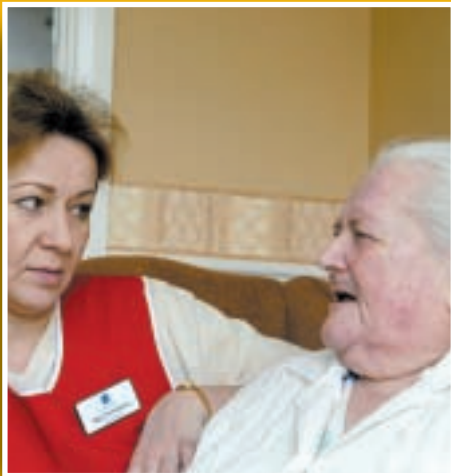




Model of Good Practice
for the Development of Policy for the

Safe Handling, Management and Administration of Medication

by Carers within Domiciliary Care
across the North East of England



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Acknowledgments

In developing this strategy, policy and good practice guide we are indebted to the work carried out by a multi-disciplinary working group in the South Tees area.

The work of the Durham and Tees Valley Social Care Medication Strategy Group in developing a training strategy and a guide of good practice has been valuable in ensuring this document was produced to meet the care sector's needs.

Organisations involved in the development of this strategy document have been:

Middlesbrough Primary Care Trust
Middlesbrough Borough Council
Redcar and Cleveland Council
Redcar and Cleveland Primary Care Trust
Durham County Council
Commission for Social Care Inspection
Darlington Borough Council
Unison
Independent Providers
Surecare
Commission for Social Care Inspection
Independent Provider Group for Darlington
Durham Employer Care and Health Alliance
Stockton Borough Council
Centre of Vocational Excellence for Social Care
CELS
Hartlepool Borough Council

Policy Document

Safe Handling, Management and Administration of Medication by Carers within Domiciliary Care

1. Introduction

The policy which follows has been developed through joint working between health and social care organisations. **It is intended for carers administering medicines in Domiciliary Care Services, but within it there are sections which will be relevant to other care settings e.g. Section 4 Education, Training and Development.**

For the purpose of this document the term 'carer' is used to cover all of the categories of individuals that may fulfil this role. This will include employed members of staff, unpaid carers and volunteers.

Aims

The aims of the policy are to:

- To provide a system of administration and management with medicines that focuses on the needs of service users, their families and carers, and reflects the quality standards that are outlined in the National Service Framework for Older People, Commission for Social Care Inspection Professional Guidance for the Administration and Management of Medicines and the National Minimum Care Standards.
- Assist in the standardisation of medication policies of Care Providers in Domiciliary Care across the North-east of England.
- Promote and maintain independence by advising service users on the safe management of their own medicines.
- To develop a strategic approach across all agencies to the provision of appropriately structured programmes of education and learning in the safe handling, management and administration of medication for care workers, unpaid carers and volunteer workers
- Ensure that service users who need assistance with medicines are identified by standardised risk assessment and that the assistance then provided is appropriate, safe and suitably recorded and monitored.

2. General Principles

The General Principles of this policy are detailed below:

1. The cornerstone of the policy is a risk assessment to identify appropriate support for service users and the provision of appropriate training for those staff that will assist service users with medication. A carer administering a medicine will not be held responsible for any adverse effects, providing a medicine has been given in accordance with a prescriber's instructions and local policies have been followed. Employing organisations should include medication tasks in any indemnity insurance they arrange.
2. Appropriate risk assessments are necessary to satisfy legal obligations / requirements. A risk assessment, which can be used by health or social care members of staff, is attached at Appendix B (See also Section 5).
3. Carers **MUST NOT** offer any assistance with medication unless a risk assessment has been carried out, the level of support required is clearly documented and a care plan is in place and accessible within the service user's home.
4. Service user consent to assistance with their medication must be gained and recorded on the risk assessment. If a service user's first language is not English, consideration should be given to using an interpreter. Where the service user is incapable of giving consent, a judgement will have to be made about risk. If it is decided that assistance with medicines is in the best interests of the service user, this should be documented in the Service User Care Plan, together with the names of persons involved in the decision.
5. If consent is refused, assistance with medicines cannot be given. The refusal should be reported to the Care Manager and GP and documented.
6. Service users have a right to expect that any assistance offered is carried out in a professional manner by a trained carer.
7. The Health and Safety at Work Act 1974 imposes a general duty on employers to ensure, so far as is reasonably practicable, the health, safety and welfare of employees and others which includes service users and any others who may be affected by what is done. This duty extends to all aspects of the provision of care, including the storage, administration and disposal of medicines.
8. In keeping with the underlying aim of promoting independence, it is preferable to explore other options to provide support with medicines (through family members and through contact with GP or pharmacist) before the domiciliary care service is asked to provide assistance. (See Medication Risk Assessment Appendix B)
9. All assistance must be provided safely and must ensure that the service user takes the correct amount of their medication as prescribed. Carers are only responsible for medication administered by them. Carers will operate within a safe system which will be based on a risk assessment and this will need to be underpinned by a structured programme of education and learning in the safe handling, administration and management of medication.
10. In no circumstances should a medicine be given to a service user without their knowledge (e.g. crushed or hidden in food)
11. In no circumstances must a service user be forced to take medication against their wishes. Refusals should be recorded on the Medicines Administration Record Sheet (MARS), an example of which can be found in Appendix D, and repeated refusals should be reported to the Care Manager and prescriber for further guidance.
12. **Carers must only administer medication from the original container supplied by the pharmacist and not from any container filled by any other person.**

13. Any concerns about a service user and their medication must be reported to the Senior Carer who will seek appropriate advice.
14. Carers **MUST NOT** carry out any invasive, clinical or nursing procedures (refer to section 3, Types of Support) and are not expected to make judgements on medication where directions are not explicit e.g. 'take as required'.

NB 'two tablets four times a day when required for pain' would be acceptable because a dose is clearly stated
15. Where assistance is to be provided, the Risk Assessment, Service User Care Plan, Medication Profile and a Medicines Administration Record Sheet (MARS) **must** be accessible in the service user's home.
16. The Risk Assessment and Care Plan should be reviewed in conjunction with all relevant parties whenever there is a change in the service user's circumstances and if Carers report any problems. Where there is no change, reviews must take place every 12 months.
17. Service users discharged from hospital may have medication which differs from that left in the home. Care Managers should liaise with medical staff and community pharmacists in order to support carers if this occurs.
18. The review of this policy must include consultation with staff representatives, review of progress reports, incident reports and any relevant information, including comments from other agencies, e.g. General Practitioners, Nurses, Primary Care Trusts, pharmacists and independent sector providers.

3. Types of Support with Prescribed Medication

Support will only be offered after:

- a risk assessment has been carried out
- a level of support has been agreed
- a care plan has been developed
- the service user has consented to this assistance
- a service user care plan, medication profile (and MARS where appropriate) which also details a medication log (Appendix E) are to be accessible within the service user's home

Carers must be trained and competent to provide the level of assistance required and must follow the Standard Operating Procedure at Appendix C.

If assistance at any level is being provided, records must be kept of all medicines received or sent for destruction. An entry will be signed and dated on the back of the Medication Profile when prescriptions are requested and when medicines are received from the community pharmacy. Any medicines returned to the community pharmacy for disposal should also be recorded in similar fashion (see Section 5)

Three different levels of support have been identified. These are consistent with current Commission for Social Care Inspection (CSCI) guidance. They are;

- Level 1 (Assisted self-medication)
- Level 2 (Physically assisted self-medication)
- Level 3 (Complete medication management)

In addition, certain specialist tasks relating to medication may be undertaken by carers (see page 9)

Level 1 : Assisted Self-Medication

Service user directs carers and takes responsibility for their medicines

Permitted Tasks

- help with ordering and collecting prescriptions
- verbal reminder to take medication
- help with reading labels or patient information leaflet
- advising on safe storage of medicines
- observing and reporting to the Senior Care Worker any changes in service user's ability to manage their medicines

Excluded

- opening containers to assist service user
- administration of medicine (handing a prepared dose to a service user)
- any invasive, clinical or nursing procedures
- specialist tasks

Level 2 : Supervised or physically assisted self-medication.

Service user directs carers and takes responsibility for their medicines

In this situation *the service user is selecting which medicine is needed and its dose*, but needs physical assistance **to prepare** to take or use the medication.

Permitted Tasks

- as level 1
- opening containers
- pouring liquid doses
- preparing inhaler/spacer devices
- preparing a compliance device for eye drops
- applying topical preparations e.g. a cream or ointment.

This level of support must be covered by the completion of a Medicines Administration Record Sheet (MARS).

Excluded

- invasive, clinical or nursing procedures
- opening containers or handing prepared doses **without** direction from service user
- assisting with opening monitored dose devices (Medidos, Dosette or similar) filled by family or friends
- specialist tasks (see page 9) unless a suitable health professional has given additional training and the carer is signed off as competent to provide such care

Level 3 : Complete medicines management.

Service user is not taking responsibility for selecting which medicines are to be taken.

Permitted Tasks

- as level 1 and 2
- selecting and administering the appropriate medicine by opening the container, handing the prepared dose to the service user and ensuring that it is taken correctly. A standard operating procedure (SOP) for this is provided (Appendix C) and must be adhered to at all times

Excluded

- invasive, clinical or nursing procedures
- specialist tasks (see below) unless a suitable health professional has given additional training and the carer is signed off as competent to provide such care
- assisting with administration of medicines stored in monitored dose devices (Medidos, Dosette or similar) filled by family or friends

Forms of Medication suitable for Level 1, 2 or 3 support

Oral Medication (including controlled drugs)	Tablets, capsules, liquid, lozenges and powders, buccal /sublingual tablets.
Topically applied preparations	Creams, ointments, lotions, scalp applications and skin patches (disposable gloves must be worn when applying these).
Inhalers	This includes inhalers and spacer devices, some of which through the use of compliance aids may be successfully self administered.
Eye Drops *	Compliance aids are available to enable service users to instill eye drops themselves or with minimal assistance.

NOTE: The date of opening of eye, ear and nose drops must be written onto the label on the bottle. Drops must not be used later than 28 days from the date of opening.

*Compliance aids to help people administer their eye drops may be supplied on prescription by the pharmacist or can be purchased by service user or carer. Where a compliance aid is not available, not suitable for the eye drops in use or not suited to the individual, assistance with eye drops should be regarded as a specialist task (see below).

At the moment there are no compliance aids to assist users with ear or nose drops – assistance with these should also be regarded as a specialist task.

Specialist Tasks

A community nurse, who should retain clinical responsibility and oversight, should request tasks in this category.

Specialist tasks may be added to care packages for service users receiving support at Level 2 or 3.

The assistance to be given should be recorded in the Care Plan and Service User Plan.

The Care Worker must be trained to undertake the specific health-related task and signed off as competent by the relevant health professional. (Copy to be held on staff file)

Care workers may refuse to carry out specialist tasks if they do not feel competent to do so.

Tasks may include:

Application of eye drops / eye ointments / ear drops

Simple dressings

Prevention of pressure sores

Changing and disposal of stoma appliance / incontinence appliances

Assistance with prescribed hosiery

Assistance with nebuliser

Suppositories

Enemas

Pessaries

Any other product for intra-vaginal or rectal use

Injections

4 Education, Training and Development

CSCI guidance on Training

CSCI guidance states that the care agency is responsible for:

- evidence that training is appropriate and carried out by a suitably competent trainer with current experience of handling medicines
- establishing a formal means to assess whether the care worker is competent to assist with medicines

Although National Minimum Standards state accredited training must be undertaken, there have been long term issues around who should accredit, and what represents accredited training. Training is provided by local colleges, independent training companies or 'in-house' by larger companies. The onus is on the care provider agency to access suitable training (assistance in sourcing this may be provided by Skills for Care).

In order to provide assistance at any level with medicines, care workers should:

- be fully aware of this policy as part of their induction and ongoing training
- have completed a suitable training course approved by their employer

and

- have undergone a formal standard competency assessment (Appendix G)

To provide assistance with 'specialist tasks' (see Section 3), competency assessment and training will be undertaken by a registered nurse or other suitable health professional. The assistance is then classed as a delegated duty, for which the healthcare professional retains responsibility (Nursing and Midwifery Council guidance). A written, signed and dated record must be kept of the healthcare professional that provided the training and delegated the duty, and retained in the care worker's staff record.

The education, training and development of Carers who will be responsible for safe practice in the handling, administration and management of medication is a critical area of work. It is imperative that appropriate levels of education, training and development are delivered to all Carers who require it.

Within this policy three levels of support with medicines are identified. Below, for each of these levels, are identified topics in which all Carers will need to be educated and trained to an assessed level of competence.

Minimum levels of knowledge to be covered to enable a Carer to be allowed to provide Medication Support at each Level

Level 1 (Assisted self-medication)

- Literacy and numeracy assessment (and support if required)
- Legislation and Regulation
- Policy and Procedure
- Roles, responsibilities and boundaries
- Risk Assessment
- Promoting Independence
- Medication Administration Records (MARS)
- Storage of medication
- Disposal of medication
- Qualified to a minimum of the NVQ Level 2 unit in assist in administration of medication

It should be noted that to be working within Level 1 of this policy Carers must have:

- Achieved competence in fulfilling the Skills for Care Induction Standards
- Completed academic assessments demonstrating their understanding of all legislation and regulations and their role responsibilities and professional boundaries in regard to medication
- Achieved a sufficient level of competence at National Test Level 1 literacy and numeracy

Carers should also be working toward:

- Understanding of all underpinning knowledge in relation to risk assessment, promoting independence, storage and disposal of medication.

Upon completion of the underpinning knowledge assessments Carers are required to complete a final competence assessment of their practice to NVQ Level 2 where they are working independently. This level of education and training should be completed within 18 months of beginning work with medication.

Should Carers be unable to achieve this level of qualification in the time required an extension of 6 months could then be granted. Should Carers then be unable to achieve this level of education and training they **must not be allowed** to continue working with medication related elements of their role.

Level 2 (Supervised or physically assisted self-medication)

- Literacy and numeracy assessment (and support if required)
- Legislation and Regulation
- Policy and Procedure
- Roles, responsibilities and boundaries
- Risk Assessment
- Promoting Independence
- Medication Administration Records (MARS)
- Storage of medication
- Disposal of medication

and

- Types of medicine and routes
- Safe Practice in administration of medicines
- Preparation of medicines
- Qualified to a minimum of the NVQ Level 3 unit in medicine administration; and managing the requests for prescriptions and receipt of medicines

Training in the performance of certain specialist tasks by a health practitioner can be undertaken by a Carer once they have achieved the required training and competence to NVQ level 3 and the individual agrees and feels competent to do so. The specialist training in the following categories by a health practitioner is required prior to undertaking them:

- Application of eye drops / eye ointments/ ear drops
- Simple dressings
- Prevention of pressure sores
- Changing and disposal of stoma appliance / incontinence appliances
- Assistance with prescribed hosiery
- Assistance with nebuliser
- Suppositories
- Enemas
- Pessaries
- Any other product for intra-vaginal or rectal use
- Injections

It should be noted that to be working within Level 2 of this policy Carers must have:

- Achieved competence in fulfilling the Skills for Care Induction Standards
- Completed academic assessments demonstrating their understanding of all legislation and regulations and their role responsibilities and professional boundaries in regard to medication
- Achieved a sufficient level of competence at National Test Level 2 literacy and numeracy.

Within Level 2 of this policy would require Carers to be trained and achieve competence to NVQ level 3 standards in medication.

Staff must have completed the full education and training requirements of Level 2 of the policy and have been assessed as competent prior to undertaking any specialist tasks. Specialist tasks would also require training from a healthcare practitioner prior to these tasks being undertaken. Appropriate signing off of competence within these tasks is also required.

Level 3 (Complete medicines management)

- Literacy and numeracy assessment (and support if required)
- Legislation and Regulation
- Policy and Procedure
- Roles, responsibilities and boundaries
- Risk Assessment
- Promoting Independence
- Medication Administration Records (MARS)
- Storage of medication
- Disposal of medication

and

- Types of medicine and routes
- Safe Practice in administration of medicines
- Preparation of medicines

- Qualified to a minimum of the NVQ Level 3 unit in medicine administration; and managing the requests for prescriptions and receipt of medicines

Training in the performance of certain specialist tasks by a health practitioner can be undertaken by a Carer once they have achieved the required training and competence to NVQ level 3 and the individual agrees and feels competent to do so. The specialist training in the following categories by a health practitioner is required prior to undertaking them:

- Application of eye drops / eye ointments/ ear drops
- Simple dressings
- Prevention of pressure sores
- Changing and disposal of stoma appliance / incontinence appliances
- Assistance with prescribed hosiery
- Assistance with nebuliser
- Suppositories
- Enemas
- Pessaries
- Any other product for intra-vaginal or rectal use
- Injections

It should be noted that to be working within Level 2 of this policy Carers must have:

- Achieved competence in fulfilling the Skills for Care Induction Standards
- Completed academic assessments demonstrating their understanding of all legislation and regulations and their role responsibilities and professional boundaries in regard to medication
- Achieved a sufficient level of competence at National Test Level 2 literacy and numeracy.

Training at Level 3 should cover the underpinning knowledge at Level 2 of the policy but practice should be always assessed at advanced level. This would require an assessment of competence at NVQ Level 3 or equivalent before a Carer is allowed to administer medication unsupervised.

Staff must have completed the full education and training requirements of Level 3 of the policy and have been assessed as competent prior to undertaking any specialist tasks. Specialist tasks would also require training from a healthcare practitioner prior to these tasks being undertaken. Appropriate signing off of competence within these tasks is also required.

Supervision and Management of Carers working with Medication

It would also be good practice that appropriate supervision is in place in this area of work at Supervisor/Registered Manager level or that the supervisor/manager has achieved a University qualification.

At supervisory level the following qualification is suggested:

Level 4 Module: The University Certificate Introduction to the Management and Administration of Medication

At managerial level the following qualification is suggested:

Level 5 Module: The University Certificate Management of Medication

Monitoring of practice should also be an inclusive part of the supervision and appraisal process and appropriate observations of practice should take place at least once a year post qualification for all staff.

Cross Reference with National Occupational Standards

The above levels were developed from the professional guidance given by CSCI and have been cross referenced with the national standards. This can be found in Appendix H.

There are 3 NVQ modules at level 2 and 3 that relate to medication:

- NVQ level 2: assist in administration of medication
- NVQ level 2: receive, and store medication and products
- NVQ level 3: medicine administration; and managing the requests for prescriptions and receipt of medicines.

It would be good practice for all members of staff to initially undertake training that delivers all appropriate underpinning knowledge and have passed all these appropriate learning assessments requirements. Staff can then be assessed in a practice setting to achieve the appropriate level of competence commensurate with their level of work with medication at the appropriate NVQ level. **A good practice guide of suggested education, training and development methods can be found below.**

Below are listed appropriate qualifications that can be used to evidence assessment of competence and underpinning knowledge:

Appropriate competency based qualifications

- NVQ Level 2 unit HSC221 – Assist in the administration of medication
- NVQ Level 2 unit HSC236 – Receive, and store medication and products

- NVQ Level 3 unit HSC375 – Administer medication to individuals

Appropriate underpinning knowledge based qualifications

- Open College Network Level 1 in Medication Guidelines and Procedures for Domiciliary and Home Care Workers
- Open College Network Level 1 in Medicine, Patients and the Law
- Open College Network Level 1 in Drug Awareness
- NCFE Level 2 in Safe Handling of Medicines
- ASET Level 2 Certificate in Managing and Safe Handling of Medicines

5 Medication Risk Assessment

In keeping with the aim of promoting and maintaining independence, it should not be assumed that help with medicines is automatically required when Care is in place.

Medication Risk / Needs Assessment should be carried out by suitably competent individuals. It is expected that the assessment could be carried out by Social Workers, Care Managers or healthcare staff.

The Medication Risk Assessment should identify the support needs of the service user. Reference must be made to the relevant health professional (GP, Community Nurse or Community Pharmacist) where further information is needed, or concerns arise **and always if Level 3 support is being considered.**

The Service user must provide consent for the support being offered and the Risk Assessment, Medication Profile and Service User Plan must be accessible in the service user's home.

Where a Service User is unable to provide consent due to a lack of mental capacity then a functional capacity test needs to be undertaken in accordance with organisational policy and procedures and the requirements of the Mental Capacity Act 2005. Subsequent actions regarding the administration of medication must be undertaken with adherence to acting in that person's best interests (see also the Mental Capacity Act Code of Practice Chapter 5). Any subsequent support should **always be at Level 3.**

See Appendix B for Medication Risk Assessment

6 Supply, Storage and Disposal of Medicines

Medicines should normally be provided by a community pharmacist selected by the service user. Wherever possible, the same community pharmacist should provide *all* medicines, so that a full record is held. Advice on drug interactions, over the counter medicines etc can then be based on full knowledge of the service user's medicines. The Medication Profile should identify the chosen pharmacy. It is good practice to inform the community pharmacist (with service user consent) that support with medicines is being provided.

Community pharmacists are ideally placed to offer advice when a service user is struggling to manage their medicines. Problems such as swallowing difficulties, complex timings, unclear instructions, inability to access containers or read labels, for example, can all be referred to the service user's community pharmacist.

It is desirable that all medicines are supplied in the pharmacist's original container, complete with label and patient information leaflet, rather than in monitored dose packs. There may be situations where a service user who is self-medicating would benefit from using a blister pack or monitored dose system. Advice should be sought from the service user's community pharmacist, who will determine the most appropriate method of supply.

All labels should include explicit directions - for example 'take as required/ as before' or 'take as required for pain' would not be sufficient information to allow assistance to be provided. (See Appendix F 'Problems and Solutions' for further guidance)

- No alterations should be made to the dispensing label provided by the pharmacist under any circumstances.
- Medicines should not be decanted into other containers or put out for the service user to take at a later time.
- Medicines should not be separated from their label or patient information leaflet.

Family or friends may choose to fill a monitored dose device for a service user (Medidos, Dosette or similar). **Assistance will be limited to level 1 support if this is the case.**

Storage

Medicines must be stored where they are readily accessible to domiciliary care assistants and carers. They should be kept away from excessive heat, humidity and light sources. They must be out of the reach of children.

Medicines which need to be stored in a refrigerator should preferably be stored in a sealed plastic box, separate from other foodstuffs at a temperature between 2 and 8 degrees centigrade.

Medicines must be stored in the original packaging and not separated from the label or patient information leaflet

When a child is the sole or main carer, medicines must be accessible to them as necessary, but care must still be taken to keep medicines away from other children who may visit the home.

The hiding of medicines from a service user will **only** occur where the risk assessment indicate that this is needed to protect the health and safety of the service user. The Care Manager must ensure that information on how to access medicines is available to all relevant personnel.

Disposal

The service user and their relatives/carers should be encouraged to return any unwanted or out of date medicines to their community pharmacist.

Medicines remain the property of the patient and cannot be removed without consent.

In *exceptional* circumstances (and with the *specific* permission of their line manager) Care staff may return medicines to a community pharmacist for disposal on behalf of a service user. Consent must be given by the service user and a record must be made on the Medication Profile stating what has been removed and to which community pharmacy.

7 Over the Counter (OTC) Medicines (including herbal and homeopathic remedies)

Carers should remind service users to check with their community pharmacist before taking or using OTC treatments, in order to avoid potential adverse effects or interaction with existing prescribed treatment.

Carers must not offer any advice on non-prescribed medicines or remedies.

Carers must not purchase or assist with OTC medicines unless suitability has been confirmed with a named and appropriate healthcare professional (pharmacist or GP), and the product is being taken in accordance with manufacturers instructions. A record of such confirmation should be made on the medication profile and reference to it on the observation record.

Carers should seek advice from the Care Manager if they are concerned that a service user is using OTC medicines inappropriately or excessively.

8 Responsibilities

Service User

The level of responsibility assumed by an individual service user will depend on their ability to control this aspect of their lives. Those who are able to assume a greater amount of control and independence will require less assistance than people with reduced physical or cognitive abilities.

The risk assessment will identify the level of assistance required to support independent living. If assistance with medication is required then the service user must provide Care staff with access to the prescription medicines and other information which should be detailed in the Medication Profile and Service User Plan to enable them to carry out the duties identified in the Care Plan safely.

Unpaid Carers

It would normally be expected that any unpaid carer would provide assistance with medication required by the service user.

However, unpaid carers often need a break or cannot be available. In these circumstances, it may be necessary for Care staff to provide the service during the unpaid carer's absence. Any short term assistance can only be provided in accordance with this policy.

For the duration of the absence, the unpaid carer must provide the Care staff with access to the prescription, medicines and other information which should be detailed in the Medication Profile and Service User Plan to enable them to carry out the duties identified in the Care Plan and Risk Assessment safely.

All prescription medicines must be provided contained within the original **pharmacist-filled** container. This may be a monitored dose system or any other suitable container. (Where medicines are placed in compliance aids or other containers by unpaid carers or professionals other than the supplying pharmacist, Care staff may only provide level 1 support. No physical assistance may be offered.)

Paid Care Workers (Social Care Services and Independent Sector Care Workers)

Following a risk assessment, and the consent of the service user, the level of assistance required will be defined within the Care Plan and detailed in the Service User Plan.

It is the responsibility of the Care Staff to follow the Service User Plan and this policy and to report any concerns to their line manager.

Care staff should only assist with medication where they have the required training and they are competent to do so.

Commissioner

- Carries out medication risk assessment.
- Identifies the appropriate level of support and records this in the Care plan.
- Obtains and records service users consent
- Liaises with health professionals as appropriate to confirm medication requirements, special storage or administration details etc
- Ensures that a record of all medication, the risk assessment, consent and care plan are passed to the Commissioner.

The Commissioner continues to hold responsibility for ensuring that reviews are conducted whenever there is a significant change in the service user's circumstances. Where there is no change **reviews must take place every 12 months.**

Care Managers (and independent care providers)

It is the responsibility of the Care Manager to ensure:

- This policy is implemented in their service.
- That the service provided is monitored and reviewed.
- Incidents and 'near-misses' are recorded appropriately and used as a learning tool to improve the service.
- Feedback is provided on this policy to aid its evaluation and review.
- That training for care workers is provided
- That records of staff training are kept
- The agreed and documented level of assistance is provided to service users on a day-to-day basis by trained and competent staff

Service Managers and Corporate Responsibilities

Where problems arise which cannot be resolved locally, these must be referred to appropriate national bodies. Beyond this, further appropriate specialist support must be sought. In this way a body of knowledge can be generated about problematic issues relating to medication. It is a corporate responsibility to collate and communicate these issues consistently to all relevant personnel.

General Practitioners

General Practitioners (GPs) have a responsibility of care for all of their listed patients to provide general health and medical care or refer for specialist health care or social care. In looking after an individual's health and wellbeing, the GP or other non-medical prescriber will prescribe medication to their patient to prevent, treat or relieve medical conditions.

It should be noted that individual service users might also receive medication prescribed by specialists and which might have been supplied to them in hospital.

Within primary care, other professionals may be involved in prescribing for service users – suitably qualified nurses or pharmacists are able to prescribe.

Community Pharmacists

Community Pharmacists have a professional responsibility to supply medication prescribed by GPs and other recognised prescribers. The medication must be of a suitable quality and comply with legal and ethical requirements for the packaging and labelling. Additionally, pharmacists have a responsibility to ensure that a patient or carer receives appropriate information and advice to support them in gaining best effect from any medicines supplied.

Nursing Personnel

Nursing personnel will provide nursing and clinical care to individual service users, e.g. caring for wounds, pressure sores and the change of dressings or with invasive procedure such as injections and bladder irrigations and matters relating to feeding tubes. During such provision, they will also monitor the health status of the individual and report any changes in circumstances to the GP.

Specialist Nursing for example, stoma nurses or palliative care nurses or continence advisors will similarly provide nursing and clinical care to individual service users and support to their families. These specialist nurses will support and educate the service user in coping with their particular condition and assist them in dealing with stoma equipment or the drug treatments or therapy necessary to the condition.

9 Documentation

The Risk Assessment must be signed and dated and the level of assistance agreed and consented to by the service user must be clearly stated.

The Care Plan records the level of **assistance** required by each service user, their usual community pharmacist, where the medicines are stored and any necessary details about ordering and collecting medicines.

The Medication Profile lists usual medicines and doses (including any OTC medicines which are cleared as suitable by an appropriate health professional). level 1 order dates, received items, disposal of medicines, level 2 and 3 as level 1 but also changed doses, problems, advice sought, etc.

A Medication Administration Record Sheet (MARS) will be kept in the service user's home with the Service User Plan when level 2 or 3 assistance is being given. All assistance with medication must be recorded **at the time it is provided**.

MARS charts are preferably pre-printed on request by the community pharmacist at the time of dispensing. If the pharmacist cannot do this, the chart should be written out by a senior care assistant and double checked and signed by another member of staff. For this reason, the MARS chart should not be used as the only source of information. It is essentially a record of what **HAS** been given, not what **SHOULD** be given. It is the Care Worker's responsibility to check the dispensing labels in addition, to ascertain the correct dose.

Care Workers must not record assistance with medicines administered by others, including other agencies. However, the Care Manager / Co-ordinator should encourage others to use the same Medication Administration Record Sheet to enable a complete record of medicines taken to be made.

Any concerns that doses are being given by others and not recorded, must be reported to the Care Manager

The completed MARS should be stored in the service user information pack for a period of one month then transferred to the service users file maintained by the care provider in their main office.

10 Medication Errors and Medication-related Incidents

There are several ways in which errors can be made when medicines are administered. It is important to recognise that occasionally a member of staff or carer (whether professionally qualified or not) will make an error. Organisations should have systems in place which are designed to minimise the occurrence of errors.

There is rarely one single reason for an error being made – the circumstances should be examined thoroughly (using other health and social care professionals for advice/ information if necessary). Errors can often be traced back to systems failures. It is also important to collect information about mistakes and ‘near misses’ so that recurring problems are identified and acted on. Learning from errors and ‘near-misses’ is a key outcome.

The Social Care Institute for Excellence has published a report entitled ‘Managing Risk and Minimising Mistakes in Services to Children and Families’. This report (link below), although relating to children’s services and not specifically about medicines, is relevant to other social care situations in terms of building a culture within an organisation which promotes incident reporting and learning from errors.

<http://www.scie.org.uk/publications/reports/report06.pdf>

Responsibilities of carers

Some errors may appear trivial, but it is not easy or appropriate for Carers to judge the potential impact on a service user.

Therefore, all mistakes in assisting with medicines must be reported to the line manager or on-call manager immediately (e.g. wrong dose, wrong medicine, wrong person or dose missed accidentally) so that appropriate action can be taken to avoid further harm to the service user. This action will routinely involve immediately seeking advice from the service user’s GP or pharmacist. (If the Line Manager is not available advice should be sought from the service user’s GP or appropriate health professional directly by the care worker)

- The error should also be recorded on the Medication Administration Record Sheet in the patient’s home
- An incident reporting form should be completed appropriate to the employing organisation.
- All actions taken and advice received should be documented.
- If carers suspect misuse or misappropriation of medicine (by service user, care staff or relatives) this should be reported immediately to their Line Manager and an Incident Form completed.

Responsibilities of Employers

Employers must be aware of their responsibility to report medication-related incidents to the appropriate bodies, and also to take appropriate action if there is a possibility of criminal actions. This will include being aware of Adult Protection procedures as well as responsibilities under the appropriate regulations to report incidents to the Commission for Social Care Inspection. (Domiciliary Care Regulations 2002 and Care Homes Regulations 2001) Responsibilities are to:

- Ensure that all Carers and their Line Managers are aware of:
 - a) the procedure to be followed if an error is made
 - b) the need to complete an Incident Form
 - c) the importance of timely and accurate documentation of all actions taken and advice received
- Ensure that a report is made to the local office of the Commission for Social Care Inspection within 24 hours under the Care Standards Regulations appropriate to service.
- Ensure that Incident Forms are reviewed on a regular basis to identify recurring themes and to inform any policy review.
- Investigate any errors or near misses reported thoroughly and fairly, to ensure that systems failures are not masked by an over-emphasis on blame for an individual.

Appendix A

Glossary of Terms

Drug	The terms 'drug', 'medicine' and 'medication' are used interchangeably.
Invasive procedure	Any clinical procedure which punctures the skin surface (e.g. injections) or which requires administration to or within intimate areas of the body (e.g. vaginal pessaries)
Non medicine form	Usually apparatus or appliances available on NHS prescriptions, for example, support stockings, nebulisers or stoma bags.
Care Manager	Applies to the lead professional involved in the case. This can be a Social Worker, Community Psychiatric Nurse or Community Nurse, Occupational Therapist, Physiotherapist
Home Care Manager	This is the Line Manager for Domiciliary Care Co-ordinators, Team Leaders, Senior Care Assistants, Supervisors, Care Assistants, Support Workers and Health Care Assistants
Domiciliary Care Co-ordinator	The DCC or Team Leader is responsible for the day to day running of the service and will liaise with the Care Manager, Home Care Manager, Pharmacists, GP, etc.
Senior Care Assistant	The SCA or supervisor is the first contact for Home Care Workers in the community but still provides direct care to service users.
Carer	The Carer will provide direct personal or social care to service users.
Paid Carer	A person under the employment of Local Authority Social Services, a Private Independent Sector Company or employed by the service user, who is engaged to provide care services to one or more service users.
Unpaid Carer	A partner, spouse, family member, friend or neighbour of the service user who provides care for that individual
Care Plan	The care plan is developed by the Care Manager and is a written statement of the assessed needs of the service user.
Service User Plan	The service user plan is developed by the Domiciliary Care Staff and details the service user's wishes and preferences in relation to the needs identified in the Care Plan

Observation Record	This is the recording document used by people providing the care to record actions taken, observations and concerns
Container	For example: a bottle, manufacturer's original pack, a blister pack, a monitored dose device or any other container that the pharmacist deems suitable. A pharmacist must supply medicines within childproof containers unless requested not to do so by the patient /service user.
Medicines Administration Record Sheet (MARS)	Used for all service users receiving level 2 or 3 support, records all assistance with medicines with dates and times and records refusals or omissions (with reasons)
Medication Profile	Records usual medication with dose, frequency, dates of discontinuation, arrangements for repeat prescriptions, and any agreed OTC medicines
Medication Log	Records name, signature and initials of any person completing the MARS, together with an incident log to record dates of ordering, receipt, disposal of medicines, any advice sought etc
NVQ Assessor	An NVQ Assessor is an associate level teacher who will be trained to assess competence of carers in line with National Occupational Standards for the administration and management of medicines. An Assessor will also be occupationally to undertake such assessments.
Expert Witness	An Expert Witness is a colleague/supervisor/manager who is professional qualified and competent to provide a carer with a statement of competence of their meeting of National Occupational Standards for the administration and management of medicines.

Appendix B

MEDICATION RISK ASSESSMENT FORM

Service User Name Address	Social Services Computer Number Date of Birth
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POSSIBLE RISK		IF NO	OUTCOME/actions taken
Is the service user able to order and collect prescriptions if needed?	Yes/ No	<ul style="list-style-type: none"> • Can family /informal carers collect? • Does community pharmacy deliver? • Consider level 1 support if no other option 	
Can service user provide a list of their medicines? Do they know where all medicines are stored in the home?	Yes/ No	<ul style="list-style-type: none"> • Contact GP if unable to establish what service user should be taking • Can informal carers tell you where medicines are kept? 	
If able to assess, do medicines appear to be stored appropriately?	Yes/ No	<ul style="list-style-type: none"> • Advise • Seek advice from community pharmacist if necessary 	
Do quantities of medicine in the house appear to be appropriate?	Yes/ No	<ul style="list-style-type: none"> • Advise service user or informal carers to return unwanted medicines to the pharmacy • Advise service user to contact GP surgery if large amounts of waste medicines –so repeat prescription can be checked. 	<i>Note: medicines are the property of the service user. Disposal should only be arranged by SU themselves or informal carers.</i>
Does service user know and understand what medicines they should be taking?	Yes/ No	<ul style="list-style-type: none"> • Advise service user /carer to contact GP surgery or community pharmacist • (Simplification of regime, explanation and/or issue of reminder chart may help) • If unable to cope with regime after advice, consider level 3 support 	
Is service user aware of date, day, time?	Yes/ No	<ul style="list-style-type: none"> • Is help available from informal carers? • Consider safety / storage issues • Consider level 3 support • Inform all relevant parties if storage out of service user's reach is planned. 	<i>If level 3 support is being considered, liaise with GP or community nurse</i>
Does the service user always <i>want</i> to take their medication?	Yes/ No	<ul style="list-style-type: none"> • Explore reasons – Encourage service user to discuss with GP, or Community Nurse. (or assessor to liaise on service user's behalf as appropriate) • Inform GP or Community Nurse if service user considered to be at risk. 	<i>It is the patient's right to refuse treatment, but this should be based on an informed choice as far as possible.</i>

POSSIBLE RISK		1 2 IF NO	OUTCOME/actions taken
Does the service user usually remember to take his/her medication at the right time?	Yes/ No	<ul style="list-style-type: none"> • Can informal carers help? • Can community pharmacist offer reminder chart? • Seek advice from pharmacist/GP, community nurse or community matron. 	
Can service user read the labels on medicines?	Yes/ No	<ul style="list-style-type: none"> • Can an informal carer help? • Seek advice from community pharmacist – may be able to produce larger print labels or consider alternative packaging • Consider level 1 support if no other options 	
Can service user remove tabs/caps from the container him/herself?	Yes/ No	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply alternative packaging, or aids to open? • Consider level 2 or 3 support 	
Is the service user able to swallow their tablets / capsules?	Yes/ No	<ul style="list-style-type: none"> • Can community pharmacist advise alternative options? • Seek advice from GP 	<i>Refer to GP / Community Nurse if swallowing problems give rise to concern.</i>
Can service user pick up a bottle and pour out a dose of liquid medicine accurately?	Yes/ No	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist supply a device to assist? • Consider level 2 or level 3 support if no other option 	
If applicable, does service user describe any problems using inhalers?	Yes/ No	<ul style="list-style-type: none"> • Seek advice from community nurse or pharmacist • Consider level 2 support if physically unable to manage, even with device to assist 	
If applicable, does service user describe any problems instilling eye drops?	Yes/ No	<ul style="list-style-type: none"> • Can an informal carer help? • Can community pharmacist advise on a device to assist service user? • Request assistance as a 'Specialist task' if unable to manage even with assistive device 	

Key Points

- The aim should be to promote independence with medicines wherever possible.
- Informal carers should be encouraged to help if able. If substantial help is given by informal carers, their contact details should be available and arrangements agreed for unexpected situations e.g. carer illness.

Outcome of Assessment

Outcome	Details of the assessed level of support required
NO SUPPORT REQUIRED	
INFORMAL CARER CAN ASSIST	
SUPPORT TO BE PROVIDED BY FORMAL CARERS	
LEVEL 1 Service user needs help ordering and collecting their medicines, reading the labels, reminders on safe storage, occasional verbal reminder to take tablets.	
LEVEL 2 As Level 1 and also: Service user is responsible and able to manage their own medication but needs help to open containers etc due to physical disability or frailty	
LEVEL 3 Service User unable to take responsibility for their medicines. Tasks from ordering or collecting prescriptions to some direct administration of medicines may be required. Note: involve GP or community nurse before proceeding with Level 3 arrangements.	

Name of Assessor (<i>print</i>)	_____
Signature of Assessor	Date

Statement of Service User/Agreed representative

I confirm that I have given all necessary information to support the planning of any help with my medicines.

I agree to the support being offered

Signed (<i>Service User</i>)	Date
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Representatives name	_____
Relationship to Service User	Date

<p>Specialist Tasks</p> <p>(Only to be undertaken by Carers who have had appropriate training and completed a competency assessment)</p> <p>Refer to Community Nurse/Matron (Care Manager) if assistance with any of these specialist tasks may be required.</p>	<ul style="list-style-type: none"> ■ Assistance may also be required with the following specialist tasks (<i>Please circle</i>): ■ Application of eye drops / eye ointments/ ear drops ■ Simple dressings ■ Prevention of pressure sores ■ Changing and disposal of stoma appliance / incontinence appliances ■ Assistance with prescribed hosiery ■ Assistance with nebuliser ■ Suppositories ■ Enemas ■ Pessaries ■ Any other product for intra-vaginal or rectal use ■ Injections ■ Other – Please detail:
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Appendix C

Standard Operating Procedure for level 3 support with medicines (Administration without direction from service-user)

The Right patient should get the Right medicine at the Right time and by the Right method / route

- 1). Prior to any assistance being provided, the Carer must:
 - check that the Care Plan identifies that assistance with medicines has been agreed, and note that level 3 assistance is requested
 - check the service user name on the label of the medicine is correct
 - check the medicine, strength and dose on the label matches those detailed on the medication profile
 - check the use by date on the packet/bottle/container
 - check the MARS and observation record to make sure that no other person has already assisted the service user with their medication
- 2). The Carer should then wash and thoroughly dry their hands and any utensil that may be required, e.g. medicine spoon, measure and glass.
- 3). Put on protective gloves.
- 4). Check for any special instructions on the dispensing label (e.g. not to be given with milk or antacids or to be taken after food, etc) and take appropriate action.
- 5). Medicines should be handled as little as possible. If removing a tablet or capsule from a bottle or foil (blister) strip, this is best achieved if tipped or pushed out over a small plate from which the service user may then pick up and self-administer if able.
- 6). Ensure that the service user is either in a standing position or is sitting upright. A Home Care Assistant should not attempt to assist with medication for someone who is in a prone position (lying down).
- 7). Medicines should be swallowed with plenty of water. Ideally, this should be a full glass of water.
- 8). Replace all lids and packaging and store medicines safely
- 9). The Carer should again wash their hands and any utensils used.
- 10). Assistance with or service users refusal must be recorded on to the Medication Administration Record Sheet immediately.
- 11). Where physical assistance is provided with skin applications protective barrier gloves must always be worn. The gloves must be removed when this task is completed and hands washed thoroughly before undertaking any other task.

Appendix D

MEDICATION ADMINISTRATION RECORD MONTH YEAR Date of Birth

Services User Name Address

Instructions

		Allergies																
Medicine with strength	tick	T 1	T 2	T 3	T 4	T 5	T 6	T 7	T 8	T 9	T 10	T 11	T 12	T 13	T 14	T 15	T 16	Date
morn																		discontinued
lunch																		
tea																		
bed																		
other																		
Medicine with strength	T 1	T 2	T 3	T 4	T 5	T 6	T 7	T 8	T 9	T 10	T 11	T 12	T 13	T 14	T 15	T 16	Date	
morn																	discontinued	
lunch																		
tea																		
bed																		
other																		
Medicine with strength	T 1	T 2	T 3	T 4	T 5	T 6	T 7	T 8	T 9	T 10	T 11	T 12	T 13	T 14	T 15	T 16	Date	
morn																	discontinued	
lunch																		
tea																		
bed																		
other																		
Medicine with strength	T 1	T 2	T 3	T 4	T 5	T 6	T 7	T 8	T 9	T 10	T 11	T 12	T 13	T 14	T 15	T 16	Date	
morn																	discontinued	
lunch																		
tea																		
bed																		
other																		
Medicine with strength	T 1	T 2	T 3	T 4	T 5	T 6	T 7	T 8	T 9	T 10	T 11	T 12	T 13	T 14	T 15	T 16	Date	
morn																	discontinued	
lunch																		
tea																		
bed																		
other																		

Please ensure that you record the time and your initials every time you assist with medication. If medication is commenced after the beginning of the month then a line should be drawn through the boxes to the date it starts. Similarly if it is discontinued draw a line through to the end of the month and record date discontinued. For identification purposes please write your name, signature and initial below. If relatives/ carers other agencies assist with medication please ask them to record on this sheet.

Codes X = Refused, A = Absent, S = Self, O = Other (record the reason on the visiting record)

MEDICATION ADMINISTRATION RECORD

MONTH

YEAR

Date of Birth

Services User Name

Address

Instructions

Allergies

Medicine with strength		tick	T	17	T	18	T	19	T	20	T	21	T	22	T	23	T	24	T	25	T	26	T	27	T	28	T	29	T	30	T	31	Date		
	morn																																discontinued		
Dose	lunch																																		
Notes	tea																																		
Signature	bed																																		
Signature	other																																		
Medicine with strength		tick	T	17	T	18	T	19	T	20	T	21	T	22	T	23	T	24	T	25	T	26	T	27	T	28	T	29	T	30	T	31	Date		
	morn																																	discontinued	
Dose	lunch																																		
Notes	tea																																		
Signature	bed																																		
Signature	other																																		
Medicine with strength		tick	T	17	T	18	T	19	T	20	T	21	T	22	T	23	T	24	T	25	T	26	T	27	T	28	T	29	T	30	T	31	Date		
	morn																																		discontinued
Dose	lunch																																		
Notes	tea																																		
Signature	bed																																		
Signature	other																																		

Please ensure that you record the time and your initials every time you assist with medication. If medication is commenced after the beginning of the month then a line should be drawn through the boxes to the date it starts. Similarly if it is discontinued draw a line through to the end of the month and record date discontinued. For identification purposes please write your name, signature and initial below. If relatives/ carers other agencies assist with medication please ask them to record on this sheet.
Codes X = Refused, A = Absent, S = Self, O = Other (record the reason on the visiting record)

Appendix E

Medication Profile

Prescribed Medication	Dosage	Frequency	Additional Information	Service User / Family signed Consent	Date Started	Date discontinued

Service User Name:	Post Code:
Address:	
Date of Birth:	
Computer Number:	Contact Number:
GP Name:	

Arrangements for repeat prescriptions
Community Pharmacist:
Tel No:

Form Completed by:
Name:
Date:

Appendix F

Possible Problems and Solutions

Service User unwell

should the service user appear to be unwell on a visit, the Carer must contact the individual's GP and report this to the Care Manager. Guidance must be sought as to whether due medication should be offered to the service user.

No directions on the label

refer to Care Manager who will refer to the pharmacist. Do not assist with the medication until this problem has been resolved.

"As required" medicines

assistance should not be offered if dose instructions are unclear. For example, "take as before" or "take as required for pain". Refer to supplying pharmacist to qualify this direction. (Note: pharmacists may need to contact GP in some cases) If the dose is "two tablets four hourly for pain when required" - with a maximum of 8 in 24 hours, the time at which assistance with a dose of this medicine is given must be recorded on to the MARS, to ensure that future doses are not given until any necessary time period has elapsed.

No date of opening on eye drops

look at pharmacy label on the drops container to confirm if supplied more than 28 days ago. if less than 28 days, the drops are safe to use. If the date is more than 28 days ago an investigation is needed to establish the date of opening. If the date of opening cannot be established, it should be assumed to be the day of dispensing, and discarded 28 days following that.

Refusal to take medication

It is an individual's choice not to take medication. They cannot be coerced or forced in any way, but some degree of encouragement can be given. Refusal must be recorded on the MARS. Regular or persistent refusals within any one week period must be recorded on the Care Plan and reported to the Care Manager who will communicate the problem to the GP.

Medicines must not be disguised nor hidden in food in order to force a service user to take them against their wishes.

Missed doses

If a dose of medicine was missed or omitted during the previous visit, a double dose **MUST NOT** be given. This should be recorded on the MARS that a dose has been missed and report to the Care Manager. Consult the supplying pharmacist for advice if necessary.

Stoma appliances

a Carer may **assist** with the disposal of bags and all items used by the service user during cleansing and changing. If a service user is experiencing problems, these should be reported to the Care Manager who will communicate the problem to the GP or Stoma Nurse. A Carer should not attempt to change a bag or deal with any other problems relating to the management of the stoma, unless specific training has been undertaken and the carer has been signed off as competent to do so (see specialist tasks under Level 3 assistance)

Possible side effects

people react differently to different medicines, so it is not possible or helpful to list anticipated side effects. However, should concern arise, the Carer should note whether any new medicine or change of dose to existing medicine have occurred during the last few days. Inform the Care Manager who will discuss with the GP, pharmacist or Nurse as appropriate.

Service user consuming alcohol or using illicit drugs

it is an individual's own decision to drink alcohol or use an illicit substance. Carers would not be held liable for accidents that occur in the service user's home as a result of alcohol or illicit drug usage. Should a service user request alcoholic drink with medication, this must be refused and reported to the Care Manager who will inform the GP or pharmacist.

Should a service user be found to be intoxicated and under the effect of alcohol or illicit substance on arrival at their home, a Carer must refuse to assist with medicines. This action must be reported to the Care Manager immediately or as soon as possible.

Infection or Contamination

the risk assessment should have identified possible sources of infection or contamination, e.g., clinical waste. Cases of infections such as head lice, scabies or fleas must be reported to the Care Manager, who will seek expert advice.

The Care Manager must report infections e.g. MRSA, TB, Hepatitis or other hospital acquired infection to the Carer, to ensure that appropriate infection control precautions are undertaken.

If a service user self injects medication (e.g. Insulin), the Carer should not handle the used equipment. If this is necessary due to risk to the service user or others, protective barrier gloves must be worn. Contact with or handling of the needle must be avoided. The equipment must be discarded into sealed 'Sharps Boxes' and not into the household waste. Sharps boxes can now be prescribed.

(NOTE: Care should be taken only to discard *disposable* insulin pens / syringes, some insulin pens are designed for re-use with disposable cartridges. If in doubt you should check with the service user, community nurse or community pharmacist.)

Appendix G

Standard Formal Competency Assessment

The most appropriate formal accredited knowledge and competency assessment that includes all aspects of level 2 and 3 competences (NVQ level 3 standards) for those who administer medication is an NVQ Health and Social Care level 3 optional unit HSC375 - Administer Medication to Individuals. (Imported unit from the Knowledge and Skills Framework unit CHS 3 published by Skills for Health)

Carers who assist in the administration of medication can undertake the NVQ Health and Social Care level 2 units HSC221 'Assist in the administration of medication' and NVQ Level 2 unit HSC236 'Receive, and store medication and products' to achieve competence within this role. These units are only suitable for health and social care staff who are assisting healthcare professionals.

To achieve these units, carers will be required to undertake a specific accredited training programme that includes assessment of the appropriate underpinning knowledge and competence in the workplace.

To register for this unit of study a robust initial assessment of needs must be carried out for every candidate and an individual learning plan formulated.

Initial Assessment

An initial assessment will be carried out by an appropriate assessor who will determine the candidates' individual assessment needs and formulate an individual assessment plan. This plan will focus on the candidate's development needs and will be matched against the requirements of the award and may include the development of literacy and numeracy skills if required.

The process may utilise questioning, observing and evidence of the attainment of relevant skills and knowledge. It is an opportunity for existing skills and knowledge to be formally recognised. Candidates have regular opportunities to review their progress and goals and to revise their assessment plan accordingly. Particular assessment requirements of candidates are identified at this time and met where possible.

It is also an opportunity to use evidence from past achievement as well as that relating to current performance. If the prior knowledge that is being assessed is based on a programme of study, it must have been completed within the past 5 years and be accompanied by supporting evidence which gives an account of ways in which learning achieved through the programme has been applied and updated within the past 5 years. However the achievement of the unit is awarded on the basis of assessment of current performance against the current standards at level 2 and 3. It must demonstrate authenticity, relevance, breadth, depth, quality, currency and sufficiency

Current learning must be clearly differentiated from experience. It is the current knowledge, capacity for reflecting, understanding and skills of an individual that is assessed for credit, not what an individual has done or experienced in the past.

Learning must also demonstrate general transferability outside the specific situation in which it was acquired. A candidates' learning should not be tied to one particular perspective but show an ability to relate to a broader outlook

When assessing this unit particular attention should be paid to the guidelines published by the Royal Pharmaceutical Society of Great Britain entitled 'The Handling of Medicines in Social Care' (October 2007) and the procedure they identify should form the basis of good practice:

Assessment

Assessment should follow the guidelines laid down in the NVQ Code of Practice that states:

- The internal assessment processes and practices within centres are effective and support the integrity and consistency of the standards contained within the award through the processes of internal verification, undertaken by the approved centre and external verification undertaken by the awarding body.

- Centres must appoint assessors to carry out internal assessment. Assessors will be responsible and accountable for:
 - managing the system of assessment from assessment planning through to making and recording assessment decisions as required by the awarding body
 - assessing evidence of candidate competence against the national standards of occupational competence within the qualification
 - ensuring the validity, authenticity and sufficiency of evidence produced by candidates
 - maintaining accurate and verifiable candidate assessment and achievement records as required by the awarding body

Initial assessment should be carried out by a competent and qualified assessor

Assessors

Assessors should:

- Hold appropriate assessor qualifications as approved and specified by the regulatory authorities within 12 months of commencing their role
- Meet any requirements for occupational expertise, as specified by the appropriate standards-setting body before commencing their role. Good practice would be for the assessor to be a clinically updated and currently competent health professional, an experienced care worker who has achieved the NVQ Unit HSC 375 or an accredited and validated CPD unit at level 3 or above that focussed on the assurance of best practice in the administration of medication
- Be fully familiar with awarding body requirements for the recording of assessment decisions and the maintenance of candidate assessment records

The assessment decisions of uncertificated assessors should be checked, authenticated and countersigned by an assessor or internal verifier who has the appropriate assessor and/or internal verifier qualification and relevant occupational expertise as specified by the standards-setting body for the NVQ in question. The internal verifier must sample an increased ratio of assessment decisions by uncertificated assessors and must be responsible, and accountable, for arranging the checking and countersigning process. Internal verifiers do not verify evidence that they have assessed.

Confirmation is given that the evidence provided by candidates for assessment has been produced and authenticated in accordance with the requirements of the assessment specification. Assessors and candidates must provide a written declaration that the evidence is authentic and that the assessment was conducted under the specified conditions or context.

Centres are to provide appropriate training and development opportunities to enable assessors to meet these requirements and to ensure that they have a common understanding of the standards and other assessment requirements that apply.

Centres should keep relevant records of such activity, for example, staff development records, as evidence.

If a suitable assessor cannot be identified then the assistance of an expert witness would be appropriate. They must also meet any requirements for occupational expertise, as specified by the appropriate standards-setting body before becoming the witness. Good practice would also be for them to be a clinically updated and currently competent health professional, an experienced care worker who has achieved the NVQ Unit HSC 375 or an accredited and validated CPD unit at level 3 or above that focussed on the assurance of best practice in the administration of medication. They do not need to hold the appropriate assessor qualification or be familiar with recording procedures for the NVQ process.

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