

# Managing medication in the Home Care Setting

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# Managing medication in a Home Care Setting

- Please stay muted unless asking a question
- Raise your hand or put questions in the chat
- Limited time - Just providing an overview of a few issues
- Would welcome suggestions for future medicine management topics to cover

**QUESTION** - Who is in the audience?

- Please state in the chat if you support a client/resident in a Care home, their own homes or both

# Aims and Learning outcomes

Aim is to cover the considerations for:

1. ordering medicine
2. storing medication
3. administering medication
4. disposing of medication

**QUESTION** - Why is medicines management important?

- » The risks posed by poor medicines management (MM) can result in serious or fatal illness.
- » Social Care providers must promote the safe and effective use of medicines in their care homes (CQC).
- » Social care providers must maintain secure, accurate and up to date records about medicines for each person receiving medicines support. (Health and Social Care Act 2008) (Regulated Activities)

**QUESTION** - Who is most at risk from the result of poor MM:

- » older people
- » people with reduced mental capacity, reduced mobility, a sensory impairment
- » people who rely on help to take their medicines

# Home/Social Care Providers

## Challenges:

- People receiving social care in the community may be at a **greater risk of medicines-related problems.**
- They may have **multiple long-term conditions** (multimorbidity) or are **taking multiple medicines** (polypharmacy).
- Family members, carers and care workers often help people to take and look after their medicines,
- Care workers who are responsible for providing medicines support have **limited supervision by health professionals.**
- There is **variation in staff training and low pay**, which leads to a **high turnover of staff** (32% of care workers leave within 12 months; 56% within 2 years).
- This can result in a **lack of continuity of care and inflexibility in changing care arrangements**

# Ordering Medicine – Home/Social Care Providers

- It is important that medication doesn't run out of a person's/client.
- **QUESTION** - What should home care providers consider when ordering medication?
  1. Who's Responsibility is it to order the medication? (the person/or their family/ Carers or the social care provider)
  2. What action is needed
  3. Trained and assessed as competent to order medication.
  4. A clear policy for the process within the medication policy.

**NB- When Social Care Providers are responsible for ordering medicines from GP practices and should not pass this responsibility to the local pharmacy.**

# Ordering medicines – Home/Social Care Provider

- The client receiving medicines support (or their family/carer) will usually be **responsible for ordering, transporting, storing and disposing of medicines.**
- **However if it has been agreed the social care provider is responsible effective medicines management needs to be in place.**
- **An assessment and written plan** needs to be conducted and in place for you to be able to take on responsibility for ordering.
- The **plan will be specific for each client.**
- Your role in **providing medicines support to a client should be clear in respect to ordering ,storage, transport, administration and disposal of medicines.**
- The outcome of the assessment and the role of the carer should be recorded in the client's care plan.
- Ensure the correct amounts are ordered.
- Ensure **there is enough time allocated for checking which medicines are needed, ordering medicines and checking that the correct medicines have been supplied**
- Records are **kept up-to-date.**

# Ordering medicines – Home/Social Care Provider

- If you are responsible for transporting medicines, It should cover the **needs of cold chain medicines** (fridge medicines) and **medicines which are liable to misuse** (such as controlled drugs).
- This is especially relevant if you're not going straight from the supplying pharmacy to the person's home. For example, you may have other support calls to make in between.
- Take care with any automatic ordering systems.
- Ensure that carers know what action to take if a discrepancy is noted from ordering and those supplied.

# Ordering Medicine – Home/Social Care Provider

- The Medication policy should include the four key stages to the medication ordering process:
  - Stage 1 – ORDERING
  - Stage 2 – CHECKING RECEIVED PRESCRIPTIONS
  - Stage 3- CHECKING SUPPLIED MEDICATIONS (Highlighting discrepancies)
  - Stage 4- CHANGING OVER & COMMUNICATION
- **QUESTION** – How should medication be supplied?
  - All medication should be **supplied in their original packaging**
  - Reasonable adjustments to supplied packaging can be undertaken to help the patient manage their medication e.g. childproof tops
  - MDS's should only be considered **when an assessment is done by a healthcare professional** (e.g. pharmacist) in line with the equality Act 2010 and a specific need has been identified to support medicines adherence. This should take into consideration needs, preferences and involve the person, and/or relatives and the social care provider in decision making.



# Ordering Medicine – Home/Social Care Provider

- What records should be kept?:
  - If you are responsible for ordering medicines, you should identify and record:
    - » name, strength and quantity of medicine ordered
    - » date of order
    - » date medicines were received
    - » any discrepancies between what was ordered and received.
- Other considerations:
  - How long will it take to get the medication
  - Ensure the patient/clinician will not run out of medication
  - Most pharmacies **will need the prescriptions 2 weeks before** the medication is supplied.
  - Process for new medication started between ordering and supply, who is responsible for ordering the medication, how is this information communicated.
  - **Understand the processes** in the surgery and pharmacy

# Ordering Medicine – Home/Social Care Provider

When social care providers have responsibilities for **medicines support**, they should have robust processes for managing **over-the-counter** medicines that are requested by a person:

- Seeking advice from a pharmacist or another health professional
- Ensuring that the person understands and accepts any risk associated with taking the medicine
- Record information for example, the name, strength and quantity of the medicine.
- A risk assessment should be completed before you do so.

# Ordering Medicine – Home/Social Care Provider

Where can you get help?

- Community pharmacy
  - Some provide policies all should be able to provide guidance.
- Surgery of the patient/client
  - Prescription clerks are key!
- CQC
  - <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services>
- **Take away message**
  - You should never have to guess, there should be a medication policy that clearly documents all aspects of the managing medication for their patient/clients, which includes the ordering process.

# Storing medication – Home/Social Care Provider

**QUESTION** - To ensure medicines are stored safely and securely What information should be in your policies and procedures for storage?

- How and where
- Self-administered medicines
- Secure storage
- Temperatures and storage conditions
- Emergency medicines
- Disposing of medicines

# Storing medication – Home/Social Care Provider

- Before providing medicines support an assessment and agreement is needed with the person **how they will store medicines.**
  - Record this in the care plan.
  - Check the plan is appropriate for the medicines being stored with the pharmacy.
  - Review this agreement at intervals appropriate for the person. This is particularly important where a person has declining or fluctuating mental capacity.
  - Where a person stores medicines in their own home, they **do not need a separate medicines fridge.** You need to check that any fridge used to store medicines is in working order.
    - You **do not need to check the temperature every day** (as would be done in a care home).

# Storing medication – Home/Social Care Provider

A carer is responsible for storing a clients medicines, a processes should be in place to cover safe and appropriate access.

Points to consider:

- **Identify who should have authorised access** to patient medicines
- assess **each person's needs for storing** their medicines
- provide **storage that meets the person's needs** , choices and risk assessment.
- Take account of the **type of medicines system** the person wants to use.

# Storing medication – Home/Social Care Provider

When social care providers are responsible for storing a person's medicines,

- They should have **robust processes to ensure there is safe access to medicines**
- Particularly for **controlled drugs** (for more information see NICE's guideline on controlled drugs).
- Ensure staff are trained to **manage medicines appropriately.**

# Storing medication – Home/Social Care Provider

## Temperatures and storage conditions

- Your policies and processes must address the temperatures for storing medicines.
- This will help to make sure that you store medicines according to the manufacturer's recommendations.
- To find out if a product has specific storage instructions, check the packaging. You can also refer to the Patient Information Leaflet (PIL) or visit the electronic Medicines Compendium (eMC) <https://www.medicines.org.uk/emc/> or check with the supplying pharmacy.

### **QUESTION:** What are Fridge Lines?

- insulins,
- antibiotic liquids,
- injections,
- eye drops
- some creams.



# Storing medication – Home/Social Care Provider

## How and where

- Policies and processes should include how and where medicines are stored, including:
  - medicines supplied in monitored dosage systems and original packs
  - controlled drugs - when storing controlled drugs, you must follow the Misuse of Drugs Act (Safe Custody) Regulations. These regulations apply to all providers of adult care homes
  - other medicines with the potential for abuse or misuse
  - medicines which need to be stored in a refrigerator
  - skin creams and other topical preparations
  - oral nutritional supplements and thickeners
  - appliances and devices, including sharps

# Storing medication – Home/Social Care Provider

## **Self-administered medicines storage**

- Some people will be administering medicines themselves.
- These medicines should be stored as identified in the person's risk assessment e.g. in a lockable cupboard or drawer in their room.
- If an individual is self-administering controlled drugs, the risk assessment should consider where the controlled drugs will be stored.
- People who self administer should be able to access any medicines that they need, when they need to take or use them. The care home provider must make sure that other people do not have access to these medicines.

**ANY QUESTIONS?**



# Administering Medication – Care Homes and Home Care

- Remember the 6 R's of administration:
  1. right resident
  2. right medicine
  3. right route
  4. right dose
  5. right time
  6. Patient/resident's right to refuse

# Administering Medication – Care Homes and Home Care

- Carers administering medication should:
  - **make a record of the administration** as soon as possible
  - Know **what to do if the resident is having a meal**
  - Know what to **do if the resident is asleep**
  - Know how to administer **specific medicines such as patches, creams, inhalers, eye drops and liquids**
  - Be using the **correct equipment depending on the formulation** (for example, using oral syringes for small doses of liquid medicines)
  - Know how to **record and report administration errors and reactions to medicines**
  - Know how to **record and report a resident's refusal to take a medicine(s)**
  - Know how to **manage medicines that are prescribed 'when required'**
  - Know how to **manage medicines when the resident is away from the care home for a short time** (for example, visiting relatives)
  - Be able to **provide basic monitoring and evaluating the effects of medicines, including reactions to medicines.**

# Administering Medication – Care Homes and Home Care

## When Required medication

- Care home providers should ensure that a process for administering 'when required' medicines is included in the care home medicines policy.
- The following information should be included:
  - the **reasons for giving the 'when required' medicine**
  - how much to give if a variable dose has been prescribed
  - what the medicine is expected to do
  - the minimum **time between doses if the first dose has not worked**
  - **offering the medicine when needed and not just during 'medication rounds'**
  - when to **check with the prescriber any confusion about which medicines or doses are to be given**
  - recording '**when required' medicines in the resident's care plan.**

# Administering Medication – Care Homes and Home Care

- Medicines administration records (MARs)
  - It is essential every patient that you administer medication to has a MAR
- NICE recommends that medicines records should include:
  - the name of the person and their date of birth
  - the name, formulation and strength of the medicine(s)
  - how often or the time the medicine should be taken
  - how the medicine is taken or used (route of administration)
  - the name of the person's GP practice
  - any stop or review date
  - any additional information, such as specific instructions for giving a medicine. For example, medicines to be taken with food (such as ibuprofen) or without food (such as some antibiotics).
- **Poor record keeping can put people receiving medicines support and care workers at risk.**
- Find out more about medicines administration records in adult social care <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-administration-records-adult-social-care>

# Administering medicines - Home Care

- Leaving out doses
  - You must **only leave out doses for a person to take later it has been agreed this with them the risk assessed and is recorded in the care plan.**
  - An appropriate record should be made each time on a **medication administration record (MAR) chart.**
  - Consider how to safely do this!
  - Check with the pharmacist as to whether there are any specific considerations for the medicines involved



# Administering medicines - Home Care

- Home care services must also have clear processes for recording:
  - any changes to a person's medicines
  - any medicines-related problems.
- This helps to check the support provided for each medicine even if it was several months before. Find out more about medicines reconciliation (how to check you have the right medicines). <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-reconciliation-how-check-you-have-right-medicines>
- If the medicine changes mid-cycle:
  - make a new entry to make it clear when the dose changed.
- How to make handwritten records and changes should be covered in the medicines policy.
- Only make handwritten changes if you are competent to do so.
- Find out more about training and competency for medicines optimisation in adult social care. <https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers>

# Disposing of medication – Care Homes and Home Care

- All care settings should have a written policy for the safe disposal of surplus, unwanted or expired medicines.

## **QUESTION** - When might you dispose of medication?:

- **a person's treatment changes or stops**  
Safely dispose of remaining supplies (with the person's consent).
- **a person transfers to another care service**  
The person should take all of their medicines with them, unless they agree to dispose of any they no longer need.
- **a person dies**  
You should keep the person's medicines until any investigations are completed.
- **the medicine reaches its expiry date**  
Make sure you read about expiry dates in the product information leaflet. Some medicines expire before their 'use by' dates because you've opened the packaging. Other expiry dates are shortened if they're removed from controlled temperature storage.

# Disposing of medication – Care Homes and Home Care

**QUESTION** - Can all medication be returned to a pharmacy?

- **Care homes without nursing:** dispose of medicines by returning them to the supplier. This would usually a community pharmacy or dispensing doctor.
- **Nursing homes:** must only return medicines to a licensed waste disposal company. This might include community pharmacies.
  - Nursing home waste falls outside of the pharmacy essential service for disposal of medication.
- **Home Care** – Discuss with the patient/Usually back to the community pharmacy.
- Not all pharmacies have access to sharps disposal

# Disposing of medicines – Home Care

- Agree with the person how they will dispose of medicines.
  - Record this in the care plan.
  - The person should usually return unused or unwanted medicines to a community pharmacy.
  - If they are unable to do this, the care plan should state how the home care worker will dispose of the medicines.
- Your process should include what you will record when disposing of medicines. You should include:
  - The date of disposal
  - Name and quantity of medication
  - Who took them to which pharmacy.
- You also need processes for disposing of medicines which need special considerations. This includes controlled drugs and sharps.

# Disposing of medicines – Care Homes and Home Care

- What not to do:
  - **burn old tablets**
    - You are strongly advised against burning any medication. It is not only unsafe in terms of the fire; the fumes could also be harmful.
  - **donate unused medicines**
    - Medication that has been prescribed to an individual cannot be used by anyone else. Donating medicines is a controversial topic and should be avoided by carers.
  - **Flush medicines down the toilet**
    - It's best to avoid doing this as the medicine can end up in the environment or our water supplies, contaminating drinking water as well as animals in nature.
- As a general rule of thumb, if you are ever unsure about what to do with your unused medication speak to the client/resident's doctor or pharmacist about your concerns.

# Summary – Home Care

When social care providers have responsibilities for medicines support, they should have a documented medicines policy based on current legislation and best available evidence. The content of this policy will depend on the responsibilities of the social care provider.

This will include:

- **assessing a person's medicines support** needs
- supporting people to take their medicines, including '**when required**', **time-sensitive and over-the-counter medicines**
- **joint working with other health and social care providers**
- sharing **information about a person's medicines**
- ensuring that **records are accurate and up to date**
- managing **concerns about medicines, including medicines-related safeguarding incidents**
- giving medicines to people without their knowledge (covert administration)
- **ordering and supplying medicines**
- **transporting, storing and disposing of medicines**
- **medicines-related staff training** and assessment of competency.

**Thanks for Listening**  
**ANY QUESTIONS?**



# Resources

- CQC
  - <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-information-adult-social-care-services#carehome>
  - <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-administration-records-adult-social-care>
  - <https://www.cqc.org.uk/guidance-providers/adult-social-care/medicines-reconciliation-how-check-you-have-right-medicines>
  - <https://www.cqc.org.uk/guidance-providers/adult-social-care/managing-medicines-home-care-providers>
- NICE
  - Care homes <https://www.nice.org.uk/guidance/sc1>
  - Social care <https://www.nice.org.uk/guidance/ng67>
  - Covert medication <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/giving-medicines-covertly>
  - Discharge <https://www.nice.org.uk/about/nice-communities/social-care/quick-guides/moving-between-hospital-and-home-including-care-homes>
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- NHSE
  - <https://www.england.nhs.uk/ourwork/clinical-policy/ordering-medication-using-proxy-access/>
- electronic Medicines Compendium (eMC)
  - Patient information leaflets for medicines <https://www.medicines.org.uk/emc/>