- must ensure the medication is prompted or assisted with, or administered according to the Pharmacist's label. These instructions reflect the prescriber's (e.g. GP) written instructions as detailed on the prescription form. Where the GP updates these instructions after the medication has been dispensed, the GP must provide the Service User or Provider with written instructions
- if a newly prescribed medicine has to be transcribed (handwritten) onto the Medication Administration Record (MAR) they must ensure that the Pharmacist's written instructions (on dispensing label) are copied accurately and legibly without the use of an Latin abbreviations.
- must complete the Medicines Administration Record accurately and immediately after administration
- must immediately report any medication and related task errors or incidents to their line manager or person in charge of the care setting and the Service User's GP
- must notify their Manager or the Council's Care Management team if the level of support required appears to have changed including when a Service User self-administers their own prescribed medication, and there is concern about the Service User's ability to manage their own medication
- work in close collaboration with the Service User's GP and other health professionals and keep them informed of any concerns
- **must not** make clinical decisions or judgments regarding medication e.g. increase or change of dosage. The prescriber's instructions should always be followed.

5.4 Social care

Social services carry out assessment of service users' needs and prepare a care plan which advises the providers of care services of the level of support required. Social services commission the providers to deliver the required support and ensure compliancy with current policies, regulations and legislations, and make future commissioning decision.

5.3 Health Care Team

Members of the health care team, which may include GPs, pharmacists, pharmacy technicians and nurses working in the community, are crucial for ensuring the safe management of medication. Social care and community nursing are not interchangeable services; they are complementary services, each with their own set of skills and expertise.

The primary responsibility for prescribing and management of medication or other treatment and in monitoring the Service User's health rests with the Service User's GP in consultation with other members of the primary care team and his/her patient. This includes reviewing the need for continued prescribing of medication.

Care/Support Providers should have systems in place to support staff to raise concerns with GPs about medication and to prompt the review of medication on a regular basis depending on the needs of the Service User.

5.4 Community Pharmacists

Pharmacists have an important role in providing advice to Service Users and staff on the safe storage, recording, handling, management and disposal of medication, and also advice on possible side effects and following specific instructions. Pharmacists may be involved in the initial assessment of pharmaceutical needs and will be able to help and advise Service Users regarding specialist containers and the safe use and transportation of medication. In many areas, Pharmacists can also provide a 'medicines use review' (MUR) which aims to improve the use of medicines, identify potential side effects and reduce waste. In Croydon there is a locally commissioned service to enable community pharmacists to provide a domiciliary medication review with the aim of ensuring that medicines are used effectively and that problems are identified and resolved.

5.5 Informal carers and relatives

A Service User may have unpaid, informal carers or relatives who assist them in various ways e.g. obtaining their prescriptions, filling compliance aids, reminding them to take their medicines etc. The support that these informal carers provide can be crucial in helping someone maintain their independence however, if for any reason, they cannot continue then the Service User would have an urgent need for additional support and how this would be managed would need to be part of the initial assessment.

5.6 Service User

The Service User will have responsibility for their medication if they have capacity and this should be recorded in the Care/Support Plan. This information will be supplied to those providing the support services. If the Service User requires help accessing medication (e.g. opening tops, removing medicine from foil, measuring liquid) they will have to take responsibility for selecting the relevant medicine and knowing when and how to take it.

Section 4

Training –see Standard 4 Paragraph 4.4

Section 5

Monitoring Compliance

It is an expectation that this policy will be an appendix to all future contracts that involve supporting people with managing their medicines in domiciliary and care settings.

<i>Aspect of compliance or effectiveness being monitored</i>	<i>Monitoring method</i>	<i>Responsibility for monitoring</i>	<i>Frequency of monitoring</i>
<i>Reference to adherence to this policy in relevant contract.</i>	<i>Audit</i>	<i>Relevant Commissioner</i>	<i>At contract renewal</i>

Legislation

Care Act 2014: <http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm>

The Medicines Act 1968 and subsequent amendments

<http://www.legislation.gov.uk/ukpga/1968/67>

Misuse of Drugs Act 1971 and subsequent amendments:

<http://www.legislation.gov.uk/all?title=misuse%20of%20drugs%20act>

Medicines (Labelling) Regulations 1976 (as amended)

Equalities Act 2010: <http://www.legislation.gov.uk/ukpga/2010/15/contents>

Mental Capacity Act 2005

References

NICE guideline for managing medicines in care homes:

<https://www.nice.org.uk/guidance/qs85>

NICE guideline for managing medicines for adults receiving social care in the community

<https://www.nice.org.uk/guidance/ng67>

Royal Pharmaceutical Society – Handling medicines in Social Care settings:

<https://www.rpharms.com/social-care-settings-pdfs/the-handling-of-medicines-in-social-care.pdf>

We would like to acknowledge the work done in Essex and Hillingdon, which were adapted for use in this policy document