

## Adult Community Services Medication Policy (31 January 2019) - VERSION 1

### Frequently Asked Questions (FAQ)

These FAQs should be read in conjunction with the Policy document.

Question	Answer
<b>1. The Policy</b>	
<b>a) What is the Adult Community Services (ACS) Medication Policy?</b>	<p>This ACS Medication Policy outlines the roles, responsibilities and procedures for assisting people living in their own homes with prescribed medication, both handling and administration, as part of their care and support plan. The Policy should be referred to by any homecare and community support provider required to provide any level of medicines support – this could include unregulated providers for Level 0 support (see section 3).</p> <p>The Policy also offers useful guidance to other health and social care professionals involved in medicines support (case managers, GPs, community nurses, pharmacists, etc).</p>
<b>b) How has the Policy changed since the last version?</b>	<p>The latest Policy has been refreshed so that it reflects the latest national and local guidance. Although there has been limited change to the majority of processes, some updates include:</p> <ul style="list-style-type: none"><li>• Incorporating the latest NICE guidance (<a href="#">NG67: Managing Medicines for adults receiving social care in the community</a>)</li><li>• Inclusion of 'level 0' support ('reminder to take medication')</li><li>• Updated guidance on use of Monitored Dosage Systems</li><li>• The local approach to over-the-counter-medicines (see 8.4).</li><li>• Inclusion of a 'Competency Framework' (appendix 5) to help providers with staff training and assessment.</li></ul>
<b>c) Who should I contact for further guidance on the Policy?</b>	<p>For Policy queries, contact: <a href="mailto:acs.documentmanager@hertfordshire.gov.uk">acs.documentmanager@hertfordshire.gov.uk</a></p>
<b>2. Medicines Support</b>	
<b>a) What if there are concerns that the current level of medicines support does not meet individual need?</b>	<p>Any concerns should be reported by the care practitioner (including a Level 0 unregulated care worker) to their manager who should refer back to the case manager as appropriate as it may be the case that the care and support plan requires review.</p>
<b>b) What should be done if there are any concerns about the individual (e.g. they appear unwell, distressed or not their usual self) or there has been a</b>	<p>See section 13 - Any doubt or concern about an individual taking (or refusing to take) their medication, any changes of condition or any possible side effects must be reported by the care practitioner to their manager and medical advice sought. The manager should assess the situation and decide on further next steps. Missed or refused doses should be recorded accordingly. Any safeguarding concerns should be reported to HCC.</p>

mistake when providing medicines support?	
c) Are there systems or aids available to assist individuals to take their medicines themselves and maintain independence?	Certain systems or aids may help individuals maintain or improve their current level of independence in relation to their medicines. A community pharmacist (preferably the supplying pharmacist) will be able to provide further advice and guidance following an assessment to determine which adjustment would be the most suitable.
d) Are care practitioners able to assist with family-filled monitored dosage systems (e.g. a dosette box)	See section 3 – At level 0 or 1, care practitioners are able to <b>prompt only</b> which may include from family-filled MDSs (e.g. dosette box). Medicines must never be <u>administered</u> by the care practitioner from family-filled MDSs.
e) The Policy refers to leaving medicines out for an individual in exceptional circumstances – can I have further information on this?	Refer to 9.6 for details – this type of support, which will only be in very exceptional circumstances, will be required only after careful consideration and risk assessment by the case manager. Any instructions will be stated clearly in the care and support plan. Care practitioners must <u>not</u> remove medication from original packaging for later administration by a third party such as another care practitioner or family member/carer.
f) Who is responsible for providing the individual's MAR Chart?	<p>See section 10 - A MAR chart is used to keep an accurate record of medicine administration. It is only required for medicine administration (level 2 and above) and should be kept in a safe place in the individual's home and in line with any risk assessment.</p> <p>The MAR chart belongs to the agency providing the care so it is the care provider's responsibility to ensure an up-to-date MAR chart is in place. Any missing paperwork should be reported by the care practitioner to their manager.</p> <p>This means if an individual goes to a Day Centre or other site and requires medication support while they are there, the MAR chart does not go with them. It would be the Day Centre's responsibility to keep their own records.</p>
g) Can family members/carers involved in medicines support also complete the MAR Chart?	The MAR is a professional document owned by the provider so should be transcribed by someone in the organisation competent to do so, not a family member/carer.

Any further questions, please contact [acs.documentmanager@hertfordshire.gov.uk](mailto:acs.documentmanager@hertfordshire.gov.uk).