

**Rotherham Metropolitan
Borough Council**

**Neighbourhoods and Adult Services
Directorate**

Health and Wellbeing

**Contracted Community and Home
Care Services (Domiciliary Care)
Policy on Medication**

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(revised version
Final Report)

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Introduction

1. This Medication Policy was first published in June 2003. It was last reviewed and revised in May 2012. This policy applies to situations where carers employed by contracted Community and Home Care Services are providing care and support to service users in their own home. There is a medication policy for the Rotherham MBC Enabling Service, Residential Care, Intermediate Care and other settings for Service Users already in place.

The Medication Policy for Community and Home Care Services complies with Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and The Care Quality Commission's regulations Outcome 9.

Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 states that:

The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

The Care Quality Commission regulations Outcome 9 states that:

The registered person must protect service users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity.

People who use services:

Will have their medicines at the times they need them, and in a safe way. Wherever possible will have information about the medicine being prescribed made available to them or others acting on their behalf.

This is because providers who comply with the regulations will:

- *Handle medicines safely, securely and appropriately.*
- *Ensure that medicines are prescribed and given by people safely.*
- *Follow published guidance about how to use medicines safely.*

This Policy should be read in conjunction with the Mental Capacity act 2005 and Mental Capacity Act Code of Practice 2007 and with The Royal Pharmaceutical Society (of Great Britain) document; The Handling of Medicines in Social Care.

2. Definitions

2.1 Medication in this document refers to any substance that is given to prevent or treat illness or disease.

2.2 Medicines are given a **legal category** to control how they can be supplied to the public.

There are 3 types:-

a) Prescription only medicines (POM)

These can only be obtained with a health professional's prescription.

b) Pharmacy medicines (P)

These may be sold only in a pharmacy and the sale must be supervised by the pharmacist, e.g. antihistamines for the relief of hay fever symptoms

c) General sales listed medicines (GSL)

These are sold in stores, such as supermarkets, as well as pharmacies.

2.3 Controlled drugs/medicines are those that are controlled under the Misuse of Drugs legislation. Examples include, benzodiazepine, morphine and methadone

Home Carers will not have any involvement in the administration of controlled drugs/medicines.

2.4 Home Carers are authorised under the terms of this Policy to Prompt or Administer medication ONLY as defined below and directed by this Policy.

Prompt, for the purpose of this policy, is giving a verbal signal to remind a Service User to take their **prescription only medicines (POM)**. i.e. enquire if they have taken their medication.

Administer, for the purpose of this policy, is defined as aiding a service user to take medication from a monitored dosage system/compliance aid, e.g. Nomad and ONLY where the medicines have been placed in the dosage system/compliance aid by the supplying pharmacist. Aiding can include handing the medication to the service user.

3. General Principles

3.1 Wherever possible, Service Users should be enabled to manage and administer their own medicines. It is the role of the Rotherham MBC

Assessing Officer, to identify in the Individual Social Care Assessment (ISCA) the need for a Home Carer to support the Service User to maintain their independence to manage their medication. Assessments and any services arranged must take into account the Service User's age, gender, ethnic group, religion, culture, disability, personal relationships or living and caring arrangements.

- 3.2** The Home Carers involvement will be specified on the Support Plan, which is signed and dated by the Service User. **This however should not contain any activity that is not commensurate with the definition of 'Prompt' or 'Administer' as defined in Section 1 of this Policy.**
- 3.3** Home Carers are only allowed to assist with medication when the medication is in a monitored dosage system/compliance aid, e.g. Nomad and where the medicines have been placed in the dosage system/compliance aid by the supplying pharmacist.
- 3.4** Administering of medication cannot be undertaken if the dosage system has been filled by family, friends, etc. In these cases, the Home Carers may only prompt the Service User to take their medication. No physical assistance may be offered.
- 3.5** Home Carers may only administer medication if the scheduled visit coincides with the administration times of the medication. A Home Carers may not attend solely to assist with medication.
- 3.6** Where physical assistance (administering) is provided, medicines should be handled as little as possible. This is best achieved by tipping the dosage box over a plate from which the Service User may then pick up and self-administer. The Home Carers should then wash their hands and any utensils used. The medication should be taken immediately by the Service User, whilst the Home Carers is present, in order that the daily notes can be completed.
- 3.7** Missed doses – If a dose of medicine was missed or omitted during the previous visit a double dose must not be given. The Home Carers will record on the daily notes that a dose has been missed and report it to their Home Care Supervisor (or equivalent responsible person) who should then initiate Safeguarding Procedures.
- 3.8 Under no circumstances should**
 - a Service User be forced to take medication;
 - any member of staff purchase or administer, on behalf of a Service User, non-prescription medicines; or
 - any member of staff offer advice on non-prescribed medicines and remedies. It is dangerous to do so. The Service User may be allergic to the treatment or be taking other medicine which may cause a reaction.

3.9 Home Carers are NOT authorised to be involved with any other action not commensurate with the definition of Prompt or Administer in Section 2.4 of this Policy.

In particular, but not exhaustively:

- (a) Handing to or opening labelled containers for a Service User in order for them to administer their own medication
- (b) Preparing prescribed drinks
- (c) Dressings
- (d) Suppositories
- (e) Management or treatment of wounds, skin ulcers or sores
- (f) Enemas
- (g) Manual evacuation of the bowel
- (h) Changing colostomy bags
- (i) Diabetic or other injections
- (j) Rectal or vaginal creams
- (k) Creams which are a steroid, hydrocortisone, for pain relief, inflammatory conditions, etc.
- (l) Artificial feeding, e.g. naso-gastric tube, peg feed
- (m) Application of eye drops other than for dry eye condition
- (n) Application of ear drops for treatment of an infection or other medical condition other than a wax softener
- (o) Nebulisers, inhalers and volumatic spacers

4. Authorised Duties of Home Carers

4.1 Where;

written authorisation from a Rotherham MBC Assessing Officer has been received, training where appropriate has been undertaken, and Home Carers feel competent to undertake the task;

Home Carers are authorised to give assistance with the following tasks:

- (a) Collection of prescribed medication from the pharmacy.
- (b) Ordering of repeat prescriptions.
- (c) Reminding or prompting a Service User to take their prescribed medication.
- (d) Administration of medication from a monitored dosage system, dispensed by a pharmacist provided that the dosage system has not been tampered with by any other person.
- (e) Application of external creams which are emollients, i.e. skin soothers/softeners and barrier creams only. Disposable gloves must be worn. (*See Appendix 1*)

- (f) Assistance to use a compliance aid to allow a Service User to self administer eye drops to treat a dry eye condition. e.g. Hypromellose or Visco tears.

In Exceptional circumstances, where an assessment indicates a person is unable to use compliance aids because of physical or mental disability, and there is no other person able to assist (informal carer), the Rotherham MBC Assessing Officer should consult with the G.P. or nurse who will make a decision as to whether the Community and Home Care Services Care Worker should be allowed to administer the drops.

If permission is given, training should be provided by the District Nurse. Advice should always be sought from the District Nurse especially if the service user has a high-risk eye condition or following eye surgery.

This should be arranged with the Community and Home Care Services Branch Manager. The decision to assist with the administration of eye drops will be subjected to regular review and will take into account the need to maximise independence as far as possible. As with all medication, people will be encouraged to self medicate and it is expected that the family or non-paid carer will assist wherever this is practical.

- (g) Application of ear drops, or olive oil, for treatment to soften wax.
- (h) Application of nose drops, for sinusitis or hay fever.

The date of opening of eye, ear and nose drops should be written onto the label of the dispensing container. Drops must not be used later than 28 days from the date of opening.

- (i) Emptying catheter bags. A Home Carer may **empty** the bag by opening the valve at the base of the bag but must not change the bag. A night overflow bag may be attached to, or disconnected from the main bag.

Home Carers may also fit/apply convence catheters.

- (j) Assistance with use of Tens equipment, for pain relief, where use of the equipment has been advised or recommended by a health care professional. (See Appendix 2)
- (k) Assistance with the use of Hypostop gel for diabetics. (See Appendix 3)
- (l) Application, if suitable trained, of compression hosiery or leg braces.
- (m) Disposal of colostomy bags.

A Home Carer may assist with the disposal of bags and all items used by the Service User during cleansing and changing. A Home Carer should not attempt to change a bag or deal with any other problems relating to the management of the stoma. If a Service User has a problem, it should be reported to the G.P. or Stoma Nurse.

- 4.2 Product instructions for usage, storage and expiry should be adhered to and the date of opening written onto any dispensing containers.

5. Role of the Pharmacist

- 5.1 Pharmacists supply medicines and appliances as specified on N.H.S. or private prescriptions and should give advice to patients and Home Carer on the proper use, storage and disposal of medicines.

Most pharmacists keep computerised records of the medication that patients receive on prescription. These records provide useful information and can indicate potential drug interactions.

Many pharmacists offer a collection and delivery service for medicines. This may include advising Service Users on their medicines.

Community and Home Care Services and Adult Services staff should be encouraged to make full use of the professional advice with regard to a Service User's medication.

6. Consent

- 6.1 Legislation requires that no medical treatment may be given to any person without written and valid consent.
- 6.2 Written consent for the administration of the medication and application of creams should be obtained from the Service User, including the date, and recorded on the Support Plan and kept on the Service User's file.
- 6.3 Where consent can not be given, a judgment will have to be taken by the Rotherham MBC Assessing Officer about the risk and the Service User's **ability** to consent. Where a Service User is unable to give consent because of the severe nature of their condition, consent should be obtained from an authorised person acting on behalf of the Service User, i.e. those with Lasting Power of Attorney.

The provider must verify that **ability** to consent has been determined by the Rotherham MBC Assessing Officer.

The Rotherham MBC Assessing Officer and the Community and Home Care Services responsible Assessing Officer will be responsible for **obtaining** written consent.

If there is any doubt that the above has been undertaken then the Carer and/or Home Care Supervisor (or equivalent responsible person) must refer the Service User for review.

- 6.4** In situations where consent is refused, medication must not be administered. The refusal should be reported by the Home Carer to their Home Care Supervisor (or equivalent responsible person) who will report this to the G.P.
- 6.5** Where it is felt by the Community and Home Care Services Supervisor (or equivalent responsible person) that refusal of consent is not made of their own free will, it may be appropriate to refer to the South Yorkshire Safeguarding Adults Procedures and the Safeguarding practice guidance for Rotherham.
- 6.6** It is an individual's choice not to take medication. They cannot be coerced or forced in any way but some degree of encouragement can be given. Under no circumstances should any member of staff attempt to administer any medicine against the Service User's will, or without their knowledge.
- 6.7** Unacceptable practices include:
- Disguising liquid medicine in drinks
 - Dissolving tablets in drinks
 - Crushing tablets and mixing in food
 - Breaking open capsules and dispersing contents into drinks or food
- 6.8** All refusals must be recorded by Carers in the daily notes and reported to their Home Care Supervisor (or equivalent responsible person).

7. Storage

- 7.1** Where assistance has been assessed, medicines must be stored where they are readily accessible to all Home Carers. They should be kept out of the reach of children and away from heat and light sources. Should they need to be stored out of the reach of the Service User, information on their location must be available to all Home Carers.
- 7.2** Medicines will only be hidden where there is a need in order to protect the health and safety of the Service User.
- 7.3** Occasions may also arise where a Home Carer identifies a problem relating to a particular Service User. The Home Carer will raise the problem with their Home Care Supervisor (or equivalent responsible person) who will consult with the Rotherham MBC Assessing Officer and agree any appropriate action.

8. Disposal

- 8.1** Where the Rotherham MBC Assessing Officer has requested, unused, out of date or no longer needed medication may be returned to the

pharmacist by the Home Carers, with the Service User's consent. A receipt should be obtained from the pharmacist.

9. Care Recording

- 9.1** As with all other authorised duties, the Home Carers will record that a task has been undertaken by recording this on the Service User's daily notes which is retained in the Service User's home. The Home Carers will sign the daily notes to confirm that the task has been completed on the date stated.
- 9.2** If the Service User refuses, or does not take their medication, this should be recorded on the daily notes. It should be reported immediately to their Home Care Supervisor (or equivalent responsible person), who in turn should report to Rothercare Direct and advice should be sought from the G.P. or District Nurse. Any action taken should also be recorded by the Home Carer on the daily notes.

10. Training

- 10.1** Home Carers will be given training on their involvement regarding medication and other health related tasks as part of their Induction training and in accordance with contractual requirements.

11. Guidance Notes on Medical Issues

- 11.1** It is the responsibility of the General Practitioner or Consultant to explain the reason, for the treatment and the likely effects, including side effects, of any medication prescribed to their patient.
- 11.2** The medical practitioner makes a judgment on whether to explain to a patient the nature of an illness and the implications of any treatment. The judgment will be respected by Home Care staff.
- 11.3** Home Carers must not discuss or disclose a Service User's medical history or treatment to a relative or to another person. Any questions from others must be re-directed to the Service User or their G.P.

APPENDIX 1

APPLICATION OF SKIN CREAMS BY HOME CARERS

The creams listed below may be applied to Service Users by Home Carers. They are all either emollients i.e. softening/soothing or barrier creams. This is not an exhaustive list.

Disposable gloves must be worn when applying creams.

E 45 Cream

Unguentum Merck

Aqueous Cream

Dermamist Spray

Diprobase Cream

Diprobase Ointment

Sudocream

White Soft Parafin

Vaseline

Metanium Ointment

Aveeno

Calmurid

Univate Cream

Salcaplic Acid

Siopel Cream

APPENDIX 2

ASSISTANCE WITH THE USE OF TENS EQUIPMENT FOR PAIN RELIEF

Transcutaneous Electrical Nerve Stimulation or TENS is the application of low level pulsed electrical current through surface electrodes placed on the skin. It activates a pain suppression system, which restricts the amount of pain signals reaching the brain. It also encourages the body to increase its production of Endorphins, which again reduce the number of pain signals from reaching the brain.

Examples of conditions treatable by TENS-

Low back pain, lumbago, sciatica, rheumatoid arthritis, osteoarthritis, muscle spasm, musculoskeletal disorders, metastatic bone pain, neuralgia, amputation pain, acute trauma, post operative pain, obstetric (labour pain)

Traditional placement of electrodes involves locating the painful or tender points and applying the electrodes on or around these areas.

Home Carers may assist by thoroughly washing and drying the unbroken skin where the electrodes are to be positioned, and then applying the electrodes to the prepared skin, at least a few centimetres apart.

The Service User will control the output and frequency of the treatment.

The equipment is supplied with full instructions for use.

APPENDIX 3

GUIDELINES ON THE USE OF HYPOSTOP GEL FOR DIABETICS

Product Description

Hypostop Gel is a fast-acting dextrose (glucose) gel for energy. It is composed of 80 gms of 40% Dextrose concentration (32 gms glucose) It is readily absorbed.
Total calories in the dispenser are 128 cal.
Not recommended for children under 2 years.

It can be administered by Home Carers if a diabetic Service User appears to be very drowsy, incoherent, confused, disorientated, very slow or unrousable.

Directions for use

- Turn the white tip counter clockwise to open.
- Place the dispenser tip in the mouth and slowly squeeze in one third of the contents (10 gms glucose)
- Turn clockwise to close.

If the Service User is unable to swallow, the gel will still be absorbed into the mouth.

It takes effect after approximately one minute.

- Inform the District Nurse immediately following use.