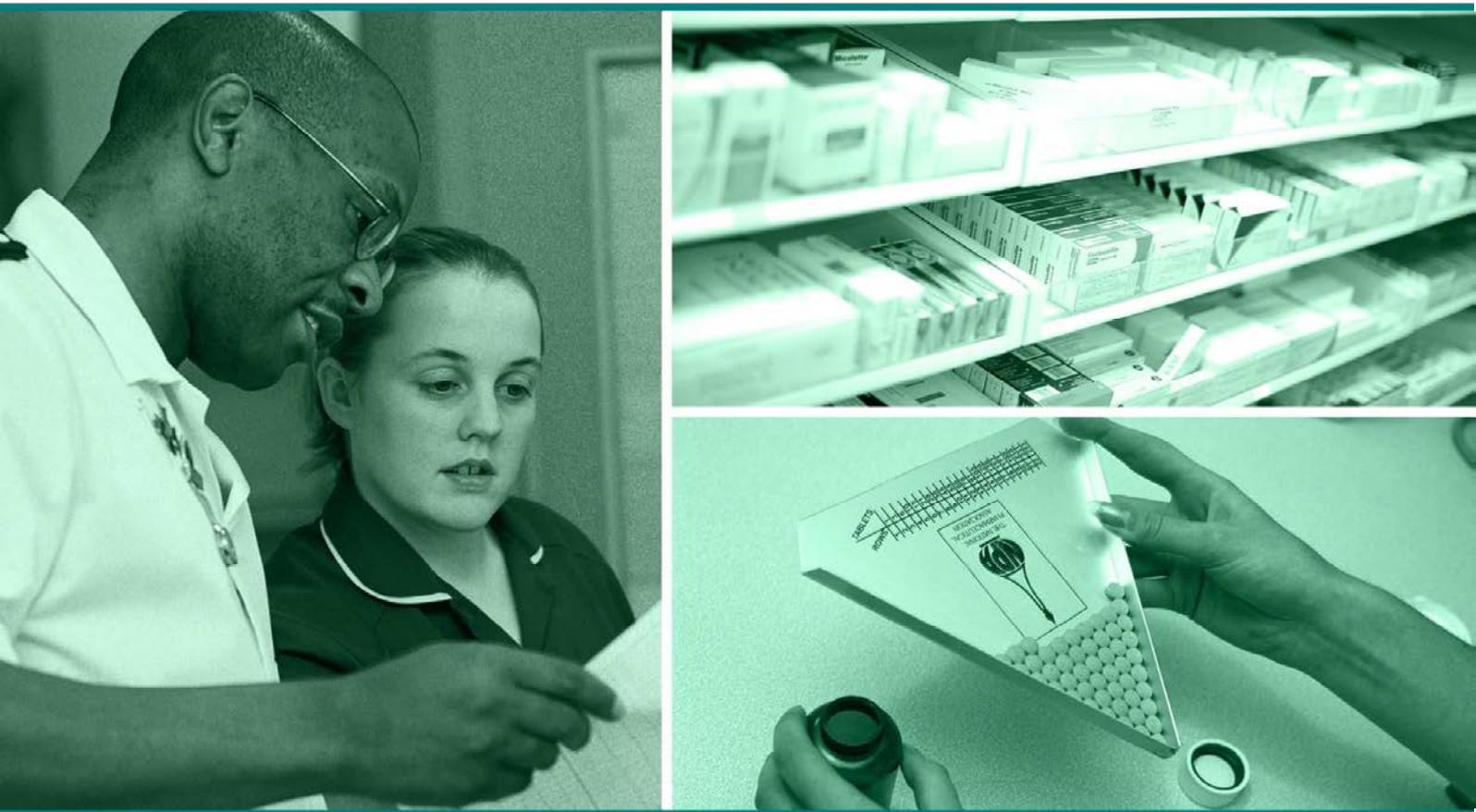


Policy for Health and Social Care Medicines Support Service

This policy describes how you can help individuals receiving medicines support to use their medicines effectively



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Scope

1. The vision is to commission an extensive programme of training for care workers and managers in enable the delivery of care and support in the home in which staff are competent to support service users with the administration of their medicines in their own homes without the need for an multi-compartment compliance aids. The policy aims to also equip staff within the social care environment with the skills and knowledge to recognise medicine-related problems that may arise with the changing needs of the patients they support.
2. The policy defines patients'/service user's needs around medicines into three levels of care in accordance to Care Quality Commission Professional Advice: The administration of medicines in domiciliary care (Oct 2008).
 - Level 1: The person takes responsibility for their own medication
 - Level 2: It is considered that the person cannot take responsibility for their medicines and that care staff will need to do this.
 - Level 3: Exceptional circumstances where medication needs to be given by specialised techniques.

Purposes

1. The purpose of the policy is to promote collaborative and partnership working across care boundaries, but also to support the coordination of services to enable transformational and sustainable change.
2. The policy defines a service that promotes independence and facilitates the care of people in their own homes while meeting their medicines management needs.
3. The policy provides a structured and uniform approach to the identification and assessment of patients who require additional support and encouragement to adhere to their prescribed medication regimen, and to establish the best method by which to achieve this.
4. This policy outlines the roles and responsibility of all staff working in a homecare environment when assisting service users with aspects of medicines management. This will help to ensure unified procedures are adopted when commissioning assistance with medication management as part of a care package.
5. The policy contributes to the requirements to have clear policy and procedures on management of medicines.
6. The policy aims to support more efficient use of staff time and facilitate the development of generic health/social care workers at different levels, which may/could lead to creating a career path for homecare assistants.

Definition

This policy should be used in conjunction with local organisation medicines policy. For the purpose of this policy:

1. The job title of **home care manager** (HCM) is used to reflect the role of the frontline home care manager who can be a health, social services or independent sector manager. The job title of **care worker** or home care assistant or support worker is used to reflect the role of a person who is supporting a service user who is frail or has physical or mental illness or disability or is affected by substance misuse. Care workers are paid for the care they provide and may or may not live with the person cared for.
2. **Service user** is the individual receiving or planning to receive services, the term can be used interchangeably with clients or patients.
3. **Home Care** - also known as domiciliary care - is the delivery of a range of personal care and support services to individuals in their own homes.
4. **Medicines support service** is a service provided by home care providers to enable service users to safely manage their medicines at home, after undertaken the appropriate training and has been assessed as competent to do so.
5. **Multi-compartment compliance aid** (MCA) is defined as a repackaging system for solid dosage form medicines, such as tablets and capsules, where the medicines are removed from manufacturer's original packaging and repackaged into another container. There are many names used to refer to a MCA such as Nomad[®], Medidose[®], Dosette[®] etc.
6. A **personal care plan** is also known as home based communication record or client information diary. It is a clear plan of care and treatment developed and available to all staff and others involved in the delivery of care for individual service user.
7. **MAR chart** – Medication Administration Record

Categories of Medicines Support Service

Level 1

The service user maintains responsibility for managing their own medicines. The care worker will always be working under the direction of the person receiving the care. This category includes service user who requires:

1. Help ordering and collecting prescriptions and advice on safe storage
2. Supervision with self-medication
3. Help to open containers
4. Reminder to take medication (the nature of the support should be identified on the service user's care plan).

Tasks to be included

1. Ensuring safe and secure storage of medicines in the service user's home.
2. Prompting or helping service user to order prescriptions.
3. Prompting or helping service user to collect prescriptions.
4. Disposing of unwanted medicines safely by return to the supplying pharmacy (when requested by the person).

5. An occasional reminder or prompt from the care worker to take their medicines (a persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the person's plan).
6. Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication.
7. Putting out medication for the service user to take at a later time to enable their independence (at the request of the service user and when the care worker has not been required to select the medication).
8. Asking the service user if they have taken their medicines and note they have done so in the care plan.
9. Noting and record any change in service users' ability to manage their medication.

Level 2

Service user is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness, mental health issues and can also result from a physical disability. Service users' must agree to have the care worker administer medication and consent should be documented in the personal care plan. If the service user is unable to communicate informed consent, the prescriber must indicate formally that the treatment is in the best interest of the individual.

Tasks to be included

- Ensuring safe and secure storage of medicines in the service user's home
- Ordering the service user's prescriptions
- Organising the collection or delivery of the service user's medicines
- Direct administration of medicines will be necessary. This may include:
 - selects and prepares medicines for immediate administration
 - selects and measures a dose of liquid
 - applies a medicated cream/ointment/patch; inserts drops to ear, nose or eye;
 - administers inhaled medication
 - pricking finger to monitor blood glucose
 - applies wound dressing for first aids only
- Individual doses can be put out for a service user to self-administer later in the day as prescribed but only following a risk assessment by an appropriate health professional and for specified medication. This arrangement should be clearly documented in the care plan.
- Service users who need to have their medication administered to them will have their medicines supplied in labelled containers with a MAR chart from the nominated pharmacy.
- On receipt of the medicines it is important to check that the medicines delivered/collected are all detailed on the MAR chart. Check that the medicines are all labelled with the service user's name and that the label instructions agree with the dosage instructions on the MAR chart. Sign the MAR chart to confirm quantity and receipt of each item.

The MAR chart must be signed every time a prescribed medicine is administered to a service user.

Level 3

Requirement is similar to Level 2. In exceptional circumstances and following an assessment by a healthcare professional, a care worker may be asked to administer medication by specialist technique after training and competency assessment for the use of these items are provided to care worker on an individual basis by a nurse.

Tasks to be included in Level 3

1. Ensuring safe and secure storage of medicines in the service user's home
2. Ordering the service user's prescriptions
3. Organising the collection or delivery of the service user's medicines
4. Direct administration of medicines will be necessary as Level 2 but also include medicines that required to be given by specialist technique:
 - Rectal administration e.g. suppositories, diazepam rectal solution for epileptic seizure
 - Loading insulin pens
 - Administration through a percutaneous endoscopic gastrostomy (PEG) tube
 - Administering medicines that require dose adjustment e.g. Warfarin, Steroids
 - Supporting use of non-medicine forms including surgical stockings, emptying catheter bags, changing of night catheter bag, assisting with supplementary feeds, changing valves on oxygen cylinders and enabling service user to reach the oxygen.
5. Individual doses can be put out for a service user to self-administer later in the day as prescribed but only following a risk assessment by an appropriate health professional and for specified medication. This arrangement should be clearly documented in the care plan.
6. Recording administration of prescribed medicines on the MAR chart.

Tasks NOT to be undertaken in Level 3

Medications:

- Administration by insulin pens
- Application of vaginal or rectal creams
- Administration of injection (intramuscular, intravenous, subcutaneous)
- Insertion of pessaries

Non-medicines care:

Care of bowel or bladder:

- Manual evacuation of the bowel
 - Initiation of stoma care or continence aids
 - Unblocking of urinary catheters
 - Removal of any catheters or tubes from the bladder
- Feeding:
- Naso-gastric tube feeds
- Intravenous infusions
- Care of skin:
- Complex dressings
 - Deep wound or pressure sores
 - Dressing of new limb stump, or other post-operative wounds

Procedure to be followed by the Home Care Manager:

1. Ensure copies of the care plan, medication record and signed consent form are received and included in the personal care plan in the service user's home.
2. Allocate the care package to an appropriately trained and competent care worker making sure that they have all the relevant information regarding ordering, collecting and storage of the service user's medicines.
3. Ensure the worker has copy of detailed personal care plan including medication times.
4. Contact the **pharmacist** for advice in the event of service users forgetting to take their medication or contact the GP surgery if a service user consistently forgets their medication, then advise the care worker accordingly.
5. Contact the **pharmacist** for advice in the event of service users refusing to take their medication or contact the GP surgery if a service user consistently refuses, then advise the care worker accordingly.
6. Monitor the service user to ensure services are provided as specified in the care plan and that the service user's needs are being met.
7. Regular review of the care plan and reconsideration of the relevance and effectiveness of the original package in meeting the objectives of the care plan. It will identify whether any needs have changed, and whether any further assessment is required.
8. The manager should note that the worker should not assist with administering medication that has not been prescribed by the GP or that is not on the care plan.

Procedures to be followed by the Care Worker:

1. Ensure that the medication is able to be safely stored in line with the storage instructions. If not, the HCM must be notified as soon as possible.
2. Ensure the service user / carer knows when medication will next need ordering and how to organise this.
3. Ensure the service user / carer knows how and when their medicines will be collected or delivered from the pharmacy.
4. Be alert to any changes in the ability of the service user to manage their medication and report to the HCM.
5. Record actions on care plan (Level 1) or on Medicines Administration Record (MAR) chart provided by pharmacist (Level 2 and 3).
6. Contact HCM if service users forgets their medication or refuses to take their medications

Practical Guidance for Care Workers

1. People always retain the right to refuse to take their medication. Under no circumstances will a person be forced to take their medication. If a service user regularly refuses their medication, the care worker should immediately report this to their manager, who in turn should report this to the GP.
2. If after a documented capacity assessment by Social Worker or Care Manager, it is determined that the service user lacks the capacity to understand the need for medication and/or how and when to take it, particular care is needed. It is not acceptable to conceal medication for example by hiding it in food, or to attempt to force service users. If an individual regularly declines prescribed treatment, a group made up of people involved in the care of the service user should come together to make a decision regarding the care or treatment of the individual, in a particular set of circumstances, should meet up to agree the approach. This information should then be available to the care worker and should form part of the care plan.

3. If an individual is a vulnerable adult, extra vigilance is required e.g. neglect, abuse or substance misuse. Any concerns regarding such an individual's care by colleagues or informal carers or suspicion of abuse, must be reported back to the line manager.
4. Medicines support services can only manage assistance with medication if it is agreed as part of the care package, following an assessment of the service user or their carer.
5. Care workers cannot assist service users with their medication unless they have undertaken the appropriate training and have been assessed as competent to do so. Training programs will be run for the general tasks listed under Levels 1 to 2 (with the training for those tasks listed in 3 to be specific to the individual service user and delivery by a community nurse).
6. Care workers may assist or administer prescribed medication (including controlled drugs) to another person with their consent, so long as this is in accordance with the prescriber's directions (The Human Medicines Regulations 2012). This is called 'administering medication'.
7. As part of an agreed package of care, it may be necessary for care workers to be involved with the management of controlled drugs. Care workers should be made aware of the importance attached to the careful management of controlled drugs.
8. Where a care worker is required under the care plan agreement to collect supplies of controlled drugs for service users, they will be asked for proof of identification and proof that they have been authorised to collect controlled drugs on behalf of the service user before the pharmacist will issue supplies of controlled drugs to them.
9. Records of the receipt and return of controlled drugs to the pharmacist for disposal must be maintained. It is considered good practice for records of the return of controlled drugs to be signed by the pharmacist receiving them for destruction. Where possible, a second designated member of staff should witness the preparation and administration of a controlled drug and should sign the record of medicines administered.
10. Care workers should not offer advice to a people about over-the-counter medication or complementary treatments.
11. Care workers should not assist or administer medicines that has not been prescribed but the GP or that is not on the care plan.

Safe and Secure Storage of Medicines in the Home

- Medicines need to be stored safely but they must be accessible to the service user and all care worker. **They must be out of sight and reach of children.** (Always remember that older people may have children visiting at times!!)
- Where a child is the sole or main carer, then medicines must be accessible to them as necessary but still must be stored away from other children who may visit the home.
- If the medicines need to be stored out of reach of the service user, the HCM must ensure that information on their location is available to all care workers in the homecare provider office. The hiding of medicines will **only** occur where the risk assessment shows that this is needed to protect the health and safety of the service user.
- All medicines should be stored in a cool dry place, away from direct sunlight.
- Insulin and some antibiotics and eye drops need to be stored in a refrigerator between 2 and 8 degrees centigrade. Store these medicines in the fridge in a separate box with a lid. The conditions for storage are always stated on the pack or in the patient information leaflet inside the pack.
- Medicines must be stored in the original labelled packaging or labelled compliance aid supplied by the pharmacist.

Never separate medicines from the pharmacy label

- Every medicine has an expiry date on the packaging if it is dispensed in the original container.
This is usually the date and the month after which it is not recommended to use the product.
- Eye drops and ointments and ear drops and nose drops all have an expiry date of 28 days after opening.
- If care worker come across unwanted medicines or any medicines past their expiry date, don't flush them down the toilet or sink but return them to the pharmacy. Make a record of the medicines to be returned on the medicine disposal form in the care notes, obtain the service user's signature as permission to return and obtain the pharmacist's signature and date stamp as receipt of the return.
- If care worker find out of date medicines or medicines that are no longer prescribed in the home, but the service user refuses to allow returning them to the pharmacy, then make a record in the care plan and report the incident to your HCM.

Prescriptions Ordering

- **The service user must select one pharmacy to dispense their prescriptions.** It is important that the nominated pharmacy is used to dispense all their prescriptions so that a complete patient medication record is made for the service user.
- Check when repeat medicines are due to be ordered.
- Prescriptions have to be ordered 48–72 hours before they are needed depending on the service user's surgery.
- GP Surgeries will generally supply prescriptions for 28 days of medication.
- The prescription request slip can be taken directly to the surgery. If you are ordering the prescription, make a note in the care plan when the prescription was ordered.
- Most pharmacies operate a repeat prescription collection service. If the repeat slip is handed in to the nominated pharmacy they will take it to the surgery and collect the new prescription 2 working days later. Some pharmacies will store the repeat slips on their premises and the repeat medication request can be made over the phone. Record that the verbal request has been made in the care plan and for what medication.
- Remember, most surgeries are now closed on Saturday mornings and this needs to be taken into account when ordering repeat medicines.
- You can check when the service user's repeat medicines need to be ordered by:
 - keeping a check on the quantities of medicines in the home
 - checking the dates on the containers of their current medication
 - checking the dates of the last supply of medicines on their repeat slips
- It is important to order the medicines in plenty of time so that the service user does not run out of their medication.
- Care worker should to make a record of the date of ordering in the care records specifying which items have been requested.

Medicines Collection

- Prescriptions can be collected from surgeries 2 working days after the request has been made. The prescription will need to be collected from the surgery and taken to the nominated pharmacy for dispensing.
- If the nominated pharmacy has requested the repeat medication then the medicines will be available for collection 2 working days after the request has been made.

- Some pharmacies operate a repeat prescription delivery service and will deliver the repeat medicines to the service user's home. If the service user is unable to open the door to receive the delivered medicines or the care plan states that the medicines need to be stored out of reach of the service user, then arrangements need to be made with the pharmacy to deliver the medicines when a care worker will be present.
- If care workers are collecting / receiving the medicines, they need to make a record of the date of collection/receipt in the care plan, specifying which items (and what quantity) have been received.

Changes in the Service User's Ability to manage their medicines

- There are a number of factors that can compromise a service user's ability to manage their medicines.
- Care workers are in a very good position to monitor how a service user is coping with their medicines because of day to day contact with them.
- Care workers should make a record of any events that concern them in the care plan is vital so that a full picture of the service user's ability to handle their medicines is available. If care workers have serious concerns they should record them and contact HCM as soon as possible
who will organise for the service user to have another risk assessment to assess their support needs.

- **Examples of some reasons why users might have problems when managing their medicines:**

a) Physical problems

- Some elderly people who take medicines have physical problems such as arthritis or failing eyesight that can stop them taking their medicines properly. These conditions can deteriorate over time so if care workers notice that they are having problems with their tablet bottles, liquid medicines or their inhalers record it in the care plan and inform HCM.

b) Confusion

- Many elderly people are confused about what their medicines are for or how to take them or if they have taken them, they may not have heard the instructions given to them by their doctor or their eyesight might prevent them from seeing the instructions on the label, if care workers are concerned about any issues like this they should record them in the care plan and report it to your HCM.
- Confusion itself can be caused by infection or can occur as a result of medicine side effects. If care workers notice that the service user has become more confused after a change in medicine or after a change in dose of an existing medicine then they need to record it in the care plan and report it to your HCM.

c) Alcohol or illicit drugs

- Service users have the right to make their own decisions about using alcohol or illicit drugs. Care workers will not be held liable for any accidents that happen in the service user's home as a result of alcohol or illicit drug usage.
- However, if a service user requests an alcoholic drink to take with their medication, this must be refused and care workers must record the incident in the care plan and report it to HCM.
- If the service user is intoxicated when you arrive at the home you must refuse to assist with their medicines, record the incident in the care plan and report it to your HCM as soon as possible.

'What if' Situations

What if the name on the medicine labels is not the service user's name?

Record the incident on the care plan, contact your HCM and the nominated pharmacy

What if a medicine is labelled 'as directed'?

Return the medicine and the MAR chart to the pharmacy for re-labelling with the full dosage instructions.

What if the medicine is labelled 'when required or if required or as necessary'?

These medicines should be given on request by the service user. Care workers can offer the medicine but they must not be administered on their own initiative. If the service user requires the medicine, check on the bottle if there is a maximum daily dosage which can be taken. Check if any doses have already been taken that day by asking the patient **and** checking the MAR chart. If everything is in order, administer the medicine as labelled.

What if the service user misses a dose of their medication?

Record the incident in the care plan. If the service user regularly misses doses contact HCM and the service user's GP surgery / pharmacy.

What if the service user takes the wrong dose of their medicines?

Record the incident in the care plan, contact HCM and the service user's GP surgery / pharmacy

What if the service user refuses to take their medicines or requests a different dose from that prescribed?

Record the incident in the care plan. If the service user regularly refuses to take their medicines contact HCM and contact the service user's GP surgery / pharmacy.

What if the service user is unwell and unable to take their medicines?

Record the situation in the care plan, contact HCM and contact the service users GP surgery / pharmacy.

What if the GP visits and leaves a prescription for a new medicine?

Take the new prescription to the nominated pharmacy. The pharmacy will provide with the new medicine and a corresponding MAR.

What if a GP visits and changes the dosage of an existing medicine?

Ask the GP to alter and initial the MAR sheet and medicine container. Record the change in the care plan and inform HCM. At the earliest opportunity take the medicines and MAR chart to the nominated pharmacy for re-labelling and alteration.

What if the GP phones and changes the dose of an existing medicine?

Care workers must not take verbal instructions from a GP or district nurse for any changes to medication. The GP should contact the nominated pharmacy and pass any changes on to the pharmacist with a new prescription. The unwanted medicines should be returned to the pharmacy and a new supply of medicines will be made with a new MAR chart.

What if the service user vomits after taking their medicines?

Record the incident in the care plan, contact HCM and contact the service user's GP surgery / pharmacy.

What if the service user asks care workers to give them their vitamin pills or painkillers that they bought from the pharmacy?

Care workers must not administer any medicines that are not detailed on the MAR chart or that have not been prescribed for the service user. If care workers become aware that the service user is taking additional medicines they must record it in the care plan and report it to HCM.

What if the compliance aid doesn't work?

Contact the nominated pharmacy for advice.

What if the service user runs out of medication?

Record the situation in the care plan, contact HCM, and contact the nominated pharmacy who may be able to organise a new prescription at short notice or provide an emergency supply of medication until a new prescription is ready.

What if the service user needs medical advice outside the surgery hours i.e. from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays?

Contact NHS 111 for out-of-hours GP and dental services when urgent medical attention is required outside surgery hours, this should only be contacted if the service user can't wait until the next day to be treated.

Medicines Assessment and Concordance Service by Pharmacist (The Equality Act 2010)

1. The Equality Act 2010 enables pharmacist to support the assessor to explore the problems encountered by the service user in accessing the medications and to address problems e.g. dispenses medicines in appropriate container, provides MAR chart, aids to help open containers, simplified medication regime, large print labels, multi-compartment compliance aids (MCA) using medicines concordance assessment tool (Appendix 2).
2. Service users may be asked to pay if MCA is requested outside the Equality Act criteria. Community pharmacists and GP cannot be compelled to provide medicines in this way however much the care provider may want it. Individuals may qualify for a free service under the Equality Act 2010 to support them to manage medicines themselves. This does not apply to entire care environments where the principal benefit is to care workers.
3. Some service users who have been unable to get medicines in MCA may have taken the decision to allow care workers to repackage medicines in pill organisers. This is secondary dispensing and is considered unacceptable. Service users should be referred for further assessment for appropriate level of medicines support to be arranged.
4. Pharmacist should supply medicines in labelled original containers, not in a MCA and provide a record of the administration, a Medication Administration Record (MAR chart), for service users who need to have their medication administered to them.
5. Pharmacists should label on the MCA with the description of the tablets/capsules or on the original pack or on the actual product like inhalers/creams/bottles and not on the outer box.
6. Pharmacists should provide service users or carers with appropriate information and advice to get the best health benefits from any medicine supplied.
7. Pharmacists should offer advice, support and assistance to service users and care workers with special needs regarding the use of drugs with a view to improving the patient's knowledge of, compliance with and use of such drugs.
8. Care workers may contact pharmacist for advice in the event of service users forgetting to take their medication, or refusing to take their medication.
9. Pharmacists may carry out targeted Medicines Use Reviews and New Medicines Service Reviews as part of the current Pharmacy Contract Services where appropriate.
10. Pharmacist should support the care worker to dispose of unwanted medicines in a safe manner within the regulations in force and sign and date stamp the 'permission to remove unwanted medication' form (Appendix 4).

Appendix I: Medicines Support Service Assessment Tool by Health and Social Care Professionals

Person's name		How many regular carers provide support?	Paid	Unpaid
NHS number				
Address		Number of dose alterations made in the past three months		
Post code		Is a carer present?	Yes	No
Tel. Number		What pharmacy services are currently provided?	Prescription order	
Date of birth			Prescription collection	
GP's name			Medicines delivery	
Date of last medication review			Multi-compartment compliance aids	
Date of assessment		Assessment undertaken by		

If a person is currently taking one or more medications, and with one of the following criteria: Adapted from Fuller D. Self-medication risk assessment screening tool. Dept of Medicines for the elderly. Hull Royal Hospitals 1996.					Enter score:
Mental state	1 Alert and orientated	2 Orientated but sometimes forgetful	3 Confused, muddled/disorientated/very forgetful	4 Very confused and forgetful	
Social circumstances	1 Living with others who can fully support medication needs	2 Living with others who usually/sometimes support medication administration	3 Living alone with some help from paid carers or family/friend	4 Living alone with no help	
Physical condition	1 Can manage to open bottles/packets independently	2 Weakness of hand/poor coordination, but can manage to open bottles/packets with difficulty	3 Disabled. Requires some help to open bottles/ packages	4 Severely disabled Unable to manage Unable to see	
Current medications include	10				
	<ul style="list-style-type: none"> • Rectal preparations e.g. suppositories • Insulin • Have a percutaneous endoscopic gastrostomy (PEG) tube in place • Medicines that require dose adjustment e.g. Warfarin, Steroids; 				
Total your score = 3 – no medicines support required 4-6 – Level 1 Medications Support Service 7-12 – Level 2 Medications Support Service ≥ 13 – Level 3 Medications Support Service					Total score
The strongest elements that contribute to risk of non-compliance to medications are: <ul style="list-style-type: none"> • Individual's attitude • Beliefs about their medications • Experience of side effects/intolerance/allergy • Swallowing difficulties 					Refer to GP

Appendix 2: Equality Act Assessment Tool by Community Pharmacy

Person's name		How many regular carers provide support?	Paid	Unpaid
NHS number				
Address		Number of dose alterations made in the past three months according to PMR		
Post code		Is a carer present?	Yes	No
Tel. Number		What pharmacy services are currently provided?	Prescription order	
Date of birth			Prescription collection	
GP's name			Medicines delivery	
Date of last medication review			Multi-compartment compliance aids	
Date of assessment		Assessment undertaken by		

Has the patient been assessed by health and social care professionals? If **YES**, do you know what level of medicines support service patient receives?

Level 1 medicines support service: a person is on medication(s) but able to take responsibility for their own medicines. In these circumstances the care worker will always be working under the direction of the person receiving the care. → dispense medications in multi-compartment compliance aids if requested by social care or GP

Level 2 or 3 medicines support service: a person is on medication(s) but unable to take responsibility for their medicines and may need support or need someone else to administer medication safely. This may be due to impaired cognitive awareness or physical disability. → dispense medications in original pack and provide printed MAR chart

If **NO**, you should ask the patient **'Why do you think that you need support to help take or use your medicines?'**
Summarise your initial assessment in the table below.

	Risk assessment	Practical solutions		
MENTAL	Coping routine	Simplify regime		
	Following instructions/poor understanding	Specify instruction on label; avoid when required/as directed Specify indications on label: for blood pressure, for cholesterol etc. Using symbol chart Dual language (own language and English) label		
	Intentional non-compliance	Switch to alternatives to minimise side effects Patient education Continue on essential medications only		
	Confusion/forgetful	Pharmacy to supply medication reminder/MAR charts Refer for dementia assessment Reminder strategies e.g. morning doses next to kettle and night time doses next to tooth brush or set am/pm alarms on phones Multiple-compartment compliance aids Relative/carer to prompt or prepare medications		
PHYSICAL	Manual dexterity problems or physical problems (e.g. tremor)	Tablets: Plain lid caps; wing caps Pharmacy to pop out blister pack and put in a container Inhalers: Haleraid®; dry powder inhaler; spacer Eye drops: auto dropper Injections: auto injection devices Provide halved tablets Advise bottle/jar openers		
	Swallowing or using medicines	Refer to SALT Consider prescribing liquid, oral dispersible or soluble tablets		
	Sensory problems (e.g. sight)	Large print label Dispensed Braille embossed pack Colour coding boxes e.g. red for morning doses Family/friend/carer support Multiple-compartment compliance aids		
	Problems obtaining prescription medications	Pharmacy to provide collection service Family/friend/carer support		
Outline of intervention required e.g. Medicines Use Review				
How many different kinds of medicines are taken or used most days? (Include pain killers, indigestion remedies, but not herbal, alternative or complimentary therapies unless consider essential by patient)	Prescribed		Purchased	
	Regular	When required	Regular	When required

For Pharmacy Only:

Equality assessment criteria does/does not apply (delete inappropriate)	Actions	Refer to GP	Purchase

I agree and understand the outcome of this compliance assessment

Patient's signature Date

Completed by.....Name Signature

Appendix 3 Permission to Collect Medication

Clients Name
Address
GP
Surgery

The following list of drugs requires collection from the pharmacy:

Medication	Quantity

I authorise the collection of the medicines listed above.

Signed: (Authorised member) Date:

Signed: (Service User) Date:

Signed: (Pharmacist) Date:

To be returned to Service User and retained in Service User's records

Appendix 4 Permission to Remove Unwanted Medication

Clients Name
Address
GP
Surgery

The following is a list of drugs (and dressing) which are no longer required because:

- They have been discontinued from treatment
- Expired
- Service User allergic/refused

Medication	Reason for return*	Quantity

*Key: E = Expired, U = Unwanted, D = Discontinued

I authorise the removal of the medicines listed above for safe destruction by:

Signed:(Authorised member) Date:

Signed: (Service User) Date:

Signed: (Pharmacist) Date:

To be returned to Service User and retained in Service User's records

Appendix 5: Medication Administration Record

R - refused N - nausea or vomiting H - hospitalised L - social leave
 D - destroyed F - other (define) A - not required

Name		DoB	
Address		Start Date	
Sensitivities & Allergies		Start Day	
GP		Room	
Pharmacy		Self- medicating Y/N	

Medication Details	commencing	WEEK 1							WEEK 2							WEEK 3							WEEK 4						
	DATE	M	T	W	T	F	S	S	M	T	W	T	F	S	S	M	T	W	T	Fr	S	S	M	T	W	T	F	S	S
	Hour:Dose																												
Rec'd by	Date	Quantity	To follow	Rec'd date	Carried fwd	destroyed	quant.	by																					
Rec'd by	Date	Quantity	To follow	Rec'd date	Carried fwd	destroyed	quant.	by																					
Rec'd by	Date	Quantity	To follow	Rec'd date	Carried fwd	destroyed	quant.	by																					
Rec'd by	Date	Quantity	To follow	Rec'd date	Carried fwd	destroyed	quant.	by																					

Appendix 6: Pocket Guide medicines administration practice guide

IT IS CRITICAL THAT YOU REMEMBER THE FOLLOWING:

The tasks you are expected to carry out will be detailed in the care plan. If it is not in the care plan then do not do it.

- You must only carry out tasks for which you have been trained and assessed as competent to provide.
- You must only administer medicines from the original container dispensed by the pharmacists and NOT from any container filled by any other person.
- Never separate medicines from the pharmacy label.
- Always wear gloves when applying creams or ointments onto skin.
- When ordering medicines always record date of ordering in the communication record, specifying which items have been requested.
- When collecting or receiving medicines always record the date of collection/receipt in the communication record, specifying which items (and what quantity) have been received.
- Never put out doses of medication to be taken later unless a risk assessment has been undertaken by an appropriate health professional for a specified medication.

- Do not crush tablets or open capsules unless clearly specified by GP on the label.
- Never take verbal instructions from a GP or District Nurse for any changes to medication.

It is the individual's right to refuse to take their medicine. Under no circumstances should anyone be forced to take their medicines. Record any refusal on the MAR chart or communication record and report to your manager and GP surgery.

Medicines must be stored out of sight and reach of children

If you are unclear about any of the guidance contact your manager before attempting to carry out the task.



POCKET GUIDE MEDICINES ADMINISTRATION PRACTICE GUIDANCE

This leaflet described how you can help individuals receiving medicines support to use their medicines effectively

LEVEL 1 MEDICINES ADMINISTRATION SUPPORT



Task you can carry out

- Help ordering and collecting prescriptions and advice on safe storage
- Help to open containers or give help to access medicines
- Reminder to take medication
- Supervision with self-medication



Tasks you must not carry out

- Administer medicines

LEVEL 2 MEDICINES ADMINISTRATION SUPPORT



Task you can carry out

- All tasks listed in Level 1
- Administering of medicines for example selects and prepares medicines for immediate administration; selects and measures a dose of liquid; applies a medicated cream/ointment/ patch; inserts drops to ear, nose or eye; administers inhaled medication pricking finger to monitor blood

glucose; applies wound dressing for first aids only

- You will be required to record the administration on the Medicines Administration Record Chart (MAR chart)



Tasks you must not carry out

- Any invasive, clinical or nursing procedures

LEVEL 3 MEDICINES ADMINISTRATION SUPPORT



Task you can carry out

- All tasks listed in Level 1 and 2
- Direct administration of medicines that required to be given by specialist technique:
 - Rectal administration e.g. suppositories, diazepam rectal solution for epileptic seizure;
 - Loading insulin pens;
 - Administration through a percutaneous endoscopic gastrostomy (PEG) tube;
 - Administering medicines that require dose adjustment e.g. Warfarin, Steroids;
 - Putting on surgical stockings;
 - Emptying catheter bags;
 - Changing of night catheter bag;

Assisting with supplementary feeds;
Changing valves on oxygen cylinders;
Enabling service user to reach the oxygen.



Tasks you must not carry out

Medications:

- Administration by insulin pens
- Application of vaginal or rectal creams
- Administration of injection (intramuscular, intravenous, subcutaneous)
- Insertion of pessaries

Non-medicines care:

Care of bowel or bladder:

- Manual evacuation of the bowel
- Initiation of stoma care or continence aids
- Unblocking of urinary catheters
- Removal of any catheters or tubes from the bladder
- Feeding:
 - Naso-gastric tube feeds
 - Intravenous infusions
- Care of skin:
 - Complex dressings e.g. post-operative
 - Deep wound or pressure sores

You will only be involved in the administration of these on an exceptional basis i.e. when one-on-one training and assessment for competence has been completed.

Appendix 7: Medications Support Service Process and Decision Support

