

Medication Management Workshop

21 January 2020

Q.1. In relation to care workers undertaking medicines rounds in residential care home. The example was in relation to a care worker doing an evening agency shift in a residential care home – they were not familiar with the service users/residents or the residential home itself and its policies/procedures. It could take them up to 3 hours to do this medicines round (example stated starting medicines round at 9pm and finishing at midnight).

- **Is there a time limit within which a medicines round must take place before it needs reported as delayed/missed?**
- **Is it fair if it means that resident no. 30 of 30 has to wait 3 hours for their medicines – what should they do in this situation?**
- **Who do they report their concerns to? What records need to be made?**

Response from RQIA:

Medicine rounds shouldn't take three hours to complete, especially in the evening. The home would need to ensure that they have enough staff that that situation didn't come up often. It would mean that residents are delayed going to bed or being woken for their medicines. The care worker should have had a thorough induction to orient them to the home and ensure that they aren't being called away to complete other tasks during the medicine round.

The care worker should report their concerns to the home manager and the agency manager. If they feel that it is not being resolved then they can report to RQIA. For the residents, it's important that an accurate time of administration is recorded if the round is delayed to ensure that appropriate dosage intervals are observed.

Q.2. What do you do when a client states they will take their medication later?

Only 3 options to record:

- Meds already taken
- Meds prompted
- Meds refused

'Meds to be taken later' doesn't fall into any of the above categories

Answer: This sometimes happens with night medicines as clients do not want to take their sleeping tablet at 8pm at their last call or for something like Parkinson's disease medicines which need to be taken sometimes at 6am before the first call.

Medicines should only be left to be taken later if there is a care plan in place to say that this has been agreed and a clear risk assessment has been done. If the care plan (as agreed by service user, family and DCA) states that the service user can administer their own medicines and only requires a prompt, then that is all you can do as a domiciliary care worker. Prompting is about reminding someone of the time and asking them if they have taken their medicines or are going to take them soon – the service user is in charge of their own medicines administration and may decide to take them later if they wish.

So depending on the response from the service user – you would choose 'meds prompted' or 'meds already taken' as the most appropriate option.

A record should be made in the client's file to say that medicines were left for the client to take at a later time. If this is something that has not been agreed in advance and is being requested by the client, then the carer should go back to their manager to have a reassessment done regarding the medicines.

Q. 3. 'What if clients' medicines are just loosely sitting out at worktop / plate before you arrive to call to prompt medicines? What do you do? (You do not know which meds are which).

Answer:

If it is a prompt then there is no issue with this. The client is managing their own medicines and can choose how they take them; the support worker is simply providing a reminder. They should record what they have done and if medicines were on a plate or loose.

If the support worker is responsible for administering medicines, then they should only administer from the original pack as supplied by the pharmacist.

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