



MEDICATION POLICY FOR DOMICILIARY CARE IN CEREDIGION

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LOGOS

1. INTRODUCTION

These guidelines are intended to provide all those concerned with the delivery of services to service users with a set of practice standards relating to the Administration of Medication and clarify the procedures which should be adopted when administration of medication forms part of the service users' care plan.

- 1.2 These guidelines incorporate the requirements of the National Minimum Standards for Domiciliary Care Agencies in Wales, Standard 10 - Medication and Health Related Activities, a copy of which is available in the line manager's office.
- 1.3 These guidelines were written in agreement with Ceredigion Social Services Domiciliary Care Services and Private Sector Domiciliary Agencies, Ceredigion Local Health Board, Community Pharmacy Wales, NHS Trust and trade union representatives from UNISON. Regulatory input was received from Care Standards and Social Services Inspectorate Wales.
- 1.4 The Social Services Department is committed to the basic principle that service users should be able to exercise maximum personal responsibility over their own lives and decisions, as appropriate to their capacity. Self-administration should be the preferred option for all

2. POLICY FOR THE ADMINISTRATION OF MEDICATION

Aims and Objectives

The Guidelines:

- 2.1 Embody the principles of the NHS and Community Care Act 1990, Care Standards Act 2000, The NHS Plan 2000, the Domiciliary Care Agencies (Wales) Regulations 2004 and the National Minimum Standards for Domiciliary Care Agencies in Wales. All providers contracted by Ceredigion County Council to provide social care must also observe them.
- 2.2 Are applicable to all staff working with service users receiving domiciliary care services.
- 2.3 Aim to ensure that service users receive appropriate help and encouragement to manage their own medication but where this is not safe, to **ensure that they receive a suitable level of support and guidance with their medication.**
- 2.4 Acknowledge that care assistants are not health professionals and therefore must receive appropriate training in order to enable them to achieve an agreed level of competency in the administration of medication. New care assistants will receive appropriate level of medication training during induction.
- 2.5 Ensure a consistent approach throughout the Social Services Directorate.

3. GENERAL PRINCIPLES OF GOOD PRACTICE

Everyone involved in the care of a service user is responsible for ensuring that his or her medication is managed appropriately where the service user is not self-medicating. However the primary responsibility for the prescription and management of medication rests with the prescriber in consultation with other members of the primary care team and his/her patient.

- 3.2 Is it important that service users give their consent and their views must be respected and recorded on the Unified Assessment Process paperwork.
- 3.3 The service will be delivered in a way that enables self-motivation and independence. Administration of medication will be delivered in a way that respects the dignity, privacy, and cultural and religious beliefs of the service user.
- 3.4 The Domiciliary Care Agencies (Wales) Regulation 2004 Regulation 14 will be adhered to. A copy of which is available in the line manager's office.
- 3.5 Care assistants will only administer medication or undertake other health related tasks when it is requested on the service delivery plan, with agreement from the care assistants' line manager and ONLY when they have been trained and it is within their competence, and within the parameters and circumstances set out in this policy. Informed consent of the service user or representative will be recorded on the service users' care plan.
- 3.6 An audit of medication records will be routinely undertaken by the care coordinator.

4. MEDICATION IN THE DOMICILIARY CARE SETTING

.1 Arrangements for Medication Administration

- 4.1.1 Where the service user has difficulties with medication as determined by the Unified Assessment Process (UAP), the care manager or the care provider will refer the service user to the *community pharmacists* for a medication review under the Ceredigion Medicines Administration Scheme (Appendix 6) and a decision will be made regarding the most appropriate method of administration. The Pharmacist will provide 2 copies of the MAR sheet – one for recording administration of medication and one for reference. The reference copy of the MAR sheet will be taken by the Ambulance Service should the service user need to be admitted to hospital
- 4.1.2 The result of this assessment, including any medication support required, will be recorded on the service users' service delivery plan. A copy of the service delivery plan will be kept in the service users' home and care assistants will be alerted to any changes in the service delivery plan by their line manager.

Roles and Responsibilities of the Domiciliary Care Coordinator

- 4.2.1 Domiciliary Care Coordinators are responsible for protecting members of staff (ensuring that care staff act in ways which are within the law and consistent with the medication policy and procedure).
- 4.2.2 Domiciliary Care Coordinators are responsible for carrying out risk assessments prior to starting cases where medication assistance is required. Each risk assessment must be carried out on an individual basis. See Appendix 7 for blank Corporate Health and Safety Unit Risk Assessment Form.
- 4.2.3 To ensure care assistants are provided with information, instructions and training which enables them to carry out their duties as described in these guidelines. Supervise and monitor care assistants to ensure agreed competency and arrange further training if required.
- 4.2.4 To liaise with care management to ensure that the care plan accurately describes the support the care assistant is being asked to provide.
- 4.2.5 To liaise with the prescriber, community pharmacist, district nurse regarding medication queries and provide information to community and hospital pharmacist when service users are admitted to hospital.
- 4.2.6 The Domiciliary Care Coordinator is responsible for keeping an up to date list detailing initials against the names of all care assistants competent to administer medication.

4.3 Roles and Responsibilities of the Care Assistant

- 4.3.1 The role of the care assistant in the community is to enhance the independence of the service user.
- 4.3.2 They must have received UKHCA recommended medication training, and attained the agreed competency (taken a competency test and carried out three separate medication administrations while observed by a Care Coordinator or Area Manager), before assisting in the administration of medicines. Approved routes of learning must be agreed by all trainees.
- 4.3.3 Care assistants must notify their line manager immediately where they are being asked to provide assistance with medication which deviates from this guidance or if they have any concerns at any stage of the administration.
- 4.3.4 Care assistants must not provide advice regarding medication. They must seek clarification and guidance from their line manager if medication queries arise.
- 4.3.5 Care staff do not prescribe or dispense medication.

5. POLICY DISSEMINATION

- 5.1 **All** employees will be made aware of this policy and medication procedures as part of the induction process.
- 5.2 All employees involved in administering medication must have received relevant training and attained a competency certificate.
- 5.3 Refresher training must be undertaken by all employees involved in administering medication at least every two years or when any policy or legislative changes have taken place.
- 5.4 Registered Managers are responsible for ensuring compliance with this policy.
- 5.5 Compliance will be assessed through monitoring, supervision, regular audit of care plans and documentation regarding medication.
- 5.6 Non compliance with this policy or procedure may result in disciplinary action being taken

INTRODUCTION

- 1.1 This procedure must be read in conjunction with the Policy for the Administration of Medication and the Reference Material listed on the last page of this document.
- 1.2 This procedure promotes the safety and well being of the service user and provides a framework of safe practice for the care assistant.
- 1.3 This procedure must be followed when care assistants are required to administer medication to service users who are not able to manage their medication themselves. This requirement will be stated in the Service Delivery Plan.
- 1.4 All care staff must read the medication policy and procedure.
- 1.5 *All new care staff must have medication training as part of their induction; the training should ideally be carried out before the member of staff starts their own rota and should definitely have been completed within one month. New care staff must not administer medication until they have completed a successful competency test and three observations.*

2. OBTAINING PRESCRIPTIONS AND DISPENSED MEDICATION

- 2.1 Obtaining dispensed medication – In cases where the service user or service users' representative is **unable** to obtain dispensed medication one of the following methods of obtaining medication will be documented in the care plan:
 - the prescription requires collecting from the surgery and taking to the pharmacy for dispensing
 - the pharmacy will collect the prescription from the surgery and the dispensed medication should be collected from the pharmacy
 - the pharmacy will collect the prescription from the surgery and arrange delivery of the dispensed medication to the service users' home
- 2.1.1 Transporting medication from pharmacy to service user's home.

In circumstances where it has been agreed that care staff will pick up medication from the pharmacy, a risk assessment must be carried out to identify the best method of transportation. As a rule the medication should be taken immediately from the pharmacy to the service user's home. Care staff should check the medication against the MAR chart provided. Any medication picked up from a pharmacy should be signed for.
- 2.2 Regular repeat prescriptions will be covered under the Repeat Dispensing Service wherever possible. Where this is not possible the community pharmacist will confirm continued requirement of each medication with the service user's relative or care coordinator.

If there are any problems the care assistant should contact their line manager.
- 2.3 Medication should be dispensed in original packaging unless a health professional has advised otherwise. Medication dispensed in compliance aids should have full details of the medication therein.
- 2.4 When a new batch of medication arrives at the service user's home, care staff should check the medication against the MAR chart.

If the medication received is correct then the care worker should sign the MAR sheet to record this.
If there are differences, in the first instance ask the service user if they know why there is a discrepancy. If there is no explanation contact your line manager who will advise the pharmacist

3. STORAGE OF MEDICINES

- 3.1 Medicines should be stored according to the instructions on the patient information leaflet issued with every medication. Advice and guidance should be offered to the service user and recorded
- 3.2 A note of how and where the medication and MAR charts are kept should be recorded in the Service Delivery Plan
- 3.3 Medicines must be kept in their original container as provided by the pharmacy and must not be removed until the time of administration unless specified in the service delivery plan. Medicines may be left out for later use, this will be recorded on the MAR sheet as medicines 'For later'. A risk assessment should be carried out by Care Coordinator to ascertain safe practice for storage and 'For later' medication.

4. ADMINISTERING MEDICATION

- 4.1 Locate the medicines, MAR chart (When short term medication is required, for example – antibiotics, a second MAR sheet will be present in the service user's file), service delivery plan, a pen and any utensils required such as 5ml plastic spoon or a pot for liquid medication.
- 4.2 Obtain service user's consent before taking medication from packaging.
- 4.3 Find a clean area free of clutter / distractions and set out the medication and MAR chart.
- 4.4 Wash and dry hands according to the guidelines and wear gloves if the risk assessment identifies a risk. Gloves should always be worn if applying medication topically.
- 4.5 Select the first medicine to be administered during your call. Care staff can only administer oral or topical medication
- 4.6 Check the service user's name is on the medication label and MAR chart.
- 4.7 Check the label on the medicine against the MAR chart and ensure that the name of the medicine, the strength, the form, the dosage instructions and the service user's name are the same. If there are any differences, contact your line manager.
- 4.8 Care Assistant to check the expiry date on medication
- For 4 week prescribed medication it should be checked before administering for the first time and recorded and signed on the MAR sheet
 - If there is no expiry date the Domiciliary Care Assistant should contact their line manager who will liaise with the pharmacist.
- 4.9 Check the MAR chart to ensure that the medication has not already been given. If the dose that you are about to administer has already been given, contact your line manager before proceeding any further.
- 4.10 If all the details on the medicines label and MAR chart are the same, follow the instructions and administer the medication.
- 4.11 Oral medication - Observe that the medication has been taken and initial the MAR chart.
Topical medication - Once you have applied the topical medication, initial the MAR chart.
'For later' medication – Put the medicine in the designated place as detailed in the care plan. Record on the MAR chart as 'For later'. If at the next visit the 'For later' medication has not been taken please record on MAR sheet. If this happens again please report to your line manager.
- 4.11 If the service user refuses the medication enquire as to why they have refused the medication and record this on the MAR chart.
- 4.11.1 Medication refused must be recorded on the MAR chart using the appropriate code. Look at the key on the bottom of the MAR chart for the appropriate code.
- 4.11.2 If medication has been removed from the packaging when the service user refuses, do not return to the medication to the original container. The refused medication must be placed in the 'Refused / Dropped Medication' bottle and details filled and signed in the 'Returns to Pharmacy' form – Appendix 3.
- 4.11.3 If medication is no longer required it should be placed in a mutually agreed place separate from on-going medication. It should be recorded on the 'Medicines returned to the pharmacy for disposal' form – Appendix 3.

- 4.11.4 If medication has not been removed from the packaging when the service user refuses, the medication may remain in the original container.
- 4.11.5 Refusals of regular medication (i.e. medication that is taken on a daily basis) must be reported to your line manager. This must be recorded in the daily record and MAR sheet.
- 4.12 Never crush tablets or administer covertly (unless authorised by your line manager following advice from appropriate Health Care Professionals, legal and best practice frameworks must be recognised e.g. implications of the Mental Capacity Act 2005).
- 4.12.1 Provide a glass of water with the medication and ensure that the service user is sitting or standing. Medication should not be administered to anyone lying down.
- 4.13 Select the next medication to be administered and repeat steps 4.5 – 4.10.
- 4.14 Once all the medication required during your call has been administered, wash and dry your hands and any utensils used.
- 4.15 Return all medication (except medication 'For later'), MAR chart and utensils to their original place.
- 4.16 Care assistants **must not** administer medicines from unlabelled containers or monitored dosage systems (MDS) filled by family or informal carers.
- 4.17 For reference a Patient Information Leaflet is provided with each medication prescribed.
- 4.18 During each visit to a service user's home the complete task of administering medication should be carried out by one person only.

5. DISPOSAL OF MEDICINES

- 5.1 It is expected that relatives or representatives of service users will make arrangements for the return of all unused or unwanted medication to a community pharmacy for safe disposal. The 'Return to Pharmacy for Disposal' form should be taken to the pharmacy for signature and returned to the Domiciliary Care Office for safekeeping.
- 5.2 Medication must be disposed of when:
- the expiry date is reached
 - medication is no longer required
 - the label has become detached / altered
 - medication is dropped on the floor
 - medication that has been removed from the original container to be administered is refused
- 5.3 Medication must not be disposed of down a toilet or sink or thrown out with the rubbish.
- 5.4 Medicines belong to the individual for which they were prescribed or supplied and must not be removed from the service users' home without their consent.

6. RECORDING INFORMATION

6.1 Medication Administration Record (MAR) Chart

- 6.1.1 Two Medication Administration Record (MAR) charts will be provided by the service user's community pharmacist each time medication is dispensed.
- 6.1.2 One MAR chart lists all medication prescribed for the service user and will be used to record all medication administered, refused and left out 'For later'. The second MAR sheet is for reference only and does not need to be filled in. It will accompany the service user should they be admitted to hospital.
- 6.1.3 Once complete the MAR chart must be returned to the Care Coordinators' office together with the reference copy for that month.

6.2 Disposal of Medication

- 6.2.1 All soiled and refused medication must be placed in the 'Refused/Dropped Medication bottle' and recorded using form in Appendix 3 'Medicines returned to the pharmacy for disposal'.
- 6.2.2 Medication no longer required must be placed in a mutually agreed place separate to on-going medication. It should be recorded using the form in Appendix 3 'Medicines returned to the pharmacy for disposal'.

6.3 Retention of Records

- 6.3.1 All records must be stored for seven years after the last contact, and destroyed three years after date of death.

7. PURCHASE AND USE OF OVER THE COUNTER (OTC) MEDICATION (INCLUDING HERBAL AND 'HOMELY' REMEDIES)

- 7.1 Care assistants **must not** administer 'over the counter' medication.
- 7.2 Under no circumstances should care staff offer advice on non-prescribed medicines and remedies. IT IS DANGEROUS TO DO SO. The individual concerned may be allergic to the treatment or be taking other medication which may cause a reaction.
- 7.3 When care staff are asked by the service user to purchase a non prescribed medicine they should refer the service user to their Pharmacist.

8. GUIDANCE NOTES ON MEDICAL ISSUES

- 8.1 It is the responsibility of the prescriber to explain the reason for the treatment and likely effects (including side effects) of any medication prescribed to their patient. Community Pharmacists will give ongoing advice on medication
- 8.2 Every dispensed medication should have a patient information leaflet that outlines the possible side effects of the medication. If the care assistant is concerned that the service user is suffering from medication side effects they should inform their line manager who will contact a health professional at the service user's surgery or contact the 'Out of Hours' GP service as appropriate.
- 8.2 The medical practitioner makes a judgement on whether to explain to a patient the nature of an illness and the implications of any treatment. The judgement will be respected by the Domiciliary Care Service.
- 8.3 Care staff **MUST NOT** discuss or disclose a service user's medical history or treatment to A RELATIVE OR OTHER PERSONS. Any questions must be redirected to the service user or their medical practitioner.
- 8.4 The administration of medication must only be in accordance with the prescriber's directions.
- 8.5 In the event of a service user's death the medication must be kept for 7 days in case the Coroner's Office needs to investigate

APPENDIX 1

TASKS CARE STAFF MUST NOT UNDERTAKE

1. Care assistants **must not** force a service user to take medication or administer medication without the service user's consent. It is the service users' right to refuse medication.
2. Care assistants **must not** fill oral dose compliance aids, or monitored dosage systems (MDS), e.g. fill a dosette box, or move medication between sections.
3. Care assistants **must not** dispose of sharps or clinical waste from the service users' home.
4. Care assistants **must not** vary medicine dosage from instructions.
5. Care assistants **must not** administer medicine from a Monitored Dosage System (MDS) unless the service delivery plan indicates that it has been agreed. Any monitored dosage systems must be filled by a pharmacist.
6. Care assistants **must not** administer suppositories, pessaries, enemas, injections or change dressings unless appropriate training is undertaken.
7. Care assistants **must not** put medicines in food or drink to hide or disguise them.

APPENDIX 2

POSSIBLE PROBLEMS AND SOLUTIONS

1. **Service user has difficulty swallowing** – if a service user has difficulties swallowing, contact line manager who will advise the prescriber. Care assistants **must not** crush / cut / open a capsule or alter the medication in any way unless agreed by the Pharmacist. The procedure for administering medication must be followed at all times.
2. **No directions on the label** – refer to line manager who will contact Community Pharmacist. Do not administer medication until this problem has been resolved.

Exceptions to this rule may apply where directions are complex or may change so cannot be fitted onto the label. In such cases, the instructions are documented elsewhere. For example, Warfarin doses are recorded in the yellow Warfarin booklet, steroid reducing regimens recorded on a steroid reducing sheet. If in doubt contact your line manager.

3. **'As required' medication** – medication such as pain killers and laxatives can be taken on an 'as required' basis when the service user needs it. Guidelines will be left by the Pharmacist.
The label will state the maximum daily dose, frequency, and the reason the 'as required' medication has been prescribed. If not, contact line manager.
If you have concerns that the service user is over using the 'as required' medicine, please contact your line manager.
4. **No Date of opening on eye drops** – the person administering should record the date the bottle is first opened on the label and this should also be recorded on the MAR sheet. If no date of opening then a check should be made with the supplying community pharmacist.
5. **Refusal to take regular medication** – it is an individual's choice not to take medication. A service user cannot be coerced or forced in any way but some degree of encouragement can be given. Refusals of regular medication (i.e. not 'as required' medication) must be reported to the line manager who will communicate the problem to the GP. A note that the line manager has been informed of this must be made in the communication booklet.
6. **Missed doses** – if a dose of medicine was missed or omitted during the previous visit a double dose **must not** be given and the line manager must be contacted.
7. **Possible side effects** – should concern arise, the care worker must note whether any new medication or a change of dose to existing medicine has occurred during the last few days and inform the line manager.
8. **Alterations to label and/or MAR chart** - if the label on the medication or the MAR chart has been altered in any way, the care assistant must not administer the medication and contact their line manager immediately.
9. **Additional items during the month** – The Domiciliary Care Assistant should contact the Care Coordinator if new prescription/medication has been left at the service user's house. The Care Coordinator will ensure that the necessary arrangements are made for continuation of this medication where appropriate e.g. additional MAR chart (and copy) being provided with all new medication.

10. Errors in administration

- 10.1 All errors must be reported to the service users GP, next of kin and Care and Social Services Inspectorate Wales (CSSIW). It is the responsibility of the Registered Manager, or in their absence, their appointee to report errors.
- 10.2 Care assistants **must report errors** in the administration of medication (including omitting to administer) and related tasks so that lessons may be learnt from the situation and appropriate action taken. If a member of staff is aware of having made a mistake in administering medication or notices that an error has occurred, the following action must be taken:
 - ◇ Notify the line manager **immediately** who will seek advice from the GP or appropriate health professional and pass on all relevant information to the care assistant.
 - ◇ The line manager must enter details of the error on the Incident Form (Appendix 4).
 - ◇ The line manager is responsible for arranging any further training and support for the care assistant.
- 10.3 The manager is responsible for ensuring any errors in administration are fully investigated and, where necessary, appropriate remedial measures are implemented and recorded in the care notes and service users' file.

11. **Syringes** – if a service user self-injects medication (e.g. insulin), the care assistant **must not** handle the used equipment under any circumstances. The service user must be encouraged to discard used syringes into sealed sharps boxes which may be obtained on prescription from the GP, or a needle clipping device used (these retain the clipped needles safely). Care assistants must not dispose of sharps boxes themselves but should contact their line manager if there is a problem regarding disposal.

APPENDIX 5

GLOSSARY OF TERMS

ADMINISTER

Legally defined as *'Whether orally, by injection or by introduction into the body in any other way, or by external application, a substance or article either in its existing state or after it has been dissolved or dispersed in, or diluted or mixed with, some other substance used as a vehicle'*.

However in practice it is not possible to distinguish between 'administer' and 'assist' regarding medication. These words may be used interchangeably.

APPROVED TRAINING

This is a structured programme of training that has been agreed between health and social services. Social service or private provider employees involved in managing service users' medication will be assessed against the agreed competence to undertake specific tasks and then judged competent to do so.

ASSIST

In practice it is not possible to distinguish between 'administer' and 'assist' regarding medication. These words may be used interchangeably.

CARE ASSISTANT

A person who provides direct services to a service user and is employed by Ceredigion County Council Social Services Department or its contractors.

CARE MANAGEMENT

Is the process of tailoring services to meet individual needs following a holistic assessment and care planning by the Care Manager.

CARE MANAGER

Is a professional representative of Ceredigion County Council who assesses the needs of a service user, plans and arranges delivery of services required to meet those needs.

CARE PLANNING

Means negotiating the most appropriate ways of achieving the objectives identified via an assessment of need and incorporating them into an individual care plan.

CEREDIGION COUNTY COUNCIL

The elected body responsible to the central government for the provision of a range of services within the county.

CONTAINER

Blister pack, bottle or any other container that the Pharmacist deems suitable (e.g. Monitored Dosage System). A pharmacist must supply medicines in childproof containers unless specifically requested not to do so by the service user, or the medicine is such that it must remain in the manufacturers' original special container which is not childproof.

CONTRACT

An agreement usually in written form between a purchaser and a provider for the provision of services over a specific period at an agreed cost.

CONTRACTOR

Shall mean the person or persons who are responsible for providing the services to a service user, in accordance with the specifications and conditions of the contract. For example, private providers are contractors to Ceredigion County Council.

DRUG

The terms 'drug', 'medicine' and 'medication' are used interchangeably.

INFORMATION FILE

File that remains in the service users' home documenting the Care Plan, communications etc.

MAR CHART

Medication Administration Record (MAR). Used for recording administration, refusal and medication 'For later'.

MEDICATION

The terms 'drug', 'medicine' and 'medication' are used interchangeably.

MEDICINE

The terms 'drug', 'medicine' and 'medication' are used interchangeably

MONITORED DOSAGE SYSTEM (MDS)

A system or device which separates different doses, and is used as an aid to compliance. It must be prepared by a pharmacist. It is only suitable for certain drugs and certain service users.

ORIGINAL PACK

Package supplied by pharmacy containing medication. This may be an original container from manufacturer or medication may be packed down by the pharmacy from a stock supply into a smaller container. The original pack will be labelled with the patients' name, date of supply, name of medicine, strength of medicine, form of medicine, quantity of medicine and the name and address of supplying pharmacy.

PRESCRIBED MEDICATION

Medication for the purpose of this guidance only includes products used for the treatment of service users that are taken by mouth or applied externally. Eye, ear, nose drops and patches may only be given after specific instructions and training from a District Nurse, in accordance with local policy.

Assistance with nebulisers, inhalers and volumatics could be provided only when single measured doses are prescribed i.e. capsules or ampoules.

PROVIDER

In departmental terms, either a Ceredigion County Council or non-County resource providing a service at an agreed cost.

Registered Provider approved by Ceredigion Social Services' Contract and Commissioning Department.

REGISTERED MANAGER

The Area Manager in Social Services or Manager in Private Provider Agencies.

REVIEWING

Reassessment of needs and service outcomes with a view to revising the care plan at specified intervals.

RISK ASSESSMENT

An individual assessment of risk associated with administering medication in each care situation.

SERVICE USER

This term also means client or customer and describes anyone who may make use of the service provided by Ceredigion County Council or its contractors.



CEREDIGION MEDICINES ADMINISTRATION SCHEME

The Ceredigion Medicines Administration Scheme (CMAS) allows Domiciliary Care Assistants, with the support of local community pharmacists, to administer prescribed medication to vulnerable adults who have been identified as failing with the self-administration of their medication.

BACKGROUND

The Ceredigion scheme has been based upon a similar scheme that is currently operating within other Local Health Boards, in particular Cardiff and Neath Port Talbot LHBs. It has been developed to the changes in medication policy supported by Ceredigion Social Services, where issues with medication are highlighted as a potential risk.

The scheme has been developed to address this problem through the introduction of formal training, systems and support for Domiciliary Care Assistants, allowing them to administer prescribed medication to clients in their care.

The scheme uses the expertise of community pharmacists to develop a specific medication administration regimen for each client, to co-ordinate ordering of medication and to provide advice to Domiciliary Care Assistants and their clients to ensure the safe, effective and efficient operation of the scheme.

The medication is administered by the Domiciliary Care Assistants from the usual medicine containers/original packs following instructions printed on a Medication Administration Record (MAR) sheet.

Monitored Dosage Systems (MDS) are not used under this Scheme; alternative arrangements will have to be made if these are deemed appropriate.

The scheme has allowed service users to be cared for in their home environment rather than being admitted to residential or nursing home care or in some cases admission to hospital for ongoing care.

CMAS NEEDS ASSESSMENT

When a potential client is identified as having problems with their medication administration they can be referred to the scheme by Social Services Adult Teams, Ceredigion based Domiciliary Care Providers.

On each occasion the Domiciliary Care Coordinator will complete a CMAS Needs Assessment Form in the prospective client's home to establish if they will benefit from the scheme.

There may be other options for help and support for a client that will address their problems rather than the scheme, in which case the Domiciliary Care Coordinator will recommend alternative action which will be noted in the Social Services Client File.

CONSENT

The Domiciliary Care Coordinator obtains consent from the prospective client or their next of kin

- To be managed as part of the scheme
- To allow the Domiciliary Care Assistant to make requests for repeat prescriptions on their behalf to the nominated Pharmacy
- To allow all unnecessary medication to be returned to the Pharmacy for disposal
- To allow exchange of information regarding the Service User's medication between relevant personnel

A copy of the consent form and the CMAS Needs Assessment Form is taken to the nominated pharmacy.

PHARMACEUTICAL NEEDS ASSESSMENT

The Pharmacist and the Domiciliary Care Coordinator should discuss any issues arising from the Needs Assessment Form and establish a care plan.

The Pharmacist should then use the Needs Assessment Form, the Patient Medication Record and when necessary consultation with the GP to establish a clear picture of the current prescribed medication. The Pharmacist should review the present medications and identify any situations where changes in format, dose, frequency of administration, or timing of administration could be adjusted resulting in the simplest medication administration regimen. The LHB will provide pharmacists with appropriate paperwork to support completing the pharmaceutical assessment.

Domiciliary Care Coordinator will provide information on schedule of visits to the patient by the Domiciliary Care Assistants and liaise with the pharmacist to agree an appropriate medication regimen and visit schedule. Pharmacists must confirm, with the client's GP, any directions for medication with 'mdu' or 'prn' as the Domiciliary Care Assistants are not able to administer medication without specific directions.

Arrangements for commencement of the service, collection and delivery will be mutually agreed at this stage with the service user and/or their representative and Care Coordinator

Only prescribed medication is to be administered.

MEDICATION ADJUSTMENTS

Any potential alterations to medication must be discussed with the GP. Any changes agreed upon are to be entered on the Pharmacy Patient Record. A template is provided for written confirmation of the agreed changes to be sent to the GP for their records.

OVER THE COUNTER (OTC) MEDICATION

If the client has been self-medicating with OTC products these cannot be included in the scheme. If the medication is found to be necessary then a request should be made with the GP to include the item on the client's repeat prescription.

GETTING STARTED

- Once the Domiciliary Care Coordinator has established a start date to commence the provision of CMAS the Pharmacist is to arrange with the Surgery the provision of a prescription (for 28 days quantity) for the Service User.
- The **Pharmacist** notifies the client's GP that they have been included in the scheme.
- Before the first supply of prescribed medication within CMAS, the service user's representative or Care Coordinator will make arrangements to remove all unused/unnecessary medicines from the service user's home to be returned to the pharmacy for disposal
- Before the first supply of prescribed medication with CMAS the **Pharmacist** makes arrangements to remove all unused/unnecessary medicines from the service user's home and returns them to the pharmacy for disposal.

DISPENSING THE PRESCRIPTION AND MAR SHEET

The pharmacy is required to dispense the medication in the normal way; ensuring full dosage instructions are on every item. Each medication will be recorded on two copies of MAR sheets (one for Domiciliary Care Assistant to record on and the other to be kept as a reference for ambulance crew to take with the client should they be admitted to hospital). The pharmacist will ensure that the sheets contain patient details and administration times and frequencies.

The MAR sheets always run for 28 days. For ease of management of the service the MAR sheets are always set up to start on a mutually agreed day of the week with the individual community pharmacy. The Pharmacist must pass onto the Domiciliary Care Assistant clear instructions regarding how the medicines should be administered. This should be included on the label wherever possible. No abbreviations to be used on the MAR sheet and a 'Patient Information Leaflet' should accompany all medication.

Suitable arrangements will be made for collection and delivery with the community pharmacy.

Completed MAR sheets are retained by Social Services in the client's file.

REQUESTS FOR REPEAT MEDICATION

The pharmacy will mark the MAR sheet to remind the Domiciliary Care Assistant to contact the pharmacy to order a repeat prescription ten days prior to the next supply.

It is assumed that the pharmacy will order and collect the repeat prescription from the surgery as part of their usual Prescription Collection service.

WHAT TO DO IF YOU RECEIVE A PRESCRIPTION FOR AN ADDITIONAL ITEM NOT ON USUAL MONTHLY MAR SHEET

If a prescription is received for medication after the MAR sheet and supplies for that month have been supplied then the pharmacy is to supply an extra MAR sheet and reference copy. If the treatment is to be ongoing, then it can be added to the next MAR sheet in the usual way.

If the prescription is for short-term treatment such as antibiotics then the additional MAR sheet should be sufficient.

WHAT HAPPENS IF THE GP STOPS SOME OF THE SERVICE USER'S MEDICATION

The Health professional, Care Coordinator or service user's representative puts a line through the medication on the MAR sheet and returns the unwanted medication to the pharmacy for disposal. The Health professional informs the Pharmacist that the medication is discontinued so the Patient's medication record can be amended. A note is made in the Service Users Client file held by Social Services.

Medication no longer required must be placed in a mutually agreed place separate to on-going medication. It should be recorded using the form in Appendix 3 of the Medications Policy 'Medicines returned to the pharmacy for disposal'.

WHAT IF A CLIENT SELF ADMINISTERS AN ITEM?

All medication prescribed for the service user should be on the MAR sheet, as the MAR sheet should be a complete record of all medication the client receives. If an item (e.g. inhaler) is self-administered then the MAR sheet should be clearly marked "self administered".

REFUSED MEDICATION

The pharmacy is to supply an empty tablet bottle labelled '**MEDICATION FOR DISPOSAL**'. When the patient refuses a dose of their medication the Domiciliary Care Assistant will place it in the bottle. **ARRANGEMENTS FOR COLLECTING BOTTLES HAVE TO BE AGREED**

HOSPITAL ADMISSION

Domiciliary Care Coordinator will contact the community and hospital pharmacist when a service user has been admitted to hospital.

On discharge from hospital the hospital pharmacist will ensure that the MAR sheet has been updated if any changes have been made. A week's supply of any new medication should be sent home with the service user. If any changes have been made to existing medication the hospital pharmacist should inform the community pharmacist and Domiciliary Care Coordinator.

The hospital pharmacist should contact the Domiciliary Care Coordinator before the service user is discharged if it is identified that a further risk assessment is needed.

MEDICINES ALLOWED TO BE ADMINISTERED BY DOMICILIARY CARE ASSISTANTS

- The Domiciliary Care Assistants can administer prescribed medication when taken orally if a risk assessment identifies safe practice
- Domiciliary Care Assistants cannot administer medication that requires intimate contact such as suppositories or pessaries
- Schedule 2 controlled drugs and warfarin require an additional individual risk assessment prior to inclusion on the scheme. Where it is inappropriate to include, then alternative arrangements will need to be made.