|  |  |
| --- | --- |
| **TEMPORARILY AMENDED FOR COVID – 19 PANDEMIC: Valid until September 2021** | **Prepared By:**  **Susan Murphy**  **Assistant Director for Pharmacy and Medicines**  **Management (West)** |
| **Number of pages** | **36 pages** |

|  |
| --- |
| **Document History**  These standards of best practice and standard operating procedures have been developed by a Task and Finish group jointly between Betsi Cadwaladr University Health Board (BCUHB) and the six local authority departments (Wrexham, Flintshire, Denbighshire, Conwy, Gwynedd and Ynys Mon). They establish best practice for the handling and control of medicines of individuals receiving provision of care from health and social care providers.  They will apply where an individual is receiving care within North Wales and applies to   * all BCUHB staff * all local authority staff * and to those staff of commissioned services that provide services to others involving medicines.   And includes domiciliary, residential and care homes (local authority run and independent sector) and day services.  They have been developed with support from Care and Social Services Inspectorate Wales  (CSSIW), Domiciliary Care Forum and Care Forum Wales  BCUHB and each of the local authorities within its boundary will specify that all providers of services involving medicines will be commissioned to provide standards of medicines management specified within the Code of Practice and the model standard operating procedures for the handling of medicines. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Version** | **Status** | **Summary of Changes** | **Management** | **Date** | **Review Date** |
| 2 | Draft | Draft1 |  | February 2015 |  |
|  |  | Draft 2 and 3 |  | March 2015 |  |
|  |  | Draft 4 |  | June 2015 |  |
|  |  | Draft 5 |  | July 2015 |  |
|  |  | Draft 6 following review by group members |  | September 2015 |  |
|  |  | Draft 7 following advice on eye drops |  | October 2015 |  |
|  |  | Draft 8 following review by group members |  | November 2015 |  |
| 3 | Draft | Final draft for consultation |  | November 2015 |  |
| 4 | Draft | Update following consultation |  | February 2016 |  |
| 5 | Final | Update following consultation |  | December 2016 |  |
| 6 | update | Minor Amendments |  | February 2019 | 2022 |
| 7 | update | Amendments - COVID-19 |  | March 2020 | 2021 |
| 8 | update | Minor amendments |  | November 2020 | 2022 full document review |
| 9 | review | updated |  | July 2020 |  |

|  |  |
| --- | --- |
| CONTENTS |  |
| 1. Introduction | 3 |
| 2. Medicines and the law | 3 |
| 3. Aim of the standards | 4 |
| 4. The safety of medicines | 4 |
| 5. Key principles | 5 |
| 6. General principles for adult citizen / residents | 5 |
| 7. To whom these standards apply | 7 |
| 8. Definitions of medicines, controlled drugs, high risk medicines and roles & responsibilities | 8 |
| 9. Self administration of medication | 11 |
| 10. Procedures to follow when giving medication | 11 |
| 11. Level of support required by a citizen / resident – level 1 /level B | 12 |
| 12. Level of support required by a citizen / resident – level 2/ level C | 14 |
| 13. Level of support required by a citizen / resident – level 3 (Delegated tasks) | 15 |
| 14. Medication administration and procedures that must NOT be undertaken by care staff | 17 |
| 15. Changes in prescribed medication (Care setting only) | 18 |
| 16. Ordering medication | 18 |
| 17. Receipt of medication | 19 |
| 18. Consent | 19 |
| 19. Ownership and control of citizen / residents medication | 20 |
| 20. Record keeping | 20 |
| 21. Refusal to take medication | 21 |
| 22. Covert administration of medication | 22 |
| 23. Non-prescribed medicines (OTC, complementary and homely remedies) | 23 |
| 24. Packaging, Containers & Handling Medication | 23 |
| 25. Storage | 24 |
| 26. Disposal of waste medication | 24 |
| 27. Missing medication | 25 |
| 28. Medication errors | 25 |
| 29. Carrying out health tasks by specialised technique | 26 |
| 30. Health and safety | 26 |
| 31. Delegation | 27 |
| 32. Training and competence | 28 |
| 33. Safeguarding | 31 |
| 34. Care worker Register | 31 |
| 35 Audit and Monitoring of implementation | 31 |
| References | 32 |
| Glossary | 34 |
| Consultation and members list | 35 |

**1. Introduction**

The Health Board and Local Authorities provide services for vulnerable people living in their own homes, care homes (during COVID-19 crisis), some of whom will need support in managing their medication during COVID-19 Pandemic. These standards and procedures should also be adhered to by all statutory and independent sector service providers commissioned by health and social services in adult social care settings i.e. registered adult social care settings and domiciliary care provision. It also serves as a guide to standards accepted in privately owned care home settings and day services. (during this COVID-19 crisis). The following document establishes standards of practice in the role undertaken by all care workers in administering or in assisting citizen/residents/patients with medication and health tasks, ensuring consistent practice across North Wales. Compliance with the BCUHB & North Wales Local Authorities Joint Agreement for a Code of Practice for the management of medicines in health and social care settings [https://bcuhb.nhs.wales/medicines-management-policies-and-procedures](https://bcuhb.nhs.wales/medicines-management-policies-and-procedures/?previewid=F2BF2757-32C4-4453-BDBD1BC83098B7FF)/ and the standard operating procedures (SOP’s) which follow in this document will ensure the standards and regulations are met. (BCUHB Health Care Support workers (HCSW) can also refer to the SOP’s and competency documents on the intranet under Chapter 8 of the Medicines Policy MM01 using this link <http://howis.wales.nhs.uk/sitesplus/861/page/71328>.) Compliance will also promote the safety and well-being of the citizen/resident/patient, and will provide a framework of safe practice for the care worker in accordance with the All Wales induction framework for health and social care (2018), Code of Professional Practice for Social Care, Care Inspectorate Wales (CIW) requirements and the All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (AWMSG, 2020)

**2. Medicines and the law**

In the UK, the Medicines Act 1968 provides the main legal framework for the prescription, supply, storage and administration of medicines. It classifies medicines into four categories.

* Prescription only medicines. (**POM)** This is a medicine that can only be supplied by a pharmacist/dispensing doctor. It can be administered by a nurse or suitably trained, designated, and competent individual, on the instruction of an authorised prescriber such as a doctor.
* Pharmacy only medicines. (**P)** This is a medicine that can be purchased from a registered pharmacy under supervision by a pharmacist.
* General sale list medicines. (**GSL)** This is a medicine that can be purchased from a community pharmacist or other retail outlets e.g. supermarkets.
* Controlled drugs **(CDs)** are medicines that have been classed as potentially addictive or dangerous e.g.fentanyl. Controlled drugs are additionally defined and governed by the Misuse of Drugs Act (MDA) 1971 and 2001.

The term ‘unlicensed medicine’ is used to describe medicines that are used outside the terms of their UK licence or which have no licence for use in the UK. Unlicensed medicines are commonly used in some areas of medicine such as in paediatrics, psychiatry and palliative care. They are also used, less frequently, in other areas of medicine. Once an unlicensed medication is prescribed, the medication can be administered by a care worker (see page 8 for definition) following the instructions from the prescriber.

It is a legal requirement that all medicines should be dispensed with a patient information leaflet detailing strengths, recommended doses, side effects, etc.

The following is a list of legislation and National Guidance that has a direct impact upon the handling of medication:

1. The Medicines Act, 1968
2. The Health and Safety at Work Act, 1974.
3. The Mental Health Act, 1983.
4. The Data Protection Act, 1998.
5. The Human Rights Act, 1998.
6. The Management of Health and Safety at Work Regulations, 1999.
7. The Care Homes (Wales) Regulations, 2002
8. The Health and Social Care Act 2008 (Regulated activities) Regulations 2014 No. 2936.
9. The Domiciliary Care Agencies (Wales) Regulations 2004 - Regulation 14(6)
10. Managing medicines in care homes NICE 2014
11. The Consumer Rights Act 2015
12. Home care: delivering personal care and practical support to older people living in their own homes 2015
13. All Wales Guidance for Health Boards/Trusts in Respect of Medicines and Health Care Support Workers
14. AWMSG (2015)
15. Royal Pharmaceutical Society (RPS) and Royal College of Nursing (RCN) (2019) Professional Guidance
16. on the Administration of Medicines in Healthcare Settings
17. Royal Pharmaceutical Society (RPS) (2018) Professional guidance on the safe and secure handling of medicines
18. All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (AWMSG 2020)

The law does not prevent care support workers from administering medicines in any setting providing they are acting in accordance with the directions of an appropriately regulated prescriber (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

**3. Aim of the standards**

The aim of these standards is to promote the safety and well-being of the citizen /resident/ patient and safe practices of all care staff relating to medication within both health and social care settings in accordance with the All Wales induction framework for health and social care (2018)

It also aims to provide clear direction with regard to medication management and health related issues during COVID 19 pandemic. The document will seek to address and simplify a wide range of problems likely to be encountered on a day-to-day basis, providing clear, unambiguous procedures for staff to follow. The procedures **do not** describe every situation that might arise when supporting or assisting citizens/ residents/patients with medication because the circumstances of individuals will vary considerably.

**4. The safety of medicines**

The principles of safe handling of medicines in any establishment or setting do not vary according to the nature of care offered. Whether the establishment is large or small, there is a duty of care requiring medicine to be handled appropriately to support people to take their medication safely. All medicines must be treated with respect and can be harmful if administered or taken incorrectly. It is therefore important to ensure that medicines are administered in the correct manner, at the correct time and at the correct dose prescribed. Older people are often more sensitive to medicines and their side-effects. It is imperative that care workers follow medication procedures and rigorously document their actions. NB. In the case of confused elderly people living on their own, the medication record is the only written evidence of what medicines have been administered.

BCUHB and the six North Wales local authorities are committed to providing a safe working environment for employees and citizens/residents/patients. The Health & Safety at Work Act 1974 places a duty of care on the employer to provide a safe place of work alongside safe working practices. It also requires employees to mirror these principles in protecting themselves and any others (e.g. citizen/resident/patient or colleagues) who may be affected by any “acts of omission”.

A citizen/resident/patient’s home may not be classed as a workplace; however it is a place of work for staff who are bound by their code of conduct to follow standards and procedures for the safety of all. It is vital staff understand their roles and responsibilities in providing support and assistance with medication and health related procedures. If staff are unsure on the best course of action they must seek further guidance from:

* Line Manager – e.g. Community Support Manager or Community Support Supervisor or equivalent
* Citizen/resident/patient’s General Practitioner (GP) or Community / BCUHB Pharmacist.

**Remember**

* Failure to comply with the Code of Practice and the standard operating procedures will be a matter of serious concern and may result in disciplinary action.
* ***Before*** assisting a citizen/resident/patient with medication it is essential there is an identified need and this must be clearly documented in an individual’s care plan.
* Medicines are used to cure or prevent disease or to relieve symptoms.

***5.* Key principles**

The organisation must have robust policies and procedures in place to aid the delegation of medicines support. The organisation will accept responsibility for all tasks undertaken by the care support worker, providing they are competently trained and are compliant with the agreed local written policies and procedures. (AWMSG - All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers. 2020)

1. Care workers must be assessed as competent by their employer in the activities they undertake around medicines.

2. Care workers should know which medicines each person requires and should keep a complete account of all medicine support provided to the citizen/resident/patient.

3. Citizen/resident patients have freedom of choice in relation to their provider of pharmaceutical care i.e.

the citizen/resident/patient has the right to choose who dispenses their prescription.

4. Medicines must be stored safely and in accordance with legislation and the manufacturer’s instructions

(e.g. refrigerated if needed). See section 25.

5. Medicines are administered safely and correctly and care workers preserve the dignity, choice and privacy of the individual.

6. Medicines are available when the individual needs them and, provided the citizen/resident/patient gives consent, the care worker makes sure that unwanted medicines are disposed of safely. (See section 26)

7. The care worker has access to advice from a pharmacist.

**6. General Principles for adult service users.**

* Maintaining dignity, privacy, choice and respect for the citizen/resident/patient. Their dignity and rights as an individual should remain at the heart of the medication process.
* Whenever possible the citizen/resident/ patient should be independent and responsible for self-administering their medication. However, for some individuals, this is not possible and each individual should be assessed by a competent person to establish the level of support required to enable the individual to take their medication safely.
* Home care provider’s medicines assessment should take into account the health and personal care needs of the individual, as well as related social, cultural, emotional, religious and spiritual beliefs (for example taking medicines during periods of religious fasting)
* Citizen/resident/patient must also provide their consent to any care and support, unless they lack capacity to do so. Hence, assistance with medication **will not** be undertaken without the informed consent of the citizen/resident/patient. The individual care plan must have a clear record written of their informed consent. Where there is lack of ability to provide informed consent, or legal power of attorney for medical purposes is absent, local procedures for capacity are to be followed, and, a best interest approach must be undertaken and documented in the appropriate records in accordance with the mental capacity act (2005).
* It is the responsibility of the line manager to provide care workers with specific written procedures for the administration of all medication and ensuring that appropriate record keeping and training needs are met.
* It is the responsibility of the line manager to ensure an assessment has taken place, to agree the level of support a citizen/resident/patient will need to take prescribed medication and also to liaise with the pharmacist if required. A request should be made for an Equality Act 2010 assessment to be completed by the community pharmacist, where assistance is needed at level 2 or 3. See section 12 13 and 24.
* Care workers should only assist with the administration of medication if this is specified in the care plan; this includes medication prescribed by a Prescriber in an emergency and use within any homely remedy procedure.
* The care plan must be accessible in the place where the assistance is to be provided i.e. the citizen/resident/patient’s home. The care plan should be reviewed every six to twelve months by the prescriber in conjunction with the care givers whenever there is a change in the citizen/resident/patient’s circumstances or if a problem is reported.

Care workers will be able to administer prescribed medication ***only when a programme of supervision has been undertaken*** and in accordance with the All Wales induction framework for health and social care (2018).Assessment of competence must be completed where the line manager (or person delegating the task) and the care worker agree that competence and confidence has been achieved.

Following relevant accredited training and competence assessment, care workers will be permitted to administer prescribed medication via the following routes:

* by mouth, in liquid or solid dosage form (tablets including sub-lingual and capsules),

and/or

* by application of any ointment, cream or lotion

and/or

* by eye/ear/nose drops or spray

and/or

* by metered dose inhalers (MDI), spacer devices or nebulisers

and/or

* by the application of patches e.g. HRT, opioid

**(All SOP and competency assessment tools for the above are accessible via the link on page 3 of this document.)**

Medicines legislation (Article 9 of the POM order) provides as exemption “for healthcare assistants and others to administer topical medication” e.g. eye drops or ear drops. The employer must take responsibility for their actions and have appropriate procedures; training and competency in place. There are eye drop administration aids that can be use to support citizen/resident/patient or their care workers to administer eye drops. These are available from the eye departments in the three acute hospital units. The process of administration of eye drops is the same for all eye drops including post surgery; hence there are no concerns around care workers administering eye drops post surgery.

**Specialised Techniques / Enhanced support (Also see section 13 and 14 for further guidance)**

Where medication is required to be given by any other method (usually called ‘specialised techniques’), a care worker will need additional specialist training in accordance with the All Wales induction framework for health and social care (2018), and the line manager will need to ensure that:-

* There is agreement between the commissioner and provider that the technique can be performed by the care worker, or by staff from a private agency commissioned by the Local Authority or Health.
* The employer must have the relevant insurance for the identified task. BCUHB has vicarious liability for its employees
* A list of all situations where specialised techniques form part of the care plan will be kept within the training matrix or within the employing governance teams.
* Administration of medication by invasive technique can only be undertaken with strict adherence to written instructions i.e. a standard operating procedure that has been approved jointly between BCUHB and employer organisation.
* A separate written risk assessment has been undertaken,
* The specialised technique is carried out ***only by staff*** specifically trained and assessed as competent in the identified technique for a specified citizen/resident/ patient.
* The specialised technique is delegated and monitored by a Registered Nurse (i.e. a community nurse) or manager, who is available to provide ongoing support and advice to the carer.
* Education, training and competency assessments are provided for each care worker, to be undertaken with a specific individual citizen/resident/patient. Any skills and knowledge are not transferable to other citizen/resident/patient requiring medications via the identified route. Any change in circumstances with the citizen/resident/patient. e.g. a change in medication would trigger a review, further education, training and competency assessment.
* Care workers should not offer advice to a citizen/resident/patient about any medicines, including over-the- counter medication/homely remedies or complementary treatments. (see section 23)
* Covert administration of medication is very rarely necessary and justified, and should never be undertaken with a citizen/resident/patient who is capable of deciding about their treatment. (see section 22)
* Primary responsibility for prescribed medication rests with the citizen/resident/patient’s clinician i.e.GP, consultant, nurse or pharmacist and the dispensary that has supplied/dispensed the medication.
* Where medication support is needed the practice based pharmacist/technician or community pharmacist (depending on local situation) can assist.

**7. To whom these standards apply**

This procedure is to protect citizens/residents/patients and care workers in the administration or in the assisting of a citizen/resident/patient’s with medication. It is the responsibility of each care worker to follow the principles and procedures outlined and in the event of any error occurring this should be recorded /documented and reported immediately to the supervisor or line manager.

These principles and procedures apply to: ­-

* Social care workers who work with citizens/residents living in their own homes, including staffed houses;
* Staff in day centres where the need for assistance with medication arises
* BCUHB healthcare support workers (clinical) – must also adhere to the BCUHB Medicines Policy MM01 (2019) Chapter 8
* Staff jointly employed by health and social services
* Staff in Care homes
* Agency, temporary or bank staff
* The procedures apply equally to those working in the private and voluntary sector organisations i.e. for care workers working for outside agencies who are contracted to work for the Local Authority.
* The principles and procedures also apply to “direct payment staff”, although it is recognised that they may not have a manager or supervisor and so may have to undertake tasks such as contacting the GP themselves.

**8. Definitions**

**Medicines**

Medicines are licensed substances used to prevent, treat or diagnose a disease or disabling condition, to restore people to health or to keep them healthy. A medicine can be described as anything that alters the way that the body normally functions. Medicines come in many different forms.

* Oral medication which is swallowed - Capsules, tablets, powders and liquids are the most common.
* Inhaled medicines: Including metered dose inhalers, dry powder inhalers and solutions for nebulisation.
* Inhalers are designed to be inhaled via the mouth, as in the case of asthma inhalers
* Liquid sprays for the skin or in the mouth (medication can be absorbed by the tissues which line the mouth– the buccal route).
* Lotions, gels, scalp applications and creams are applied to skin and the active ingredient absorbed. Disposable gloves must be worn.
* Patches are applied to the skin and the active ingredient very slowly absorbed.
* Injections, such as insulin for people with insulin dependent diabetes, normally administered by the citizen/resident/patient themselves.
* Suppositories are inserted into the rectum and the medication is absorbed into the blood stream.
* Ear drops, eye drops and nose drops/sprays - The date of opening eye, ear and nose drops/sprays must be written onto the label on bottle. The dispensing Pharmacy or GP will advise how long it is safe to use the drop/spray from the date of first opening.

All medicines have an "expiry date" – this is a date after which they must not be used.

**Controlled drugs**

Certain medications, due to their strength, potency or dangerous potential, are listed under the Misuse of drugs Regulations 2001. Such medicines are known as "Controlled Drugs". Controlled Drugs should be treated as any other medication for domiciliary citizen (depending on the risk assessment) therefore when a Controlled Drug is dispensed for a domiciliary citizen/patient it becomes the patient’s property and the CD regulations do not apply. However for a resident in a care home setting they will be managed separately as CD regulations must be applied.

In some circumstances, Controlled Drugs schedule 3, 4 and 5 are dispensed into monitored dosage systems for the individuals to administer themselves. Special care should be taken to ensure these medicines are stored out of sight and reach of children (especially opiate patches such as fentanyl, which look like plasters).

If there is a decision to delegate administration of a medicine defined as a controlled drug under the Misuse of Drugs legislation, it is good practice for there to be a separate documented risk assessment which demonstrates that any potential risks have been anticipated and managed including any risk of diversion reduced.

A risk assessment should be carried out to determine if controlled drugs in Schedule 3 and 4 should be handled in the same way as controlled drugs in Schedule 2. Legally, a care support worker may administer a Schedule 2, 3 or 4 medicines under the Misuse of Drugs Regulations 2001, provided they are acting in accordance with the directions of an appropriately regulated prescriber. A registered nurse can also request a competent care support worker to be a second signatory for the administration of controlled drugs. All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (AWMSG 2020)

**High-Risk Medicines**

High-risk medicines are medicines that are more likely to cause significant harm to an individual, even when used as intended. Although errors are not necessarily more common with high-risk medicines, when errors occur the impact on the individual can be significant. Examples of high-risk medicines include anticoagulants, opioids, non-steroidal anti-inflammatory drugs (NSAIDs) and insulin.

The administration of a medicine that carries a higher risk of harm should be given particular consideration and oversight by the registered nurse. Care support workers should not necessarily be prevented from administering these medicines, but extra caution should be exercised to overtly promote a patient safety culture. All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (AWMSG 2020)

**Roles & Responsibilities**

**General Practitioner (GP)**

* Doctors have a responsibility to provide general health and medical care, or refer their citizen/resident/patients for specialist health care or social care. The GP or non medical prescriber will prescribe medication to their citizen/resident/patients to prevent, treat or relieve medical conditions.
* The GP/Prescriber should ensure that any medication prescribed is appropriate for the condition being treated, and in combination with other medication. The medication should be at the correct dosage and in an appropriate formulation. The GP/Prescriber should check that the citizen/resident/patient or carer understands the purpose of the medication, frequency of administration and common side effects. The GP/Prescriber should ensure that all appropriate clinical monitoring is undertaken and followed if needed. Guidance should be given on when to discontinue the medication and when to attend for review.

**Care Manager/Care Co-ordinator**

* ***Before*** *commencing care planning the care manager/care co-ordinator must ensure an* assessment of the citizen/resident/patient has been undertaken to determine the level of support required for them to manage their medication, prior to agreeing to undertake the care package.
* The care manager/care co-ordinator is responsible for completing an integrated assessment involving, where applicable, input from health professionals. The management of medication assessment will be completed by the appropriate health professional; the outcome and any recommendations of which should be documented in the care plan by the care manager/Care Co-ordinator. The care manager/Care Co- ordinator has a duty to ensure the registered manager of the provider agency has a copy of the care plan and that the care plan is reviewed in accordance with statutory regulations.
* Where an unpaid carer or family member is providing assistance with medication, the person completing the assessment of medication management will ensure any training needs have been identified and refer to either a pharmacist or community nurse to undertake any medication related training with the unpaid carer/family member. This must be recorded in the care plan.

**Care Worker.**

All care support workers responsible for supporting an individual with their medicines must be suitably trained and competent; competency must be assessed annually. Care support workers who have been delegated the task of medicines support must follow the organisation’s policies and procedures (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

* It is the responsibility of the care worker to follow the service delivery plan and care plan. They would record and report any concerns to their line manager.
* The care worker must record exactly what medication was taken by the citizen/resident/patient and at what time on the medicines administration record (MAR) or equivalent. This should be kept in the citizen/resident/patient’s home (or equivalent) and completed every time that medication is taken by the citizen/resident/patient. If a situation arises where the citizen/resident/patient refuses a dose, misses a dose or appears unwell, **the care worker must record this on the MAR or equivalent chart and document in the daily notes and verbally report to the line manager or contact GP**.
* If the care worker has any concerns that the citizen/resident/patient is being given medication or other remedies by others that is not recorded they must inform the line manager.
* The care support worker is accountable for all actions and omissions, including accepting the delegated task of medicines support, the performance of the task or tasks, and for administering the medicine in line with the directions of the prescriber
* Any care support worker accepting the delegated task of medicines support must take responsibility for ensuring that their actions are carried out carefully, safely, correctly and according to their organisation’s policies and procedures.
* Other care providers assisting with medication should be advised to record on the same MAR or equivalent chart to avoid any confusion or duplication.

The MAR or equivalent chart should be requested from the pharmacist that dispenses the citizen / resident / patient’s prescription who requires assistance in taking their medication.

**Community Nurses/**

The nursing team will provide nursing and clinical care to an individual citizen/resident/patient; this may also include wound care or procedures such as injections, bladder irrigations and matters relating to feeding tubes

They will also monitor the health status of the individual and report any concerns or changes in circumstances to the doctor. During COVID -19 Pandemic nurses may delegate level 2 and above task to care workers, (see section 12 and 13) provided that:

* Formal agreement has been negotiated between BCUHB for the specific task to be carried out by care workers employed within the Social Services Department, or from private agencies commissioned by the department.
* Specific standard operating procedures have been developed to cover any specialised procedures which were once clearly in the province of healthcare professionals.
* Education and training including competency assessment have been agreed and undertaken
* If appropriate, funding of the task has been agreed by the Health Board and Local Authority.
* Any delegation of duties must be documented by the Registered Nurse in the care plan.
* The registered nurse who is delegating the activity (and not the organisation) must have the final say on whether the task can be delegated to the individual.

**Pharmacist**

Community pharmacists provide the following services: supply of medication, assessment under the Equality Act, with support in relation to adherence (i.e. help patients take their medication), storage, record keeping, patient education, medicines use reviews (MUR) and discharge medication reviews (DMR). Hospital pharmacists are responsible for the citizen / resident / patient whilst in hospital and at discharge, discharge medicines supply and patient education. Primary Care /Cluster pharmacists are responsible for patient-centred-clinical medication review as part of the MDT, liaising with GPs and secondary care, reconciling medication, education and training of patients and staff.

**9. (Level 0 or Level A) Self Administration of medication**

The desired outcome is that citizen / resident / patient are responsible for taking their own medication safely (self-administration). However, it is recognised that many people are not able to take complete control of their own medication. If the care worker perceives that the citizen / resident / patient is experiencing difficulties in taking their medication, they must raise this with their line manager, in order that the G.P./ doctor or dispensing pharmacist Or primary care pharmacist can be contacted to see if assistance could be given to maintain the citizen / resident / patient's independence. Only when this has been done would it be considered that the care worker may assist in the taking of medication. There are many reasons why people cannot safely self-administer. These include:

* Cognitive impairment – the extent of this impairment will inform the decision about level of support needed.
* Can the person understand the reasons for taking it and the instructions?
* Visual impairment – can the person see the medication and/or the instructions?
* Mobility – can the person actually physically get to where the medication is kept?
* Manual dexterity – can the person manipulate the containers, tablets, liquid etc?
* Swallowing – can the person swallow the medication?

**10. Procedures to be followed when supporting administration and giving medication** (in line with the All Wales induction framework for health and social care (2018), Code of Professional Practice for Social Care) and BCUHB Medicine Policy MM01 (2019)

* The care worker should do no more than is absolutely necessary in order to encourage independence; for example, assistance may be confined to removing the cap from the bottle where the citizen/resident/patient is unable to do so.
* If support with medication is required this will be documented in the personal care plan and service delivery plan with a record of the type of assistance (which may include telecare or assistive technology) required for the citizen/resident/patient.
* The methods used for the administration of medicines must respect the dignity and privacy of the citizen/resident /patient at all times
* In most community based settings the member of staff knows the citizen/resident/patient personally. There may be an occasion (for example within a staffed house with more than one citizen/resident/patient) where relief or new staff who do not know the citizen/resident/patient. In these circumstances the care worker must take care to ensure that no possibility of confusing one person’s medication with another’s exists, by for example:-
* Checking the photo on the service delivery plan.
* Checking and confirming the details on the MAR chart or equivalent, matching an arm band if one is present.
* Consulting with the manager or regular staff member before giving medication.
* Medicines must not be used for a purpose that is different from that for which they were prescribed.
* The timing of medication must meet the citizen/resident/patient’s needs; some medications require strict compliance with timing of dosages, to fit in with the specific dosage regimes. e.g. medication for Parkinson’s disease, analgesia, antibiotic etc.
* Observe the 6R principle of correct medication administration - medication is administered to the “right citizen/resident/ patient, right medication, right dose by the right route at the right time and citizen/resident/patient’s right to refuse. “ It is also essential to complete the correct documentation. Staff responsible for administering medication must check the following details each time a medication dose is given:
* That the name of the citizen/resident/patient is the same as the name on the medication container.
* The dosage instructions on the medication container, ensuring that the most up to date instructions are followed, and the time/date of the previous dose.
* Details of dosage for warfarin, diazepam, and paracetamol, as these dosages change often.
* If there is any discrepancy a check should be made with the pharmacy before giving the medicine to the citizen/resident/patient.
* Any specific instructions relating to time of administration – e.g. ‘before food’ or breakfast.
* Reference must be made in the care plan, if a medicine is not given to a citizen/resident/patient on a regular basis or is supplied 'when required' or 'where necessary' or ‘where health state changes’.
* Care workers should always report any developing problems to their line manager, e.g. where citizen/resident/patient have increasing difficulty in managing their own medication.
* Where an element of risk is present, arising from the citizen/resident/patient's choice to retain control of their medication, the individual must be capable of understanding that risk and must also bear the consequences of having exercised the right to retain control. In these circumstances, the citizen/resident/patient's G.P/doctor should be made aware of the element of risk. A joint risk assessment may be appropriate.
* The care worker must keep a written record of the time and dosage given on the MAR or equivalent chart. The MAR or equivalent charts should be printed so that they are clear, indelible and permanent.
* Medicines prescribed for one citizen/resident/patient must not be given to another citizen/resident/patient. Where citizen/resident/patients require level 3 “enhanced support” to receive their medication, a step by step procedure of how to administer the medicine must be available in the citizen/resident/patient’s plan of care, and must include troubleshooting advice, along with who to contact for advice e.g. midazolam or diazepam for seizures

**Level of support required**

This document identifies three levels of support with medication:

1. Level 0 or Level A self administration - citizen/resident/patient is assessed as independent.

2. Level 1 or Level B General Support (i.e. prompting) or assistance

3. Level 2 or Level C Administering medication

4. Level 3 or Level D Enhanced support administering medication by specialised techniques.

**11 Level 1 or level B: General Support (Prompting) or Assistance**

* General support is defined as when the citizen / resident / patient is able to, and actually takes responsibility for their own medication. This may also apply in the case of some parents or guardians (in relation to their parental responsibilities).
* The support given may include some or all of the following:
* An occasional reminder or prompt from the care worker to take their medicines. (NB. A persistent need for reminders may indicate that a citizen / resident / patient does not have the ability to take responsibility for their own medicines and should trigger a review of the citizen / resident / patient’s care plan)
* Helping the citizen / resident /patient to take the medication from the container and placing it in a suitable vessel. This could be opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the citizen / resident / patient, when the care worker has NOT been required to select the medication. e.g. for citizen / resident /patient’s with poor dexterity.
* Requesting repeat prescriptions from the GP.
* Collecting medicines from the community pharmacy/dispensing GP practice.
* Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the citizen / resident / patient). See further information on section 26.
* General support needs should be identified when the citizen / resident / patient’s needs are assessed and recorded in the care plan. Ongoing records will also be required in the continuation notes when care needs are reviewed.
* Community pharmacists can suggest a number of tools that may help citizen / residents / patient to retain independence. A reminder chart may be considered if the individual has difficulty remembering whether he/she has taken medicines.
* The main purpose of a compliance aid is **to enable the citizen / resident /patient to remain independent and self administer.** NB. A community pharmacy is under no obligation to supply a compliance aid to meet the needs of the care provider or a Local Authority specification.
* If a citizen / resident /patient is not confused, then a compliance aid may be considered. NB. Many medicines **cannot** be safely stored in a compliance aid for more than six weeks as some medicines deteriorate unless stored within the manufacturer’s packaging. Advice should be sought from the citizen / resident / patient’s GP and/or community pharmacist.
* Where any device has been filled by anyone other than a pharmacist, the care staff will **only assist with prompting, observing and handing the person the compliance aid.**
* A compliance aid (such as a monitored dosage system) **must** be filled and labelled by the community pharmacist or dispensing GP. Care workers must never undertake the task of filling a compliance aid as this is considered secondary dispensing.
* Medicines legislation (Article 9 of the POM order) provides as exemption for healthcare assistants and others to administer non parenteral medication e.g. eye drops or ear drops. The employer must take responsibility for their actions and have appropriate procedures; training and competency in place. There are eye drop administration aids that can be use to support citizen / resident / patient or their care workers to administer eye drops. These are available from the eye departments in the three acute hospital units. The process of administration of eye drops is the same for all eye drops including post surgery; hence there is no special caution around care workers administering eye drops post surgery.

***At all times medication must NOT be left unattended or within sight or reach of children or any other vulnerable group.***

*All Social care and care homes must comply with the All Wales induction framework for health and social care (2018)**and Code of Professional Practice for Social Care and Care Inspectorate Wales.*

**12. Level 2 or Level C: Administering Medication.**

* At this level, the care plan completed by the person delegating the task will identify that the adult citizen / resident / patient is unable to take responsibility for their medicines and needs assistance. This may be due to impaired cognitive awareness or from a physical disability.
* The citizen / resident / patient must agree to have the care worker administer medication and consent should be documented in the citizen / resident / patient care plan. If unable to communicate informed consent, the prescriber (usually the GP) must indicate formally that the treatment is in the best interest of the individual.
* Only competent and confident staff should be assigned to citizen / resident / patient’s who require assistance. Care workers should request additional support and training before administering medication if they do not feel competent to do so.
* The need for assistance with medication should be identified at the care plan stage and recorded in the citizen / resident / patient’s care plan and service delivery plan where in use. Ongoing records will also be required in the continuation notes; for full recording requirements.
* Administration of medication may include some or all of the following:
* When the care worker selects and prepares medicines for immediate administration, including selection from the original packaging or from a monitored dosage system / compliance aid filled by a dispensing pharmacy or dispensing doctor.
* To place oral medication in a receptacle and hand over to the citizen / resident / patient to swallow.
* When the care worker selects and measures a dose of liquid medication for the citizen / resident / patient to take.
* When the care worker applies a medicated cream/ointment; or inserts drops to ear, nose or eye; or administers inhaled medication, or applies a ‘patch’.
* If the citizen / resident / patient requests help with “PRN medication” that is prescribed and on the MAR or equivalent chart e.g. inhalers and angina sprays, the line manager should contact the citizen / resident / patient’s GP, clinician or Community / Primary Care Pharmacists to see if the medication can be reviewed, so that it has a specific time to be administered (i.e. no longer PRN) or the dispensing label and the MAR or equivalent chart must specify a maximum daily dose / frequency and why the medication should be given e.g. for indigestion.
* If the citizen / resident / patient requests support for any medication including “PRN medication” that is NOT prescribed nor on the MAR or equivalent chart, advice must first be sought from the line manager. e.g. pain relief. Managers will need to take advice from the GP, clinician or “Out of Hours Service” or community pharmacist. The line manager should document the advice given and the name of the healthcare professional and undertake any necessary follow up.
* Organisations should have a process for handling and administering ‘when required’ (PRN) medicines. When the administration of a ‘PRN’ medicine is to be delegated, a specific plan must be documented in the care and support plan. This must be clearly communicated to ensure medication is given as intended and that clinical decisions are not made by non-clinical staff. (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)
* Care workers **must never** undertake the task of filling a compliance aid. A compliance aid (such as a monitored dosage system) **must** be filled and labelled by the community pharmacist or dispensing GP. NB. Many medicines **cannot** be safely stored in a compliance aid as some medicines deteriorate unless stored within the manufacturer package. Advice should be sought from the citizen / resident / patient’s community pharmacist or GP.
* There are risks associated with compliance aids, some pharmacists feel they are less safe as the medication in the packaging cannot be identified. Additionally if a tablet is dropped, there is no replacement. “PRN medications” and inhalers and other formulations are not able to be included within the compliance aid can be forgotten.
* Care staff will NOT administer medication from a compliance aid unless it has been dispensed by the community pharmacist or dispensing doctor’s practice.
* Citizen / resident /patient discharged from hospital may have medication that differs from that retained in the citizen / resident / patient’s home prior to admission. We recommend that any changes of medication be communicated with the community pharmacy so that the citizen / resident / patient’s records within the pharmacy can be updated also consideration must be given at this stage for an assessment under the Equality Act from the community pharmacist (see section 24). The unwanted medication must be disposed of appropriately (returned to the community pharmacist). Normally citizen / resident / patient are discharged from hospital with a minimum of 14 days’ supply of medication.

*At all times medication must NOT be left unattended or within sight or reach of children or any other vulnerable groups.*

*All Social care and care homes must comply with the All Wales induction framework for health and social care (2018)* 12*, Code of Professional Practice for Social Care and Care Inspectorate Wales*15 *BCUHB Medicines Policy MM01 (2019).*

**13 Level 3 or D/ Enhanced support: Administering medication by specialised techniques (delegated tasks)- MAY BE CARRIED OUT BY LEVEL 2 DURING COVID – 19 PANDEMIC**

The following arrangements must be in place in all situations where care workers undertake administration of medication via an authorised specialised technique (a delegated task):

* There is agreement from the relevant employer that the technique can be performed by the care workers, or by staff from a private agency commissioned by the Local Authority or Health.
* A list of all situations where specialised techniques form part of the care plan will be kept by the employer.
* Administration of medication can only be undertaken with strict adherence to written instructions i.e. a standard operating procedure and competency assessments that has been approved jointly between BCUHB and employer organisation.
* The care worker must sign to indicate that they have received the training and that they feel competent to undertake the procedure without direct supervision and a copy held in their personal file.

Across North Wales, these specialised techniques listed below are currently authorised for the administration by level 2 QCF care workers during COVID – 19 Pandemic:

* Administration of rectal diazepam. (individualised specific)
* Administration of buccal midazolam (individualised specific)
* Administration of medication via a Gastrostomy. (individualised specific)
* Administration of insulin BCUHB HCSW LEVEL 3 QCF ONLY
* Administration of Oxygen BCUHB HCSW ONLY
* Administration of micro enemas or suppositories per rectum for constipation.
* Discontinue infusions delivered subcutaneously and removal and disposal of subcutaneous infusions tool for in community settings (BCUHB HCSW ONLY)

**(All SOP and competency assessment tools for the above are accessible via the link on page 3 of this document.)**

Care support workers who have been delegated the task of medicines support must follow the organisation’s policies and procedures (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

* Specialised techniques will only be undertaken by care workers in individualised care, and in relation to a named citizen / resident / patient and following a written assessment by a healthcare professional. Or appropriate training provider.
* A clear line of delegation needs to be written in the care plan.
* Where care workers are to undertake a specialised technique there must be an arrangement in place for the supervision of their performance of that technique by an appropriate, named healthcare professional or accredited training provider. This must form part of the care plan. Supervision of their performance must be recorded and made available to the employer.
* Before a care worker undertakes a specialised technique, they must be adequately trained in that technique by an appropriate healthcare professional or accredited training provider and an assessment of competence completed. Training for care workers involved in working with citizen / resident / patient’s who require a specialised technique should always be delivered by a health professional, manager or accredited training provider, aware of the needs and circumstances of the citizen / resident / patient. (Normally the citizen / resident / patient's Community Nurse.) See section 29.
* The content of the training given is the responsibility of the health professional or appropriate training provider, who is delegating the technique and should be tailored to the circumstances of the citizen / resident / patient concerned.
* The health professional, manager or accredited training provider must certify in writing the date and contents of the training; that the training has been satisfactorily completed; and that the care worker is, in their professional opinion, competent to carry out the required procedure.
* The care worker must sign to indicate that they have received the training and that they feel competent to undertake the procedure without direct supervision, and a copy kept in their personal file.
* Any care support worker responsible for supporting an individual with their medicines must be suitably trained and competent; competency must be assessed annually. The training record must state clearly when an update will be required. This may be annually or as defined by the employer
* A training record should be kept for each worker outlining the training undertaken and also that competence has been demonstrated.
* All care workers who undertake a specialised technique must have also completed accredited “Medication administration training” or equivalent that is provided for all staff. A refresher course should be undertaken every two years. The care worker must also have undertaken basic life support or first aid training.
* Where staff changes occur, new staff must have completed the Medication administration training or equivalent before they may undertake any specialised techniques.
* Care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so. The care worker should discuss with line manager and request further support and training.
* Care support workers who have undertaken the additional training and initial competency assessment to carry out enhanced support tasks must have their competency re-assessed by an appropriate registered nurse on an annual basis as a minimum, and included in the individuals personal development review. (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

**14. Medication and procedures that must NOT be undertaken by Non- BCUHB Health care workers such as –**

* all local authority staff
* staff of commissioned services that provide services to others involving medicines thus includes domiciliary, residential and care homes (local authority run and independent sector) and day services

*(Unless it has been agreed by the employer. The employer must ensure that they have a robust training and governance processes in place in accordance to the All Wales induction framework for health and social care (2018,)**Code of Professional Practice for Social Care and Care Inspectorate Wales. Plus adequate insurance (vicarious liability) to cover each member of staff who undertakes the specialised techniques listed below)*

**Lists of specialised techniques that must NOT be undertaken by Non-BCUHB care workers are:**

* Injections or any other administration of medication which requires specialist training *except adrenaline injection for anaphylaxis.*
* Bladder washouts and other medicines administered via urinary catheters.
* Pain relief medication via syringe pump or driver.
* Creams prescribed where application requires an invasive procedure.
* Change of wound dressings (However, it is acceptable to apply a non adherent dressing over a wound to protect the wound until a registered nurse is available)
* The insertion of catheters must under no circumstances be undertaken by a care worker. Care workers may empty/change urine bags following instructions given by an appropriate Health Care professional (usually the Community Nurse).
* The treatment of certain conditions, for example skin lesions, pressure sores, leg ulcers, open wounds, etc., is undertaken by a Registered Nurse and must not be undertaken by a Care Worker.
* Skilled Observations: Care Workers should not be asked to take a pulse, or blood pressure, blood sugar, INR or assessment of a wound. Where a skilled observation needs to be made before during or after the medication/dressing is given, a healthcare professional must undertake these duties. Care workers can ***support*** citizen / resident / patient to undertake blood glucose monitoring but cannot be responsible for the task. As with all such medication, if in doubt, care workers must seek advice from the line manager.

**BCUHB Healthcare Support Worker (Clinical)**

BCUHB health care staff may undertake the following specialised techniques which have been delegated by a registered healthcare professional for specific patients in accordance with the BCUHB Medicines Policy MM01 Chapter 8. The BCUHB Standard Operating Procedure (SOP) for the technique must be followed. See the MM01 BCUHB Medicines Policy for further details and the SOPs.

* Administration of subcutaneous low molecular weight heparin (Arovi®/enoxaparin®) (level 2 and above)
* Administration of Microlax® & phosphate enemas (level 2 and above)
* Administration of insulin ( level 3 only )
* Application of creams/ointments (level 2 and above)
* Instillation of eye/ear/nose drops (or ointment / gel or spray) (level 2 and above)
* Administration, removal and disposal of transdermal patches. (level 2 and above)
* Administration of medicines by mouth, in liquid or solid dosage form (tablets including sub-lingual and capsules) (level 2 and above)
* Administration of medication via inhalers, spacers device or nebulisers (level 2 and above)
* Administration of specified medicines via Gastrostomy. (level 2 and above)
* Discontinue infusions delivered subcutaneously and remove syringe driver or infusion device BCUHB HCSW only (level 2 and above)
* Administer oxygen to ensure safe and effective delivery BCUHB HCSW only (level 2 and above)
* Act as a second checker of the administration all CD in community hospitals ONLY
* Act as a second checker of subcutaneous fluids (no additives)

**(All SOP and competency assessment tools for the above are accessible via the link on page 3 of this document.)**

**15. Changes in prescribed medication (Care setting only)**

* Care workers may only assist with medication according to written instructions.
* *Support staff must ensure that they are w*orking to current instructions, and do not continue to use medicines which are no longer needed or OUT OF DATE. These should be disposed of at the earliest opportunity according to procedure
* ***Only under exceptional circumstances*** may care workers accept verbal instructions for any changes related to medicines use from the **GP**. Verbal instructions from anyone else are not acceptable. It is good practice that the prescriber repeats the change to another person.. The changes must be confirmed by text, fax or email where possible.
* A new prescription signed by the GP who sent the fax or email confirming the changes must be written within a maximum of 24 hours or 72 hours maximum on bank holiday & weekends
* The healthcare professional must ensure that the citizen / resident / patient’s record in the GP surgery is updated and any following prescription/MAR or equivalent chart is updated.
* The Registered Manager should be informed of any changes and may be referred to for further advice.
* Verbal instructions must be fully documented on the MAR or equivalent chart, together with the date, time and name of the authorising Health Professional. The person completing the form must sign and print their name on it and have the change of medication checked by a second person.
* The line manager should consult the GP/ clinician on any changes that will affect the care of the citizen /resident / patient, including reviewing the care plan if necessary

**16. Ordering Medication**

Prescriptions may be dispensed by a pharmacy or a dispensing doctor. **In the care setting only** – where possible, staff should have protected time to order medicines and check delivery. At least two members of staff should be trained to order medication and check receipt to ensure continuity in terms of sickness and annual leave. Order supplies of medication, allowing sufficient time for the order to be processed by both the GP and community pharmacy to avoid medication running out. It is important not to over-order medication *e.g.* pain relief prescribed ‘when required’. It is also unacceptable to return unused medicines each month to the supplier and at the same time request more supplies. Care workers must take precautions that the stock levels of medication for each citizen / resident / patient are kept to an appropriate level. **Hoarding of excessive quantities of medication should be avoided and if necessary the line manager should contact the citizen / resident / patient’s GP in order to amend prescription quantity.**

Selection of the pharmacy must take into account:

* The citizen / resident / patient’s Pharmacy of choice must be noted on their service delivery plan.
* The ability to provide a timely and responsive service.
* The ability of the pharmacy to produce computer generated MAR charts or equivalent.
* Please note – A Community Pharmacy is under no obligation to provide a MAR or equivalent chart.
* The accessibility of that Pharmacy.
* Consideration of the services provided – some pharmacies may undertake services that are not included in the NHS contract, such as delivery, supply of Monitored Dosage System (MDS) device.
* Whether the pharmacy has a contract to dispense NHS prescriptions.

**17. Receipt of medication**

A record of requests for prescriptions should be kept so that they can be checked against the written prescription from the GP. This will allow the home/care setting to ensure that all items ordered have been received and no inadvertent changes to the medication have been made.

*For the care setting only -* On receipt, the medication should be checked against the record of requests. If the medication is different from what is expected, or any is missing, check with the supplying pharmacist or dispensing doctor before the citizen / resident/ patient takes it.

If one person has ordered the medication, a second person should check the medication against the record of requests when it is delivered by the pharmacy to the citizen / resident / patient’s residence as there needs to be a separation of duty, for audit purposes.

All medicines brought in and out of the home/care setting from whatever source, should be recorded on the citizen / resident / patient’s MAR or equivalent chart. However, different care settings may have additional recording systems which should be followed as required. The record should, as a minimum, include:

1. Date of receipt

2. Name, strength and dosage of medication

3. Quantity received

4. Where medication came from or is being sent to

5. Signature of the member of staff transferring the medication

Where this information is ready printed on the MAR at time of supply, a simple initial and date can confirm receipt and make a satisfactory record of medicine receipt.

Refer to the AWMSG (2014) All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal and Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines (2018)

**18. Consent**

* No medication may be given to any citizen / resident / patient without their informed consent.
* Where a need for support with the administration of medication is identified in the care plan, written consent for the administration of medication should be obtained from the citizen / resident / patient, and should be kept in the citizen / resident / patient's records.
* When a citizen / resident /patient is assessed as being unable to provide informed consent for any reason, employers consent process should be followed. Obtaining consent is the responsibility of the provider line manager / Registered nurse delegating the task.
* In situations where consent is refused, medication must not be administered. The refusal must be documented in the care plan and reported to the citizen / resident / patient's GP and social worker (if applicable) by the line manager.

**19. Ownership and control of citizen / resident / patient medication**

* Wherever possible, it is the right of a citizen / resident / patient to take responsibility for his/her own medication. This includes young people.
* Prescribed medicines are the property of the citizen / resident / patient for whom they are prescribed and care workers should not assume that these may automatically be removed from the citizen / resident / patient.
* There are occasions where it is necessary for care staff to ensure that medication is placed out of reach of the citizen / resident / patient, so that inadvertent overdosing does not occur. This must only be done following written agreement from the citizen / resident / patient (if they are capable of giving consent) or with written authorisation following a multidisciplinary team discussion or family representative.
* Medication prescribed for one citizen / resident / patient MUST not used by other citizen / resident / patients.

**20. Record keeping**

* The recording of self administration by a citizen / resident / patient is not usually required.
* All assistance with medication, regardless of the format must be recorded at the time it is provided. This should include reminders, refusals or missed doses as well as doses actually taken.
* Care workers should only record and sign assistance that they have undertaken themselves.
* Where assistance with medication is given at Level 1 or Level B only (General Support) actions relating to medication should be recorded in the citizen / resident / patient notes e.g. collecting prescription, disposing of unwanted medicines.
* Where a care worker assists with the administration of medication at Level 2 or Level C and /or enhanced support, a MAR or equivalent chart must be used. Care workers should always ask the pharmacist if a pre-printed MAR or equivalent chart is available with the prescription, and if available they should use this.
* A MAR chart or equivalent is a working document which should be used to record all medication including non-prescription medication, sip feeds, creams etc.
* The style or manner of MAR chart is for the Care Provider to determine, although the supplying pharmacist or dispensing doctor may be able to advise.
* At any given time the care worker must be able to identify the medication prescribed for each Citizen /resident / patient.
* Where family or friends administer some doses of medication, it should be documented in the care plan, who is responsible for administering which doses. Care Providers may wish to show the family or friends how to complete the MAR or equivalent chart to ensure doses are not omitted or duplicated. The MAR or equivalent chart should be clearly marked to indicate the medication has been administered by someone not employed by the agency.
* Where a pre-printed MAR or equivalent chart is not supplied, care staff managers must take care to copy accurately from the medication label onto the MAR or equivalent chart, the name of the medication, dose, frequency and instructions for administration. This must be signed by the care worker managers responsible for doing this. The supervisor or a second worker must check and sign the accuracy of this as soon as possible.
* The person administering the medicine should sign the medication record immediately after the medicine has taken by the citizen / resident / patient (using legible initials) to ensure a clear record is kept of medication, dosage, date & time given. When more than one care worker is involved at different times, it is essential to ensure that there is no duplication or omission of any medication. The care support worker is accountable for all actions and omissions, including accepting the delegated task of medicines support, the performance of the task or tasks, and for administering the medicine in line with the directions of the prescriber.
* Details of any change in medication should be in writing or in person from the prescriber, the MAR or equivalent chart should be amended and a record included in the citizen / resident / patient care plan.
* If the citizen / resident / patient refuses or does not take their medication, details of the reason why (if known) should be recorded and reported to the line manager, as soon as possible, who should seek advice from the GP or clinician (RPS & RCN 2019) . Record details on reverse of MAR or equivalent chart.
* It is very important to note and report any adverse reaction to any medication. This should be discussed with the line manager, clinician or GP or the appropriate Health Care professional as soon as possible.
* The record must be retained with the citizen / resident / patient’s whilst in use. When completed, it should be stored in the citizen / resident / patient’s file. MAR or equivalent charts should be kept for a minimum of **six** years.
* Care workers must accurately record all assistance provided. Should a problem be identified at a later date, then care staff, provided that they have acted in good faith, will be covered by the Employer’s insurers.
* Areas which elect to store citizen / resident / patient’s records on a computer, should take advice concerning the Data Protection Act 2018.
* A record of any medication administrated given by visiting health care professionals. e.g. flu vaccination /dressings should be included on the care plan or MAR or equivalent chart.
* The MAR or equivalent chart should be cross-referenced where a medication has a separate administration record insulin, warfarin, midazolam etc.

**21. Refusal to take medication**

* Citizen / residents / patient have the right to refuse medicines, either completely, or on a particular day (NICE 2014)
* A competent adult has the legal right to refuse treatment, even if a refusal will adversely affect his or her health or shorten his or her life.
* The general principle is that an adult of sound mind is entitled to refuse medical treatment even if to the treating doctor this appears to be neither sensible, well considered or even rational.
* If a person initially refuses their medicines it is generally worthwhile waiting for a short time and re-offering the medicine.
* The person should be asked why they didn’t want to take the medicine and the reason documented if they are willing to give it (RPS & RCN 2019)
* If a citizen / resident / patient refuses medication after it has been re-offered, the following information should be recorded on the medication administration record or equivalent:
* Date and time of refusal
* Using the correct code on the MAR or equivalent chart.
* The reason for refusal of medication, if known. This may be written on the reverse of the MAR or equivalent chart.
* In addition, the care worker must record the refusal of the dose in the person’s daily care plan.
* The refusal must be reported to the line manager for them to inform the GP/clinician.
* If the person is unable to take the medication because they have developed difficulties in swallowing the GP/ clinician must be contacted to inform them of the problem and to undertake necessary investigations. In the interim the prescriber should review all medication and consider if there are suitable alternative formulations or medicines which can be prescribed. If no suitable alternative formulations are available and the medication is still required, it may be possible to crush the tablet or open a capsule this MUST ONLY be done following the advice of a pharmacist to ensure that the pharmaceutical properties of the medication are not altered and that it is safe to administer the medication in this way. Specific instructions MUST be written by the pharmacist /dispenser and should include in the instructions on the dispensing label and on the MAR or equivalent chart, e.g. crush the medication and mix with yogurt where compatible. Alternative formulations of the medicine, that may be more acceptable, must have been considered e.g. liquid preparation.
* If the citizen / resident / patient is or appears to be temporarily confused, and therefore does not have capacity to consent to treatment, the citizen / resident / patient’s GP/ clinician must be contacted for advice on the appropriate action to take
* Where a citizen / resident / patient refuses medication which is documented in the care plan as being the responsibility of care worker to administer, the care worker must report such a refusal to their manager, who is then responsible for informing the GP’s surgery or clinician.

**22. Covert administration of medication**

* Every adult must be presumed to have the mental capacity to consent or refuse treatment.
* Care staff must obtain consent where possible to administer medication and explain any information beforehand if needed.
* No medication should be given without consent and consent may be verbal or non-verbal.
* The refusal of medicine by a citizen / resident / patient who has capacity should be respected.
* If a citizen / resident / patient is refusing their medicine they should be asked why they have decided to do this to establish if there are issues that can be addressed.
* Covert administration can only occur where the citizen / resident / patient has been assessed under the Mental Capacity Act 2005 as not having capacity to consent and there has been careful assessment of the citizen / resident / patient’s needs by a multi-disciplinary team.
* Citizen / residents / patient may have indicated consent or refusal at an earlier stage, while still competent, in the form of a living will or advance care statement or plan.
* The decision to administer medication covertly must not be considered routine.
* Written agreement and reasons for the decision to administer covertly to a specific citizen / resident / patient, the action taken and the names of all parties concerned (including the citizen / resident / patient’s GP/ clinician and relatives/advocate) should be obtained and documented in the citizen / resident / patient’s care plan.
* It is important that carers have sought the professional guidance of a pharmacist who is in the best position to advise on whether a particular medicine can be mixed with food or drink and the advice is documented in the care plan. Care providers must have a clear policy and procedures on covert administration.
* Crushing medicines and mixing medicines with food or drink to make it more palatable or easier to swallow is different to covert administration and the citizen / resident / patient must always be informed medication is being administered in food. When a citizen / resident / patient gives consent to this, it does not constitute covert administration.
* This must only be done if the following are in place:
* The decision was reached after assessing the care needs of the individual citizen / resident.
* The decision is recorded in the personal care plan, with a date for reviewing the decision.
* A written procedure around covert administration has been developed, ***which is citizen / resident / patient specific***.
* Specific instructions should be included by the prescriber on the prescription as to the method of covert administration. The dispenser should include the instructions on the dispensing label and on the MAR or equivalent chart available e.g. crush the medication and mix with yogurt. Alternative formulations of the medicine, that may be more acceptable, must have been considered e.g. liquid preparation.

Further and advice and guidance regarding this and other aspects of medicines management is available in the RCN/RPS (2019) Professional Guidance on the Administration of Medicines in Healthcare Settings and the RPS (2018) Professional guidance on the safe and secure handling of medicines.

**23. Non-prescribed medicines (Over the Counter (OTC), complementary and homely remedies)**

* Care workers may assist a citizen / resident / patient’s who wishes to take a non-prescribed medication. This should only be done if the worker has checked with the citizen / resident / patient’s GP/ clinician or pharmacist that the medication is compatible with their regular medication. The outcome of that discussion should be recorded on the citizen / resident / patient’s personal daily record or care plan and assistance given only if the GP/ clinician or pharmacist has agreed.
* Care workers must not offer advice on any medicine including non-prescribed medicines and remedies. It may be dangerous to do so. The citizen / resident / patient may be allergic to the treatment or be taking other medicine that may result in harm to the citizen / resident / patient.
* Care workers should not obtain or buy an over-the-counter medicine based on symptoms described by a person or their family members or carers. Home care workers should advise the person to seek advice from a health professional if needed.(NICE 2016)
* Details of any non-prescribed medication administered with the assistance of the care worker must be recorded on the citizen / resident’s MAR or equivalent chart.

**24. Packaging, Containers & Handling Medication**

* The Community Pharmacist or Dispensing Doctor should always be asked for an assessment under the Equality Act” to ensure that the form of medication and the packaging it is supplied in is best suited to the citizen / resident / patient’s needs. It is the needs of the citizen / resident / patient and not the carer that is assessed.
* On occasions when the citizen / resident / patient is unable to manage the packaging, the medication could be dispensed into monitored dosage systems by the pharmacist such as blister packs/ Venalink®.
* Under no circumstances should care workers put medication into medication compliance aids e.g.

Dosette® boxes (as this is secondary dispensing and is illegal) and there is a high risk for errors

* Medication must not be removed from the original container in which a pharmacist supplied it, until it is administered to the citizen / resident / patient. It can be placed in a small container or spoon immediately after removing it from the dispensed container as a way of hygienically handing it to the citizen / resident / patient.
* Medication must not be handled by staff once it is out of its protective packaging. This is to avoid contamination. Staff must be aware that some medication can be absorbed through the skin and that they may therefore be at risk if they touch the medication. Protective gloves should be worn. (Where such a risk exists, this will be noted on the Patient Information Leaflet which is inside the package.)
* Medication must **never** be secondary dispensed for someone else to administer to the citizen / resident / patient at a later time or date or left unattended e.g.by a bed or a table.
* When applying creams, care workers need to be aware of the vulnerability of older people's skin - call on professional advice if in any doubt. Use protective clothing, disposable wooden spatula or cotton bud as instructed.

**25. Storage**

When a home care provider is responsible for medicines storage, appropriate storage facilities (such as a medicines cupboard(s) or room) that meets national standards for safe and secure handling of medicines are needed (RPS 2007 & 2018, NMHDU 2010).

Evidence suggests the following needs to be taken into account:

* there should be a secure, designated place for storing medicines in a cool and dry environment (RPS2007, HLIN 2008) out of the reach of children and away from direct heat and light sources and readily accessible to all care staff (AWMSG (2014) All Wales Policy for Medicines Administration, Recording ,Review, Storage and Disposal)
* room temperature should not exceed 25°C.
* only members of staff who are authorised to handle medicines should have access to keys for the medicines cupboard(s) or room.
* keys should not be part of the master system.
* only medicines should be stored in a medicine cupboard. It should not be used as a safe for valuables or as a food cupboard.
* Certain medicines have defined storage needs, such as refrigeration, that must be followed. Care workers should seek advice and guidance from the pharmacist if they find that inappropriate storage is taking place.

*For medicines stored in the person’s home, not all these systems are necessary some places in the home are not suitable for storing medicines, for example damp or steamy places such as kitchens or bathrooms (HLIN 2008).*

All medicines must be stored in accordance with the Care Regulation Wales 2002 and the relevant National Minimum Standards for Wales. Details around the safe management of controlled drugs within care homes are provided within the model Standard Operating Procedures issued jointly by BCUHB and Local Authorities. [https://bcuhb.nhs.wales/medicines-management-policies-and-procedures](https://bcuhb.nhs.wales/medicines-management-policies-and-procedures/?previewid=F2BF2757-32C4-4453-BDBD1BC83098B7FF)/

Accessibility of medicines for people receiving care is an area for risk assessment (HLIN 2008)

* Where access by the citizen / resident / patient needs to be controlled, (in order to avoid overdosing), there must be a specific written procedure developed for each situation, to make sure that all care workers know where the medication is kept. Consideration can be given to whether it is necessary to place the medication in a locked cupboard
* The decision to hide medication will only occur if the needs assessment indicates that this is to protect the health and safety of the citizen /resident and others. Full consultation with all interested parties must take place and should be indicated in the risk assessment.

BCUHB premises must adhere to the BCUHB Medicines Policy MM01 (2019) on medicine storage.

**26. Disposal of waste medication**

Some citizen / resident / patients may hoard old and/or unused medications. Medicines should never be disposed of down the toilet or sink. Medication longer required must be disposed of appropriately (returned to the community pharmacist / dispensing GP practice) after obtaining consent from the citizen / resident / patient. Appropriate records should be completed to ensure a robust audit trail of medication removed from the citizen / resident’s home. This should include: date of disposal/return to pharmacy; name of drug; form; strength; and quantity of medication; name of citizen / resident / patient; signature of the care worker responsible for disposal and reason for disposal; and signature confirming receipt by the community pharmacy staff. (AWMSG (2014) All Wales Policy for Medicines Administration, Recording, Review, Storage and Disposal)

**27. Missing medication**

Occasionally medication may go missing e.g. if the citizen / resident / patient has dementia or confusion, he or she may have misplaced or hidden it. If this occurs:-

* Care workers must try to ascertain from other team members or from the citizen / resident / patient where the medication has been put.
* With the permission of the citizen / resident / patient staff need to search the citizen / resident / patient’s home / premises for the medication that is missing.
* If the medication is not found, this must be recorded on the MAR or equivalent chart and reported to the line manager immediately.
* The line manager / care worker should contact the GP/ or clinician to explain the situation. If a controlled drug is missing or there is a concern that the citizen / resident / patient may have taken the medication, this should be urgently discussed with the citizen / resident / patient’s GP/ clinician. If there is a strong suspicion citizen / resident / patient have self administered the medication then phone for an ambulance if necessary.
* Follow safe guarding procedures, if appropriate. Consider contacting the police.
* Ensure that a further supply of medications is ordered. (see section 16)
* In instances where medication is persistently missing or hidden, it may be necessary to put a locked medication cabinet in place with an appropriate risk assessment.

**28. Medication Errors**

The organisation must ensure that they have their own policies and procedures in place that comply with current legislation for all medicines-related incidents that occur in the prescribing, dispensing, administration or omission of medicines. These must be recorded, investigated and reported in line with the organisation’s incident policy and procedure, and inspectorate guidance.

The organisation must ensure that there is a culture that supports open and transparent reporting of concerns and incidents / near misses. (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

***Each organisation must support and provide robust process for the following actions to take place:***

* The care worker/family member who discovers or realises this must inform the line manager immediately
* An accurate note of the nature of the error must be recorded on the citizen / resident / patient's MAR chart or equivalent documentation.
* The line manager must contact the citizen / resident / patient’s regular GP/ clinician or the out of hours GP and give full information on the error, including what has been given, timing, dosage and any omission of regular medication (as appropriate). **This must be done promptly**.
* The manager must ensure that any appropriate action recommended by the Pharmacist or GP/ clinician is carried out, and recorded on the citizen / resident / patient’s MAR or equivalent chart.
* Observe the citizen / resident / patient to check for side effects, and record incident on their daily file/ care plan.
* If an error is identified around prescribing or dispensing within either primary care or from the hospital then complete a significant event form and submit it to Primary Care Support Unit, Clinical

Governance Department using this form :-<http://howis.wales.nhs.uk/sitesplus/documents/861/BCUHB%20PCSU%20Incident%20Reporting%20form%20April%202016.pdf>

* For Conwy and Denbighshire /Central area contact PCSU, Clinical Governance Department, contact number- 03000 856121
* For Flintshire and Wrexham/ East area contact:- PCSU, Clinical Governance Department, contact number – 03000856670
* For Gwynedd and Anglesey/ West area contact :-PCSU, Clinical Governance Department, contact number - 03000 852300
* Inform the person concerned and, where relevant, their families, carers and advocates of the outcomes of investigations into incidents.

NICE (2016) define the term ‘medicines-related problems’ to include:

* potentially avoidable medicines-related hospital admissions
* prescribing errors
* dispensing errors
* administration errors (e.g. missed or delayed doses, inappropriate or incorrect administration)
* medication is given to the wrong citizen
* monitoring errors (e.g. incomplete or inaccurate documentation)
* adverse events, incident reporting and significant events
* near misses (a prevented medicines related patient safety incident which could have led to patient harm)
* deliberate withholding of medicines or deliberate attempt to harm
* restraint or covert administration has been used inappropriately
* misuse, such as missing or diverted medicines
* other unintended or unexpected incidents that were specifically related to medicines use, which could have, or did, lead to harm (including death).
* a colleague fails to offer medicines prescribed for the person.

The RPS (2007) advises that home care providers should give information to staff involved in incidents about the incident, causes and outcomes; this should also be shared with others to promote learning, prevent similar problems in the future and ensure that improvements are made as a result. The RPS also suggests that home care providers should decide whether they need to offer training to an individual or review existing procedures following incidents

BCUHB staff must follow the guidance within the BCUHB Medicines Policy MM01 (2019).

**29. Carrying out tasks by specialised techniques**

* Specific tasks are requested by health professionals.
* Care workers are only able to undertake specific tasks e.g. emptying catheter bags, following consent from their supervisor and specific training and ongoing supervision by a health professional. (See, section 14)
* The task must be written on a care plan by a health professional and included on the citizen / resident / patient’s plan by the provider manager.
* The care worker must document each time the task has been completed on the medication chart appropriate to the task.
* If an error takes place the care worker must follow, as appropriate, section 28 above and inform their supervisor immediately and the health professional supervising the procedure.

**30. Health and safety**

Care workers will use protective clothing as identified in the standard operating procedures such as disposable plastic aprons, non latex gloves and masks ( if needed) at all times during COVID – 19 Pandemic. Contaminated clothing can spread infection so must be disposed of appropriately. If used correctly, protective clothing can prevent such spread and also protect the wearer from infection.

**31. Delegation**

Delegation, accountability, liability and criminal responsibility need to be clearly understood by registered nurses and care support workers (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020).

**31.1. Effective Delegation**

Delegation is the process by which you (the delegator) allocate clinical or nonclinical treatment or care to a

**competent** person (the delegatee). The delegator will remain responsible for the overall management of the citizen / resident / patient, and accountable for the decision to delegate. The delegator will not be accountable for the decisions and actions of the delegatee. (All Wales Guidelines for Delegation 2010).

The law does not prevent care support workers from administering medicines in any setting providing they are acting in accordance with the directions of an appropriately regulated prescriber. (AWMSG All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers June 2020)

**31.2. Delegation and Competence**

Choosing tasks to be undertaken by others is a complex activity which should be based upon the persons proven and assessed competence and not professional opinion alone. Competence is an individual's ability to safely and effectively apply knowledge, understanding, skills and values without the need for direct supervision, within a defined scope of practice. Competence is a key consideration when delegating which is evidenced in practice by the effective performance of the specific role and its related responsibilities. Competence also involves individuals in critical reflection about, and modification of, their practice.

**31.3. Principles of Delegation**

* Every task delegated has to be safe (both for citizen / resident / patient and care worker and delegating staff)
* The primary motivation for delegation is to meet the health and social care needs of the citizen / resident / patient.
* An appropriate assessment of the proposed task, careful planning, implementation and evaluation of the delegated role must be completed. Any task should have formal approval from the care workers employer and be included in the list of approved tasks. (See section 13 level 3 or enhanced support)
* The person delegated to undertake a task must be in an appropriate role, with the right level of experience and competence to carry it out.
* Practitioners must not delegate tasks and responsibilities to colleagues that are beyond their level of skill and experience.
* The task to be delegated must be discussed and both the delegator and delegatee should feel confident, before the delegated task is carried out.
* The care support worker has a duty to inform the registered nurse and/or the manager if at any point they do not feel competent or have the capacity to support the individual with their medicines (All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers June 2020)
* Supervision and feedback must be provided appropriate to the task being delegated. This will be based on the recorded knowledge and competence of the delegatee, the needs of the citizen / resident / patient, the service setting and the tasks assigned;
* Employers must provide accredited training to ensure staff have the competencies required to carry out any tasks required;
* Line management structures and lines of accountability must be clear;
* All have a responsibility to intervene if they consider any delegated task to be unsafe;
* Individual care workers must be aware of the extent of their expertise at all times and seek support from available sources when appropriate;
* Documentation is completed by the appropriate person and within employers' protocols and professional standards and codes of practice.
* To support delegation and clarify accountability it is imperative that all professional codes of conduct are interpreted consistently and understood across the organisation.
* Accountability issues often need clarity and organisations need to make it their responsibility to resolve any ambiguity of roles in order to protect individuals and defend themselves accordingly.

**31.4. Accountability for the delegation of tasks**

Accountability is the principle that individuals and organisations are responsible and answerable for their actions. The delegator (i.e. manager/ nurse) is accountable for ensuring that the treatment or care is appropriately delegated to competent individual/s. The care support worker is accountable for all actions and omissions, including acceptance of the delegated task of medicines support, the performance of the task or tasks, and for administering the medicine in line with the directions of the prescriber (AWMSG All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers June 2020. All regulated professionals should accurately interpret and consistently apply the standards and requirements of their respective Codes of Conduct and Practice. All staff and those whose practice is not regulated by a statutory body should refer to organisational policies and procedures. Accountability can take the form of criminal, civil, contractual and/or regulatory/professional accountabilities. In the context of these Guidelines, accountability specifically relates to the following:

When delegating work to others, the delegator has a responsibility to have determined the knowledge and skill level required to perform the delegated task. The delegator is accountable for delegating the task. The individual accepting the task is accountable and responsible for their actions in carrying out the task. When tasks are delegated, account must be taken of the guidelines and protocols pertinent to the relevant workplace/s and steps must be taken to ensure that the level of supervision and feedback is appropriate.

**The person who is being delegated to (delegatee) has a duty to inform the delegator and/or their line manager if they do not feel competent or have the capacity to undertake the task which is being delegated**; **The delegator, line manager or any other members of the team that observes inappropriate delegation must intervene if the delegation is not safe for the citizen / resident / patient**.

**Delegation between agencies**

There are good examples within the health and social care where the development of integrated teams has been supported by appropriate governance arrangements which define the roles and determine the appropriate route for supervision and management. Employees should be reminded that they remain

accountable for their own practice and in accordance with their individual contracts of employment. The overall management responsibility for the delegation process and the consequent vicarious liability lies with their respective employing bodies.

**32. Training and competence**

NICE (2016) states that if a person is receiving medicines support from a home care provider, this is usually provided by a care worker. Appropriate training, support and competency assessment is essential to ensure the safety, quality and consistency of care. Home care providers should have robust processes for managing medicines in accordance to the All Wales induction framework for health and social care (2018) Code of Professional Practice for Social Care and Care Inspectorate Wales (CIW) requirements to ensure that care workers:

* receive appropriate training and support
* have the necessary knowledge and skills
* are assessed as competent to give the medicines support being asked of them, including through direct observation
* update their knowledge and skills at least annually. Any care support worker responsible for supporting an individual with their medicines must be suitably trained and competent; competency must be assessed annually. (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

The NMHDU (2010) evidence for administration of medicines for people experiencing a mental health crisis recommends that carers should:

* be supported to understand issues such as side effect profiles of particular medicines,
* be supported to understand basic information on frequency and dosage of the medicines
* have
* direct access to a clinical pharmacist for information and advice

**Home care worker responsibilities for training and competency**

Evidence from guidance (RPS 2007 2019 and Scottish Government 2005) suggests that home care workers who give or help people to take their medicines should:

* be suitably, adequately and appropriately trained
* be knowledgeable and assessed as competent
* only give medicines that they have been trained to give
* act strictly in accordance with the directions that the prescriber has given and in line with up-to-date best practice guidance

**Content of medicines training for home care workers**

Evidence from guidance (HLIN 2008 and RPS 2007 2019) suggests that medicines training for home care workers, as a minimum, should include:

* supplying medicines
* storing medicines
* disposing of medicines
* safe administration of medicines including:
* oral medicines (tablets, capsules, liquids)
* ear, nose and eye drops
* inhalers, spacer devices or nebulisers
* medicines applied to the skin (patches and creams)
* knowing what the medicine is intended to do (for example, lowering blood pressure)
* knowing how to identify whether there are any special requirements or precautions for a medicine (for example taking the medicine before food)
* what to do in the event of an adverse effect of a medicine:
* seeking medical help
* reporting the incident
* record keeping and quality assurance
* accountability and confidentiality

NICE 2016 discussed the evidence from guidance (HLIN 2008 and RPS 2007) on what medicines-related training for home care workers should cover. The Committee agreed that as a minimum medicines-related training should include:-

* the safe administration of medicines,
* handling medicines
* knowing what to do in the event of a medicines-related problem,
* medicines-related record keeping and
* accountability and
* confidentiality.
* A programme of accredited training on the general precautions to follow when assisting citizen / residents with their medication will be provided for all care staff. It will be mandatory for staff (including mangers) to attend.
* Staff who are asked to administer medication by any specialised techniques, must be trained on an accredited course, assessed and deemed competent in managing medicines, by a competent healthcare professional or accredited training providers.
* Accredited training must be provided to all new or replacement staff working with clients / residents who will be responsible for administering medication and/or for specialised techniques.
* Records of the training received and outcomes of assessments of competency must be kept. Employers must ensure that all records of training provided for staff – including that provided in semi-formal on site sessions by healthcare professionals are kept for each member of staff. This may be within a training matrix.
* Each care worker should keep a record of the training that they have undertaken.
* Competence will be re-appraised annually unless there are reasons to do so more frequently.
* A BCUHB development framework is in place for BCUHB healthcare workers which states that health care workers must be trained to QCF level 2 or 3 to administer medicines during COVID- 19 Pandemic. (See Medicines Policy MM01 Chapter 8 for further detail.) Non BCUHB staff are also considered part of this framework and will be trained to level 2 QCF as a minimum to assist and prompt self-administration and administration of medicines during COVID – 19 Pandemic.

**Temporary or agency staff**

* The ability of temporary (or bank) staff (where the worker has terms of engagement with the employer) to delegate or be delegated to will depend on their training and competency.
* For an agency/temporary employed registered nurse, their ability to delegate medicines support is a professional decision and should be in line with this guidance and other national policies. There must be policies in place to assure the registered nurse that the named care support worker has the correct up-to-date competency to carry out the support.
* If the care support worker is a temporary employee then, to facilitate the registered nurse’s ability to delegate medicines support, the organisation should ensure that the care support worker has the appropriate training and competency to undertake this. The care support worker will be required to undergo a competency assessment if evidence of previous competency assessment cannot be provided or assured. If the care support worker is employed from an agency, the organisation should ensure the requirement for an adequately trained and competent care support worker is clearly documented to ensure that delegation of medicines administration can continue.
* If there is any doubt or concern regarding the care support worker’s competency, delegation of medicines support must not occur. (AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers 2020)

**33 Safeguarding**

Evidence from the DH (2016) recommends that home care providers should have policies and procedures in place for care staff, which clearly relate to safeguarding citizens/ residents in relation to medicines.

Home care providers must have systems and processes in place to safeguard service users from

abuse (this includes misuse of property [for example medicines], ill-treatment, neglect and restriction of liberty [such as chemical restriction misuse of medicines]) in order to :

* Preventing abuse of service users.
* Investigate, immediately upon becoming aware of, any allegation or evidence of such abuse.
* Safeguarding people.

Evidence from the RPS (2007) suggests that any form of control or punishment is not consistent with good care (including neglect and abuse involving inappropriate use of medicines). Principle 8 of the RPS (2007) document states that ‘medicines are used to cure or prevent disease, or to relieve symptoms, and not to punish or control behaviour’ (for example they should not be used unnecessarily to sedate or restrain people).

BCUHB carers must adhere to the BCUHB safeguarding procedure.

**34. Care worker Register**

Each organisation must ensure that they maintain a register of all carers in accordance to the AWMSG All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (2020) requirement. Organisation must ensure that:

* a contemporaneous care support worker register is present, which lists the care support workers who are able to undertake the tasks of assisting, prompting and administration of medicines not under the direct supervision of the registered nurse. This register should identify, for each care support worker, specific areas of practice, training undertaken, evidence of competence and the date of the last review, and should be annotated with their scope of practice (i.e. tasks the support worker is competent to undertake).
* to enable the register to be updated, the care support worker must submit an annual declaration identifying specific areas of practice, evidence of updated competencies, date of last review and profiles of agreed medication.
* the register should be present in each registered care home (nursing) premises
* for health board/trusts a contemporaneous centrally held healthcare support worker register is present. Where practical, the electronic staff record (ESR) may be used.

Within BCUHB the education team enters all details of training and competencies completed on ESR and the line manager ensures reviews of competencies during PADR cycles.

**35 Audit and Monitoring of implementation**

The implementation these Standards of best Practice have been joint agreement with BCUHB and North Wales Local Authority, in order to empower care worker to administer or assist citizens/ patients with medication in their own home. This is one element of the programme to support ‘care closer to home’ Compliance with the BCUHB & North Wales Local Authorities Joint Agreement for a Code of Practice for the management of medicines in health and social care settings [https://bcuhb.nhs.wales/medicines-management-policies-and-procedures](https://bcuhb.nhs.wales/medicines-management-policies-and-procedures/?previewid=F2BF2757-32C4-4453-BDBD1BC83098B7FF)/ and the standard operating procedures (SOP’s) which follow in this document will ensure the standards and regulations are met.

The monitoring of successful implementation will be measured by the review of the fundamentals of medicines administration to support care in the community by each organisation (BCUHB and each of the six individual Local Authorities across North Wales) according to their existing governance arrangements.  The impact of the document will be measured by review of all incidents and complaints carried out via Datix (BCU) and by LA within their governance processes to HIW. BCU P and MM will provide professional support to LAs to support medicines management issues whether carers employed by BCUHB and Local Authorities are following the Standards of best Practice in order to maintain and support patients in their own home.

**References**

* Prescription only medicines (human use) Order 1997

<http://www.legislation.gov.uk/uksi/1997/1830/made> [accessed 22/10/2020]

* NICE (2014) Managing medicines in care homes <https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765> [accessed 22/10/2020]
* NHS - All Wales Guidelines for Delegation (2010) <http://www.wales.nhs.uk/sitesplus/documents/829/all%20wales%20guidelines%20for%20delegation.pdf> [accessed 22/10/2020]
* Health Education and Improvement Wales (HEIW) (2020) All Wales Guidelines for Delegation <https://weds.heiw.wales/assets/Uploads/a0c9ccd1af/2020-Delegation-guidelines-English.pdf> [accessed 22/10/2020]
* AWMSG - All Wales Guidance for Health Boards/ Trusts and Social Care Providers in Respect of Medicines and Care Support Workers (2020) <https://awmsg.nhs.wales/files/guidelines-and-pils/all-wales-guidance-for-health-boards-trusts-and-social-care-in-respect-of-medicines-and-care-support-workers-pdf> [accessed 22/10/2020]
* Mental Capacity Act (2005 amended May 2019)
* NMC The Code –Professional standards of practice and behavior for nurses and midwives (2018) <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-code.pdf> [accessed 22/10/2020]
* NICE ( 2016) Managing medicines for adult receiving social care in the community <https://www.nice.org.uk/guidance/qs171/resources/medicines-management-for-people-receiving-social-care-in-the-community-pdf-75545655868357> [accessed 22/10/2020]
* Housing Learning & Improvement Network ( “008) Medication in Extra Care Housing cited in NICE (2016) Managing medicines for adult receiving social care in the community. <https://www.nice.org.uk/guidance/qs171/resources/medicines-management-for-people-receiving-social-care-in-the-community-pdf-75545655868357> [accessed 22/10/2020]
* National Mental Health Development Unit (2010) Getting the Medicines Right 2: Medicines 8
* Management in Mental Health Crisis Resolution and Home Treatment Teams - cited in NICE ( 2016) Managing medicines for adult receiving social care in the community<https://www.nice.org.uk/guidance/qs171/resources/medicines-management-for-people-receiving-social-care-in-the-community-pdf-75545655868357> [accessed 22/10/2020]
* Royal Pharmaceutical Society (2007) The handling of Medicines in Social Care. <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>
* Social Care Wales (2018) All Wales induction framework for Health and Social care <https://socialcare.wales/cms_assets/file-uploads/AWIFHSC-Intro-and-Guidance-JULY18.pdf> [accessed 14.10.20]
* AWMSG (2015) All Wales Policy for Medicines Administration, Recording ,Review, Storage and Disposal <https://awmsg.nhs.wales/files/guidelines-and-pils/all-wales-policy-for-medicines-administration-recording-review-storage-and-disposal-pdf> [ accessed 22/6/2020]
* Care Inspectorate Wales: <https://careinspectorate.wales/?skip=1&lang=en> [accessed] 22/6/2020
* Domiciliary care registration requirements: <https://socialcare.wales/registration/domiciliary-care-workers-registration#section-29878-anchor> [accessed 22/6/2020]
* Social Care Wales (2018) Code of Practice of Social Care Employers <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance#section-29492-anchor> [Accessed 14.10.20]
* Royal Pharmaceutical Society Professional guidance on the safe and secure handling of medicines (2018) <https://www.rpharms.com/recognition/setting-professional-standards/safe-and-secure-handling-of-medicines/professional-guidance-on-the-safe-and-secure-handling-of-medicines> [ accessed 22/6/2020]
* Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare settings ( 2019) <https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Professional%20standards/SSHM%20and%20Admin/Admin%20of%20Meds%20prof%20guidance.pdf?ver=2019-01-23-145026-567> [accessed 22/6/2020]

Glossary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ‘As required’ medicine /PRN | | Medicine to be given when required for a defined problem *e.g.* pain, constipation. | | | |
| Assisting with medication administration | | When a care worker assists someone with their medicine, the citizen must  indicate to the care worker what actions they are to take on each occasion. | | | |
| Administration of medication | | Where the citizen is not able to indicate what needs to be administered or  where the care worker selects medicines without being requested (by the citizen) to do so, this activity must be interpreted as administering medicine. | | | |
| Care co-ordinator | | This person is responsible for planning and reviewing the care of the citizen. | | | |
| Care Manager | | This is usually the Registered Manager who retains ultimate responsibility for the care of the citizen. | | | |
| Care plan | | A written statement, regularly updated, and agreed by all parties, setting  out the health and social care and support that a citizen requires in order to achieve specific outcomes and meet the particular needs of the service user. (CSSIW (2004)) | | | |
| Care worker | | This is an unregistered member of staff employed to care for, support and supervise vulnerable, infirm, or disadvantaged citizen, or those under the care of the Local Authority/Health Board. | | | |
| Carer | | A carer is anyone who cares, unpaid, for a friend or family member who, due to illness, disability, a mental health problem or an addiction, cannot cope without their support. Anyone can become a carer; carers come from all walks of life, all cultures and can be of any age. | | | |
| Community Pharmacist | | This is a Pharmacist based in a community (high street) pharmacy. | | | |
| Complementary medicines | | Also know as alternative medicines, refers to a group of healing practices that offer treatment for ailments. This can help people to improve their physical and emotional well-being, and includes herbal medicines. | | | |
| Compliance aid | | Device that makes it easier for citizens to take medicines correctly. | | | |
| Concordance | | A process of prescribing and medicine taking based on partnership where citizens have enough knowledge to participate as partners; prescribing consultations involve citizens as partners; and citizens are supported in taking medicines. | | | |
| Consent | | Consent is the voluntary and continuous permission of a [competent]  citizen to receive a particular treatment, based on an adequate knowledge of the purpose, nature, likely effects and risks of that treatment including the likelihood of its success and any alternatives to it. Permission given under any unfair or undue pressure is not a true consent.” (Harper 1999) | | | |
|  | | | | | |
| **Consultation and member list** | | | | | |
|  | **Name** | | **Job title** | **Organisation** | **Date** |
| 1. | Bethan Roberts Jones | | Monitoring Manager | Social Care and Education  Services, Conwy | March 2015 |
| 2. | Paula Edwards | | Lead Clinical Nurse | BCUHB Specialist Nutritional | June 2015 & 2020 |
| 3. | Hayley Jones | | Specialist Nurse | P and MM BCUHB - East | June 2015 |
| 4. | Val Bamber | | Specialist Nurse | P and MM BCUHB - West | June 2015, April 2016 & October 2020 |
| 5. | Nicki Kenealy | | Contract Team Manager | Flintshire county council | June 2015 |
| 6. | Stacey Jones | | Team Leader | Community High Dependency  Team, BCUHB | June 2015 |
| 7. | Eiriann Turner | | Specialist Nurse | P and MM BCUHB - West | April 2016 & 2020 |
| 8. | Teresa Bushell | | Pharmacy Technician | P and MM BCUHB - Central | June 2015 |
| 9. | Alan Hughes | | Pharmacist | Governance BCUHB | June 2015 |
| 10. | Louise Davies | | Workforce Development Co-  ordinator | Wrexham county council | July 2015 |
| 11. | Lowri Welnitschuk | | Deputy ACOS Nursing | Continuing care, BCUHB | July 2015 |
| 12. | Ruth Owen | | Pharmacist | P and MM BCUHB - East | June 2015 |
| 13. | Meinir Roberts | |  | Conwy county council | November 2015 |
| 14. | Nicole Eccles | |  | Conwy county council | November 2015 |
| 15. | Julie Bamber | | Re-ablement Co-ordinator | Denbighshire county council | September 2015 |
| 16. | Catherine Ellis | |  | Gwynedd county council | September 2015 |
| 17. | Huw Ceiriog | |  |  | November 2015 |
| 18. | Brian Davies | | Senior Inspector | CSSIW | November 2015 |
| 19. | Sioned Rees | | Pharmacist | P and MM BCUHB - West | September 2015 |
| 20. | Sarah Eden | | Pharmacist | P and MM BCUHB - East | November 2015 |
| 21. | Sue Randle | | Pharmacy Technician | P and MM BCUHB - East | November 2015 |
| 22. | Judith Moore | | Children’s Specialist nurse | BCUHB - east | November 2015 |
| 23. | Marnel Owen | | Locality Matron | BCUHB - central | September 2015 |
| 24. | Audra West | | Independent Living options |  |  |
| 25. | Mandy Hughes | | Workforce / organisational  development | BCUHB | November 2015 |
| 26. | Mike Rose | |  | Domiciliary care forum |  |
| 27. | Mary Wimbury | |  | Care Forum Wales | September 2015 |
| 28. | Sarah Feliciello | | Pharmacist | P and MM BCUHB - Central | November 2015 |
| 29. | Gwenan Pritchard | | Primary care development | BCUHB | November 2015 |
| 30. | Kay Plumpton | | District nurse | BCUHB - Ruthin | November 2015 |
| 31. | Helen Juckes- Hughes | | Matron ophthalmology | BCUHB | November 2015 |
| 32. | Bethan Williams | | Contract Manager | Ynys Mon county council | November 2015 |
| 33. | Rachel Williams | | Business Manager | Ynys Mon county council | November 2015 |
| 34. | Buddug Roberts | | District nurse | BCUHB - West | September 2015 |
| 35. | Catherine Ellis | | Area Manager Meirionnydd | Gwynedd Local Authority | January 2016 |
| 36. | Judy Henley | | Director of contractor services | Community Pharmacy Wales | April 2016 |
| 37. | Gill Winters | | Network liaison and  development manager | Carers Trust Wales | April 2016 |
| 38. | Mark Rowley | | Quality standards /workforce | Conwy county council | April 2016 |
| 39. | Carol Walker | | Quality standards /workforce | Conwy county council | April 2016 |
| 40. | Darren Rhodes | | Community Services | Flintshire county council | April 2016 |
| 41. | Shirley Whiteway | | Community Home care manager | Conwy | April 2016 |
| 42 | Julie Smith | | Associate Director of Quality Improvement | BCUHB East | March 2019 |
| 43 | Chris Lynes | | Area Nurse Director | BCUHB West | March 2019 & 2020 |
| 44 | Alison Hughes | | Head of Pharmacy Primary Care and Community West | BCUHB West | April 2020 |
| 45 | Susan Murphy | | Assistant Director for  Pharmacy and Medicines Management (West) | BCUHB West | April 2020 |
| 46 | Maria Bell | |  | Denbighshire county council | April 2020 |
| 47 | Carol Dale | | regional Workforce Project Manager | Denbighshire county council | April 2020 |
| 48 | Kimberley Mason | | Regional Project Manager - Commissioning | North Wales Social Care and Wellbeing Improvement Collaborative (NWSWIC) | April 2020 |
| 49 | John Williams | | North Wales Dom Care Agreement Framework Manager | Denbighshire county council | April 2020 |
| 50 | WG care at home policy group | |  |  | April 2020 |