04.02.2008 (revised April 2008) Factsheet no. 23

Care Services Improvement Partnership CSIP

Housing LIN

Medication in Extra Care Housing

This factsheet is aimed at practitioners, commissioners, care services managers and housing managers in extra care housing, an environment not specifically referred to in any guidance on the handling of medicines.

Prepared for the Housing Learning & Improvement Network by
Opus Pharmacy Services

Medication in Extra Care Housing

Contents **Page**

Medication in Extra Care Housing

1. INTRODUCTION

The handling of medicines in Extra Care Housing (ECH) can be difficult to manage because of a lack of guidance relating specifically to this particular environment. Care homes are completely different from extra care housing. A comparable model of care is a domiciliary care agency.

If personal care is provided within an ECH scheme, this must be provided by a registered provider, hence the Care Standards Act 2000, National Minimum Standards for Domiciliary Care and the Commission for Social Care Inspection (CSCI) published guidance are all relevant. Any support with medication should incorporate the principles of safe practice set out in the guidance published by the Royal Pharmaceutical Society of Great Britain 'The Handling of Medicines in Social Care'.

It should be noted that the administration of medication alone does not constitute personal care.

The registered provider can be the same or different to the organisation managing the scheme and providing housing and/or support services. The personal care service can be achieved by in-house provision if the ECH scheme is registered or by a contracted service from a registered domiciliary care service.

Care homes follow the National Minimum Standards for care homes for older people or care homes for adults 18-65 as appropriate. In a care home, although independence is promoted, many residents will have their medication administered by care staff either by choice or due to physical or mental frailty. In an ECH environment, in general, most people[1] would be expected to manage their own medication and support may or may not be required.

The nature of the support required may well be similar to that undertaken by a domiciliary care agency. People may require prompting to take their medication, on the odd occasion they may require support / care workers to order or collect their prescription. Occasionally it may be necessary for support / care workers to arrange suitable safe storage for the medication if there is an excess of medication prescribed and / or accessibility by the person[2] is inappropriate.

People may sometimes require administration of their medication, which is fundamentally different from assistance (usually referred to as "prompting"). In this situation, the support / care worker is responsible for selecting the

[1] 'people' often refers throughout this text to service users, i.e. customers, residents or tenants.
[2] 'person' refers throughout this text to a service user, i.e. a customer, resident or tenant.

medication and giving it to the correct person (using the “5 rights” principle – right medicine, right person, right dose, right time, right route) and then recording the action with the name of the medication, form, strength, dose, date, time and signature of the support / care worker responsible. Appropriate training is essential if a support / care worker administers medication.

The handling of medication in ECH relies very heavily on the assessment of risk. See Appendix 1 for a sample risk assessment.

The registered provider should ensure their insurance covers the handling of medicines.

2. GUIDANCE and BEST PRACTICE RECOMMENDATIONS

Guidance for best practice with regard to medicines management in ECH can be sought from the publication “The Handling of Medicines in Social Care” [1] which has been published by the Royal Pharmaceutical Society of Great Britain (RPSGB) October 2007. Although there is no specific mention of ECH, housing support and supported living arrangements are mentioned. It recommends that for the safe handling of medicines, support / care workers should have a written policy that sets out:

- How to support people to take responsibility for their own medication
- Actions to take if a person becomes unwell and is unable to take full responsibility for their medicines
- Obtaining the person’s consent for a support / care worker to give medicines
- Which medicines the support / care worker is able to administer after appropriate training
- Record keeping that is necessary
- Provision of individual safe storage
- Treatment of minor ailments

It is essential for any medication-related task that a support / care worker is required to undertake (supporting, assisting or administration), that there are detailed written procedures in place i.e. a step-by-step guide in how the task should be undertaken.

2.1 Safe Storage

All medication should be stored in the person’s home and only in exceptional circumstances where a risk assessment has identified a risk to the person by

storing it there, should medication be stored centrally. In these circumstances it is necessary to have a system in place to monitor storage temperature, transfer of medication cupboard keys, expiry date checking etc. For medication stored in the person's home, these systems are unnecessary.

Medication should be stored in a cool, dry environment and the accessibility of the medication by the person is an area for risk assessment. For people with a mental health need or dementia, it may well not be suitable for the person to have access. If this is deemed to be the case, a lockable cupboard would be required for the safe storage of medication and for which the person did not have access. If the person is able to manage their own medication and have access, no lock is necessary on the cupboard providing the door to their residence remains locked. In the event that the person leaves their residence door open, again a risk assessment would need to be undertaken to determine how best the medication can be stored safely.

The storage of all medications e.g. tablets, creams, eye drops etc is treated as for any individual living in their own home i.e. there is no special requirement to store internal and external preparations separately or to store Controlled Drugs in a separate locked area. Controlled Drugs will be stored as for any other medication and does not require the administration by two people (as in a care home). The issue regarding abuse of medication and in particular Controlled Drugs does need to be highlighted. Part of the risk assessment process should look at the possibility of abuse of medication with regard to excess medication building up in the person's home and accessibility by the person or indeed by others (visitors, family members, other people). If this is deemed a risk, then smaller quantities of medication or alternative preparations can be requested by the person from the prescriber or alternative storage arrangements made.

Medication that requires fridge storage will be labelled as such. If a medication requires fridge storage, the person's domestic fridge would be used. In exceptional circumstances, if it was inappropriate for the person to have access, a central lockable drug fridge would need to be used and daily monitoring of fridge temperature undertaken. General advice may be found via NHS Direct [2].

2.2 Obtaining Medicines

It is not usually appropriate for a support / care worker to influence how the person chooses to obtain medicines however for people e.g. with more severe mental health needs or advancing dementia, it may be necessary for the ECH scheme to support the person by arranging delivery or collection of medication from a local pharmacy. Local pharmacies will often offer a free prescription collection and delivery service. Some offer an arrangement whereby post boxes are fitted in the communal areas, where people can post their prescriptions. The pharmacy will then collect and deliver the medication direct to the person's door. Written procedures, an audit trail and appropriate record keeping are important to ensure continuity of supply and to ensure the person receives the medication once it arrives at the ECH scheme. A lockable facility

would be required to ensure safe storage of the medication until distribution by the scheme or collection by the person.

2.3 Administration of Medicines

Although in ECH it would generally be expected that people would manage their own medication, there may well be times when the person is unable to administer their own medication.

Information regarding which medicines a support / care worker can administer (following appropriate training) would need to be stated clearly in the medication policy for ECH organisations who are prepared to administer medication. Medication should be administered from original pharmacy filled and labelled containers. Best practice recommendations can be found in the CSCI Professional Guidance "Administration of Medicines in Domiciliary Care". [3] This itemises which tasks can be carried out by support / care workers e.g. administration of tablets, patches, eye drops, creams, inhalers (Level 2 tasks) and which tasks would need to be delegated by a healthcare professional (Level 3 tasks) e.g. PEG feeds, oxygen, insulin. These level 3 tasks may only be undertaken if the ECH scheme agrees to take them on, the support / care worker is trained by the delegating healthcare professional and the healthcare professional assesses the support / care worker as competent to carry out the task. Full documentation is needed and these tasks are support / care worker and person-specific. Injections (with the exception of insulin) will always be undertaken by a healthcare professional e.g. Community Psychiatric Nurse (CPN), District Nurse (DN) etc.

Some people will be prescribed medication "when required". In order to ensure consistent treatment if administration is undertaken by support / care workers, a "when required" protocol should be developed stating what the medication is for, how many tablets to give if a variable dose is prescribed (e.g. 1 or 2 when required), how often the dose can be repeated and the maximum in 24 hours.

In very exceptional circumstances only, covert administration (disguising medication in food or drink) may occasionally be necessary. This may only be undertaken within the context of the Mental Capacity Act [4] and if permitted within the ECH organisation's policy.

2.4 Monitoring and Record Keeping

General support with medicines should be recorded in the daily log and support plan. When people require administration of medication by a support / care worker then a medication administration record (MAR) sheet must be completed with full details of the name of the person, name, form and strength of medication, frequency and dosage, time and signature of the support / care worker responsible. See Appendix 2 for a sample medication administration record.

Discreet monitoring of medication use is important in reducing the potential for error or incident with medication. This must be achieved without invading the privacy of the person. Information such as medicines left out untaken, build up of medication in their home, medication dropped on the floor etc is useful in preventing harm to the person. This should be reported to the line manager along with any changes to the person's condition, which may be due to medication e.g. very drowsy, rash etc.

For people requiring additional support e.g. requiring a support / care worker to request a prescription, audit trail documentation is essential. Information such as when the prescription was requested from the GP, when the prescription was ready for collection, when the prescription was taken to the pharmacy and when the medication was delivered to the person's home can help the service ensure that people receive their medication on time.

2.5 Disposal of Medicines

It is not usually appropriate for a support / care worker to influence how a person's medicines are disposed of. However, in exceptional circumstances, additional support may be required by the ECH scheme. In this situation, a returned medication record would be needed as a record of when and what was returned to the pharmacy and by whom.

If a medication was found to be out of date, the person or their representative should be requested to return the medication to the pharmacy for its subsequent disposal. Only in exceptional circumstances would a support / care worker remove the medication for disposal and this would only be permitted if it was within the organisation's policy to do so and written permission had been obtained from the person and the line manager.

Under the Environmental Protection Act 1990 legislation [5] and subsequent regulations, the recommended means of disposal for medicines is to return them to a pharmacist.

2.6 Over-the-counter (OTC) and Homely Remedies

A person may choose whether to buy and take an over-the-counter non-prescribed medication or a complementary treatment. The difficulty arises where a person requests a support / care worker to purchase or administer an OTC preparation.

The risks are that OTC and complementary treatments e.g. herbal preparations and traditional Chinese medicines may interact with prescribed medicines. In addition, people may purchase preparations, which contain the same ingredient as in the prescribed medicines. It is recommended that people ask the pharmacist for advice on any non-prescribed medicines. Each ECH organisation should have a clear policy on which tasks support / care workers may undertake.

2.7 Side Effects and Contra-indications

Where people manage their own medication, support / care workers will not necessarily know what medications are being prescribed. Where additional support is being provided and the support / care worker administers the medication, the support / care worker should know what the medicine is intended to do e.g. help the person breathe more easily and know whether there are any special precautions e.g. giving medicine with food. It is the responsibility of the prescriber to ascertain whether there are any contra-indications. The pharmacist will provide appropriate information on the medicine label. In accordance with the Medicines Act 1968, the support / care worker can then administer the medication to a third party if it is to the person it is intended for and strictly in accordance with the directions that the prescriber has given.

Occasionally a support / care worker might administer a new medication to a person who may suffer an adverse effect. This may be due to the medication and in this circumstance a support / care worker would be expected to get medical help immediately. Generally doctors, nurses and pharmacists would report adverse drug reactions to the Medicine and Healthcare Products Regulatory Agency [6] although the system does allow for the individual themselves or a support / care worker to make the report if appropriate.

2.8 Consent and Choice

Consent is required for any medication to be administered to a person.

Where possible, the person clearly provides informed consent. If that is not possible but there is a chance that the person can give consent, then the person should be given support to be able to make an informed decision.

If it is impossible to obtain consent, key people (in line with the ECH organisation's own policy) act in the best interests of the person documenting how and why the decision was reached. Refer to Mental Capacity Act [7].

There is little published information about cultural requirements and medicines however consideration should be given to administration of gelatine capsules to vegetarians and people from particular religious groups. Some people may prefer to have their medicines administered by someone of the same gender. During religious festivals that include fasting, some people may prefer to have their medicines at certain times and Muslims may be concerned about medicines containing "unclean substances" [8].

2.9 Staff Training

For any ECH staff member involved in any way in the handling of medication, it is essential to have had appropriate training and had competency assessed. The training as a minimum should include instruction on the supply, storage and disposal of medicines, safe administration, record keeping and

confidentiality. Further information can be accessed via Skills for Care [9] who produce knowledge sets for medication. It is good practice for ECH providers to ensure that housing support and care staff receive medication training and they have medication policy writing specific to the extra care environment.

2.10 Good Practice Example

Elgin Close is an extra care unit in Hammersmith, London that is part of **Notting Hill Housing** group. Elgin Close scored an "excellent" in medication handling on their 2006 CSCI inspection. The manager put this down to a number of reasons:

1. Notting Hill Housing had a comprehensive medication policy with clear written Procedures.

2. There was good record keeping and all of the staff that administered medication had been trained and understood the difference between prompting and administering. Previously care workers had thought they were prompting when in reality they were administering.

3. The manager of the unit had appointed a medication officer to oversee any medication issues

4. Staff had received medication training as part of their induction. They also were given the medication policy to read and sign to indicate they had fully understood it.

5. Any agency staff were not allowed to administer medication until they had worked at the unit for 2 months and they were then monitored. This ensured the agency staff knew the individuals and understood their medication needs. Errors had previously been made by agency staff not being familiar with the persons' medication requirements.

6. The unit had an excellent working relationship with other healthcare professionals and regular meetings were held with the GP, pharmacist and community nurse.

7. The manger said that within the unit there was an open, blame-free culture and all staff were regularly monitored, PRN (when required) medication was regularly reviewed and the staff received feedback on an ongoing basis.

3. ADDITIONAL MEDICATION CONSIDERATIONS

3.1 Dementia

The responsibility with regard to medication handling in people with dementia will be determined by the level of support required and whether the support / care worker undertakes administration of medication. If administration is undertaken by a support / care worker, then the support / care worker administering that medication is responsible for ensuring the right medication is given appropriately. Any other medication-related tasks will be identified and a written procedure will be in place for the task to be carried out effectively. The responsibility for having a robust medication policy, written procedures, provision of training and assessment of competency rests with the care services provider.

For people with mild memory impairment or early stage dementia, support / care workers may be responsible for "prompting" medication. Best practice would dictate that the ECH scheme should have a protocol in place to monitor compliance e.g. the support / care worker reporting back any concerns with mismanagement of medication such as tablets not being taken, deterioration in the person's behaviour. However, the prime responsibility for medication rests with the person. See Appendix 3 for a sample protocol for monitoring compliance.

3.2 Telecare

Improving the way people can manage their own medicines is an area currently being addressed by telecare. There is a range of devices and systems available e.g. stand alone devices or devices connected to a call centre or prompting systems. More information can be found in the Housing LIN fact sheet No. 5 Assistive Technology in Extra Care Housing. There are a number of issues that need to be addressed to ensure a successful outcome in self-management of medication.

Schemes have been successful where there is full collaborative working between GPs, PCTs, pharmacists, social services, District Nurses, housing schemes and the person. The initial assessment of the person is crucial to the success of the scheme. Experience from Staffordshire Medicine Reminder Initiative (SMRI) has shown that the choice of individual assessing the person is very important. Initially a pharmacist carried out the assessment but the scheme developed to enable a pharmacist plus an individual from the housing scheme who knew the person, to carry out the assessment, which ensured a more successful outcome. A delegated individual was then nominated from the housing scheme to monitor.
See Appendix 4 for the Staffordshire Medicine Reminder Initiative Pharmacist Assessment Guide.

The scheme operated by SMRI involved the use of telephone prompting via a Lifeline/community alarm unit, which gives an audible and visual alert when it

is time for the person to take their medication. The person then presses a button on the unit to confirm compliance. For a verbal message prompt, a fundamental piece of information is to know how the person wishes to be addressed e.g. by first name, Mr or Mrs etc. This aids compliance. This system however is not suitable for “when required” medication.

The use of prompting systems has to date been found to be most suitable for people with mild memory impairment. Consideration also needs to be given to factors such as the person’s hearing ability (to hear the alarm) and English being their first language (for explanation and instruction). The terminology used is also important e.g. there may be confusion between the terms lunch or dinner and the person’s perception of when that might be.

Limitations of the telecare devices also include the fact that some medications are not suitable for packaging into the device e.g. “when required (PRN)” medications, effervescent or soluble medications, medicines that are sensitive to light (unless kept in their original packaging) and hygroscopic medicines (those that absorb moisture). Obviously other preparations e.g. liquids, creams, inhalers cannot be packed this way and therefore consideration needs to be given to these vital medications too. It is not appropriate for a support / care worker to fill the telecare device from the original labelled pack supplied by the pharmacy, as the risk of error with secondary dispensing is too great. Cost is also a factor for consideration.

Issues have also arisen over the labelling and filling of telecare devices. If the pharmacist fills the device, there may be insufficient space for a medicine label to be attached. The medicine label would normally detail essential information including the name, form, strength of the medicine along with the dosage and frequency but also additional information e.g. whether it should be swallowed whole, taken with food etc. Best practice recommendations and guidance on labelling monitored dosage systems can be found on the Royal Pharmaceutical Society of Great Britain website (Fitness to Practice and Legal Affairs Directorate Fact Sheet 6) [10].

Pharmacists are likely to provide the service of filling telecare devices only if it has been agreed with the PCT as an enhanced service (and payment can therefore be made by the PCT under the terms of the Pharmacy Contract) or the person has been assessed by the pharmacist under the Disability Discrimination Act [11] and the device / system has been selected as the most appropriate option. If the device is a 7-day system and requires the production of 7-day prescriptions, this would need to be agreed by the PCT. Many PCTs will not allow the issue of 7-day prescriptions, as it represents an increased cost. If the prescription requests a 28-day supply but the supply is required in 4x 7-day instalments, the prescription would need to be dispensed at one time as there is no provision for instalment dispensing, which may provide problems with storage and confusion for the person.

Liability and accountability, in the case of incidents, will be dependent on contributory factors. It may well be that there is joint liability depending on the incident and circumstances of the error.

The importance when considering telecare in relation to medication handling is adherence to a protocol, good communication and collaborative working. As telecare becomes more established and evaluation is provided, areas of good practice will emerge. There are still many areas to be considered and challenges to be overcome. Successes have been demonstrated e.g. reduction of medicine-related referrals and emergency situations, for example an epileptic person using the prompting system. The prompt ensured the medication was taken at the correct time and reduced the number of seizures experienced (Staffordshire Medicine Reminder Initiative).

3.3 Care Management Programmes

Birmingham Ownhealth provides an example of a care management programme. It is delivered as a partnership between North and East Birmingham PCTs, UK Pfizer Health Solutions and NHS Direct. One of the eight priorities of the scheme is to ensure people take their medicines correctly. Care Managers are fully trained and highly experienced nurses who are able to give self-care guidance to individuals over the telephone, which may include prompts with medication to improve concordance. Further information and future plans for the programme can be found on the Pfizer Health Solutions and EHI Primary Care websites [12].

3.4 Pharmacists and Monitored Dosage Systems

The pharmacist is responsible for ensuring the correct medication is dispensed and labelled according to the prescriber's directions. Various devices, monitored dosage systems and compliance aids are available to assist people to administer their own medication. The person's local pharmacy of choice should be contacted for guidance on the systems available. The NHS does not fund monitored dosage systems or the filling of them so people may be asked to pay for this service. Individuals can be assessed by the pharmacist under the Disability Discrimination Act for the support needed to manage their medicines themselves.

As with telecare devices, support / care workers should not repackage medicines into compliance aids (secondary dispensing) as the risk of error is too great.

3.5 Working with Other Healthcare Professionals

Some people may be prescribed 4 or more medications (termed polypharmacy) and often these medications are obtained via repeat prescriptions. Under the National Service Framework for Older People, all people over 75 should have their medicines reviewed at least annually and for those people taking 4 or more medicines; medication reviews are recommended every 6 months. People should be encouraged where appropriate to request regular medication reviews from their GP. This will ensure appropriate treatment for their condition and reduce the likelihood of adverse drug reactions and interactions between medicines. Further

information about medication reviews can be found on the National Prescribing Centre website.

A good relationship with other healthcare professionals is key in ensuring the persons' wellbeing.

3.6 Good Practice Example

The **ExtraCare Charitable Trust** developed the Wellbeing Programme in 2002 in partnership with older people who live at ExtraCare schemes and villages. The Wellbeing Programme is now established as a proactive health screening, information and advice service available to all ExtraCare residents and friends.

Wellbeing advisors are employed by the charity and are involved in health assessments, addressing health concerns, referrals to other healthcare professionals e.g. GP, optician, dentist, offering preventative health screening and a health promotion service.

The value of ExtraCare's Wellbeing Programme has been recognised at 2 national awards during 2006. Further information can be found on the ExtraCare Charitable Trust website at www.extracare.org.uk

3.7 Compliance

Non-compliance with a medication regime by a person may be intentional or unintentional. There are a variety of documented reasons for non-compliance. Literacy problems, vision difficulties, problems opening containers and misunderstanding are but a few. See Research Bulletin 15, reference [13] Helping older people to take prescribed medication in their own home: what works? (August 2005).

This document gives useful background regarding the scale of non-compliance; its potential consequences and how relationships can affect compliance e.g. how well people know and trust their practitioner. A person-centred approach is vital in understanding the person's medication needs and requirements.

4. DANGERS and PITFALLS

The following is a list of known dangers and pitfalls in the handling of medication in ECH.

- Doors left open by people affording access to their medication by others
- People requiring the administration of medication by support / care workers not being in when the medication is due
- People purchasing OTC medicines
- The difficulty of assessing if a “when required” (PRN) medicine is required if administered by support / care workers and the person cannot communicate their wishes
- Administration of medication to people with swallowing difficulties.[14]
- People who have a tendency to overdose on their medication
- People who can take their own medication if prompted but who often make errors with their medication
- People who take a double dose of medication if the first dose has been forgotten
- People who are unable to read
- People where English is not their first language
- People who manage their own medication usually but are then prescribed a medication which they cannot manage e.g. eye drops
- Elderly diabetic people who are unable to manage their medication
- People with failing sight
- Medication labelled “as directed”.
- Needs of the person with dementia or memory impairment changing over time.
- Lack of discreet monitoring.
- People or their relatives adding medication to pharmacist-filled dossette boxes or medication devices.

5. KEY LEARNING POINTS

- It is essential to have a robust medication policy with written procedures to ensure medication is handled safely and appropriately.

- There is a range of initiatives being undertaken with respect to the use of telecare in medication management. These will be evaluated.

- The level of support a person needs with medication must be clearly identified through risk assessment.

- It is necessary to ensure reassessment of medication needs, particularly after hospital discharge.

- If appropriate, ECH staff should be trained in medication administration and their competency assessed.

- It is essential to have up-to-date records of medication if administration is undertaken by support / care workers.

- An open culture for reporting medication errors should be in place within the ECH scheme. A system should be implemented to provide a clear incident reporting structure, investigation and audit of errors, production of an action plan and lessons to be learnt for the future.[15]

6. FREQUENTLY ASKED QUESTIONS (FAQs)

1. What level of training / competence is appropriate for level 2 and level 3 administration?

The basis for the training for level 2 administration of medicines can be found by accessing the Skills for Care knowledge sets for medication. There must be a formal assessment on completion of the training. The aim is to ensure the support / care worker can confidently and correctly give medicines prescribed for the person. Accompanying the support/ care worker when they give medicines and observing that they do the key important tasks linked to the medication policy and procedures can achieve this. An assessment of competency is required. Reassessment should be undertaken to ensure standards are maintained and particularly if a support / care worker is involved in an incident concerning medication.

For level 3 administration (administration by a specialised technique), a Registered Nurse must delegate this task and will provide the training. The training is both person specific and care/ support worker specific. The important issues are that the person consents to a care / support worker giving this treatment, the care/ support worker agrees to do so and there are clear roles and responsibilities agreed. Competency again must be assessed.

2. ***Who is responsible for carrying out the risk assessment for medication and what is the situation if the person has a personal assistant under the direct payments scheme?***

The person responsible for undertaking the risk assessment will be determined by the policy of the registered provider. If a risk assessment is complex, the care provider may well wish to involve the GP. In the case of direct payments and personal assistants, the person or someone who acts on their behalf will determine their own risks as they manage the whole process themselves.

3. ***What medication reminders and dispensers are available?***

There are a variety of medication devices available. A selection of them can be found by accessing the following website:

http://www.atdementia.org.uk/productSearch.asp?search=go&searchmethod=cats&cat_id=1&subcat_id=5

4. ***Is there any further information available on how to manage medicines in people with sensory loss?***

Further information including patient information leaflets, Braille labels and talking labels can be found on the following websites:

http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_resoverviewmeds.hcsp

http://www.talkingproducts.co.uk/talking_labels.htm,

http://www.pharmj.org.uk/Editorial/20060114/news/p33talkinglabels.html

http://www.rnib.org.uk/xpedio/groups/public/documents/publicwebsite/public_labelequipfs.hcsp

5. ***Are there any NHS / local interpreter services available for Patient Information Leaflets?***

To find out about the services available, contact your local social services or PCT (Primary Care Trust) who will signpost you to the appropriate service provider.

Health information in other languages can be accessed via NHS Direct.

7. REFERENCE MATERIAL and RESOURCES

7.1 References

1. Royal Pharmaceutical Society of Great Britain (2007). The Handling of Medicines in Social Care. www.rpsgb.org/pdfs/handlingmedsocialcare.pdf

2. NHS Direct: http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=1956 and http://www.nhsdirect.nhs.uk/articles/article.aspx?articleId=1010

3. CSCI Professional Guidance (2007). The Administration of Medicines in Domiciliary Care. www.csci.org.uk/professional

4. Mental Capacity Act. http://www.dca.gov.uk/legal-policy/mental-capacity/index.htm

5. DEFRA http://www.defra.gov.uk/environment/waste/topics/clinical.htm

6. Medicine and Healthcare Products Regulatory Agency. http://www.mhra.gov.uk

7. Mental Capacity Act. http://www.dca.gov.uk/legal-policy/mental-capacity/index.htm

8. The use of unlawful or juridically unclean substances in food and medicines. www.islamset.com/bioethics/8thfiqh.html

9. Skills For Care. www.skillsforcare.org.uk

10. Royal Pharmaceutical Society of Great Britain. Fitness to Practice and Legal Affairs Directorate Fact Sheet 6. www.rpsgb.org/pdfs/factsheet6.pdf

11. Pharmacy and the Disability Discrimination Act. http://www.psnc.org.uk/uploaded_txt/PSNC%20guidance%20on%20the%20Disability%20Discrimination%20Act%20051205.pdf

12. Birmingham Ownhealth www.phsownhealth.co.uk/programmes01.htm and www.ehiprimarycare.com/news/3321/birmingham_pct_to_extend_telecare_to27,000

13. Research bulletin 15. Helping older people to take prescribed medication in their own home: What works? August 2005. www.scie.org.uk/publications/briefings/files/scare15.pdf

14. Guidance on administration of medicines to people with swallowing difficulties www.swallowingdifficulties.com/index.hm

15. Department of Health. (2004) Building a Safer NHS for Patients, Improving Medication Safety www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4071443

7.2 Resources

Regulations and National Minimum Standards, England.
www.csci.org.uk/professional

National Institute for Health and Clinical Excellence.
www.nice.org.uk

National Service Framework for Mental Health
www.dh.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4009598

National Service Framework for Older People
www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Olderpeopleservices/index.htm

Department of Health. Consent key documents (England).
www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Consent/Consentgeneralinformation/index.htm

Other Housing LIN publications available in this format:

Factsheet no.1:	**Extra Care Housing - What is it?**
Factsheet no.2:	**Commissioning and Funding Extra Care Housing**
Factsheet no.3:	**New Provisions for Older People with Learning Disabilities**
Factsheet no.4:	**Models of Extra Care Housing and Retirement Communities**
Factsheet no.5:	**Assistive Technology in Extra Care Housing**
Factsheet no.6:	**Design Principles for Extra Care**
Factsheet no.7:	**Private Sector Provision of Extra Care Housing**
Factsheet no.8:	**User Involvement in Extra Care Housing**
Factsheet no.9:	**Workforce Issues in Extra Care Housing**
Factsheet no.10:	**Refurbishing or remodelling sheltered housing: a checklist for developiong Extra Care**
Factsheet no.11:	**An Introduction to Extra Care Housing and Intermediate Care**
Factsheet no.12:	**An Introduction to Extra Care Housing in Rural Areas**
Factsheet no.13:	**Eco Housing: Taking Extra Care with environmentally friendly design**
Factsheet no 14:	**Supporting People with Dementia in Extra Care Housing: an introduction to the the issues**
Factsheet no 15:	**Extra Care Housing Options for Older People with Functional Mental Health Problems**
Factsheet no 16:	**Extra Care Housing Models and Older Homeless people**
Factsheet no 17:	**The Potential for Independent Care Home Providers to Develop Extra Care Housing**
Factsheet no 18:	**Delivering End of Life Care in Housing with Care Settings**
Factsheet no 19:	**Charging for Care and Support in Extra Care Housing**
Factsheet no 20:	**Housing Provision and the Mental Capacity Act 2005**
	MCA Information Sheet 1: Substitute Decision-making and Agency
	MCA Information Sheet 2: Lawful restraint or unlawful deprivation of liberty?
	MCA Information Sheet 3: Paying for necessaries and pledging credit
	MCA Information Sheet 4: Statutory Duties to Accommodate
Factsheet no 21:	**Contracting Arrangements for Extra Care Housing**
Factsheet no 22:	**Catering Arrangements in Extra Care Housing**

Case Study Report:	**Achieving Success in the Development of Extra Care Schemes for Older People**

Published by: Housing Learning & Improvement Network
CSIP Networks
Wellington House
135-155 Waterloo Road
London
SE1 8UG

Tel: 020 7972 1330
Email: housing@csip.org.uk

www.icn.csip.org.uk/housing

APPENDIX 1 – Risk Assessment

Task	Yes/No	If no	Yes/No
Is the person able to obtain supplies of medicines as needed?		Has the support/care worker been signed up to undertake this task?	
Can the person read the label on the medication?		Does the person require assistance or administration of their medicines?	
Can the person get the tablet or capsule out of the bottle, container or packet? Can the person pick the tablets up once out of the container?		Can the pharmacy pack into different containers so that the person can get the medicines out successfully? Is assistance or administration required?	
Can the person use an inhaler appropriately?		Is a compliance aid required e.g. spacer? Or is assistance or administration required?	
Can the person use eye drops appropriately?		Is assistance or administration required?	
Can the person apply cream/ointment/patches?		Is assistance or administration required?	
Does the person understand how to take their medication as prescribed?		Is administration of medication required?	
Is there a likelihood of excess medication being stored by the person?			

Action required to ensure safe administration of medicines

Signed …….. Date:……..

Review date:……..

SAMPLE MEDICATION ADMINISTRATION RECORD

For period…………………………………………

NAME Mr/Mrs/Miss	FLAT No. & ADDRESS	Date of Birth	NAME AND ADDRESS OF GP ATTENDING Tel.No.

Drug

Strength and Form

TIME: Give at	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Dose	Frequency	Date Commenced (Short Course)	SPECIAL INSTRUCTIONS	DATE DISCONTINUED

Drug

Strength and Form

TIME: Give at	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Dose	Frequency	Date Commenced (Short Course)	SPECIAL INSTRUCTIONS	DATE DISCONTINUED

Drug

Strength and Form

TIME: Give at	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Dose	Frequency	Date Commenced (Short Course)	SPECIAL INSTRUCTIONS	DATE DISCONTINUED

Drug

Strength and Form

TIME: Give at	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Dose	Frequency	Date Commenced (Short Course)	SPECIAL INSTRUCTIONS	DATE DISCONTINUED

Record non-administration of medication with appropriate code: R = Refused, H = Hospital, SL = Social Leave, O = Other ……………………………………

APPENDIX 3 – Protocol to Monitor Compliance

1. Is there any evidence of medication not being taken?
E.g. tablets found on the floor, tablets left out, service user unable to open the container, tablets left in a dossette box, excess medication building up
Please state:
2. Is there any evidence of medication not being available?
E.g. medication not ordered on time
Please state:
3. Is there any evidence of deterioration of the service user's condition?
E.g. very breathless, constantly in pain, very drowsy, confused, more forgetful
Please state:
4. Have any concerns been reported to the line manager or GP?
Please state:

Newcastle-under-Lyme NHS Primary Care Trust

South Western Staffordshire NHS Primary Care Trust

Medicine Reminder Initiative (MRI)
Pharmacist Assessment Guide

Background

This tool is linked to the Single Assessment Process and designed to help health and social care professionals take a structured approach to assessing an individuals' problems with their medicine, particularly where a client may need assistance in remembering to take their medicines

People often have problems taking their medicines for a variety of reasons. Before appropriate help can be given it is important to know the nature of the underlying causes.

Problems may be:

- Unintentional: people may want to take their medicines as prescribed, but there are barriers preventing them.
- Intentional: people may choose not to take their medicines as prescribed for various reasons.

The tool is designed to identify the different elements which should be addressed;

- Help received at home
- Exploring peoples' understanding of their medication regime
- Exploring behaviour and attitude to medicine taking.
- Physical abilities.

How to use this assessment tool?

Those parts written in **bold** are direct questions needed to inform the decisions, however try to encourage the service user to talk about their problems comfortably. Open questions are suggested in *italics*.

The 'action' boxes following each section suggest solutions. Don't be limited by these, where any other individual solutions are apparent please specify.

Some check boxes throughout the assessment are shaded. These indicate that a client may be suitable for referral to an electronic prompting service as part of the Medicine Reminder Initiative (MRI). If you think this is the case, complete the checklist in section 6 and indicate in the 'Summary of Outcomes' box if referral to MRI would be appropriate and the client is happy to try the service.

What to do with the completed assessment tool?

The completed form must be passed to the Project Coordinator, who will also send a copy to the client's GP and to the relevant housing provider if the client is to be referred to MRI. Indicate on the form if there is anybody else the client needs to be referred to who should also receive a copy

Review and follow up
It may be useful to complete this form a second time after a reasonable period to find out if the actions have been successful and if any new problems have arisen. You can indicate a suggested review date in the 'Summary of Outcomes' box

Overview of the assessment tool

There are 7 short sections in the assessment

Sections 1 to 5 are completed with the client
Sections 6 and 7 are for the pharmacist to complete using the information they have collected in sections 1 to 5

Section		*Purpose*
1	Understanding and views about medicine	• To record medicines client is currently taking (including OTC and complementary therapies) • To record the term that the client uses to describe their medicines (particularly for MRI referral) • To assess whether client understands purpose of use • To identify any potential interactions • To assess client's level of understanding about their medicines • To assess client compliance level and factors influencing this • To identify whether patient has any concerns or problems with their medication • To identify any need for further intervention to discuss medicines
2	Practical Issues with taking Medicines	• To identify any issues client may have with administering their medicines
3	Medicines arrangements at home	• To identify whether client needs any help with ordering or collecting prescriptions
4	Remembering to take medicines	• To assess whether patient requires or would like assistance in remembering to take medicines
5	Client self-management and independence	• To assess the extent to which the client is able to mange their medicines independently
6	Checklist for referral to MRI	• To assess whether client's needs are appropriate for referral to MRI
7	Summary of outcomes	• Summary of recommendations

Client's name:	Preferred form of address:	Male ☐	Female ☐
Address:	Tel no (*mandatory*):	DOB (*optional*):	
	Name of GP or surgery:	Pharmacy (*if used regularly*)	
Carer name & contact details:			

Section 1) Understanding and views about medicines

Drug	Patient calls it…	OTC/Rx	Dose	Instructions	Understanding of medicine	Views and concerns	Compliance			
							A	F	S	N

Understanding

Comment on any of the following areas that need to be addressed:

- What it is for
- How it works
- How to take it
- How often to take it
- What to do if you miss a dose or take too much
- Side effects
- How long the medicine will have to be taken for

Views and concerns

Tell me a bit more about what you think about your medicines

- *Do you think your medicines are working for you?*
- *Do any of your medicines make you fell unwell? Is this a problem for you?*
- *Do you have any concerns about taking your medicines? What are these concerns?*
- *How does taking medicine fit in with your daily routine? Is there anything that would make it easier?*

Compliance

Many people find a way of using their medicines which suits them. This may differ from the instructions on the label or from what their doctor has said for all kinds of reasons. People may also take more or less of their medicines, depending on how they feel.

- *Do you usually take your medicines as prescribed?*
- *When might you vary this?*

A=Always **F**=Frequently **S**=Seldom **N**=Never

Section 1 …continued

ACTIONS:

Do any of the prescribed or OTC medicines have any potential interactions? ☐ Yes ☐ No ☐ N/A

Details	**Action** Refer to ☐ GP ☐ Pharmacist

Does the patient need more information about any of their medicines? ☐ Yes ☐ No

Details	**Action** Refer to ☐ GP ☐ Pharmacist

Does the patient have issues about taking any of the medicines which need to be discussed? ☐ Yes ☐ No

Details	**Action** Refer to ☐ GP ☐ Pharmacist

Section 2) Practical issues with taking medicine

Do you have any problems with…

	Yes	No	**Action Needed** e.g. refer for specialist advice
Opening lids and containers			
Using blister packs			
Picking up tablets			
Swallowing tablets			
Splitting tablets			
Pouring or measuring liquid medicine			
Managing eye/ear drops			
Injecting insulin			
Other devices e.g. inhalers			
Reading labels			
Reading English			
Understanding the instructions			
Understanding time of day/week			MRI

Section 3) Medicines arrangements at home

'Tell me how do you order and collect your repeat prescriptions and medicines?'

	Usually	Sometimes	Never
Do you remember to order on time?	☐	☐	☐
Do you remember to collect on time?	☐	☐	☐
Do problems with ordering/collecting ever cause you to miss any of your medicines?	☐	☐	☐

What arrangements have you made? *E.g. collected by a friend.relative.carer*

……..

What do you do with medicines no longer needed?……

ACTION: Does the client need help ordering/collecting prescriptions? ☐ Yes ☐ No

If yes, what arrangements could be made?

☐ Synchronise medicines ☐ Pharmacy collect prescription

☐ Friend/relative collect ☐ Other……..

Section 4) Remembering to take medicines

	Yes	Sometimes	No	
Do you ever forget to take medicines?	☐	☐	☐	MRI
Do you use a system to help you to remember to take your medicines?	☐	☐	☐	MRI
What is this?……				
Does this always remind you to take your medicines?	☐	☐	☐	MRI
Would you be interested in having more assistance in remembering to take your medicines?	☐		☐	MRI
If yes, would you be interested in taking part in a pilot service to give you telephone support?	☐		☐	MRI

Section 5) Client self-management and independence

Do you currently receive any help with your medicines? ☐ Yes ☐ No

If yes, please specify:

☐ A relative or friend ☐ District Nursing service ☐ Domiciliary pharmacist ☐ Home Care assistant ☐ GP ☐ Other *Please specify* ……

In what way do they help you?……

Do you feel confident about how to take your medicines?	☐ Yes	☐ Partly	☐ No
Do you feel you have enough help to manage your medicines at home?	☐ Yes	☐ Partly	☐ No

ACTION: What support does the patient need to help them take their medicines?

A reminder chart ?	☐ Yes	☐ No	
An assessment for Medication Compliance Aid or the electronic Medication Reminder Initiative? *If 'yes' fill in section 6*	☐ Yes	☐ No	MRI
Referral to domiciliary care services for assistance with administration?	☐ Yes	☐ No	

Any other actions needed?……

Assessment carried out by

Name:	Job Title:
Signature:	Date:

I am aware that the information contained in this assessment may be shared with other health/social care professionals when appropriate for my care arrangements.

Patient's signature	
OR Carer's signature *(when completed on behalf of client):*	

Section 6) Checklist for referral to MRI

Does the patient have difficulty remembering to take doses?	Yes ☐	No ☐
Is this forgetfulness due to a medical condition such as dementia?	Yes ☐	No ☐
Has a Medicine Reminder Chart or other option been tried?	Yes ☐	No ☐
Is medicine regime stable (no frequent changes of dose or frequency)?	Yes ☐	No ☐
Are most of the prescribed medicines taken every day rather than "as required"?	Yes ☐	No ☐
Does the patient want to try a reminder service?	Yes ☐	No ☐
Has a level 2 medication review taken place in the last 6 months (not obligatory – patient and/or carer may not know)	Yes ☐	No ☐

If all shaded options have been ticked, patient has needs appropriate for referral to MRI

Medicine compliance aid or electronic reminder?

Electronic Medicine Reminder Initiative(MRI)
- Prompts patient to take medicine
- Patient administers medicines themselves

Medication Compliance Aid(MCA)
- Does not prompt patient to take medicine
- Medicines are measured out in compartments in their correct dose

The MRI is more appropriate for patients who are forgetful, but understand instructions about how to take their medicines and are able to administer medicines themselves. An MCA is more appropriate for somebody who is very confused about dose and frequency or has problems with blister packs or child-proof containers. However, moving to use of an MCA is a significant step because:

- It takes away an important link between the patient and their medicines (which become just a jumble of tablets in the compartments of the MCA)
- There are many well-known practical and administrative problems with MCAs

Does the patient have a complicated regime: many medicines and varying dose frequencies?	Yes ☐	No ☐
Does the patient have difficulty opening containers or administering the right doses	Yes ☐	No ☐
Does the patient have trouble understanding instructions for taking the medicine?	Yes ☐	No ☐

If answering 'yes' to these questions consider a Medicine Compliance Aid or more intensive support rather than referral the Electronic Medication Reminder Initiative.

Section 7) Summary of Outcomes of Assessment

Information and advice…… ☐

Specialist advice…… ☐

Level 1 Assistance (self monitoring but requires help with ordering & collecting prescriptions ☐

Level 2 Assistance (needs prompting to take medication) Referral to MRI ☐

Other reminder solution ☐

Level 3 Assistance (unable to self administer, requires total supervision and assistance)….. ☐

Copies to be sent to: ☐GP ☐ Community pharmacist ☐ Housing ☐ Other ……

Suggested review date: ……..

Please fax back the completed form to Sarah Storey, Project Co-ordinator, Medicine Reminder Initiative on: 01785 221251