

London Borough of Southwark

Additional Adults

Care at Home Tender

Service Specification

Medication Schedule

Appendix 4



CONTENTS:

A. GENERAL PRINCIPLES FOR SAFE PRACTICES INVOLVING CARE AT HOME PROVIDERS

B. MEDICINE MATTERS GUIDE TO BE GIVEN TO ALL CARE AT HOME WORKERS BY THEIR EMPLOYER

C. GLOSSARY OF TERMS

A. PRINCIPLES FOR SAFE PRACTICE IN GENERAL CARE AT HOME AND CHILDREN SERVICES

This document sets out Southwark's principles for administering medication to service users/patients who receive care in their own homes from registered third sector home care providers (Care at Home), who have been directly contracted by the Local Authority and in some cases by the Clinical Commissioning Group (CCG) It relates to the following contracts:

- General Care at Home contracts
- Children and Young People Care at Home contracts

Providers are required to hold the appropriate registration status with the Care Quality Commission (CQC) as well as a Medication Policy that is compliant with the requirements set out in this schedule. The Royal Pharmaceutical Society has issued guidance about Medicine Management within non NHS social care settings: <http://www.rpharms.com/support-pdfs/handling-medicines-socialcare-guidance.pdf>

This schedule does not replace CQC regulatory responsibilities or safeguarding procedures. It will be reviewed regularly with partners from both Local Care Networks (LCNs) to improve service delivery and service user/patient safety and medication adherence. It should be read in conjunction with the Workforce Schedule Clinical responsibility for all medication-related issues (e.g. medication choice, dose, route, formulation and frequency) remains with the responsible health professionals e.g. GP, community matron, district nurse.

The schedule does not apply to:

- Registered care homes(with or without nursing)
- Agencies providing CQC regulated care at home that are not directly contracted by the Local Authority or CCG (ie home care paid for privately by patients who either do not qualify or wish to take up council funded care)
- Rehab Support Workers or similar workforce employed directly by the NHS providing care at home to patients/ service users
- Reablement Support Workers employed by third sector CQC registered home care agencies through specific Reablement or similar intermediate care contract(s) (who may be undertaking medication management as part of a short term specialist rehabilitative plan in the aim of supporting the service user/patient to achieve a self medicating goal Medicines bought over the counter or herbal supplements bought by the service user/patient relatives or friends.

Although the CQC does not differentiate different levels of medicine management this schedule identifies three levels of medicine support In some instances the individual service user/patient may have some of their medicines administered by other services, for example diabetic service users may have insulin injections administered by community nurses; so it is important to note that care at home providers are only expected to comply with the requirements of the level of support that they have explicitly been commissioned to provide:

The three levels are set out below :

Level 1 General support and assistance as the service user can self- medicate – but they may require reminding or practical help to take their medication. The authority for the care worker to provide this assistance is the instructions written by the assessor in the support plan. Therefore the care worker MUST ONLY undertake the tasks stated in the support plan; health care professionals who make changes to medication regimes for people having their medications administered by paid care workers, must ensure that they inform the social worker at the earliest opportunity to ensure that appropriate changes may be made in the persons support plan. The types of tasks that staff would be carrying out in these circumstances include:

- Help with ordering prescriptions
- Occasionally reminding or prompting the service user/patient to take their medicines. Any

indication of confusion or lack of clarity by the individual over the medicines or dosage may be taken to indicate that the person requires a higher level of support. In such cases where the service user/patient requires persistent reminding or prompting this may be an indication that they do not have the ability to take responsibility for their own medicines. In such cases the care at home worker should inform their line manager who in turn will trigger a review of the support provided and whether there is the need for a higher level of support.

- Practical assistance with preparing the medication, e.g. fetching the service user /patient a glass of water, shaking the bottle, removing the lid for someone with bad arthritis; but this help does not actually include administering the medication.

Training Required: it is expected that providers will ensure that all staff that who have completed the basic Care Certificate will be considered competent to undertake these duties. This training and assessment of competency is the responsibility of the Care at Home provider.

Level 2 Administration The service user/patient cannot self-medicate. Cares at Home workers are responsible for administering medication.

Where a service user/patient cannot self medicate, care at home staff will still be required to carry out actions under level one, but in addition support the administration of the medication. In such circumstances, staff will be required to undertake all tasks set out in level one, and in addition demonstrate competencies and be trained in the following range and types of duties:

- Ability to read and follow dosage instructions set out on the medicine containers. Staff are expected to administer medication from original packs and **not** from monitored dosage systems e.g. dosette boxes and blister packs.
- Removing the medicine from the dispensed container and giving to the service user/patient e.g. measuring a medicine dose for the service user/patient to swallow, or applying a cream or ointment to the skin
- Sign what medication is taken as required on the Medication Administration (MAR) chart or on the daily record sheet/log in the service user/ patient file retained in their home (where a MAR chart has not been provided or where guidance in relation to new medication contradicts that set out on an existing MAR chart)
- Medication includes tablets, capsules, liquids, inhalers, ointments, creams patches and eye/ear/Nose drops. This includes medicines that are controlled drugs (e.g. MST tablets, fentanyl patches)

Where there is any doubt about the medication that has been prescribed and where there appears a contradiction (particularly where there patient/service users has recently been discharged from hospital) between new medication recently prescribed and what the patient /service user had previously been taking (as set out on their pre existing MAR chart) the Line Manager should seek advice from the GP of the patient /service user.

In such cases, where newly prescribed medication has been prescribed any pre existing MAR chart that has been drawn up by community pharmacy should not be amended by a Care at Home provider. Staff employed by the Care at Home provider should update the daily log/record sheet in line with their own Medication Policy until such time as a new or revised MAR chart has been completed by a Community Pharmacist.

Training required: Staff will require additional training from their employer above that which has been provided to them through the Care Certificate. The employer is liable for ensuring that staff undertaking the tasks have the appropriate skills and competencies necessary to carry out the required level of administration This training and the assessment of capability is the responsibility of the Care at Home Provider. The prescriber will need to be satisfied in circumstances where support for a patient/service user with eligible social care needs is required, the support and tasks required are commensurate with level as 2 outlined in this Schedule.

Level 3 – Relates to patients/service users whose medication is more complex and where the care is funded by the specialised techniques. This applies primarily to children and young people but could also relate to adults receiving continuing care services funded by the NHS. The task is “delegated” by the healthcare professional to the Care at Home worker, and requires the care worker to have received additional training over and above the requirement for level 1 & 2 support, including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Injections

Training required: If the task is to be delegated to the Care at Home staff, the healthcare professional must be satisfied that individual member of staff is sufficiently trained and competent to carry out the task required. The agency’s procedures must state that care at home staff can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so. The healthcare professional remains accountable for assessing and maintaining the competence of staff

B. RESPONSIBILITIES OF ALL PARTIES

1. LOCAL AUTHORITY RESPONSIBILITIES

It is the responsibility of the Commissioners:

- To assess the suitability of the medication policy for each provider commissioned through the Care at Home procurement process.
- Undertake on-going periodic quality assurance checks as part of contract compliance/quality assurance controls.

It is the responsibility of Social Workers and other responsible officers (ie Occupational Therapists) to:

- Liaise as required with NHS prescribers (or other relevant healthcare professional such as district nurse, therapist or pharmacist) when assessing the patient/service user line with the statutory duties as set out in the Care Act 2014
- Liaise with the prescriber (as appropriate) where there may be concerns relating to mental capacity of the patient/service user

2 PROVIDER RESPONSIBILITIES

Providers must:

- Have a comprehensive medication policy and procedures that are compliant with CQC registration and the objectives of this schedule. These should set out clearly to staff:
 - Their role in giving medication. Staff may only undertake medication tasks for which they are competent and suitably trained; that fall within the providers own procedures.
 - Define who is responsible and how training is delivered and competency is assessed for their staff.
- Ensure that where a patients/service users’ identifies that medicine is administered by a member of staff, a written record is made on the MAR chart provided by community pharmacy.
- To similarly note if the service user/patient refused or in any other way did not take the medication as prescribed
- Where there is either no MAR chart, or where the MAR chart does not set out the details of new medication prescribed (say after a hospital admission) staff should update the daily log / case notes in accordance with their companies Medication Policy; and request community pharmacy to produce an updated MAR chart.
- Liaise immediately with the prescriber and /or social worker as appropriate when there are

concerns in relation to medication administration/compliance of a particular service user/patient. (for example the patient/service user appears to have serious or unexpected side effects, is very unwell, or where the instructions on the label are unclear/contradictory)

- Provide appropriate training for both front line Care at Home or for those staff in more senior positions who are responsible for medication reconciliation in a service users' home and liaising with prescribers, GPs or other responsible health or local authority social care professionals.
- Ensure that Medicine Matters Guide (Embedded in section 2 this schedule) is given to all staff operating in Southwark deployed in General and Children and Young people Care at Home services.
- Maintain a log centrally of incidents that do not require immediate action, but over time could build up a picture of a particularly vulnerable service user/patients' medication adherence. (For example, staff report that a patient/service user regularly appears very reluctant to take their medication)
- There may be times when staff will be asked to covertly administer medication with food or drink for example. As a result the person is unknowingly taking medication which they have previously refused when offered. It is important that the Provider's due process is followed and the Prescriber or is consulted before covert administration is requested and commences. Where medication is given to a person who is unable to consent then the medication itself or the means by which it is given may constitute a restriction on the person. Everyone has the right to refuse to take their medication and therefore covert administration may amount to a deprivation of their liberty, dependent on the medication being covertly administered. Staff administering medication covertly must ensure that approval for this approach is clearly documented in the service user's care plan.
- Employers must provide indemnity cover for this activity.

Important Note:

There will be times where a service user/patient has been prescribed new medication (particularly after discharge from hospital) and the MAR chart already in use in their home has not been updated. In these circumstances the provider should ensure that there is a suitably qualified and competent person to follow the instructions on the label of the most recently prescribed medication; seeking advice from the patients/service users' GP as required in relation to any issues concerning the reconciliation of new and old medication. In such circumstances, records should be recorded on the daily record sheet/ case notes until such time as a new MAR chart is provided by community pharmacy. Care at Home staff should not attempt to amend an existing MAR chart, and in such cases the provider should liaise with community pharmacy to obtain a revised MAR chart.

3. PRESCRIBER AND ON-GOING NHS RESPONSIBILITIES

The NHS will arrange services for the production of MAR charts for use by providers. This service will be available to all agencies working in Southwark.

Prescribers will answer queries and respond to concerns raised by the provider about medicines.

4. REVIEW OF THE SCHEDULE

As the Local Health and Social Care evolves with the development of Local Care Networks and the continuing integration between NHS and Local Authority services extends further, it is likely that this schedule may wish to be reviewed in the spirit of partnership and with the full agreement of the Care at Home providers.

GLOSSARY OF TERMINOLOGY

| Term | Definition |
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| Blister Pack | Compliance aid provided to patients/service users who are totally responsible for their own medication compliance, and require no support To do so from a care at home service. |
| Care at Home | CQC registered home care provider directly commissioned by Southwark Council or Southwark Clinical Commissioning Group (CCG) |
| Care at Home Worker | Staff employed by contracted home care providers who deliver the care on the ground to service users/patients. |
| Care certificate | Mandatory basic induction certificate required for all care workers once starting a Profession in home care. CQC Requirement. |
| Daily record sheet/log | This is the shared log of activities and care provided for a service user/patient at each visit by a Care at Home worker, health professional, therapist etc. |
| Children and young people Care at Home | This relates to the two specialist children and young people care at home contracts |
| Commissioning | Staff employed by either the council or CCG who are responsible for Planning, contracting and monitoring care at home service |
| Community Pharmacist | Pharmacists working in the community (in non acute hospital) settings commissioned by the Clinical Commissioning Group. |
| Covert Administration | Covert administration is the administration of any medication in a disguised form, usually in food or drink. |
| Dosette box | For service users/patients who administer their own medicines without the Need for support. This is a device for or tablets / capsules. This would be multi-compartment device that sets out All the doses of medicine to be taken at a particular time of day. |
| File / Service user/patient | The service user/patient file (also known as care plan) is retained in the patient/service users' home, which is sets out the care and outcomes required for The individual service user/patient and is shared by multi agencies (Notably NHS and Care at Home providers) |
| General Care at Home | This relates to the contracted service provided to adults' living in their own home |
| Line Manager | The person with line management responsibility for the Care at Home Worker or the responsible person in the organization, overseeing medication Administration on a daily basis. This could be senior care workers, specific staff employed by the agency to under take medication compliance duties, the registered manager or any other such suitably qualified and competent employee of the Care at Home provider. |
| Local Care Network | Partnership of the Local Health and Social Care providers in Southwark. There is a north and south LCN |
| MAR Chart | Medication Administration Record |
| Patient/service user | The Southwark resident who is taking the medication and receiving the care at home service |
| Provider | Care at home provider commissioned through a care at home contract, with the appropriate registration obtained from the Care Quality Commission. |
| Prescriber | NHS or other health care professional who is responsible for prescribing the medication. They could be a GP, Community pharmacist, District Nurse, hospital Dr/ Pharmacist. |
| Reminding | This involves verbally asking or encouraging the service user/patient with to |

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| | take the medication take the medication. It can include unscrewing a lid, shaking a bottle or fetching water. But it does not include the member of staff taking medicine out of bottles, placing on saucers, advising the patient/service user how or what to take etc. |
| Service user/patient | The Southwark resident who is taking the medication and receiving the care at home service |
| Social Care professionals | A group of professionals that not only includes Social Workers, but also Occupational Therapists or other Local Authority employed therapy staff, and potentially moving forward Day centre managers, Supported Living Managers etc. |
| Social Worker | Individual Social Work or Teams employed by Southwark Council that assess the needs of a service user and purchase a care package to meet those needs |
| Staff | The employee of the Care at Home provider, who is responsible for Delivering the care in the field to the service user/patient. |
| Work force schedule | Schedule to the Care at Home Service Specification which sets out the Expectations for a well trained and motivated Care at Home work force. |

Document Control Summary:

Ratification History:

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CCG Medicine Management Board November 2016
