Professional advice
Training care workers to safely administer medicines in care homes

Purpose of this document

1. This document gives CQC inspectors a guide to good practice in how care providers should train care workers to safely administer medicines in care homes. It covers:
   - what the regulations and national minimum standards say
   - who is allowed to give medicines to people
   - the different levels of training
   - what training can be offered ‘in house’
   - what place NVQ training has
   - how this applies to care homes registered for nursing care
   - what an inspector should look for.

2. Care homes registered to provide nursing care employ registered nurses and they must act according to guidance published by the Nursing and Midwifery Council (NMC). Relevant NMC guidance includes:
   - Guidelines for the administration of medicines
   - Guidelines for professional practice. This includes the process for delegating nursing tasks to care workers.
     The care provider should have a managerial and supervisory process to identify when a registered nurse is not meeting these standards to minimise the risk of error.

What do the regulations and national minimum standards say?

3. Regulation 18 (1)(c) of the Care Homes Regulations 2001 requires the registered person to ensure that the persons employed to work at the care home receive training appropriate to the work they are to perform.

4. In national minimum standards for care homes the outcome statement for medication is that adults are supported to manage their own medicines. In practice, only a small proportion of people will be able to do so and care workers have the responsibility for administering medicines to the majority.
5. Care homes registered only for personal care have a national minimum standard covering staff training for medicine administration: *In residential care homes, all medicines, including controlled drugs, (except those for self administration) are administered by designated and appropriately trained staff. The administration of controlled drugs is witnessed by another designated, appropriately trained member of staff.*

The training for care staff must be accredited and must include:
- basic knowledge of how medicines are used and how to recognise and deal with problems in use;
- the principles behind all aspects of the home’s policy on medicines handling and records.

6. The national minimum standard for care homes offering nursing care is that registered nurses are responsible for administering medicines to people. Although managers of these homes will wish to ensure that employed registered nurses are also competent in medicine administration, the term ‘accredited training’ applies mainly to care homes registered for personal care.

Who can give medicines to people?

7. Care workers may, with the consent of the person, administer prescribed medication, so long as this is in accordance with the prescriber’s directions (The Medicines Act 1968). However, when medication is given by invasive techniques, for example insulin injections, care workers will need additional specialist training (see below).

8. There are three different levels of training for care workers. All care workers should receive level 1 (induction). Level 2 (basic) is essential before any care worker administers medicines. Level 3 (specialised techniques) will only apply in specific situations.

**Level 1: Induction**

9. Level 1 forms part of induction training. The importance of this level is that it should raise awareness of the management of medicines within the home. And should also identify what the care worker is not able to do before completing level 2 training. For example, how care workers should respond when someone asks for paracetamol for a headache.

**Level 2: Administering Medication**

10. Level 2 may be described as basic training. This should provide the care worker with knowledge and practical skills to safely select, prepare and give different types of medicines, a process that is referred to as
‘medicine administration’. A senior worker should always mentor a care worker until he/she is both confident in giving medicines and competent to do so correctly. This is the level of training that the term ‘accredited’ relates to.

11. Basic training is necessary for the following:
   - Establishing from the care home records which medicines are prescribed for a person at a specific time in the day
   - Selecting the correct medicine from a labelled container including monitored dosage system and compliance aid.
   - Measuring a dose of liquid medicine
   - Applying a medicated cream/ointment; inserting drops to ear, nose or eye; and administering inhaled medication.
   - Recording that a person has had the medicine or the reason for not administering it
   - What to do if a person refuses medicine that the care worker offers
   - Who to inform if a medication error occurs
   - Who to inform if the person becomes unwell after taking his/her medicines.

12. Basic training does not extend to administration of medicines by specialised techniques including:
   - Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
   - Insulin by injection.
   - Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
   - Giving oxygen.

   Specialised training is Level 3 (section 22).

13. The care home’s procedures should enable care workers to:
   - Refuse to administer medication if they have not received suitable training and do not feel competent to do so
   - Identify that people may have preferences about who gives medicine to them and when.

Can any of this training be delivered ‘in house’?

14. There are aspects of medication training that can be provided within a care home by employed staff. This depends on:
   - The size of the organisation
   - Whether the organisation has a dedicated Training Division
   - The level of knowledge of employees and whether they have training skills.
   - The care needs and preferences of the people they care for.

   ‘In house’ training schemes must have a body of up to date knowledge in the subject of medicines.
15. Support for providing training and accessing it from external sources is available from Skills for Care through their website www.skillsforcare.org.uk. This includes information about:
   - Induction training (level 1)
   - Knowledge and Skills Set for Medication, which applies to level 2 training.
   - Regional resources to support learning.

A further training resource is available for Learning Disability care providers. Action for Real Change (ARC) have developed a training tool in the LDaf model available on their website http://www.arcuk.org.uk/propub?propubid=97

16. The care provider is responsible for providing necessary training. They must judge what elements of the Knowledge & Skills set apply to the residents of their care homes. The care provider must ensure new employees are trained before they can be responsible for medicine administration.

17. The provider should identify courses available that will deliver the required training. These may include:
   - Local college
   - Distance learning or computer based learning
   - Independent training organisation
   - Pharmacist employed by the PCT
   - Community pharmacist.

   Training from one source alone is unlikely to meet every learning outcome for care workers. And it is important for a theory-based course to also have an element of practical supervision. This is very important when different formulations of medicines must be administered, for example eye drops, inhalers and creams. Good training is likely to involve both external training organisations and an ‘in house’ programme that supports it.

Are there any training programmes that are accredited?

18. There are organisations that accredit training programmes. Usually, these companies accredit NVQ courses as well. It is most likely that colleges and independent training organisations will apply for this type of accreditation. Pharmacy organisations can apply to the College of Pharmacy Practice for accreditation. Until Skills for Care published the Knowledge & Skills Set in October 2005, there was no national agreement of what a medication training programme should include. As a result, accreditation has not been consistent and training programmes are variable. Accreditation of courses does not guarantee that the training can deliver competence of care workers.
19. The care provider and training organisation should identify that training outcomes based on the needs of residents are achieved. This will require that the care provider has:
   - Identified what training needs the care worker has
   - Put together a programme of training that will meet the needs of people they care for and care workers
   - Provides a mentor for the care worker and keeps a record of that process.

20. Some care workers may not be competent to take responsibility for medicine administration even though they have attended a training course. It is an unacceptable risk to allow care workers who do not have the necessary skill to give medicines to people.

How does NVQ training support care workers?

21. There are NVQ modules in levels 2 and 3 that relate to medication:
   - NVQ level 2 - assistance with medicine administration
   - NVQ level 3 - medicine administration; and managing the requests for prescriptions and receipt of medicines.

Care workers may have been assigned to medicine administration before they have been enrolled on the NVQ modules. Also, the medication modules are not compulsory components of the qualification. So whilst NVQ training will support safer practice, a care provider cannot rely upon it in isolation from other training programmes.

Level 3: Administering medication by specialised techniques.

22. Level 3 relates to those circumstances following an assessment by a healthcare professional, when a care worker is asked to administer medication by a specialist technique including:
   - Rectal administration, e.g. suppositories, diazepam (for epileptic seizure).
   - Insulin by injection.
   - Administration through a Percutaneous Endoscopic Gastrostomy (PEG).
   - Giving oxygen.

This delegation of task to a care worker may be in the best interests of the person to ensure that the treatment can be given at a time and place that suits the person.

23. The healthcare professional must train the care worker and be satisfied they are competent to carry out the task. This is the process that the NMC refers to as ‘delegation’.

24. If the healthcare professional who provides the training will not record that the care worker is competent, the care provider should record the details of training as follows:
   - What the care worker has been trained to do
Name of the healthcare professional who provided it
Date on which the training was given
Signature of the care worker who was trained and has agreed to accept the delegation.

The NMC guidance is clear that the healthcare professional will retain responsibility for the delegated duty.

25. The care home’s procedures must include that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent to do so.

What about the care workers in care homes offering nursing care?

26. Providing care workers with level 1 training is important, even though registered nurses are responsible for medicine administration.

27. Care workers do become involved in medicine administration in care homes (nursing), for example applying external medicines such as cream, ointment when the person is being washed or bathed. Some care homes permit a care worker to take medicines to people when the nurse has prepared them. This is not best practice. Both the NMC and Royal Pharmaceutical Society of Great Britain advise that the person who prepares should also administer medicines and sign the record.

28. The care provider must ensure that the care workers have been trained by a registered nurse and judged competent. The process and responsibilities of delegation by nurses employed in a care home do not differ from delegation by an NHS healthcare professional to a care worker in a care home (personal care).

29. If the care provider chooses to provide external training to care workers, the senior nurse in charge of clinical care should be involved in the choice of training programme and subsequent mentoring.

Checklist for CQC Inspectors

30. The care provider should include an awareness of medication in the programme of induction for every care worker.

31. When the needs of people mean that care workers must administer medicines, training in safe handling of medicines is crucial. The care home should provide a training package that will meet both the needs of care workers and the people they care for, including cultural preferences. The essential elements of level 2 training should be:
   - How to prepare the correct dose of medication for ingestion or application.
How to administer medication that is not given by invasive techniques, including tablets, capsules and liquid medicines given by mouth; ear, eye and nasal drops; inhalers; and external applications.

- The responsibility of the care worker to ensure that medicines are only administered to the person they were prescribed for, given in the right (prescribed) dose, at the right time by the right method/route.
- Checking that the medication ‘use by’ date has not expired.
- Checking that the person has not already been given the medication by anyone else.
- Recognising and reporting possible side effects.
- Reporting refusals and medication errors.
- How a care worker should administer medicines prescribed ‘as required’, for example pain killers, laxatives.
- What care workers should do when people request non-prescribed medicines
- Understanding the service provider’s policy for record keeping.

32. Accreditation of training is variable and not universally available or used. The care provider is responsible for providing evidence that the trainer is knowledgeable in the subject and has relevant, current experience of handling medicines. Care providers may be assisted to identify suitable training organisations for level 2 by the regional office of Skills for Care.

33. The care provider must establish a formal means to assess whether the care worker is sufficiently competent in medication administration before being allowed to give medicines. And this process must be recorded in the care worker’s training file.

34. When care workers agree to give medicines by specialised techniques (level 3):
   - the training has been provided by a healthcare professional who delegates the duty and
   - a written record details the healthcare professional who provided the training and delegated the duty, which is dated and signed.