





A selection of pages from the full 116 page book

New QCF HSC Unit 3047

Community Edition



Training record



Your name:	
The organisation you work for (if applicable):	
Your manager (if applicable):	
Date workbook started:	
Date workbook completed:	
Date certificate issued:	

About the author

John Greene registered as a pharmacist in 1993. He has a background in hospital pharmacy, community pharmacy and the pharmaceutical manufacturing industry. More recently, John has been a Consultant Pharmacist for Brighton and Hove City Teaching Primary Care Trust and a Visiting Lecturer at the University of Brighton. John has trained several thousand health and social care professionals in all aspects of medicines management and administration. As a company, we have training contracts with several county councils and large social care providers across the UK. Visit us at www.prescriptiontraining.com.



The learning objectives and guidance within this workbook are taken from:

- Qualifications and Credit Framework (QCF) HSC 3047 Support the use of medication in social care settings. Skills for Care, 2010
- The Handling of Medicines in Social Care. Royal Pharmaceutical Society of Great Britain, 2007
- The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Outcome 9 (Management of Medicines)
- Regulation of Care (Scotland) Act 2001
- The Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints)
 (Wales) Regulations 2006
- Medicines and Older People. Implementing medicines-related aspects of the NSF for Older People. Department of Health, March 2001

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Introduction: how to use this workbook

Who is this book for?

This book is written for people who work in community settings, for example: home care support workers, personal assistants, live-in care support workers, community nurses, those who work in extra care housing schemes, supported living etc. We produce another book for those who work in residential care settings (e.g. care homes, day care centres, childrens' homes etc.). Throughout the book we'll refer to care workers and nurses as 'care professionals' to keep things simple.

There is a lot of information in this book but don't worry, you're not expected to *remember* all of it. It's always here to refer back to; that's why it's important you have your own copy.

Marking and certification service

We offer an assessment which leads to an **accredited certificate in Safe Handling of Medicines** (accredited by the Royal Pharmaceutical Society of Great Britain). This certificate provides evidence that you have learned the required knowledge needed to support someone with their medication (1). The assessment is available on-line at www.prescriptiontraining.com. Many (but not all) of the on-line questions are similar to those in the book, so it's best if you answer the questions in the book first, and then transfer the answers to the on-line assessment. If you don't have a computer, contact us by telephone (07955 704 100) and we can post you out a paper assessment.



After you've studied this book, what next?

Training involves both knowledge and skills. This book provides the *knowledge* (1) needed to administer medication. However, you'll also need to learn the *skills*: for example, how to instil an eye drop; how to use an oral syringe etc. It may be your employer who teaches you these skills, or you might learn these on one of our practical workshops (visit our website to find out about these workshops). After completing this book, it's important that your employer watches you administer medication to assess that you are competent (we provide an assessor's workshop teaching

employers how to do this, details are on our website).

Further study

We offer a range of other courses and learning materials in medicines management that you can study after this workbook. See our website for more details.

John R. Greene BSc (HONS) Pharmacy

Consultant Pharmacist and Managing Director - Prescription Training Ltd.

(1) HSC 3047: Support the Use of Medication in Social Care Settings (Skills for Care)

Contents

Chapters

	Marking and certification service	page 116
15	Administering medication to the eye, ear and nose	page 109
14	Administering inhaled medicines	page 101
13	Applying topical medication (medication applied to the skin)	page 93
12	Administering oral liquids	page 87
11	Administering solid oral medicines	page 79
10	Drug interactions and non-prescribed medicines	page 75
9	Information about medicines	page 67
8	When clients decline their medication	page 63
7	Administering medication - safe working practices	page 55
6	Administering medication - record keeping	page 41
5	Disposing of medication	page 37
4	Safe storage and handling of medication	page 31
3	Ordering and collecting prescriptions	page 25
2	The types of support someone might need with their medicines	page 13
1	Understanding the rules around medicines	page 7

Understanding the rules around medicines



Learning outcomes from HSC unit 3047:

- ♦ Identify legislation that governs the use of medication in social care settings (3047: 1.1)
- Outline the legal classification system for medication (3047: 1.2)
- Explain how and why policies and procedures or agreed ways of working must reflect and incorporate legislative requirements (3047: 1.3)
- Identify common types of medication (3047: 2.1)
- ♦ List conditions for which each type of medication may be prescribed (3047: 2.2)
- Explain the importance of the following principles in the use of medication:
 - Confidentiality (3047: 6.1)

Additional learning outcomes:

Understand the difference between the law, best practice and medication policies

The rules around medicines

There are many rules describing how medicines should be managed in the community (i.e. in extra care housing, supported living schemes and other community care settings). Throughout this book we'll look at how these rules affect the way you manage medicines.

Some of these rules are laid down in law, and some are described by something called best practice (we'll explain this term later). It's helpful to understand how all these rules fit together. Let's look at the laws first.



In England:

- The Health and Social Care Act 2008
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- Health & Safety at Work Act 1974
- COSHH Regulations 1999
- Access to Health Records Act 1990
- Data Protection Act 1998
- Hazardous Waste Regulations 2005

Additional legislation in Scotland:

- Regulation of Care (Scotland) Act 2001 plus amendments
- Scottish National Care Standards
- Adults with Incapacity (Scotland)
 Act 2000

Additional legislation in Wales:

- Care Standards Act 2000 and the Children Act 1989 (Regulatory Reform and Complaints) (Wales) Regulations 2006
- Care Standards Act 2000 and Children Act 1989 (Amendment) (Wales) Regulations 2004
- The Registration of Social Care and Independent Health Care (Wales) Regulations 2002
- The Registration of Social Care and Independent Health Care (Amendment)
 (Wales) Regulations 2003

The types of support someone might need with their medicines



Learning outcomes from HSC unit 3047:

- Identify common types of medication (3047: 2.1)
- List conditions for which each type of medication may be prescribed (3047: 2.2)
- Describe the roles and responsibilities of those involved in prescribing, dispensing and supporting the use of medication (3047: 3.1)
- Describe the routes by which medication can be administered (3047: 4.1)
- Describe different forms in which medication may be presented (3047: 4.2)
- Explain the importance of the following principles in the use of medication:
 - Consent
 - Self-medication or active participation
 - Dignity and privacy (3047: 6.1)
- Explain how risk assessment can be used to promote an individual's independence in managing medication (3047: 6.2)
- Describe how ethical issues that may arise over the use of medication can be addressed (3047: 6.3)
- Demonstrate how to support an individual to use medication in ways that promote hygiene, safety, dignity and active participation (3047: 7.2)
- Demonstrate how to address any practical difficulties that may arise when medication is used (3047: 7.4)
- Demonstrate how and when to access further information or support about the use of medication (3047: 7.5)
- Demonstrate how to record the use of medication and any changes in an individual associated with it (3047: 8.1)
- Demonstrate how to report on the use of medication and problems associated with medication, in line with agreed ways of working (3047: 8.2)

The types of support someone might need with their medicines

There are a variety of people who receive support with medicines: younger people, people with a physical disability, frail older people, and those with dementia, learning disabilities and autism, to name just a few. Each has their own unique needs and abilities and may require different types of support.

Care planning: finding out what type of support is needed

Before you support someone, a senior member of staff, a social worker, or perhaps a health care professional will have assessed them to find out how much help (if any) they need with their medication, and what that help might consist of. This will be agreed with the person being cared for, or their representative(s), and recorded in their care plan. The care plan explains what type of support they need.

However, people's needs and abilities change and so their care plan needs reviewing on a regular basis. It's important that you alert your employer if you think a client's care plan needs updating. You may start off supporting a self-medicating client but find that the responsibility for getting the medicines right soon shifts from the client onto you. This often happens if a client's mental capacity worsens, as occurs with conditions like dementia. You can also get a temporary reduction in mental capacity with some infections. Often, once the infection is treated, the mental confusion that it can cause disappears.

Every individual should be offered the chance to self-medicate



It's important that we help clients self-medicate. Think about how you'd feel if you were no longer able to manage your medicines independently. The realisation that you have to rely on a care professional to help you in your day to day life can be distressing. There's a certain loss of dignity in having someone do these things for you. You may feel it's quicker to just administer someone's medication to them, rather than helping them to do it themselves. However, even if it takes a little longer, every little thing you can do to help maintain someone's independence may mean the world to them.

Of course, there also comes a point when a client makes so many mistakes with their medication, that they place themselves at risk of harm. If the client lives with others, they may also be placing others at harm by leaving medicines lying around.

Administering medication – safe working practices



Learning outcomes from HSC unit 3047:

- Describe different forms in which medication may be presented (3047: 4.2)
- Demonstrate strategies to ensure that medication is used or administered correctly (3047: 7.3)

Additional learning outcomes:

- Describe the 5 rights of medicines administration
- Describe the type of information you'd find on a pharmacy label and what it means
- State when different formulations of medicines which have already been opened would expire

Administering medication – safe working practices

When administering medication, observe the FIVE rights. This means administering the:



The exact procedure for administering medication should be described in your own medication policy. It varies a lot depending where you work, but the basics of it should look like this:

- If you're unfamiliar with the client, read their care plan to find out which tasks you need to carry out and any personal preferences they have (i.e. how they'd like their medicines given)
- Check you have the current medicines chart and any other paperwork needed
- Wash your hands or wear gloves if needed
- Check if the client has already taken or been given any doses (check the medicines chart or check with the client)

5

For when required medication: check any when required protocols or ask the client if they need the item

If you are giving from monitored dosage system (MDS) packs where all the doses due are in the same blister:

6

- Check you have the correct week or month's pack, for the correct client
- · Check the medicines chart to see how many items are due.
- Check the MDS pack and make sure the blister you're about to pop out has
 the right number of items in it (i.e. it agrees with the medicines chart). Are
 there any items listed on the medicines chart that wouldn't be in the MDS
 pack (e.g. large tablets, liquids, creams, etc.)?

If you are giving any medicines not packed in an MDS pack, compare the pharmacy label with the entry on the medicines chart. Make sure the following details agree:

7/

- 1. Drug name
- 2. Drug strength
- 3. Form of the drug
- 4. Directions

- 5. Client's name
- Expiry date (this may have already been checked when medicines are received)
- Read any warning/cautionary and advisory labels on the pharmacy label (e.g. take with food) and act on them
- Administer each item according to 'best practice' we'll look at this later on
- Observe the client take each item
- Enter the correct code and/or your initials on the medicines chart only when you personally have seen the client take or use the item or decline it

Community edition.

For care professionals supporting clients at home, for example:

- √ Personal assistants
- √ Home care support workers
- ✓ Community nurses
- √ Staff in extra care housing
- ✓ Shared lives
- √ Supported living service

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