

Pocket Handbook for Home Care Workers Providing Support for Older People with Medication

July 2022



Contents

Section		Page
1	<u>Introduction</u>	3
	<u>Competence and Training</u>	3
2	<u>Levels of Support</u>	4
2.1	<u>Level A Support</u>	5
2.2	<u>Level B Support</u>	5
2.2.1	<u>Understanding Level B Support</u>	5
2.2.2	<u>Important Information for Home Care Workers providing Level B Support</u>	6
2.2.3	<u>Level B Tasks</u>	7
2.3	<u>Level C Support</u>	8
2.3.1	<u>Understanding Level C Support</u>	8
2.3.2	<u>Starting and re-starting Level C Care Packages (Refer to full Guidelines)</u>	9
2.3.3	<u>Important Information for Home Care Workers Providing Level C Support</u>	9
2.3.4	<u>Level C Tasks</u>	13
2.3.5	<u>Administering Medicines requiring Level C Support</u>	16
2.3.5.1	<u>Medication Administration Records (MARs)</u>	17
2.3.5.2	<u>Medication Charts and recording Sheets</u>	18
2.3.5.3	<u>Level C Administration of Medicines Tasks</u>	20
2.3.6	<u>Medicines that can be Administered by Home Care Workers following Completion of Basic Administration of Medication Training with Assessment of Competence by the Care Provider</u>	21
2.3.7	<u>Suitable tasks for Home Care Workers on Completion of Additional Training</u>	27
2.3.8	<u>Level D: Medication tasks that should not be carried out by home care workers</u>	28
3	<u>Healthcare related tasks not involving administration of medicines</u>	28
4	<u>Where to go for further advice</u>	29
Appendix 1	<u>Support with Medicines Flow Chart</u>	
Appendix 2	<u>Medication Permission Form</u>	
Appendix 3	<u>Medication Disposal Form</u>	
Appendix 4A	<u>Medication Administration Record (MAR)</u>	
Appendix 4B	<u>MAR Repeat Request/Order Sheet</u>	
Appendix 5A	<u>Level C Medication Chart (Dispensing GPs and Hospitals January 2018)</u>	
Appendix 5B	<u>Short Course Medication Chart</u>	
Appendix 5C	<u>Recording Sheet</u>	
Appendix 6	<u>Emergency Procedure Form</u>	
Appendix 7	<u>Drugs Requiring Safe Handling and examples of Controlled Drugs</u>	

1. Introduction

This booklet is a reference document for use by Home Care Workers (employed by Approved Care Providers in Dumfries and Galloway) when they are supporting older people at home with medication. This is a summary of the *Guidelines for Home Care Workers Providing Support for Older People with Medication 2018* and is not intended to replace the full version of the guidelines, which provide more detailed information, including recommendations for setting up and managing care packages.

The term “Joint health and Social Care Team” refers to the joint partnership working at operational levels between health and Social Care Professionals.

Competence of Home Care Workers and Suitable Training

Home Care Workers must

- Be suitably trained for the tasks they are asked to perform (annual training recommended)
- Be assessed as competent to perform these tasks
- Feel confident to carry out the tasks correctly and safely
- Work to these “Best Practice” Guidelines
- Not carry out tasks relating to medication that have not been authorised by their line manager and / or have not been stated in the older person’s Care Plan.

All Home Care Workers dealing with medication should attend locally developed and approved training. Attendance at the training offered by Care Training & Consultancy (CTC), which is facilitated by Trainers is *recommended as this training reflects locally developed guidelines and locally agreed policies/procedures*. The training is not competence based, which means that having attended a training session does not mean that the Home Care Worker is now competent to carry out medication tasks. Care Providers must ensure that all staff members undertaking medication tasks are competent and confident to carry out these tasks. A monitoring system needs to be in place.

Further advice on the requirements for the provision of any “in house” training by Care Providers can be found in the full guidelines.

2. Levels of Support

To make sure that every person gets the support that they need with medicines it is important that if issues are identified the person is assessed correctly by the health and social care team (preferably at home) and is given the help they need to manage their own medicines for as long as possible. Options to support self-management of medicines include the use of devices and systems such as those suggested in [Appendix 1](#).

Four levels of support with medication are possible when an older person has a care at home package in place.

Level A	Level B	Level C	Level D
Able to manage/take own medication (may include help from family /friend/informal carers)	Basic assistance required from Home Care Workers for specific tasks but the person manages/takes own medication. <i>(Helpful hint: The Home Care Worker is acting as a set of hands for the person)</i>	Chart required. Home Care Workers administer medication in accordance with a chart and record each time a medicine is administered. <i>(Helpful hint: The Home Care Worker is acting as the head and hands)</i>	District Nurse/Specialist Nurse input required. Beyond the skill of the Home Care Worker.

2.1 Level A Support

The person does not require any support with medication from Home Care Workers.

2.2 Level B Support

2.2.1 Understanding Level B Support

Level B support includes Home Care Workers prompting or assisting the person to take their medicines.

For Level B Support

- The person must have the ability to communicate clearly
- The person remains in control of managing their own medicines
- Home Care Workers must **not** be responsible for selecting medication
- Home Care Workers must record any prompting or assistance

Prompting

Prompting of medication involves *saying something to persuade, encourage or remind the person to take their medicines.*

Prompting can be appropriate when the person knows what medicines to take and how to take them but forgets the time. ***An example of prompting would be reminding a person of the time and asking if they are going to take their medication.*** The person remains in control of their medicines and so may decide not to take them or to take them later.

“Have you taken your tablets this morning Mrs. Brown? It is 10 o’clock”

If prompting medication, Home Care Workers need to know what time(s) of the day to do this. This should be clearly stated in the Care Plan.

Or

Assisting

A person receiving Level B support is able to remain in control of their own medicines but needs assistance with a variety of mechanical tasks, which should be noted in the Care Plan (and updated if any changes are made).

Assistance should always be at the request of the older person and may involve:

- ordering medicines, collecting prescriptions, collecting medicines
- reading labels and clarifying the time of day
- manipulation of containers (opening lids, pouring liquids, and popping tablets out of packaging)
- bringing packs of medicines to the person to allow them to take their own medication (not choosing what medication to give to the person)
- acting as a set of hands for the person where the person knows what the medicine is for and can identify it e.g., applying a cream when a person cannot reach to the affected area but knows what to apply, when to apply it and how to apply it. The person would be

responsible for asking and directing the Home Care Worker to apply the product each time they require assistance.

- The Home Care Worker must never be required to select medication.
- Care Providers must supply their staff with detailed information regarding what assistance they can provide and when they can provide this.
- The person must request assistance (which should be detailed in the Care Plan), and any assistance should be recorded appropriately.

2.2.2 Important Information for Home Care Workers Providing Level B Support

- **Requests for further help**

Home Care Workers must only give assistance with the tasks agreed by the Care Provider and listed in the person's Care Plan. Any request for further assistance must be reported to the Home Care Worker's line manager as soon as possible. If further assistance is agreed this should be clearly documented in the Care Plan

- **Home Care Workers must not fill pill boxes**

Home Care Workers must never "help" someone by filling pill boxes (these are boxes with compartments for morning, lunchtime, teatime and bedtime medication).

- **Giving Advice**

Home Care Workers must never offer their own advice on medication or recommend that a person takes a particular over-the-counter medicine.

- **Alcohol**

If a person has consumed, or is intending to consume, alcohol and plans to take medication the Home Care Worker should advise that it can be unsafe to take medicines with alcohol. The importance of having checked previously that it is safe to take this medicine with alcohol with a pharmacist or GP should be emphasised. The Home Care Worker should record any advice given and should inform their line manager of any concerns. If someone has a known alcohol abuse problem or regularly consumes alcohol, information regarding support with medication when the person has been drinking should be included in the care plan.

- **Monitoring**

Any concerns about the health of the person or their ability to maintain responsibility for his/her own medication must be reported to the Home Care Worker's line manager. The person should be reassessed if appropriate as previously discussed. If the Home Care Worker cannot contact his/her line manager and/or feels that someone needs immediate medical help, then the Home Care Worker should contact the person's GP immediately and the Home Care Worker's line manager should be informed of this as soon as possible.

2.2.3 Level B Tasks

Any task a Home Care Worker is asked to do should be included in the Care Plan.

- **Ordering Prescriptions**

The person will be responsible for asking the Home Care Worker to order medicines from the GP Surgery. The person will specify the medicine to be ordered and the dosage and quantity to be requested. Home Care Workers should encourage individuals not to over order medication and only to order what is actually required.

Different surgeries will have different procedures for ordering repeat prescriptions and therefore the person should inform the Home Care Worker of the procedures used at their own surgery. Some surgeries have a dedicated repeat prescription ordering telephone line or email ordering system in place, while others rely on the person filling out the repeat prescription form and returning this to the surgery. Most surgeries will require 2-3 working days between receiving the prescription request and producing the prescription. This may be more at weekends and during public holidays.

- **Collecting the Prescription from the GP Practice**

Usually, prescriptions will be sent directly to a nominated Pharmacy from a GP Practice. The person should choose which Pharmacy they want to use, and the same Pharmacy should be used for that person at all times. (In some rural parts of Dumfries and Galloway medicines may be dispensed by a Dispensing GP Practice).

- **Collecting Medicines from the Community Pharmacy**

Some Pharmacies will deliver medicines, but this service should only be used if no family member/friend can collect the medication. If a Home Care Worker is collecting medicines, he/she should be introduced to the Pharmacy staff and should carry identification when visiting the Pharmacy e.g., a badge or letter of authorisation.

Pharmacies may request that Home Care Workers sign for the collection of medication.

A minimum of 3-4 working days should be allowed between the ordering of a prescription and the medicine being ready for collection/delivery (more over weekends and during public holidays). The responsibility for the collection /delivery of medication must be clearly noted in the Care Plan.

- **Reading of Labels and Confirming Time**

Some people may have problems reading the instructions on the labels of their medicines. The Home Care Worker may confirm (read out) what is written on the labels and confirm the current time before the person takes or uses the medicine.

- **Manipulating Containers**

Should a person have difficulty manipulating medicine containers then the Home Care Worker may give assistance, if requested to do so, and this task is stated in the Care Plan. This may involve taking the top from medicine bottles, pouring liquids, opening boxes or helping the person to remove tablets or capsules from sealed compliance aids, bottles or strip packaging. However, the **person will still be fully responsible** for taking the correct dose of the correct medicine, at the correct time, in the correct way and the Home Care Worker will only be responsible for manipulating containers at the request of the person. The person **must be able to clearly communicate any instructions** and all assistance given should be recorded

appropriately, for example, in the Care Diary or in documentation supplied by the Care Provider.
The Home Care Worker must not be responsible for selecting medication.

Example: If a Home Care Worker is responsible for measuring out a liquid for someone who cannot do this due to physical difficulty, the person must be able to see the dose being measured and must be able to confirm that this is correct.

- **Medications Recommended by a Nurse or GP e.g., eye drops, ear drops or creams**

If a GP or District Nurse recommends that a person receiving Level B support requires medicated cream or eye drops/ear drops to be applied by the Home Care Worker for a short course of treatment because the person is physically unable to carry out this task themselves, then these medications should be prescribed and clearly written instructions provided, including details of length of treatment. Home Care Workers should be given instruction/demonstration by the District Nurse if necessary and records of any support provided must be kept.

- **Storing Medicines**

The Home Care Worker may offer advice regarding where to store medicines, although the person will still be responsible for storing their own medication. In general, medicines should be stored in a dry, cool place away from direct sunlight. Medicines should be stored in a safe place, out of the reach of any children.

Some medicines will need to be stored in a refrigerator and this information will be written on the label and original container. The Home Care Worker may need to highlight this to the person if the person has difficulty reading labels.

2.3 Level C Support

2.3.1 Understanding Level C Support

Level C Support should only be provided after all options to allow the person to be as independent as possible with their medicines have been considered ([See Appendix 1](#)). The expectations of the person and their family/friends/informal carers that Home Care Workers will administer medicines must be managed by Health and Social Care professionals. Level C Support will only be available when a Care Package is currently in place.

For Level C Support

- **Deciding which medicines have to be taken or applied and when this should be done**
- **Being responsible for selecting the medicines**
- **Giving a person medicine to swallow, apply or inhale, where the person receiving them does not know what the medicine is for or cannot identify the medicine**
- **Applying medicines when the person does not know what the medicine is for, how to apply the medicine or cannot identify the medicine**

In some cases, a person may understand their medication and when to take this appropriately but may be unable to communicate this to a Home Care Worker. This would be classed as Level C Support and should be considered on an individual basis using a person-centred approach.

Level C Support involves selecting and preparing medicines for immediate administration. Medication should be **administered from normal bottles/boxes that have been labelled and supplied by the Community Pharmacist/Dispensing GP**. An up-to-date Medication Administration Record (MAR)/ Medication Chart must be in place and all administration recorded.

For Level C Support

- Medication will be supplied in labelled bottles and boxes and will not be supplied in a compliance device
- An up-to-date MAR/Medication Chart must be in place and all administration recorded at the time of administration ([See appendices 4 and 5](#))
- Safe storage solutions should be in place if a risk of medication being abused is identified
- Home Care Workers must not administer medicines from family-filled pill boxes/devices

An example of Level C Care would include a Home Care Worker following the instructions on a MAR /Medication Chart, selecting a medicine and then giving the appropriate dose to the older person to take, in accordance with the written instructions on the chart and label, saying, for example.

“It is time for your Furosemide Mrs. Brown. Here it is”.

Administration would be recorded immediately.

2.3.2 Starting and Re-starting Level C Care Packages – see full guidelines

2.3.3 Important Information for Home Care Workers Providing Level C Support

(To be read with Section 2.2, Level B Support)

Level C Support always involves the administration of medication.

- **Administering Medicines - The Legal Position**

Home Care Workers can administer medicines (other than injections) to the person that they were intended for when this is in accordance with the directions that the prescriber has provided (The Medicines Act 1968). These directions will be on the medicine label and the Medication Chart.

Written consent should always be in place before Home Care Workers begin to provide Level C Support with medicines. In all cases a Medication Permission Form ([Appendix 2](#)) must be completed.

See full guidance for cases where no Welfare Guardian/Power of Attorney is in place and assessment demonstrates that a person lacks capacity.

- **Medication errors**

Home Care Workers must report all medication errors immediately to their line manager, who will then contact the GP/Pharmacist for advice. If the line manager cannot be contacted the Home Care Worker should contact the GP/ Pharmacist directly and details of the advice given should be recorded. The Home Care Worker's line manager should be informed as soon as possible. No Home Care Worker should ever be afraid to admit to a mistake when assisting with medication. An investigation will be carried out and action taken to ensure that the same mistake does not happen again.

- **Medication errors involving controlled drugs** (See full Guidelines for more information)

Providers are required to notify the Care Inspectorate of all adverse events and concerns involving a controlled drug when they occur. For more information refer to the Care Inspectorate: *Notifications about controlled drugs: guidance for Providers, March 2015*, Publication code: OPS-0415-3

See [Appendix 7](#) for examples of controlled drugs.

- **Family-Filled Pill Boxes**

Home Care Workers should only administer medicines from the original container dispensed and labelled by the Pharmacy or Dispensing GP Practice.

- **Day Care – Treatment Outside the Older Person's Own Home**

The Care Provider should ensure the continuity of supply of medicines to any older person receiving Level C Support with medicines if that person regularly spends time away from home e.g., at a day care establishment.

When a person receiving Level C Support goes away from home regularly (e.g., every lunchtime) and requires medication whilst away from home, a pharmacist and/or GP should be asked to assess whether an alternative preparation is available that would avoid the need for a lunchtime dose. It may also be appropriate to consider whether the medicine could be administered at another time. If the medicine must be taken at the time the person is away from home, the Care Provider should liaise with, for example, the day care establishment, and they should agree a robust system for ensuring that the person receives the correct dose of the correct medicine, in the correct way and at the correct time of day. Day Care Centres should have policies in place for receipt, storage, and administration of medicines, including the recording of administration. Home Care Workers should not fill "pillboxes" or decant medicines into envelopes to be taken to the day care establishment. There should always be an audit trail of medicines and Medication

Charts/MAR Charts out of one service and into another i.e., out of the person's home and into the Day Care Centre and then from the Day Care Centre back to the person's home.

It is not recommended practice for the day centre to have their own supply of medicines and their own chart in place. This has the potential for leading to medication administration errors, for example, when a dose is changed in a person's own home, but this information is not conveyed to the day centre.

- **Keeping a record of the initials and signatures of all Home Care Workers**

A record of the printed names, signatures and initials of all Home Care Workers must be kept by Care Providers. This is important when Home Care Workers are initialling Medication Records.

- **Contacting the Pharmacy about updating Medication Charts**

When possible, the Home Care Workers should contact the Pharmacy by telephone before they take the Medication Chart to the Pharmacy for updating or arriving to collect an interim MAR Chart. This will give the Pharmacist an opportunity to ensure that the Home Care Worker has the appropriate documentation for the amendment of the chart i.e., a valid prescription. Pharmacists should have authorisation from the Prescriber before they can amend a chart.

- **Putting out medicines to be given by someone else later in the day**

Home Care Workers should never put out medicines to be given to the person later in the day by someone else. This has been shown to be a very unsafe practice, since often Medication Records are not completed and therefore medication may be administered more than once.

- **Leaving out medication to be taken later. This must be avoided. In most cases a person receiving Level C Support with medicines will be unable to take medicines left out for them appropriately.**

If the Home Care Worker is regularly being asked to leave out medicines by the person to take at a later time, then the Care Package must be re-assessed/medication reviewed. A risk assessment should be carried out by the Health and Social Care Joint Team, following discussions with the GP. If Home Care Workers are authorised in the Care Plan to leave out any dose of medication at the request of an individual, then they must clearly record each time that they do this.

- **Use of the Emergency Procedure Form for recording unplanned situations/events.**

In an emergency situation, the line manager may give the Home Care Worker authorisation via the telephone to carry out a task that has not been previously agreed in the Care Plan or on the Medication Chart. The Home Care Worker must write the instructions carefully onto the "Emergency Procedure Form" ([Appendix 6](#)), repeating back what they have written to their line manager, and this should be left out with the chart to ensure all Home Care Workers are aware of this information.

The line manager must ensure that the person is re-assessed if necessary and that any further action is taken within 72 hours e.g., the Medication Chart is updated. If required, Social Work should be contacted to alter the existing Care Package. If the line manager cannot be contacted and a GP, Nurse or Pharmacist is contacted to give advice, then this advice must be written carefully onto the Emergency Form (repeating back what has been written) and details of this must be given to the line manager as soon as possible.

It is important that Care Providers have a contact telephone number available for Home Care Workers/ Health and Social Care Professionals for use out with normal office hours.

- **Refusal of medication**

The Home Care Worker must never force a person to take medication. If medication is refused, this should be clearly recorded, as described on Pages 18 and 19. The health of the person may be affected if medication is not taken. It is recommended that the Home Care Worker seeks advice from the Pharmacist/GP either directly or via their line manager. Any advice given should be recorded and all Home Care Workers made aware of the advice. This should be noted in the Care Plan for future reference.

It is good practice to ask for and record advice on what should be done if refused medication is requested later in the day or continues to be refused at subsequent visits. If medication is refused regularly then a review of prescribed medicines should be requested.

- **Disposal of refused medication**

If a person refuses to take medication before it has been taken from the packaging, then the medicine should be kept in the package and the Home Care Worker should record that the medicine was refused on the MAR/Medication Record.

If medicine has been prepared for giving to the person by removing it from the container and then it is refused, then disposal of this medicine should follow good environmental practice. The medicine may be stored securely in a sealed envelope/ labelled medicine bottle with details of the contents and date of refusal clearly noted. This should be kept in safe storage until it can be returned to the Pharmacy with the completed Medication Disposal Form ([Appendix 5](#)).

It should be recorded on the MAR/Medication Record that the medicine was refused and removed for return to pharmacy with the Home Care Worker signing for this action. This should not be a routine occurrence and must only be for isolated incidents associated with an individual dose of a medicine.

- **Crushing medicines**

Under no circumstances should any medicine be crushed before administration to the person unless the Care Provider has received specific, written instructions to do so from the Prescriber and these instructions are noted clearly in the Care Plan. A Pharmacist should be contacted to verify that the medicine can be crushed without changing the way it works.

- **Splitting tablets**

In some cases, a tablet might need to be halved to allow the correct dose of a medicine to be administered. This is acceptable where there is written direction from the prescriber to do this, and the tablet is scored to allow halving. Further advice can be provided by a pharmacist, including advice on any aids available to help split tablets.

- **Covert Administration of Medicines**

Only in very special circumstances would any Home Care Worker ever be allowed to give medicines to an older person without their knowledge i.e., mixing with food. This situation would involve detailed discussions between the older person's representatives, the GP and other Health and Social Care Professionals, as recommended in the Mental Welfare Commission document "Covert Medication: Legal and Practical Guidance". This would be clearly detailed in the Care Plan.

- **Alcohol**

Home Care Workers giving Level C Support should not give medication to anyone who has consumed alcohol until their line manager has been contacted and they have been given permission to proceed. The line manager should contact the Pharmacist/GP for advice. This should be clearly recorded.

If the line manager cannot be contacted, the Home Care Worker should contact the Pharmacist/GP directly for advice, again recording any advice given.

If there is a known alcohol problem or the person consumes alcohol on a regular basis, the Home Care Worker should be provided with information on what to do when the person has been drinking i.e., a clear protocol should have been agreed between the GP/Care Provider and the person (or their representative).

- **Over the Counter Medicines, including Herbal Medicines**

Over the counter medicines, including herbal medicines, can interact with prescribed medication. This may cause the effects of any prescribed medicines to be reduced or increased. Certain over the counter products, including herbal medicines, may also affect the current medical conditions e.g., may increase blood pressure.

Home Care Workers should only be involved in the administration of medicines that have been prescribed for the service user and are included on the MAR Chart/Medication Chart.

2.3.4 Level C Tasks (*To be read with Section 2.2: Level B Support*)

Level C Support **will always** involve a Home Care Worker administering medication to an older person. However, the Home Care Worker may also be required to provide Level B Support with additional responsibilities.

a) Administering Medicines to Older persons

Safe procedures for administering medication and the different methods for the administration of different forms of medicines are explained in detail in [Section 2.3.6](#)

b) Ordering prescriptions

In addition to Level B ([section 2.2.3](#)), the Home Care Worker will be responsible for knowing when to order medicines and knowing what to order. It is recommended that Home Care Workers order medication when providing Level C Support. Only in exceptional circumstances should this be delegated to someone else, and this must be clearly stated at the onset of the Care Package by the person completing the assessment and establishing the Care Plan. Only medicines listed on the MAR/Medication Chart should be ordered, in accordance with the guidance below.

It is good practice to have a record within the person's home of when medicines have been ordered and collected. MAR Charts may have areas for doing this or a separate document may be used. An example of this would be:

Drug	Date Ordered	Ordered by	Date received	Received by	Carried forward	Total

Some medicines may not need to be ordered every month, for example, ointments and creams that may be prescribed in large quantities (e.g., 500G containers) or "when required" medicines. It is wasteful and inappropriate to return these to the Pharmacy at the end of each month. No

medication should be used beyond the expiry date on the container (Some drops, ointments and creams may have an expiry date of a certain number of days or weeks).

(i) Ordering process when using a printed MAR Chart

Where medicines are supplied by a Community Pharmacy, ordering should be done by completing the MAR Chart Repeat Request/ Order Sheet ([Appendix 4B](#)) and sending this to the GP Practice. Care must be taken to ensure that this is completed correctly, as detailed below, to make certain that all information regarding the need for medication is clearly communicated to both the GP and the Pharmacist. Visiting GPs can also use the MAR and the Repeat Request/ Order Sheet for communication purposes.

Ordering prescriptions using a MAR Chart supplied by a Pharmacy

- Order on week 3 of the cycle. Mark on chart as a reminder
- Use the MAR Repeat Request Ordering Sheet
- Check quantities of all medication remaining. If the medication is still being used but there is an adequate supply in the person's home, then note this on the Order Sheet e.g., "Plenty in the house. No more needed. Keep on the MAR Chart". This is particularly important for when required medicines. This process will ensure that the item is not removed from the MAR Chart
- Use as a tool for communication e.g., to confirm if an ointment/cream should continue
- Send this to the GP Practice. This will then be passed to the Pharmacy along with the 28-day prescription.

Example 1. Completed MAR Repeat Request Order Sheet

MEDICATION	TIME			
ADCAL-D3 TABS CHEWABLE LEMON ONE to be taken TWICE a day but not on Saturdays Suck or chew this medicine	BFAST/1	Change directions to BED/1	Days' treatment 28 Days	Continue ✓
				Discontinue
			Doctor's signature	
Qty: 56				
ALENDRONIC ACID TABS 70MG ONE to be taken in the MORNING on Saturday only Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS after taking tablet.	BFAST	Change directions to BED/1	Days' treatment 28 Days	Continue ✓
				Discontinue
			Doctor's signature	
Qty: 4				
LACTOSE SOLUTION Take TWO 5ML spoonful's TWICE a day when REQUIRED	BFAST	Change directions to Plenty in the house. No more needed. Keep on MAR	Days' treatment 0	Continue ✓
				Discontinue
	BED		Doctor's signature	
Qty: 500ml				

Example 2. Confirming need to continue with a medicine

Qty: 28				
30g Betnovate Cream Apply twice each day. Apply sparingly For external use only	BFAST	Change directions to Has been using for some time – has this to continue?	Days' treatment ?	Continue
				Discontinue
	BED		Doctor's signature	
Qty:				

c) Collecting Prescriptions from the GP Practice

[See Page 7 \(Level B Tasks\).](#)

d) Storage of medicines

Home Care Workers providing Level C Support must ensure that medicines are stored in a suitable place. In general, medicines should be stored in a dry, cool environment, out of direct sunlight. This means that the bathroom cabinet or kitchen shelf is not the best place to store medicines.

Home Care Workers should ensure that medicines are stored in a closed container in a safe place, out of the reach of children. Medicines for external use, for example creams and ointments, should be stored separately from other medicines. Some medicines will need to be stored in a refrigerator. This instruction should be on the label of these medicines and on the packaging of medicines. It is important that any medicines stored in the refrigerator are stored separately from food, ideally within a closed container (e.g., a plastic box with a lid).

In situations where the older person may knowingly or unknowingly take medication inappropriately when the Home Care Worker is not present, it may be necessary for medicines

to be stored in a lockable unit such as a lockable box or cabinet. A procedure must be in place to ensure that all those who need to access medication can do so easily. If the medicines are kept in a locked box/cabinet, it is suggested that the chart is kept outside this unit to ensure access by any visiting Health/Social Care Professional. Noting where the chart is kept in the Care Diary, or similar document, is also recommended.

e) Disposal of medicines

If a Home Care Worker feels that a person has too much medicine, or that there are medicines in the home that are no longer used, it should be established whether this excess medicine can be removed by liaising with the Community Pharmacy/ GP Practice. This includes removal of excess medication at the start of a Care Package.

If family/ informal carers cannot return medication to the Pharmacy, the Home Care Worker may do this, once the Care Provider has carried out a risk assessment. However, before a Home Care Worker can remove any medicine from a person's home, a Medicine Disposal Form ([Appendix 3](#)) must be completed and signed.

On return of the medicines to the Pharmacy, the Pharmacist should sign the Medication Disposal Form, which should be returned to the Home Care Worker and then stored by the Care Provider in the older person's records. Some Pharmacists may wish to keep a copy of the Medication Disposal Form for their own records.

2.3.5 Administering Medicines Requiring Level C Support

Home Care Workers can only administer medicines if this task has been written into a Care Plan and is included on a MAR/Medication Chart. Any changes in medication should be made by a responsible healthcare professional e.g., the Pharmacist/GP. An up-to-date MAR/ Medication Chart should be kept with medicines at all times. These charts will be supplied by Pharmacies/Dispensing GP Practices in Dumfries & Galloway as part of a Level C Care Package with an Approved Care Provider.

It is unlikely that anyone receiving Level C Support will have any "when required medicines" i.e., medicines that they decide when to take. However, some older people receiving Level C Support may have painkillers that they only need to take occasionally or, for example, inhalers they only take when breathless. If a person is capable of deciding when they need these medicines and can clearly conveying this information, this should be stated in a person-centred Care Plan. If a "when required" medicine is routinely asked for, then a medication review should be carried out to establish whether this medicine should be given routinely by the Home Care Worker. Home Care Workers should highlight any "1 or 2 tablets" doses to their line manager for discussion with the prescriber, since decision making by the Home Care Worker is discouraged.

Home Care Workers should never be asked to make a decision around when a person requires a particular medicine or what dose should be administered.

Informal carers (family/friends) should complete relevant recording documents should they ever administer a medicine when the Home Care Worker is not present.

The administration of each individual medicine must always be recorded at the time it is administered. Home Care Workers must be able to identify individual medicines and follow any specific instructions associated with these medicines e.g., take with or after food.

Care Providers may wish their staff to record additional information in a care diary /similar documentation in addition to the reverse side of the MAR/Medication Recording Sheet.

2.3.5.1 Medication Administration Records (MARs) ([See Appendices 4A and 4B](#))

Medication Administration Records (MARs) are linked electronically to a Community Pharmacy Patient Medication Record and can now be supplied by all Pharmacies in Dumfries & Galloway as part of a Level C Care Package with an approved Care Provider.

Interim MAR Charts are available for medication that is supplied by the Community Pharmacy midcycle and for use when antibiotics, steroids, ear drops, eye drops, creams and other time-limited treatments are prescribed.

(a) Managing the MAR

The MAR will be removed from the person's home at the end of each 28 days when the new MAR is put in place. The line manager should carry out an audit of these records, ensuring that there have been no problems during the previous month and if problems have arisen, they should be dealt with immediately. Completed records should be stored by the Care Provider in the person's records in a central location for a minimum of 5 years.

(b) Completing the MAR ([Appendix 6](#)) (Detailed guidance is provided during training sessions) As medicines are administered, the Home Care Worker should initial the space corresponding to the correct time and day for that medicine. This must be done for each medicine as it is administered. For continuity between the different charts supplied by different pharmacies at this time it has been agreed locally to use the following codes:

R Refused **D** Destroyed **LO** Left Out. MARs may differ slightly depending upon the Pharmacy that supplies them. However, in general, the method of recording will be the same. The supplying Pharmacy can provide additional guidance.

If a "when required" medication is requested by the person, the Home Care Worker should check the back of the MAR to establish when the last dose was given and then decide whether the medicine can be administered. This is especially important for medicines that have instructions such as "2 to be taken every 4 to 6 hours when required for pain. No more than 8 in 24hours" e.g., paracetamol and paracetamol containing preparations where there must be at least 4 hours between doses. The number of tablets given, and the exact time of administration should be recorded on the reverse side of the MAR (some Care Providers may also wish their Home Care Workers to record this information in a Care Diary or similar document) e.g., "2 paracetamol at 5pm" and signed. If in exceptional circumstances and agreed in the Care Plan a dose of 1 or 2 tablets is specified, then the exact number of tablets given should also be recorded. If a "when required medicine" is requested regularly this should be discussed with the Pharmacist /GP.

If a medication is refused this should be recorded in the appropriate space by using the code "**R**". It is important for the Home Care Worker to establish from a Healthcare Professional whether it is safe not to give this medication. On the reverse side of the MAR the Home Care Worker should note why medication was refused, who was contacted for advice and what advice was given. It is good practice to note information about whether the medicine can be taken later in the day and what to do if the person continues to refuse this medicine. If a medicine has been removed for return to the pharmacy this should also be noted. The Home Care Worker should sign the back of the MAR.

If all medication is refused then refusal should be recorded for each individual medicine in the appropriate space on the MAR and a Healthcare Professional contacted, as above. A note should be made at the back of the MAR and signed, as above.

If a refused medicine is requested later in the day, the Home Care Worker should check the reverse side of the MAR to see if any recommendations were made about this at the time of refusal. If not, a Healthcare Professional should be contacted and the information supplied recorded, as above. If it is safe to give this medication, then this should be recorded in a space corresponding to the time of administration

For medicines that have a varying dose (this should happen rarely), the exact dose given should be stated and initialled in the box e.g., “1ES” or “2ES”. (ES being the initials of the Home Care Worker).

If a medicine is left out to be taken later in the day (*this should happen rarely and should only be at the request of the older person in exceptional circumstances and in accordance with the Care Plan*), then the code “**LO**” should be used. A note should be made on the reverse side of the MAR specifying where the medicine was left and should be signed. At the time of the next visit care should be taken to ensure medication is still not left lying out and has been taken. If medication that has not been taken has to be destroyed this should also be recorded.

2.3.5.2 Kardex-Type Medication Chart and Recording Sheet ([Appendices 5 A, B, C and D](#))

(a) Managing the Medication Chart and Recording Sheets

Each chart must be kept for reference should a revised chart be produced. A line should be drawn through the old chart showing clearly that it has been discontinued and the date the chart has ended should be clearly annotated. When a new chart is put in place, the current Recording Sheet should be clearly marked to highlight when the rewritten Medication Chart began. Alternatively, a new set of Recording Sheets could be started relating to the new chart.

A Short Course Medication Chart is available for use when antibiotics, steroids, ear drops, eye drops, creams and other time-limited treatments are prescribed ([Appendix](#)).

(b) Completing the Recording Sheets ([Appendix 5C](#))

Each time a medicine is administered the code (A, B, C D...) for that medicine should be written into the space on the Recording Sheet that corresponds with the correct time and date. Once all medicines for that time of day have been administered, the Home Care Worker should sign the space below the recording box. This must be done for all medicines administered at that time of day.

If a “when required” medication is requested, the Home Care Worker should check the “**Other Times**” box to establish when the last dose was given and then decide whether the medicine can be administered. This is especially important for medicines that have instructions such as “2 to be taken every 4 to 6 hours when required for pain. No more than 8 in 24hours” e.g., paracetamol and paracetamol containing preparations where there must be at least 4 hours between doses the number of tablets given, and the exact time of administration should be recorded in the “**Other Times**” box e.g., “2B at 5pm” and signed.

If a person regularly requests a “when required medicines” this should be discussed with the Pharmacist/ GP.

If an individual medication is refused, this should be recorded in the appropriate space e.g. “A refused”.

It is important for the Home Care Worker to establish from a Healthcare Professional whether it is safe not to give this medication. At the back of the Recording Sheet the Home Care Worker should note why medication was refused, who was contacted for advice and what advice was given. It is good practice to note information about whether the medicine can be taken later in the day and what to do if the person continues to refuse this medicine. If a medicine has been removed for return to the pharmacy this should also be noted. The Home Care Worker should sign the reverse side of the Recording Sheet.

If all medication is refused, state *"All refused"* in the appropriate space on the Recording Sheet and contact a Healthcare Professional, as above. A note should be made at the back of the Recording Sheet and should be signed, as above.

If a refused medicine is requested later in the day, the Home Care Worker should check the back of the Recording Sheet to see if any recommendations were made about this at the time of refusal. If not, a Healthcare Professional should be contacted and the information supplied recorded, as above. If it is safe to give this medication, then this should be recorded in the **"Other Times"** box, at the bottom of the Recording Sheet. The actual time the medicine was administered should be specified e.g. *"A at 6pm"*. The entry should be signed.

For medicines that have a varying dose (should happen rarely), the exact dose given should be stated in the box corresponding to the correct time of day.

If a medicine is left out to be taken later in the day (*this should happen rarely and should only be at the request of the older person in exceptional circumstances*), the Home Care Worker should record this

e.g., *"D left out"*. A note should be made on the reverse side of the Recording Sheet to specify where the medicine was left and should be signed. At the next visit, the Home Care Worker should check that the medicine has been taken. If medication that has not been taken has to be removed for return to the pharmacy this should also be recorded.

2.3.5.3 Level C Administration of Medicines Task

It is important that Home Care Workers are aware of the tasks that they can perform and the tasks that they should not carry out.

Administration of Medication Tasks can be separated into the following categories;

- i. **Home Care Workers can only administer these medicines following completion of the Recommended “Basic Administration of Medication Training, with assessment of Competence by the Care Provider” ([Table 1, Page 21](#))**

Records of all training must be kept by the Care Provider.

- ii. **Home Care Workers can only administer these medicines following, “Additional Training and Supervision of Practice” ([Table 2, Page 27](#))**

These tasks must only be carried out following training and supervision of practice by a qualified Nurse (usually District Nurse) as per local policy and within a defined protocol. Records of all training must be kept by the Care Provider.

- iii. **Home Care Workers should not be involved in the administration of these medicines: [Level D \(Page 28\)](#)**

These tasks can only be carried out by registered Nurses e.g., District Nurses.

2.3.6 Medicines that can be administered by home care workers following completion of basic administration of medication training with assessment of competence by the care provider

Table 1.

	Task	Comment
A	Administration of solid oral medicines e.g. tablets and capsules.	In some cases, when a lower strength of a medication is not available, it may be appropriate to half tablets in accordance with a prescription if the tablet is scored to facilitate this. See note below regarding Warfarin*
	Administration of liquid oral medicines e.g. mixtures, suspensions.	Oramorph Oral Solution <u>10mg/5ml</u> is a Schedule 5 Controlled Drug and <u>can</u> be administered by Home Care Workers.
B	Application of prescribed, medicated creams and ointments	<u>Applying moisturising ointment/cream (e.g. E45), including application to diabetic feet</u> , could be considered as a Personal Care Task, even if prescribed. This should be stated on the Care Plan.
C	Assistance with inhalers	
D	Application of Medicated Patches	Follow instructions for each different patch. Home Care Workers should never cut patches. See G below and page 25 for advice on <i>Fentanyl Patches</i>
E	Application of eye drops/ointments not needing assessment	
F	Application of ear/nose preparations	
H	Administration of Schedule 2 Controlled Drugs (CDs) – solid form i.e., tablets, capsules and patches. <i>See Appendix 7 for examples of controlled drugs and examples of Schedule 2 Controlled Drugs commonly prescribed.</i> If safe storage of controlled drugs is a concern, then a lockable storage system should be considered.	Home Care Workers must not be responsible for measuring out liquid Controlled Drug (Schedule 2) medicines. Oramorph Concentrated Solution 100mg/5ml is a Schedule 2 controlled drug and must not be given by Home Care Workers. Oramorph Oral Solution 10mg/5ml is a Schedule 5 controlled drug and therefore can be administered by Home Care Workers. Temazepam is a Schedule 3 drug. Home Care Workers may administer liquid Temazepam. Fentanyl Patches may be applied by Home Care Workers. It is suggested good practice to have a separate recording sheet to ensure that patches are applied correctly (Page 23)
H	Medicines requiring safe handling <ul style="list-style-type: none"> • Methotrexate Tablets (once weekly dose) • Azathioprine Tablets • Finasteride 	Home Care Workers who are breastfeeding or are pregnant or staff planning pregnancy should not handle these medicines. Training must be provided on safe handling of these medicines (See Appendix 7 for a summary of recommendations).

Warfarin* (Refer to the full version of the guidelines for further information)

Prescribers have been given guidance on the prescribing of warfarin and other anticoagulants for their Level C Patients.

If Home Care Workers are asked to administer warfarin it is recommended that:

- Frequent dose changes are not required
- 1mg tablets are prescribed where possible, meaning that the number of tablets to be given will equal the number of milligrams prescribed
- Different doses on different days of the week are avoided
- Dose changes should be provided in writing and should be signed by/authorised by a prescriber (the yellow book can be used for this)
- Robust systems of communication are established between the GP Practice and Care Providers, with any verbal communication of any changes in dose being followed up in writing by the prescriber

Administration of all Medicines

Before any medicine is administered the Home Care Worker should check the **6 Rights of Administration**:

6 Rights of Administration

- 1. Right Person**
- 2. Right Medicine**
- 3. Right Time**
- 4. Right Dose**
- 5. Right Route**
- 6. Right to Refuse**

The Home Care Worker should:

Check the Medication Chart and Recording Sheet/MAR to ensure that this is in fact the correct person and that nobody has already administered the medicine for this time of day.

Explain what is going to happen.

Wash hands and put on gloves where necessary e.g., application of ointments/creams. Hands should also be washed after medicines are administered. Good hygiene rules must always apply.

Prepare surfaces and gather together all medicines, Charts, Recording Sheets, utensils and drinks of water.

Ensure a comfortable position. For oral medicines this must be an upright position

Begin with the very first entry on the chart and work down the chart gradually.

Compare and follow the instructions on the Medication Chart and label, remembering to check that the person's name is on each medicine. If labels are damaged in any way, or the instructions are not clear, or the information on the label differs from the information on the chart, the Home Care Worker should contact the Pharmacist/Dispensing GP, directly or via a line manager, before administering the medication.

Any special instructions on the label/chart should be followed e.g., take with or after food. Charts will not always include special instructions and therefore labels must always be read. Expiry dates on containers should be checked.

Separate containers, making sure that those from which medicines have been administered are set away from the medicines not yet administered.

Record administration. This must be done for each medicine as it is administered. The person administering the medicines must be able to distinguish each individual medicine and be aware of any specific instructions.

If there are **any differences** between **the information on the MAR/Medication Chart** and **the information on the medicine labels**, or if the Home Care Worker **is concerned in any way about the medication** that has been dispensed by the Pharmacist/Dispensing GP, then **medicine must not be administered**. The Home Care Worker should contact his/her line manager immediately who should contact the Pharmacist or GP. If the line manager cannot be contacted, the Home Care Worker should contact the Pharmacist or GP directly for advice. NHS 24 (**Call: 111**) should be contacted when issues are identified out of normal working hours.

Task A (Refer to Table 1) Administration of oral medicines e.g., tablets, capsules, liquids

For normal tablets and capsule, follow the instructions on the Medication Chart and medicine labels, tip the correct number of tablets/capsules into the lid of the container and then place these into a clean medicine cup or into the person's hand.

If the medicine is in a foil strip pack, the medicine can be pressed through the foil directly into the medicine cup or hand of the person.

The person can now take his or her own medicine, washed down with the water offered by the Home Care Worker. However, if an older person cannot physically raise their hand to their mouth to take medication, then the Home Care Worker may place the medication on a spoon and place in their mouth.

There is no requirement for Home Care Workers to count the number of remaining tablets/capsules in a packet every time they administer a medicine. However, if there is a suspicion that medication is being misappropriated or being wrongly administered, then a Care Provider may wish to include the checking of the balance of medication over a period of time.

If the tablet is soluble, the tablet should be emptied into the medicine cup, as described above, and it should then be placed in half a glass of water and allowed to dissolve before it is given to the person. A cold drink may be taken.

If the tablet is a "buccal tablet", the instructions on the label will specify that the tablet should be placed high up between the upper lip and the gums to either side of the front teeth. The tablet will soften and stick to the gum, allowing the medicine in the tablet to be absorbed through the lining of the mouth. If the person wears dentures the tablet can be placed in any comfortable position between the upper lip and gum. Water should not be given in this case.

If the tablet is a “sublingual tablet”, the instructions on the label will specify that the tablet should be placed under the tongue where it will dissolve and the medicine in the tablet will be absorbed. Water should not be given in this case.

If the tablet should be “sucked” or “chewed”, the instructions on the label will tell you if the tablet should be sucked or chewed. The person should be offered a drink of water to wash down a chewed tablet or should be offered water once the sucked tablet has disappeared from the mouth.

If a tablet needs to be halved to ensure the correct dose of a medication is provided, this should only be done by the Home Care Worker when the tablet is scored. Any remaining half should be returned to the packaging for use.

If the medicine is a liquid, the bottle should be shaken, and the correct amount of medicine should be measured out using a 5 ml medicine spoon, a graduated measuring cup or an oral syringe. (These can be supplied by the Community Pharmacy).

When the Home Care Worker is pouring out the medicine, the bottle should be tipped to ensure that the instruction label is facing upwards, so that any spilled medicine does not dribble over the label, making it difficult to read. The measured dose should be given to the older person along with a drink of water.

The neck of the bottle and any “dribbled” medicine should be wiped clean before the lid is replaced.

Warfarin. The Care Provider may wish to set up a chart specifically for the recording and monitoring of the administration of warfarin, in addition to the general chart.

Task B Applying ointments, creams and lotions.

Disposable gloves should be worn.

Privacy and dignity must be protected at all times when applying any cream/ ointment/lotion. The person should be placed in a suitable position for application of the medication.

A body map showing where each ointment, cream or lotion is to be applied should be included in the

Care Plan. Medication labels do not need to include details of the exact location for application. The Care Plan should also specify the duration of treatment.

The correct amount of ointment/cream/lotion should be taken from the container and smoothed out evenly onto the skin, remembering that many older people have very delicate skin that may be easily damaged. If the cream or ointment is in a tube, the tube should be squeezed from the bottom. Some creams or ointments will need to be applied sparingly. This means that you should only use a very little of the preparation and apply a thin layer. The instruction leaflet that comes with the cream or ointment should give you clear details of how it should be applied.

The Home Care Worker should dispose of the gloves and then wash his/her hands. The Medication Recording System should be completed immediately.

Task C Inhalers

Most people will be able to use their own inhalers. However, if an older person has any problems with a device that has been prescribed, then the GP, Nurse or Pharmacist can give advice on other devices that may be more suitable.

If the Home Care Worker is responsible for ensuring the person has used an inhaler which must be taken regularly, then the Medication Recording System should be completed immediately.

Task D Medicated Patches

These are patches containing medication that are applied to the skin, the most common patches being used for hormone replacement therapy, nicotine replacement therapy and for severe pain.

Home Care Workers must not be involved in halving any patches prior to administration. The Person Information Leaflet (PI Leaflet) for each type of patch should be followed. This will provide information on:

- Where to apply the patch
- How to apply the patch
- How long it should be left on
- Where to apply the next patch – patch positions should be rotated
- How to dispose of the old patch safely

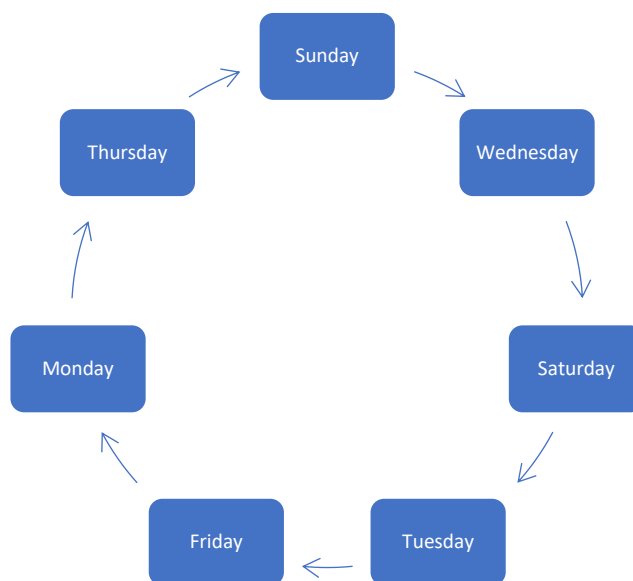
In general, patches should be applied to clean, non-hairy, non-irritated skin.

The patch should be marked and/ or a patch chart used to allow monitoring of the date applied, the date for changing and the location of the patch.

Monitoring is required to ensure that:

- patches are applied/changed at the appropriate times
- patches do not fall off
- patches are removed when a new patch is put in place

For 72-hour patches (e.g., Fentanyl) the following diagram may be helpful when working out when to next change the patch. The day the first patch is applied should be marked on the diagram and by following the arrow to the next day shown the day when the patch should be changed can be calculated. The calendar should be followed in a clockwise direction.



The Medication Recording System should be completed immediately (Care Providers may wish to set up their own chart specifically for monitoring the application and removal of patches, in addition to the general chart).

Task E Application of eye drops/ointments not requiring observation

The person may be able to instil their own eye drops using one of several devices available to support self-management ([Appendix 1](#)). This should always be considered.

Note the date of opening containers and discard in accordance with the instructions. This may be 4 weeks after opening or may be longer for some preparations.

Any preparation that is stored in a fridge should be allowed to stand at room temperature for a period before it is applied.

If both eyes are affected, then a preparation for each eye may have been dispensed and care should be taken to ensure that the preparation is used in the correct eye.

Eye drops – tilt the person's head back and make a small 'pocket' with the lower eye lid by gently pulling down the lower lid with your thumb and index finger, asking the older person to look up. Bring the dropper close to the eye, being careful to avoid contact and gently squeeze the dropper, allowing the correct number of drops to be released. Ask the person to close the eye and blot away any excess solution with clean cotton wool/tissue. Not doing this can lead to a skin irritation around the eye. Replace the lid of the bottle immediately.

Eye ointments – again ask the person to tilt the head back. Gently pull down the lower lid and ask them to look up. Apply ointment as a "fine thread" inside the inner surface of the lower lid, being careful to avoid contact between the tube and the eye. The person should blink several times and the lid should be replaced on the container.

The Medication Recording System should be completed immediately.

For post-operative eye drops see full guidance.

Task F Instillation of ear drops and nasal drops/sprays

If the label or instruction leaflet states that the preparation should be discarded after one month then the date of opening should be recorded.

Any preparation that is stored in a fridge should be allowed to stand at room temperature for a period before it is applied.

Ear drops - the person should tilt the head to the opposite side from the side to be treated. The Home Care Worker should then gently pull the ear back holding the top of the ear and instill the correct number of drops. The head should be kept tilted for several minutes. Cotton wool should not be used to plug the ear.

Nasal drops - the person should blow his/her nose, tilt their head back and breathe through the mouth. (The person may prefer to lie down). The correct number of drops should be instilled into the nose and the head should remain tilted for a few minutes. It is normal to "taste" the drops.

Nasal sprays - the person should blow his/her nose, tilt the head slightly forward and close one nostril by gently pressing against the side of the nose with a finger. The tip of the nasal spray should be inserted into the other nostril and the older person should breathe in slowly through the nose. While they are still breathing in squirt one spray into the nostril keeping the bottle upright. The spray should be removed from the nostril and the person asked to breathe out through their mouth. The head should be tilted backwards to allow the spray to drain into the back of the nose.

The Medication Recording System should be completed immediately.

Task G Controlled Drugs (See full Guidelines for more information)

Home Care Workers may **only** administer Schedule 2 Controlled Drugs to an older person if the medicine is in a solid dosage form such as a **tablet, capsule or patch** and a risk assessment has been carried out. See Appendix 9 for a list of commonly prescribed Schedule 2 Controlled Drugs. If safe storage of controlled drugs is a concern, then a lockable storage system should be considered. The Medication Recording System should always be completed immediately. If two Home Care Workers are present, then they should both be involved in administering the controlled drug and therefore both should sign the Administration Record.

2.3.7 Suitable tasks for Home Care Workers on Completion of Additional Training

The tasks shown in Table 1 on page 19 are tasks that can only be carried out by Home Care Workers who have been attended Basic Medication Administration Training and who are confident and competent in these basic tasks. Additional training in the tasks shown in Table 2 should be provided by an appropriate person, usually a District Nurse or Specialised Nurse e.g. Diabetes Nurse. The training will follow set protocols. However, it is the responsibility of the Care Providers to ensure that the Home Care Workers have been given training in the tasks listed and that all training is recorded. Home Care Workers carrying out the tasks in Table 2 must be regularly re-assessed to ensure the tasks are being carried out properly.

For specific information regarding the administration of Post-Operative Eye Drops see Page 35 of the full Guidelines.

Table 2. Medicines that can be Administered by Home Care Workers Following Additional Training and Supervision of Practice

Task	Comment <i>The Home Care Worker must be regularly re-assessed when carrying out these tasks</i>
Administration of “micro- type” enemas, <u>not</u> phosphate enemas	Training by District Nurse following set protocol.
Insertion of suppositories	Training by District Nurse following set protocol.
Post operative eye care	Ensure hands are washed prior to each administration, ask service user how the eye is feeling, Look for signs of infection, Redness, Swelling, Discharge, Watery eyes, Crustiness, Pain, Itchiness, Sensitivity to light or reduced vision.
PEG feeding with medication	Initial training by “Homeward” and the NHS Team
<u>Assistance</u> with nebulisers/oxygen	Training by the District/Respiratory Nurse or the Company supplying oxygen. Home Care Workers must have knowledge and understanding of the safe handling/storage of oxygen if working in a home where oxygen is present.
Buccal Midazolam in palliative care	Home Care Workers should be provided with suitable training by the District Nurse/Specialist Nurse. This training should be part of the

2.3.8 Level D: Medication Administration Tasks that should not be carried out by Home Care Workers (See full Guidelines for more information)

- Administration of insulin and other injections
- Administration of any medicine dependent upon skilled observation
- Insertion of pessaries
- Wound management
- Administration of Schedule 2 Controlled drugs in liquid form (See Appendix 9 for examples)
- Administration of cytotoxic (including chemotherapy – see Appendix 9 for examples)

These medicine administration tasks should only be undertaken by a Health Care Professional, usually a District Nurse.

3. Healthcare Related Tasks Not Involving Administration of Medicines

Care Providers and Home Care Workers often seek guidance on tasks that they are asked to perform that they feel may be related to the healthcare of the older person but are not related to the administration of medicines. These are not Level C Tasks. Rules of good hygiene must always be followed

These tasks may include:

- Colostomy care (classed as a personal care task)

Home Care Workers may change colostomy bags following suitable training and initial instructions from the District Nurse or Stoma Nurse.

General care of the stoma site, as instructed by the Nurse may be carried out but Home Care Workers must inform the District Nurse/Stoma Nurse if the stoma site changes in any way.

Post operatively the District Nurse/Stoma Nurse must regularly visit the person to re-assess the stoma site.

- Catheter care (classed as a personal care task)

Home Care Workers may change catheter bags following suitable training and initial instructions from the District Nurse. Care must be taken not to dislodge the catheter.

Home Care Workers must never be involved in the insertion/re-insertion of catheters

- Blood testing

Training required from the Nurse with the Home Care Worker being regularly re-assessed. The person should carry out the test with the Home Care Worker reading and recording blood glucose levels for use by DNs/GPs.

Home Care Workers must never advise about the amount of insulin to be administered or dietary requirements following blood/urine tests.

- Changing simple dressings

Only a simple dry dressing covering a minor wound e.g., sticking plaster or application of a dressing in an emergency following the direct instructions of the District Nurse.

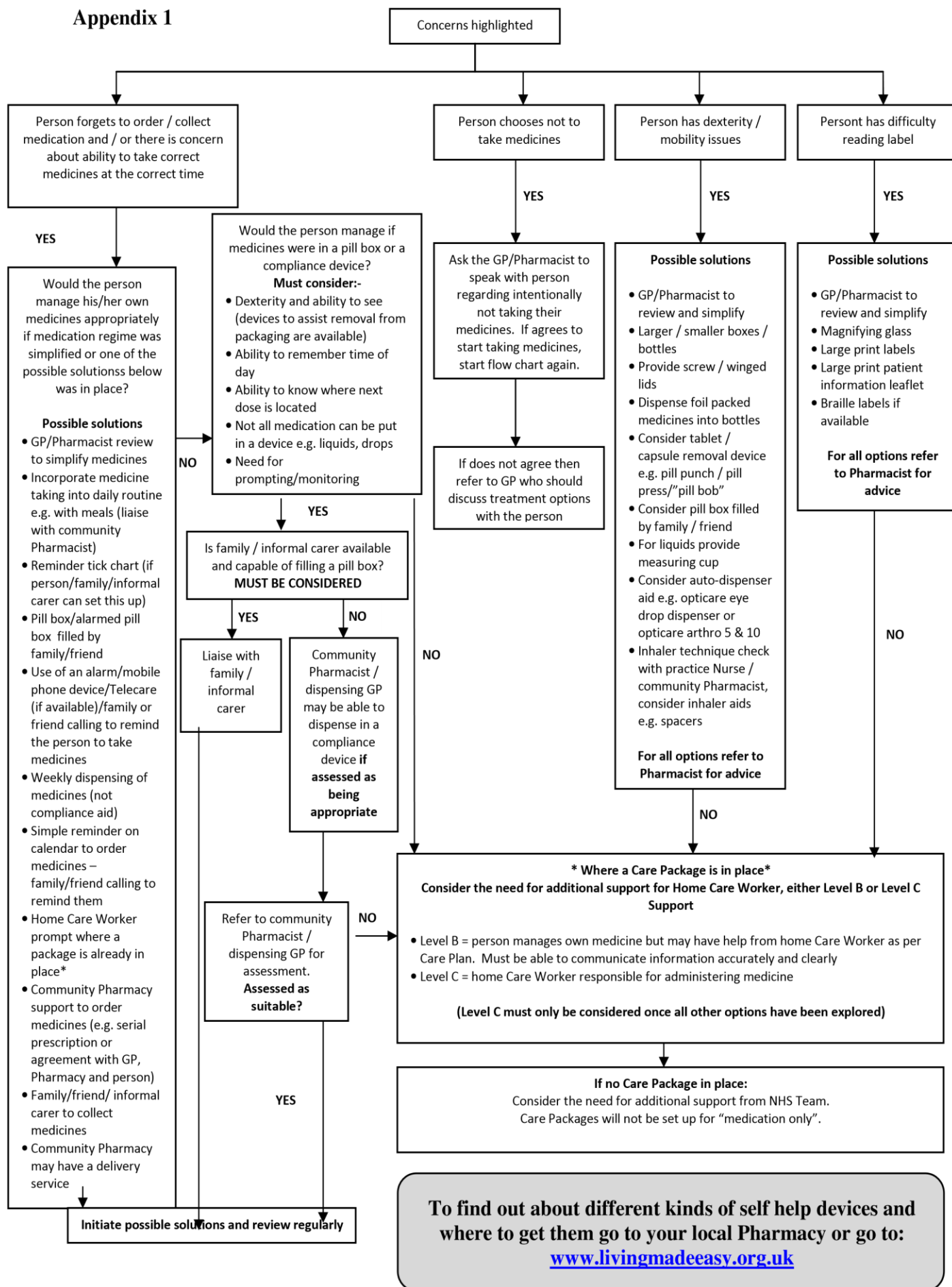
Home Care Workers should not be involved in wound management.

4. Where to go for further advice? (See full guidance for more information)

- Your line manager
- Pharmacists (Community Pharmacists, GP Practice Pharmacists)
- District Nurses / Specialist Nurses
- GPs/ Out of Hours Services / NHS 24 (Call 111)

Appendix 1: Support with Medicines Flow Chart

Appendix 1



Appendix 2: Medication Permission Form

Medication Permission Form – Care at Home

I give my permission for Home Care Workers from

Name(s) of Care Provider(s).....

to assist me with medication, in accordance with my Care Plan. I also give permission for the Care Provider(s) to share relevant information about my care or well being with appropriate health/social care professionals.

Name of Older person

Address

Older person's Signature

Authorised Representative*

Relationship to Older person

e.g. Welfare Guardian or Power of Attorney

Date

**In cases where there is no Welfare Guardian or Power of Attorney, if, during the process of setting up a Care Package, the Social Work/Health Care Team assess that a Older person lacks capacity and cannot give consent for Home Carers to administer medication, then the relevant Consultant (Hospital) or GP (Community) should be contacted and the recommendations for treating adults with incapacity found in the Adults with Incapacity (Scotland) Act 2000, Part 5, Section 47 should be followed. If being discharged from hospital and a Consultant initiates a Part 5 Certificate then this should be reported in the Immediate Discharge Summary and the GP should take over maintenance of this certificate. The existence of a Part 5 Certificate should be clearly stated on the Care Plan held with the Care Provider.*

Not all Level C Older persons will require a Part 5 Certificate, only those who are assessed as lacking capacity.

This form must be completed at the time of setting up the Care Package and before Home Carers begin administering medication.

A copy of this form must be kept in the person's records by all Care Providers providing assistance with medication.

Appendix 3: Medication Disposal Form

This form must always be completed when a Home Care Worker is returning a Service User's unwanted or discontinued medicines to a Pharmacy for destruction

Name of Service User

Address

Name of Agency providing Care

This section must be completed by the Service User/Representative.

I give permission for the medicine(s) listed below to be returned to my local Pharmacy by

....., my Home Care Worker, for safe disposal.

Signature of Service User/Representative

Date

Name(s) of returned medicine(s)	Quantity returned (approx.)

For completion by the Community Pharmacist

I confirm receipt of the medicines listed above, which have been returned to me for safe destruction.

Signature of Pharmacist

Name of Pharmacy

Address

Date

Appendix 4A Medication Administration Record (MAR)

Medication Administration Record Care Home Copy

R Refused **H** Hospitalised **L** On Leave
S Sleeping **D** Destroyed **Q** Not Required
P Pulse Abnormal **N** Nausea **O** Other
M Made Available

Name: Sally Strawberry [1 of 1]
Patient No: 10757
DOB:
Allergies: (None listed)

Doctor: Dr C J Ducker
Surgery: Whithorn Surgery
Home: Home Care
Notes: (None)

Whithorn Pharmacy
 67 St. John Street
 Whithorn
 Newton Stewart
 Wigtownshire
 DG8 8PD
 01988 500 217

		06/08/2015							13/08/2015							20/08/2015							27/08/2015														
		06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	01	02								
ADCAL-D3 TABS CHEWABLE LEMON ONE to be taken TWICE a day but not on Saturdays Suck or chew this medicine	BFAST/1																																				
	BED/1																																				
Qty: 56	Received:	By:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
ALENDRONIC ACID TABS 70MG ONE to be taken in the MORNING on Saturday only Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS before breakfast. Stand or sit upright for at least 30MINS after taking tablet.	BFAST																																				
Qty: 4	Received:	By:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
LACTULOSE SOLUTION Take TWO 5ML spoonfuls TWICE a day when REQUIRED	BFAST																																				
	BED																																				
Qty: 500ml	Received:	By:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						
PARACETAMOL TABS 500MG TWO to be taken FOUR times DAILY when REQUIRED Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine	BFAST																																				
	LUNCH																																				
	TEA																																				
	BED																																				
Qty: 100	Received:	By:	Started:							Qty:							Returned by:							Qty:							Destroyed by:						

Appendix 4B MAR Repeat Request/Order Sheet

Thu 6 August 2015

Medication Administration Record Repeat Prescription Request

Name: Sally Strawberry [1 of 1]
Patient No: 10757
DOB:
Allergies: (None listed)

Doctor:
Surgery:
Home:
Notes:

MEDICATION	TIME		Days' treatment	
ADCAL-D3 TABS CHEWABLE LEMON ONE to be taken TWICE a day but not on Saturdays Suck or chew this medicine	BFAST/1	Change directions to	Days' treatment	Continue
				Discontinue
	BED/1		Doctor's signature	
Qty: 56				
ALENDRONIC ACID TABS 70MG ONE to be taken in the MORNING on Saturday only Swallow whole whilst sitting or standing. Take with plenty of water. Take on an empty stomach 30MINS before breakfast. Stand or sit upright for at least 30MINS after taking tablet.	BFAST	Change directions to	Days' treatment	Continue
				Discontinue
			Doctor's signature	
Qty: 4				
LACTULOSE SOLUTION Take TWO 5ML spoonfuls TWICE a day when REQUIRED	BFAST	Change directions to	Days' treatment	Continue
				Discontinue
	BED		Doctor's signature	
Qty: 500ml				
PARACETAMOL TABS 500MG TWO to be taken FOUR times DAILY Do not take more than 2 at any one time. Do not take more than 8 in 24 hours. Contains paracetamol. Do not take anything else containing paracetamol while taking this medicine	BFAST	Change directions to	Days' treatment	Continue
	LUNCH			Discontinue
	TEA		Doctor's signature	
	BED			
Qty: 100				

Appendix 5A: Level C Medication Chart

ID Code <small>e.g. A, B... to be used when recording admin.</small>	Medication <small>(name, form & strength of the preparation supplied i.e. as specified on the label)</small>	Administration Times <small>The number of tablets/capsules to be given should be stated in words. Liquid doses should be clearly stated.</small>					Comments and Special Instructions	Discontinued or Added Medication <small>(date, sign and state designation - e.g. GP Pharmacist)</small>
		Break-fast	Lunch	Tea-time	Bed-time	Other Times		

Service User Details

Name:

DOB:

Address:

.....

Contact Details

GP

Tel. No.

Pharmacist

Tel. No.

Nurse

Tel. No.

Care Provider

Tel. No.

Location of Original Chart Production
i.e. name of Hospital (state ward), Pharmacy or GP Practice
.....

This chart was produced using medication details provided by valid prescriptions and information supplied by a Medical Practitioner.

The chart was compiled by 1..... Designation..... 2..... Designation..... Date

The chart was reviewed by..... Date..... Time.....

Appendix 5B: Short Course Level C Medication Chart

Contact Details GP Tel. No Pharmacist Tel. No	Contact Details Nurse Tel. No Care Provider Tel. No	Service User Details Name: DOB: Address:
----------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------

ID Code <small>to be used when recording administration</small>	Medication <small>(name, form & strength of the preparation supplied i.e. as specified on the label)</small>	Administration Times <small>The number of tablets/capsules to be given should be stated in words. Liquid doses should be clearly stated.</small>					Comments and Special Instructions <small>Including length of treatment</small>	Discontinued or Added Medication <small>(date, sign and designation e.g. GP Pharmacist or Nurse)</small>
		Break-fast	Lunch	Tea-time	Bed-time	Other Times		
scW								
scX								
scY								
scZ								

To be kept with main chart until all short courses are complete

This chart was produced using medication details provided by valid prescriptions and information supplied by a Medical Practitioner.

The chart was compiled by Name.....Designation.....Signature.....Date...../...../.....

Appendix 5C

Medication Recording Sheet

Month/Year.....(Part 1)

Service User's Name

Address.....

D.O.B

<i>Date</i>	<i>1st</i>	<i>2nd</i>	<i>3rd</i>	<i>4th</i>	<i>5th</i>	<i>6th</i>	<i>7th</i>	<i>8th</i>	<i>9th</i>	<i>10th</i>	<i>11th</i>	<i>12th</i>	<i>13th</i>	<i>14th</i>	<i>15th</i>
Break -fast															
<i>Signature</i>															
Lunch															
<i>Signature</i>															
Tea -time															
<i>Signature</i>															
Bed -time															
<i>Signature</i>															
Other Times includes "when required" e.g. 2A 5pm Jane Smith <i>Please sign each entry</i>															

Appendix 5D: Reverse Side of Recording Sheet

Date	Time	Comments	Name of person contacted + designation e.g. doctor, pharmacist	Signature of person completing the record of administration

Appendix 6: Emergency Procedure Form

<u>Service User's Details</u> Name Address.....	Name of Home Carer Date of Emergency
-----------------------------------------------------------------------------	-----------------------------------------------------

1. Please give clear details of the emergency situation?
2. Who did you contact for advice?
3. Please record in detail the advice and instructions you have been given.
4. Please record in detail the action you have taken in response to the advice you have been given.

The Home Carer must ensure that the information on this form is passed on to his/her line manager as soon as possible, and that any Medication Charts are amended within 72hours.
Ensure this information is available to all Home Carers Assisting this Service User.

Appendix 7

Drugs (solid form) used in Dumfries & Galloway requiring safe handling

Drugs that may be used to treat cancer

Azathioprine*	Capecitabine
Chlorambucil	Cyclophosphamide
Etoposide	Fludarabine
Hydroxycarbamide	Melphalan
Mercaptopurine	Methotrexate*
Thalidomide	

Other drugs requiring safe handling

Finasteride

(This is not a definitive list but does include the most commonly used drugs of this type used within Dumfries & Galloway)

*Home Care Workers will not be involved in the administration of the above drugs to treat cancer. However, Home Care Workers may be asked to administer Azathioprine or Methotrexate to treat conditions other than cancer e.g., eczema, psoriasis, inflammatory bowel disease and rheumatic disease and may be involved in administering Finasteride to men who have prostate problems. Training should be provided on the safe handling of these medicines.

If Home Care Workers are involved in the personal care of a person receiving chemotherapy, then training should be provided on the safe handling of urine/vomit/faeces and soiled linen, in accordance with the *NHS Dumfries and Galloway Guidelines for the Safe Use of Systemic Anti-Cancer Therapies*.

Examples of Controlled Drugs used in Dumfries and Galloway

Examples of controlled drugs include:	
Schedule 2 <i>(Includes the name of commonly used Schedule 2 medicines in Dumfries and Galloway)</i>	Morphine: (Sevredol /MST Tablets) (Zomorph /MXL Capsules) (Morphgesic SR Tablets) Fentanyl: (Matrifen / Durogesic / Mezolar and Fencino Patches) (Actiq Lozenges) (Effentora/ Abstral Tablets) Dipipanone: (Diconal Tablets) Oxycodone: (Oxycontin Tablets/Longtec Tablets) (Oxynorm Capsules/Shortec Capsules)
Schedule 3	Temazepam, Midazolam, Buprenorphine, Tramadol
Schedule 4	Benzodiazepines (Diazepam)
Schedule 5	Dihydrocodeine, Codeine, Co-codamol

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

May be available in other formats

For Further Information contact:

Care Training & Consultancy CIC on 01387 249 111 or info@caretrain.co.uk

