

Care About Medicine

Providing Domiciliary Care Staff with information, support & guidance on managing medicines safely & effectively

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Maintaining Independence - Self-administration

Is someone you care for struggling to remember to take their medicines or having difficulty getting their medicines out of the packet but still wanting to take their medicines independently?

If so, there are many aids and possible solutions to these problems that can help service users stay independent with their medications for as long as possible. We have produced an information sheet on what support is out there. This can be accessed [here](#). Further information and advice can also be obtained by speaking to your local pharmacy.

Struggling to open containers/use medicines		
Large Containers		These have a larger lid to help with grip when opening containers.
Easy opening bottle tops		Non child resistant tops can be easier to open for those having difficulty opening containers.
Winged Caps		Non child resistant tops with a wing attachment that is easier to open.
A Pill Press		A device that helps medicines to be pushed out of blister packs (the wrong end of a teaspoon can also be used to do this).
A Pill Punch		A device that helps medicines to be pushed out of blister packs.
Eye drop dispensers		To help apply eye drops. Various options. Usually need to buy.
Inhaler aids		Aids to help you grip, trigger or twist an inhaler device.
Medication tube squeezers		Helps to squeeze content out of tubes and also reduces waste.

Reminder

Variable Dose Medication

When a service user is on a medication with a variable dose (i.e. Take one or two) it is important that the care worker records on the MAR the actual quantity administered to the service user i.e. 1 or 2. This is important as the prescriber may need to know what dose the service user has been having when reviewing their medicines.

Disposal of Medication

All medication prescribed for the service user is their property and must never be removed by a care worker from the service user's home without written consent.

Medication no longer required or expired should be returned to a community pharmacist. This should, wherever possible, remain the responsibility of the service user and/or their family. It may be necessary for a care worker to dispose of a service user's medication if they are unable to undertake this task.

The care worker must obtain written consent from the service user and sought approval from their line manager prior to returning medication.

Details of the medication returned should be recorded and where possible signed by the pharmacist upon receipt. This record should be kept with the care plan. It is best practice that the care worker records details of medication returned on the MAR chart.

Consent to return unwanted or discontinued medication to the pharmacy/dispensing GP surgery	
I (name of person) agree that the following medicines can be removed from my home and returned to a local pharmacy/GP dispensing practice for safe disposal by (Name of care staff)	
Name, strength and form of medicine	Quantity
Signed Date	
Care worker Date	
Manager Date	
FOR PHARMACY/DISPENSING GP USE ONLY	
I confirm that the above medicines have been returned to * for safe disposal.	
Signed	
Date	
* Name and address of pharmacy/dispensing GP surgery	

Competency Assessments

It is important that when you sign off a care worker as competent to undertake the administration of medicines you are confident that they will be able to administer all aspects of administration i.e. tablets, liquids, eye drops, creams etc.

Wherever possible as many areas of the competency should be demonstrated by the care worker and observed by the assessor. However, it is recognised that not all situations/scenarios will be possible during each observation. Where this is the case it is recommended that the assessor either simulate the task to be observed or have a detailed discussion to evidence the worker's competency. This should also be documented on the competency assessment paperwork.

<i>Please tick the items you have witnessed being administered and provide information on any detailed discussions or simulations had to address those not witnessed in the 'any other information' box below</i>					
Medicine form	✓	Medicine form	✓	Medicine form	✓
Tablets/capsules		Liquids		Sachets/powders	
Inhaler devices		Eye drops		Eye ointment	
Ear drops		Nose drops		Nasal sprays	
Creams/ointments		Transdermal patches			

Free Medicines Training - Managing medicines for adults receiving social care in the community



This accredited course is in 2 parts. Course 1 focusses on medicine related processes which needs to be considered in relation to medicines use and course 2 covers the practical issues relating to administration.

What is covered?

- NICE guideline 67
- Person centred medicines assessment
- Sharing information and record keeping
- Managing concerns, incidents and safeguarding's
- Ordering and supplying medicines
- Transporting, storing and disposing of medicines
- Covert administration
- Supporting people to take their medicines
- Administration of solid oral dose forms, liquid medicines, inhalers, eyedrops, transdermal patches and topical products

How to access the course

- If you do not already have an account, register on the PrescQIPP e-learning platform. Please select the correct local organisation when registering as this will ensure you're provided with the correct access.
- Log into the PrescQIPP e-learning platform.
- Find the course and select 'Access course'.

<https://www.prescqipp.info/learning/prescqipp-e-learning/>

Don't forget we are here to help. If you need any support or guidance on the management of medicines within your service please get in touch (details below).

Our '**medication guidance for home based care & support providers**' is also available [here](#).



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Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication