

Domiciliary care

This briefing includes recommendations related to medicines management for people receiving domiciliary care (help at home from a paid or unpaid carer). Although guidance specific to England, Wales, Scotland or Northern Ireland is referenced in this briefing, all of the recommendations contained within are considered to represent 'best practice'.

Recommendations

Prescriber recommendations

- Ensure that any medicines management requirements/guidance are written into the home care plan.
- Do not issue seven-day (or instalment) prescriptions to request that a pharmacy/dispensing service supply a multi-compartment compliance aid/monitored dosage system (commonly referred to as dosette boxes or blister packs). In addition, requests for multi-compartment compliance aids should not be included on the prescription (e.g. in the directions for use). Seven-day prescriptions should only be issued if there is a clinical need for a patient to have their quantity of medication restricted in line with [PrescQIPP Bulletin 321](#).
- Provide clear written directions on the prescription for inclusion on the dispensing label on how and when each prescribed medicine should be taken or given. Additional information is required for time-sensitive or 'when required' medicines to ensure they are administered correctly.
- Do not request that care workers give medicines by covert administration, unless there is clear authorisation and instructions to do this in the provider's care plan, in line with the Mental Capacity Act 2005 and good practice frameworks.
- Healthcare professionals should provide ongoing advice and support about a person's medicines to the patient and carer.
- Healthcare professionals should check if any changes or extra support may be helpful, for example, by checking whether the person's medicines regimen can be simplified, information about time-sensitive medicines has been shared, any medicines can be stopped, the formulation of a medicine can be changed, support can be provided for problems with medicines adherence, or a review of the person's medicines may be needed. This may negate the need for domiciliary care.
- Prescribers should communicate any medication changes by informing the person or their named contact, providing written instructions of the change or issuing a new prescription, and informing the person's supplying pharmacy/dispensing service if needed and agreed with the person and/or their family members or carers.
- When changes to a person's medicines need to be made verbally to avoid delays in treatment, prescribers should give written confirmation by an agreed method, for example, secure email, as soon as possible, including communicating details of medicines stopped or replaced, the total daily dose, when another strength of the same medicine is added, etc.
- Ensure that prescribing is in line with [guidance](#) for items which should not be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective.

Dispenser recommendations

- Ensure that, where social care providers are responsible for ordering a person's medicines, this task is not delegated to the supplier (e.g., pharmacy/dispensing doctor/appliance contractor, etc.), unless this has been requested and agreed with the person and/or their family members or carers and the relevant GP practice.

Recommendations continued

Dispenser recommendations

- Do not routinely supply multi-compartment compliance aids/monitored dosage systems (commonly referred to as dosette boxes or blister packs) if a carer is responsible for administering medicines. Medicines should be administered from their original packaging or the container they were supplied in.
- Clear written directions must be provided on the prescription and included on the dispensing label on how each prescribed medicine should be taken or given, including when doses should be given. Additional information is required for time-sensitive or ‘when required’ medicines to ensure they are administered correctly.
- Supply a printed medicines administration record (MAR) for dispensed and over the counter medication for carers who are providing support with medicines taking, where there are resources to produce this. A reminder chart may be useful for carers who are not administering medication.
- Healthcare professionals should provide ongoing advice and support about a person’s medicines to the patient and carer.
- Healthcare professionals should check if any changes or extra support may be helpful, for example, by checking whether the person’s medicines regimen can be simplified, information about time-sensitive medicines has been shared, any medicines can be stopped, the formulation of a medicine can be changed, support can be provided for problems with medicines adherence, or a review of the person’s medicines may be needed, to support the prescriber.
- Support prescribers to highlight where prescribing is not in line with [guidance](#) for items which should not be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective.

Additional resources available	Bulletin	https://www.prescqipp.info/our-resources/bulletins/bulletin-345-domiciliary-care/
	Tools	

Support with any queries or comments related to the content of this document is available through the PrescQIPP help centre <https://help.prescqipp.info>

This document represents the view of PrescQIPP CIC at the time of publication, which was arrived at after careful consideration of the referenced evidence, and in accordance with PrescQIPP’s quality assurance framework.

The use and application of this guidance does not override the individual responsibility of health and social care professionals to make decisions appropriate to local need and the circumstances of individual patients (in consultation with the patient and/or guardian or carer). [Terms and conditions](#)

