

# STANDARD OPERATING PROTOCOL ADMINISTRATION OF MEDICINES BY NON-REGISTERED STAFF AND REGISTERED THERAPISTS IN THE COMMUNITY

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**VALIDITY – All local SOPS should be accessed via the Trust internet to ensure  
the current version is used.**

## CHANGE RECORD

Version	Date	Change details
1.0	30/03/23	<i>New SOP. Approved at Drugs and Therapeutics Group (30 March 2023).</i>
1.1	30/05/24	<i>Reviewed. Minor changes to wording and bullets, e.g. addition of Virtual Ward. Approved at Drugs and Therapeutics Group (30 May 2024).</i>

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## 1. INTRODUCTION

Non-Registered Staff and Therapists (NRS&T) currently support the work of Registered Nurses caring for people out of hospital as per both the national agenda [NHS Long Term Plan » Ageing well](#) and the Trust's agenda to care for people in the right place, at the right time, in the right way and to deliver safe, effective healthcare to our community patients.

To support the achievement of this agenda and with the aim of helping people to be as independent as possible and prevent unnecessary hospital admission, there is a requirement for NRS&T to support patients with the administration of their medication in their own homes. Wherever possible patients should be encouraged to self-administer their own medication and all avenues should be sort to support them with this.

This protocol and associated documentation and training package have been written to provide the following:

- Administration of medicines will concur with best practice and professional guidance
- Patients will receive their medication safely and will be supported by appropriately trained staff.
- Training for staff will be standardised

## 2. SCOPE

This protocol applies to patients aged 18 and over under care of Humber Community Services and receiving care from Urgent Crisis Response / Intermediate Care / Virtual Ward. It applies to patients who are unable to safely prepare and administer their medications independently or require supervision and/or prompting to be able to self-administer.

The term Non-Registered Staff encompasses Health Care Assistants, Generic Support Workers and Assistant Practitioners. Therapists may be Physiotherapists or Occupational Therapists working in the Urgent community response, intermediate care, virtual ward or Therapy Teams. It does not apply to family/relatives/informal carers or formal Social Services/agency carers.

The scope of this protocol EXCLUDES administration of any of the following:

- Medicines or foods to be given via a feeding tube e.g. Percutaneous Endoscopic Gastrostomy (PEG)
- Injectable medicines other than insulin and low molecular weight heparin for which there are individual Humber Teaching NHS Foundation Trust SOPs available on the trust intranet.
- Controlled drugs in schedule 1 [BNF \(British National Formulary\) | NICE Controlled drugs list - GOV.UK \(www.gov.uk\)](#) –
- Controlled drugs in schedule 2 – 5 in **an oral liquid formulation**. [BNF \(British National Formulary\) | NICE Controlled drugs list - GOV.UK \(www.gov.uk\)](#) –
- Shared administration of medication with other agencies (including family):
- Medicines that have been removed from the original boxes and secondarily dispensed by friends/family into a dosette box cannot be prompted, assisted, or administered by NRS&T staff Medication that is required to be administered more than 3 times daily or outside of the services operating hours (8-8)

Special consideration and discussion with UCR / Intermediate care Clinical lead, matrons, or Therapy lead must be had in the following situations:

- Time critical medication [Critical Medicines Document.pdf \(humber.nhs.uk\)](#)
- Patients where capacity around medication may be doubted
- Eye drops administration- a maximum of three times daily administration and within the service operating hours.

Medicines may be administered orally in liquid form following appropriate training and risk assessment except those excluded above (such as oramorph, oxycodone liquid preparations).

### 3. DUTIES AND RESPONSIBILITIES

**Service Managers, Modern Matrons and appropriate clinical/ professional leads** will ensure dissemination and implementation of the protocol within the sphere of their responsibility. They should also ensure staff are supported in attending relevant training and that time is dedicated to the provision and uptake of training and competencies sign off.

Matrons/Service managers//Ward Managers have responsibility for ensuring the quality of clinical interventions and record keeping by their staff, and monitoring compliance with this protocol through supervision.

**All relevant clinical staff** will familiarise themselves and follow the agreed SOP and associated guidance. They will use approved documentation on SystemOne as per policy and Standard Operating Procedures. They will make their line managers aware of barriers to implementation and completion.

### 4. PROCESS

#### 4.1. Introduction

This protocol applies to new NRS & T that are required to undertake administration of medicines as part of their role OR to existing NRS&T staff who have been identified as suitable to complete the Trust's training programme when the role requires it as part of a service need.

The patients will be risk assessed using the risk assessment in appendix 2. regarding self-administration.

If the patient is identified as requiring support, further assessment (see appendix 3), including medicine reconciliation will be completed by Registered Nurse, Pharmacist or Pharmacy Technician. This may identify the patient as being suitable for the NRS&T to visit to administer medicines. The assessment will ensure the patient does not fall into the exclusion criteria listed above in section 2.

A Physiotherapist or Occupational Therapist may complete the initial risk assessment regarding self-administration risk assessment and identify patients but should take advice from the Registered Nurse, Pharmacist or Pharmacy Technician around the medicine's reconciliation and the need for further assessment. This will be documented in the patient's plan of care prior to delegation of the task.

The patient's medication will be added to the community prescription chart before being administered Only medicines on the community prescription chart can be supported with this process.

The Prescriber, Registered Nurse, Pharmacist or Pharmacy Technician will need to identify drugs that require specific handling, storage or administration and instruct the NRS&T on the management of these drugs. Examples of these groups include oral anticoagulants and oral chemotherapy.

#### **4.2. Consent**

Consent to receive the service will be obtained from the patient by the Physiotherapist, Occupational Therapist, Registered Nurse, Pharmacist or Pharmacy Technician upon initial assessment. This must be documented in the patient record in line with Trust policy. The NRS&T will obtain consent for the administration of their medicines at each visit.

If consent is declined, administration should not take place. This decision should be documented and reported immediately to the registered practitioner in charge for appropriate management.

#### **4.3. Prescription**

All medicines must be prescribed clearly and appropriately on the correct Community prescription chart that has been completed by a qualified prescriber working within their field of competence. (NMP or GP within scope of practice)

#### **4.4. Medication**

All relevant medication must be available for the NRS&T to administer. The prescriber, Registered Nurse, Pharmacist or Pharmacy Technician must check that the medications are suitable for use by ensuring the following are present:

- Correct packaging and labelling
- Dispensing date
- Expiry date
- Instructions for use
- Dose
- The medication strip in the box matches what is on the label on the box
- Correct patient name
- Prescription is clearly and appropriately written

#### **Blister packs and dosette boxes**

Tamper evident blister packs supplied by a registered pharmacy may be used to prompt, assist and administer medication where a patient needs support following a clear care plan and appropriate medicines reconciliation. The NRS&T may administer medication from a tamper evident blister pack if this level of support is needed. There may also be additional medicines requiring administration separately from the blister pack, for example antibiotics or analgesia. In this case all medicines to be administered must still be prescribed on the correct community prescription chart.

Medicines that have been removed from the original boxes and secondarily dispensed by friends/family in to a dosette box cannot be prompted, assisted or administered by NRS&T staff

#### **Definition of prompting, assisting and administering:**

**Prompting** of medication is reminding a patient of the time and asking if they have or are going to take their medicines. The patient is still in control of their medicines and may decide not to take them. Prompting can be useful when a patient knows what medicines to take and how to take them but may simply forget the time.

**Assisting** with medication is where a patient may be able to retain control of his or her medicines but need assistance with simple mechanical tasks (for example the patient is unable to open packets due to recent fracture). Assisting with medicines can include:

- bringing packs of medicines to a patient at their request so that the patient can take the medicines
- opening bottles or packaging, including blister packs at the request and direction of the patient who is going to take the medicine
- reading labels and checking the time at the request of the patient who is going to take the medicine

As with prompting, the patient is assessed as being able to self-medicate, and is in control of their medicines. This independence should be supported.

**Administration** is where the individual is unable to take responsibility for managing their medication. Support workers will need to ensure that the patient gets offered or is given the correct medication at the correct time in the correct way.

The level of support a patient requires may vary, with the patient taking more or less responsibility over time depending on their health and capability.

Community support practitioners must have completed the Humber Teaching NHS Foundation Trust training requirements for administration of Medication by non-Registered Staff and Therapists in Community Teams.

#### **4.5. Care Plan**

The patient must have an appropriate plan of care in place and documented on S1 for the NRS&T to work to. Clear and specific instructions regarding the administration, assisting or prompting required by the NRS&T must be included in the care plan to enable them to safely administer. The care plan must have a review date and be evaluated appropriately.

The Registered Practitioner will respond promptly to any concerns escalated by the NRS&T, they will review the patient as appropriate, ensure the prescription chart is up to date, monitor concordance and alter the plan of care as necessary.

#### **4.6. Process**

The NRS&T must follow the SOP - Administration of Medication by Non-Registered Staff and Therapists in Community Teams (Appendix A).

#### **4.7. Review of competence**

The NRS&T will have their competency reviewed yearly. This will be highlighted at their annual appraisal and more often as appropriate. Any ongoing training and development needs will be identified and addressed accordingly. A record of continued competence must be maintained and be available for inspection at any time.

#### **4.8. Joint care delivery**

Where packages of care delivered by Social Care or a private provider are in place for the patient, management of medicines will not be shared. Agreement must be reached between all agencies involved about how medicines will be administered by whom and at what time. This agreement must be clearly documented as part of the patient's plan of care and communication between agencies must be explicit and recorded within the care plan and documented on SystemOne.

## 5. Accountability

- The Registered Practitioner remains the overall accountable person for the management and delegation of administration of medicines by the NRS&T.
- The Registered Practitioner delegating the task must ensure that appropriate education, practical training, supervised practice and assessment of competence has been successfully completed by the NRS&T
- The Registered Practitioner is responsible for ensuring the NRS&T is ready to take on this extended role and that delegation to this individual is appropriate.
- Following appropriate training and competence assessment, the NRS&T takes on delegated responsibility to undertake the task under direction of the SOP and is accountable for their own actions and omissions.
- Individuals must take responsibility to ensure that their knowledge and skills are up to date and must always act within the boundaries of this protocol.
- Any medicine related incidents, for example; medication being wrongly administered, omitted doses, duplicated doses, administration of discontinued medication and medication being lost or stolen, must be managed promptly with escalation to the registered professional in charge. All incidents must be reported through the Datix system and learning from the incident shared, and risk minimised.

## 6. Dissemination and Implementation

This protocol will be communicated to all teams via the Operational Managers/Matrons. An electronic copy of this protocol will be available for all staff to access via Humber intranet.

### Training

The Trust's training programme includes undertaking a period of supervised practice with an approved assessor (a member of staff that has undertaken an approved assessor course and is occupationally competent to perform the task) and have demonstrated the required competence through completion of the Trust's competency framework.

## 7. Monitoring and Auditing

The need for ongoing assessment, audit and identification of risks is necessary to ensure the service meets the needs of patients and that their safety is assured.

Record of attendance at training will be held centrally by Community Services and recorded on ESR.

Record of attainment and continued competence will be held in the individual NRS&T personal file. This must include the Medicines Administration competency and sign off documents.

Community Nurses and UCR / Intermediate Care / Virtual ward should be able to demonstrate staff in their teams are adhering to this protocol using audit prior to the review date of the protocol.

Clinical incidents reported that relate to this protocol should be reviewed and actioned by Operational Managers/Matrons. Any themes identified and learning shared accordingly.

## 8. References

NMC Code of Conduct 2015

RPS/RCN Professional Guidance on the Administration of Medicines in Healthcare Settings 2019

CQC Guidance for providers – medicines management KLOE

Health Education England 2018 Advisory Guidance Administration of Medicines by Nursing Associates

Care inspectorate 2015 Prompting, assisting and administration of medication in a care setting: guidance for professionals

Overview | Managing medicines for adults receiving social care in the community | Guidance | NICE



## Appendix 1 - SOP One Page Process

### Introduction:

It is the responsibility of the Prescriber, Registered Nurse, Pharmacist or Pharmacy Technician to ensure the NRS, PT or OT is trained and competent to administer medication to patients in their own home before delegating this task, and to ensure that the delegation of the task is appropriate. It is the responsibility of the NRS, PT or OT to work within their sphere of competence and confidence and to adhere to this process at all times.

### Process:

1. Visit the patient and gain consent to administer the required medication.
2. Identify that you have the correct patient to whom the medication is to be administered.
3. Establish the requirement of the patient -prompting, assisting or administering.
4. Review the prescription chart to establish what medication is due for administration.
5. Check the administration signature box on the prescription chart for each medication due to ensure it has not already been administered
6. Check the allergy box on the prescription chart to establish that the patient is not allergic to the medication before administering it. If allergy box is empty do not administer until this is completed.
7. Check that the prescription chart matches the label on each medication and is clearly written.
8. Check that each medication on the prescription chart is dated and signed.
9. Check the route of the medication to be administered and that you are competent to administer via this route.
10. Check the expiry date of the medication to be administered.
11. Administer the prescribed medication and observe that it has been taken, applied, introduced, injected or inhaled.
12. You must withhold administration if there are any concerns clinical or otherwise regarding the administration of the medicine.
13. You must contact the registered practitioner or GP as appropriate if you have any concerns regarding the administration of the medication. Make a clear and accurate record of the medication that has been administered immediately after administration by initialling the prescription chart.
14. When administering 'as required' or 'once only' medication you must initial the prescription chart and record the time of administration.
15. Make a clear and accurate record of events if medication has not been administered using the relevant code on the prescription chart, along with the reason why and actions taken.
16. Make a clear and accurate record of any advice sought from the Registered Practitioner or GP.

### Responsibility:

It is the responsibility of the NRS, PT or OT to identify if they are not competent or confident to administer medication to the patient. Following training and competence assessment the NRS, PT or OT is accountable for their own actions.

It is the responsibility of the Registered Professional to ensure the agreed reviews for patients take place at the correct time.

## Appendix 2 – Risk Assessment for Administration of Medicines.

Risk Assessment for Administration of Medicines on intermediate Care /Virtual ward

This form should be used to record how medication is to be managed. This form should be completed for every person using the service, even if self-administering medication. The assessment must be completed for each person receiving care, health, or care worker and each new task required

Name												
NHS Number												
Name of person completing form												
Date of assessment					Date for review							
<b>Section A - Medication Assessment</b>												
Are there any allergies to medication?					YES / NO	If YES state which:						
Does the person self-administer prescribed medication?					YES / NO	If YES – complete Section B only						
Are family/others providing support with medication?					YES / NO	If YES – complete Section B only						
Is Level 1 or 2 support required with any of the following medications?												
Form of medication	Level 0 – Administration				Level 1– prompt or assist *if yes clarify below				Level 2- Self-administering			
	M	L	T	E	M	L	T	E	M	L	T	E
Oral medicines – tablets/capsules etc												
Oral medicines – liquids												
Topical preparations – creams/ointments etc												
Eye Drops												
Ear Drops												
Nose drops/sprays												
Inhalers												
Form of medication	Level 0 – Administration				Level 1– prompt or assist *if yes clarify below				Level 2- Self-medicating			
	M	L	T	E	M	L	T	E	M	L	T	E
Patches												
Other – specify												
M – Morning L – Lunch T – Teatime E - Evening												

\*For Level 1 medications -document what actual support is required

Form of medication	Self-administering medication	Health professional administering	
Injections			
Suppositories/enemas			
Pessaries			
Comments/Actions Required			
<b>Section B – Obtaining Supplies of Medication</b>			
How are medicines ordered from the GP?			
Orders self	Family/friend	Pharmacy	Care-worker
How are medicines obtained from the pharmacy or dispensing surgery?			
Collects self	Family/friend	Delivered	Care-worker
Comments/Actions Required			
<b>Section C – Administration Systems and Recording Documents</b>			
How is the oral medication provided?			
Family/other-filled dovette	YES / NO	Note: PROMPT is permitted only, not administering, or any physical assistance	
Pharmacy filled compliance aid	YES / NO		
Original containers	YES / NO		
Is a MAR chart required for HCP to record administration?			YES / NO
Has a MAR chart been completed by the prescriber?			YES / NO
Is any other additional equipment required for administration?			YES / NO
Is this available in the home?			YES / NO
Comments/Actions Required			
<b>Section D – Warfarin</b>			
Is the warfarin prescribed?	YES / NO	Is Level 0 administration required?	YES / NO

If YES - Has the prescriber been notified to send dose updates?	YES / NO
Comments/Actions Required	
<b>Section E – Storage of medication</b>	
Are there any excess or date expired medicines in the home which may cause confusion or mistakes in administration?	YES / NO
If YES – can family or other return medication to the pharmacy?	YES / NO
If NO – gain consent to dispose of medicine (return to local pharmacy)	YES / NO
State storage location of medication	
Does any medication require special storage e.g. medicines requiring storage in the fridge?	YES / NO
Comments/Actions Required	
<b>Section F – Access to Medication</b>	
Can the person using the service access their medication?	YES / NO
Is there an identified risk of tampering with medication and/or an overdose risk?	YES / NO
Does additional secure storage need to be considered for medication?	YES / NO
If YES – please state action taken to minimise risk e.g. liaison with prescriber, Registered Nurse, Pharmacist or Pharmacy Technician to discuss need for locked box or review of medication	
Are there any identified risks e.g. children, pets, remembering to take it etc	YES / NO
If YES, state risk identified and how it will be minimised below	
Care Provider signature:	
Care user signature:	

## Appendix 3 – Medicines Reconciliation Template

### [Medicines Reconciliation Tool and POD Recording](#)