



# Medicines management policy

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## 1 Introduction

- 1.1. Our vision is a Scotland where people of all ages are respected can make their own choices and lead independent and fulfilling lives.
- 1.2. Our mission is to improve the quality of life of older people by offering a diverse range of housing, care, and other services.
- 1.3. This policy embodies our values, which are:

Honesty	Equality and Diversity	Ambition	
Dignity	Integrity	Caring	Kindness

- 1.4. Today's medicines are powerful compounds that control disease, ease discomfort and prolong life for millions of people and are generally beneficial. Unfortunately, no medication is without side effects of different types and degree.
- 1.5. Side effects are not the only potential problem associated with the administration or support with medication. Accidental errors or misunderstanding can lead to negative consequences. Consequences are often mild but can be severe or even life threatening.
- 1.6. In any situation where Bield staff are responsible for supporting with, or for the administration of medication, it is important to follow a set of general principles to ensure that it is done safely.
  - People using Retirement Housing plus Services will have the right to choose their provider of pharmaceutical care and services, including dispensed medication, or have the option of Bield staff arranging for an appropriate pharmacy on their behalf.
  - Where staff members provide support and assistance to a person, staff will be familiar with the nature and effects of the medication and keep the appropriate records.
  - Care staff that support individuals with their medication are trained appropriately and assessed as being competent.
  - Medication is administered safely and correctly with staff always preserving the dignity and privacy of the individual.
  - Medication is available to meet the person's requirements and unused or not required medication is disposed of safely.
  - Medicines are stored safely and appropriately.
  - The care service has access to advice from a pharmacist.
  - Medication is used to alleviate symptoms, prevent disease or to cure specific conditions.
  - Medication is not used to control behaviour.

## 2. Policy outcome

- 2.1. The purpose of this policy is to:
  - Provide clarity on our approach to medication assistance for our customers, colleagues, and Board members

## 3. Equality, Diversity, and Inclusion

- 3.1. When carrying out this policy we will adhere to our Equality and Diversity Policy which aims to promote diversity, fairness, social justice, and equality of opportunity. An Equality Impact Assessment was carried out in relation to this policy and this is included at [Appendix 1](#).
- 3.2. In addition to the points made above, to help promote equality and inclusion, the following steps will be taken for this policy:
  - Large print version



- Translation and interpretation message on the back of the policy
- Easy to read version for people with mental impairment

#### **4. Bield approach to medicines management**

4.1. Most people will be able to self-medicate independently with or without assistance from family members or other unpaid Care Workers, so it is critical that this self-management option is encouraged and promoted where safe and appropriate.

**People should be allowed to maintain responsibility for their own medicines if possible.**

4.2. However, some individuals will require more assistance or support to ensure that they are able to safely take their medication.

4.3. This Medicines Management Policy provides guidance on how Bield Housing & Care can support people at home in relation to their medication. Medicines Management clearly addresses the types of support often requested/expected and creates a safe system which enables not only the supported person or their unpaid Care Worker(s), but also care workers who deliver services.

4.4. Medicines Management provides clear guidance and direction for which tasks may be performed by whom, and for whom, clarifying roles and responsibilities.

4.5. Medicines Management identifies a person's ability to independently manage their medication, while living in their own home and specifically, whether support from Bield Housing & Care is required with managing medication which will be considered an Activity of Daily Living. Integral to all the above is the Medicines Management assessment (6. Assessment of medicines management support need).

#### ***Supporting independence with medication***

4.6. Within Bield Housing & Care, there is a strong focus on supporting people to live as independently as possible for as long as possible, within their own home or a homely environment.

4.7. Across most Health & Social Care Partnerships, 'reablement' is a process that helps a person to be able to improve what they can do for themselves, by helping a person to learn (or re-learn) skills which are required of daily living. This can increase both their confidence and quality of life through development of self-managements skills and achievement of individual goals.

4.8. To support this, Bield Housing & Care will actively work with individuals and their families to increase their self-management skills by helping people who access our services and live with long term conditions, to make their own decisions about their medication where this is possible. A key concept relating to this policy is to focus on promoting people's ability to manage their own medication and using reablement interventions to support an individual's ability to self-administer where safe and appropriate.

**A medicines management assessment must be undertaken prior to the provision of any level of assistance**

#### ***Ability to manage medication***

4.9. A person who can manage their own medication is able to take, remember and communicate the decisions required to allow their medication to be taken/used safely and effectively. There are two important notes to clarify this definition.

- a person may choose not to use their medication as instructed. If the person is deemed capable of taking that decision (i.e., wilful non-compliance with medication) then an



informed choice has been made by the individual. This is different from someone who does not have the ability to take such a decision.

- a person may be able to come to decisions of their own regarding their medication, but if they are unable to remember such decisions, or are unable to communicate such decisions (for example through physical disability such as locked-in syndrome) then they will be unable to manage their own medication.

A person who can manage their own medication is able to:

**Take decisions.  
Remember decisions and  
Communicate those decisions.**

All three are required for the person to be able to manage their own medication safely and effectively

### Outcomes

- 4.10. There are three national documents which impact on Care at Home services.
- Health and Social Care Standards, whose principles are dignity and respect, compassion, be included, responsive care and support, and wellbeing.
  - National Health and Wellbeing Outcomes Framework, whose overarching statement reads as follows “Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.
- 4.11. Key to this is that people’s experience of health and social care services and their impact is positive; that they can shape the care and support that they receive; and that people using services, whether health and social care, can expect a quality service regardless of where they live.”
- The Care Inspectorate have also issued a guidance document around ‘Prompting, assisting and administration of medicines in a care setting’ which Bield Housing & Care are expected to provide service that meets with this standard.
- 4.12. This Medicines Management policy aligns with these three documents and looks to maintain the supported person’s independence with medication for as long as is safe and possible.
- 4.13. Additionally, the Care Inspectorate’s recently published document ‘Review of medicines management procedures – Guidance for care at home services’<sup>12</sup> which also recommends much of what is contained within this policy document therefore staff are expected to familiarise themselves with the information to enable safe practice at all times.



## **5. Assessment of medicines management support need**

- 5.1. To provide a person-centred approach to medication support within Bield Housing & Care, it is important to identify who can manage their medication independently and who may require support with their medication.
- 5.2. The Medicines Management Assessment Tool (form 2) within this policy is integral in establishing this. It is used to identify the correct level, if any, of support required for a person who may require support with their medication.
- 5.3. The Assessment Tool contains 3 sections.
  - An assessment section, which leads to the outcome and level of medication support required.
  - A care planning section, which details the medication support tasks agreed, and who will be responsible for them.
  - A communication section, which details the outcome and the onward communication to the relevant parties, e.g., community pharmacy.
- 5.4. The Assessment Tool may be used at any stage in the support provided to the person, but is particularly relevant at certain points, for example:
  - when a person is initially referred and assessed for a Care at Home service
  - following a period of reablement support
  - when a change in the person's presentation is identified which may impact on the person's ongoing need for support with medication (See Section 7 – Change in the Presentation of a Supported Person)
  - when a person's existing support package is reviewed due to a change in social circumstances
  - when a person undergoes a routine review of their existing support package
- 5.5. The Assessment Tool is non-clinical in its content and can be a stand-alone assessment; however, it can be beneficial for the Medicines Management assessment to be conducted alongside other required social care assessments to provide a holistic and full view of the supported person's needs.
- 5.6. Additionally, family members or other identified unpaid Care Workers can be involved in the assessment process, particularly if they deliver medication support to the person, or if they have a legal authority such as welfare Power of Attorney or guardianship.

### ***Reassessment***

- 5.7. Reassessment of the person's support needs with medication may be undertaken following:
  - a period of reablement support
  - when a change in the person's presentation is identified which may impact on the person's ongoing need for support with medication (See Section 7 - Change in the Presentation of a Supported Person)
  - when a person's existing support package is reviewed due to a change in social circumstances
  - when a person undergoes a routine review of their support package
  - when a person recovers from an illness that required a change in their level of medication support

### ***Ensuring good communication during assessment***

- 5.8. Once the Assessment Tool is completed, there are several different stakeholders who will need to be involved in providing medication support to the supported person. These may include.
  - Family members or other unpaid Care Workers
  - Community Pharmacy





- District Nursing
  - Other social or healthcare professionals
- 5.9. Family members or other unpaid Care Worker involvement where relevant, can be vital to the smooth running of any medication support package.
- 5.10. Their inclusion promotes a positive environment where close working relationships can leave the supported person and those important to them, feeling more supported and listened to, even if there is no requirement for a formal medication support package.
- 5.11. The completed Tool should be signed by the individual or their appropriate proxy, to indicate that they have been involved in the assessment, are aware of its outcome and understand any responsibilities that are required by themselves and Bield Housing & Care.
- 5.12. A copy of the completed Assessment Tool should be held within the supported person's file within their home. Additionally, a copy of the agreed medication tasks should be retained within the person's support plan and daily communication record.

### ***Medicines management initial screening tool***

- 5.13. The Assessment Tool is a full and robust document which allows the identification of medication support which may be required by a supported person. Recognising that many people can manage their own medication independently, and therefore do not require a medication support service, the completion of a Medicines Management Initial Screening Tool (Form 1) is required.
- 5.14. The Screening Tool can be used to identify people who do not have a requirement for support with their medication as they can manage their own medication independently or with the support of a family member.
- 5.15. For those who can be clearly identified as having no medication support requirement, the Screening Tool can give a structured approach to their identification, without having to complete the fuller Assessment Tool.

## **6. Levels of assistance**

### ***Definition of Medicines Management Levels***

#### Levels of Assistance – Summary

- 6.1. Levels 1, 2 and 3 relate to the person's requirement for medication support by Bield Housing & Care. Level 4 relates to the person's requirement for medication support by a District Nurse, or appropriately trained member of healthcare staff.

#### **LEVEL 1 - ABLE to manage own medication**

- Supported person is **ABLE** to manage their medication (i.e., retain control of decisions) independently of Bield Housing & Care
- There is no requirement for support with medication.

- 6.2. The person may already receive assistance with other aspects of independent living, e.g. personal care, but they do not have a requirement in relation to their medication. This may be because they;

- have no medication, or
- manage their medication independently with no support requirement, or
- have family members or unpaid Care Workers who can deal with all their support requirements relating to medication.

#### **LEVEL 2 - BASIC assistance required (section 4.2)**





- The individual can manage their medication and they retain control of decisions regarding their medication.
  - BASIC assistance is provided by staff within Bield Housing & Care and can comprise the following.
  - A prompt question asked by the Care Worker to the supported person to act as a reminder that some medication is due.
- Care Workers can also provide agreed physical assistance (at the request and direction of the individual), enabling them to effect their own decisions relating to medication.
- All agreed physical assistance tasks will be documented in the support plan and daily log.

### **LEVEL 3 - CHART and administration required (section 4.3)**

- Individual is unable to retain control of decisions relating to medication and is therefore unable to manage their medication.
- Where an individual's medication is supplied in a blister pack by a Pharmacy, Care Workers are only required to log in the individual's notes that they have 'administered via blister pack'
- Where any add-on, i.e., boxed medication is required to be administered, Care Workers are required to complete a Medicines Administration Recording (MAR) CHART alongside administration from the original medication packs.

### **LEVEL 4 - DISTRICT NURSE or other trained healthcare staff (section 4.4)**

- Unable to utilise this specific medication or device
- This specific medication is not appropriate for provision of required basic physical assistance or administration by Care Workers in Bield Housing & Care
- **DISTRICT NURSE** or other suitably trained healthcare staff required to support and/or administer

- 6.3. Some administration tasks are not appropriate for Care Workers due to the clinical skill required, or the need to clinically assess the person around the time the medication is given. Both these reasons may apply in the case of injections.
- 6.4. No support can be given for injections by Care Workers, regardless of whether the supported person is assessed as Level 2 or Level 3, as there is risk contained within the physical task regardless of who selects the dose.
- 6.5. However, some tasks may be potentially appropriate for social care staff to undertake only after they have received specific training in the relevant area, for example taking over the administration of nebulas to a Level 3 person requires training in using and maintaining the equipment, not simply in delivering a nebulas via the device.
- 6.6. Before undertaking some of these tasks there needs to be a clear identification of the entirety of the process to be undertaken, its associated risks and how that might impact on staff and the organisation.
- 6.7. It is expected that each person will be assessed as either 1, or 2 or 3 for most of their medicine-related needs but may also require some Level 4 assistance from a healthcare professional for specific medical tasks. For example, they may require administration by Care Workers (Level 3) of their tablets, liquids and creams but require an additional injection which would be administered by a District Nurse or other trained healthcare staff (Level 4). This should be detailed in the completed assessment tool and the agreed tasks noted in the Care Plan and daily log.
- 6.8. It is important to remember that a person may change in their presentation and Bield Housing & Care Worker's may be the first to see or notice such change, especially if the person has little or no family input. The person's ability to manage their medication may be affected by any change in presentation, and therefore the level of support required may



change if they become unwell or have a deterioration in their cognitive/physical function. (See Section 7 – Change in the Presentation of a Supported Person).

- 6.9. If this happens, the individual will require to be reassessed if there is any change which may impact their level of medication support.
- 6.10. Additionally, there may be a requirement for health support if a person changes in their presentation, as the change may be a symptom of a health issue which requires clinical assessment.
- 6.11. If there is any resulting change to medication which should be supported during this period of change, it is important to remember that this may impact on the scheduling of medication visits. For example, a person receiving a new antibiotic four times daily may require more visits for the short duration of this antibiotic medication, and then be able to return to their previous medication schedule.

A person may be assessed as either Levels 1, 2 or 3 for most of their medicine-related needs, but may have an additional Level 4 support need which would be delivered by a suitably trained healthcare professional

### ***Level 1 - ABLE to manage own medication***

#### Level 1 applies to

- A person who does not use any medication.
  - A person who is fully able to manage their own medication and retains complete control of their medication in all aspects, with no support requirement.
  - A person whose family members or unpaid Care Workers can deal with all their support requirements relating to medication.
- 6.12. An individual assessed at Level 1 does not require any support from Bield Housing & Care for **any** aspect of their medication. Therefore, Care Workers will not be involved with any aspect of the person's medication.
- 6.13. Level 1 preserves the supported person's independence and choice and should be the preferred solution for those who are able. Responsibility for safe medicine use lies with the supported person and, if appropriate, their unpaid Care Worker.

**LEVEL 1 - ABLE to manage own medication**  
No requirement for Bield Housing & Care to support with medication

### **The Care Worker and Level 1**

- 6.14. There is no role in relation to medication for Care Workers although they may be attending the person for other tasks. The person (with or without help from unpaid Care Workers) can take all the decisions and can manage all the tasks associated with any medication they take/use.

Level 1 preserves the supported person's independence and choice as much as possible

- 6.15. It is important, to remember that the health and wellbeing of the person may change, and the Care Worker may be the first, or only, person to become aware of such changes. Any **change in the presentation** of the supported person should be reported by the Care Worker to their manager so that they can consider any potential escalation to health and/or social care input as required.



- 6.16. Any requests for medication assistance should be reported immediately by the Care Worker to their manager and advice sought about how to respond to the request for help. An extension or repetition of a one-off situation where medication assistance is sought will require the supported person to be re-assessed as it may be that the person now requires a different level of assistance with medication. The Care Worker may, with the person's consent, contact healthcare services if required.
- 6.17. In the event of a medical emergency, where help is sought from an external health organisation, e.g., NHS24, any action taken about medication must be documented in the support plan, along with detail of the person who gave this emergency advice. Additionally, the advice or instructions given to the Care Worker, and any next steps, e.g., ambulance called should also be documented, and the manager informed.

### ***Level 2 - BASIC assistance required***

- 6.18. Level 2 applies to a person who can manage and retain control of their decisions relating to their medication, but to achieve this, they may require a prompt from the Care Worker, reminding the person of medication due at this time.
- 6.19. This may or may not include the provision of basic physical assistance from the Care Worker to affect the person's decisions relating to medication.
- 6.20. A prompt is a gentle reminder, and therefore should be presented as a question and not an instruction. (See Section 6 - Prompting and Administration). Examples of prompt questions include 'Have you had your medication yet this morning?' or 'What about your medicines?'

LEVEL 2 = can manage their own medication with BASIC assistance provided by Bield Housing & Care
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- 6.21. The Care Worker should not make decisions about which medication is due at any given visit but should support the person by prompting the use of medication which is due. The Care Worker may also provide agreed basic physical assistance on request from the supported person. The supported person is **always** in control of their own medication and is therefore the decision maker about medication. The supported person selects the medication that is due to be used at the relevant visit – this is not a role for the Care Worker within Level 2.
- 6.22. Responsibility for safe medicines use and storage lies with the supported person, however the Care Worker should work to best practice standards as per their Medicines Management training.

The Level 2 supported person is always the decision maker about their medication
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### The Care Worker and Level 2

- 6.23. Care Workers should not assume that they know which medication should be used at any given time. A Care Worker is not expected to 'prompt' a specific prescribed item, or group of prescribed items. For example, the task is not to 'prompt the blister pack', but to deliver a general medication prompt question, as above.
- 6.24. At the time of this general medication prompt, the Level 2 supported person may or may not have already taken the medication due at the scheduled visit. The supported person will then decide what medication is due to be taken at that time and can request any required assistance that they require. Dependent on the response to the prompt question, the Care Worker may go on to provide basic physical assistance with medication at the request of the supported person.

### Level 2 – Allowed tasks for Care Workers to support a person in control of their own medication



- 6.25. Suggested Level 2 tasks include those listed below. These are appropriate within Level 2 support, unless otherwise stated in the support plan. These tasks relate to prescribed medication only - Care Workers are not expected to provide support with bought medication. Bield Housing & Care will ensure that all Care Workers who attend a supported person to assist with medication, are suitably trained. (See Section 5 – Medication Training)
- 6.26. Level 2 allowed tasks include;
- Opening medication containers such as bottles, boxes and other packaging
  - Popping or pouring solid dose medication (e.g., tablets, capsules, etc) from their original pack supplied by the pharmacy.
  - Pouring or drawing up liquid medication, using a medicine spoon, oral syringe or oral dropper as appropriate.
  - Reading of labels on medication.
  - Application of topical medication (e.g., creams, ointments, soaps, etc)
  - Assisting the supported person to place medication in their mouth.
  - Assisting the supported person to use an inhaler.
  - Application of patches (site, timing and frequency of application is decided by the supported person)
  - Ordering medication.
  - Collecting prescriptions from the GP surgery.
  - Collecting prescribed medication from the pharmacy.
  - Storage and retrieval of medication from the appropriate cupboard, drawer, box or fridge.
  - Disposal of unwanted medication. (See Section 12 – Disposal of Out-of-Date, Discontinued and Excess Medication)
- 6.27. When basic physical assistance is given to the supported person, this should also be recorded on the Level 2 Monitoring Sheet, (Form 3 – Level 2 Monitoring Sheet). Any tasks additional to the above list should be authorised on a case-by case basis and documented in the support plan and daily log held within the individual's home.
- 6.28. The Level 2 supported person must be able to take a decision, remember that decisions and communicate their decision to retain control of their medication. If the ability to take, remember and communicate decisions should change, for example the person can no longer remember whether the medication has already been taken or used, the Care Worker should highlight this to their manager so that appropriate actions and potential assessment of the person by health and/or social care can be arranged. (See Section 3 – Assessment of Medicines Management support need)

#### Recording of Level 2 assistance provided

- 6.29. Where there is potential change in the individual's ability to manage their medication, the Level 2 Monitoring Sheet (Form 3) has been designed to allow Care Workers to record the following.
- The response to the prompt questions i.e., was medication used?
  - Whether the use of medication was witnessed by the Care Worker
  - Whether basic physical assistance was requested and/or given
  - Whether any problems or queries were encountered
- 6.30. Within the Level 2 Monitoring Sheet, a section exists to record any other relevant information, including missed medication, requests for health support, etc. Additionally, if the Care Worker signposts the supported person to another professional for advice, e.g., community pharmacy or district nurse, this should also be documented.
- 6.31. The Level 2 Monitoring Sheet is a record of activity within the person's home, with the current month's sheet(s) being held within in the support plan in the person's house. It can be helpful to have a recent history available to all visiting health and social care staff as this gives



visibility of any problems or patterns, so the previous month's sheet(s) may be held in the support plan into the new calendar month to provide a recent history.

- 6.32. The Level 2 Monitoring Sheet must be completed at the time of the visit and form part of the person's care record and, as such, must be returned to the relevant office, following its completion, to be added to the person's existing care record.

#### Requests for assistance out with agreed tasks

- 6.33. Any requests for assistance, outside the terms of the agreed Level 2 support documented in the person's support plan should be reported as soon as possible to the Care at Home Duty Management Team. At no time should a Care Worker help an individual to take or use medicines that have been stored in a family-filled dosette box, or from an unlabelled package of medication. Such a request should be reported to their manager who will initiate discussions with family, social care and health colleagues who may be able to support a safer and more appropriate solution.
- 6.34. The Care Worker should refer the supported person to an appropriate healthcare professional, e.g., community pharmacist, if they are asked a question which may have a clinical impact. The Care Worker may, with the person's consent, contact healthcare staff for further advice about medical queries or medicines-related problems.
- 6.35. If, in an emergency, extra assistance has been given which has not previously been authorised in the Support plan, this must be clearly documented in the Support plan and reported as a matter of urgency to the Homecare Duty Management Team.

At no time should a Care Worker help an individual to take or use medicines which are stored in a family-filled dosette box, or from an unlabelled package of medication
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#### Person-specific Level 2 assistance

- 6.36. The above list of tasks may be completed for all Level 2 supported people, however extra medication support may be appropriate for some individuals. This should be agreed on an individual basis and documented in the support plan, for the Care Worker to provide such assistance.
- 6.37. It must be remembered that the supported person is still a Level 2 regardless of which tasks are being requested, and therefore the supported person is always in control of their medication and any equipment required to deliver such medication. The supported person who receives Level 2 medication support will always retain the responsibility for selecting which of their medicines is due to be used at the relevant time, with the Care Worker supporting their use with minimal intervention.

#### Leaving out medication

- 6.38. A Level 2 supported person may request that a Care Worker leaves medication out of a packet in order that they can take or use their own medication later of their own choice. This can allow the person to access their medication at a time of their choosing and may often apply particularly to 'when required' medication or sleeping medication. Leaving out medication to take later can be beneficial to a Level 2 person as it may allow them to take a decision about their medication at a time of their own choosing. For example, a person may receive a 'tuck' visit in the early or mid-evening but not wish to go to sleep at that time. Taking a sleeping tablet too early may lead to a falls risk if the person is still awake and active, so providing the option for the person to decide the time for its use can minimise this risk. Similarly, 'when required' medication such as painkillers, can be needed in between Care Worker visits and allowing the person the ability to access to this medication when they need it will support better pain management.
- 6.39. The leaving out of medication is suitable for some people receiving Level 2 assistance. This should be assessed, and risk managed on an individual basis, depending on all relevant





factors which relate to medicines safety. For example, this may be unsuitable if the Level 2 supported person has frequent visits from young grandchildren, or if the Level 2 supported person lives with someone else who may inappropriately take the left-out medication and cause themselves harm.

### **Level 3 - CHART and administration service required**

#### Level 3 applies to:

- A supported person who is unable to manage their medication and requires someone to take over the medicines management tasks.
- The supported person is unable to take, remember or communicate the decisions required to safely manage their own medication, and does not have family support who can take full control of their medication.
- Most commonly this applies to people who have impaired cognitive function, or those with an extreme physical disability which prevents communication of decisions such as advanced motor neurone disease.

6.40. A Level 3 supported person is unable to safely select which medicines are due for use at the relevant time, and therefore they require a formal Care at Home administration service. To meet the Care Inspectorate requirements of a medicines administration service within a social care setting, a Medicines Administration Recording chart (MAR chart) should be put in place. This allows Bield Housing & Care's support workers to identify the medication that they are required to administer.

6.41. However, where an individual's medication is supplied in a blister pack via a Pharmacy, Care Workers are only required to log in the individual's notes that they have 'administered via blister pack'. In this instance, a MAR Chart will only be required for add-on medication, i.e., boxed medication over and above the blister pack.

6.42. If completing a MAR chart, it should be prepared by a healthcare professional, ensuring that a clinical check of the medication is undertaken. Usually, the MAR chart is prepared by pharmacy, although some other clinicians may be able to support with MAR charts. A pharmacy-produced MAR chart provides the Care Worker with a current, complete and clinically checked list of medication from which to administer. The MAR chart specifies the time of day each medication should be administered and avoids any dubiety on the part of the Care Worker.

LEVEL 3 = CHART and administration service required Care at Home service takes control of the person's medication
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6.43. For add-on medication requiring the completion of a MAR Chart, Care workers will be expected to read the labels on individual medication packs, and read the MAR chart at each administration time cross-referencing as per the procedures covered in their Medicines Management training. (See Appendix 1 – Process for checking medicines prior to administration). They will be responsible for ensuring that the supported person receives the correct medication, at the correct time and in the correct way.



6.44. Any discrepancy between the dispensing label and the MAR chart entry for a particular medication should be immediately flagged to the community pharmacist who dispensed the medication, with advice taken on next steps. Such advice should be recorded on the reverse of the MAR chart and communicated to the care worker's manager. In the event of the medication label and MAR chart not matching, the relevant medication dose(s) should be withheld until a resolution can be achieved. Care Workers must **not** administer medication in this circumstance and should seek support from either their manager or community pharmacy about the next steps to resolution.

Level 3 supported person is unable to;

- Make an informed decision
- Remember this decision
- Communicate this decision

All three of the above are required for a supported person to safely manage their own medication

6.45. Care Workers will clearly record all medication taken at the time of the administration task onto the MAR chart or record in the individual's daily notes that they 'have administered via a pharmacy-filled blister pack'. They will also record any due doses of medication which were not administered, for example if they are declined by the supported person. All declined medication must be highlighted to the care worker's manager. Any medication administered, which is not stored within the blister pack, including PRN medication, will be individually signed as administered via the Medication Administration Record (MAR)."

**If medication is missed on more than one occasion, the service must seek healthcare advice, as they have assumed control of the medication via the administration service.**

6.46. Any advice requested/received relating to missed medication doses or other medicines-related queries should be noted on the back of the MAR chart, along with the name of who gave the Care Worker the advice. Additionally, any next steps should be recorded along with who has agreed to undertake them, for example if the family member agrees to contact the GP.

Bield Housing & Care assumes responsibility for the management of medication for all Level 3 supported persons

6.47. The MAR chart provides accurate medicines reconciliation, allowing easy identification of missed medication and other medicines-related problems. This information can be helpful to other healthcare and social staff who may also impact on the supported person.

**Level 3 – Allowed tasks for Care Workers to support a person who requires an administration service.**

6.48. For a Level 3 supported person, the Care Worker assumes a medication administration role. Many of the tasks on the Level 2 Allowed Tasks list, are also permitted for Level 3 assistance, however, sometimes there may be exceptions. In Level 3, some different medicines will be required to be assessed on an individual case-by-case basis, and care managed in a safe and effective manner, for example schedule 2 controlled drugs.

- Application of eye drops and ointments.
- Application of ear drops, ointments and sprays.
- Application of nasal drops, ointments and sprays.
- Application of mouthwashes, toothpastes, oral creams/gels and sprays.

6.49. Another potential exception may be the application of patches. Some patches come with specific complexities, and for these cases, they must be dealt with on an individual basis, where additional support and/or training may be required before a Care Worker can deliver





this service. Care planning and risk management are required around Level 3 patch administration and additional healthcare support may also be required.

Tasks which Care Workers are **not** allowed to perform.

- filling of multi-compartment compliance aids (MCAs or dosette boxes).
- decanting of medicines into any other container for storage or transfer purposes.
- offering advice relating to medication, e.g., giving advice of the benefits of a specific medication.
- offering advice relating to over the counter or bought medication, including herbal/homeopathic medication and food supplements.
- administering medication (Level 3) from a family-filled dosette box or similar device.
- administering any medication which is not on the MAR chart.

6.50. If such requests are made by the person or their unpaid carer, this should be highlighted to the Care Worker's manager in case further reassessment is required.

*Table 1 Items suitable for inclusion within 'Care at Home' Level 3 administration service*

ITEM	CARE WORKER	NOTES
Controlled drugs (Schedule 2)	Yes	Assessed on an individual case-by-case basis. Can be considered on an individual basis and may include the following <ul style="list-style-type: none"> <li>- complexity of care</li> <li>- family input</li> <li>- additional family members within the home</li> <li>- storage concerns</li> </ul>
Controlled drugs (Schedule 3)	Yes	
Tablets and capsules (non-controlled drugs)	Yes	Except medication which has a fluctuating dose. These cases are managed on an individual basis, often with specific pharmacy input.
Sublingual, buccal and orodispersible formulations	Yes	Best practice guidance is provided to Care Workers during their medication training.
Inhalers	Yes	
Topical products	Yes	Includes prescribed creams, ointments, soaps, shampoos and bath or shower products.
Eye products	Yes	
Ear products	Yes	
Nasal products	Yes	
Liquids and sachets	Yes	
Mouthwashes	Yes	
Patches	Yes	Assessed on a case-by-case basis. Some patches can be complex and for those with multiple body administration points, they must be assessed on an individual basis and care planned appropriately, often with specific pharmacy input.
Nebules	Yes	Care Workers should only administer nebulers if they have undergone specific nebuliser training, delivered by an appropriate health professional.
Pessaries	No	
Suppositories	No	
Internal creams/ointments	No	
Enemas	No	
Oxygen	No	
Injections	No	



#### As and when required medication (PRN)

- 6.51. Where symptoms are intermittent e.g., for non-constant pain a GP may prescribe medication on an 'as and when required' basis. Some sedatives or antipsychotic medications may also be prescribed on a PRN basis.
- 6.52. A Medication Support Plan should be in place for 'as required' medication when the person may not request the medication when required, or when a person is unable to express his/her needs appropriately. The Support Plan should detail exactly what circumstances 'as and when required' medication should be offered as per the GP or prescriber's instructions and should include signs the person exhibits if the medication is required.
- 6.53. Any 'as required' medication should have a 'maximum in 24hrs' or interval of administration comment such as '4-6 hourly' applied to the MAR Sheet by the pharmacy to avoid excess administration. Staff administering the 'as and when required' medication should check the last time it was administered to ensure timescales are adhered to. The number of tablets administered, and time must always be recorded on the back of the MAR Sheet when medication is administered.
- 6.54. If 'as and when required' medication is administered regularly, the person's GP should be consulted with the consent of the individual or their proxy as to whether the medication should be prescribed on a timed basis. Any change in dosage of medication should be detailed on Caresys in Daily Records under ADL 'medication' or on the Medication Log (where required).

#### Receipt of 'as and when required medication' and mid cycle medication

- 6.55. When medication is received mid cycle and not delivered or collected from the pharmacy as part of the normal delivery of the service user's other medication, there should be an accompanying pre-printed MAR Sheet from the pharmacy. If the pharmacy is unable to provide a pre-printed MAR Sheet, discuss this with the person being supported and consider changing to a pharmacy which can provide this service.
- 6.56. If this is not achievable staff should handwrite PRN medication on a MAR Sheet have this checked by their manager to ensure the MAR Sheet is correct and matches the label on the original bottle or packaging. Where there is no manager on duty two care staff should check and verify the handwritten MAR Sheet.

#### ***Level 4 - DISTRICT NURSE or Other Trained Healthcare Staff***

- 6.57. Level 4 applies to
- A person who requires assistance with specific medication from an appropriately trained person with medical knowledge and skill.
  - The medication may involve a particular skill and/or training about the physical process used to support this specific medicinal item, for example pessaries.
  - The medication may involve a particular skill and/or training about the use/maintenance of a medicinal device, for example oxygen.
  - The medication may involve a particular skill and/or training about monitoring of a person before or after use of a specific medicinal item/device, for example injections.
- 6.58. A description of tasks which are often seen as appropriate for Level 4 support are given in the chart above. These tasks are not appropriate for Level 3 Care Worker administration and would therefore be defined as Level 4 tasks. In practice, supported people are assessed and assigned a level of Care at Home support, either Level 1, Level 2 or Level 3. Some people who are assessed will also have a Level 4 support requirement.

LEVEL 4 = DISTRICT NURSE or other suitably trained healthcare staff Specific medicinal products and devices will require a suitably trained person, such as a District Nurse, to administer them
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6.59. Healthcare professionals will often have their own recording requirements for medication they administer, but it is recommended that healthcare professionals document any medication administration events in the Support plan and/or on the MAR chart as this allows other social care or healthcare staff to be aware of all medication being used by the supported person and supports complete and accurate medicines reconciliation.

## **7. Medication training**

- 7.1. All Care Workers must attend appropriate medication training before assisting a supported person with their medication. This training is delivered by professionals with a working knowledge of Care at Home and the administration of medication in a Care at Home setting.
- 7.2. Topics covered during medication training include.
- Recognition of the factors which contribute to problems with medication and medicines management.
  - Responsibilities and boundaries for Care Workers and others in relation to medication.
  - Definitions between prompting, basic assistance and administration.
  - Principles of good practice in the management and administration of medication.
  - Medicines Management Levels of Assistance including the different paperwork for Level 2 and Level 3 support.
  - Changes in the supported person and the onward signposting.
  - Safe storage and disposal of medication.
  - Roles and responsibilities of Care Workers and others who support people who receive Care at Home Medicines Management support.
  - How to ask for help, who and where to go for help and how to clearly document and record actions and next steps.

### ***Understanding of medication training and ongoing support***

- 7.3. There is a need to ascertain that training has resulted in a level of ability that allows safe implementation of the Medicines Management system. An assessment of the understanding and ability of trained Care Workers is required to ensure that anyone supporting a person with medication can do so safely and effectively.
- 7.4. This assessment of understanding and ability of the Care Worker will be led by senior members of staff within Bield Housing & Care with methods such as problem-solving, direct observation, competence-based assessment and supervised practice being used. Re-evaluation of Care Worker competence will be expected to be undertaken after any medication incidents or near misses.
- 7.5. It should be noted that any prolonged period when a Care Worker does not deliver medicines support may lead to a loss of competence and/or confidence in delivering medicines support. Provision of refresher training should be considered for a Care Worker returning from a period of absence from this duty, for example maternity leave, long-term sickness, career break, etc.



## 8. Prompting and administration - definitions and distinguishing features

- 8.1. The distinction between the terms 'prompt' and 'administration' has become unclear over the years and the resulting blurred line between the actions of prompting and administration has made lines of responsibility and accountability, at the least, uncertain. There is potential for harm if there is uncertainty about who is expected to carry out a particular medicines-related task, or if there is uncertainty about the limits of a person's role in relation to a specific task.
- 8.2. Care Workers are non-clinical members of staff, and as such they must not take any clinical decisions concerning medication or health. Therefore, they should not be making choices about which medicines should be used at which time, as this decision should be taken by either the supported person themselves or a suitably trained healthcare professional.
- 8.3. The definitions of the terms 'prompting' and 'administration' are presented here in order to ensure that no clinical decision will be taken by a Care Worker while undertaking either a 'prompt/basic assistance' role or an 'administration' role. Additionally, role clarification details the limits of the Care Worker's role in relation to medication, further emphasising their need to avoid clinical decision making.

### **Prompting**

- 8.4. Bield Housing & Care define a prompt as ***a gentle reminder which is given at the appropriate time that medication is due to be taken.***
- 8.5. When supporting a person with a prompt, with or without basic physical assistance, it is appropriate for the Care Worker to ask the supported person a question about their medication. The person is always in control of their medication and, in fact, may already have taken or used any due medication before the prompt is issued.
- 8.6. The supported person will take the decisions as to which medicines are due to be used at that time and will retain responsibility for these decisions. The Care Worker is **not** expected to take responsibility for selecting the medication or making decisions about which medicines may or may not be due at that time. No instruction or assumption about which medicines are due should be made by the Care Worker as these can introduce a risk such as incorrect dosing, double dosing or missed medications.
- 8.7. Examples of appropriate verbal prompts may include "*What about your medication Mr Jones?*" or "*Have you remembered your medication today Mrs Smith?*". Each of these examples involve a question by the Care Worker, asking the supported person to think about their medication and give a response. There is no assumption by the Care Worker about which medicines the person should be using. Additionally, these examples also allow the supported person to make their own decisions about their medicines, thereby promoting and maintaining their independence. The supported person should be able to
  - respond appropriately to the prompt.
  - identify medication that is due at the current visit, and
  - request any basic physical assistance that they may require to use any due medication doses.
- 8.8. This definition of prompting aligns with the Care Inspectorate<sup>4</sup> and is identified as Level 2 support within this medication policy.

### **Administration**

- 8.9. This medication policy defines the ability of a supported person to retain control of their own medication as
  - being able to make an informed decision,
  - being able to remember this decision, and
  - being able to communicate this decision.



- 8.10. As noted previously, all three are required for a person to retain control of their medication. An administration service is required when the supported person is no longer able to take control of their medication and has no unpaid Care Worker support in place to allow regular and safe medicines use. In this situation, they may be assessed as requiring Bield Housing & Care to take control of and administer their medication. In these circumstances, administration of medication will be a task which is care planned and assigned to Care Workers.
- 8.11. When administration is required, all Care Workers will use a Medicines Administration Recording (MAR) chart for add-on medication only. Each medicine will be clearly presented, with an appropriate dosage instruction label allowing the Care Worker to correctly identify all medicines that should be administered at each administration time. Where the individual's medication is administered via a pharmacy-supplied blister pack, the Care Worker will log that they have 'administered via blister pack' in the individual's daily notes. There is no requirement to complete a separate MAR chart.
- 8.12. Pharmacy-created MAR charts allow the opportunity for a trained healthcare professional to create a complete, current and clinically checked list of medication. Care Workers must be able to identify all medicines which are to be administered, and to whom. Medication which is checked and administered to the supported person must be recorded on the MAR chart, as per the recommended process which is covered during Medicines Management training (See Appendix 1 – Process for checking medicines prior to administration)
- 8.13. Any medication declined by the supported person at the administration stage requires to be identifiable in order that the medicines reconciliation offered by a MAR chart is accurate, and so that any missed or declined doses can be signposted to the prescriber as required. Table below highlights a summary of the differences between 'prompting' and 'administration' of medication.

*Table 2 Prompting vs administration*

PROMPTING	ADMINISTRATION
Gentle reminder that medication may be due, generally in the form of a question	Formal offering and giving of medication, using individual, pharmacy-supplied medication packs
Not an instruction but a reminder, and general offer of assistance with medication. Care Workers do not select medication	Instruction given as to which medicines are due to be administered. Home Care Workers select the medication due.
Supported person makes decisions about what medication to use, when and how (selects the due medication)	MAR chart documents which medicines are to be administered, and at what time
Supported person is in control of their medication and the decisions relating to its use	Care Worker is in control of the person's medication and the decisions relating to its use (using MAR chart)
Care Worker may also provide basic physical assistance with medication, on request	Care Worker follows safe process and best practice for medication administration
Report any change in the presentation of supported person, or any other concerns	Report any change in the presentation of supported person, or any other concerns
Signpost to health for any clinical problems	Signpost to health for any clinical problems
Appropriate documentation of notes	Appropriate documentation of notes



## **9. Change in presentation of a supported person**

- 9.1. Care Workers are in an ideal position to notice a change in the presentation of a supported person, including a concern about the person's ability to manage their own medication. This is particularly true if the Care Worker is a regular Care Worker for the supported person, and who may therefore know the individual and be familiar with how they would usually present.
- 9.2. A person's presentation may alter as the result of a change in their health or wellbeing, involving one or more of the following.
  - A medication-related problem.
  - The exacerbation of an existing medical condition.
  - A new medical condition.
- 9.3. Any decline in a supported person's health and wellbeing can impact on that person's ability to manage their own medication. The impact of any such change may be multi-faceted and it is important that this change is identified and highlighted to someone who can assess the person's changing presentation and ongoing need for support, as outlined below.

### ***Concerns relating to health and wellbeing***

- 9.4. If, at any time, any Care Worker feels the supported person requires immediate medical assistance, they should contact either 999 or the GP surgery as appropriate. In most instances where there is a change in the presentation of the person, the next steps are dependent on the level of medication support the person receives.
- 9.5. People supported at Level 1 and B can make their own decisions about their medication, and they have been assessed as able to remember and communicate these decisions. It would be correct to discuss any change in presentation with the supported person in the first instance and to support them to access a healthcare intervention as required.
- 9.6. Level 3 supported people have been assessed as unable to take, remember or communicate their decisions relating to medication. People in this category may be considered more vulnerable, as they may be less likely to have insight into any change in their presentation or may be less able to communicate any such change. For a Level 3 supported person, any change in their presentation which is identified by the Care Worker must be reported to health colleagues to access health support for the person. Health colleagues include Community Pharmacy, GP practice and District Nursing. Regardless of the person's level of medication support, the Care Worker should not attempt to diagnose the cause of any change in the person's presentation as they are not clinically qualified to do so.
- 9.7. Again, the outcome of this initial discussion should be documented in the Support plan and the Care Worker's line manager informed. Examples of potential changes in a supported person's presentation might include.
  - New/increased confusion about how and when to take or use their medication.
  - New symptoms developed.
  - Existing symptoms become more severe, more frequent or lasting longer.
- 9.8. In some cases, family members may be able to assist the supported person to access healthcare advice for the person and if family members agree to undertake these next steps, then this should be noted in the Support plan.

### ***Concerns relating to ability to manage medication***

- 9.9. A change in the person's presentation may have an impact on their ability to safely manage their medication. Any change in presentation must be reported to/discussed with the Care Worker's Manager to decide whether the person's level of medication support is still appropriate, or whether a re-assessment may be required in order to ensure they have the appropriate level of Medicines Management support in place.





- 9.10. A change in the person's ability to manage their medication appropriately may contribute to further health changes if medication is used unsafely and therefore may exacerbate a change in the person's health and wellbeing. Inability to manage medication may therefore compound any existing change in the health and wellbeing of the individual by introducing the potential for new medicines-related problems if their medication support need has changed.
- 9.11. Any resulting changes to the person's level of medication support must be noted in the Support plan and communicated as detailed on the Assessment Tool.

### ***Supporting positive change***

- 9.12. Many people will not be static with their medication support needs. It is anticipated that people's level of support will change from time-to-time. As people recover from illness, there is often positive change in the way people present and the medication support they require. It is important that any such positive change in the person's presentation is encouraged, and reablement techniques adopted to allow the person to become as independent as possible while maintaining medication safety. As someone becomes more able to manage their own medication, the potential for a revised assessment may present.

## **10. Multi-compartment compliance aids**

- 10.1. Multi-compartment Compliance Aids, also known as MCAs, dosette boxes or blister packs are used widely within many communities. These boxes allow the re-organisation of some solid-dose medicines into daily or weekly amounts, usually with separate compartments for different times of the day.
- 10.2. The re-organisation of a person's tablets and capsules into these boxes can be done by.
- the individual themselves.
  - their unpaid Care Worker or family member.
  - Community or hospital pharmacy.
- 10.3. Community pharmacies support many patients by providing pharmacy-filled MCAs, which can have the benefits of formal secondary dispensing and checking protocols being delivered by a trained workforce, as well as being provided in tamper-evident formats. Evidence however shows that the use of MCAs can increase risk for inappropriate patients. This policy outlines the responsibility of Care Workers under each level of this policy as follows:

### **Level 1**

- 10.4. There is no task for the Care Worker in relation to medication. People are either fully independent with their medication, or all their support needs are met by unpaid Care Workers. The decision of which aids and adaptations are used to assist with medication remains with the person and/or their unpaid Care Workers.
- 10.5. Care Workers **do not have a task** relating to medication and should contact their manager if a new request for medication support is made.

### **Level 2**

- 10.6. The Care Worker's task is to provide a prompt to the supported person, reminding them that medication is due at this visit time. The Care Worker may also provide physical assistance with medication on request from the supported person, promoting their independence with medication.
- 10.7. The Level 2 person is in control of their medication, and able to select which medication they are due to take or use at relevant times of day. Some Level 2 people find that the use of a pharmacy-filled MCA aids their ability to remain independent and, in such situations, this can be a helpful device. The Level 2 person retains responsibility for selecting their medication, including any medication which is not housed within the pharmacy-filled MCA therefore Care





Workers will only support pharmacy-filled MCAs and **not those filled** by either the individual or their family members.

### Level 3

10.8. The Care Worker's task is to administer medication to the supported person from the pharmacy-filled MCA. There is no requirement to complete a MAR chart for individual's whose medication is administered in this way as the Pharmacy have filled the blister pack and are therefore responsible for its contents. Care Workers should update daily notes to confirm that they have 'administered via blister pack' and where medication is not taken, record and report to their manager.

## 11. Storage of medication

11.1. Key points to remember about storage of medication include:

- Most medication should be stored in a cool, dry place.
- Medication should be stored out of the reach of children.
- Medication should be stored away from heaters and out of direct sunlight.
- For non-refrigerated medication, the usual guidance is to store below 25°C.
- Medication which should be refrigerated will have this noted on the label from the pharmacy and documented in the patient information leaflet.
- Refrigerated medication should be stored in a clean, dry area of the fridge to minimise contamination.
- Medication that is to be supported by Bield Housing & Care must be stored in the way it was presented by the pharmacy, for example original packs or a pharmacy-filled Multi-compartment Compliance Aid.
- If family or other unpaid Care Workers adopt unsafe storage practices, this should be notified to the Management Team who can liaise with the supported person and/or their unpaid Care Workers to discuss an appropriate solution.
- If there is a risk of medication being inappropriately accessed or used, then the medication should be stored in a manner which minimises this risk.

11.2. The patient information leaflet, which is supplied with prescribed medication, will document any specific storage requirements for an individual medication. The community pharmacist can also give advice.

## 12. Declined medication

12.1. Everyone has the right to decline medication, regardless of which level of medication support they have been assessed as requiring. This is a legal entitlement and for this reason, no Care Worker should force a person to take their medication against their will, even if it is felt to be in their best interests.

12.2. Care Workers can often identify if a supported person declines medication. They are encouraged to support a person to take their medication according to their assessed level of medication and to signpost medicines-related problems to an appropriately qualified person, often a community-based health professional along with their line manager. It is important that Care Workers do not offer medical advice or opinion as they do not have appropriate clinical training on which to base such advice or opinion.

12.3. Sometimes gentle encouragement of the person is enough to support them to use their medication. However, there are many reasons why a person may choose not to take their medication, and this is their choice. Indeed, in some situations, a person may have taken advice from a health professional which allows them to make an informed and appropriate decision around their medication use.

12.4. With all the above in mind, a decision not to take prescribed medication may also indicate a medicines-related problem which may be best supported by community-based health



colleagues. For example, someone who finds it difficult to swallow oral medication may be best supported by further health inputs, such as referral to the pharmacist or the GP. On occasions a change of preparation/medication may solve the issue but for some they may need further ongoing investigation, and all of this is a clinical decision.

- 12.5. It is important that discussions relating to declined medication are held in the context of the person's level of support, as the discussion will vary depending on whether the person is in control of their own medication (Level 1 or B) or whether they receive an administration service (Level 3).

### ***Level 1 Supported person declining prescribed medication***

12.6. Although the Care Worker is not involved in any medication task for a Level 1 supported person, there is the potential for them to become aware of medicines-related problems a supported person may experience. The Care Worker may notice, for example, that the supported person chooses not to take their medication when they attend the person for other non-medicines tasks.

12.7. The Level 1 supported person is fully in control of their medication and is free to make their own decisions about its use, however the Care Worker can signpost the person to sources of health support, including community pharmacist or GP, if they become aware that a person is not taking their prescribed medication. If the Care Worker has any concerns about a Level 1 person's use of their medication, these should be discussed with the person themselves in the first instance, and the Duty Management Team thereafter.

### ***Level 2 Supported person declining prescribed medication***

12.8. The Level 2 supported person is fully in control of their medication, but the Care Worker has a task, to prompt the person and support with basic physical assistance if requested. A Level 2 person may choose not to take a particular medication and, for example may opt to remove this medication from any Multi-compartment Compliance Aid.

12.9. There may be reasons why a Level 2 supported person may appropriately decline to use some medication following the Care Worker prompt. It may be that their medication is intended to be used on a 'when required' basis and the person feels that they do not require to use the medication at this time. Or the person may choose to vary the timing of their medication according to their own choices or healthcare advice. However, there may also be occasions when a person would benefit from further advice or support about this medication, which could be sought from a healthcare professional.

12.10. If a Level 2 supported person chooses not to take prescribed medication, the Care Worker should have a discussion with the person to establish if there is an issue with the medication, which might benefit from discussion with health colleagues. Relevant information relating to the nature of any medicines-related issue, who the issue was discussed with, and what the outcome was, should be documented on the Level 2 monitoring sheet and highlighted to the Care Worker's line manager.

### ***Level 3 Supported person declining prescribed medication***

12.11. As the Level 3 person receives a formal administration service, Care Workers are required to document whether each due medication has been taken as part of the administration process. This requirement for documentation is part of the Care Inspectorate requirement around administration services. If a person declines to take prescribed medication, they may be encouraged to use the medication in the first instance but should not be forced to take their medication as discussed above. If the person continues to decline, then this should be documented on the MAR chart for any add-on medication or in the daily notes if administered via a pharmacy-filled blister pack and signposted in the following way.



### ***One-off declined medication***

12.12. If a person declines any medication (or spits it out) as a one-off instance, **and** they are otherwise presenting as expected, then there is no requirement to notify the prescriber at this stage. The Care Worker should document on the MAR chart or daily notes if administered via blister pack the detail of the declined medication and inform their line manager so that the record of the supported person can be updated. If there is a change in the presentation of the person, then healthcare advice should be sought as this may be caused by a medicines-related problem or other change in the person's health or wellbeing. (See Section 7 – Change in the Presentation of a Supported Person)

### ***Repeated declined medication***

12.13. If a supported person spits out or declines medication more than once, i.e., the event is repeated or there is a pattern to medication being declined, then advice should be sought from a healthcare professional. Any advice given should be noted on the reverse of the MAR chart or in the daily notes if administered via blister pack and the information given to the Care Worker's line manager. This will enable the advice to be communicated, the actions being undertaken by relevant professionals to be recorded, followed up and the situation resolved to the benefit of the supported person.

## **13. Licensed and covert medication**

### ***Licensed medication***

13.1. "A marketing authorisation or product license defines a medicine's terms of use: its [summary of product characteristics](#) outlines, among other things, the indication(s), recommended dose(s), contraindications, and special warnings and precautions for use on which the license is based, and it is in line with such use that the benefits of the medicine have been judged to outweigh the potential risks.

13.2. Furthermore, a licensed medicine: has been assessed for efficacy, safety, and quality; has been manufactured to appropriate quality standards; and when placed on the market is accompanied by appropriate product information and labelling."

13.3. When medication is modified in a way that is not supported by the manufacturer, then the medication is being used out-with its license. This means that the manufacturer would not necessarily be responsible for any issues relating to the medication's efficacy, safety and/or quality. Such modifications could include.

- Crushing or splitting medication which is not intended to be crushed or split. Medication can be split if there is a designed split line on the tablet.
- Disrupting any coating of a medication.
- Placing or mixing a medication onto/into food, other than food indicated on the patient information leaflet for that specific product.
- Placing or mixing the medication onto/into liquid, other than a liquid indicated on the patient information leaflet for that specific product.
- Placing or mixing the medication onto/into any other substance, including other medication, other than substances indicated on the patient information leaflet for that specific product.

13.4. With all the above in mind, "there are clinical situations when the use of unlicensed medicines or use of medicines outside the terms of the license (i.e., 'off-label') may be judged by the prescriber to be in the best interest of the patient on the basis of available evidence."

13.5. These prescribing decisions are made on an individual basis, so one prescriber deciding to use a medication outside its product license does not mean that they have taken this decision on behalf of all patients using this medication, but on an individual named-patient basis. The prescriber can only be responsible for their clinical decision to use unlicensed medication (or use of medication outside the terms of its license) if the prescriber specifically instructed that the medication should be used in this way, for this patient.



- 13.6. If a supported person or their family instructs a Care Worker to provide medication outside the terms of the product license, the Care Worker should seek advice from both their line manager and their community pharmacist and/or GP. It is important that if a supported person is already receiving medication in an unlicensed or off label manner, the status quo is maintained until the appropriate advice and a safe resolution is obtained.
- 13.7. If a product is already unlicensed prior to health agreement, then Bield Housing & Care cannot predict the clinical impact or dosage of medication that is being delivered. A change to the delivery method may impact on the steady state of the drug and, as such, clinical clarity must be sought prior to any change of delivery method.

### **Covert medication**

- 13.8. "Covert medication is the administration of any medical treatment in disguised form. This usually involves disguising medication by administering it in food and drink. As a result, the individual is unknowingly taking medication. This is likely to be due to a refusal to take medication when it is offered, but where treatment is necessary for the individual's physical or mental health."
- 13.9. A person using medication must always be aware that they are taking/using medication unless the covert pathway has been appropriately used. In some cases, use of behavioural techniques can support a person to take/use their medication without requiring administering medication covertly.
- 13.10. The Covert Medication Pathway provides the option of last resort for Level 3 patients who continually decline prescribed medication. This is a legal process and must be adopted before a patient's medication may be given to them in a disguised form. The outcome is the formation of a support plan for the individual, agreed between health and social care staff, and the patient's legal guardian/family as appropriate. Once any decision of covert medication is agreed, then pharmaceutical advice would be obtained about how each medication should be administered to the person. Use of the covert medication pathway has set parameters for review, and usually requires to be reviewed according to these parameters to allow administration of covert medication to continue. It should also be noted that when the covert medication pathway is used, some medication will be required to be used outside of its current marketing license as it would potentially be disguised in food or drink products.
- 13.11. Pharmacy input must be sought in relation to the most appropriate method of disguising each individual medication which is to be given covertly.

## **14. Out of date, discontinued and excess medication**

- 14.1. Medication is the property of the person to whom it was prescribed. There will be circumstances when medication is present within a person's home, which is either out-of-date, discontinued, or excess to requirements.
- 14.2. Medicines which are no longer appropriate or used by the supported person are best returned to the community pharmacy for safe destruction. Medication should not be thrown away in public waste disposal systems (dustbins) or flushed into the public drainage system (sinks, drains or toilets).
- 14.3. It is preferred that the supported person, their unpaid Care Worker or family member returns any such medicines for disposal to the community pharmacy, where possible. If the supported person or their unpaid Care Worker/family are unable to do this, then consent should be sought for the Care Worker to perform this task.
- 14.4. The consent form for disposal of medication is included as an appendix to this document (Form 5 – Disposal of Medication). The completed form should be returned to the appropriate



manager for upload to the person's central record. Refusal to consent, or the inability to consent to the removal of this medication should be notified to the appropriate manager and recorded in the person's Support plan.

- 14.5. If there is believed to be a risk to the person or anyone in the home regarding any of the above, then consideration may be given to onward referral to the GP. To manage this isolation of the medication within the home can reduce the risk of it being inappropriately used.

## **15. Changes to medication for Level 3 supported person**

- 15.1. Care Workers may not administer medication unless it is contained within a pharmacy-filled blister pack or documented on a Medication Administration Record (MAR) chart.

### ***New medication***

- 15.2. Where Care Workers administer medication, Bield Housing & Care has a duty to ensure an up-to-date medicines record is available. In some circumstances, for example, out-of-hours or public holidays, it can be difficult for the service to maintain an up-to-date medicines record detailing the administration of medicine by formal care staff. In the event of no updated MAR chart being available for new or changed medication.

No new medication should be administered until either a new MAR chart has been issued
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### ***Stopped medication***

- 15.3. In the event of a request from an appropriate healthcare professional to discontinue a medication, the MAR chart should be updated accordingly by a healthcare professional. If the MAR chart cannot be updated, written confirmation of the discontinuation should be requested from an appropriate healthcare professional. Community pharmacy should make the relevant alteration to the (MAR) chart.
- 15.4. If the usual community pharmacist is unavailable, the Care Worker should contact their line manager for support. An alternative community pharmacist may be able to help update the MAR chart.

### ***Dose alterations***

- 15.5. Prescribed medications must not be changed or discontinued by a Care Worker. Care Workers must not alter the content of a MAR chart, or a pharmacy medication label. All alterations must be undertaken by the prescriber, the community pharmacist, or other relevant healthcare professional.

### ***Hospital discharge***

- 15.6. All supported people who require a Level 3 MAR chart on discharge must be identified to the hospital pharmacy department. When a new MAR chart is issued, it is important to ensure that only the current MAR chart is used by Care Workers. It may help to organise the removal of the preceding MAR chart to minimise the risk of old medicines being administered or new ones missed.
- 15.7. If a hospital discharge document and MAR chart have not been supplied, then Bield Housing & Care managers should contact the community pharmacy and/or the GP and appropriate provision made. If the situation is identified during the out of hours period, NHS24 should be contacted for further advice.

### ***Verbal medication changes***





- 15.8. The types of verbal medication changes requested can vary – sometimes medication is to be increased, reduced or stopped. Prescriptions and written instructions will be issued if new medication is to be started, therefore verbal instructions should only ever apply to dose changes or discontinuation of current medicines.
- 15.9. A written copy of any verbal instruction must be requested and passed to Bield Housing & Care managers. This should be obtained from an appropriate healthcare professional (i.e., doctor or independent prescriber), ideally the one who made the change.
- 15.10. If no written authority is available; Problems can occur when doses are changed by means of a verbal order but no written document is sent. Usually, this happens when a GP telephones a dose change (e.g., reduce two tablets taken twice daily to one tablet twice daily) but where a new prescription is not always necessary. Two of members of staff must witness the phone call and sign as accurate. The GP should be requested to either alter the MAR chart and sign the change or issue some form of written authority.
- 15.11. If there are any differences between the information on the MAR Chart and the information on the medicine labels, or if the Care worker is concerned in any way about the medication that has been dispensed by the pharmacy, then medicine must not be administered. The Care Worker should contact the pharmacist and inform their line manager of the outcome and next steps. If the community pharmacy cannot be contacted, their line manager should be contacted, and advice from NHS24 sought.

### ***Requests from Supported People, Unpaid Care Workers or Others***

- 15.12. If the Care Worker is advised by the service user or an informal Care Worker that medication has been discontinued and the Medication Administration Record (MAR) Chart has not been amended, they should withhold the next dose and contact their line manager who will contact the community pharmacy, GP practice or NHS24 to obtain confirmation of the discontinuation.
- 15.13. Medication must only be started or stopped at the request of an appropriate healthcare professional (i.e., a doctor or independent prescriber), as per above.

## **16. Publicising and Accessibility**

- 16.1. This policy will be made available on the Bield website and the Bield intranet page.
- 16.2. We are happy to translate any of our policies and provide an interpreter if our customers need help.

## **17. Monitoring, Reporting, and Review**

- 17.1. This policy will be monitored by the Support Living Team Leaders and the Head of Supported Living.
- 17.2. This policy will be reviewed after three years or if required by business or legislative change.

## **18. Complying with the Law and Good Practice**

- 18.1. Bield Housing & Care recognises the importance of working within current legislative and best practice frameworks when prompting, assisting, or administering medication to individuals who access their services.
- 18.2. This includes ensuring that all staff are aware of their responsibilities within the:
- Medicines Act 1968 for the management of Prescription only medication (POM), Pharmacy only medication (P) and General sales list medication (GSLM)
  - Misuse of Drugs Act 1974 and 1985 specifically ensuring accountability for management of controlled drugs



- Health & Safety at Work Act 1974 to keep service users safe from unsafe staff practice in relation to the prompting, assisting and administration of medication.
- Adults with Incapacity (Scotland) Act 2000
- Health and Social Care Standards, My Support, My Life with reference to Standard 2: “I am fully involved in all decisions about my care and support,” including statement 2.23: “If I need help with medication, I am able to have as much control as possible.”
- National Health and Wellbeing Outcomes Framework
- Prompting, assisting and administration of medicines in a care setting, Care Inspectorate
- Review of medicines management procedures – Guidance for care at home services, Care Inspectorate

18.3. Where an individual has been assessed as not having the capacity to make decisions about their medication or the consequences of what could happen if they decide not to take their medication as prescribed, Bield Housing & Care will ensure that any activity around the administration of medication is in line with the principles of Adults with Incapacity (Scotland) Act 2000 namely, that it:

- Is of benefit to the individual
- Takes account of their wishes and those of their family/Care Worker, Guardian or Power of Attorney
- Is as least restrictive as it can be to the individual's freedom.

18.4. As a provider of care, we are regulated by the Care Inspectorate. The Care Inspectorate uses Health and Social Care Standards to assess the performance of care providers. The key standards that have been considered in the development of this policy are: [delete as appropriate]

Standard 1 I experience high quality care and support that is right for me

Standard 2 I am fully involved in all decisions about my care and support

Standard 3 I have confidence in the people who support and care for me

Standard 4 I have confidence in the organisation providing my care and support

## 19. **GDPR**

19.1. We will treat all personal data in line with our obligations under the current data protection regulations and our Privacy Policy. Information regarding how all data will be used and the basis for processing your data is provided in our Customer Fair Processing Notice.





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**Speaking your language - we are happy to translate our policies on request.**

يمكن ترجمة سياساتنا عند الطلب  
إذا كنت بحاجة إلى مساعدة ، فيمكننا توفير مترجم

**Nasze zasady mogą być przetłumaczone na żądanie.  
Jeśli potrzebujesz pomocy, możemy zapewnić tłumacza**

**我们的政策可以应要求翻译。  
如果您需要帮助，我们可以提供翻译**

ہماری پالیسی کا درخواست پر ترجمہ کیا جاسکتا ہے۔  
اگر آپ کو مدد کی ضرورت ہو تو ہم ایک ترجمان فراہم  
کرسکتے ہیں