

Good Practice Guidance:

The administration of medicines in domiciliary care



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Purpose of this document

1. This document gives a guide to good practice in how medication should be administered in domiciliary care. It covers:
 - the fundamental standards and CQC guidance
 - the different levels of care that workers might give
 - the difference between assisting someone with medicines and administering medicines to them
 - the different rules for adults and children
 - what sort of training the workers should have
 - what sort of policies and procedures the agency should have

This guidance relates to registered domiciliary care agencies only. It does not apply to domiciliary care purchased from an unregistered source by individuals using direct payments.

Fundamental standards and CQC guidance

2. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 detail the fundamental standards which service providers must meet.
3. The fundamental standard "Safe Care and Treatment" (Regulation 12) includes the requirement that providers must ensure '*the proper and safe management of medicines.*' However, all the standards must be applied to all aspects of care including the administration of medication.
4. Further information on how to meet the fundamental standards can be found in the CQC document *Guidance for providers on meeting the regulations*.

What is the difference between assisting someone to take their medicines and administering medicines to them?

5. The following descriptions define what assisting with medicines means and what administering medicines means:
 - When a care worker assists someone with their medicine, the person must indicate to the care worker what actions they are to take on each occasion.
 - If the person is not able to do this or if the care worker gives any medicines without being requested (by the person) to do so, this activity must be interpreted as administering medicine.

General rules for adult service users

6. Adults supported in their own homes by a domiciliary care agency will normally be responsible for their own medicines, both prescribed and non-prescribed. Some are able to fully administer their own medicines; others will require varying levels of support. In some cases, the level of support for medication will be substantial.
7. Care workers may administer prescribed medication (including controlled drugs) to another person with their consent, so long as this is in accordance with the prescriber's directions. This is called 'administering medication'. However, when medication is given by invasive techniques, care workers will need additional specialist training (see paragraphs 24-25).
8. In every service where care workers give medicines they must have a MAR chart to refer to. The MAR chart must detail:
 - Which medicines are prescribed for the person
 - When they must be given
 - What the dose is
 - Any special information, such as giving the medicine with food
9. Care workers should not offer advice to a people about over-the-counter medication or complementary treatments.
10. The agency is responsible for agreeing the level of support required and ensuring that the appropriate record keeping and training needs are met. The person's plan will require review as needs change.
11. Where multiple agencies are contracted to provide services, there needs to be agreement about which agency holds the responsibility for support with medication.

General Support also called Assisting with Medicine

12. General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments. In these circumstances the care worker will always be working under the direction of the person receiving the care.

The support given may include some or all of the following:

- requesting repeat prescriptions from the GP
 - collecting medicines from the community pharmacy/dispensing GP surgery
 - disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
 - an occasional reminder or prompt from the care worker to an adult to take their medicines. (A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should prompt review of the person's plan)
 - manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request of the person and when the care worker has not been required to select the medication.
13. General support needs should be identified at the care assessment stage and recorded in the person's plan. Ongoing records will also be required in the continuation notes when care needs are reviewed

This guidance is based on documents that were previously issued by CQC (now withdrawn). Where necessary they have been updated in line with changes to the Regulations and the latest available guidance. Providers should use this advice in conjunction with and 'The Handling of Medicines in Social Care' (RPSGB 2007) and the latest CQC guidance.

14. Adults can retain independence by using compliance aids. These should be considered if packs and bottles are difficult to open or if the person has difficulty remembering whether he or she has taken medicines.
15. The compliance aid will normally be filled and labelled by the community pharmacist or dispensing GP. The person may qualify for a free service from a community pharmacist under the Equality Act 2010.

Administering Medication

16. The assessment by the agency may identify that the person is unable to take responsibility for their medicines. This may be due to impaired cognitive awareness but can also result from a physical disability.
17. The need for medication to be administered by agency staff should be identified at the care assessment stage and recorded in the person's plan. In all cases the person's care plan must detail the level of support required to be given and how this is to be achieved. Daily records need to be kept to evidence delivery of that level of care. Ongoing records will also be required in the continuation notes.
18. The person must agree to have the care worker administer medication and consent should be documented in the person's plan. If an adult is unable to communicate informed consent medication should only be administered following a best interests decision within the guidelines of the Mental Capacity Act and the prescriber should indicate formally that the treatment is in the best interest of the individual.
19. Administration of medication may include some or all of the following:
 - When the care worker selects and prepares medicines for immediate administration, including selection from a monitored dosage system or compliance aid
 - When the care worker selects and measures a dose of liquid medication for the person to take
 - When the care worker applies a medicated cream/ointment; applies patches, inserts drops to ear, nose or eye; and administers inhaled medication
 - When the care worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence
20. The agency should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. The agency's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so.
21. **Domiciliary care workers should only administer medication from the original container, dispensed and labelled by a pharmacist or dispensing GP. This includes monitored dosage systems.**
22. People discharged from hospital may have medication that differs from those retained in the home prior to admission. The agency should provide additional support to care workers when this occurs.
23. There must be clear records of what medication is due at each visit and these must be identifiable from labelled containers. Records must be kept of medicines given including the dose. The record must be dated and signed. Care workers must also document if any medication has been left out for the person to take themselves but they can't record its actual administration because they didn't do it or witness it being taken.

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Administering medication by specialised techniques.

24. In exceptional circumstances and following an assessment by a healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:
- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
 - Insulin by injection
 - Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- If the task is to be delegated to the domiciliary care worker, the healthcare professional must train the care worker and be satisfied they are competent to carry out the task.
25. The agency's procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

Child service user

26. When children are supported by a care agency, parents or guardians will normally assume responsibility for the child's medication.
27. The domiciliary care worker may provide 'general support' to the parent or guardian as outlined for adult service users. This may occur as a result of a request from the parent or guardian but also includes situations when the care worker reminds or prompts the parent or guardian to give medication to a child.
28. In some rare cases the parent or guardian cannot administer medication to the child and the assessment should identify that a care worker takes responsibility for this task. The young person must agree to have the medication and this consent should be documented in the service user plan. Children can give consent themselves providing they are Gillick competent or the parent or guardian can consent if they are not. (Reference: British Medical Association 'Consent, rights and choice in healthcare for children and young people').
29. In all other aspects, the advice set out for adult service users also applies to children.

Training for care workers in domiciliary care

30. Training requirements for domiciliary care staff must be at least to the same standard as for care workers in a care home because people in a domiciliary care setting are more vulnerable than those in a care home.
31. When a person's needs mean the care worker must administer medicines, training in safe handling of medicines is important. The domiciliary care agency should provide a training package that will meet both the needs of care workers and service users.

The essential elements of this training should be:

- How to prepare the correct dose of medication for ingestion or application
- How to administer medication that is not given by invasive techniques, including tablets, capsules and liquid medicines given by mouth; ear, eye and nasal drops; patches; inhalers; and external applications
- The responsibility of the care worker to ensure that medicines are only administered to the person for whom they were prescribed, given in the right (prescribed) dose, at the right time by the right method/route

- Checking that the medication 'use by' date has not expired
 - Checking that the person has not already been given the medication by anyone else, including a relative or care worker from another agency
 - Recognising and reporting possible side effects
 - Reporting refusals and medication errors
 - How a care worker should administer medicines prescribed 'as required', for example, pain killers, laxatives
 - What care workers should do when people request non-prescribed medicines
 - Understanding the service provider's policy for record keeping
32. The agency is responsible for ensuring that the trainer is appropriate, is knowledgeable in the subject and has relevant, current experience of handling medicines.
33. The agency must establish a formal means to assess whether the care worker is sufficiently competent in medication administration before being assigned the task.
34. Care providers may be assisted to identify suitable training organisations by the regional office of Skills for Care. Support may also be available from the local Social Services Authority and/or Clinical Commissioning Group (CCG) and national organisations such as UKHCA.

Policy and Procedures

35. The domiciliary care agency must have a clear, comprehensive written medication policy and procedure to support the care worker that includes:
- When the care worker may assist a service user with medication or administer medication
 - The limitations of assistance with prescribed and non-prescribed medication and which healthcare tasks the care worker may not undertake without specialist training
 - Detailed procedures for safe handling of medication, including requesting repeat prescriptions; collecting prescriptions and dispensed medication; procedure for administration, including action should the person refuse the medication; records of medication procurement, administration and disposal (return); procedure for removal of unwanted medication; procedure to deal with a medication error
36. The domiciliary care agency, through the person's assessment, should determine and document the following in the person's plan:
- The nature and extent of help that the person needs
 - A current list of prescribed medicines for the person, including the dose and frequency of administration; method of assistance; and arrangements about the filling of compliance aids if these are used
 - Details of arrangements for medication storage in the person's home and access by the person, relatives or friends
 - A statement of the person's consent to care worker support with medication or relevant consent to administer medication to children